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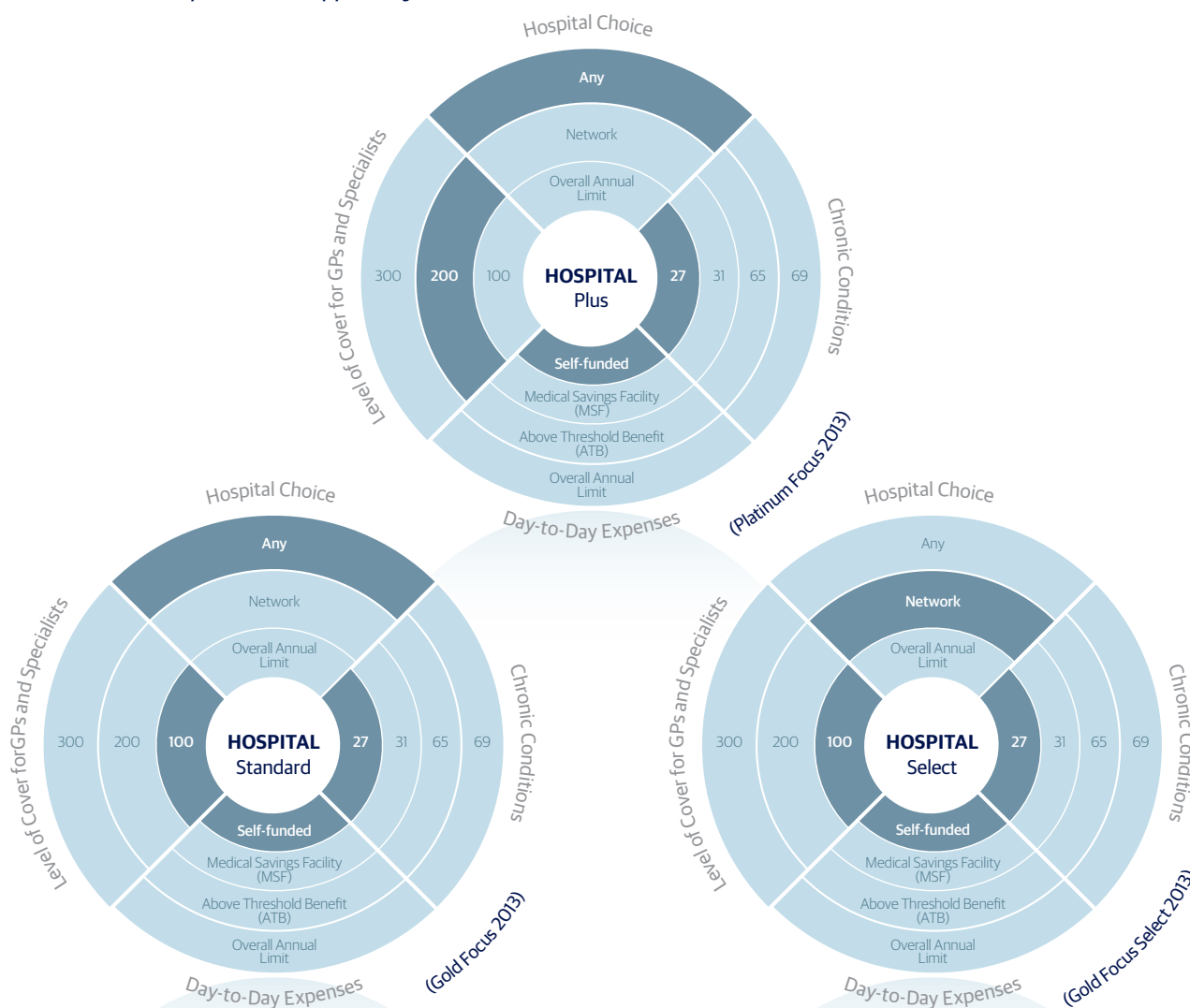
LIBERTY MEDICAL SCHEME HOSPITAL Option

LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

Where you self-fund all your day-to-day costs.

The Hospital Option is for you if you prefer to be hands-on with your medical cover. You'll take care of day-to-day costs yourself, but you want full cover for big events like hospitalisation or emergency care.

The HOSPITAL Options offers you 3 choices



Please note as a member of HOSPITAL Plus, Standard and Select, you qualify for International Travel Cover. Please visit our website, www.libmed.co.za for more information.

	HOSPITAL Plus (Platinum Focus 2013)	HOSPITAL Standard (Gold Focus 2013)	HOSPITAL Select (Gold Focus Select 2013)
Level of cover for GPs and Specialists	200% LMS Rate.	100% LMS Rate.	100% LMS Rate.
Hospital choice	Any	Any	Network
Chronic conditions covered	27 Prescribed Minimum Benefit (PMB) conditions.	27 PMBs	27 PMBs - Chronic medicines from State
Day-to-day expenses	Self-funded	Self-funded	Self-funded

Major Medical Benefits (MMBs)	Extender Benefits <i>paid from MMB</i>
a. Hospitalisation b. Oncology and Dialysis c. Disease Management d. Chronic Disease Benefit (incl HIV/Aids) e. Maternity Benefit	a. Casualty Benefit b. Crime Trauma Benefit c. Preventative Care Benefit (PCB) d. MRI/CT Scans (out-of-hospital)

Prescribed Minimum Benefits (PMBs)

PMBs were introduced into the Medical Schemes Act to ensure that members of medical schemes would not run out of benefits for the treatment of certain conditions. PMBs therefore ensure continued quality care when you need it most.

As a result, monetary limits or benefit exclusions according to the HOSPITAL Option benefit schedule will not apply provided the provisions of the Rules relating to the treatment of a PMB condition are met. In addition, any benefits that qualify as a PMB benefit will first be off-set against any applicable benefit limit set in terms of the Scheme Rules.

Major Medical Benefits (MMBs)

a. Hospitalisation

The Hospital Benefit covers the cost of admissions to hospitals, including hospitalisation and associated costs, e.g., consultations, pathology and radiology. These benefits are subject to pre-authorisation.

You can choose any hospital, GP or Specialist if you've chosen HOSPITAL Plus or HOSPITAL Standard. HOSPITAL Plus pays at 200% while HOSPITAL Standard pays at 100% of the LMS Rate. Members on HOSPITAL Select need to obtain services from a Liberty Medical Scheme (LMS) Network hospital, providing cover at 100% of the LMS Rate. Any planned admission to a hospital outside the LMS Network (or Designated Service Provider (DSP) in the case of a PMB condition) is subject to a co-payment of R7 500.

Procedures and consultations are paid from the unlimited MMB, subject to clinical protocols and guidelines. HOSPITAL Plus covers procedures and GP and Specialist consultations at 200% of the LMS Rate. HOSPITAL Standard and HOSPITAL Select provide this cover at 100% of the LMS Rate. Some doctors may charge more than this, so we encourage you to negotiate with your chosen doctor to ensure that you are informed beforehand of the rates that will be charged.

LMS also provides cover for **alternatives to hospitalisation**, e.g., if you are in need of terminal care or rehabilitation following an accident. Please refer to the benefits for Rehabilitation and Private Nursing, as well as Hospice Services, on page 6.

Although the HOSPITAL option choices do not have an Overall Annual Limit (OAL), certain in-hospital benefits (e.g., psychiatry and dentistry) are limited.

Payment for internal prostheses (e.g., stents, pacemakers and hip replacements) is subject to pre-authorisation, clinical protocols, and sub limits per prosthesis apply.

Co-payments: Please see page 4 for any relevant co-payments that may apply.

Emergencies: Any hospital.

- ▶ **Note:** Pre-authorisation must be obtained at least 48 hours prior to a planned hospital admission. If pre-authorisation is not obtained, claims will not be paid.
- ▶ This does not apply to emergencies. In the case of emergency hospital admission, you should ask a friend or family member to call within two business days of admission to ensure that your claims are paid.
- ▶ Benefits for day procedures done in hospital require pre-authorisation and are subject to the relevant managed healthcare programme. Contact the *LMS Call Centre on 0860 000 LMS / 567.*

b. Oncology and Dialysis

The oncology and dialysis services are subject to pre-authorisation. Please contact the LMS Call Centre on 0860 000 LMS / 567 for pre-authorisation.

c. Disease Management

This includes programmes for asthma, diabetes, cancer and HIV/Aids. Members receive education, advice and support from registered healthcare professionals, and a review of the chronic medication currently being used.

d. Chronic Disease Benefit (including HIV/Aids)

Chronic conditions are often life-threatening and should be treated by a team of dedicated healthcare professionals. The Medical Schemes Act specifies a list of Prescribed Minimum Benefit (PMB) conditions that must be covered without any limit by all medical schemes. This list is referred to as the Chronic Disease List (CDL) and includes 27 chronic conditions (see page 7). All HOSPITAL option choices provide cover for the 27 PMBs.

Legislation allows for medical schemes to use medicine formularies, designated or preferred service providers and specific treatment protocols to manage CDL conditions.

If you are a member on HOSPITAL Plus or HOSPITAL Standard, please ask your prescribing doctor to contact the LMS Call Centre to pre-authorise your chronic medicines, then use one of the pharmacies in the LMS Preferred Pharmacy Network.

Note: The list of preferred pharmacies may change from time to time. For an up-to-date list, please visit www.libmed.co.za or contact the LMS Call Centre on 0860 000 LMS / 567.

HOSPITAL Select:

Chronic medicine is subject to the standard formulary and limited to 50% of the Maximum Medicine Reference Price (MMRP) if not obtained from a State facility. Approval of medication for chronic conditions is subject to pre-authorisation from LMS. You need to consult with a GP/Specialist at a State facility to confirm your diagnosis. The GP/Specialist must give you a script for your chronic medication. The script must include your membership number, dependant date of birth and ICD-10 code.

Email the script to LMS: chronicmed@libertyhealth.co.za for pre-authorisation. Once pre-authorised, your chronic medication can be collected from a State facility.

The pharmacy at a State facility will not accept a script from your private practitioner but only from a doctor at the State facility.

Note: This benefit is subject to pre-authorisation.

Your prescribing doctor must contact the LMS Call Centre on 0860 000 LMS / 567 to register you for the Chronic Disease Benefit.

e. Maternity Benefit

This benefit includes:

- Delivery by a GP or medical specialist;
- Services of the attendant paediatrician and/or anaesthetist;
- Post-natal care by a GP and medical specialist, up to and including the six-week, post-natal consultation;
- Waterbirth in lieu of hospitalisation; and
- Delivery by a midwife in lieu of hospitalisation

Extender Benefits *paid from MMB*

a. Casualty Benefit

This benefit covers the facility fee, consultations, medications, radiology and pathology associated with admissions into the emergency room or casualty ward of a registered casualty facility. This is for treatment for bona fide emergencies and physical injuries or wounds resulting from external force requiring immediate treatment.

There are two components to this benefit:

1. Treatment in casualty after hours and away from home (R1 535 per beneficiary per year).
2. Treatment in casualty for physical injury (unlimited).

Note: Treatment in an emergency room or casualty ward that leads to pre-authorised hospitalisation will be covered from your hospitalisation benefit. Remember to contact the LMS Call Centre on 0860 000 LMS / 567 for pre-authorisation within 48 working hours of admission or, if it is a weekend or public holiday, on the next working day. If not pre-authorised, payment will be from your own pocket.

b. Crime Trauma Benefit

Medical expenses incurred as a result of the following events will be covered from this benefit:

- Hijacking and attempted hijacking
- Assault or attempted assault, including sexual assault
- Robbery (including armed robbery) or attempted robbery
- Attempted murder
- Rape or attempted rape

The Crime Trauma Benefit must be accessed within a 12-month period from the date of event.

▶ **Note:** To qualify for this benefit, the crime must have been reported to the police. Contact the *LMS Call Centre on 0860 000 LMS / 567* with the name of the police station and the case number to activate this benefit. This benefit is subject to pre-authorisation and the relevant managed healthcare programme.

c. Preventative Care Benefit (PCB)

This benefit focuses on the early detection of serious medical conditions. Everyone wants to stay healthy and LMS assists by paying for a variety of preventative annual screening and diagnostic tests, procedures and specific vaccines, e.g., mammogram, cholesterol test, prostate test, flu vaccinations and immunisations for babies and toddlers.

d. MRI/CT Scans (out-of-hospital)

LMS offers superior benefits by funding **two** out-of-hospital scans and one radio-isotope scan per family paid from the MMB benefit. However, these may only be requested by a referring Specialist and are always subject to pre-authorisation whether done in- or out-of-hospital.

▶ **Note:** Please contact the *LMS Call Centre on 0860 000 LMS / 567* for pre-authorisation.

Emergency Transport

Emergency Transport by road and air within South Africa: (ER24) contact number *0860 00 HELP / 4357*.

▶ **Note:** No benefit for Emergency Transport Services if unauthorised use of another provider, unless a PMB in which case payment of services will be limited to 50% of the LMS Rate.

Major Medical Benefits (MMBs) Pre-authorisation required

BENEFIT	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select
Overall Annual Limit (OAL)	Unless indicated otherwise, no limits apply.		
Emergency Transport Services*	100% of Cost. Unlimited in South Africa provided that ER24 is used. No benefit if there is unauthorised use of another provider except for a PMB in which case payment of services will be limited to 50% of the LMS Rate.		
Hospitalisation*	<p>100% of LMS Rate subject to:</p> <p>Pre-authorisation No benefits are payable in respect of admissions or treatments unless pre-authorised and subject to the relevant managed healthcare programme, treatment protocols or medicine formularies.</p> <p>Network hospitals Beneficiaries on HOSPITAL Select are required to obtain services from a LMS Network hospital and any planned admissions to a hospital other than a Network hospital (or designated service provider in respect of a PMB condition) will be subject to a co-payment of R7 500.</p> <p>Day Procedures No benefit for day procedures performed in-hospital unless pre-authorised and subject to the relevant managed healthcare programme.</p>		
Co-payments			
- Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, diagnostic cystoscopy, vasectomy	R1 500		
- Extraction of wisdom teeth, conservative back treatment, needle aspiration of joint, bursa or ganglion	R1 400	R1 500	
- Arthroscopy, laparoscopy, hysteroscopy and endometrial ablation	R3 650		
- Functional nasal procedures, hysterectomy (non-cancer related)	R3 400	R3 650	
- Joint replacements	R8 550	Benefits only for qualifying PMB treatment.	
- Spinal surgery	R6 850	R7 300	
- Nissen fundoplication (reflux surgery)	R6 850	R7 300	
	In the event of multiple procedures in a single day, the higher co-payment will apply. No co-payment will apply for a trauma-related event.		
GPs (in-hospital)	200% LMS Rate.	100% LMS Rate.	
Specialists (in-hospital)	200% LMS Rate.	100% LMS Rate.	
Physiotherapist, clinical technologist, occupational therapist, audiologist, dietician, speech therapist	100% LMS Rate. Physiotherapy is excluded for psychiatric admissions.		
Pathology*	100% LMS Rate. Subject to pre-authorisation and the relevant managed healthcare programme.		
Internal Prostheses* Subject to pre-authorisation and the relevant managed healthcare programme.	100% LMS Rate subject to the annual sub-limits below.	100% of LMS Rate limited to R50 000 per beneficiary subject to the sub-limits given below. No benefit applies for joint replacements unless qualifying as a PMB.	
- Cardiac System	Cardiac pacemakers: R47 000 Cardiac stents (including the carrier): R40 300 Cardiac valves: R37 200		
- Central Nervous System	Neuro-stimulation/ablation devices for Parkinson's: R44 600 Vagal stimulator for intractable epilepsy: R37 200		
- Endovascular Devices	Aorta stent grafts: R47 000 Detachable platinum coils: R44 600 Intracranial stents: R22 200	Carotid stents: R17 800 Embolic protection devices: R20 100 Peripheral arterial stent grafts: R33 200	

Major Medical Benefits (MMBs) Pre-authorisation required (cont'd)

BENEFIT	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select
- Orthopaedic Devices	Ankle replacement: R33 500 Bone-lengthening devices: R39 500 Elbow replacement: R39 500 Hip replacement: R39 500 Knee replacement: R39 500 Shoulder replacement: R39 500	No limit for qualifying PMB treatment.	
- Spinal Devices	Approved spinal implantable devices and inter-vertebral discs: R39 500 Spinal plates and screws: R39 500		
- Ophthalmic System	Intraocular lens (post-cataract removal): R2 410		
- Cochlear and Auditory Brain Implants	No benefit.		
- Internal Nerve Stimulators	No benefit.		
External Prostheses	Self-funded		
Radiology***	100% of LMS Rate. Limited to R36 200 per family for specialised radiology including MRI and CT scans.	100% of LMS Rate. Limited to R24 200 per family for specialised radiology including MRI and CT scans.	
	Subject to the relevant managed healthcare programme. Specific pre-authorisations are required in addition to any pre-authorisation that may have been obtained for hospitalisation, for each of the following: <ul style="list-style-type: none"> • Angiography • CT Colonography • CT Cardiac arteriography • Muga scans • MRI scans • Radio isotope studies MRI or CT scans performed out of hospital, but which lead to a pre-authorised hospital admission are included in this benefit. Bone density scans are limited to 1 per beneficiary per annum, in or out of hospital.		
Dentistry*	200% of LMS Rate. Limited to R11 400 per beneficiary and R16 100 per family.	100% of LMS Rate limited to R8 900 per beneficiary and R13 700 per family.	
	<ul style="list-style-type: none"> • Subject to pre-authorisation and the relevant managed healthcare programme. • The benefit applies to elective procedures where general anaesthetic is required for dentistry on children < 8 years (limited to 1 admission per annum), the removal of impacted wisdom teeth, apicectomies, removal of teeth and roots or exposure of teeth for orthodontic reasons. • No limit applies to dentistry required as a result of trauma. • All cost relating to hospitalisation, the anaesthetist, and the procedural costs are subject to the limits given above. 		
Maxillofacial surgery*	200% of LMS Rate.	100% of LMS Rate	
	<ul style="list-style-type: none"> • Subject to pre-authorisation and the relevant managed healthcare programme. • Cover is for maxillofacial surgery required as a result of facial fractures, surgical removal of tumours and neoplasms and the surgical treatment of sepsis and congenital abnormalities in the case of children born into the Scheme. 		
Psychiatric Admissions*	200% of LMS Rate. Limited to R22 200 per family.	100% of LMS Rate. Limited to R16 900 per family.	
	<ul style="list-style-type: none"> • Benefits are subject to pre-authorisation and the relevant managed healthcare programme. • Limited to a maximum of three days per admission for beneficiaries admitted by a GP. • Psychiatric admissions include admissions for drug and alcohol rehabilitation. • Physiotherapy is excluded for psychiatric admissions. 		
Maternity Admissions*	200% of LMS Rate.	100% of LMS Rate.	
- Pregnancy ultrasounds	No benefits.		
- Antenatal classes	No benefit.		
	<ul style="list-style-type: none"> • Subject to pre-authorisation and the relevant managed healthcare programme. • Delivery by a GP or medical specialists and the services of the attendant paediatrician and/or anaesthetists are included. • Included in the global obstetric fee is post-natal care by a GP and medical specialist up to and including the six-week, post-natal consultation. • Benefits are limited to 1 admission per year and only in the event of an actual delivery. • There is no benefit in respect of false labour. • Where applicable this benefit includes the cost of the water birth: the cost to hire the birth bath, oxygen, medicine, dressings and materials supplied by a midwife. This benefit is applicable to a delivery by a midwife in lieu of hospitalisation. 		

Major Medical Benefits (MMBs) Pre-authorisation required (cont'd)

BENEFIT	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select
Blood, Blood Equivalents and Blood Products*	100% of LMS Rate.	100% of LMS Rate limited to R249 000 per beneficiary.	
	Benefits in respect of blood equivalents are subject to pre-authorisation.		
Take-out Medication	100% of MMRP with a maximum of 7 days' supply limited to R1 845 per admission.		
Alternatives to hospitalisation			
Sub-acute and Physical Rehabilitation Facilities and Private Nursing*	100% of LMS Rate limited to R22 150 per family.	100% of LMS Rate limited to R16 950 per family.	
	<ul style="list-style-type: none"> • Subject to pre-authorisation and the relevant managed healthcare programme. • Benefits for clinical procedures and treatment during a stay in an alternative facility will be subject to the same benefits that apply to hospitalisation. Nursing includes psychiatric nursing but not midwifery services. 		
Hospice Services* (accommodation, medicine and consultations)	100% of LMS Rate limited to R15 000 per beneficiary.	100% of LMS Rate limited to R10 450 per beneficiary.	
	<ul style="list-style-type: none"> • Subject to pre-authorisation and the relevant managed healthcare programme. • Benefits for clinical procedures and treatment during a stay in an alternative facility are subject to the same benefits that apply to hospitalisation. 		
Day Procedures*	200% of LMS Rate.	100% of LMS Rate.	
	Subject to pre-authorisation		

* Subject to pre-authorisation and/or case management.

*** Subject to disease management pre-authorisation.

Chronic Disease Benefits

BENEFIT	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select	
Chronic Medicine*	100% of MMRP unlimited subject to standard formulary.	100% MMRP unlimited, subject to standard formulary.	Unlimited if obtained from a State facility, otherwise subject to standard formulary and limited to 50% of MMRP.	
	- Chronic conditions	27 PMBs covered.		
	- Biological/Specialised Drugs	Subject to approval and a 10% co-payment.	No benefit.	
	- Dispensing Fees	The negotiated fee or a maximum of 26% of MMRP limited to R26 (excluding VAT).		
	<ul style="list-style-type: none"> • Benefits are subject to the managed healthcare programme, except for HOSPITAL Select where no limitations apply to medicines obtained from a State facility for the treatment of chronic conditions provided these medicines are the same as the medicines available to any other State facility patient. • Benefits for non-formulary medicine are limited to 50% of MMRP. 			
HIV/Aids*** (DSP for HOSPITAL Plus and Standard is Pharmacy Direct.)	100% of LMS Rate Unlimited subject to pre-authorisation and the relevant managed healthcare programme, treatment protocols and medicine formularies.	100% of LMS Rate. Subject to pre-authorisation, unlimited if obtained from a State facility provided that such treatment is the same as the treatment available to any other State facility patient, otherwise limited to 50% of the LMS Rate or MMRP.		
Oncology (Cancer)***	100% of LMS Rate or MMRP Unlimited.	100% of LMS Rate or MMRP limited to R208 600 per beneficiary.		
- Biological / Specialised drugs	Subject to approval and a 10% co-payment.	No benefit.		
- Dispensing Fees	The negotiated fee or a maximum of 26% of MMRP limited to R26 excluding VAT.			
- Diagnostic sub-limit	R44 800 per beneficiary	R17 800 per beneficiary		
PET Scans	1 per beneficiary subject to diagnostic sub-limit.	No benefit.		
Bone scans	Limited to one bone scan per beneficiary with bone metastases and subject to diagnostic sub-limit.			

Chronic Disease Benefits (cont'd)

BENEFIT	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select
- Post-active treatment	Included in benefit for a period of 12 months following the active treatment period. This includes oncology consultations, radiology and pathology.		
	<ul style="list-style-type: none"> • Subject to pre-authorisation and the relevant managed healthcare programme. • Treatment for long-term chronic conditions that may develop due to chemotherapy and radiotherapy is not included in this benefit. • Benefits for medicines obtained other than from the DSP are limited to 50% of MMRP. • Specialised radiology including PET scan is subject to specific authorisation. • PET scans only in an accredited specialist practices. 		
Organ and Bone Marrow Transplants (including immuno-suppressants)*#	200% of LMS Rate.	100% LMS Rate.	
	<ul style="list-style-type: none"> • Subject to pre-authorisation and relevant managed healthcare programme. • Benefits apply only to organ donor and bone marrow transplant procedures and searches conducted in South Africa. • Organ donor procedures other than performed in a public hospital are limited to R80 000 in respect of a live donor and R50 000 in respect of a cadaver donor if such live donor is not a beneficiary of the Scheme or such cadaver was not a beneficiary of the Scheme immediately prior to death. • Imported corneas will be funded to a maximum of R26 700 only. • Haemopoietic stem cell transplants are limited to allogeneic grafts and autologous grafts derived from the accredited haematology Bone Marrow Transplant Facilities. 		
Chronic and Peritoneal Dialysis*	200% of LMS Rate limited to R294 500 per beneficiary.	100% of LMS Rate limited to R137 500 per beneficiary.	
	Subject to pre-authorisation and relevant managed healthcare programme.		

* Subject to pre-authorisation and/or case management.

*** Subject to disease management pre-authorisation.

Benefits apply only to organ donor and bone marrow transplant procedures and searches done in SA. Live donor costs, other than incurred in a public hospital or in the case of a donor who's a beneficiary of the Scheme, are limited to treatment costs incurred in the first week after donation. Haemopoietic stem cell transplants are limited to allogeneic grafts and autologous grafts derived from accredited haematology Bone Marrow Transplant Facilities.

PMB Conditions Covered

Addison's Disease
Asthma
Bipolar Mood Disorder
Bronchiectasis
Cardiac Failure
Cardiomyopathy
Chronic Obstructive Pulmonary Disease
Emphysema
Chronic Renal Failure
Coronary Artery Disease
Angina
Ischaemic Heart Disease
Crohn's Disease
Diabetes Insipidus
Diabetes Mellitus Type 1
Diabetes Mellitus Type 2
Dysrhythmias
Cardiac Arrhythmias
Epilepsy
Glaucoma
Haemophilia
HIV/Aids
Hyperlipidaemia
Hypercholesterolaemia
Hypertension
Hypothyroidism
Multiple Sclerosis
Parkinson's Disease
Rheumatoid Arthritis
Schizophrenia
Systemic Lupus Erythematosus
Discoid Lupus Erythematosus
Ulcerative Colitis

Note:

All conditions depicted in *italics* are sub-conditions.

Extender Benefits

BENEFIT	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select
MRI/CT Scans/Radio-isotope scans	100% of LMS Rate subject to 2 MRI/CT scans and 1 radio isotope scan per family.		
Network GP consultations	No Benefit.		
Casualty Benefit*	100% of LMS Rate limited to R1 535 per beneficiary. Unlimited for physical injury.		
	<p>Included in the MMB only on pre-authorisation by the relevant managed healthcare programme within 48 hours (or the first working day) following treatment for bona fide emergencies and physical injuries or wounds resulting from external force requiring immediate treatment.</p> <p>This benefit covers the facility fee, consultations, medications, radiology and pathology associated with admissions to the emergency room or casualty ward of a registered casualty facility.</p> <p>There are two components to this benefit:</p> <ol style="list-style-type: none"> 1. Treatment in casualties after hours and away from home (subject to the limits set out above). 2. Physical injury (paid from unlimited overall benefit). <p>Treatment in an emergency room or casualty ward that leads to pre-authorised hospitalisation will be covered from the hospital benefit.</p>		
Preventative Care	100% LMS Rate or MMRP.		
- Mammogram	1 per female beneficiary > 40 years every 2 years. The 2-year period applies irrespective of whether a member moves between HOSPITAL Standard and HOSPITAL Select.		
- Pap Smear	1 per female beneficiary 18 - 60 years.		
- Cholesterol test	1 per beneficiary > 16 years.		
- Blood Glucose	1 per beneficiary.		
- Childhood immunisations	At birth	BCG - upper arm. Polio - drops per mouth	
	6, 10 and 18 Weeks	Polio - drops per mouth. Diphtheria, Tetanus and Whooping Cough (DTP) - injection in thigh. Hepatitis B - injection in thigh. Haemophilus Influenza B (HIB) - injection in thigh. Pneumococcal vaccine - injection in thigh.	
	9 and 14 Months	Polio - drops per mouth. DTP - injection in thigh. Measles (measles or measles/mumps/rubella vaccinations) - injection in thigh. Pneumococcal vaccine - injection in thigh.	
	5 Years	Polio - drops per mouth. Diphtheria, Tetanus - injection in thigh.	
- Flu vaccination	1 per beneficiary.		
- TB test	1 per beneficiary.		
- HIV test	1 per beneficiary.		
- Prostate test	1 per male beneficiary > 45 every 3 years.		
- Bone density test	1 per female beneficiary > 50 every 3 years.		
- Chlamydia test	1 per female beneficiary < 25.		
Crime Trauma*	200% of LMS Rate or 100% of MMRP.	100% of LMS Rate or 100% of MMRP.	
- HIV prophylaxis (Rape)	100% of LMS Rate or 100% of MMRP.		
- Psychologists, Psychiatrists and Social Workers	100% of LMS Rate limited to R4 230 per beneficiary.	100% of LMS Rate limited to R3 085 per beneficiary.	

Extender Benefits (cont'd)

BENEFIT	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select
	<p>Subject to pre-authorisation and the relevant managed healthcare programme.</p> <p>The Crime Trauma Benefit is payable if any of the following, as defined in common law, have occurred:</p> <ul style="list-style-type: none"> • Hi-jacking or attempted hi-jacking; • Assault or attempted assault including sexual assault; • Robbery (including armed robbery) or attempted robbery. • Attempted murder; • Rape or attempted rape; <p>This crime must have been carried out on the beneficiary resulting in the need for counselling by a registered psychologist, psychiatrist or social worker due to the trauma associated with the crime. The crime must have been reported at a police station and a case number and the name of the police station must be disclosed when a claim is made.</p> <p>Benefits in respect of rape or sexual assault or attempted rape are subject to the relevant managed healthcare programme. The Crime Trauma Benefit must be accessed within a 12-month period from the date of the event.</p>		
HIV/Aids Prevention**, needle-stick injuries and prevention of mother to child transmission	<p>100% of LMS Rate.</p> <p>Unlimited subject to registration on the relevant managed healthcare programme, treatment protocols and medicine formularies.</p>		

* Subject to pre-authorisation and/or case management.

** Subject to managed healthcare programme.

Monthly contributions

	Principal Member	Adult Dependant	Child Dependant
HOSPITAL Plus (Platinum Focus 2013)	R1 826	R1 643	R 590
HOSPITAL Standard (Gold Focus 2013)	R1 269	R1 070	R 482
HOSPITAL Select (Gold Focus Select 2013)	R1 143	R 963	R 434

Contact information:

Liberty Medical Scheme

Private Bag X3
Century City
7446

LMS Call Centre:

0860 000 LMS / 567
www.libmed.co.za

We encourage you to always seek financial advice about your medical cover choices.

For more information contact your financial adviser or call 0860 000 LMS / 567 or visit our website www.libmed.co.za.

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