



LIBERTY

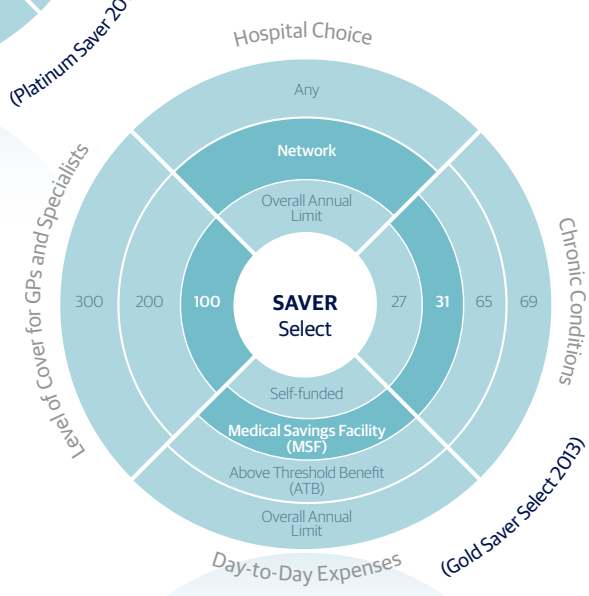
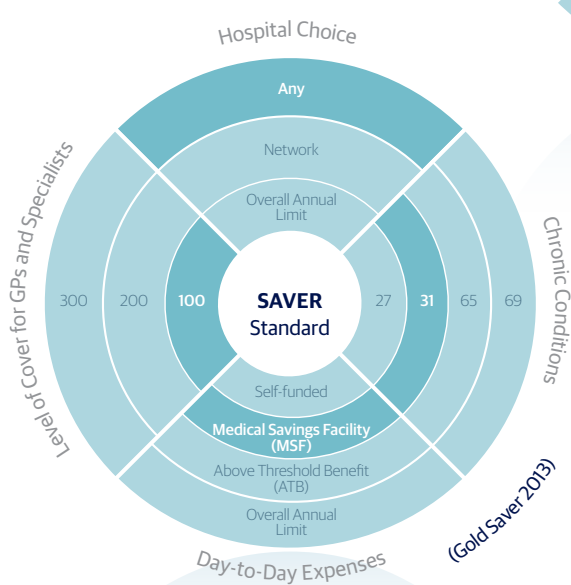
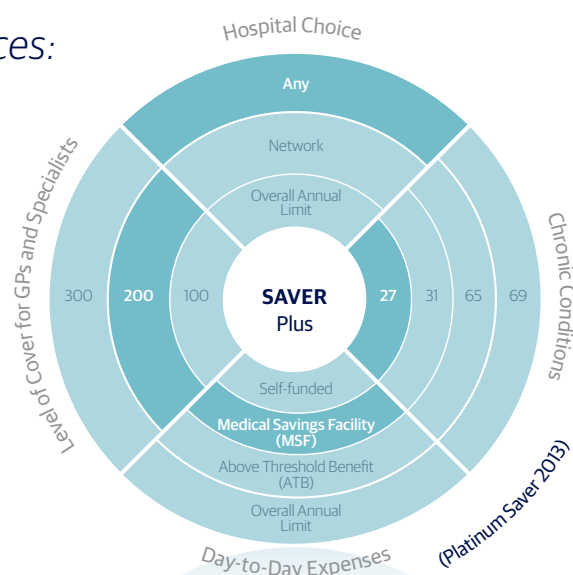
LIBERTY MEDICAL SCHEME SAVER Option

LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

Where you have Medical Savings Facility (MSF) for day-to-day and self-fund when depleted.

The SAVER option choices offers a savings facility for day-to-day expenses, which makes sense to younger members. Your day-to-day bills are paid from this fund until it runs out. After that you pay from your pocket. This is also a good choice for healthy people who don't need extensive day-to-day cover, but still want help with the big expenses.

SAVER offers you 3 choices:



Please note as a member of SAVER Plus, Standard and Select, you qualify for additional services, i.e., International Travel Cover and the Liberty Baby programme. Please visit our website, www.libmed.co.za for more information.

	SAVER Plus (Platinum Saver 2013)	SAVER Standard (Gold Saver 2013)	SAVER Select (Gold Saver 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 PMB conditions plus an additional 4 chronic conditions for children < 21 years.	27 PMB conditions plus an additional 4 chronic conditions for children < 21 years. - Chronic medication from State.
Day-to-day expenses	Covered from Medical Savings Facility (MSF).	Covered from Medical Savings Facility (MSF).	Covered from Medical Savings Facility (MSF).

Major Medical Benefits (MMBs)	Extender Benefits <i>paid from MMB</i>	Day-to-Day Benefits
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 d. LMS GP Network Consultations e. MRI/CT Scans (out-of-hospital)	a. Medical Savings Facility (MSF)

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 SAVER 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

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-authorization.

You can choose any hospital, GP or specialist if you have chosen SAVER Plus or SAVER Standard. SAVER Plus pays at 200% while SAVER Standard pays at 100% of LMS Rate.

Members on SAVER Select needs to obtain services from a Liberty Medical Scheme (LMS) Network Hospitals 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.

Private ward accommodation for maternity admissions is covered at R1 700 per day on SAVER Standard and SAVER Select authorised on medical grounds and confinements only.

Procedures and consultations are paid from the unlimited MMB, subject to clinical protocols and guidelines.

SAVER Plus covers procedures and GP and Specialist consultations at 200% of the LMS Rate. SAVER Standard and SAVER 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. See the benefits for Rehabilitation and Private Nursing as well as Hospice Services, on page 4. These benefits are subject to pre-authorization.

Although the SAVER option choices don't 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-authorization, clinical protocols, and sub-limits per prosthesis apply.

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

Emergencies: Any hospital.

- ▶ **Note:** Pre-authorization must be obtained at least 48 hours prior to a planned hospital admission. If pre-authorization is not obtained, claims will not be paid. Pre-authorization does not apply to emergencies.
- ▶ In the case of an 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 or out of hospital require pre-authorization 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 (incl HIV/Aids)

Chronic conditions are often life-threatening and should be treated by a team of dedicated healthcare professionals. The Medical Schemes Act also specifies a list of 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 SAVER option choices provide cover for the 27 PMB conditions, while SAVER Standard and SAVER Select provide cover for another four chronic conditions for children below the age of 21 (see page 7).

In accordance with legislation, medical schemes can use medicine formularies, designated or preferred service providers and specific treatment protocols to manage CDL conditions.

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

SAVER 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

SAVER Plus offers 2 ultrasound scans per pregnancy, while SAVER Standard and SAVER Select offer 3 ultrasound scans per pregnancy and one 3D scan.

- This benefit also 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
 - Delivery by a midwife in lieu of hospitalisation, and up to four post-natal consultations (paid from the MSF).

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 following 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 (R 1 535 per beneficiary per year)
2. Treatment in casualty for physical injury (unlimited)

Treatment in an emergency room or casualty ward that leads to pre-authorised hospitalisation will be covered from your hospitalisation benefit.

Note: 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 is subject to the availability of funds in MSF/ATB.

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. LMS GP Network Consultations

This benefit applies to all SAVER option choices once members exhaust their MSF benefit.

It includes **two** consultations at an LMS Network GP. This is paid at 115% of the LMS Rate once the day-to-day GP benefits are depleted.

e. 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. 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 there is unauthorised use of another provider, unless it is a PMB, in which case payment of services will be limited to 50% of the LMS Rate.

Day-to-day Benefits

a. Medical Savings Facility (MSF)

This benefit provides cover for the following day-to-day medical costs from your Medical Savings Facility (MSF):

- GP or Specialist consultations
- Dentistry
- General radiology
- External appliances, e.g., wheelchairs, hearing aids, etc.
- Auxiliary services, e.g., physiotherapy, audiology, homeopathy, chiropractors, etc.
- Routine medication
- Optometry
- Pathology
- Mental health

Your annual MSF is granted upfront on 1 January each year. If you join later in the year, the amount will be pro-rated. Claims for the day-to-day medical expenses are funded at the LMS Rate from the MSF.

The MSF that you do not use during the year will be carried over to the following year. If you resign during the year, the used portion of the advanced credit needs to be paid back to the Scheme. Interest is charged on a negative balance and earned on a positive balance.

Major Medical Benefits (MMBs) Pre-authorisation required

BENEFIT	SAVER Plus	SAVER Standard	SAVER Select
Overall Annual Limit (OAL)	Unlimited		
Emergency Transport Services	Unlimited in South Africa provided that ER24 is used. No benefit for Emergency Transport if unauthorised use of another provider, unless a PMB condition in which case payment of services will be limited to 50% of the LMS Rate.		
Blood transfusions, blood products & blood equivalents Benefits for blood equivalents* are subject to pre-authorisation.	100% LMS Rate.	100% of LMS Rate. Limited to R231 000 per beneficiary.	
Chronic and Peritoneal Dialysis*	200% of LMS Rate. R392 000 per beneficiary.	100% of LMS Rate R245 500 per beneficiary.	
Day Procedures*	200% LMS Rate.	100% of LMS Rate.	
Sub Acute Physical Rehabilitation and Private Nursing*	100% LMS Rate. R24 000 per family.	100% of LMS Rate. R16 950 per family.	
	<ul style="list-style-type: none"> • Benefits for clinical procedures and treatment in an alternative facility will be subject to hospitalisation benefits. • Nursing includes psychiatric nursing but not midwifery services. 		
Hospice Services* (accommodation, medicine, consultations)	100% LMS Rate. R16 000 per beneficiary.	100% of LMS Rate. R10 450 per family.	
Hospitalisation*	100% LMS Rate. Unless otherwise indicated, unlimited.	100% LMS Rate. Unless otherwise indicated, unlimited. Subject to use of an LMS Network hospital (applicable to SAVER Select).	
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 in respect of 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.		
Take-out medication	100% of MMRP with a maximum of 7 days' supply limited to R1 845 per admission		
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 and speech therapist	100% LMS Rate Physiotherapy is excluded in respect of psychiatric admissions.		
Pathology*	100% LMS Rate		
Maxillofacial surgery***	200% LMS Rate	100% of LMS Rate	
	<ul style="list-style-type: none"> • Benefits apply to maxillofacial surgery required due to 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. 		

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

BENEFIT	SAVER Plus	SAVER Standard	SAVER Select
Radiology*** MRI or CT scans performed out of hospital, but which lead to a pre-authorised hospital admission are included in this benefit.	100% LMS Rate.		
	Specialised* (including MRI/CT scans) limited to R36 200 per family.	Specialised* (including MRI/CT scans) limited to R24 200 per family.	
	Bone density scans limited to one per beneficiary per year, in or out of hospital. You also need specific pre-authorisation for each of the following in addition to your hospitalisation pre-authorisation: <ul style="list-style-type: none"> • Angiography • CT Cardiac arteriography • MRI scans • CT Colonography • Muga scans • Radio isotope studies 		
Dentistry* - Elective Includes all costs relating to hospitalisation, anaesthetist, and procedural costs subject to limits.	200% LMS Rate. Rate limited to R12 200 per beneficiary, R17 000 per family.	100% of LMS Rate. Rate limited to R8 900 per beneficiary, R13 700 per family.	
		Applies to elective procedures requiring general anaesthetic for dentistry on children < 8 years, the removal of impacted wisdom teeth, apicectomies, removal of teeth and roots, or exposure of teeth for orthodontic reasons.	
- Trauma - related	Unlimited		
Psychiatric admissions*	200% LMS Rate Limited to R24 000 per family	100% of LMS Rate Limited to R16 950 per family	
	Max 3 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*** Benefits are for one admission per year and only in the event of an actual delivery. No benefit in respect of false labour.	200% of LMS Rate.	100% of LMS Rate.	
	Includes delivery by a GP or medical specialists and services of the attendant paediatrician and/or anaesthetists. Post-natal care by a GP and medical specialist up to and including the six-week, post-natal consultation is included in the global obstetric fee. Where applicable, this benefit covers the cost of water birth including: hire of the birth bath, oxygen, medicine, dressings and materials supplied by a midwife. This benefit applies to delivery by a midwife in lieu of hospitalisation. Post-natal midwife consultations are limited to four and payable from the MSF.		
- Pregnancy Ultrasounds	100% of LMS Rate limited to 2 ultrasound scans per pregnancy. On SAVER Standard and SAVER Select: 100% of LMS Rate limited to 3 ultrasound scans and 1 3D per pregnancy.		
- Antenatal classes	No benefit.		
Organ and bone marrow transplants (including immuno-suppressants)*#	200% LMS Rate.	100% LMS Rate.	
	Imported corneas up to R26 700. Organ donor procedures other than performed in a public hospital are limited to: <ul style="list-style-type: none"> • R80 000 in the case of a live donor who is not a beneficiary of the Scheme. • R50 000 in the case of a cadaver donor where a person was not a beneficiary of the Scheme immediately prior to death. Live donor costs other than incurred in a public hospital or in respect of a donor who is a beneficiary of the Scheme are limited to treatment costs incurred during the first week following the donation. Haemopoietic stem cell transplants are limited to allogeneic grafts and autologous grafts derived from accredited haematology Bone Marrow Transplant Facilities.		
Oncology (Cancer)*** Treatment for long-term chronic conditions that may develop as a result of chemotherapy or radiotherapy not included in this benefit	100% LMS Rate or MMRP. Unlimited Biological/ Specialised drugs are subject to approval and 10% co-payment.	100% of LMS Rate or MMRP limited to R268 900 per beneficiary. No benefit for biological or specialised drugs.	
	Benefits for medicines obtained other than from DSPs are limited to 50% of MMRP.		
- Dispensing fee	The negotiated fee or a maximum of 26% of MMRP limited to R26 (excluding VAT).		
- Diagnostic sub-limit	R47 700 per beneficiary. Includes 1 bone scan per beneficiary with bone metastases. Includes 1 PET scan per beneficiary subject to specific pre-authorisation and at an accredited specialist practice.	R29 100 per beneficiary. Includes 1 bone scan per beneficiary with bone metastases. No PET scans.	
- Post-active treatment	12 months following the active treatment period. This includes oncology consultations, radiology and pathology.		

Major Medical Benefits (MMBs) Pre-authorisation required

BENEFIT	SAVER Plus	SAVER Standard	SAVER Select
Disease Management Programme Asthma, Cancer, Diabetes, HIV/Aids***	Yes		
Member Care	Yes		
Internal prostheses* Annual sub-limits apply per Prosthesis type.	100% of LMS Rate subject to the following annual sub-limits.	100% of LMS Rate limited to R50 000 per beneficiary subject to the sub-limits that follow. No benefit for joint replacements unless a PMB condition.	
- 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. Carotid stents: R17 800. Detachable platinum coils: R44 600.	Embolic protection devices: R20 100. Intracranial stents: R22 200. Peripheral arterial stent grafts: R33 200.	
- 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 benefits.		
- Internal nerve stimulators	No benefits.		
- Unlisted internal prostheses	R29 900		
External prostheses* Annual sub-limits apply per prosthetic type.	100% LMS Rate. Subject to pre-authorisation and funding guidelines.		
- Artificial limbs	R45 000 per beneficiary.		
- Breast prosthesis	R3 000 per beneficiary every 2 years. The 2-year cycle applies from the last claim date and not the beginning of a new financial year. It applies irrespective of whether a member moves between SAVER Standard and SAVER Select.		
- Artificial eyes	R15 000 per beneficiary.		
- Other	Payable from MSF.	Payable from MSF.	

* Subject to pre-authorisation and/or case management

*** Subject to disease management pre-authorisation

**** The LMS GP Network is the DSP for PMBs. Voluntary use of a non-DSP will result in the benefit being limited to 50% of the LMS rate or Maximum Medicine Reference Price

#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 is 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.

Chronic Disease Benefits

BENEFIT	SAVER Plus	SAVER Standard	SAVER Select
Chronic medication* Benefits in respect of a non-formulary medicine are limited to 50% of MMRP. PMB conditions are payable above limits*** - Preferred providers apply	100% of MMRP unlimited subject to standard formulary.	100% of MMRP unlimited subject to standard formulary.	Unlimited if obtained from a state facility, otherwise subject to standard formulary and limited to 50% of MMRP.
Biological / Specialised Drugs	Subject to approval and 10% co-payment.	No benefit.	
Dispensing fees	The negotiated fee or a maximum of 26% of MMRP limited to R26 (excluding VAT).		
HIV/Aids (DSP: Pharmacy Direct)***	100% LMS Rate. Unlimited.	100% LMS Rate. Unlimited.	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.
	Subject to pre-authorisation and the relevant managed healthcare programme, treatment protocols and medicine formularies. Voluntary use of a non-DSP will result in the benefit being limited to 50% of the LMS rate or MMRP.		
PMB Conditions Covered		Additional chronic conditions covered on the SAVER Standard and SAVER Select choices for children under the age of 21:	
Addison's Disease Asthma Bipolar Mood Disorder Bronchiectasis Cardiac Failure Cardiomyopathy Chronic Obstructive Pulmonary Disease <i>Emphysema</i> Chronic Renal Failure Coronary Artery Disease <i>Angina</i> <i>Ischaemic Heart Disease</i> Crohn's Disease Diabetes Insipidus Diabetes Mellitus Type 1 Diabetes Mellitus Type 2 Dysrhythmias <i>Cardiac Arrhythmias</i> Epilepsy Glaucoma Haemophilia HIV/Aids Hyperlipidaemia <i>Hypercholesterolaemia</i> Hypertension Hypothyroidism Multiple Sclerosis Parkinson's Disease Rheumatoid Arthritis Schizophrenia Systemic Lupus Erythematosus <i>Discoid Lupus Erythematosus</i> Ulcerative Colitis Note: All conditions depicted in <i>italics</i> are sub-conditions		Allergic Rhinitis Attention Deficit Disorder Allergic Dermatitis/Eczema Acne	

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

*** Subject to disease management pre-authorisation.

**** The LMS GP Network is the DSP for PMBs. Voluntary use of a non-DSP will result in the benefit being limited to 50% of the LMS rate or Maximum Medicine Reference Price.

Extender Benefits

BENEFIT	SAVER Plus	SAVER Standard	SAVER Select
LMS GP Network Consultations	115% LMS Rate. Limited to 2 consultations per family. This benefit applies once the day-to-day GP benefits are depleted.		
Crime Trauma Benefit*	200% LMS Rate or 100% 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 375 per beneficiary.	
HIV/Aids Prevention needlestick injuries and prevention of mother-to-child transmission**	100% of LMS Rate. Unlimited subject to registration on the relevant managed healthcare programme, treatment protocols and medicine formularies.		
MRI/CT Scans/Radio-isotope scans	100% of LMS Rate subject to 2 MRI/CT scans and 1 radio isotope scan per family.		
Casualty Benefit*	100% of LMS Rate limited to R1 535 per beneficiary. Unlimited for physical injury.		

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

** Subject to managed healthcare programme.

Preventative Care Benefits

BENEFIT	SAVER Plus	SAVER Standard	SAVER Select
	100% LMS Rate or MMRP.		
Medical Report	Subject to a Medical Report on request by the Scheme.		
Mammogram	1 per female beneficiary > 40, every 2 years. The 2 year period applies irrespective of whether a member moves between SAVER Standard and SAVER Select.		
Pap Smear	1 per female beneficiary 18 - 60 years.		
Chlamydia Test	1 per female beneficiary < 25 years.		
Cholesterol Test	1 per beneficiary > 16 years.		
Blood Glucose	1 per beneficiary.		
Childhood immunisations From birth up to 5 years of age	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. Diphtheria, Tetanus and Whooping cough (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.		
Eye test	Subject to MSF.	1 per child < 21 years.	
Dental check up	Subject to MSF.	1 per child < 21 years.	

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

Day-to-Day Benefits

BENEFIT	SAVER Plus	SAVER Standard	SAVER Select
Medical Savings Facility (MSF) Reimbursement from MSF.	Member: R2 700 Adult: R2 424 Child: R 876		Member: R3 024 Adult: R2 472 Child: R1 104
LMS Network GPs	115% of LMS Rate subject to MSF.		
Non-network GPs and Specialists	100% LMS Rate.		
Dentistry (Basic and Specialised)	100% of LMS Rate subject to MSF. Benefits subject to managed healthcare programme. All general anaesthesia and conscious analgo sedation for dentistry, must be pre-authorized. Removal of impacted wisdom teeth performed in doctor's rooms is subject to pre-authorization and the relevant managed healthcare programme, and will be paid from the Hospital Benefit Dentistry limit. Orthodontic treatment is subject to pre-authorization and the relevant managed healthcare programme. Where treatment begins prior to entitlement to benefits, benefits are calculated based on the original treatment plan and at the benefit rates applicable at that time. Advanced/ specialised dentistry includes services for inlays, crowns, bridges, mounted study models, metal base partial dentures, and treatment by periodontists, prosthodontists, and dental technician's fees for all such dentistry.		
Social Workers	100% of LMS Rate subject to MSF.		
Mental Health	100% of LMS Rate subject to MSF. Treatment of learning or behavioural problems is subject to motivation and the relevant managed healthcare programme.		
Acute Medicine** (Including pharmacy-advised therapy or PAT)	100% of MMRP. Negotiated fees for a maximum of 26% of MMRP limited to R26 (excluding VAT) (Preferred Providers apply) subject to MSF. Benefits are subject to managed healthcare programme.		
Optical	100% of LMS Rate subject to MSF.		
Out Patient Services	100% of LMS Rate subject to MSF.		
Pathology	100% of LMS Rate subject to MSF.		
Physiotherapist, chiropractor, homeopath, clinical or medical technologist, occupational therapist, chiropodist, podiatrist, orthoptist, biokineticist, speech therapist, audiologist, hearing aid acoustician, orthotist, prosthodontist and dietician.	100% of LMS Rate subject to MSF.		
Sick Bay and Frail Care Centre*	100% of LMS Rate subject to MSF.		
Appliances	100% LMS Rate subject to MSF. Wheelchairs - 1 per beneficiary every 4 years excluding motorised wheelchairs. Hearing aids - 1 per ear, per beneficiary every 2 years. The 4-year or 2-year cycles apply from the last claim date and not from the beginning of a new financial year, irrespective of whether a member moves between SAVER Standard and SAVER Select.		
Radiology	100% of LMS Rate subject to MSF.		

* Subject to pre-authorization and/or case management

** Subject to managed healthcare programme

Monthly contributions

	Principal Member	Adult Dependant	Child Dependant
SAVER Plus Platinum SAVER 2013	R2 250	R2 023	R 730
SAVER Standard Gold SAVER 2013	R1 682	R1 379	R 619
SAVER Select Gold SAVER Select 2013	R1 449	R1 189	R 534

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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