

LIBERTY MEDICAL SCHEME

We care. **For you**



PLATINUM COMPLETE

The very best day-to-day and hospital benefits to take care of your health



Major Medical Benefits

- Hospitalisation
- Disease Management
- Chronic Conditions

Day-to-Day Benefits

- Medical Savings Facility
- Threshold Benefits
- Day-to-Day Extender



In-hospital Benefits

- Certain claims covered up to 200% LMS rate
- Unlimited overall annual benefit
- Sub-limits apply to certain benefits
- Hospital of choice

64

Chronic Medication

- 27 PMB Conditions (including HIV/Aids) - unlimited cover
- Covers 37 additional chronic conditions - limited cover



Day-to-Day Benefits

Day-to-Day Extender paid from Risk

- Casualty Consultations
- Crime Trauma
- Preventative Care
- Day Procedures
- MRI/CT Scans

Paid from Savings

- Consultations, acute medication, optometry, dentistry etc
- Claims are paid from Savings, then self-funded by the member and thereafter paid from the Threshold Benefit
- Claims accumulate at the LMS rate



Threshold Benefit

- Unlimited GP & Specialist consultations, basic dentistry, radiology and pathology
- Specified limits for other benefits

Do you want to enjoy peace of mind? Platinum Complete gives you the very best benefits available for all your day-to-day and hospital healthcare needs, plus the freedom to choose your own service providers.

Platinum Complete



Unlimited overall annual benefit and associated accounts paid up to 200% LMS rate



64 Chronic Conditions



Day-to-Day Extender paid from risk
Paid from Savings and Threshold Benefits

Benefits

Please note as a member on this option, you qualify for additional services i.e. international travel cover and the Liberty Baby programme, please refer to the Member Guide for more information.

Contributions

Member R3 103

Adult R2 305

Child* R 892

*Child dependant means a dependent child under the age of 21, or a child who is a full-time student, up to and including age 26 (proof of study to be supplied).

Medical Savings Facility and Threshold Benefits

	Medical Savings Facility	Self Payment Gap	Threshold Level	Threshold Benefit
Member	R5 580	R1 763	R7 343	Specified unlimited and limited benefits
Adult	R4 140	R1 325	R5 465	
Child*	R1 596	R 514	R2 110	

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