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LIBERTY MEDICAL SCHEME

We care. **For you**

Crafted with **care** to suit your needs



B

2012 Member Guide

Crafted with **care** to suit your needs



You shape it

It is amazing how, with the necessary care, a few tender folds can transform a piece of paper into something magnificent, like this peacock. It's the careful and thoughtful attention to detail that makes it happen.

In the same way, by paying careful attention to your needs and listening to who you are as a family or individual, Liberty Medical Scheme shapes healthcare options as a perfect expression of your life. It's about doing what we can to help your health flourish so you can shape the life you want.

Liberty Medical Scheme We care. **For you**

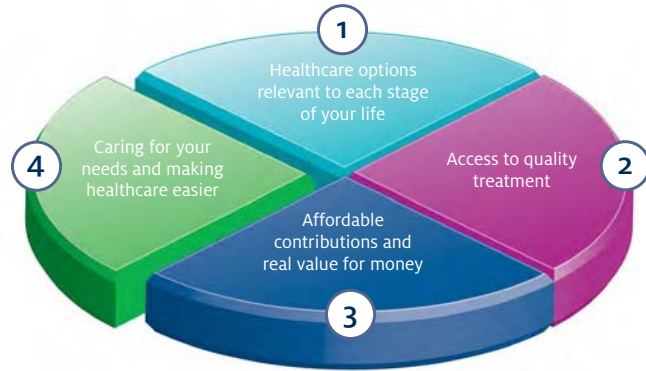
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Liberty Medical Scheme (LMS) at a glance

Liberty Medical Scheme (LMS) is focused on offering members healthcare options that are truly relevant to each stage of their life.

LMS shapes healthcare options that care for your needs by providing quality benefits at affordable prices.



1 Healthcare options relevant to each stage of your life

People have different needs at different life stages. This fact has very often been overlooked in the healthcare industry, which is why LMS embarked on a unique market segmentation study. The results of this study enabled us to develop options to cater for different needs and make them relevant to you as your requirements change.

We also review our benefit design continually to ensure that we have what you need to make the best decisions for you and your family.

2 Access to quality treatment

LMS is dedicated to giving you access to quality treatment and care; everything you may need to live a full and healthy life. We want your healthcare option to enhance your life choices and deliver the best healthcare you can afford. Most importantly, to give you peace of mind knowing that comprehensive benefits are accessible when you need them. We provide meaningful cover according to recognised treatment protocols and constantly update our benefits as new medical technology becomes available.

3 Affordable contributions and real value for money

At LMS we believe that real value for money is about offering quality benefits that are affordable. So even while an inflationary environment necessitates annual rate increases, these are always kept competitive.

4 Caring for your needs and making healthcare easier

LMS takes its customers' needs to heart and our service level is of the highest in the industry. Members receive regular communications aimed at addressing various questions and concerns. In addition, you are able to access up-to-date information on our user-friendly website www.libmed.co.za.

How does Liberty Medical Scheme set its rate?

LMS rate

- The LMS rate refers to the tariff which the Scheme will pay for a particular healthcare service (e.g. consultations, medicines, procedures, examinations, etc)
- LMS consults and reviews the information issued by a range of experts to arrive at the LMS rate. These experts include Liberty Health, the Department of Health, the Medical Scheme Industry and LMS actuaries. LMS also looks at various economic indicators, e.g. the current and forecast CPI rate
- The LMS rate for every single healthcare service is determined annually, as medical costs increase each year
- Because of the multitude of healthcare services it is not practical to publish a list with all the tariffs. If you or your doctor want to know what the LMS rate is for a particular healthcare service, please call the LMS Contact Centre on **0860 002 163** and make sure you have the treatment/tariff code(s) on hand*.

***Note:** The LMS rate will indicate what the Scheme is prepared to pay in respect of a particular service, but is not confirmation of the amount payable as this would be subject to your entitlement to benefits in terms of the rules at the time the claim is submitted.

Some healthcare providers charge the LMS rate and some don't:

- Every healthcare provider is entitled to set his/her own fees
- Please note that the Scheme also negotiates directly with certain provider groups e.g. hospitals, pathologists, radiologists, etc to ensure competitive rates for members
- If your provider charges more than the LMS rate, you must pay the difference between the LMS rate and the charged amount. Please also refer to the section on page 19 dealing with co-payments recovered from the MSF.
- You have the power to negotiate fees. Many providers will charge the LMS rate, or at least lower their fees, if you ask them to or if you pay cash at the time of service.

2012 Benefit Summary and Contributions

	Network Option	Hospital Options		Saver Options		Complete Options		
	Bona Plus	Gold Focus	Platinum Focus	Gold Saver*	Platinum Saver*	Titan*	Platinum Complete*	
	<i>A network of care</i>	<i>Starting out as a family</i>	<i>Excellent risk cover</i>	<i>Everything a family needs</i>	<i>Meeting your family's needs</i>	<i>Perfect cover for the family</i>	<i>The ultimate healthcare option</i>	
Major Medical Benefits (MMB)	Payment Rate	100% LMS rate	100% LMS rate	100%/200% LMS rate	100% LMS rate	100%/200% LMS rate	100% LMS rate	100%/200% LMS rate
	Hospitalisation (sub-limits apply to certain benefits)	R980 000 per family	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
	Hospital Network	Freedom of choice	Freedom of choice	Freedom of choice	Freedom of choice	Freedom of choice	Freedom of choice	Freedom of choice
	Chronic Conditions Covered	27 PMBs	27 PMBs	27 PMBs	27 PMBs	27 PMBs	27 PMBs	27 PMBs
	Additional Chronic Conditions Covered	-	-	37	4	37	-	37
	Disease Management	✓	✓	✓	✓	✓	✓	✓
Day-to-Day Extender paid from Risk	Casualty Benefit	-	✓	✓	✓	✓	✓	✓
	Preventative Care Benefit	-	✓	✓	✓	✓	✓	✓
	Day Procedures (out-of-hospital)	✓	✓	✓	✓	✓	✓	✓
	Crime Trauma Benefit	-	✓	✓	✓	✓	✓	✓
	MRI/CT Scans (out-of-hospital)	✓	✓	✓	✓	✓	✓	✓
	Dentistry (basic and specialised)	-	-	-	-	-	✓	-
		CareCross Network: <ul style="list-style-type: none"> • GP Consultations • Basic Dentistry • Medication • Optometry • Pathology • Radiology 	Self-funded	Self-funded	Savings <ul style="list-style-type: none"> • Member: R 2 496 • Adult: R 2 040 • Child: R 912 	Savings <ul style="list-style-type: none"> • Member: R 2 160 • Adult: R 1 932 • Child: R 696 	Savings <ul style="list-style-type: none"> • Member: R 3 084 • Adult: R 2 472 • Child: R 828 Self Payment Gap <ul style="list-style-type: none"> • Member: R 700 • Adult: R 430 • Child: R 160 Threshold Level <ul style="list-style-type: none"> • Member: R 3 784 • Adult: R 2 902 • Child: R 988 Threshold Limit <ul style="list-style-type: none"> • Member: R 3 080 • Adult: R 1 820 • Child: R 800 	Savings <ul style="list-style-type: none"> • Member: R 5 580 • Adult: R 4 140 • Child: R 1 596 Self Payment Gap <ul style="list-style-type: none"> • Member: R 1 763 • Adult: R 1 325 • Child: R 514 Threshold Level <ul style="list-style-type: none"> • Member: R 7 343 • Adult: R 5 465 • Child: R 2 110 Threshold Limit <ul style="list-style-type: none"> • Unlimited: <ul style="list-style-type: none"> • GP Consultations • Specialist Consultations • Basic Dentistry • Basic Radiology • Pathology • Limited: <ul style="list-style-type: none"> • All other benefits
Contributions	Principal Member	R 1 085	R 1 067	R 1 474	R 1 388	R 1 802	R 1 718	R 3 103
	Adult Dependant	R 831	R 900	R 1 326	R 1 138	R 1 618	R 1 375	R 2 305
	Child Dependant***	R 318	R 405	R 476	R 510	R 583	R 464	R 892
Additional Services**	Liberty Baby Programme	-	-	-	✓	✓	✓	✓
	International Travel Benefit	-	✓	✓	✓	✓	-	✓

6 *A savings component is included in the contributions of these options.
 **For more information on these additional services offered to LMS members, please refer to pages 42 and 43.
 ***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).

Please note for a more comprehensive overview of benefits you can request a Benefit Schedule or view it on www.libmed.co.za

Major Medical Benefits

Hospital Benefits

The Hospital Benefit covers the cost of admissions to any hospital including private hospitals (subject to pre-authorisation and the relevant managed healthcare programme). LMS will pay the hospital bill and associated costs, e.g. specialist consultations, anaesthetists, blood tests and x-rays from this benefit. Some of these services are subject to further pre-authorisation. Co-payments and sub-limits are applicable on certain benefits. For more details please visit the website www.libmed.co.za.

You can choose any hospital and any specialist, ensuring that you will receive the quality care you require.

Cover for Hospital and associated costs:

Bona Plus, Gold Focus, Gold Saver and Titan cover all costs up to the LMS rate while the Platinum Focus, Platinum Saver and Platinum Complete options cover costs up to 2x the LMS rate, for certain benefits.

Sub-limits may apply in respect of certain services. Any cost in excess of the LMS rate or a sub-limit will be for the member's account.

Co-payments:

Please read the below information relating to co-payments.

Certain hospital procedures are subject to co-payments. Prior to a hospital admission, please check the option information or call the Contact Centre to establish which procedures have co-payments. You will be responsible to pay the co-payment directly to the hospital at the time of your admission.

Co-payments are applied to specified procedures on all options, excluding Platinum Complete.

- Where specified procedures are done in-hospital, you will have to pay the co-payment to the hospital
- LMS will pay all the other approved services that are related to the procedure from the Hospital Benefit
- The co-payment is not applied if the procedure is done in the doctor's rooms or at a registered day clinic.

Day procedures that do not attract a co-payment:

Certain diagnostic and minor surgical procedures do not attract a co-payment if they are performed in the doctor's rooms or day clinic. These procedures are:

- Diagnostic cystoscopy
- Laser tonsillectomy
- Lumbar puncture
- Needle aspiration of joint, bursa or ganglion
- Proctoscopy/sigmoidoscopy
- Vasectomy
- Colonoscopy

Remember: Some healthcare providers may charge more than the LMS rate, so we encourage you to negotiate with your chosen healthcare provider and ensure that you are informed beforehand of the fees that will be charged.

Disease Management Programmes

Our Disease Management Programmes help provide the care you need to live a healthy and full life. There are programmes for asthma, diabetes, coronary heart disease and other lifestyle conditions such as epilepsy and bipolar mood disorders.

Case managers identify eligible candidates from members who have one of these conditions, also carefully considering the following:

- Does the condition seem particularly severe?
- Is the member having difficulty controlling the condition?
- Has the member been hospitalised as a result of the condition?

You may also apply for this benefit.

All members who are registered on these programmes are provided with education, advice and support from registered healthcare professionals, as well as with a review of the medication currently being used.

The programme will keep you informed about your condition and assist you in managing your condition confidently so that you can lead a better quality of life.

Disease Management Programmes

Asthma support

Most people with asthma should be able to enjoy a normal lifestyle, including getting a good night's sleep and participating in sport and other normal daily activities. The Asthma Support Programme enables you to achieve this by focusing on the appropriate use of medication, while providing education and counselling to help you understand and manage the disease.

This includes:

- How to manage your condition, including using inhalers and peak flow meters
- How to reduce asthma symptoms without affecting your lifestyle
- How to reduce the number of hospital and emergency room visits

Diabetic support

This programme helps you to control your blood sugar and addresses issues such as the importance of screening tests and lifestyle adjustments, which can improve the well-being of diabetic patients vastly. The programme also educates you on the correct medicine management and monitoring.

This includes:

- How to achieve good glucose control
- Addressing risk factors for cardiovascular disease
- Discussing screening tests that may help prevent long-term complications

Cardio support

If you have had angina or a heart attack, you will know how important it is to manage your medication properly and tackle any lifestyle risks you may have. The Cardio Support Programme provides the care and guidance you need to do this.

This includes:

- Blood pressure management principles
- Weight-loss programmes
- Stop smoking programmes
- Exercise programmes

For more information on the Cancer and HIV/Aids programmes, please refer to page 27.

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.

The Department of Health took various factors into account when deciding on the diseases to be covered under PMBs, such as: the nature of the disease and how that disease would affect the quality of life of the individual; the most prevalent conditions; the affordability of the treatment and the financial impact on medical schemes.

In terms of the Medical Schemes Act, medical schemes have to cover costs related to the diagnosis, treatment and care as prescribed (by the Act). These include:

- Any emergency medical condition (this is a medical condition which is of a sudden and unexpected onset that requires immediate medical or surgical treatment at a time where failure to provide this treatment would result in serious impairment of bodily functions, serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy)
- A set of ±270 medical conditions, and
- 27 chronic conditions.

PMBs are not subject to annual benefit limits. PMBs are paid from available benefit limits and once these limits are exceeded, funding for further treatment of PMB conditions is effected strictly in accordance with the treatment prescribed by the Act.

Each case will be assessed in terms of the Act and in accordance with the Scheme's managed healthcare programmes and clinical protocols.

Medication

Brand name medication

Brand name medications are developed under patent protection. A drug company may spend years on research and testing before bringing a new drug to market. A manufacturer's initial price for a new medication includes all the development costs it incurred for the drug and it is therefore normally very expensive.

Generic medication

As the expiration date of the patent approaches, any drug manufacturer (including the one that produced the brand name version) may apply for permission to produce a generic version of the medication. Companies making generic versions do not have to:

- Do the research that was needed to create the drug in the first place
- Put the drug through clinical trials; or
- Set up marketing campaigns for the generic drug

Eliminating these three factors from the cost of manufacturing means a generic can be sold at a far lower price than the brand name version.

A generic drug must:

- Contain the same active ingredients as the innovator drug (inactive ingredients may vary)
- Be identical in strength, dosage form and route of administration
- Have the same use indications
- Meet the same batch requirements for identity, strength, purity and quality
- Be manufactured under the same strict standards of the Medicine Control Council's good manufacturing practice regulations required for innovator products

Medicines within a specific generic group are either identical to each other (except for their appearance or their packaging) or otherwise very similar (for example, only the inactive ingredients differ slightly). Thus, a given illness can be treated with any one medicine within such a group.

In- and out-of-formulary medication

LMS uses a medication formulary which is a list of prescription drugs, both generic and brand names, that it will fund. The purpose of the formulary is to steer you to the most cost-effective medications that are sufficiently effective for treating your health condition. This means you will get the quality medication you need to care for your health but at a reasonable and managed cost. You will pay more if you and your doctor choose a medication that is not covered on the formulary. Usually, the formulary is updated annually, although it is subject to change throughout the year.

The **extended formulary** applies to Platinum Complete, Platinum Saver and Platinum Focus options.

The **standard formulary** applies to Titan, Gold Saver and Gold Focus options.



The **CareCross formulary** applies to Bona Plus.

Note: Please refer to www.libmed.co.za under the Member section for the formulary lists.






Refer to the diagram below for an example of how the formulary is applied.

What will you pay for medication?

Out-of-formulary

 <p>A</p> <p>Brand Name Tablet R 200 for 30 tablets</p>	 <p>B</p> <p>Generic Tablet R 180 for 30 tablets</p>
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Extended formulary (Platinum Complete, Platinum Saver, Platinum Focus)

 <p>C</p> <p>Generic Tablet R 160 for 30 tablets</p>	 <p>D</p> <p>Generic Tablet R 140 for 30 tablets</p>	 <p>E</p> <p>Generic Tablet R 120 for 30 tablets</p>	 <p>F</p> <p>Generic Tablet R 100 for 30 tablets</p>	 <p>G</p> <p>Generic Tablet R 80 for 30 tablets</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

Standard formulary
(Titan, Gold Saver, Gold Focus)

- If a member on any option buys Tablet A or B, a 50% co-payment will be applied as the medication is *not* on any formulary
- If a member on any of the Platinum options buys Tablets C – G a co-payment *will not* apply as they are on the extended formulary
- If a member on any of the other options buys Tablets C – E, a 50% co-payment *will be* applied as the medication is *not* on the standard formulary, but if a member buys Tablet F or G no co-payment will apply as they are on the standard formulary.

How does your chronic medicine cover work?

- Clinical protocols and guidelines will apply to the treatment of a chronic condition listed on the Chronic Conditions List (CDL) - standard and extended formularies
- Medication on the formulary, authorised by Chronic Medicine Management, will be reimbursed subject to the Maximum Medicine Reference Price (MMRP)
- Medication (other than for PMBs) not on the formulary will not be covered
- If medication is for a PMB condition and voluntarily obtained from a provider other than an approved DSP, then a co-payment of 50% will apply
- If medication is for a PMB condition and the formulary includes an appropriate drug, but you voluntarily choose another drug outside of the formulary, then a co-payment of the greater of 50% of the amount charged or the amount that would have been payable in respect of the formulary drug applies
- The co-payment in respect of PMB medicine is to be paid at the point of service, as by law it may not be paid from your MSF.

Medicine exclusions

Certain medicines are excluded for payment from the acute or chronic medication benefit for various reasons. These include:

- Medication not proven to have relevant clinical value
- Medication that is more expensive than equally effective and safe alternatives
- Medication prone to abuse
- Some combination products, where it is more appropriate to use single ingredient products
- Newly-registered products under review
- Some expensive chronic medication is subject to strict clinical protocols and guidelines and requires additional authorisation.

Note: LMS has adopted industry-related Maximum Medicine Reference Pricing (MMRP) to help us manage the costs of prescription medication. The Maximum Medicine Reference Price is a reference pricing system that uses a benchmark (reference) price for generically similar products.

Medication (cont.)

Pharmacy Preferred Provider Network

LMS has negotiated preferred rates with these providers to help you save on dispensing fees. As an LMS member you can use any service provider, but it is in your best interests to use a Preferred Provider wherever possible to avoid or limit co-payments.

LMS has contracted with the following pharmacies for chronic and acute medication and will pay up to the maximum negotiated dispensing fee.

Pharmacy Service Providers					
Pharmacy Group	Retail pharmacy services	Courier pharmacy services	**Acute medicines	**Chronic medicines	Customer Care Line and Website
Clicks Clicks directmedicines	Yes	*Yes	Yes	Yes	0860 254 257 0861 444 405 www.clicks.co.za
Dis-Chem	Yes	No	Yes	Yes	0800 201 170 www.dischem.co.za
MediRite (in Checkers & Shoprite stores)	Yes	No	No	Yes	021 983 5119 www.medirite.co.za
Pharmacy Direct	No	Yes	No	Yes	086 002 7800 www.pharmacydirect.co.za
Scriptnet	Yes	No	Yes	Yes	010 591 0150 www.scriptnet.co.za
We Care	Yes	No	Yes	Yes	087 809 3122 www.we-care.co.za/store-locator.php

*Normal courier or delivery of "patient-ready parcel" at Clicks stores.

**Up to the maximum negotiated dispensing fee of 26%/R26 limit.

Pharmacy Designated Service Provider Network

The Scheme has appointed Pharmacy Direct as the DSP for all anti-retroviral medication. Clicks (including directmedicines) has been appointed as the oncology DSP to the Scheme. Members on the Bona Plus option must contact CareCross for the designated pharmacy service providers for this option. Refer to page 47 for more information.

Preventative Care Benefits (PCBs)

This benefit focuses on the early detection of serious medical conditions. Early detection will help you stay healthy, which is why LMS will cover a variety of screening and diagnostic tests as well as vaccinations.

LMS will pay for the first test or immunisation per beneficiary in each of the below mentioned categories at the lesser of 100% of cost, Maximum Medicine Reference Price or up to the LMS rate. Specific immunisations for babies and children are listed separately.

The benefit does not cover the consultation cost associated with the test or other associated costs. These costs will be paid from the available day-to-day benefits or will be self-funded by the member.

LMS covers you and your family for the annual screening and diagnostic tests and vaccinations listed below:

Table 1: Preventative Care Benefits

Benefits	Age limits	Gender	Nappi codes	Description
Pap Smear	18-60 years	Females	4566 4559	Vaginal or cervical smears Note 4559 paid at the equivalent value of 4556
Cholesterol	From 16 years	All	4027	Cholesterol
Blood Glucose	All	All	4050 4057	Glucose Strip-test Glucose: Quantitative
Immunisation for Children	Up to age 5	All	See table 2	See table 2
Flu Vaccinations	All	All	700767 702733 732818 732826 812307 813338 836591 838853 711345 711737	Hiberix Sgl Dose 0.5ml + Saline Diluent X-flu prefilled 0.5ml syringe Inflexal 0.5ml Vac Influvac 0.5ml Agrippal S 1 0.5ml prefilled Syringe Vaxigrip Single Dose 0.5ml prefilled Vaxigrip Single Dose 0.25ml pref Paed Mutagrip Single Dose 0.5ml pref Adult Fluvax Fluarix
HIV Test	All	All	3932 4614 0016 0017	Antibodies to human immunodeficiency virus (HIV): ELISA Rapid Blood Test Pre-test counselling Post-test and counselling
TB Test	All	All	0221 872938 882348	Allergy: Skin-prick tests Tuberculin ppd rt/23-15 tests (10 x 1.5ml) Biocine
Bone Density Test once every 3 years	From 50 years	Females	3604 39173 50120	Bone densitometry Bone densitometry X-ray bone densitometry



Preventative Care Benefits (PCBs) (cont.)

Table 1: Preventative Care Benefits (cont.)

Benefits	Age limits	Gender	NAPPI codes	Description
Prostate Test once every 3 years	From 45 years	Males	4519	Prostate-specific antigen
Mammogram once every 2 years	From 40 years	Females	3605 34100 39175	Mammography: Unilateral or bilateral, including ultrasound X-ray mammography including ultrasound Mammography: Unilateral or bilateral
Chlamydia Test	From 25 years	Females	3906	Identification: Chlamydia
Eye Test 1 per year (only Gold Saver option)	Child Dependant under the age of 21	All	11001 11081 11021 11041	Optometric Examination Optometric Examination & Visual Fields Optometric Re-Examination within six months of 11001/11081 Consultation: 15 min. without performing Optometric Exam
Dental Check-up 1 per year (only Gold Saver option)	Child Dependant under the age of 21	All	8101 8901 8104	Oral examination Consultation at consulting rooms Limited oral examination

Table 2: Vaccinations available to babies and children

Vaccine method	Age of child							
	At birth	6 weeks	10 Weeks	18 Weeks	9 Months	12 Months	14 Months	>5 Years
BCG (upper arm); Polio (drops per mouth)	✓							
Polio (drops per mouth) Diphtheria; Tetanus and Whooping Cough; Hepatitis B; Haemophilus Influenzae B (injection to thigh)		✓	✓	✓			✓	
Polio (drops per mouth) Diphtheria; Tetanus and Whooping Cough; Measles* (injection to thigh)					✓		✓	
Polio (drops per mouth) Diphtheria; Tetanus (injection to thigh)								✓
Conjugated Pneumococcal Vaccine		✓	✓	✓		✓		

*Measles only OR Measles, Mumps and Rubella vaccination may be given.
Please note that consultations associated with the above tests and immunisations do not form part of this benefit.

Nappi Codes are supplied to assist you in the billing process

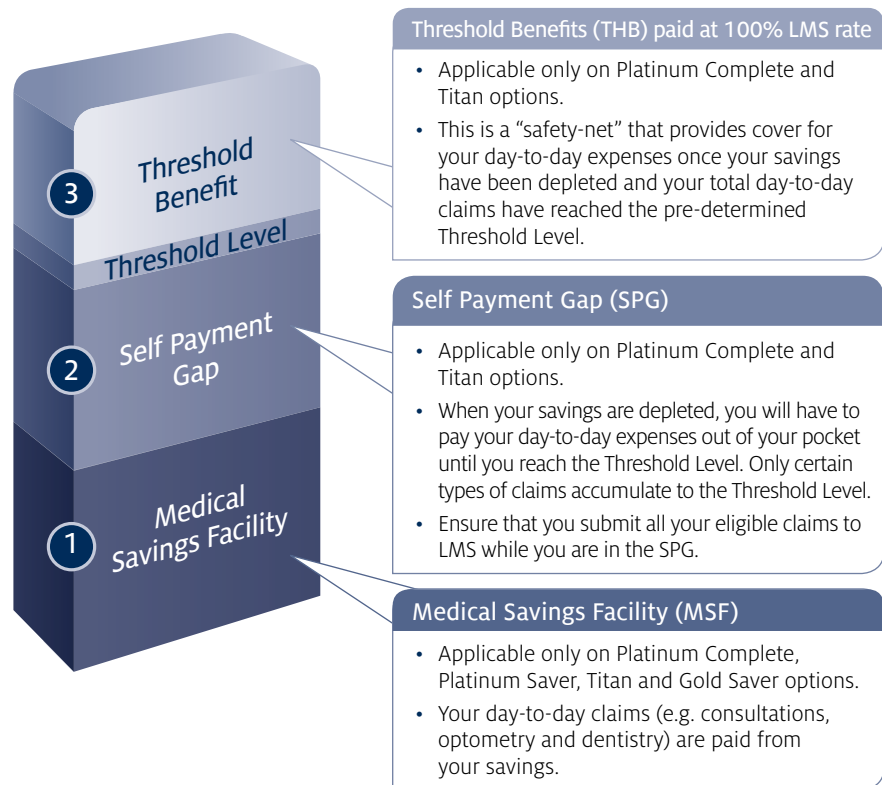
Nappi Code	Description	Immunisation Type
700210 700356 701658 701659 730394 731501 869317	Engerix-b (new) monodose 1ml Engerix-b paed (new) monodose 0.5ml Heberbiovac hb sgl dose 0.5ml paediatric Heberbiovac hb sgl dose 1ml adult H-b vax vaccine Hebagam im (Hepatitis B ig im) Hebagam im (Hepatitis B ig im)	Hepatitis B Vaccine
811165 825522	Moraten berna c syringe Rouvax sgl dose syr	Measles Virus Vaccine
700772 792004 879452	Priorix sgl dose 0.5ml w/pf syr + dil Trimovax single prefilled syringe Morupar single dose	Measles, Mumps & Rubella Virus Vaccine (MMR)
888559 812919 804150 832693 832707	Tetagam im 2ml Tetagam Im 2ml Tetagam Im 1ml Tetavax single dose syringe 0.5ml Tetavax vial 40iu/0.5ml vac	Tetanus Vaccines
872962 882348	Bcg intradermal infant 20 dose Biocine test-ppd multipuncture device	Tuberculosis Vaccines (BCG)
703226 700767 834203	Actacel-pasteur 0.5ml Hiberix sgl dose 0.5ml + saline diluent Combact-hib single dose syringe	Haemophilus Influenzae B Vaccines
700773 700768 707522 707285 713229 711258	Infanrix dtpa hb 1ml prefilled syringe Tritanrix-hb 0.5ml single dose Pentaxim prefilled syringe 0.5ml Infanrix Hexa Adacel Quadra Tetraxim	Diphtheria-Hepatitis B-Pertussis-Tetanus Combinations
703335 708854 812331 823678	Td polio 0.5ml Imovax Polio Polioral 10 dose trivalent Opv-merieux 10 dose	Poliovirus Vaccine
703367 842443	Diffavax prefilled single dose syringe Dt vax 0.5ml single dose	Diphtheria-Tetanus Toxoid (DT)
703994 825158 707285 705032 714999 715858	Infanrix prefilled syringe 0.5ml Dtp-merieux single dose syringe Infanrix Hexa Prevenar Synflorix 0.5ml prefilled Prevenar 13	Pertussis Vaccines Pneumococcal Vaccines

Note: Please call the LMS Contact Centre on 0860 002 163 to confirm the correct Nappi Code before your appointment. The list of vaccinations and immunisations is a guideline only and is subject to change.

Day-to-Day Benefits

Your day-to-day benefits (Medical Savings Facility and Threshold Benefit) are used to cover the costs of eligible expenses such as:

- GP and specialist consultations
- Routine medication
- Optometry
- Pathology
- Basic radiology
- Alternative therapies
- Mental health
- Auxiliary services
- Basic and specialised dentistry (excluding Titan)



Medical Savings Facility (MSF)

- Applicable only on Platinum Complete, Platinum Saver, Titan and Gold Saver options
- This is a separate personal MSF in which funds are held for you and your dependants' exclusive use.

A percentage of the total contribution is allocated to the MSF:

Option	MSF Allocation
Platinum Complete	15%
Platinum Saver	10%
Titan	15%
Gold Saver	15%

Availability of annual savings

- The annual MSF is made available in advance for immediate use
- The amount available to pay for benefits consists of positive savings and credit savings. Credit savings (advanced annual savings) may not be utilised to pay for claims arising prior to the start of the financial year
- The MSF is pro-rated for members joining LMS after 1 January in accordance with the number of months remaining in the year
- As the year progresses, the monthly contributions to the savings facility are offset against this advanced credit amount
- The MSF is pro-rated if a dependant resigns during the benefit year.

Positive savings can be used to pay for:

- Eligible day-to-day expenses where benefit limits have been exhausted
- Co-payments applicable to in-hospital procedures may be claimed from a positive savings balance

These payments will not accumulate to the Threshold Level (which applies only to Titan and Platinum Complete).

Day-to-Day Benefits (cont.)

The funds in the Medical Savings Facility (MSF) remain in your name at all times

- Any positive balance left over at the end of each year is carried over to the following year after four months
- If you resign your membership and become a member of another medical scheme on a savings option, the positive balance will be transferred to your new scheme four months after the resignation date. You need to supply your new scheme's information, bank details and your new membership number to LMS to make this transfer possible
- If you resign your membership and do not become a member of another medical scheme or if you become a member of a scheme on an option that does not provide a medical savings facility, any positive balance will be refunded to you after four months from the resignation date
- If you are on a savings option and you move to a non-savings option on LMS, any positive balance will be refunded to you four months after option change
- If you have a negative savings balance when you resign your membership, you will need to pay this balance back to the Scheme by date of resignation
- If you have a negative savings balance at the end of the year, you will need to pay this balance back to the Scheme by 31 December
- Any amounts due by a member will be off-set against any positive savings balance on resignation.

The Self Payment Gap

When the funds in your Medical Savings Facility are depleted, you will go through a period during which you need to pay for claims for day-to-day treatment from your own pocket. This is called the Self Payment Gap. When you are in your Self Payment Gap you must continue to submit claims to the Scheme even if the claims are paid from your own pocket. The Scheme will keep track of these out-of-pocket expenses until you reach a pre-determined Threshold Level.

The Above Threshold Benefit

Once you reach your Threshold Level, the Scheme will pay further claims for day-to-day treatment from the Above Threshold Benefit. Claims are paid from the Above Threshold Benefit according to the Scheme rate and subject to certain benefit sub-limits.

There are a few important things you should know about the Self Payment Gap and the Above Threshold Benefit

- The Above Threshold Benefit is only available on the Platinum Complete and Titan options
- The Threshold Level you must reach to be able to claim from the Above Threshold Benefit is just the sum of your Medical Savings Facility and your Self Payment Gap. These amounts are determined at the start of the year and are based on the number of dependants you have
- If you joined the Scheme during the year, your Medical Savings Facility, Self Payment Gap and Threshold Level will be pro-rated based on the number of months left in the year at the time you joined the Scheme. However, if you joined after 1 October your benefits will be pro-rated as if you joined on 1 October
- Certain expenses will not be taken into account when the Scheme determines whether or not you have reached your Threshold Level. This includes expenses in excess of the Scheme rate, expenses for medication in excess of the Maximum Medicine Reference price, expenses for medication dispensed over-the-counter, expenses in respect of Scheme exclusions and claims in excess of benefit sub-limits. Please contact the Scheme's Contact Centre for further information.

Note: Ensure that you submit all your eligible claims to LMS while you are in the Self Payment Gap. This will ensure you reach the Threshold Level so that your Threshold Benefit becomes available.

What LMS does not cover

Like other medical schemes, there are certain benefits that LMS does not cover at all. Below is a list of the most common exclusions. For a full list, please refer to the Rules of LMS. For further information please call the LMS Contact Centre on **0860 002 163**.

Summary of most common exclusions

- 4D pregnancy scans (unless authorised for certain medical conditions)
- Abdominoplasties
- All costs related to wilfully- or self-inflicted injuries
- Anabolic steroids
- Anti-addiction and anti-habit agents
- Appointments not kept
- Aphrodisiacs
- Aromatherapy
- Art therapy
- Artificial disc replacements
- Autopsies
- Ayurvedics
- Back rests, chair seats, beds, mattresses, orthopaedic shoes and boots (unless specifically authorised)
- Breast augmentation and reductions
- Bulk-forming and stimulant laxatives
- Circumcisions for non-medical reasons apart from newborns
- Cochlear implants
- Cosmetic procedures
- Cosmetic preparations, emollients/moisturisers
- CPAP machine
- Dental implants
- Drugs for the treatment of impotence and sexual dysfunction
- Depilation treatment (hair removal)
- Erectile dysfunction surgical procedures
- Erythropoietin
- Evening primrose oil and fish-liver oil preparations and combinations
- Fees charged for writing of motivations
- Food, nutritional supplements
- Frail care
- Gender realignment
- Growth hormones
- Harvesting of organs from a donor who is not a member/dependant of the Scheme
- Humidifiers
- Hyperbaric oxygen treatment
- Immunosuppressives and immunostimulants
- Infertility treatment, reversal of vasectomy and reversal of tubal ligation
- Iridology
- Keloid surgery and revision of scars, except following burns or for functional impairment occurring during the period of cover under LMS
- Massages
- Medicated shampoos and conditioners
- More than one spouse/common-law spouse
- MRI/CT scans ordered by a GP
- Obesity-related surgical treatment
- Organ donations to any person other than a member or dependant of LMS
- Orthodontic treatment over the age of 21 years
- Orthognathic surgery (to correct jaw misalignment)
- Otoplasties
- Pain-relieving machines
- Reflexology
- Repairs to devices or prosthesis
- Rhinoplasties for cosmetic purposes
- Sleep studies and sleep therapy
- Slimming preparations
- Soaps, scrubs and other cleansers
- Sunglasses, readers, repairs to spectacle frames, coloured contact lenses
- Sunscreen and sun-tanning preparations
- Surrogate pregnancies
- Telephone consultations
- Topical and oral acne preparations
- Travelling expenses
- Veterinary products
- Vitamin and mineral supplements

Pre-authorisation

Why do I require pre-authorisation?

- The pre-authorisation process alerts LMS that a member/dependant is scheduled for hospitalisation
- The member, doctor and hospital can be informed beforehand to what extent the treatment will be covered by LMS
- The process enables LMS to curb ever-increasing medical costs as members' benefits can be managed in such a manner that the most appropriate and cost-effective treatment is used
- By complying with the process of obtaining pre-authorisation, you are assisting the Scheme in managing these costs, ultimately improving LMS' reserve levels and containing increases in monthly contributions
- Pre-authorisation is granted based on membership validity, clinical appropriateness, level of care, length of hospital stay, Scheme Rules, evidence based on clinical guidelines, the Scheme Rules and eligibility for benefits.

Why at least 48 hours in advance?

Additional information might be required prior to the authorisation number being granted.

What happens if I am admitted in an emergency situation and cannot phone?

In an emergency, the hospital will phone, but the responsibility rests ultimately with you, the member.

What is the definition of an emergency?

Any emergency medical condition is a medical condition which is of sudden and unexpected onset that requires immediate medical or surgical treatment where failure to provide this treatment would result in serious impairment of bodily functions, serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.

Pre-authorisation is required for:

- Planned Hospital Admissions
- Casualty/Medical Emergency Admissions
- MRI/CT Scans
- Orthodontic Procedures
- In-hospital Dentistry
- Pshychiatric Admissions
- Prosthesis, etc.

Pre-authorisation (cont.)

LMS will pay only if you obtain authorisation

The authorisation process allows LMS to ensure that you are provided with the most appropriate treatment at the most appropriate cost. It also enables us to monitor the quality of care you receive.

In-hospital Dental Pre-authorisation

Accounts from the **hospital, dentist and anaesthetist** are payable from the hospital benefit subject to certain sub-limits. The following dental procedures are covered:

- Basic dentistry under general anaesthetic for children 8 years and younger
- Apicectomies
- Removal of impacted wisdom teeth (co-payment applicable on certain options)

Remember: You also have access to the in-hospital dental trauma benefit, which provides cover for treatment required as a result of:

- Facial fractures
- Cancers
- Congenital abnormalities in the case of children born into LMS

Orthodontic treatment

(Gold Saver, Titan, Platinum Saver and Platinum Complete options)

LMS covers orthodontic treatment for dependants younger than 21. The orthodontic quote and motivation must be sent to obtain pre-authorisation.

For beneficiaries joining LMS after treatment has commenced, the authorisation will be based on the treatment plan and benefits applicable when treatment first commenced.

Note: Gold Saver and Platinum Saver: Payment is subject to the availability of savings.

Titan: Paid from Day-to-Day Extender, subject to DRC protocol.

Platinum Complete: Payment is subject to MSF and Specialised Dentistry Benefit.

Authorisation (A written quote and motivation must be submitted)

Gold Saver, Platinum Saver and Platinum Complete: **contact LMS**

Contact Centre 0860 002 163

Email approvals@libertyhealth.co.za

Titan: **contact Dental Risk Company (DRC)**

Contact Centre 086 111 5057

Email auth@dentalrisk.com

Contracted Service Providers:

Optometry Benefits: Preferred Provider Negotiators (PPN) (Titan option only)

The PPN network consists of close to 1900 optometrists, giving you access to optometrists across the country. Members qualify for substantial cost savings if they use a PPN provider.

Please visit www.ppn.co.za or contact **PPN on 086 010 3529** to locate a PPN optometrist in your area or to assist with information on your benefit availability.

Dental Benefits: Dental Risk Company (DRC) (Titan option only)

The scheme has contracted with DRC to provide dental management services. Basic dentistry is covered at 100% of LMS rate and basic dental consultations are limited to 1 per annum per beneficiary.

Please contact **DRC on 086 111 5057** or via email at auth@dentalrisk.com, to assist with information on benefit availability/authorisation requirements for advanced dentistry procedures.

Pre-authorisation (cont.)

How to request Authorisation for hospital admissions

If pre-authorisation is not obtained, claims will not be paid. This does not apply to emergencies.

1 Planned Procedures

Contact LMS at least 48 hours prior to admission.

Casualty Medical Emergency

Contact LMS for post-authorisation within 48 hours of admission or, if it is a weekend or public holiday, on the first working day. If not authorised, payment will be subject to your day-to-day benefits.

2 Tel 0860 002 163

Email approvals@libertyhealth.co.za

3 The following information MUST be provided:

- Membership number
- Patient: name and date of birth
- Treating doctor: name, telephone number and practice number
- Hospital: name and practice number
- Reason for admission/casualty visit
- Codes: Tariff and ICD-10 code(s)
- Date of admission and proposed date of the procedure
- If the procedure (e.g. MRI or dialysis) will be performed outside the hospital: the provider's name and practice number

4 When your request is authorised, you will receive:

- An authorisation number
- The approved number of days in hospital (if a stay is required)
- The tariff and ICD-10 code(s)

5 If your hospital stay is extended, the hospital case manager will inform LMS.

- Funding for additional days will be approved if:
- The request meets clinically-appropriate criteria
 - It is within the Scheme Rules
 - Benefits are available

Note: While every effort is made to establish member eligibility and availability of funds, authorisation is not a guarantee of payment. Although benefits are not payable while a waiting period is still in force, a member needing emergency trauma treatment within the general waiting period may be covered subject to the Rules of LMS and benefits of the relevant benefit option.

Oncology Pre-authorisation

LMS provides an Oncology Programme to assist in the care of members receiving cancer treatment.

The following process needs to be followed for oncology authorisations (applicable to all options including Bona Plus which is subject to the DSP Icon Network):

1 Upon diagnosis, the doctor sends a treatment plan to LMS, by calling **0860 002 163** or emailing: oncology@libertyhealth.co.za

2 The treatment plan is reviewed. If necessary, LMS contacts your doctor to discuss alternatives that may be more appropriate or cost-effective for you.

3 An authorisation letter will be sent to you and your doctor stating:

- An authorisation number
- The treatment for which funding is approved
- The quantities for which funding is approved
- The period for which the authorisation is valid

4 Your doctor must advise LMS of any change in your treatment. Failure to do this may result in a claim being rejected or it being paid from an incorrect benefit (e.g. your MSF or other THB), as there will not be a matching oncology authorisation.

Note: In addition to the authorisation from the LMS Oncology Management team, you will also need to get separate pre-authorisation from LMS for any hospitalisation, specialised radiology (e.g. MRI/CT scans and angiography) or private nursing/hospice services which you may need during the course of your oncology treatment.

HIV/Aids Registration

1 The member/doctor can contact Afa

Tel 0860 100 646

Fax 0800 600 773

Website www.aidforaids.co.za

Email afa@afadm.co.za

sms ('call me') 083 410 9078

2 Member and doctor complete the application form

Send the form, prescription and blood test results to Afa.

3 Afa reviews the application

Afa discusses the treatment plan with your doctor.

4 Afa sends a treatment plan to your doctor setting out your treatment plan, medication, monitoring schedule and any other requirements

A dedicated case manager will contact you on a regular basis to provide you with assistance, support and advice about your condition and will reinforce the importance of using your medication correctly and of having the correct blood tests done related to your disease. Confidentiality is guaranteed.

Note: Anti-retroviral medication is to be obtained via Pharmacy Direct, the Designated Service Provider.

Chronic Medication Pre-authorisation

This process is applicable to all options except Bona Plus. Members on Bona Plus must contact CareCross.

Follow the following process for:

- First-time applicants
- Changes and additions to current authorisation

1 Doctor/Pharmacist contacts LMS Chronic Medicine Management

Tel 0860 002 163

Fax 021 657 7681

Email chronicmed@libertyhealth.co.za

Doctor/Pharmacist submits specific information relating to your condition and medication.

2 The application is reviewed by LMS Chronic Medicine Management

Pharmaceutical experts review the request and, if necessary, your doctor will be contacted for additional information.

3 If everything is in order, authorisation is given

The medicines can be dispensed, provided you have a hand-written script from your doctor for the medicines listed as per your authorisation.

You can view your authorisation on www.libmed.co.za or by sending a blank email to webmail@libertyhealth.co.za.

4 Your request is declined e.g. not in formulary or insufficient information

A letter of explanation will be sent to you and a copy to the prescribing doctor. In the case where a request was declined pending certain information, please ensure that the doctor provides the requested clinical information (where relevant). For online clinical decisions, your doctor should contact the Chronic Medicine Management Contact Centre. Your request will be reconsidered once all the relevant information has been received.

Change in your authorised chronic medication

- Notify LMS Chronic Medicine Management of the change
- Your Chronic Medicine Specialist will advise you of the requirements, if any, to get the changes activated. Additional documentation, depending on clinical protocols, may be required
- If the medicine is not covered, it may be due to the fact that the medicines are not covered in the formulary or fall outside of the medicine management clinical protocols.

Cover for Emergency Services (RSA, Lesotho and Swaziland)

As a member of LMS you have access to the ER24 Emergency Contact Centre for the management of any medical emergency.

This includes:

- 24-hour emergency response in rapid response vehicles by road and where necessary, air ambulance
- 24-hour emergency telephonic medical advice while paramedics are responding
- Emergency transportation to the closest and most appropriate hospital
- 24-hour Crisis Counselling line where trained healthcare professionals will assist with issues such as HIV/Aids, trauma, bereavement, rape, etc.
- 24-hour activation of a medical emergency by calling 084 124
- Treatment and stabilisation at the scene of the emergency before transport to an appropriate hospital.

Note: *If for some reason a service provider other than ER24 was used for emergency transportation, you are still required to inform ER24 of the emergency.*

ER24 contact details

Medical emergencies in South Africa 084 124

Medical emergencies in Lesotho and Swaziland +27 (0)10 205 3081

Website www.er24.co.za



Making the most of your cover

Tips when consulting providers:

- Ask your doctor if he/she charges LMS rates. (The doctor should disclose to/inform you upfront of the rates that will be charged). If he/she does not charge LMS rates, then try to negotiate a lower fee or offer to pay a discounted fee in cash upfront, which you can then claim back from LMS
- Check your monthly claims statement to see if the doctor actually did charge LMS rates. If yes, then the amount charged will be reflected as equal to the tariff amount
- If your doctor asks for blood tests, confirm that all the tests are medically necessary. If you had a similar test done recently, inform your doctor and find out if a re-test is still necessary.

Selecting a service provider

Besides evaluating the medical credentials, experience and reputation of your medical providers, consider the following:

- Do they charge LMS rates, or do they charge at a higher fee structure?
- Will they give you a discount for immediate or early payment?
- Do they require payment at point of service or will they send you an account?
- Are they electronically linked to LMS, which will ensure quick and efficient settlement of claims?

Remember: It may be worth seeking a second opinion before incurring significant costs or consenting to surgery. Also, consult a general practitioner before going to a specialist.

Note: When medication is prescribed, always ask if a generic is available.

Visits to providers charging/not charging LMS rates

- Providers who do not charge LMS rates usually require you to pay the account upfront and claim the money back from your available benefits. Always try to negotiate a discount for early payment
- Providers who charge LMS rates may prefer to be paid directly by LMS. However, they may still require you to pay upfront and claim back from LMS afterwards
- If you are required to pay the account upfront and claim the money back from your available benefits, please refer to the section 'How to claim' on the following page.

Third Party Claims

Please inform LMS whenever another party may be liable for medical expenses incurred as a result of injuries. If you are treated for injuries due to an accident at work, these costs should be covered by workman's compensation. Please consult your HR consultant for assistance in this regard.

If you are treated for injuries resulting from a motor accident, you must complete an Accident Report form which will be forwarded to you on request.

Please contact LMS for assistance when submitting your claim to the Road Accident Fund. LMS will liaise directly with the person or institution involved. If LMS has settled the claim on your behalf, you must reimburse this amount to LMS when you receive payment from the Road Accident Fund.

Please note that your claims will not be paid until the completed Accident Report Form is submitted to LMS. The Motor Vehicle Accident Recovery Unit can be contacted on **(011) 669-3166/7** or **(011) 669-3169**.

How to claim

We have made the claims process as simple as possible for you. There are however some rules pertaining to claiming from LMS and vital information is required when claiming that you need to be aware of. We have listed these below:

Claiming from the Scheme

Information that must be on the claim	What you need to check	Sending claims to us	
<ul style="list-style-type: none"> • The correct membership number • Member name and initials • Full name of the patient • Date of birth of the patient • The correct dependant code • The date of service • The tariff (procedure) code • The amount charged • ICD 10 code on every item listed on the claim • The service provider's name and practice number 	<ul style="list-style-type: none"> • The claim must be legible • Attach receipt if you have settled the account. It needs to be clearly marked as "Paid" • Make a copy of the claim for your own records 	Electronically	Most service providers have the ability to send claims to us electronically, ensuring a very short processing time
		Email	claims@libertyhealth.co.za
		Post	Private Bag X35, Claremont, 7735

Vital information for claiming:

- If your provider has claimed from us electronically and you receive a copy of the claim (for your information), you do not have to send us the copy
- Should your provider expect you to claim from us, please send us a **fully detailed and signed claim** (not just the receipt). We need the details of what is being claimed to make sure that we capture and process your claim quickly and correctly
- Your claims have to be received by us within four months from the date the service was provided, please refer to page 32: Stale Claims.

When to expect payment

LMS has a weekly payment cycle to both members and providers. The payment of your claims is subject to the correct information being supplied and meeting submission cut-off times.

Making the most of your cover (cont.)

Note: Please ensure that we have **your bank account details** to allow for electronic payment. If we do not have these details (including the documents as set out below) they can be submitted, via email to updates@libertyhealth.co.za or faxed to **021 673 9587**.

What we need if you add or change your claims refund bank account details:

- A signed letter from the member confirming the bank details
- A copy of the account holder's identity document
- A bank statement or a letter from the bank confirming the account number.

How will I know what was paid?

- An electronic mini-statement and/or SMS will be sent to you once a claim is processed (Please ensure we have your correct email address and/or cellphone number on our records)
- You can also view your statement on line at www.libmed.co.za
- At the end of each month, a statement is sent to you containing all details of claims paid, savings balance and benefits available to you.

Note: The onus is on the member (and not the provider) to ensure claims are submitted to LMS for payment.

Stale claims

Claims received by the Scheme after the end of the fourth month from the last date of the service rendered, as stated on the claim, are regarded as stale and will not be paid by LMS.

If a claim is submitted within the four month period and is rejected as erroneous or unacceptable for payment, it must be corrected and resubmitted within a period of 60 days following the date of notification of rejection. If not, the claim will be regarded as stale and no payment will be made.

Note: LMS will not cover any interest or legal fees that are levied on a claim that is submitted late.

Managing fraud and abuse

Fraud continues to be a major concern to most medical schemes, costing millions of Rands each year. As you know, the more fraud there is, the higher contributions become in order to counteract these losses. Fortunately, LMS has measures in place to detect and manage fraud and the abuse of benefits.

You can contribute to this effort by contacting our fraud hotline anonymously if you are aware of any provider or patient abusing the system. We urge all members to reconcile their monthly claims statements and verify the claims information to ensure that all details are true and correct and report anything suspicious.

Liberty Health Fraud Hotline: 0800 212 638.

Web-based facilities

In these hectic times, isn't it a welcome relief to have access to services that enable you to get the latest information on your medical scheme option according to your schedule and not office hours? This is why LMS has invested in technology to ensure that you are able to access your information when you want it and make your life easier.

Using the website – www.libmed.co.za

Once you have registered on the website, you will be able to:

- Monitor all the transactions on your account
- View your savings and other benefit balances
- View claims submitted and the payment status of all claims
- Look up the contact details and address of a medical provider you know

How to register: Go to www.libmed.co.za

Click on "Register" on the top right of the page and follow the steps

Or you can call the LMS Contact Centre on 0860 002 163

There are other ways to get info quickly – just send a blank email

Our email service is available 24 hours a day. All you have to do is send a blank email to webmail@libertyhealth.co.za and you will get a return email with the following information:

- Your membership details
- Contributions to date
- A claims history
- A copy of your latest claims statement
- Benefits used to date
- A copy of your current tax letter

No email or Internet access? Just use your cellphone!

To receive your key membership information on your cellphone, **simply SMS** the relevant two-letter code to 39372 (SMSs are charged at standard SMS rates):

- To confirm your membership details: SMS 'DE' to 39372
- To get your benefit balances: SMS 'BN' to 39372
- To get a summary of your most recent claims: SMS 'CL' to 39372
- To request your Financial Adviser's details: SMS 'BR' to 39372
- To get a list of self-help instructions: Send a blank SMS to 39372
- To request a copy of your current tax letter: SMS 'TX' to 39372 (The letter will be sent to your registered postal address)

An SMS with all the required information will be sent to your cellphone, provided that your cellphone number has been registered.

Note: To register your cellphone number call the LMS Contact Centre on **0860 002 163**.

Note: Please refer to the website for all Scheme forms, formulary lists and much more...

Membership, Registration of Dependants, Contributions and Debt Management

Membership to LMS is open to anyone who wishes to join, whether as an individual or as part of an employer group.

Dependants accepted by LMS and documents required for registration:

A member can choose to register any of the below-listed as dependants to his/her membership.

Document(s) Required	Lawful Spouse	Life Partner	Biological Parent of Member ***	Biological Siblings of Member ***	Member's Own Minor Children *****	Adult Children ***	Permanently Disabled Children	Stepchildren	Adopted Children *****
Copy of ID/Birth Certificate/hospital confirmation reflecting the baby's name	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of Marriage Certificate	✓								
Copy of Membership Certificate(s)/Affidavit detailing previous membership history*	✓	✓	✓	✓		✓	✓	✓	
Affidavit confirming financial dependency of Biological Parent(s)**			✓	✓					
Proof of income if employed****			✓	✓		✓			
Proof of studies (current proof of registration at a recognised educational institution)						✓		✓	
Affidavit confirming financial dependency of Adult Dependant(s)**				✓		✓			
Copy of the Doctor's disability report							✓		
Proof of legal adoption									✓

Note:

- A member may not register more than one spouse and/or partner as a dependant
- Irrespective of whether benefits are utilised, contributions are due monthly
- New dependants: increased contributions will be due from the first day of the registration month
- Newborns: increased contributions will be due from the first of the month following the birth, although benefits will accrue immediately
- Spouses/partners will be charged adult dependant rates, even if not yet 21 years old
- Financial dependency is determined according to the dependant's income, which should not exceed the tax threshold per annum for persons below the age of 65 years
- Ex-spouses do not qualify for registration as dependants unless they qualify as partners.

* **Copy of Membership Certificate(s)/Affidavit detailing previous membership history** (registration date, benefit date, resignation date, any/all waiting periods and exclusions, all registered dependants). Membership cards or copies thereof will not be accepted. If not attached, the Late Joiner Penalty may apply.

** **LMS Affidavit templates are available on www.libmed.co.za.**

*** **Subject to Annual Review**

- **Biological Parents of Member:** Fathers-in-law and mothers-in-law are not accepted
- **Biological Siblings:** Biological siblings > 21 will be charged adult rates
- **Adult Children:** > 21 and up to and including the age of 26 will be charged adult rates unless a full-time student at a recognised institution or disabled.

**** **Proof of income must be provided as follows:**

- Copy of dependant's most recent payslip or salary advice or government grant card
- Commission statements for the last 12 months
- Copy of dependant's latest SARS income tax return
- Written confirmation of income from dependant's human resources department, on a company letterhead
- If unemployed, your Unemployment Insurance Fund (UIF) blue book or a discharge certificate from your previous employer or affidavit stating "zero income".

***** **Member's own newborn children:** If registration with LMS takes place within 30 days of the birth no waiting period is imposed. (The "Dependant Registration form" is available on the website: www.libmed.co.za).

***** **Adopted Children:** No waiting period is imposed if registration with LMS is completed within 30 days of the adoption. (The "Dependant Registration form" is available on the website: www.libmed.co.za).

Membership, Registration of Dependants, Contributions and Debt Management (cont.)

Termination of membership (deregistration of dependants):

- Members who are required to belong to LMS in terms of their conditions of employment may not resign their membership while they are employed by the participating employer, unless they obtain written consent from their employer
- Members whose conditions of employment do not require them to belong to LMS may resign their membership by giving one calendar month's notice. Employer groups may resign their membership by giving 3 months notice
- If a member fails to pay amounts due to LMS, his/her membership will be terminated
- If the Board of Trustees finds a member to be guilty of abusing privileges, making false claims, misrepresentation or non-disclosure of factual information or of any medical condition, his/her membership may be terminated and all contributions paid may be forfeited. The Board may also require that such a member refund any medical payments disbursed as a result of these actions
- When a dependant is no longer eligible for registration as a dependant he/she will not be entitled to any benefits, regardless of whether or not LMS has been informed.

Notice period for resignations

Members are required to give the Scheme one calendar month's written notice. A member is required to inform LMS, within 30 days, of any event that results in any dependant no longer satisfying the conditions on which he/she was accepted as a dependant on LMS. The notice of resignation/deregistration of dependant must come from the member only.

Continuation of membership

As stipulated by the Medical Schemes Act (Act No 131 of 1998) all medical schemes must provide for continuation of membership when a member retires from employment or in the event of his/her death to allow the surviving beneficiaries to become members.

The following documentation is required in event of death:

Continuation in event of death

Document(s) Required	Member deceased
Certified copy of death certificate of member	✓
Copy of ID of old member	✓
Copy of ID of new member	✓
Letter from surviving spouse/dependants indicating new member	✓
Banking details of new member	✓
Signed declaration of new member (Application form, Section 8)	✓

Re-instatement of membership

If a member voluntarily resigns his/her membership and requests to be re-instated after the termination date, the member must re-apply for new membership and underwriting may be imposed. If the member requests to be re-instated before the termination date, the membership will be re-instated.

Minor members

The Scheme allows for registration of members younger than 18 years of age. Member rates will be applied even though the member may be under 21. The following conditions are applicable:

- A signed application form is submitted by the guardian(s) indicating banking details for collection of contributions
- A letter is obtained from the guardian(s) stating the following:
 - That the guardian(s) is responsible for the member
 - The relationship of the guardian(s) to the member
 - All contact details of the guardian(s)

Terms and conditions applicable to membership:

- No person, whether a member or dependant, may be a beneficiary of more than one medical scheme at the same time
- A member may not cede, transfer, pledge or make over to any third party any benefit, claim, or part thereof that he/she may have against LMS
- The relationship between LMS and its members is at all times deemed to be one of the utmost good faith. The member therefore acknowledges and agrees to disclose all and any information to LMS that may impact upon a decision concerning the member, his/her dependants or his/her claim.

Option changes with effect from 1 January

Individual members: As an individual member you will be able to process online option changes between 1 November and 30 November annually. Visit www.libmed.co.za for further details.

Employer group members: Submit your option changes via your HR department. Employer group option changes will be accepted as follows:

- Letter on official company letterhead from HR manager or director confirming option changes for employees
- Excel spreadsheet with the following information:
 - Employee name
 - Employee number
 - Membership number
 - ID number
 - New option

Membership, Registration of Dependants, Contributions and Debt Management (cont.)

Waiting periods

LMS may impose both a 3 month general waiting period and/or a 12 month condition-specific waiting period if a beneficiary has not had medical scheme cover for a period of at least 90 days preceding the date of application. These restrictions include treatment for PMB conditions.

Waiting periods			
Category	3 Month general waiting period	12 Month condition specific waiting period	Applied to PMB
New beneficiaries who have not had cover for 90 days or more preceding application	Yes	Yes	Yes
Applicants who were beneficiaries for less than 2 years and apply within 90 days of leaving	No*	Yes*	No*
Applicants who were beneficiaries for more than 2 years and apply within 90 days of leaving	Yes	No	No
Change of option at the beginning of the benefit year	No*	No*	No*
Child dependant born during period of membership and registered within 30 days	No	No	No
Involuntary transfers due to change of employment and apply within 90 days	No*	No*	No*

*Balance of unexpired waiting periods may be applied

3 Month general waiting periods

LMS reserves the right to impose a general waiting period of three months from the date of commencement of membership of LMS on a member and/or his/her dependants, during which period contributions will still be payable.

LMS also reserves the right to apply the balance of a valid general waiting period that has been imposed by a previous scheme, or that was applied on a previous option.

If a member requires emergency trauma treatment within the general waiting period, this will be covered, subject to the Rules of LMS and the benefits of the selected option.

Note: Trauma is defined as "an event caused by accidental, violent, external and visible means, where failure to provide the medical attention would place the member's health in serious jeopardy".

12 Month condition-specific waiting periods

LMS reserves the right to impose a condition-specific waiting period of not more than 12 months from the date of commencement of cover. This will apply to a member and/or any dependant in respect of a pre-existing condition. A pre-existing condition is one for which a member/dependant was diagnosed, treated or given advice in the 12 months prior to application to LMS.

LMS also reserves the right to apply the balance of a current condition-specific waiting period that was imposed by a previous scheme, or that was applied on a previous option, and which has not yet expired.

Remember: Should you have any questions or need to clarify any of these conditions, please call our Contact Centre on **0860 002 163**. We will be happy to assist you in any way we can.

Late-joiner penalties

LMS may impose late-joiner penalties on a new member or the dependant of a member, if the person is 35 years or older and was not continuously a member of a medical scheme since before 1 April 2001, or if he/she had a break in coverage of more than 3 consecutive months after this date. The late-joiner penalty is calculated as a percentage of your contribution and applies for life, even on transfer to another medical scheme. It is the member's responsibility to provide adequate proof of previous medical scheme coverage when applying to LMS.

Number of years applicant was not a member of a medical scheme after age 35	Maximum penalty
0-4	5%
5-14	25%
15-24	50%
25+ years	75%

LMS applies its discretion in accordance with its underwriting policy when imposing late-joiner penalties which in certain cases are less than the legislated guidelines as stipulated above.

Removal of late-joiner penalties

Late-joiner penalties may be removed, but only from the first of the month following the receipt of the necessary proof of prior coverage. A sworn affidavit may be provided if proof of cover is not obtainable, clearly stating the name(s) of the medical scheme(s) and period(s) of cover for previous schemes. If you are a beneficiary of a medical scheme at the time of application to LMS, a membership certificate for current cover must be provided.

Membership, Registration of Dependants, Contributions and Debt Management (cont.)

Contributions

- Contributions shall be due monthly in advance and be payable not later than the 3rd day following the contribution due date each month
- Where contributions or any other debt owed to the Scheme have not been paid by the due date, they shall be in arrears and the Scheme shall have the right to suspend all benefit payments which have accrued to you irrespective of when the claim for such benefit arose during the period of default, and to give you and/or your employer notice that if contributions are not paid up to date within thirty (30) days, your membership may be terminated
- If payments are brought up to date before the actual termination date, benefits may be re-instated without any break in continuity subject to LMS having the right to levy a reasonable fee to cover any expenses associated with the default
- If your membership has been terminated, re-application for membership will be required and underwriting may apply
- All payable contributions are calculated by LMS based on your chosen option, the number of dependants and the late-joiner penalties (where applicable)
- Acceptance of membership for an individual member is subject to a debit order instruction signed by the member
- Where a member has split billing (i.e. member portion and employer/pension fund portion), the member remains liable for the full contribution.

Debts/Amounts owed to the Scheme

Please be aware that any amounts owed to the Scheme will be recovered by the Scheme in terms of the Scheme's Credit Control Policy.

Debt process summary

- Contributions are due on the first of each month and are payable no later than the 3rd day following the due date each month
- Any other amount owed by a member is a debt due to the Scheme and recoverable by it.

The Debt Process

- 1 Action** - No payment received
If not paid by the due date, the Scheme has the right to suspend the membership.
- 2 Due Date** - Suspend membership/benefits
The membership shall remain suspended for the duration of the payment arrangement until the debt has been settled.
- 3 30-days** - Double deduction
If not paid within 30 days, the membership will remain suspended and a double deduction will be lodged via your next debit order.
- 4 60-days** - Terminate membership
If not paid within 60 days, the membership will be terminated.
- 5 90-days** - Hand over for collection
If the debt is still due after 90 days, the member may be handed over to debt collectors for collection. The Scheme allows payment arrangements for a maximum of three months only, provided a signed Acknowledgement of Debt form has been completed by the member.

Remember: It is usual for a number of rules, regulations and conditions to apply when joining a medical scheme. LMS endeavours to help you understand these and know how they will affect you. If you do have questions or concerns, please call our Contact Centre on **0860 002 163** or discuss these with your Financial Adviser.

Additional services offered to Scheme members

ER24-International Travel Benefit

All active beneficiaries of Liberty Medical Scheme on the Gold Focus, Gold Saver, Platinum Focus, Platinum Saver and Platinum Complete options who travel internationally (outside the borders of South Africa) for leisure may qualify for Medical Cover. The policy provides cover of up to a maximum of R5 million per trip for up to 90 days per trip, irrespective of how many trips are made during the year.

Additional insurance is required for

- Beneficiaries **over the age of 80** wanting to travel
- Beneficiaries travelling in **excess of 90 days** per trip
- Beneficiaries partaking in **hazardous pursuits** e.g. mountain climbing, scuba diving, any contact sports, motorcycling, skiing, etc.

Four easy steps to ensure that you are covered when you travel:

- 1 Obtain details of your policy wording from **ER24 on Local 011 319 6500**
International +27 11 319 6500
Business hours Monday to Friday 8:00–17:00
Email travel@er24.co.za
- 2 Obtain additional insurance if required from ER24 on **011 319 6500** or via email **travel@er24.co.za**
- 3 Obtain an **embassy letter** for your visa by phoning **Chartis on 0860 100 491** (select option 6)
- 4 Should you require any medical assistance while travelling, contact the emergency number **+27 10 205 3100**

Note: ER24 is the service provider for the International Travel Benefit as of January 2012.

Liberty Baby

Having children is one of life's exciting adventures and to enhance this experience, we offer Liberty Baby to expectant moms on Gold Saver, Titan, Platinum Saver and Platinum Complete options.

Liberty Baby is designed to inform moms- and dads-to-be, offer support and give sound advice. If you are expecting a baby, please call us on **0861 116 019** and we will register you on Liberty Baby.

As a member of Liberty Baby you will receive a baby bag that includes:

- Pregnancy and baby booklets
- Products for mom and baby
- Emergency guide
- Some fantastic discounts

You also have:

- Access to a 24-hour medical advice line, which is manned by trained professionals
- Access to the Liberty Baby website
- A phone call every trimester from Liberty Baby to make sure that you and your baby are making healthy progress
- Emails on the stages of pregnancy for mom and dad

For more information on Liberty Baby visit www.libmedbaby.co.za

Useful definitions

Beneficiary	A member and any of his/her registered dependants who is entitled to benefits.
Co-payment	When a member is liable for a portion of the costs incurred for treatment and/or medication received.
Cost	The actual amount charged by the service provider for services rendered.
Credit Savings	The advanced annual savings that LMS makes available on 1 January of every year, even if you haven't yet made the full contribution to the MSF.
Day-to-Day Extender	This is a collection of out-of-hospital benefits which are paid from Scheme risk rather than from savings.
Designated Service Provider (DSP)	A healthcare provider or group of providers selected by LMS to provide specified healthcare services to its members. If a member voluntarily uses a non-DSP, a co-payment may apply.
Eligible expenses	Medical expenses that are specifically included in the 2012 LMS benefit schedule; that are not listed under "exclusions"; that are unrelated to conditions for which a specific waiting period is in effect and that are not incurred during a general waiting period.
Formulary Medicine	A defined list of medicines for which LMS will pay. The list is based on clinical evidence and protocols.
Generic Medicine	A more cost-effective version of the branded medicines that contain the same active ingredients and are identical in strength.
ICD 10 code	The compulsory diagnostic code used by providers to indicate what the medical diagnosis is for treatment received. Claims that do not contain an ICD 10 code cannot be paid in terms of current legislation.
LMS rate	The Liberty Medical Scheme (LMS) rate is the rate at which the Scheme will pay for a particular health service and which is either the negotiated rate with providers or in the absence of a negotiated rate, the lower of costs, UPFS (State rates) or the tariff as determined by the Board of Trustees.
Major Medical Benefit (MMB)	This is a collection of high-cost benefits such as hospitalisation, certain day procedures, oncology (cancer) treatment, costs incurred due to crime trauma, emergency transport and more.
Maximum Medicine Reference Price	The maximum reimbursable price for a medicine or group of medicines according to a reference pricing system that allocates a price to a group of drugs that are similar in efficacy, safety and quality.

Useful definitions

Medicine Exclusions	A list that stipulates categories of drugs NOT covered by LMS.
Medicine Management Protocols	Clinical guidelines and protocols formulated for the provision of care and treatment related to specific diseases.
Medical Savings Facility (MSF)	This is used for eligible day-to-day expenses as specified in LMS's Rules. Contributions to a savings facility are set at a percentage of total contributions.
Negotiated Dispensing Fee	A charge agreed to between the Scheme and dispensers and providers in respect of the dispensing of registered medicines.
Positive Savings	The monthly savings contributions that LMS has received, but have not yet been used by you. This includes savings carried over from previous years.
Pre-authorisation	Notifying the Scheme at least 48 hours before admission to hospital or receiving certain services as provided for in the rules for non-emergency events or within 2 business days after admission or treatment in an emergency.
Preferred Providers	These are providers with whom the Scheme has negotiated preferred rates. If a member uses them, no co-payment applies.
Prescribed Minimum Benefits	The benefits contemplated in section 29(1) (o) of the Act and which include the provision of the diagnosis, treatment and care costs of: <ul style="list-style-type: none"> • The diagnosis and treatment pairs listed in Annexure A of the Regulations, subject to any limitations specified therein; and • Any emergency medical condition.
Prescribed Minimum Benefit Condition	A condition contemplated in the diagnosis and treatment pairs listed in Annexure A of the regulations or any emergency medical condition.
Preventative Care Benefit	Cover for certain tests and immunisations that help you to monitor your health and prevent possible future illness. Refer to pages 15 to 17 of this guide for a list of eligible expenses.
Pro-rating of benefits	When a member joins later than 1 January, benefits for the first year are decreased in accordance with the number of months remaining in the year.

Glossary (cont.)

Useful definitions (cont.)

Risk Benefits	All the benefits under major medical benefits: Hospitalisation, Chronic Cover, Disease Management, Day-to-Day Extender and Threshold Benefits, are subject to the rate and limits specified in the Benefit Schedule. Unused benefits cannot be carried over to the following year.
Self Payment Gap (SPG)	The period after the MSF has been depleted and you may have to pay for day-to-day expenses out of your own pocket, until the Threshold Level is reached.
Threshold Benefit (THB)	This provides additional cover once total eligible day-to-day expenses reach a particular Threshold Level. This level is based on the number and type of dependants a principal member has. LMS pays day-to-day expenses from the Threshold Benefit at the LMS rate.

Disclaimer

This is a marketing overview and summary of the Liberty Medical Scheme, services and complementary products. Every attempt has been made to ensure complete accuracy of this brochure. However, in the event of a conflict between this brochure and the registered Rules of the Scheme, the rules will prevail. E & OE.

Contact Details

Banking Details

Account holder Liberty Medical Scheme
Bank Standard Bank
Branch Claremont
Branch code 025109
Account number 240402235

CareCross Contact Centre (Bona Plus option only)

Contact numbers and support services
Contact Centre 0860 103 491
Chronic Contact Centre 0860 102 182
Enquiries liberty@carecross.co.za
Website www.carecross.co.za

Chronic Medicines and Disease Management Programmes

Approval and registration of chronic medication cover as per qualifying conditions.
Tel 0860 002 163
Fax 021 657 7681
Email chronicmed@libertyhealth.co.za

Claims Submission

For processing of claims < 24hr insist on electronic submission by the healthcare service provider directly to LMS. Alternatively submit claims via email or post.
Claims Email claims@libertyhealth.co.za
Post LMS Claims, Private Bag X35, Claremont, 7735

Dental Risk Company (DRC) (Titan option only)

Contact Centre 086 111 5057
Authorisations:
Fax 086 687 1285
Email auth@dentalrisk.com
Claim queries claims@dentalrisk.com
Email enquiries & escalations liberty@dentalrisk.com



Contact Details (cont.)

ER24 Emergency transportation

Medical emergencies in South Africa 084 124
Medical emergencies in Lesotho and Swaziland +27 (0)10 205 3081
Website www.er24.co.za

ER24 International Travel Insurance (option dependent):

Applicable only on Gold Focus, Gold Saver, Platinum Focus, Platinum Saver and Platinum Complete options.

Policy wording detail ER24 on Local: 011 319 6500
International: +27 11 319 6500

Medical emergency Local: 010 205 3100
International: +27 10 205 3100

Financial Adviser Contact Centre

A dedicated Financial Adviser Contact Centre to assist with enquiry resolution and information requests (8:00 - 17:00, Monday to Friday).

Tel 0860 002 168
Fax 021 657 7581
Email intermediaries@libertyhealth.co.za
Postal address Private Bag X35, Claremont, 7735

HIV Management Programme

Administered by Afa.

Tel 0860 100 646
Fax 0800 600 773
Email afa@afadm.co.za
Website www.aidforaids.co.za
sms ('call me') 083 410 9078

Hospital Authorisations

Admission to hospitals and registered medical institutions.

Tel 0860 002 163
Fax 021 657 7711
Email approvals@libertyhealth.co.za

Liberty Baby

Applicable only on Gold Saver, Titan, Platinum Saver and Platinum Complete options.

Tel 0861 116 019
Alternative Tel 011 704 2151
Fax 011 704 4645
Email info@babyhealth.co.za
Website www.libmedbaby.co.za

Liberty Medical Scheme Contact Centre

A dedicated Contact Centre to assist with enquiry resolution and information requested by current and prospective Liberty Medical Scheme members and healthcare service providers (8:00 - 17:00, Monday to Friday).

Tel 0860 002 163
Fax 021 657 7571
Email enquiries@libertyhealth.co.za
Postal address Private Bag X35, Claremont, 7735

New Business

Submission to the new business team of new membership applications, as well as additions of dependants and newborns. Send the additional documentation related to a membership application or addition (option specific requirements, as per Scheme's rules) to the new business team.

Email newbusiness@libertyhealth.co.za
Fax 021 657 7651

Preferred Provider Network (PPN) (optical benefit on Titan option only)

Contact Centre 086 0103 529
Visit www.ppn.co.za to locate a PPN optometrist in your area

Oncology Management Programme

Requests for the registration and approval of treatment options related to oncology.

Tel 0860 002 163
Fax 021 657 7621
Email oncology@libertyhealth.co.za

Web Services

24hr access to all linked membership and commission information. Registration for web services by Members and Healthcare Professionals is facilitated via the Liberty Medical Scheme Contact Centre (details above) and Intermediaries may register via the Vcommissions Contact Centre.

Website www.libmed.co.za
Under Login tab, you will find the process for online login registration and other helpful information.
Contact Centre 0860 266 647
Vcommissions email commissions@uniquepay.co.za

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LIBERTY MEDICAL SCHEME

We care. **For you**

LIBERTY MEDICAL SCHEME
Private Bag X35, Claremont, 7735
Contact centre 0860 002 163
www.libmed.co.za

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