

LA ACTIVE

2020



ABOUT THIS BENEFIT OPTION

Reasons why the LA Active Option is the best choice for you

This Option has a Major Medical Benefit for all in-hospital and large expenses. It provides cover for medicine for Chronic Disease List conditions that form part of the Prescribed Minimum Benefits. It also pays for day-to-day expenses from a Medical Savings Account. Additional cover for specific disciplines is provided through the Extended Day-to-day Benefit (GPs, specialists, dentist, acute medicine, radiology, pathology and optical benefits). All planned procedures must be preauthorised.



Prescribed Minimum Benefits are paid at cost, subject to clinical criteria and the use of the services of the Scheme's Designated Service Providers.

Non-PMB Benefits are paid up to 100% of the Scheme Rate, subject to clinical criteria, the use of the Scheme's Designated Providers and applicable limits.

preauthorisation from the Scheme for any planned procedures. (You will have a deductible (upfront payment) if you do not preauthorise your planned treatment).

We pay these costs from the Major Medical Benefit up to 100% of the LA Health Rate.



You can enjoy the best of care during your pregnancy

No overall limit applies when you're admitted to hospital as long as you get preauthorisation for the admission. We pay certain out-of-hospital benefits for the mother and baby from the Major Medical Benefit, if the mother registers on the Scheme's Maternity Programme. If not registered, all pregnancy-related benefits will be paid from the available benefits in the Medical Savings Account or Extended Day-to-day Benefit.

from the available funds in your Medical Savings Account or from the Extended Day-to-day Benefit at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list.

The Scheme pays for the completion of the *Chronic Illness Benefit application* form by your doctor, if the condition is approved.



We pay for certain preventive screening tests or vaccines

The Major Medical Benefit provides cover for:

- A screening test (to check your blood glucose, blood pressure, cholesterol and body mass index), or a flu vaccination at one of the Scheme's designated service providers or a network pharmacy. We also pay for certain screening tests for children.
- One specific pneumococcal vaccination in a beneficiary's lifetime for qualifying members.
- Pap-smears, mammograms and prostate-specific antigen tests, subject to clinical criteria.

We pay for the consultation and other related costs from your Medical Savings Account. If these are needed as part of Prescribed Minimum Benefit, we pay the costs from the Major Medical Benefit.

We pay these costs from the Major Medical Benefit up to 100% of the LA Health Rate.



We cover you in an emergency

LA Active covers you for emergency transport. We pay for this service from the Major Medical Benefit and there is no overall limit. Call Discovery 911 for authorisation.



Cover for GPs and specialists in- and out-of-hospital

When you're admitted to a hospital, there is no overall limit that applies to GP and specialist visits. We pay up to 100% of the LA Health Rate from the Major Medical Benefit.

We pay for out-of-hospital GP and specialist visits from the Medical Savings Account or the Extended Day-to-day Benefit.



We cover you when you have to go to hospital

Hospitalisation, theatre fees and costs for intensive and high care at private hospitals have no overall limit, but you must obtain



Cover for chronic and acute medicine

You have medicine cover for all approved Prescribed Minimum Benefit Chronic Disease List conditions, paid in full from the Major Medical Benefit up to the LA Health Medicine Rate for listed medicine. Medicine that is not on the Scheme's medicine list is paid up to a Chronic Drug Amount.

Prescribed, acute medicine on the preferred medicine list are paid from the available funds in your Medical Savings Account or from the Extended Day-to-day Benefit at 100% of the LA Health Rate for medicine and those on the non-preferred medicine list are paid at 90%.

You also have cover for over-the-counter (schedule 0, 1 and 2) medicine bought at a pharmacy at 100% of the cost from the available funds in your Medical Savings Account or from the Extended Day-to-day Benefit.

When you are discharged from hospital after an admission, we pay for take-home medicine

SCHEDULE OF BENEFITS

| | | | | | |
|---|--|--|---|-----------------------|--------|
| Overall annual limits  | Hospital | No overall limit | | | |
| | Extended Day-to-day Benefit | Member | Spouse/adult | Child (max 3) | |
| | | R4 818 | R3 367 | R 971 | |
| Medical Savings Account | R6 660 | R4 812 | R2 760 | | |
| Ambulance services  | Emergency transport | Paid from Major Medical Benefit, up to 100% of the LA Health Rate subject to authorisation. No overall limit | | | |
| Blood transfusions and blood products  | Blood transfusions and blood products | Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit | | | |
| Dentistry  | In-hospital Out-of-hospital | Maxillo-facial procedures: certain severe infections, jaw- joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repair | Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit | | |
| | | Specialised dentistry | Members will have to make an upfront payment (deductible) | | |
| | | | Hospital | Younger than 13 years | R2 030 |
| | | | | Older than 13 years | R5 140 |
| | | | Day Clinics | Younger than 13 years | R1 000 |
| | | | | Older than 13 years | R3 370 |
| | | Hospital and related accounts paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Related, non-hospital accounts (for dentists, anaesthetists, etc), subject to a limit of R22 680 per person per year | | | |
| | Basic dentistry | Members will have to make an upfront payment (deductible) | | | |
| | | Hospital | Younger than 13 years | R2 030 | |
| | | | Older than 13 years | R5 140 | |
| | | Day Clinics | Younger than 13 years | R1 000 | |
| | | | Older than 13 years | R3 370 | |
| | | Hospital account paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Related, non-hospital accounts (for dentists, anaesthetists, etc), paid from and limited to available funds in the Medical Savings Account and the Extended Day-to-day Benefit | | | |
| | Specialised dentistry | Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit | | | |
| | Basic dentistry | First R3 680 per family per year paid from Major Medical Benefit. Thereafter, paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit | | | |
| GPs and specialists  | In-hospital | Paid from Major Medical Benefit up to 100% of the LA Health Rate. No overall limit | | | |
| | Out-of-hospital | GP and specialist visits in doctor's rooms, hospital emergency room visits and virtual GP consultations | Paid from Medical Savings Account or Extended Day-to-day Benefit | | |
| | | Virtual paediatrician consultations for children aged 14 years and younger from a network paediatrician consulted in the six months before the virtual consultation | Paid from the Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefits are depleted. Subject to criteria. | | |
| | | Trauma-related casualty visits for children when normal day-to-day benefits are exhausted | Two trauma-related casualty visits (from the Hospital Benefit) for children aged 10 and under, once the Medical Savings Account and Extended Day-to-day Benefit have been depleted. This includes the cost of the consultation, facility fees and all consumables | | |
| | | International clinical review consultations | Paid from the Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation | | |

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|  HIV or AIDS | HIV prophylaxis (rape or mother-to-child transmission) | Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit |
| | HIV- or AIDS-related illnesses | Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit, subject to clinical entry criteria and HIVCare Programme protocols |
| | HIV- or AIDS-related consultations | Prescribed Minimum Benefits. Covered with no overall limit from the Scheme's Designated Service Provider. A 20% co-payment applies if the services of a non-DSP are used |
|  Home-based care | Wound care, end-of-life care, IV infusions and postnatal care | Paid from Major Medical Benefit up to 100% of the LA Health Rate Subject to authorisation, clinical criteria and management by the Scheme's Designated Service Providers |
|  Hospitals | All planned procedures must be preauthorised | |
| | Hospitalisation, theatre fees, intensive and high care | |
| | Hospitals | Subject to preauthorisation. No overall limit. Paid from Major Medical Benefit up to 100% of the LA Health Rate |
| | In hospital services obtained out of hospital, subject to preauthorisation | |
|  Maternity benefit | In-hospital | Paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Subject to preauthorisation |
| | Out-of-hospital | <p>Maternity Programme</p> <p>Paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Subject to registration on the Programme. If not registered on the Programme, benefit for mother and baby subject, and limited to benefits from Medical Savings Account and Extended Day-to-day Benefit.</p> <p>Cover during Pregnancy</p> <ul style="list-style-type: none"> 8 Antenatal consultations with a gynaecologist, GP or midwife One Nuchal translucency or one non-invasive prenatal test (NIPT) or one T21 Chromosome test, subject to clinical entry criteria 2 2D ultrasound scans A defined basket of blood tests 5 pre- or post-natal classes or consultations with a registered nurse 2 visits to a GP, paediatrician or ear, nose and throat (ENT) specialist <p>Cover for the newborn baby for up to two years after birth</p> <ul style="list-style-type: none"> A post-birth consultation at a GP or gynaecologist for post-natal complications One nutritional assessment at a dietician Two mental health consultations with a counsellor or psychologist One lactation consultation with a registered nurse or lactation specialist <p>Cover for the mother of the newborn baby for up to two years after the birth</p> |
| | | Antenatal classes |
| | Doulas | Paid from the Medical Savings Account |
| | Services rendered by Doulas | |
|  Medicine | Prescribed Minimum Benefit Chronic Disease List conditions (subject to benefit entry criteria and approval) | We will pay your approved medicine in full if it is on our medicine list (formulary), if it is not we will pay for it up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one medicine from the same medicine category, we will pay up to the monthly CDA, whether they are on the medicine list or not. |
| | Diabetes Care and Cardio Care Programmes | Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to participation on the Chronic Illness Benefit and referral by the by the scheme's Network GP. Paid from the Major Medical Benefit. |
| | Prescribed/acute medicine | Paid from and limited to funds in the Medical Savings Account or Extended Day-to-day Benefit. Paid at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list |
| | Medicine bought over-the-counter at a pharmacy (schedule 0, 1 and 2) and generic or non-generic, whether prescribed or not | Limited to funds in Medical Savings Account or Extended Day-to-day Benefit up to 100% of the cost |
| | Take-home medicine (when discharged from hospital) TTOs | Limited to funds in the Medical Savings Account or Extended Day-to-day Benefit. Paid at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list |
|  Mental health | In-hospital: Psychiatric hospitals, subject to preauthorisation and case management | Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit at a DSP. A co-payment of 20% of the hospital account applies when a non-network hospital is used voluntarily |
| | Out-of-hospital: Psychologists, psychiatrists, art therapy and social workers | Limited to funds in the Medical Savings Account, subject to Prescribed Minimum Benefits |
| | Out-of-hospital: Mental Health Care Programme | Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to criteria and referral by the Scheme's Network GP. Paid from the Major Medical Benefit. |

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| Oncology (cancer-related care)  | Oncology Programme (including chemotherapy and radiotherapy) | No overall limit in a 12-month cycle, subject to approval of a treatment plan, paid up to the LA Health Rate. All oncology claims accumulate to a threshold of R228 000. A 20% co-payment applies after this. Prescribed Minimum Benefit oncology-related care is paid in full without any co-payments, subject to clinical criteria | |
| | Oncology-related PET scans | Paid from the Major Medical Benefit, subject to the Oncology threshold of R228 000 in a 12-month cycle. Scan must be done at the Scheme's Designated Service Provider, subject to preauthorisation. A 20% deductible will apply from R1 if the services of a Designated Service Provider is not used | |
| | Stem cell transplants | You have access to local and international bone marrow donor searches and transplants up to the agreed rate. Your cover is subject to clinical protocols, review and approval | |
| | The Advanced Illness Benefit for patients with end-of-life stage cancer | Paid from Major Medical Benefit Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor | |
| Optical  | Optometry consultations | Limited to funds in the Medical Savings Account or Extended Day-to-day Benefit | |
| | Spectacles, frames, contact lenses and refractive eye surgery | Limited to funds in the Medical Savings Account or Extended Day-to-day Benefit | |
| Organ transplants  | Hospitalisation and harvesting of organ for donor transplants | Paid from the Major Medical Benefit in full at the Scheme's Designated Service Provider, subject to preauthorisation and Prescribed Minimum Benefits | |
| | Medicine for immuno-suppressive therapy | Paid according to Prescribed Minimum Benefits, subject to the Chronic Illness Benefit Chronic Drug Amount | |
| Other services  | In-hospital Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc) | Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria | |
| | Out-of-hospital | Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc) | Limited to funds in the Medical Savings Account |
| | | Alternative healthcare practitioners (chiropractors, homeopaths, naturopaths and chiropractors) | Limited to funds in the Medical Savings Account |
| | | Nurse practitioners | Limited to funds in the Medical Savings Account |
| | | Unani-Tibb therapy | Paid from Medical Savings Account |
| Pathology and Radiology  | In-hospital | MRI and CT scans (referred by a specialist); ultrasounds, X-rays, pathology | Paid from Major Medical Benefit. No overall limit, subject to preauthorisation. Basic Pathology subject to the use of the services of the Scheme's Designated Service Provider |
| | | PET scans | Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit. |
| | | Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital) | First R2 850 of hospital account paid from Medical Savings Account and the rest of the scope account paid from Major Medical Benefit. Related accounts limited to funds in Medical Savings Account or Extended Day-to-day Benefit, subject to preauthorisation |
| | Out-of-hospital | MRI and CT scans (referred by a specialist) subject to preauthorisation | First R2 850 of scan account paid from Medical Savings Account and the rest of the account paid from Major Medical Benefit, subject to preauthorisation |
| | | Radiology (including X-rays and ultrasounds) and pathology | Paid from Medical Savings Account or Extended Day-to-day Benefit |
| | | Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy | Scopes codes only: Paid from Major Medical Benefit. Unlimited, subject to preauthorisation. Related accounts paid from and limited to funds in the Medical Savings Account/Extended Day-to-day Benefit |
| Preventive care  | Pharmacy Screening Benefit at a network pharmacy: blood glucose test, blood pressure test, cholesterol test and body mass index OR One flu vaccination | Paid once per year from the Major Medical Benefit per qualifying person for a single or basket of these tests. This is covered from the Major Medical Benefit only if a Designated Service Provider is used LDL tests, unlimited and paid from the Major Medical Benefit, subject to clinical criteria | |
| | Screening benefit at other providers: mammogram, Pap smear, prostate-specific antigen test | Limited to one Pap-smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Major Medical Benefit Consultations, other related costs and procedures paid from Medical Savings Account, unless it is a Prescribed Minimum Benefit. More frequent PAP smear and Mammogram testing, MRI breast scans and once off BRCA testing, subject to clinical criteria and authorisation | |
| | Pneumococcal vaccinations | One specific approved pneumococcal vaccine every 5 years for persons under the age of 65 or one vaccine per person per lifetime for persons over the age of 65 paid from the Major Medical Benefit, subject to clinical criteria | |
| | Screening benefit for children between the ages of two and 18: Body mass index, including counseling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of two and eight years old | Paid once per year from the Major Medical Benefit per qualifying beneficiary for a single or basket of these tests. This is covered from the Major Medical Benefit only if a Designated Service Provider is used | |

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| Prostheses or external medical appliances  | Internal prostheses | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants | Paid from Major Medical Benefit up to R235 100 per person per year, subject to preauthorisation | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Shoulder replacement prostheses | Paid from Major Medical Benefit. Unlimited if obtained from the Scheme's Preferred Provider. A limit of R41 700 per prosthesis will apply if the Preferred Provider is not used | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Major joint replacements, including hip and knee replacements | Paid from the Major Medical Benefit. Subject to the use of the Scheme's DSP hospital. If service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply to the hospital account. Devices for hip or knee replacements unlimited from the Scheme's Preferred Provider and limited to R30 000 per device, if obtained from a non-Preferred Provider. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Spinal prostheses/devices | Paid from the Major Medical Benefit Unlimited if obtained from the Scheme's Network Provider If the Scheme's Network Provider is not used, limited to R25 500 per level, with an overall limit of R51 000 for two or more levels. Only one procedure per year will be authorised | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other internal prostheses | Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | External medical items | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crutches, wheelchairs, hearing aids, artificial limbs, stoma bags, etc. | Limited to funds in Medical Savings Account | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oxygen rental | Paid from the Major Medical Benefit in full at the Scheme's Designated Service Provider, subject to preauthorisation. Paid up to the LA Health Rate if not obtained from the Scheme's Designated Provider | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Renal care  | Dialysis and other renal care-related treatment and educational care (includes authorised related medicine) | Paid from Major Medical Benefit. No overall limit. Subject to a treatment plan and use of the Scheme's Designated Service Provider, National Renal Care. Co-payments will apply if the network is not used | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance abuse  | Alcohol and drug rehabilitation | Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Detoxification in-hospital | Prescribed Minimum Benefits. Three days per person, paid from Major Medical Benefit | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Terminal Care Benefit  | Hospice (excluding frail care) | Prescribed Minimum Benefits. Paid from the Major Medical Benefit, subject to clinical criteria and authorisation | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trauma recovery benefit  | Cover for specific trauma-related incidents. The benefit is paid up to the end of the year following the one in which the traumatic event occurred | Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria | <table border="1"> <tr> <td rowspan="4">Allied and therapeutic healthcare services</td> <td>M</td> <td>R 8 050</td> </tr> <tr> <td>M+1</td> <td>R12 150</td> </tr> <tr> <td>M+2</td> <td>R15 100</td> </tr> <tr> <td>M+3+</td> <td>R18 200</td> </tr> <tr> <td colspan="2">External medical appliances</td> <td>R27 400</td> </tr> <tr> <td colspan="2">Hearing aids</td> <td>R14 750</td> </tr> <tr> <td rowspan="4">Prescribed medicine</td> <td>M</td> <td>R15 750</td> </tr> <tr> <td>M+1</td> <td>R18 600</td> </tr> <tr> <td>M+2</td> <td>R22 100</td> </tr> <tr> <td>M+3+</td> <td>R26 850</td> </tr> <tr> <td colspan="2">Prosthetic limbs (with no further access to the external medical items limit)</td> <td>R85 700</td> </tr> </table> | Allied and therapeutic healthcare services | M | R 8 050 | M+1 | R12 150 | M+2 | R15 100 | M+3+ | R18 200 | External medical appliances | | R27 400 | Hearing aids | | R14 750 | Prescribed medicine | M | R15 750 | M+1 | R18 600 | M+2 | R22 100 | M+3+ | R26 850 | Prosthetic limbs (with no further access to the external medical items limit) | |
| Allied and therapeutic healthcare services | M | R 8 050 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | M+1 | R12 150 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | M+2 | R15 100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | M+3+ | R18 200 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| External medical appliances | | R27 400 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hearing aids | | R14 750 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed medicine | M | R15 750 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | M+1 | R18 600 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | M+2 | R22 100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | M+3+ | R26 850 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prosthetic limbs (with no further access to the external medical items limit) | | R85 700 | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Total monthly contributions including your Medical Savings Account for 2020 | | | | |
|---|--|---|---|---|
| |  MEMBER |  ADULT |  CHILD DEPENDENT |  +2 MAXIMUM FOR 3 CHILD DEPENDANTS |
| TOTAL MONTHLY CONTRIBUTIONS | R2 892 | R1 944 | R959 | R2 877 |
| 40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R4 492.35 | | | | |
|  | | R1 157 | | |
|  | | R1 935 | | |
|  | | R2 318 | | |
|  | | R2 702 | | |
|  | | R3 221 | | |
|  | | R1 541 | | |
|  | | R1 924 | | |
|  | | R2 308 | | |

LA Active contributions

What we do not cover (exclusions)

There are certain medical expenses and other costs the Scheme does not cover, except when it is a PMB. We call these exclusions. LA Health will not cover any of the following, or the direct or indirect consequences of these treatments, procedures or costs incurred by members:

Certain types of treatments and procedures

- Cosmetic procedures, for example, otoplasty for jug ears; portwine stains; blepharoplasty (eyelid surgery); keloid scars; hair removal; nasal reconstruction (including septoplasties, osteotomies and nasal tip surgery) and healthcare services related to gender reassignment.
- Breast reductions and implants
- Treatment for obesity
- Treatment for infertility, subject to PMB
- Frail care
- Experimental, unproven or unregistered treatment or practices

The purchase of the following, unless prescribed:

- applicators, toiletries and beauty preparations
- bandages, cotton wool and other consumable items
- patented foods, including baby foods
- tonics, slimming preparations and drugs
- household and other biochemical remedies
- anabolic steroids
- sunscreen agents.

Unless otherwise decided by the Scheme, benefits in respect of these items, on prescription, are limited to one month's supply for each prescription or repeat thereof.

Certain costs

- Costs of search and rescue
- Any costs that another party is legally responsible for
- Facility fees at casualty facilities (these are administration fees that are charged directly by the hospital or other casualty facility)

Always check with us

Please contact us if you have one of the conditions we exclude so we can let you know if there is any cover. In some cases, you might be covered for these conditions if they are part of Prescribed Minimum Benefits.

This is a summary of the LA Active benefits and features, submitted to the Registrar of Medical Schemes. If there is any discrepancy between this document and the registered Rules, the Rules will always apply.

● Client Services 0860 103 933 ● Fax 011 539 7276 ● www.lahealth.co.za ● service@discovery.co.za ●
Report fraud anonymously 0800 004 500

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