



About this

# BENEFIT OPTION

2018  


## 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.

**1** 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.

**2** **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.

**3** **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.

**4** **We cover you when you have to go to hospital**  
 Hospitalisation, theatre fees and costs for intensive and high care at provincial, state and private hospitals have no overall limit, but you must obtain 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.

**5** **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. You have out-of-hospital cover for GP and specialist (gynaecologist) visits and blood tests during your pregnancy, which we pay from your Medical Savings Account or the Extended Day-to-day Benefit, if you have funds available. We also pay for ultrasound scans from the available funds in your Medical Savings Account, and if the scan forms part of a Prescribed Minimum Benefit, we pay for it from the Major Medical Benefit. Antenatal classes are paid from the available funds in the Medical Savings Account.

**6** **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 Rate for medicine on the medicine list. 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 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.


**7** **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.


## SCHEDULE OF BENEFITS


<b>Overall annual limits</b> 	Hospital	No overall limit												
	Extended Day-to-day Benefit	Member <b>R4 344</b>	Spouse/adult <b>R3 036</b>	Child (max 3) <b>R 876</b>										
	Medical Savings Account	<b>R5 844</b>	<b>R4 224</b>	<b>R2 424</b>										
<b>Ambulance services</b> 	Emergency transport	Paid from Major Medical Benefit, up to 100% of the LA Health Rate subject to authorisation. No overall limit												
<b>Blood transfusions and blood products</b> 	Blood transfusions and blood products	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit												
<b>Dentistry</b> 	<b>In-hospital</b>	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) <table border="1"> <tbody> <tr> <td rowspan="2"><b>Hospital</b></td> <td>Younger than 13 years</td> <td>R1 830</td> </tr> <tr> <td>Older than 13 years</td> <td>R4 640</td> </tr> <tr> <td rowspan="2"><b>Day Clinics</b></td> <td>Younger than 13 years</td> <td>R 900</td> </tr> <tr> <td>Older than 13 years</td> <td>R3 050</td> </tr> </tbody> </table> 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 R20 470 per person per year			<b>Hospital</b>	Younger than 13 years	R1 830	Older than 13 years	R4 640	<b>Day Clinics</b>	Younger than 13 years	R 900	Older than 13 years
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Specialised dentistry	Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit													
Basic dentistry	First R3 320 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													
<b>GPs and specialists</b> 	<b>In-hospital</b>	Paid from Major Medical Benefit up to 100% of the LA Health Rate. No overall limit												
	<b>Out-of-hospital</b>	GP and specialist visits in doctor's rooms, hospital emergency room visits and virtual 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 or Extended Day-to-day Benefits is depleted. Subject to criteria.											
		Trauma-related casualty visits for children when normal day-to-day benefits are exhausted	Paid from Major Medical Benefit once Medical Savings Account and Extended Day-to-day Benefit are exhausted											
		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											
Second opinion consultation obtained from specialists at the Cleveland Clinic	Paid from the Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation													


 <b>HIV or AIDS</b>	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


 <b>Home-based care</b>	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
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 <b>Hospitals</b>	<b>All planned procedures must be preauthorised</b>	
	<b>Hospitalisation, theatre fees, intensive and high care</b>	
	Provincial, state and private 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	

 <b>Maternity benefit</b>	<b>In-hospital</b>	Paid from Major Medical Benefit. Subject to preauthorisation. No overall limit	
	<b>Out-of-hospital</b>	GP, specialist consultations and blood tests	Limited to funds in Medical Savings Account or Extended Day-to-day Benefit
		Ultrasounds	Limited to funds in Medical Savings Account, except for Prescribed Minimum Benefits
		Blood tests	Limited to funds in Medical Savings Account or Extended Day-to-day Benefit
		Antenatal classes	Limited to funds in Medical Savings Account






 <b>Medicine</b>	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 that has similar chemical structures or therapeutic effects, we will pay up to the monthly CDA, whether they are on the medicine list or not.
	Diabetes Programme	Up to 100% of the LA Health Rate for services covered in a basket of care, subject to registration on the Chronic Illness Benefit and referral by the Designated Service Provider for GP-related care.  Paid from the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of care and clinical criteria
	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









 <b>Mental health</b>	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
	<b>Out-of-hospital:</b> Psychologists, psychiatrists, art therapy and social workers	Limited to funds in the Medical Savings Account, subject to Prescribed Minimum Benefits

 <b>Oncology (cancer-related care)</b>	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
	PET scans	No overall limit in a 12-month cycle. Scan must be done at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R3 260 will apply if a Designated Service Provider is not used
	Stem cell transplants	No overall limit at the Designated Service Provider, subject to registration on the Scheme's Oncology Programme. Limited to R1 million, if a Designated Service Provider is not used
	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	<b>In-hospital</b> Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria
	<b>Out-of-hospital</b> Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	Limited to funds in the Medical Savings Account
	<b>Out-of-hospital</b> Alternative healthcare practitioners (chiropractors, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account
	<b>Out-of-hospital</b> Nurse practitioners	Limited to funds in the Medical Savings Account
 Pathology and Radiology	<b>In-hospital</b> 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
	<b>In-hospital</b> Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital)	First R2 550 of hospital account paid from Medical Savings Account and the rest of the account paid from Major Medical Benefit. Related accounts limited to funds in Medical Savings Account or Extended Day-to-day Benefit, subject to preauthorisation
	<b>Out-of-hospital</b> MRI and CT scans (referred by a specialist) subject to preauthorisation	First R2 550 of scan account paid from Medical Savings Account and the rest of the account paid from Major Medical Benefit, subject to preauthorisation
	<b>Out-of-hospital</b> Radiology (including X-rays and ultrasounds) and pathology	Paid from Medical Savings Account or Extended Day-to-day Benefit
	<b>Out-of-hospital</b> Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Paid from Major Medical Benefit. Unlimited, subject to preauthorisation
 Preventive care	Pharmacy Screening Benefit at a network pharmacy: blood glucose test, blood pressure test, cholesterol test and body mass index	R263 paid once per year 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
	OR	HbA1C and LDL tests, unlimited and paid from the Major Medical Benefit, subject to clinical criteria
	One flu vaccination	
	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	Eligible members have access to one specific approved pneumococcal vaccination per lifetime, paid from the Major Medical Benefit
	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	R73 paid once per year 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

<b>Prostheses</b> 	<b>Internal prostheses</b>																												
	Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants	Paid from Major Medical Benefit up to R214 500 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 R40 000 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																											
<b>Renal care</b> 	<b>External medical items</b>																												
	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																											
<b>Substance abuse</b> 	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																											
	Alcohol and drug rehabilitation	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit																											
<b>Terminal Care Benefit</b> 	Detoxification in-hospital	Prescribed Minimum Benefits. Three days per person, paid from Major Medical Benefit																											
	Hospice (excluding frail care)	Prescribed Minimum Benefits. Paid from the Major Medical Benefit, subject to clinical criteria and authorisation																											
<b>Trauma recovery benefit</b> 	<p>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</p> <p>Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria</p>	<p>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:</p> <table border="1"> <tbody> <tr> <td rowspan="4"><b>Allied and therapeutic healthcare services</b></td> <td>M</td> <td><b>R 6 750</b></td> </tr> <tr> <td>M+1</td> <td><b>R10 200</b></td> </tr> <tr> <td>M+2</td> <td><b>R12 700</b></td> </tr> <tr> <td>M+3+</td> <td><b>R15 300</b></td> </tr> <tr> <td colspan="2"><b>External medical appliances</b></td> <td><b>R27 400</b></td> </tr> <tr> <td colspan="2"><b>Hearing aids</b></td> <td><b>R13 500</b></td> </tr> <tr> <td rowspan="4"><b>Prescribed medicine</b></td> <td>M</td> <td><b>R13 250</b></td> </tr> <tr> <td>M+1</td> <td><b>R15 700</b></td> </tr> <tr> <td>M+2</td> <td><b>R18 550</b></td> </tr> <tr> <td>M+3+</td> <td><b>R22 550</b></td> </tr> <tr> <td colspan="2"><b>Prosthetic limbs (with no further access to the external medical items limit)</b></td> <td><b>R78 300</b></td> </tr> </tbody> </table>	<b>Allied and therapeutic healthcare services</b>	M	<b>R 6 750</b>	M+1	<b>R10 200</b>	M+2	<b>R12 700</b>	M+3+	<b>R15 300</b>	<b>External medical appliances</b>		<b>R27 400</b>	<b>Hearing aids</b>		<b>R13 500</b>	<b>Prescribed medicine</b>	M	<b>R13 250</b>	M+1	<b>R15 700</b>	M+2	<b>R18 550</b>	M+3+	<b>R22 550</b>	<b>Prosthetic limbs (with no further access to the external medical items limit)</b>		<b>R78 300</b>
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Total monthly contributions including your Medical Savings Account for 2018					
Active	 MEMBER	 ADULT	 CHILD DEPENDANT	 MAXIMUM FOR 3 CHILD DEPENDANTS	
	TOTAL MONTHLY CONTRIBUTIONS	R2 538	R1 706	R 842	R2 526

40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R3 943.00	
	R1 016
	R1 698
	R2 035
	R2 372
	R2 827
	R1 352
	R1 689
	R2 026

## 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
- CT angiogram of the coronary vessels and CT colonoscopy

### 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](http://www.lahealth.co.za) ● [service@discovery.co.za](mailto:service@discovery.co.za) ●

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