

# LA COMPREHENSIVE

## ABOUT THIS BENEFIT OPTION

2020



### Reasons why the LA Comprehensive 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, as well as several additional chronic conditions. It pays for some day-to-day expenses from a Medical Savings Account, with additional cover through the Above Threshold Benefit, for most disciplines, subject to applicable limits. 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.



#### 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 for your hospital admission from the Major Medical Benefit. 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 Medical Savings Account or from the Above Threshold Benefit.

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.

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 Above Threshold Benefit, at 100% of the LA Health Rate for medicine on the preferred list and at 90% for medicine on the non-preferred list.

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



#### We cover you in an emergency

LA Comprehensive 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 Above Threshold Benefit.



#### We cover you when you have to go to hospital

Hospitalisation, theatre fees and costs for intensive and high care at 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.



#### 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 list (formulary) is paid up to a Chronic Drug Amount.

Medicine, for approved Additional Disease List conditions, is paid up to a Chronic Drug Amount. An annual limit applies. This is up to a specific amount based on your family size.

The Specialised Medicine and Technology Benefit provides cover for biological and high-technology medicine up to a specific amount, if authorised (you may have to fund part of it yourself).

We pay for prescribed and acute medicine on the preferred medicine list from the available funds in your Medical Savings Account or from the Above Threshold Benefit at 100% of the LA Health Rate for medicine and medicine on the non-preferred list are paid at 90% of the LA Health Rate for medicine. Specific limits apply based on your family size.



#### We pay for certain preventive screening tests or vaccines





The Major Medical Benefit provides cover for:

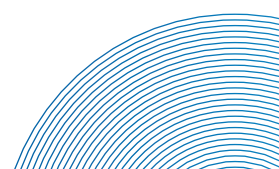
- A screening test (to check your blood glucose, blood pressure, cholesterol and body mass index), or a flu vaccination at one of the Scheme's designated service providers, or a network pharmacy. We also pay for certain screening tests for children.
- One specific pneumococcal vaccination in a beneficiary's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

Overall annual limits	Hospital	No overall limit		
		Member	Spouse/adult	Child (max 3)
	Above Threshold Benefit (ATB)	<b>R16 584</b>	<b>R11 304</b>	<b>R4 980</b>
	Medical Savings Account (MSA)	<b>R11 856</b>	<b>R6 876</b>	<b>R3 000</b>
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	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)	
		Basic dentistry	Members will have to make an upfront payment (deductible)	
	Out-of-hospital	Specialised dentistry	Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R29 970 per person per year for specialised dentistry, performed in- or out-of-hospital	
		Basic dentistry	Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R15 480 per person per year for basic dentistry, performed in- or out-of-hospital	
GPs and specialists	In-hospital	Visits	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 Above Threshold 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 Major Medical Benefit once Medical Savings Account is depleted and before the Threshold is reached. 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 Above Threshold 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	
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. If the services of non-Designated Service Providers are used voluntarily, a 20% co-payment will apply		
	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)	<b>Hospitalisation, theatre fees, intensive and high care</b> Hospitals In-hospital services obtained out-of-hospital	Paid from Major Medical Benefit, up to 100% of the LA Health Rate. Subject to preauthorisation No overall limit																						
 Maternity benefit	<b>In-hospital</b> Paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Subject to preauthorisation  <b>Out-of-hospital</b> Maternity Programme 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, paid subject, and limited to applicable Medical Savings Account and Above Threshold Benefits  <b>Cover during Pregnancy</b> Antenatal visits, ultrasounds and scans, selected blood tests, pre- or post-natal classes, GP and Specialist consultations  Cover for the newborn baby for up to two years after birth  Cover for the mother of the newborn baby for up to two years after the birth  Antenatal classes  <b>Doulas</b> Services rendered by Doulas	   <ul style="list-style-type: none"> <li>8 Antenatal consultations with a gynaecologist, GP or midwife</li> <li>One Nuchal translucency or one non-invasive prenatal test (NIPT) or one T21 Chromosome test, subject to clinical entry criteria</li> <li>2 2D ultrasound scans</li> <li>A defined basket of blood tests</li> <li>5 pre- or post-natal classes or consultations with a registered nurse</li> </ul> 2 visits to a GP, paediatrician or ear, nose and throat (ENT) specialist  <ul style="list-style-type: none"> <li>A post-birth consultation at a GP or gynaecologist for post-natal complications</li> <li>One nutritional assessment at a dietician</li> <li>Two mental health consultations with a counsellor or psychologist</li> <li>One lactation consultation with a registered nurse or lactation specialist</li> </ul> If not registered on the Maternity Programme: Limited to R1 625 per person and paid from the Medical Savings Account or Above Threshold Benefit  Paid from the Medical Savings Account only																						
 Medicine	Prescribed Minimum Benefit Chronic Disease List conditions (subject to benefit entry criteria and approval)  Additional chronic conditions (subject to approval and a defined list of conditions)  Diabetes Care and Cardio Care Programmes  Specialised Medicine and Technology Benefit  Prescribed/acute medicine	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 the medicine is on the list, or not.  Paid up to the applicable monthly Chronic Drug Amount (CDA), limited to: <table border="1" data-bbox="718 1489 1460 1601"> <tr> <td>Member</td> <td>Member +1</td> <td>Member +2</td> <td>Member +3</td> <td>Member +4</td> <td>Member +5</td> </tr> <tr> <td><b>R5 390</b></td> <td><b>R10 845</b></td> <td><b>R12 555</b></td> <td><b>R14 275</b></td> <td><b>R15 465</b></td> <td><b>R17 000</b></td> </tr> </table> 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 Scheme's Network GP. Paid from the Major Medical Benefit.  Subject to authorisation and Prescribed Minimum Benefits. Paid from Major Medical Benefit at the LA Health Medicine Rate up to R228 000 per person per year with a variable co-payment up to a maximum of 20% of the cost of the medicine or technology, based on the actual condition and medicine applied for, for non Prescribed Minimum Benefits  Paid at 100% of the LA Health Medicine Rate for medicine on the preferred medicine list and at 90% of the Medicine Rate for medicine on the non-preferred list. Paid from Medical Savings Account or Above Threshold Benefit, limited to: <table border="1" data-bbox="718 1926 1460 2038"> <tr> <td>Member</td> <td>Member +1</td> <td>Member +2</td> <td>Member +3</td> <td>Member +4</td> </tr> <tr> <td><b>R10 085</b></td> <td><b>R12 900</b></td> <td><b>R15 550</b></td> <td><b>R17 940</b></td> <td><b>R20 505</b></td> </tr> </table>	Member	Member +1	Member +2	Member +3	Member +4	Member +5	<b>R5 390</b>	<b>R10 845</b>	<b>R12 555</b>	<b>R14 275</b>	<b>R15 465</b>	<b>R17 000</b>	Member	Member +1	Member +2	Member +3	Member +4	<b>R10 085</b>	<b>R12 900</b>	<b>R15 550</b>	<b>R17 940</b>	<b>R20 505</b>
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Medicine (continued)		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 and paid up to 100% of the cost. Benefits do not accumulate to the Annual Threshold
		Take-home medicine (when discharged from hospital) TTOs	Limited to funds in the Medical Savings Account or Above Threshold 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. Where members voluntarily make use of the services of a hospital that is not a Designated Service Provider, a 20% co-payment will apply to the hospital account
	Out-of-hospital	Psychologists, psychiatrists, art therapy and social workers	Paid from Medical Savings Account or Above Threshold Benefit. Limited to R19 400 per family per year
		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.
Oncology (cancer-related care)		Oncology Programme (including chemotherapy and radiotherapy)	Paid from Major Medical Benefit. 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 R456 000. A 20% co-payment applies after this. All Prescribed Minimum Benefit claims are paid in full without a co-payment
		Oncology-related PET scans	Paid from Major Medical Benefit, subject to the Oncology threshold of R456 000 in a 12-month cycle. Scans 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.
		Advanced Illness Benefit for patients with end-of-life stage cancer out-of-hospital	Paid from Major Medical Benefit Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor
		Access to cover for a defined list of non-PMB novel and ultra-high cost cancer treatment	Paid at 75% of the Scheme Rate before and after the Oncology threshold of R456 000, with no overall limit. Subject to meeting certain clinical criteria and peer review by a Scheme-appointed panel of specialists.
Optical		Optometry consultations	Limited to funds in the Medical Savings Account or Above Threshold Benefit
		Spectacles, frames, contact lenses and refractive eye surgery	Paid from the Medical Savings Account or Above Threshold Benefit up to a limit of R4 600 per person
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 or Above Threshold Benefit
		Alternative healthcare practitioners (chiropractor, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account or Above Threshold Benefit
		Nurse practitioners	Paid up to a limit of R11 300 per family from Medical Savings Account or Above Threshold Benefit
	Unani-Tibb therapy	Limited to funds in the Medical Savings Account with no Accumulation to the Threshold	
Organ transplants		Hospitalisation and harvesting of organ for donor transplants	Paid from Major Medical Benefit. No overall limit. Subject to Prescribed Minimum Benefits, preauthorisation and the use of the Scheme's Designated Service Provider
		Medicine for immuno-suppressive therapy	Paid according to Prescribed Minimum Benefits, subject to the Chronic Illness Benefit Chronic Drug amount
Pathology and Radiology	In-hospital	MRI and CT scans (referred by a specialist), X-rays, pathology and ultrasounds	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)	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
	Out-of-hospital	MRI and CT scans	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
		Radiology, including X-rays, ultrasounds and pathology	Paid from Medical Savings Account or Above Threshold Benefit
		Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Scopes codes only; Paid from Major Medical Benefit. No overall limit, subject to preauthorisation. Related accounts paid from and limited to funds in Medical Savings Account/Above Threshold Benefit

Prostheses or external medical appliances 	<b>Internal prostheses</b>	
	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 or 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 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>External medical items</b>	
	Crutches, wheelchairs, hearing aids, artificial limbs, stoma bags, etc.	Limited to R27 750 per family with a sub-limit of R18 550 per family for hearing aids. Paid from Medical Savings Account or Above Threshold Benefit
	External medical items extender benefit	Paid from Major Medical Benefit, subject to clinical criteria and approval
	Oxygen rental	Paid in full from the Major Medical Benefit from the Scheme's Designated Service Provider, subject to preauthorisation. If services are not obtained from the Scheme's Designated Service Provider, claims are paid up to the LA Health Rate only
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 the services of one of the Scheme's Designated Service Providers is used  LDL test, unlimited and paid from 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 year per person, paid from Major Medical Benefit. Consultations, other related costs and procedures paid from Medical Savings Account or Above Threshold Benefit, except for Prescribed Minimum Benefits. More frequent PAP smear and Mammogram testing, MRI breast scans, and once off BRCA testing subject to clinical criteria
	Pneumococcal vaccination	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 person for a single or basket of these tests. This is covered from the Major Medical Benefit only if the services of one of the Scheme's Designated Service Providers is used
	Renal care 	Includes dialysis and other renal care-related treatment and educational care (includes authorised related medicine)
Substance abuse 	<b>In-hospital</b>	
	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
<b>Out-of-hospital</b>	Alcohol and drug rehabilitation	Limited to R6 450 per person per year. Accumulates to the Mental Health limit of R19 400 per family per year
Terminal care benefit 	Hospice (excluding frail care)	Prescribed Minimum Benefits. Paid from the Major Medical Benefit. Subject to clinical entry criteria and preauthorisation



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 Major Medical Benefit up to 100% of the LA Health Rate up to the following limits per family 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	<b>Allied and therapeutic healthcare services</b>	M M + 1 M + 2 M + 3+	<b>R20 350</b> <b>R27 650</b> <b>R33 700</b> <b>R39 100</b>
		<b>External medical appliances</b>		<b>R40 800</b>
		<b>Hearing aids</b>		<b>R20 700</b>
		<b>Prescribed medicine</b>	M M + 1 M + 2 M + 3+	<b>R22 300</b> <b>R27 150</b> <b>R32 700</b> <b>R35 650</b>
		<b>Prosthetic limbs</b> (with no further access to the external medical items limit)		<b>R85 700</b>

<b>Total monthly contributions including your Medical Savings Account for 2020</b>				
	 <b>MEMBER</b>	 <b>ADULT</b>	 <b>CHILD DEPENDENT</b>	 <b>+2</b> <b>MAXIMUM FOR 3 CHILD DEPENDANTS</b>
TOTAL MONTHLY CONTRIBUTIONS	R7 385	R5 638	R1 790	R5 370
<b>40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R4 492.35</b>				
		<b>R 2 954</b>		
 + 		<b>R 8 531</b>		
 +  + 		<b>R10 321</b>		
 +  +  <b>+2</b>		<b>R12 111</b>		
 +  +  <b>+3</b>		<b>R13 901</b>		
 + 		<b>R 4 683</b>		
 +  <b>+2</b>		<b>R 6 473</b>		
 +  <b>+3</b>		<b>R 8 263</b>		

## What we do not cover (exclusions)

There are certain medical expenses and other costs the Scheme does not cover, except when it is a Prescribed Minimum Benefit. 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 Prescribed Minimum Benefits
- 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 Comprehensive 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) ●

**Report fraud anonymously 0800 004 500**

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