



About this

# BENEFIT OPTION

2018



## Reasons why the LA Core 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 for several additional chronic conditions. It pays for day-to-day expenses from a Medical Savings Account, with additional cover for specific disciplines through Extended Day-to-day Benefits (GPs, specialists, dentists, 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 Core 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 be admitted 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. We pay for antenatal classes 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 medicine list is paid up to a Chronic Drug Amount.

We pay for medicine for approved Additional Disease List conditions at 90% of the LA Health Rate for medicine, up to a specified amount which is based on your family size. Prescribed, acute medicine on the preferred 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 list are paid at 90% of the LA Health Rate for medicine.

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 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 provider, 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 contracted 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 or from the Extended Day-to-Day Benefit unless it is a Prescribed Minimum Benefit. 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)									
	Extended Day-to-day Benefit	R5 772	R4 020	R1 560									
	Medical Savings Account	R8 064	R7 056	R3 240									
Must call Discovery 911 for authorisation													
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 preauthorisation. Paid from Major Medical Benefit. No overall limit											
		Specialised dentistry											
		Members will have to make an upfront payment (deductible)											
		<table><tr><td rowspan="2">Hospital</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">Day clinics</td><td>Younger than 13 years</td><td>R 900</td></tr><tr><td>Older than 13 years</td><td>R3 050</td></tr></table>			Hospital	Younger than 13 years	R1 830	Older than 13 years	R4 640	Day clinics	Younger than 13 years	R 900	Older than 13 years
	Hospital	Younger than 13 years	R1 830										
		Older than 13 years	R4 640										
	Day clinics	Younger than 13 years	R 900										
		Older than 13 years	R3 050										
	Hospital and related hospital accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate Related, non-hospital accounts (for dentists, anaesthetists, etc), subject to a limit of R27 060 per person per year												
Out-of-hospital	Basic dentistry												
	Members will have to make an upfront payment (deductible)												
	<table><tr><td rowspan="2">Hospital</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">Day clinics</td><td>Younger than 13 years</td><td>R 900</td></tr><tr><td>Older than 13 years</td><td>R3 050</td></tr></table>			Hospital	Younger than 13 years	R1 830	Older than 13 years	R4 640	Day clinics	Younger than 13 years	R 900	Older than 13 years	R3 050
	Hospital	Younger than 13 years	R1 830										
		Older than 13 years	R4 640										
Day clinics	Younger than 13 years	R 900											
	Older than 13 years	R3 050											
Hospital account paid from the Major Medical Benefit. Related 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		Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit											
GPs and specialists 	In-hospital and out-of-hospital visits		Paid from Major Medical Benefit up to 100% of the LA Health Rate. No overall limit										
	GP and specialist visits in the doctor's rooms, hospital emergency room visits or virtual GP consultations		Paid from Medical Savings Account and 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 Major Medical Benefit once the member's Medical Savings Account and Extended Day-to-day Benefit have been depleted. Subject to criteria										
	Trauma-related casualty visits for children when day-to-day benefits are exhausted		Paid from Major Medical Benefit. Cover for two trauma-related casualty visits for children aged 10 and under, once the Medical Savings Account and Extended Day-to-day Benefit have been depleted Includes the cost of the consultation, facility fee and consumables										
	Second opinion consultation obtained from specialists at the Cleveland Clinic		Paid from 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	Covered with no overall limit from the Scheme's Designated Service Provider. A 20% co-payment applies if the services of a non-Designated Service Provider 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	<b>All planned procedures must be preauthorised</b> <b>Hospitalisation, theatre fees, intensive and high care</b>	
	Provincial, state and private hospitals	Paid from Major Medical Benefit up to 100% of the LA Health Rate. Subject to preauthorisation.
	In hospital services obtained out of hospital, subject to preauthorisation	No overall limit
 Maternity benefit	In-hospital	Paid from Major Medical Benefit. Subject to preauthorisation. No overall limit
	Out-of-hospital	GP, specialist consultations and blood tests
	Antenatal classes and ultrasounds (except for Prescribed Minimum Benefits)	Limited to funds in Medical Savings Account
 Medicine	Prescribed Minimum Benefit Chronic Disease List (PMB CDL) 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.
	Additional chronic conditions (subject to approval and a defined list of conditions)	Paid at 90% of the LA Health Medicine Rate, limited to: Member: R9 950 Member +1+: R19 745
	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 services  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. Benefit does not accumulate to the Annual Threshold
	Take-home medicine (when discharged from hospital)	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	Psychiatric hospitals, subject to preauthorisation and case management	Prescribed Minimum Benefit. 21 days per person, paid from Major Medical Benefit at a Designated Service Providers. 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
	<b>Out-of-hospital:</b> Psychologists, psychiatrists, art therapy and social workers	Limited to funds in the Medical Savings Account

<div>Oncology (cancer-related care)</div> <div></div>	Oncology Programme (including chemotherapy and radiotherapy)	Paid from Major Medical Benefit. No overall limit in a 12-month cycle, subject to approval of treatment plan and paid at the LA Health Rate. All oncology claims accumulate to a threshold of R456 000. A 20% co-payment applies after this. Prescribed Minimum Benefit oncology-related care is paid in full, without any co-payments	
	PET scans	Paid from Major Medical Benefit. No overall limit in a 12-month cycle. Scans 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	Paid from Major Medical Benefit. No overall limit at the Designated Service Provider, subject to registration on the Scheme's Oncology Programme. Limited to R1 million, if Designated Service Provider is not used	
	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 Programme by the treating doctor	
<div>Optical</div> <div></div>	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	
<div>Other services</div> <div></div>	<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	
	Alternative healthcare practitioners (chiroprodists, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account	
	Nurse practitioners	Limited to funds in the Medical Savings Account	
<div>Organ transplants</div> <div></div>	Hospitalisation and harvesting of organ for transplants	Paid from the 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	
<div>Pathology and Radiology</div> <div></div>	<div>In-hospital</div> <div>MRI and CT scans (referred by a specialist); ultrasounds, X-rays and pathology</div>	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation. Basic pathology services subject to the use of the services of the Scheme's Designated Service Provider	
		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
	<div>Out-of-hospital</div> <div>MRI and CT scans (referred by a specialist)</div>	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation	
		Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
		Radiology (including X-rays and ultrasounds) and pathology	Paid from Medical Savings Account or Extended Day-to-day Benefit
<div>Prostheses</div> <div></div>	<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 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, etc.	Limited to funds in Medical Savings Account	
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		

<div>Preventive care</div> 	Pharmacy Screening Benefit, at a network pharmacy: blood glucose test, blood pressure test, cholesterol test and body mass index  OR  One flu vaccination	R263 paid once per year per qualifying person for a single or basket of these tests. This is covered from the Major Medical Benefits only if a Designated Service Provider is used  HbA1C and LDL tests, 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 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 or Extended Day-to-day 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	Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit		
	Screening Benefit for children between the ages of two and 18:	R73 paid once per year per qualifying beneficiary for a single or basket of these tests. This is covered from the Major Medical Benefits only if a Designated Service Provider is used		
	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			
<div>Renal care</div> 	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		
<div>Substance abuse</div> 	Alcohol and drug rehabilitation	Prescribed Minimum Benefit: 21 days per person, paid from Major Medical Benefit		
	Detoxification in-hospital	Prescribed Minimum Benefit: Three days per person, paid from Major Medical Benefit		
<div>Terminal care benefit</div> 	Hospice (excluding frail care)	Prescribed Minimum Benefit. Paid from Major Medical benefit. Unlimited. Subject to clinical criteria and preauthorisation		
<div>Trauma recovery benefit</div> 	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	<b>R16 950</b>
			M + 1	<b>R23 000</b>
			M + 2	<b>R28 050</b>
			M + 3+	<b>R32 500</b>
		<b>External medical appliances</b>		<b>R40 800</b>
		<b>Hearing aids</b>		<b>R19 000</b>
		<b>Prescribed medicine</b>	M	<b>R18 600</b>
			M + 1	<b>R22 600</b>
			M + 2	<b>R27 200</b>
			M + 3+	<b>R29 700</b>
		<b>Prosthetic limbs</b>		<b>R78 300</b>
		<b>(with no further access to the external medical items limit)</b>		

Core	Total monthly contributions including your Medical Savings Account for 2018				
	 MEMBER	 ADULT	 CHILD DEPENDANT	 MAXIMUM FOR 3 CHILD DEPENDANTS	
	TOTAL MONTHLY CONTRIBUTIONS	R4 660	R4 207	R1 392	R4 176

40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R3 943.00	
	R1 864
	R4 924
	R6 316
	R7 708
	R9 100
	R2 421
	R3 501
	R4 893

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

### The purchase of the following, unless prescribed:

- Applicators, toiletries and by 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 Core 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) ●

LA Health Medical Scheme, registration number 1145, is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. Discovery Health (Pty) Ltd is an authorised financial services provider.