

LA CORE

2019



ABOUT THIS BENEFIT OPTION

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.



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 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 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.

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.



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.



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.



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.



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.





We cover you when you have to be admitted to hospital


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


SCHEDULE OF BENEFITS


Overall annual limits 	Hospital	No overall limit			
	Extended Day-to-day Benefit	Member R6 084	Spouse/Adult R4 248	Child (max 3) R1 656	
	Medical Savings Account	R8 748	R7 656	R3 516	
Ambulance services 	Must call Discovery 911 for authorisation				
	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)		
		Hospital	Younger than 13 years	R1 930	
			Older than 13 years	R4 890	
		Day clinics	Younger than 13 years	R 950	
			Older than 13 years	R3 210	
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 R28 520 per person per year					
Out-of-hospital	Out-of-hospital	Basic dentistry	Members will have to make an upfront payment (deductible)		
		Hospital	Younger than 13 years	R1 930	
			Older than 13 years	R4 890	
		Day clinics	Younger than 13 years	R 950	
			Older than 13 years	R3 210	
		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			
Out-of-hospital	Out-of-hospital	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	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 or Extended Day-to-day Benefit		
	Out-of-hospital	Out-of-hospital	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	
			International clinical review consultations	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
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 Hospitals	All planned procedures must be preauthorised	
	Hospitalisation, theatre fees, intensive and high care	
	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 the Major Medical Benefit, up to 100% of the LA Health Rate. Subject to preauthorisation	
	Out-of-hospital	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 subject, and limited, to Medical Savings Account and Extended Day-to-day Benefits
		Cover during Pregnancy	<ul style="list-style-type: none"> • 8 Antenatal consultations with a gynaecologist, GP or midwife • One Nuchal translucency or non-invasive prenatal test (NIPT), 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
		Antenatal visits, ultrasounds and scans, selected blood tests, pre- or post-natal classes, GP and Specialist consultations	2 visits to a GP, paediatrician or ear, nose and throat (ENT) specialist
	Cover for the newborn baby for up to two years after birth	<ul style="list-style-type: none"> • A 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 	
	Cover for the mother of the newborn baby for up to two years after the birth		
	Antenatal classes	If not registered on the Maternity Programme: Limited to funds in the Medical Savings Account	
	Doulas	Paid from the Medical Savings Account	
	Services rendered by Doulas		













 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 up to the applicable monthly Chronic Drug Amount (CDA) for the condition, limited to: Member: R10 485 Member +1+: R20 810
	Diabetes and Cardiovascular Disease Management 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.
	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	In-hospital: 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
	Out-of-hospital: Psychologists, psychiatrists, art therapy and social workers	Limited to funds in the Medical Savings Account

 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 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 440 will apply if 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	Paid from Major Medical Benefit. Subject to a basket of care and registration on the Oncology 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
 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
	Out-of-hospital Alternative healthcare practitioners (chiropractors, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account
	Out-of-hospital Nurse practitioners	Limited to funds in the Medical Savings Account
	Out-of-hospital Unani-Tibb therapy	Paid from Medical Savings Account
 Organ transplants	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
 Pathology and Radiology	In-hospital MRI and CT scans (referred by a specialist); ultrasounds, X-rays and pathology	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
	In-hospital 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 (referred by a specialist)	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
	Out-of-hospital Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
	Out-of-hospital Radiology (including X-rays and ultrasounds) and pathology	Paid from Medical Savings Account or Extended Day-to-day Benefit
	Out-of-hospital Radiology (including X-rays and ultrasounds) and pathology	Paid from Medical Savings Account or Extended Day-to-day Benefit
 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 R223 700 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 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, 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	

 Preventive care	Pharmacy Screening Benefit, at a network pharmacy: blood glucose test, blood pressure test, cholesterol test and body mass index	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 Benefits only if the services of a Designated Service Provider are used																																
	OR	HbA1C and LDL tests, unlimited and paid from 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 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																																
 Renal care	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: 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 Benefits only if the services of a Designated Service Provider are used																																
 Substance abuse	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 Benefit: 21 days per person, paid from Major Medical Benefit																																
 Terminal care benefit	Detoxification in-hospital	Prescribed Minimum Benefit: Three days per person, paid from Major Medical Benefit																																
	Hospice (excluding frail care)	Prescribed Minimum Benefit. Paid from Major Medical benefit. Unlimited. Subject to clinical 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	<table border="1"> <tbody> <tr> <td>Allied and therapeutic healthcare services</td> <td>M</td> <td>R18 600</td> </tr> <tr> <td></td> <td>M + 1</td> <td>R25 250</td> </tr> <tr> <td></td> <td>M + 2</td> <td>R30 800</td> </tr> <tr> <td></td> <td>M + 3+</td> <td>R35 700</td> </tr> <tr> <td>External medical appliances</td> <td></td> <td>R40 800</td> </tr> <tr> <td>Hearing aids</td> <td></td> <td>R19 800</td> </tr> <tr> <td>Prescribed medicine</td> <td>M</td> <td>R20 400</td> </tr> <tr> <td></td> <td>M + 1</td> <td>R24 800</td> </tr> <tr> <td></td> <td>M + 2</td> <td>R29 900</td> </tr> <tr> <td></td> <td>M + 3+</td> <td>R32 600</td> </tr> <tr> <td>Prosthetic limbs</td> <td></td> <td>R82 000</td> </tr> </tbody> </table> (with no further access to the external medical items limit)	Allied and therapeutic healthcare services	M	R18 600		M + 1	R25 250		M + 2	R30 800		M + 3+	R35 700	External medical appliances		R40 800	Hearing aids		R19 800	Prescribed medicine	M	R20 400		M + 1	R24 800		M + 2	R29 900		M + 3+	R32 600	Prosthetic limbs	
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Total monthly contributions including your Medical Savings Account for 2019				
	 MEMBER	 ADULT	 CHILD DEPENDENT	 +2 MAXIMUM FOR 3 CHILD DEPENDANTS
TOTAL MONTHLY CONTRIBUTIONS	R5 056	R4 565	R1 510	R4 530
40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R4 218.17				
	R2 022			
	R5 402			
	R6 912			
	R8 422			
	R9 932			
	R2 626			
	R3 857			
	R5 367			








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 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.

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