

# LA FOCUS



2020



## ABOUT THIS **BENEFIT OPTION**

### Reasons why the LA Focus 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. Basic dentistry, in- or out-of-hospital, is also paid from the Major Medical Benefit if these services are obtained from a dentist in the LA Focus Dental Network. Other day-to-day expenses are paid from a Medical Savings Account.

We will pay hospital costs in full at any LA Focus network hospital. These are all hospitals in a province with a coastline and specific hospitals in the remaining South African provinces. If you do not use the services of one of the network hospitals for planned procedures, you will have to pay a portion of the costs from your own pocket (deductible).

All planned procedures and other high cost treatment 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.

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



### You can enjoy the best of care during your pregnancy

No overall limit applies when you're admitted to hospital, as long as you get preauthorisation for the admission at a hospital in the LA Focus Network. 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.

We pay for the prescribed and acute medicine on the preferred medicine list in full up to the LA Health Rate for medicine and those on the non-preferred medicine list are paid at 90% from your Medical Savings Account.

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 at 100% of the LA Health Medicine Rate for medicine on the preferred medicine list and at 90% for medicine that is not on the preferred medicine list.

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



### We cover you in an emergency

LA Focus 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.



### Basic dentistry, in- or out-of-hospital paid by the Scheme

If you make use of the services of a dentist in the LA Focus Dental Network, we pay for basic dental services such as fillings, extractions and even dentures (every four years) from the Major Medical Benefit. If you make use of the services of a non-network dentist, all out-of-hospital dentistry pays from your Medical Savings Account, and the specific rules and limits for related services apply for in-hospital treatment.



### 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.
- One specific pneumococcal vaccination in a beneficiary's lifetime, for qualifying members.
- Pap smear, mammograms and prostate-specific antigen tests, subject to clinical criteria.

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



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

When you're admitted to a hospital in the LA Focus Hospital Network, 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



### 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 medicines. Medicine that is not on the medicine list is paid up to a Chronic Drug Amount.

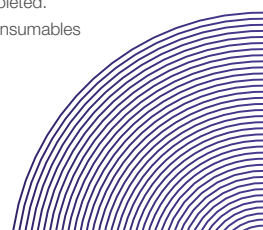







### We cover you when you have to be admitted to hospital








Hospitalisation, theatre fees and costs for intensive and high care at private hospitals in the LA Focus Hospital Network 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 have your planned procedure done in a non- network hospital).


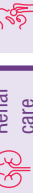
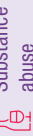


# SCHEDULE OF BENEFITS













Overall annual limits 	Hospital	No overall limit applies. Members must use network hospitals		
		Member	Spouse/Adult	Child (max 3)
	Medical Savings Account	<b>R7 176</b>	<b>R4 644</b>	<b>R2 112</b>
Ambulance services 	Emergency transport	Paid from Major Medical Benefit up to 100% of the LA Health Rate subject to authorisation. No overall limit applies		
Blood transfusions and blood products 	Blood transfusions and blood products	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit applies		
Dentistry 	In-hospital	Maxillo-facial procedures: certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit	
		Specialised dentistry	Members will have to make an upfront payment (deductible) for all specialised dentistry performed in-hospital	
	Out-of-hospital	Basic dentistry	Members will have to make an upfront payment (deductible)	
		Specialised dentistry	Paid from and limited to funds in Medical Savings Account. Any basic dentistry services provided by a dentist in the LA Focus Dental Network as part of the specialised dentistry procedure, are paid from the Major Medical Benefit	
GPs and specialists 	In-hospital		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	
	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 the Major Medical Benefit once the Medical Savings Account has been depleted. Subject to clinical criteria	
		International clinical review consultations	Paid from the Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation	
		Trauma-related casualty visits for children when normal day-to-day benefits are exhausted	Paid from Major Medical Benefit Two trauma-related casualty visits at a provider in the Scheme's Casualty Network for children aged 10 and under, once the members' Medical Savings Account has been depleted. Includes the cost of the emergency casualty consultation, facility fees and all consumables	



 HIV or AIDS	HIV- prophylaxis (rape or mother-to-child transmission)	Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit, subject to clinical entry criteria and certain protocols										
	HIV- or AIDS-related illnesses	Prescribed Minimum Benefits. Paid from Major Medical Benefit. Unlimited, subject to 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 the LA Focus Hospital Network In hospital services obtained out of hospital, subject to preauthorisation	No overall limit, subject to preauthorisation. A deductible applies if non-network hospitals are used for planned procedures										
 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>	<p><b>Maternity Programme</b> 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, benefits for mother and baby are subject, and limited to the Medical Savings Account.</p> <table border="1"> <tbody> <tr> <td>Cover during Pregnancy Antenatal visits, ultrasounds and scans, selected blood tests, pre- or post-natal classes, GP and Specialist consultations</td> <td> <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 (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> </td> </tr> <tr> <td>Cover for the newborn baby for up to two years after birth</td> <td>2 visits to a GP, paediatrician or ear, nose and throat (ENT) specialist</td> </tr> <tr> <td>Cover for the mother of the newborn baby for up to two years after the birth</td> <td> <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> </td> </tr> <tr> <td>Antenatal classes</td> <td>If not registered on the Maternity Programme: Limited to funds in the Medical Savings Account</td> </tr> <tr> <td><b>Doulas</b> Services rendered by Doulas</td> <td>Paid from the Medical Savings Account</td> </tr> </tbody> </table>	Cover during Pregnancy Antenatal visits, ultrasounds and scans, selected blood tests, pre- or post-natal classes, GP and Specialist consultations	<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 (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>	Cover for the newborn baby for up to two years after birth	2 visits to a GP, paediatrician or ear, nose and throat (ENT) specialist	Cover for the mother of the newborn baby for up to two years after the birth	<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>	Antenatal classes	If not registered on the Maternity Programme: Limited to funds in the Medical Savings Account	<b>Doulas</b> Services rendered by Doulas	Paid from the Medical Savings Account
	Cover during Pregnancy Antenatal visits, ultrasounds and scans, selected blood tests, pre- or post-natal classes, GP and Specialist consultations	<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 (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>										
	Cover for the newborn baby for up to two years after birth	2 visits to a GP, paediatrician or ear, nose and throat (ENT) specialist										
	Cover for the mother of the newborn baby for up to two years after the birth	<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>										
	Antenatal classes	If not registered on the Maternity Programme: Limited to funds in the Medical Savings Account										
<b>Doulas</b> Services rendered by Doulas	Paid from the Medical Savings Account											
	Prescribed Minimum Benefit Chronic Disease List conditions (subject to benefit entry criteria and approval)	We will pay your approved medicine in full if it is on our medicine list (formulary), if it is not we will pay for it up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one medicine from the same medicine category, we will pay up to the monthly CDA, whether they are on the medicine list or not										
	Diabetes Care and Cardio Care Programmes	Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's Network GP. Paid from the Major Medical Benefit.										
	Prescribed/acute medicine	Paid from the Medical Savings Account 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	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, paid up to 100% of the cost										
	Take-home medicine (when discharged from hospital) TTOs	Limited to funds in the Medical Savings Account and 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 per year from the Scheme's Designated Service Provider. A 20% co-payment applies if the services of a non-Designated Service Provider is used voluntarily.
	Out-of-hospital	Psychologists, psychiatrists, art therapy and social workers	Limited to funds in the Medical Savings Account, subject to Prescribed Minimum Benefits
		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 chemo- 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 claims accumulate to a threshold of R228 000. A 20% co-payment applies after this. Prescribed Minimum Benefit-related oncology care is paid in full without any co-payments
		Oncology-related PET scans	Paid from the Major Medical Benefit, subject to the Oncology threshold of R228 000 in a 12-month cycle. Scan must be done at the Scheme's Designated Service Provider, subject to preauthorisation. A 20% deductible will apply from R1 if a Designated Service Provider is not used
		Stem cell transplants	You have access to local and international bone marrow donor searches and transplant 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 Management Programme by the treating doctor
Optical 		Optometry consultations	Limited to funds in the Medical Savings Account
		Spectacles, frames, contact lenses and refractive eye surgery	Limited to funds in the Medical Savings Account
Organ transplants 		Hospitalisation and harvesting of organ for transplant	No overall limit. Related accounts paid at 100% of the LA Health Rate, 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
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	Alternative healthcare practitioners (chiropractors, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account
		Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	Limited to funds in the Medical Savings Account
		Nurse practitioners	Limited to funds in the Medical Savings Account
		Unani-Tibb therapy	Limited to funds in the Medical Savings Account
Pathology and Radiology 	In-hospital	MRI and CT scans (referred by a specialist), ultrasounds, X-rays, pathology	Paid from Major Medical Benefit. No overall limit. Subject to preauthorisation. Basic pathology subject to the use of the services of a 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, non-hospital accounts, if done in-hospital)	First R2 850 of the scan paid from and limited to funds in Medical Savings Account and the rest of the account paid from Major Medical Benefit. Related accounts limited to funds in the Medical Savings Account. Subject to preauthorisation
	Out-of-hospital	MRI and CT scans	First R2 850 of the scan paid from Medical Savings Account and the rest of the account paid from Major Medical Benefit. Subject to preauthorisation
		Radiology (including X-rays and ultrasounds) and pathology	Limited to funds in the Medical Savings Account
		Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Scopes codes only: Paid from Major Medical Benefit. Unlimited, subject to preauthorisation. Related accounts limited to funds in the Medical Savings Account
Preventive care 		Pharmacy Screening Benefit at a network pharmacy: blood glucose test, blood pressure test, cholesterol test and body mass index OR One flu vaccination	Paid once per year from the Major Medical Benefit per qualifying person for a single or basket of these tests. This is covered from the Major Medical Benefit only if a Designated Service Provider is used  LDL tests, unlimited and paid from Major Medical Benefit, subject to clinical criteria
		Screening benefit at other providers: mammogram, Pap smear, prostate-specific antigen test	Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Major Medical Benefit. Consultations, other related costs and procedures paid from Medical Savings Account, unless it is a Prescribed Minimum Benefit. More frequent PAP smear and Mammogram testing, MRI breast scans and once off BRCA testing subject to clinical criteria and authorisation
		Pneumococcal 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 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

 Prostheses or external medical items	<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																											
	Other internal prostheses	Paid from Major Medical Benefit subject to preauthorisation and clinical criteria																											
	Shoulder replacement prostheses	Unlimited and paid from the Major Medical Benefit 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	Unlimited and paid from Major Medical Benefit 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																											
<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. Services from non-Designated Service Providers will be paid up to the LA Health Rate only.																												
 Renal care	Includes dialysis and other renal care-related treatment and educational care (includes authorised related medicines)	No overall limit, subject to a treatment plan and use of the Scheme's Designated Service Provider, National Renal Care. Co-payments will apply if the network is not used																											
 Substance abuse	Alcohol and drug rehabilitation	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit																											
	Detoxification in hospital	Prescribed Minimum Benefits. Three days per person, paid from Major Medical Benefit																											
 Terminal Care Benefit	Hospice (excluding frail care)	Prescribed Minimum Benefits. Paid from the Major Medical Benefit. Subject to clinical 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.  Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria.	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: <table border="1" data-bbox="666 1400 1387 1758"> <tr> <td rowspan="4"><b>Allied and therapeutic healthcare services</b></td> <td>M</td> <td><b>R 8 050</b></td> </tr> <tr> <td>M + 1</td> <td><b>R12 150</b></td> </tr> <tr> <td>M + 2</td> <td><b>R15 100</b></td> </tr> <tr> <td>M + 3+</td> <td><b>R18 200</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>R14 750</b></td> </tr> <tr> <td rowspan="4"><b>Prescribed medicine</b></td> <td>M</td> <td><b>R15 750</b></td> </tr> <tr> <td>M + 1</td> <td><b>R18 600</b></td> </tr> <tr> <td>M + 2</td> <td><b>R22 100</b></td> </tr> <tr> <td>M + 3+</td> <td><b>R26 850</b></td> </tr> <tr> <td colspan="2"><b>Prosthetic limbs (with no further access to the external medical items limit)</b></td> <td><b>R85 700</b></td> </tr> </table>	<b>Allied and therapeutic healthcare services</b>	M	<b>R 8 050</b>	M + 1	<b>R12 150</b>	M + 2	<b>R15 100</b>	M + 3+	<b>R18 200</b>	<b>External medical appliances</b>		<b>R27 400</b>	<b>Hearing aids</b>		<b>R14 750</b>	<b>Prescribed medicine</b>	M	<b>R15 750</b>	M + 1	<b>R18 600</b>	M + 2	<b>R22 100</b>	M + 3+	<b>R26 850</b>	<b>Prosthetic limbs (with no further access to the external medical items limit)</b>		<b>R85 700</b>
	<b>Allied and therapeutic healthcare services</b>	M		<b>R 8 050</b>																									
M + 1		<b>R12 150</b>																											
M + 2		<b>R15 100</b>																											
M + 3+		<b>R18 200</b>																											
<b>External medical appliances</b>		<b>R27 400</b>																											
<b>Hearing aids</b>		<b>R14 750</b>																											
<b>Prescribed medicine</b>	M	<b>R15 750</b>																											
	M + 1	<b>R18 600</b>																											
	M + 2	<b>R22 100</b>																											
	M + 3+	<b>R26 850</b>																											
<b>Prosthetic limbs (with no further access to the external medical items limit)</b>		<b>R85 700</b>																											

Total monthly contributions including your Medical Savings Account for 2020				
	 MEMBER	 ADULT	 CHILD DEPENDANT	 +2 MAXIMUM FOR 3 CHILD DEPENDANTS
TOTAL MONTHLY CONTRIBUTIONS	R2 393	R1 548	R704	R2 112
<b>40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R4 492.35</b>				
		R 958		
		R1 577		
		R1 858		
		R2 140		
		R2 422		
		R1 239		
		R1 521		
		R1 802		

LA Focus contributions

## What we do not cover (exclusions)

There are certain medical expenses and other costs the Scheme does not cover. 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 Focus 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

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.