



BENEFIT OPTION

2017



REASONS WHY THE LA ACTIVE OPTION IS THE BEST CHOICE FOR YOU

This Option has a Major Medical Benefit for all in-hospital and large expenses. It provides cover for medicine for Chronic Disease List conditions that form part of the Prescribed Minimum Benefits. It also pays for day-to-day expenses from a Medical Savings Account. Additional cover for specific disciplines is provided through the Extended Day-to-day Benefit (GPs, specialists, dentist, acute medicine, radiology, pathology and optical benefits). All planned procedures must be preauthorised.

1 We cover you in an emergency

LA Active covers you for emergency transport through ER24. We pay for this service from the Major Medical Benefit and there is no overall limit. Call Discovery 911 for authorisation.

2 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.

3 We cover you when you have to go to hospital

Hospitalisation, theatre fees and costs for intensive and high care at provincial, state and private hospitals have no overall limit, but you must obtain preauthorisation from the Scheme for any planned procedures. (You will have a deductible (upfront payment) if you do not preauthorise your planned treatment).

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

4 You can enjoy the best of care during your pregnancy

No overall limit applies when you're admitted to hospital as long as you get preauthorisation for the admission. You have out-of-hospital cover for GP and specialist (gynaecologist) visits and blood tests during your pregnancy, which we pay from your Medical Savings Account or the Extended Day-to-day Benefit, if you have funds available. We also pay for ultrasound scans from the available funds in your Medical Savings Account, and if the scan forms part of a Prescribed Minimum Benefit, we pay for it from the Major Medical Benefit. Antenatal classes are paid from the available funds in the Medical Savings Account.

5 Cover for chronic and acute medicine

You have medicine cover for all approved Prescribed Minimum Benefit Chronic Disease List conditions, paid in full from the Major Medical Benefit up to the LA Health Rate for medicine on the medicine list. Medicine that is not on the Scheme's medicine list is paid up to a Chronic Drug Amount.

Prescribed, acute medicine on the preferred medicine list are paid from the available funds in your Medical Savings Account or from the Extended Day-to-day Benefit at 100% of the LA Health Rate for medicine and those on the non-preferred medicine list are paid at 90%.

You also have cover for over-the-counter (schedule 0, 1 and 2) medicine bought at a pharmacy at 100% of the cost from the available funds in your Medical Savings Account or from the Extended Day-to-day Benefit.

When you are discharged from hospital after an admission, we pay for take-home medicine from the available funds in your Medical Savings Account or from the Extended Day-to-day Benefit at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list.

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

6 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		
Extended Day-to-day Benefit	Member	Spouse/adult	Child
	R4 092	R2 856	R 816
Medical Savings Account	R5 616	R4 056	R2 328



AMBULANCE SERVICES (MUST CALL DISCOVERY 911 FOR AUTHROISATION)

Emergency transport	Paid from Major Medical Benefit, up to 100% of the cost from ER24, the Scheme's Designated Service Provider. No overall limit
---------------------	---



BLOOD TRANSFUSIONS AND BLOOD PRODUCTS

Blood transfusions and blood products	Paid from Major Medical Benefit. No overall limit
---------------------------------------	---



DENTISTRY

Maxillo-facial procedures: certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repair	Paid from Major Medical Benefit. No overall limit									
In-hospital										
Specialised dentistry	Members will have to make an upfront payment (deductible)									
	<table border="1"> <tr> <td rowspan="2">Hospital</td> <td>Younger than 13 years</td> <td>R1 730</td> </tr> <tr> <td>Older than 13 years</td> <td>R4 380</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td>R 850</td> </tr> <tr> <td>Older than 13 years</td> <td>R2 880</td> </tr> </table> <p>Hospital and related accounts paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Related, non-hospital accounts (for dentists, anaesthetists, etc), subject to a limit of R19 310 per person per year</p>	Hospital	Younger than 13 years	R1 730	Older than 13 years	R4 380	Day Clinics	Younger than 13 years	R 850	Older than 13 years
Hospital	Younger than 13 years		R1 730							
	Older than 13 years	R4 380								
Day Clinics	Younger than 13 years	R 850								
	Older than 13 years	R2 880								
Basic dentistry	Members will have to make an upfront payment (deductible)									
	<table border="1"> <tr> <td rowspan="2">Hospital</td> <td>Younger than 13 years</td> <td>R1 730</td> </tr> <tr> <td>Older than 13 years</td> <td>R4 380</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td>R 850</td> </tr> <tr> <td>Older than 13 years</td> <td>R2 880</td> </tr> </table> <p>Hospital account paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Related, non-hospital accounts (for dentists, anaesthetists, etc), paid from and limited to available funds in the Medical Savings Account and the Extended Day-to-day Benefit</p>	Hospital	Younger than 13 years	R1 730	Older than 13 years	R4 380	Day Clinics	Younger than 13 years	R 850	Older than 13 years
Hospital	Younger than 13 years		R1 730							
	Older than 13 years	R4 380								
Day Clinics	Younger than 13 years	R 850								
	Older than 13 years	R2 880								
Out-of-hospital										
Specialised dentistry	Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit									
Basic dentistry	First R3 130 per family per year paid from Major Medical Benefit. Thereafter, paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit									



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 and virtual consultations	Paid from Medical Savings Account or Extended Day-to-day Benefit
Virtual paediatrician consultations for children aged 14 years and younger from a network paediatrician consulted in the six months before the virtual consultation	Paid from the Major Medical Benefit once the Medical Savings Account or Extended Day-to-day Benefits is depleted, subjected to criteria
Trauma-related casualty visits for children when normal day-to-day benefits are exhausted	Paid from Major Medical Benefit once Medical Savings Account and Extended Day-to-day Benefit are exhausted
	Two trauma-related casualty visits (from the Hospital Benefit) for children aged 10 and under, once the Medical Savings Account and Extended Day-to-day Benefit have been depleted. This includes the cost of the consultation, facility fees and all consumables
Second opinion consultation obtained from specialists at the Cleveland Clinic	Paid from the Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation



HIV OR AIDS

HIV prophylaxis (rape or mother-to-child transmission)	Paid from Major Medical Benefit. No overall limit
HIV- or AIDS-related illnesses	No overall limit, subject to clinical entry criteria and HIVCare Programme protocols
HIV- or AIDS-related medicine	Covered with no overall limit from the Scheme's Designated Service Provider



HOSPITALS (ALL PLANNED PROCEDURES MUST BE PREAUTHORISED)

Hospitalisation, theatre fees, intensive and high care	
Provincial, state and private hospitals	Subject to preauthorisation. No overall limit. Paid from Major Medical Benefit up to 100% of the LA Health Rate



MATERNITY BENEFIT

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



MEDICINE

Prescribed Minimum Benefit Chronic Disease List (PMB CDL) conditions (subject to benefit entry criteria and approval)	Medicine for all Prescribed Minimum Benefit Chronic Disease List conditions that form part of the Prescribed Minimum Benefits is covered from Major Medical Benefit. The Scheme pays in full up to the Medicine Rate for medicine on the medicine list and up to a monthly Chronic Drug Amount for medicine not on the medicine list
Diabetes Programme	Up to 100% of the LA Health Rate for services covered in a basket of care, subject to registration on the Chronic Illness Benefit and referral by the Designated Service Provider for GP-related care. Paid from the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of care and clinical criteria
Prescribed/acute medicine	Paid from and limited to funds in the Medical Savings Account or Extended Day-to-day Benefit. Paid at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list
Medicine bought over-the-counter at a pharmacy (schedule 0, 1 and 2) and generic or non-generic, whether prescribed or not	Limited to funds in Medical Savings Account or Extended Day-to-day Benefit up to 100% of the cost
Take-home medicine (when discharged from hospital) TTOs	Limited to funds in the Medical Savings Account or Extended Day-to-day Benefit. Paid at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list



MENTAL HEALTH

Psychiatric hospitals, subject to preauthorisation and case management	21 days per person, paid from Major Medical Benefit
Out-of-hospital: Psychologists, psychiatrists, art therapy and social workers; alcohol and drug rehabilitation	Limited to funds in the Medical Savings Account



ONCOLOGY (CANCER-RELATED CARE)

Oncology Programme (including chemotherapy and radiotherapy)	No overall limit in a 12-month cycle, subject to approval of a treatment plan, paid up to the LA Health Rate. All oncology claims accumulate to a threshold of R228 000. A 20% co-payment applies after this. Prescribed Minimum Benefit oncology-related care is paid in full without any co-payments, subject to clinical criteria
PET scans	No overall limit in a 12-month cycle. Scan must be done at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R3 080 will apply if a Designated Service Provider is not used
Stem cell transplants	No overall limit at the Designated Service Provider, subject to registration on the Scheme's Oncology Programme. Limited to R1 million, if a Designated Service Provider is not used
The Advanced Illness Benefit for patients with end-of-life stage cancer	Paid from Major Medical Benefit. Subject to a basket of care and registration on the Oncology Programme by the treating doctor



OPTICAL

Optometry consultations	Limited to funds in the Medical Savings Account or Extended Day-to-day Benefit
Spectacles, frames, contact lenses and refractive eye surgery	Limited to funds in the Medical Savings Account or Extended Day-to-day Benefit



ORGAN TRANSPLANTS

Hospitalisation and harvesting of organ for donor transplants	Paid from the Major Medical Benefit in full at the Scheme's Designated Service Provider, subject to preauthorisation
Medicine for immuno-suppressive therapy	According 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
Out-of-hospital	
Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	Limited to funds in the Medical Savings Account
Alternative healthcare practitioners (chiropractors, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account
Nurse practitioners	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
Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital)	First R2 400 of hospital account paid from Medical Savings Account and the rest of the account paid from Major Medical Benefit. Related accounts limited to funds in Medical Savings Account or Extended Day-to-day Benefit, subject to preauthorisation
Out-of-hospital	
MRI and CT scans (referred by a specialist) subject to preauthorisation	First R2 400 of scan account 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	Paid from Medical Savings Account or Extended Day-to-day Benefit
Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Paid from Major Medical Benefit. Unlimited, subject to preauthorisation



PREVENTIVE CARE

Pharmacy Screening Benefit at a network pharmacy: blood glucose test, blood pressure test, cholesterol test and body mass index OR One flu vaccination	Paid from Major Medical Benefit. Overall limit of R180 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
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
Pneumococcal vaccinations	Eligible members have access to one specific approved pneumococcal vaccination per beneficiary per lifetime, paid from the Major Medical Benefit
Screening Benefit for children between the ages of two and 18: Body mass index, including counseling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of two and eight years old	Overall limit of R65 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

Internal prostheses

Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants	Paid from Major Medical Benefit up to R207 000 per person per year
Hip, knee and shoulder 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
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 protocols

External medical items

Crutches, wheelchairs, hearing aids, artificial limbs, stoma bags, etc.	Limited to funds in Medical Savings Account
Oxygen rental	Paid from the Major Medical Benefit in full at the Scheme's Designated Service Provider, subject to preauthorisation. Paid up to the LA Health Rate if not obtained from the Scheme's Designated Provider



RENAL CARE

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
---	--



SUBSTANCE ABUSE

Alcohol and drug rehabilitation	21 days per person, paid from Major Medical Benefit
Detoxification in-hospital	Three days per person, paid from Major Medical Benefit



TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)

Hospice (excluding frail care)	Unlimited. Paid from the Major Medical Benefit, subject to clinical entry criteria
--------------------------------	--



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:

Allied and therapeutic healthcare services	M	R 6 250
	M+1	R 9 450
	M+2	R11 750
	M+3+	R14 150
External medical items		R26 450
Hearing aids		R13 000
Prescribed medicine	M	R12 250
	M+1	R14 500
	M+2	R17 150
	M+3+	R20 850
Prosthetic limbs (with no further access to the external medical items limit)		R75 600





ACTIVE – Total monthly contributions including your Medical Savings Account for 2017



MEMBER



ADULT



CHILD
DEPENDANT



MAXIMUM
FOR 3 CHILD
DEPENDANTS

TOTAL MONTHLY CONTRIBUTIONS

R2 440

R1 640

R 809

R2 427



ACTIVE CONTRIBUTIONS

40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R3 871.00

	R 976
	R1 632
	R1 956
	R2 280
	R2 636
	R1 300
	R1 624
	R1 947

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); enamel micro abrasion
- Breast reductions and implants
- Treatment for obesity
- Treatment for infertility
- Frail care
- Experimental, unproven or unregistered treatment or practices
- CT angiogram of the coronary vessels and CT colonoscopy

Certain types of injuries

- Wilfully self-inflicted illness or injury
- Injuries that happen while you are purposefully breaking the law
- Injuries that happen while you are purposefully taking part in war, terrorist activity, riot, civil commotion, rebellion or insurrection

Certain costs

- Costs of search and rescue
- Any costs that another party is legally responsible for
- Facility fees at casualty facilities (these are administration fees that are charged directly by the hospital or other casualty facility)

Always check with us

Please contact us if you have one of the conditions we exclude so we can let you know if there is any cover. In some cases, you might be covered for these conditions if they are part of Prescribed Minimum Benefits.

This is a summary of the LA Active benefits and features, submitted to the Registrar of Medical Schemes. If there is any discrepancy between this document and the registered Rules, the Rules will always apply.

● Client Services 0860 103 933 ● Fax 011 539 7276 ● www.lahealth.co.za ● 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.