

**LA** **COMPREHENSIVE**  
**BENEFIT OPTION**  
2017



## REASONS WHY THE LA COMPREHENSIVE OPTION IS THE BEST CHOICE FOR YOU

This Option has a Major Medical Benefit for all in-hospital and large expenses. It provides cover for medicine for Chronic Disease List conditions that form part of the Prescribed Minimum Benefits, as well as several additional chronic conditions. It pays for some day-to-day expenses from a Medical Savings Account, with additional cover through the Above Threshold Benefit, for most disciplines, subject to applicable limits. All planned procedures must be preauthorised.

### 1 We cover you in an emergency

LA Comprehensive covers you for emergency transport through ER24 when you need it. 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 Above Threshold 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. We pay for your hospital admission from the Major Medical Benefit. You have out-of-hospital cover for GP and specialist (gynaecologist) visits, pregnancy scans and blood tests during your pregnancy, which we pay from your Medical Savings Account – if you have funds available or from the Above Threshold Benefit. We also pay for ultrasound scans (two 2D scans per pregnancy) from the available funds in your Medical Savings Account or from the Above Threshold Benefit. Antenatal classes (up to R1 380 per person) are paid from the available funds in the Medical Savings Account or from the Above Threshold Benefit.

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

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

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

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

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

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

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

### 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 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 Above Threshold Benefit. If these are needed as part of Prescribed Minimum Benefits, we pay the costs from the Major Medical Benefit.

## SCHEDULE OF BENEFITS



### OVERALL ANNUAL LIMITS

Hospital	No overall limit applies. Members must use hospitals in our network		
Above Threshold Benefit	Member	Spouse/Adult	Child
	<b>R14 124</b>	<b>R9 624</b>	<b>R4 248</b>
Medical Savings Account	<b>R 9 540</b>	<b>R5 544</b>	<b>R2 412</b>



### AMBULANCE SERVICES (MUST CALL DISCOVERY 911 FOR AUTHORISATION)

Emergency transport	Paid from Major Medical Benefit up to 100% of the LA Health Rate if the services of ER24, the Scheme's Designated Provider, is used. No overall limit
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### BLOOD TRANSFUSIONS AND BLOOD PRODUCTS

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

<b>Maxillo-facial procedures:</b> certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs	Paid from Major Medical Benefit. No overall limit												
<b>In-hospital</b>													
Specialised dentistry	Members will have to make an upfront payment (deductible) <table border="1"> <tr> <td><b>Hospital</b></td> <td>Younger than 13 years</td> <td><b>R1 730</b></td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td><b>R4 380</b></td> </tr> <tr> <td><b>Day Clinics</b></td> <td>Younger than 13 years</td> <td><b>R 850</b></td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td><b>R2 880</b></td> </tr> </table> <p>Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related, non-hospital accounts (for dentists, anaesthetist, etc), subject to a joint limit of R25 530 for in- and out-of-hospital specialised dentistry</p>	<b>Hospital</b>	Younger than 13 years	<b>R1 730</b>		Older than 13 years	<b>R4 380</b>	<b>Day Clinics</b>	Younger than 13 years	<b>R 850</b>		Older than 13 years	<b>R2 880</b>
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Basic dentistry	Members will have to make an upfront payment (deductible) <table border="1"> <tr> <td><b>Hospital</b></td> <td>Younger than 13 years</td> <td><b>R1 730</b></td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td><b>R4 380</b></td> </tr> <tr> <td><b>Day clinics</b></td> <td>Younger than 13 years</td> <td><b>R 850</b></td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td><b>R2 880</b></td> </tr> </table> <p>Hospital accounts paid from Major Medical Benefit. Related, non-hospital accounts (for dentists, anaesthetists, etc), paid from the Medical Savings Account and the Above Threshold Benefit, subject to a joint limit of R13 190 for in- and out-of-hospital basic dentistry. Claims are paid up to 100% of the LA Health Rate from Medical Savings Account and the Above Threshold Benefit</p>	<b>Hospital</b>	Younger than 13 years	<b>R1 730</b>		Older than 13 years	<b>R4 380</b>	<b>Day clinics</b>	Younger than 13 years	<b>R 850</b>		Older than 13 years	<b>R2 880</b>
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<b>Out-of-hospital</b>													
Specialised dentistry	Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R25 530 per person per year for specialised dentistry, performed in- or out-of-hospital												
Basic dentistry	Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R13 190 per person per year for basic dentistry, performed in- or out-of-hospital												



### GPS AND SPECIALISTS

<b>In-hospital visits</b>	No overall limit, paid from Major Medical Benefit up to 100% of the LA Health Rate
<b>Out-of-hospital</b>	
GP and specialist visits in doctor's rooms and virtual GP consultations	Paid from Medical Savings Account or Above Threshold Benefit
Virtual paediatrician consultations for children aged 14 years and younger from a Network Paediatrician consulted in the six months before the virtual consultation	Paid from Major Medical Benefit once Medical Savings Account is depleted and before the Threshold is reached, subject to criteria
Trauma-related casualty visits for children when Medical Savings is exhausted	Paid from Major Medical Benefit Cover for two trauma-related casualty visits for children aged 10 and under, once the Medical Savings Account has been depleted and before the Threshold is reached. Includes consultation, facility fee and the cost of 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)	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)

<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. No overall limit



## MATERNITY BENEFIT

<b>In-hospital</b>	Paid from Major Medical Benefit, up to 100% of the LA Health Rate. Subject to preauthorisation. No overall limit
<b>Out-of-hospital:</b> GP and specialist consultations, pregnancy scans, blood tests	Limited to funds in Medical Savings Account or Above Threshold Benefit
Ultrasounds	Limited to the cost of two 2D scans per pregnancy, paid from Medical Savings Account or Above Threshold Benefit
Antenatal classes	Limited to R1 380 per person and paid from Medical Savings Account or Above Threshold Benefit



## 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 covered from Major Medical Benefit. The Scheme pays in full up to the LA Health Medicine Rate for medicine on the medicine list and up to a monthly Chronic Drug Amount if medicine that is not on the medicine list is used												
Additional chronic conditions (subject to approval)	Paid at 90% of the LA Health Medicine Rate, limited to: <table border="1" style="margin-left: 40px;"> <tr> <td>Member</td> <td>Member +1</td> <td>Member +2</td> <td>Member +3</td> <td>Member +4</td> <td>Member +5</td> </tr> <tr> <td><b>R4 590</b></td> <td><b>R9 235</b></td> <td><b>R10 695</b></td> <td><b>R12 155</b></td> <td><b>R13 170</b></td> <td><b>R14 475</b></td> </tr> </table>	Member	Member +1	Member +2	Member +3	Member +4	Member +5	<b>R4 590</b>	<b>R9 235</b>	<b>R10 695</b>	<b>R12 155</b>	<b>R13 170</b>	<b>R14 475</b>
Member	Member +1	Member +2	Member +3	Member +4	Member +5								
<b>R4 590</b>	<b>R9 235</b>	<b>R10 695</b>	<b>R12 155</b>	<b>R13 170</b>	<b>R14 475</b>								
Diabetes Programme	Up to 100% of the LA Health Rate for services covered in a basket of care for beneficiaries registered on the Chronic Illness Benefit for diabetes, who have been registered on the Programme by the Scheme's 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												
Specialised Medicine and Technology Benefit for biologics	Subject to authorisation. Paid from Major Medical Benefit at the LA Health Medicine Rate up to R228 000 per person per year with a variable co-payment up to a maximum of 20% of the cost of the medicine or technology, based on the actual condition and medicine applied for												
Prescribed/acute medicine	Paid at 100% of the LA Health Medicine Rate for medicine on the preferred medicine list and at 90% of the Medicine Rate for medicine on the non-preferred list. Paid from Medical Savings Account or Above Threshold Benefit, limited to: <table border="1" style="margin-left: 40px;"> <tr> <td>Member</td> <td>Member +1</td> <td>Member +2</td> <td>Member +3</td> <td>Member +4</td> </tr> <tr> <td><b>R8 590</b></td> <td><b>R10 985</b></td> <td><b>R13 240</b></td> <td><b>R15 280</b></td> <td><b>R17 460</b></td> </tr> </table>	Member	Member +1	Member +2	Member +3	Member +4	<b>R8 590</b>	<b>R10 985</b>	<b>R13 240</b>	<b>R15 280</b>	<b>R17 460</b>		
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<b>R8 590</b>	<b>R10 985</b>	<b>R13 240</b>	<b>R15 280</b>	<b>R17 460</b>									
Medicine bought over-the-counter at a pharmacy (schedule 0, 1 and 2) and generic or non-generic, whether prescribed or not	Limited to funds in Medical Savings Account and paid up to 100% of the cost												
Take-home medicine (when discharged from hospital) TTOS	Limited to funds in the Medical Savings Account or Above Threshold Benefit. Paid at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list												



## MENTAL HEALTH

Psychiatric hospitals, subject to preauthorisation and case management	21 days per person, paid from Major Medical Benefit
<b>Out-of-hospital:</b> Psychologists, psychiatrists, art therapy and social workers; alcohol and drug rehabilitation	Paid from Medical Savings Account or Above Threshold Benefit. Limited to R16 500 per family per year with a sub-limit of R5 500 per person for alcohol and drug rehabilitation



## ONCOLOGY (CANCER-RELATED CARE)

Oncology Programme (including chemotherapy and radiotherapy)	Paid from Major Medical Benefit. No overall limit in a 12-month cycle, subject to approval of a treatment plan, paid up to the LA Health Rate. All oncology claims accumulate to a threshold of R456 000. A 20% co-payment applies after this. All Prescribed Minimum Benefit claims are paid in full without a co-payment
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 080 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 out-of-hospital	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 Above Threshold Benefit
Spectacles, frames, contact lenses and refractive eye surgery	Paid from the Medical Savings Account or Above Threshold Benefit up to a limit of R3 920 per person



## OTHER SERVICES

<b>In-hospital:</b> Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit
<b>Out-of-hospital:</b> Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	Limited to funds in the Medical Savings Account or Above Threshold Benefit
Alternative healthcare practitioners (chiroprapist, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account or Above Threshold Benefit
Nurse practitioners	Paid up to a limit of R9 620 per family from Medical Savings Account or Above Threshold Benefit



## ORGAN TRANSPLANTS

Hospitalisation and harvesting of organ for donor transplants	Paid from Major Medical Benefit. No overall limit. Subject to preauthorisation
Medicine for immuno-suppressive therapy	Paid according to the Chronic Illness Benefit Chronic Drug Amount



## PATHOLOGY AND RADIOLOGY

<b>In-hospital</b>	
MRI and CT scans (referred by a specialist), X-rays, pathology and ultrasounds	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)	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
<b>Out-of-hospital</b>	
MRI and CT scans	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 Above Threshold Benefit
Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation



## PROSTHESES

<b>Internal prostheses</b>	
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
<b>External medical items</b>	
Crutches, wheelchairs, hearing aids, artificial limbs, stoma bags, etc.	Limited to R25 050 per family with a sub-limit of R16 750 per family for hearing aids. Paid from Medical Savings Account or Above Threshold Benefit
Oxygen rental	Paid in full from the Major Medical Benefit from the Scheme's Designated Service Provider, subject to preauthorisation. If services are not obtained from the Scheme's Designated Service Provider, claims are paid up to the LA Health Rate only





## PREVENTIVE CARE

Pharmacy Screening Benefit at a network pharmacy: blood glucose test, blood pressure test, cholesterol test and body mass index OR One flu vaccination	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 one of the Scheme's Designated Service Providers 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 year per person, paid from Major Medical Benefit. Consultations, other related costs and procedures paid from Medical Savings Account or Above Threshold Benefit, except for Prescribed Minimum Benefits
Pneumococcal vaccination	Eligible members have access to one specific approved pneumococcal vaccine 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 one of the Scheme's Designated Service Providers is used



## RENAL CARE

Includes dialysis and other renal care-related treatment and educational care (includes authorised related medicine)	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
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## 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

Hospice (excluding frail care)	Unlimited. Paid from the Major Medical Benefit. Subject to clinical entry criteria
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## 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 Major Medical Benefit up to 100% of the LA Health Rate up to the following limits per family for the benefits listed below:									
	<b>Allied and therapeutic healthcare services</b>	<table border="1"> <tr><td>M</td><td><b>R15 650</b></td></tr> <tr><td>M+1</td><td><b>R21 200</b></td></tr> <tr><td>M+2</td><td><b>R25 900</b></td></tr> <tr><td>M+3+</td><td><b>R30 000</b></td></tr> </table>	M	<b>R15 650</b>	M+1	<b>R21 200</b>	M+2	<b>R25 900</b>	M+3+	<b>R30 000</b>
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M+2	<b>R25 900</b>									
M+3+	<b>R30 000</b>									
	<b>External medical items</b>	<b>R39 400</b>								
	<b>Hearing aids</b>	<b>R18 300</b>								
	<b>Prescribed medicine</b>	<table border="1"> <tr><td>M</td><td><b>R17 200</b></td></tr> <tr><td>M+1</td><td><b>R20 850</b></td></tr> <tr><td>M+2</td><td><b>R25 150</b></td></tr> <tr><td>M+3+</td><td><b>R27 450</b></td></tr> </table>	M	<b>R17 200</b>	M+1	<b>R20 850</b>	M+2	<b>R25 150</b>	M+3+	<b>R27 450</b>
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M+3+	<b>R27 450</b>									
	<b>Prosthetic limbs</b> (with no further access to the external medical items limit)	<b>R75 600</b>								





## COMPREHENSIVE – Total monthly contributions including your Medical Savings Account for 2017



MEMBER



ADULT



CHILD  
DEPENDANT



MAXIMUM  
FOR 3 CHILD  
DEPENDANTS

TOTAL MONTHLY CONTRIBUTIONS

R5 946

R4 541

R1 441

R4 323



## COMPREHENSIVE CONTRIBUTIONS

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

	R 2 379
	R 6 616
	R 8 057
	R 9 498
	R10 939
	R 3 516
	R 4 957
	R 6 398

### 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; blepheroptasty (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 Comprehensive's 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.