



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- and 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.

1 We cover you in an emergency

LA Focus 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 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.

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

Hospitalisation, theatre fees and costs for intensive and high care at provincial, state and private hospitals 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). 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 at a hospital in the LA Focus Network. We also cover you for GP and specialist (gynaecologist) visits, pregnancy scans, blood tests and antenatal classes during your pregnancy. We pay these from your Medical Savings Account, if you have funds available.

5 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.

6 Cover for chronic and acute medicine

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

We pay for 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 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.

7 We pay for certain preventive screening tests or vaccines

The Major Medical Benefit provides cover for:

- A screening test (to check your blood glucose, blood pressure, cholesterol and body mass index) or a flu vaccination at one of the Scheme's 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.

SCHEDULE OF BENEFITS



OVERALL ANNUAL LIMITS

Hospital	No overall limit applies. Members must use network hospitals		
Medical Savings Account	Member	Spouse/Adult	Child
	R6 120	R3 948	R1 800



AMBULANCE SERVICES (MUST CALL DISCOVERY 911 FOR AUTHORISATION)

Emergency transport	Paid from Major Medical Benefit up to 100% of the LA Health Rate if obtained from ER24, the Designated Service Provider. No overall limit applies		
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BLOOD TRANSFUSIONS AND BLOOD PRODUCTS

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

Maxillo-facial procedures: 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		
In-hospital			
Specialised dentistry	Members will have to make an upfront payment (deductible) for all specialised dentistry performed in-hospital		
	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
	Hospital account: Paid up to 100% of the LA Health Rate from the Major Medical Benefit. Dentist's account: Unlimited and paid from Major Medical Benefit, subject to a list of basic dental procedures, if performed by a dentist in the LA Focus Dental Network. All other related, non-hospital accounts (from non-network dentists, anaesthetists, etc) paid from the Major Medical Benefit subject to a limit of R19 310 per person per year		
Basic dentistry	Members will have to make an upfront payment (deductible)		
	In-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
	Hospital account: Paid up to 100% of the LA Health Rate from Major Medical Benefit. Dentist's account: Unlimited and paid from Major Medical Benefit, subject to a list of basic dental procedures, if performed by a dentist in the LA Focus Network. If a non-network dentist is used, they are paid from the Medical Savings Account. All other related, non-hospital accounts (for anaesthetists, etc) paid from Medical Savings Account		
Out-of-hospital			
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		
Basic dentistry, including one set of plastic dentures per person once every four years from a dentist in the LA Focus dental network	Unlimited and paid from Major Medical Benefit, subject to a list of procedures, if performed by a dentist in the LA Focus Dental Network. If a non-network dentist is used, paid from the Medical Savings Account		



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 the doctor's rooms or virtual consultations	Paid from Medical Savings Account		
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		
Second opinion obtained from a specialist at the Cleveland Clinic	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 paid from the Major Medical Benefit 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)	Paid from Major Medical Benefit. No overall limit, subject to clinical entry criteria and certain protocols
HIV- or AIDS-related illnesses	Unlimited, subject to 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 in the LA Focus Hospital Network	No overall limit, subject to preauthorisation. A deductible applies if non-network hospitals are used for planned procedures
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MATERNITY BENEFIT

In-hospital

Subject to preauthorisation	No overall limit
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Out-of-hospital

GP and specialist consultations, pregnancy scans, blood tests and antenatal classes	Limited to funds in Medical Savings Account
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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 Medicine Rate for formulary medicine 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 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 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 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

Psychiatric hospitals, subject to preauthorisation and case management	21 days per person, paid from Major Medical Benefit
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Out-of-hospital

Psychologists, psychiatrists, art therapy and social workers; alcohol and drug rehabilitation	Limited to funds in the Medical Savings Account
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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
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 Designated Service Provider is not used
Advanced Illness Benefit for patients with end-of-life stage cancer	Paid from Major Medical Benefit. Subject to a basket of care and registration on the Oncology Programme by the treating doctor



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
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	
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



PATHOLOGY AND RADIOLOGY

In-hospital	
MRI and CT scans (referred by a specialist)	Paid from Major Medical Benefit. No overall limit. Subject to preauthorisation
X-rays and pathology	Paid from Major Medical Benefit. No overall limit. Subject to preauthorisation
Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related, non-hospital accounts, if done in-hospital)	First R2 400 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 account limited to funds in the Medical Savings Account. Subject to preauthorisation
Out-of-hospital	
MRI and CT scans	First R2 400 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	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	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 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 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
Other internal prostheses	Paid from Major Medical Benefit subject to preauthorisation and clinical protocols
Hip, knee and shoulder prostheses	Unlimited and paid from the Major Medical Benefit 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	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

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. 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
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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	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:	
Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria.		
	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	R75 600
	(with no further access to the external medical items limit)	





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



MEMBER



ADULT



CHILD
DEPENDANT



MAXIMUM
FOR 3 CHILD
DEPENDANTS

TOTAL MONTHLY CONTRIBUTIONS

R2 039

R1 317

R 600

R1 800



FOCUS CONTRIBUTIONS

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

	R 816
	R1 343
	R1 583
	R1 823
	R2 063
	R1 056
	R1 296
	R1 536

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

- Willfully 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 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.

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