

2019 | 2nd EDITION

NEWS LETTER



200 000 – an achievement

In January 2010, LA Health looked after just more than 134 000 beneficiaries. Thanks to careful planning and good governance, we are one of the most sustainable medical schemes in the industry.

This, in turn, allows us to offer our excellent benefits at highly competitive contributions. LA Health now has more than 200 000 beneficiaries under our care. Thank you to everyone who made this happen!

PRE-AUTHORISATIONS ARE YOUR RESPONSIBILITY

AVOID UNEXPECTED HOSPITAL COSTS

Getting care in hospital is only part of preparing for a hospital stay; you also have to get ready to go to hospital. Let us know about your planned procedure on **0860 103 933** at least 48 hours before you have to go to hospital, and carefully read your preauthorisation letter to find out how we will pay for your hospital stay.

When we give you preauthorisation, we tell you what we pay for, what we don't pay for. If your doctor called us for preauthorisation, make sure they send you all the preauthorisation details. Having preauthorisation may not mean that we will pay all the costs related to your hospital stay in full.

What pre-authorisation means

Preauthorisation means that your planned treatment meets our conditions for cover. Your cover depends on your benefit option, if you use a network hospital or day clinic, and if all the doctors who treat you (like the surgeon and anaesthetist) are part of our Designated Service Provider network. On the LA KeyPlus and LA Focus benefit options, you only have cover at a specific network of day clinics and hospitals.

As part of preauthorisation, we show you what cover you will have if you use the healthcare providers you or your treating doctor chose. You might have to go to another healthcare provider, day clinic or hospital to get the most cover possible. Contact us if you are unsure.

Read your letter carefully even if your doctor called us

Some doctors call LA Health for you to get approval for your hospital stay. While this makes the work of getting ready for a hospital stay less, you still have to make sure you ask the doctor for the preauthorisation letter and read it carefully.

When you use the authorisation number at the hospital, it tells LA Health that you read and accepted the cover we approved, and that you are willing to pay part of the cost if you do not have full cover.

Don't be caught by surprise costs when you check out of hospital! Read your preauthorisation and call us on **0860 103 933** if you have any questions.

FRAIL CARE AND HOME CARE

HOME CARE AND FRAIL CARE: WHAT'S THE DIFFERENCE?

LA Health offers a wide range of benefits. As part of this, we offer cover for specific home-based care. If your treating doctor agrees that it would benefit you, we pay for IV infusions (drips), wound care, postnatal care, and end-of-life care at your home if you contact us ahead of time and use our designated provider.

Getting care at home has many names and can mean different things to different people. Let's explore the difference between home care, frail care, and what you have cover for.

Home care

Broadly speaking, home care is specific medical care you receive at home. The details are different depending on who you ask.

Sometimes home care means nursing at home and includes help with daily activities. Home care can also be if someone is recovering at home and receives treatment such as physiotherapy at home. Alternatively, home care can mean medical care you get at home instead of in hospital or at a clinic.

Frail care

Many healthcare providers who offer home care also advertise that they offer frail care. Frail care can involve home medical care, but it specifically includes taking care of, for example, older people who need assistance with tasks of daily living such as dressing or washing. Frail care is for people who cannot take care of themselves.

We do not pay for frail care. It is one of our general exclusions because medical schemes can only pay for medical expenses.

Your cover for specific home-based care

At LA Health, *home-based care* means receiving the following services at home instead of in hospital or at a clinic:

- IV infusions (drips)
- Wound care
- A nurse's advice on mother and baby in the first few weeks of life
- End-of-life care

We only pay from the Major Medical Benefit for drips, wound care, postnatal care, and end-of-life care if you get preauthorisation and use specific providers. We do not cover other kinds of home care.

You have to contact us for preauthorisation. If two approve cover from the Major Medical Benefit, we will put you in contact with our network provider to arrange care.

Sources

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POPI ACT

HOW WE USE AND PROTECT YOUR PERSONAL INFORMATION

In 2017 data surpassed oil as the most valuable asset in the world. The five most lucrative companies in the world today (Apple, Amazon, Facebook, Microsoft and Google's parent company Alphabet) have commercialised data and dominated their respective sectors.

In South Africa, the Constitution and the Protection of Personal Information Act (POPIA) protects your right to privacy and sets out how organisations have to protect your personal information. LA Health needs your permission to share your personal information with someone else (in law, this is called a third party) except in exceptional circumstances such as a criminal case.

Why we need your personal information

We use your personal information to give you access to your benefits and for the day-to-day running of the Scheme.

We use your contact details to give you important membership information such as how we pay for claims, or changes to our networks. We also store important personal information such as medical conditions you've been diagnosed with and your banking details.

We will not share your personal information without your permission. If you give us permission, we also ask the people we share it with to keep your information confidential and to take steps to protect it.

Permission you already gave us

When you joined LA Health, you gave us permission to use your personal information to give you medical benefits. You also gave us permission to share your personal information with organisations who manage our benefits (such as our administrator).

We do not share medical information with your employer.

We take keeping your information safe seriously

Remember, unless the law asks us to, we will not share your personal information with anyone else without your permission. We've also taken steps to keep your personal information private.





ANTI- SELECTION

WHY CAN I ONLY CHANGE MY BENEFIT OPTION 1 JANUARY EACH YEAR?

As a rule, you can only change your benefit option near the end of the year for the following year.

Paying medical claims

Medical schemes manage to pay claims that cost more than the member's yearly contributions if the member is in hospital and needs expensive treatment. Where does the money come from?

By law, medical schemes are not for profit. Unlike insurers, we cannot charge more if a person is more likely to claim (older or unhealthy). In terms of the Medical Schemes Act each person who is on the same benefit option pays the same monthly contribution.

Sometimes you pay in more than you use that year, and other times other members' contributions help you. There are limits to how much we pay for certain things so that we don't run out of funds.

Cheating your fellow members

The system of pooling funds for contributions only works as planned if people join LA Health and remain members, and if members stay on the same benefit option the whole year.

By not paying a full year's contributions for the benefits they received, these members use more money from pooled benefits than they pay in. When enough members do this, it puts severe strain on LA Health for the funds that are available to pay all our members' claims.

We want to keep our monthly contributions reasonable

When members misuse medical cover, the medical scheme has to take steps to make sure they can keep paying claims now and in the future. This means that contributions will have to increase more each year, and that we have to be stricter about approving benefits. To keep our contributions affordable and to keep offering excellent benefits, we do not allow members to upgrade benefit options in the middle of the year.



UNDERWRITING

UNDERWRITING FOR CHANGING SCHEMES, ADDING DEPENDANTS, AND PENSIONERS

For medical schemes, underwriting is the process of the use of medical or health information in the evaluation of an applicant for cover. When you join LA Health or register new dependants, we can underwrite you (the principal member) and/or your dependants.

Moving between Local Government accredited medical schemes

As an employee of Local Government, you can choose to belong to Bonitas, Samwumed, Keyhealth, Hosmed or LA Health. Once a year, from 1 October to 31 December (the window period), you can let your medical scheme know that you are moving to one of these schemes on 1 January of the next year.

As part of the Bargaining Council Agreement, you can switch medical schemes in the window period without underwriting. This means that you can move your membership and all your registered dependants to another Local Government accredited medical scheme without underwriting.

Adding new dependants in the window period

The Bargaining Council Agreement is only applicable to existing members and their dependants. The agreement does not allow you to add new dependants without underwriting during the period 1 October to 31 December.

To add a new dependant, you have to fill in an Application to add dependant and send it to us. We can apply waiting periods or late-joiner penalties no matter when in the year you apply to add them in terms of the rules of LA Health.

LESS PAPER

LA HEALTH IS GOING (MOSTLY) DIGITAL

The world is moving away from print and is becoming increasingly digital. LA Health is going to use less paper in an effort to reduce our carbon footprint and not only be a sustainable medical scheme that can pay members' claims, but also help contribute to using natural resources responsibly.

Luckily there's an alternative to paper and post: the internet. We use it to connect to our members, send messages and keep important information safe. Our website lets you, our members, connect with us and is a handy tool to check what benefits you have available, send us claims, and update your contact details.

To make sure you don't miss important messages or information about your benefit option, please register to use the website (www.lahealth.co.za) and make sure the email address and cellphone number we have on our system are correct.



What we send by post and what we send by email

LA Health will continue to print out and post you important information, specifically related to you, like your claims statements and approval letters if you indicated that that is your preferred choice of communication.

From July 2019, we will not send general communication that applies to all members by post. This means we will only email newsletters, invitations to the annual general meetings, information about changes to our benefit options etc. instead.

Register on our website

Registering to use the website is easy:

1. Open **www.lahealth.co.za**
2. On the left, click on **Login**. This opens a new page with the Discovery logo.
3. In the top right corner of your screen, click on **REGISTER**.
4. The website will ask you to enter your ID number or passport number.
5. If we have your contact details, we will send you a one-time password (OTP). Follow the instructions to finish registering online.

If we do not have your cellphone number or email on our system, please call **0860 103 933** to update your details, and try again.

Make sure your contact details are correct

Once you have a username and password, you can check that we have the right contact details for you on our website. If you're already registered on the website, now is a good time to make sure we have the correct contact details for you.

To make sure what contact details we have on our system:

1. Open **www.lahealth.co.za**
2. On the left, click on **Login**. This opens a new page with the Discovery logo.
3. On the right side, you will find **My details**.
4. Choose **Update your details now**.
5. If we have your correct email contact details, you will receive a **One Time Password (OTP)**.
6. If you don't receive the email, please contact **Digital Support** on **0860 100 696**

Make sure we always have a way to contact you so you don't miss important announcements about your membership.