

**BRINGING
 MEDICAL
 COVER
 TO YOU**

Newsletter
 1st Edition

LA Health is taking you higher in 2012!

THE festive season is forgotten, but your Scheme will always be there for you with a gift of better health. Welcome to another year with LA Health! Let's tell you about some of the great benefits we are offering you this year and about a big event to look out for.

You have care for cancer



It can be very expensive to treat a disease like cancer. LA Health has a special cancer care programme called the Oncology Programme. We make sure it is affordable and works for our members. We pay most claims for treating cancer from the Major Medical Benefit, and some claims from the day-to-day benefit. We always pay in full for cancer treatment that is on the list of conditions called the Prescribed Minimum Benefit. For these you must use doctors and hospitals (designated service providers) that have a special arrangement with us.

Cancer cover differs with each Option

The cover for cancer differs depending on your Option's benefits. We cover LA KeyPlus members for treatment in the doctor's rooms and operations in the hospital. LA Focus and LA Active members get R228 000 cover for 12 months. LA Core and LA Comprehensive members get R456 000 cover for 12 months. Members on these last four options will have to pay 20% if they need cover above the limits, but there is no overall limit. We also cover approved radiology and pathology for the cancer treatment.

Designated service providers provide for you

The Scheme has reached an agreement about payment and rates with certain doctors, specialists and hospitals. These contracted providers are called designated service providers (DSPs). If you use their services, LA Health pays the doctor or hospital directly, and in full. Even if the doctor asks you to pay, we will give the full amount back to you. So you don't have to pay extra. Some of our DSPs are state or public health systems, general practitioners (doctors) in the Discovery GP Network and specialists in the Discovery Premier Specialist Network. For LA KeyPlus members, there are also the KeyCare Hospitals. You can make sure you are using a designated

service provider by calling 0860 103 933 or checking it out on www.lahealth.co.za before you go for treatment.

Great rewards with Vitality

Through its partnership with Discovery, LA Health offers members the option of belonging to Vitality – a top-notch wellness programme.



Enjoy easier access to a healthier lifestyle

Vitality members get up to 25% cash back on a range of HealthyFood™ at Pick n Pay. Now they also get up to 25% cash back with HealthyGear™ on all adidas exercise gear and equipment at adidas stores and Totalsports stores (if paying with a DiscoveryCard). They also get up to 25% cash back on a huge range of personal care products at Clicks with HealthyCare™.

Quick help will come in emergencies

Save our number and we will save you

If you have a medical emergency, you can call Discovery 911 on 0860 999 911 any time of the day or night. The best emergency workers from ER24 will come in an ambulance or helicopter to save your life. The ER24 emergency medical transport is always covered by your Major Medical Benefit.



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LA KeyPlus Option – the KeyCare network works for you...

DID you know KeyPlus is an option based on networks? You have a KeyCare hospital network, a KeyCare GP network and a network of pharmacies that give you medicine priced at the LA Health Rate. There are also two networks of rehab centres called SANCA and RAMOT if you need to get off drugs or alcohol. In case your kidneys fail, you also have a network called National Renal Care where you can get treatment.

Choosing your KeyCare GP network

When you join LA KeyPlus, you must choose a doctor (GP) from the KeyCare GP network. If you are sick, you must only go to this doctor that you have chosen. If you don't go to your doctor, we cannot pay for your doctor's visit and treatment. If your chosen doctor asks for x-rays to be taken, we will pay for basic x-rays at a network provider. If your network doctor uses a Discovery Health pathology form to ask for blood, urine or other tests to be done, we will pay if it is on our list of tests. We also have a list of medicines for treating problems that don't last long. Your network doctor must give you a prescription for these acute medicines, or give you the medicine.

You have one doctor's visit outside the network

If your chosen doctor is not available and you must see a doctor, you and each of your family members on LA KeyPlus can see another doctor – but just one time. We will cover that visit to another doctor. This may be the case when you are travelling or when you are on holiday.

You can visit our specialists

On LA KeyPlus you may see any specialist working in a KeyCare hospital. If you use other specialists at other hospitals, you will have to pay for that visit yourself. If you need to see a specialist who is not at a hospital, your chosen KeyCare doctor must tell you which one to visit. This is called a referral. If you don't get a referral from your chosen doctor and go to any specialist, the Scheme will not pay for that visit. You will have to pay for it. If you are referred by your chosen doctor, there is a limit of R2 300 for specialist visits for each person on your option for the year.

Call us and make sure you are in the network

We have a list of network doctors and hospitals on our website. You can also call us on 0860 103 933 to find out where your nearest network doctor or hospital is. Remember, stay in the network and you won't have to pay extra!



Bad debt casts long shadows

YOUR good name is very important. By making bad debt and not paying your accounts, you get a bad name. Did you know your creditors (the companies you owe money to) keep a record of the way you pay your bills?

Companies share your credit record

A credit record is a record of how you paid your accounts in the past. It shows how you managed the money that was lent to you and if you paid it back to the store or the Scheme like you agreed you would. Companies share this record through credit bureaus. When you want to make debt or get credit again, they look at your credit record to see how much of a risk you pose.

When you do not pay the Scheme back, we also share that information with a credit bureau.

The record shows how responsible you are

Your credit record will have a list of all the shops where you opened accounts. It will show if you skipped any monthly payments or paid less than you were supposed to. If you always paid these accounts like you agreed to do, it will mean you are a responsible person who can work with your debt.

Sort your accounts out

If you stop paying your account, including any monies you owe the Scheme, that unpaid account will be listed with the credit bureau for a specific time. It means you won't be able to get credit until you sort that account out. Your bad debt will be listed for a certain time – from one year to ten years.

Time is of the essence

You will have a bad credit record for **one year** if you:

- disappear without paying
- write out cheques that bounce
- receive a letter of demand about outstanding debt
- don't pay your accounts for four months.

You will be listed for **two years** if your:

- bad debt is written off
- credit card is taken back
- property is taken back by a sheriff (bailiff).

Your accounts' payment history is kept for **three years**. If a court makes a ruling against you because you didn't show up in court after being sued by a creditor, it will stay on your credit record for **five years**. You will have a blemish on your record for **ten years** if you are ordered by the court to pay the money you owe or if you are sequestered (declared bankrupt).

Try to make arrangements

If you find out you have a bad credit record, your first step is to speak to the accounts department of the shop or the Scheme and try to make arrangements for paying the outstanding money. Your name won't be removed from the records until you have paid the whole amount. Even then your name may not be removed immediately. Many shops and/or the Scheme may refuse and will leave it there for the required time. This is your punishment for not paying your debt in the first place.

In cases where you have been sued, you will have to get a lawyer to assist you.

The National Credit Act states that once a year you may get a copy of your credit record for free. You will be able to get a copy of this record from:

- Transunion (ITC). Tel: 086 148 2482, www.mytransunion.co.za
- Experian. Tel: 086 110 5665, www.experian.co.za
- For a small fee, you can also contact Credit Health to give you a full report with your credit status. Go to www.credithealth.co.za

What if you owe the Scheme money?

Check your statement and pay any outstanding amount to the Scheme. If you cannot pay everything at once, call us to make an arrangement to pay it over a reasonable period (normally not more than three months). Do not ignore any letters you receive from the Scheme.





How the Chronic Drug Amount works

The Chronic Illness Benefit (CIB) covers approved medicine for a specified list of chronic conditions. If you have registered for the CIB, you can claim your chronic medicines in one of two ways. You can either claim for medicines that are on the medicine list, known as the formulary, or you can claim for non-formulary medicines.

When you choose to claim for medicines listed on the formulary, we pay these medicines in full, up to the Scheme Medicine Rate. However, when you choose medicine that is not listed on our formulary, we will not pay more than a set monthly amount known as the Chronic Drug Amount (CDA). The CDA is a monthly amount we pay up to for a medicine class. Medicines that have similar chemical structures or similar therapeutic effects fall into the same medicine class. As the prices of medicines change, so do these amounts. The CDA includes VAT and the dispensing fee.

You have to pay any shortfalls from your pocket if the cost of your medicine is more than the Chronic Drug Amount for a certain medicine class. We constantly negotiate with the pharmaceutical industry to make sure we can give you the medicine you need at the most affordable price.

When a new medicine enters the market, it is assigned to a medicine class. The new medicine will then be paid up to the CDA. The CDA per medicine class does not increase when new medicines are introduced to a specific class. When we review our formulary twice a year, the medicine might be added to our medicine list, after which we will pay for it up to the Scheme Medicine Rate. If the medicine is not added to the formulary, you will be covered up to the CDA and you might have to make a co-payment.

If you are unable to take any medicine on our medicine list and it costs more than the Chronic Drug Amount, you may apply for clinical exception. Every application we receive is reviewed by a clinical panel, in consultation with external advisers, based on the clinical merits of the request.

Please note:

Medicine prices are legislated. If you need to make a co-payment at the pharmacy, it may be because:

1. You do not use medicine that is listed on the formulary and it costs more than the CDA, or/and
2. Your pharmacy charges a higher dispensing fee than the Scheme's negotiated rate.

Só werk die Bedrag vir Chroniese Medisyne

Die Voordeel vir Chroniese Siektes dek goedgekeurde medisyne vir 'n vasgestelde lys van chroniese toestande. As jy 'n lid van LA Health is, en jy is geregistreer vir die Voordeel vir Chroniese Siektes, kan jy jou chroniese medisyne op een van twee maniere eis. Jy kan óf eis vir medisyne wat op die lys van medisyne is (die formulelys), óf jy kan eis vir medisyne wat nie formulelysmedisyne is nie.

As jy kies om vir medisyne op die formulelys te eis, betaal ons dié medisyne ten volle teen die Skema se tarief vir medisyne. As jy egter medisyne kies wat nie op die formulelys is nie, sal ons nie meer as 'n vasgestelde maandelikse bedra'g, bekend as die Bedrag vir Chroniese Medisyne, betaal nie. Dié bedrag is 'n vasgestelde maandelikse bedrag, en ons, betaal vir elke (of -kategorie) net tot op daardie bedrag. As die medisyneprys verander, verander hierdie bedrag ook. Die bedrag vir Chroniese Medisyne sluit BTW en die apteaker se heffing vir reseptering in.

Jy sal 'n bybetaling uit jou eie sak moet doen as jou medisyne meer as die Bedrag vir Chroniese Medisyne vir 'n spesifieke medisyneklas kos. Ons onderhandel voortdurend met die medisynebedryf om seker te maak ons kan die medisyne wat jy nodig het, teen die mees bekostigbare pryse verskaf.

Wanneer 'n nuwe soort medisyne op die mark kom, word 'n medisyneklas daaraan toegeken. Die nuwe medisyne sal dan hoogstens tot die Bedrag vir Chroniese Medisyne betaal word. Dié bedrag per medisyneklas verhoog nie wanneer nuwe medisyne by 'n spesifieke klas gevoeg word nie. Wanneer ons die formulelys twee maal per jaar hersien, kan daardie medisyne by ons medisyne bygevoeg word. Daarna sal ons vir dié nuwe medisyne ook hoogstens tot die Skema se tarief vir medisyne betaal. As die medisyne nie by die bestaande medisyne op die formulelys bygevoeg word nie, sal jy steeds hoogstens tot die Bedrag vir Chroniese Medisyne gedek word en jy sal dalk verantwoordelik wees vir 'n bybetaling.

As jy nie enige van die medisyne op ons medisyneklas kan gebruik nie, en dit kos meer as die Bedrag vir Chroniese Medisyne, kan jy aansoek doen vir 'n kliniese uitsondering. Elke aansoek wat ons ontvang, word deur 'n kliniese paneel oorweeg. Dit geskied in oorleg met eksterne raadgevers en die besluit rakende goedkeuring, al dan nie, word gebaseer op die kliniese toepaslikheid van die versoek.

Onthou:

Medisyne word deur wetgewing gereuleer. Indien jy 'n bybetaling moet maak by die apteek, is dit om die volgende redes:

1. Jy gebruik nie medisyne op die formulelys nie en dit kos meer as die Bedrag vir Chroniese Medisyne, of/en
2. Jou apteaker vra hoër resepteringsfooie as dit waarvoor die Skema betaal.

AUTUMN

Autumn is upon us and if you want to survive the sniffles, take note of the handy flu hints below.

Having flu isn't fun

It can hit you suddenly. You know the feeling: you get fever, chills, headaches and sore muscles. You can also get a cough and sore throat. When you have the flu, you cannot go to work, because you can spread the virus.

Having flu can be SE-RI-OUS!

Anyone can get it, but for some, the flu is more dangerous. People older than 65, pregnant women and people who have a condition like HIV, kidney disease, diabetes, heart or lung problems should be careful. If they are not, they can end up in hospital.

Who's afraid of needles?

A sick person spreads the flu virus through coughs and sneezes. So, go to your doctor or pharmacy and ask for a flu injection. The best time for this is in autumn – when you are still healthy. The injection will protect you from the flu virus for one year.

Be virus free!

A flu injection can't give you the flu, as there are no live viruses in it. You can get side-effects like sore muscles and a temperature for a few days after the injection. The area on your skin where you were injected may also be sore for a while.

Stay strong and healthy

The flu injection is not 100% effective, but people who go for an injection stand a better chance against the dreaded flu symptoms. If you have had an injection and you get the flu, it should be milder than for others who haven't had the injection. Ask your pharmacist or doctor if you are unsure about anything!



One member, six votes: choosing new Trustees

Remember how important it is that you take part in the democratic process of nominating and voting for Trustees for LA Health Medical Scheme. Your vote gives you a say.

Just like in politics, the term of office is ending for five of the 15 trustees. It is ending on 30 June. There is also a sixth vacant position. This means you will have six votes.

There is a process and timelines

The rules of the Scheme are like the Constitution. These rules say we must have an election to fill these positions. But before we can vote for our Trustees, we must choose (nominate) who we want to vote for. These persons must be fit and proper. That means they must be disciplined, honest, independent, responsible and fair. Any main member of the Scheme can nominate any other main member to stand as candidates.

The Scheme's auditors, KPMG Inc., will manage the process independently.

Nominations came first

The Scheme needed a week to finalise all the nominations of candidates by 31 March. That's why members' nomination of candidates had to be submitted by no later than 12:00 on 23 March to be in time. Your nomination would only have been valid on the official nomination form we sent to you. Your nomination was also supposed to be posted, together with the candidate's CV of no more than 150 words, to one of the addresses given on the nomination form.

Casting your votes

To vote, all members of the Scheme will have a postal ballot (a voting paper you can mail), which you must complete before 18 May. We will send you your ballot paper with the names of the candidates and information about who they are after the nomination process is finalised.

Letting you know who got elected

The names of the new Trustees will be announced at the Annual General Meeting of members, which will be held in June 2012.

Een lid, ses stemme: kies jou nuwe Trustees

Onthou hoe belangrik dit is om deel te neem aan die demokratiese proses om LA Health Mediese Skema se Trustees te benoem en te verkies. Jou stem gee jou 'n sê.

Net soos in die politiek het die ampstermyn van vyf van die 15 Trustees tot 'n einde gekom. Hul termyn eindig op 30 Junie. Daar is boonop ook 'n sesde vakante pos. Dit beteken jy het ses stemme om uit te bring.

Daar is 'n proses en tydlyne om te volg

Die Skema se reëls is soos ons land se Grondwet. Hierdie reëls bepaal dat ons 'n verkiesing moet hou om die vakante poste te vul. Maar voordat ons vir ons Trustees kan stem, moet ons eers kies vir wie ons gaan stem. Ons moet hulle dus benoem. Hierdie persone moet bekwaam en geskik wees. Dit beteken hulle moet eienskappe hê soos dissipline, eerlikheid, onafhanklikheid, verantwoordelikheid en regverdigheid. Enige hooflid van die Skema kan 'n ander hooflid benoem om as kandidaat te staan. Die Skema se ouditeure, KPMG Inc., hanteer die proses namens die Skema.

Benoemings was eerste aan die beurt

Die Skema het 'n week nodig gehad om al die benoemings van kandidate teen 31 Maart te finaliseer. Dit is waarom lede hul benoemings van kandidate op 23 Maart teen 12:00 moes inhandig om betyds te wees. Jou benoeming sou slegs geldig gewees het op die amptelike benoemingsvorm wat ons aan alle lede gestuur het. Jy moes jou benoeming ook saam met 'n CV van hoogstens 150 woorde aan een van die adresse op die benoemingsvorm geos het.

Tyd om jou kruisies te trek

Al die lede van die Skema sal met posbare stembriefies hul keuse kan maak. Jy moet die stembrief voor 18 Mei voltooi. Ons sal vir jou 'n stembrief met al die kandidate se name en hul inligting stuur nadat die benoemingsproses voltooi is.

Ons sal die kandidate bekendmaak

Die name van die nuwe Trustees sal in Junie 2012 by die Algemene Jaarvergadering van lede bekendgemaak word.

