Overall annual limits

Hospital Benefit

Extended Day-to-day Benefit

Medical Savings Account

mergency transport, subject to preauthorisation (member must call

ood transfusions and blood products

Maxillo-facial procedures: Certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip

and palate repairs, subject to preathorisation Specialised dentistry in hospital

Specialised and basic dentistry out of hospital

GPs and specialists: Provides full cover at GP/ specialist participating in payment arrangement

Out-of-hospital GP visits

Out-of-hospital specialist visits

Out-of-network Benefit

prophylaxis (rape or mother-to-child transmission) and all HIV and

ospitalisation, theatre fees, intensive and gh-care unit costs

incial and state hospitals, subject to preauthorisation Private hospitals, subject to preauthorisation

Casualty/outpatient Benefit (excluding facility fees)

spital, subject to preauthorisation

Baths for use during water births

Out-of-hospital GP and specialist consultations

Pregnancy scans

Blood tests Antenatal classes

Additional Chronic Conditions (ADL)

Prescribed/acute medicine

Specialised Medicine and Technology Benefit

Over-the-counter medicine (schedule 0, 1 and generic or non-generic, whether prescribed or not) Take-home medicine (when discharged from hospital)

hiatric hospitals, subject to preauthorisation and case manageme In hospital) Psychologists, psychiatrists, art therapy and social workers; alcohol and drug rehabilitation (out of hospital)

This Option provides hospital cover, Prescribed Minimum Benefit Chronic isease List cover and day-to-day medical expense benefits. It has a esignated Service Provider for in-hospital and out-of-hospital benefits, which is the KeyCare network. Members must use a KeyCare network ospital for all non-emergency and other procedures otherwise no benefit

No overall limit at all KeyCare network hospitals

Not applicable

Not applicable

Paid from Major Medical Benefit; no overall limit

Blood transfusions and blood products Paid from Major Medical Benefit; no overall limit

Paid from Major Medical Benefit; no overall limit

No benefit

Covered with no overall benefit limit, subject to a list of procedures and erformed by a dentist in the KeyCare network

o overall limit in a network hospital. Specialists must be working in a KeyCare hospital

Covered with no overall benefit limit, only at the member's chosen GP working in the KeyCare network

Limited to R2 750 per person, only if referred by the chosen KeyCare GP ncluding radiology and pathology done in KeyCare network) One out-of-network GP visit per person per year, selected blood tests, x-rays and acute medicine (subject to a formulary) requested by the

Paid from Major Medical Benefit; no overall limit and subject to clinical

ntry criteria and certain HIVCare Programme protocols

o overall limit, subject to clinical entry criteria and certain protocols No overall limit and paid from Major Medical Benefit for treatment authorised in a KeyCare network hospital. No benefit outside of the

network for planned admissions First R225 paid by member at a casualty unit at any of the KeyCare network hospitals. Pathology, radiology, medicine and specialist consultations subject to applicable formularies

lo overall limit at a KeyCare hospital

Limited to R1 000 per bath per pregnancy Unlimited at GP working in the KeyCare network. Limited to four gynaecology specialist or midwife visits per person per year, subject to the Specialist

One 2D scan per person per pregnancy

Selected blood tests per pregnancy (must be requested by a KeyCare GP)

Benefit limit

based on a formulary if prescribed by the members chosen KeyCare GP subject to approval and the use of the Scheme's Designated Service Provider courier pharmacy. If the Designated Service Provider courier pharmacy is not used, a co-payment applies

Not covered on this Option

Covered with no overall limit from Designated Service Provider. Prescribed medicine only for acute and non-Prescribed Minimum Benefits chronic conditions, subject to a formulary and only covered if prescribed by the member's chosen GP working in a KeyCare network

Not covered on this Option

Not covered on this Option

Limited to R110 per person per hospital event

/lental health 21 days per person, paid from Major Medical Benefit

Psychiatrists only. Cover subject to R2 750 Specialist Benefit

This Option has a Major Medical Benefit for all in-hospital and large expenses and provides Prescribed Minimum Benefit Chronic Disease List cover. It also pays for some day-to-day expenses from a Medical Savings Account. We will pay hospital costs in full at any LA Focus network hospital. These network hospitals 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

No overall limit in hospitals in coastal provinces and LA Focus Network hospitals only Not applicable

Paid from Major Medical Benefit; no overall limit

Paid from Major Medical Benefit: no overall limit

Paid from Major Medical Benefit: no overall limit

Specialised dentistry Deductibles payable by the member from own pocket **Hospital** Younger than 13 years R 1 Older than 13 years

R 3 650 R 700 Day Clinics Younger than 13 years Older than 13 years R 2 400 Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists etc) subject to a limit of R16 100 per person per year

In-hospital Basic dentistry

Deductibles payable by the member from own pocket Hospital Younger than 13 years R 1 450 Older than 13 years
Younger than 13 years R 3 650 R 700

R 2 400 Older than 13 years Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists etc) paid from funds available in Medical Savings Account

Paid from and limited to funds in Medical Savings Account

Paid at 100% of the LA Health Rate. No overall limit

Paid from Medical Savings Account

Paid from Medical Savings Account

Not applicable

Paid from Major Medical Benefit; no overall limit and subject to clinical entry criteria and certain HIVCare Programme protocols

Paid from Major Medical Benefit; no overall limit Paid from Major Medical Benefit: no overall limit

Paid from and limited to funds in Medical Savings Account

Paid from Major Medical Benefit; no overall limit. Related accounts paid at 100% of the LA Health Rate Not covered on this Option

Limited to funds in Medical Savings Account

Limited to funds in Medical Savings Account

Limited to funds in Medical Savings Account (except Prescribed Minimum Limited to funds in Medical Savings Account

All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a formulary and subject to approval. The Scheme only pays up to a Chronic Drug Amount if non-formulary medicine is used

Not covered on this Option

Paid from and limited to funds in Medical Savings Account up to 90% of the

Not covered on this Option

Limited to funds in Medical Savings Account up to 100% of the cost

Limited to funds in Medical Savings Account and paid up to 90% of the

21 days per person, paid from Major Medical Benefit

Limited to funds in the Medical Savings Account

This Option has a Major Medical Benefit for all in-hospital and large expenses and provides Prescribed Minimum Benefit Chronic Disease Lis cover. It also pays for some day-to-day expenses from a Medical Savings Account. Further cover for specific disciplines is provided through the Extended Day-to-day Benefit (GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits). All planned procedures must be

Overall annual limits

Not applicable

No overall limit R3 384

Paid from Major Medical Benefit; no overall limit

Paid from Maior Medical Benefit: no overall limit

Specialised dentistry Deductibles payable by the member from own pocket Hospital Younger than 13 years R 1 Hospital R 3 650 R 700 Older than 13 years

Day Clinics Younger than 13 years Older than 13 years R 2 400 Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists etc) subject to a limit of R16 100 per person per year

In-hospital

Basic dentistry Deductibles payable by the member from own pocket

Hospital Younger than 13 years R 1 450 Hospital R 3 650 Older than 13 years Day Clinics Younger than 13 years

Older than 13 years R 2 400 Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetis etc) paid from funds available in Medical Savings Account and the Extended Day-to-day Benefit

Out-of-hospital

Specialised dentistry Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit

Out-of-hospital Basic dentistry

First R2 610 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

Ps and specialis

No overall limit

Paid from Medical Savings Account/Extended Day-to-day Benefit Paid from Medical Savings Account/Extended Day-to-day Benefit

Not applicable

Paid from Major Medical Benefit; no overall limit and subject to clinical

entry criteria and certain HIVCare Programme protocols

Paid from Major Medical Benefit; no overall limit Paid from Major Medical Benefit; no overall limit

Paid from and limited to funds in Medical Savings Account

Paid from Major Medical Benefit; no overall limit

Not covered on this Option Limited to funds in Medical Savings Account/Extended Day-to-day Benefit

Limited to funds in Medical Savings Account (except Prescribed Minimum

Limited to funds in Medical Savings Account/Extended Day-to-day Benefit Limited to funds in Medical Savings Account

based on a formulary and subject to approval. The Scheme only pays up to a Chronic Drug Amount if non-formulary medicine is used

Not covered on this Option

Paid from and limited to funds in Medical Savings Account/ Extended Day-to-day Benefit up to 90% of the LA Health Medicine Rate

Not covered on this Option

Limited to funds in Medical Savings Account/Extended Day-to-day Benefit up to 100% of the cost Limited to funds in Medical Savings Account/Extended Day-to-day Benefit and paid up to 90% of the LA Health Medicine Rate

21 days per person, paid from Major Medical Benefit

Limited to funds in the Medical Savings Account

LA Core

This Option has a Major Medical Benefit for all in-hospital and large expenses. It provides cover for the Prescribed Minimum Benefit Chronic Disease List as well as for several Additional Chronic conditions. It pays for some day-to-day expenses from a Medical Savings Account, with further cover for specific disciplines through the Extended Day-to-day Benefit (GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits). All planned procedures must be preauthorised

No overall limit Child R1 200 R4 512 Spouse/adult R5 304

Paid from Major Medical Benefit; no overall limi

Paid from Major Medical Benefit: no overall limit

In-hospital

Specialised dentistry Deductibles payable by the member from own pocket Hospital Younger than 13 years R 1

Older than 13 years

Younger than 13 years R 3 650 R 700 Older than 13 years R 2 400
Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists etc) subject to a limit of R21 300 per person per year

In-hospital Basic dentistry

Deductibles payable by the member from own pocket

Hospital Younger than 13 years R 1 4

Older than 13 years R 3 6 R 3 650 R 700 Day Clinics Younger than 13 years

Older than 13 years R 2 400
Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists etc) paid from funds available in Medical Savings Account and the Extended Day-to-day Benefit

Out-of-hospital

Out-of-hospital

Specialised dentistry Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit

Basic dentistry Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit

Paid from Medical Savings Account/Extended Day-to-day Benefit Paid from Medical Savings Account/Extended Day-to-day Benefit

Not applicable

Paid from Major Medical Benefit; no overall limit and subject to clinical entry criteria and certain HIV*Care* Programme protocols

Paid from Major Medical Benefit; no overall limit

Paid from Major Medical Benefit: no overall limit

Not covered on this Option

Paid from Major Medical Benefit; no overall limit

Paid from and limited to funds in Medical Savings Account

Limited to funds in Medical Savings Account/Extended Day-to-day Limited to funds in Medical Savings Account (except Prescribed Minimum

Limited to funds in Medical Savings Account/Insured Procedures Benefit

Limited to funds in Medical Savings Account

All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a formulary, subject to approval. The Scheme only pays up to a Chronic Drug Amount if non-formulary medicine is used

Paid up to a Chronic Drug Amount. Limited to: Member R7 825

Member 1+ R15 535

Paid from and limited to funds in Medical Savings Account/ Extended Day-to-day Benefit up to 90% of the LA Health Medicine Rate

Not covered on this Option

Limited to funds in Medical Savings Account/Extended Day-to-day Benefit up to 100% of the cost Limited to funds in Medical Savings Account/Extended Day-to-day Benefit and paid up to 90% of the LA Health Medicine Rate

21 days per person, paid from Major Medical Benefit

Limited to funds in the Medical Savings Account

LA Comprehensive

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

Overall annual limits

Child R3 540 No overall limit Not applicable

Blood transfusions and blood products

Hospital

Paid from Major Medical Benefit: no overall limit

Specialised dentistry Deductibles payable by the member from own pocket for all specialised dentistry performed in-hospital Younger than 13 years Older than 13 years R 1 450

Day Clinics Younger than 13 years Older than 13 years Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists etc) subject to a joint limit of R21 300 for in- and out-of-hospital

R 3 650

specialised dentistry

Basic dentistry Deductibles payable by the member from own pocket for all specialised Younger than 13 years Older than 13 years R 1 450 Hospital

Day Clinics Younger than 13 years Older than 13 years Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetist etc) paid from funds available in Medical Savings Account and ATB

subject to joint limit of R11 000 for in-and out of hospital basic dentistry

Specialised dentistry Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R21 300 per person per year for specialised dentistry, performed in- or out-of-hospital

Out-of-hospital Basic dentistry

Out-of-hospital

Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R11 000 per person per year

No overall limit

Paid from Medical Savings Account/Above Threshold Benefit

Paid from Medical Savings Account/Above Threshold Benefit

Not applicable

Paid from Major Medical Benefit; no overall limit and subject to clinical Hospitals

Paid from Major Medical Benefit; no overall limit

Paid from Major Medical Benefit: no overall limit

Paid from and limited to funds in Medical Savings Account

Not covered on this Option

IIV and AIDS

Paid from Major Medical Benefit; no overall limit

Paid up to a Chronic Drug Amount. Limited to:

Member +2 R11 040

Paid from Medical Savings Account/Above Threshold Benefit

Paid from Medical Savings Account/Above Threshold Benefit Limited to R1 150 per person and paid from Medical Savings Account/ Above Threshold Benefit

based on a formulary, subject to approval. The Scheme only pays up to a Chronic Drug Amount if non-formulary medicine is used

Limited to the cost of two 2D scans per pregnancy and paid from Medical Savings Account/Above Threshold Benefit

Member +3 R10 135 Member +1 R7 705 Member +4 R10 985 Member +2 R8 920 Member 5 + R12 075 Paid up to 90% of the LA Health Medicine Rate. Limited to Member +3 R12 745 Member +1 R9 165 Member 4 + R14 565

Limited to funds in Medical Savings Account up to 100% of the cost Limited to funds in Medical Savings Account/Above Threshold Benefit and paid up to 90% of the LA Health Medicine Rate

1 days per person, paid from Major Medical Benefit

o R13 750 per family per year with a sub-limit of R4 600 per person for

LA HEALTH

An overview of the LA Health Benefit Options and what they offer, to help you to decide what

MEDICAL



Discovery

would suit your needs best.



Additional cover up to R228 000 per person per year, subject to clinical entry criteria and authorisation. Members pay a variable co-payment of up to 20% based on the condition and the medicine used Paid from Medical Savings Account/Above Threshold Benefit Limited

To find out more, please call LA Health Medical Scheme on **0860 103 933**, visit **www.lahealth.co.za** or contact your accredited LA Health broker. This leaflet is a summary of LA Health Medical Scheme on **0860 103 933**, visit **www.lahealth.co.za** or contact your accredited LA Health broker. This leaflet is a summary of LA Health broker.

PET scans

Brachytherapy treatment for prostate cancer (PMB)

Stem cell transplants

Optometry consultations

Spectacles, frames, contact lenses and refractive eye surgery

Auxilliary services (physiotherapy, occupational therapy, homeopaths, audiologists, psychologists, etc). Alternative healthcare practitioners chiropodists, homeopaths, naturopaths and chiropractors)

Nurse practitioners

Organ transplants

Pathology and radiology

MRI and CT scans, including ultrasounds: Must be referred by specialist Radiology (x-rays) and pathology subject to preauthorisation

Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation

MRI and CT scans, subject to preauthorisation

Radiology, (including x-rays and ultrasounds) and pathology

Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation

Prostheses

Implantable cardiac stents

Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants

Spinal devices

Hip, knee and shoulder prostheses

Other internal prostheses (subject to clinical protocols

Crutches, wheelchairs, artificial limbs, stoma bags, etc.

Pharmacy screening benefit at a Vitality Check pharmacy: Blood glucose,

One flu vaccination Screening Benefit at other providers: Mammogram, Pap smear and prostate-specific antigen tests

Acute and chronic dialysis

Renal care: Includes dialysis and other renal care-related treatment and

Substance abuse

Detox: In hospital

Alcohol and drug rehabilitation

Terminal Care Benefit (excluding frail care)

Covers certain medical expenses after you or your family experienced severe trauma for the rest of the calendar year in which the trauma nappened

Total Contributions

Remember: If you get a subsidy, you will only have to pay a portion of this contribution. You will have to calculate it based on your subsidy level.

Paid from Major Medical Benefit

Chemo- and radiotherapy only covered if provided by an oncologist in the KeyCare network, subject to the Prescribed Minimum Benefits protocols.

Only at the KeyCare Oncology Network, subject to strict protocols

Covered from Major Medical Benefit from Network Hospital identified by Covered from Major Medical Benefit if obtained from a state hospital or the

One eye test per person per year at an optometrist in the KeyCare

Scheme's Designated Service Provider, subject to Prescribed Minimum Benefit requirements and clinical protocols

One pair of clear mono or bi-focal glasses or contact lenses per person very two years at KeyCare opticial

Other services

Not covered on this Option

Not covered on this Option

Organ transplants

Inlimited. Only at a state hospital subject to strict clinical entry criteria and

As per the Prescribed Minimum Benefits formulary

Pathology and radiology

Covered subject to a preauthorised event and scan related to the hospital admission, only at KeyCare hospital Paid from Major Medical Benefit; no overall limit at a KeyCare

Covered with no overall limit in a KeyCare hospital, if referred by

Covered by Specialist Benefit up to R2 750, if referred by specialist

Paid according to a formulary, and only if requested by the member's chosen KeyCare GP. Requests from specialists covered up to the R2 750 specialist limit Covered with no overall limit at a day-care facility subject to

Prostheses

Not covered on this Option

Not covered on this Option

Covered in full at the Scheme's Designated Service Provider. Subject to

Not covered on this Option

Paid from Major Medical Benefit subject to preauthorisation

Covered in full at the Scheme's Designated Service Provider. If the Designated Service Provider is not used, no benefit will be payable Mobility benefits: R4 450 per family from the Scheme's Designated Service Provider. If the Designated Service Provider is not used, then no benefi

R145 per person per year for one or all of the 4 listed screening tests, if performed at the same time or a flu vaccination. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used

Not covered on this Option

Cover for chronic dialysis only. Covered at DSP, National Renal Care. Co-payments will apply if the network is not used

21 days per person, paid from Major Medical Benefit

3 days per person, paid from Major Medical Benefit

minal Care Benefit (excluding frail care

Covered up to R28 500 per person per lifetime from Major Medical Benefit

rauma Recovery Benefit

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 M R 4,790 healthcare services

External medical items Hearing Aids Prescribed Medicine M

Prosthetic limbs (with no further access to the external medical items limit) R 64 500
Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria **Total Contributions**

ne	Member	Adult	Child dependant	Ma for dep
500	R 807	R 705	R 296	R
R9 000	R 852	R 745	R 311	R
1 +	R1 282	R1 141	R 479	R.

No overall limit in a 12-month cycle subject to approval of a treatment plan, paid up to the Scheme Rate. All claims accumulate to a threshold of R228 000. A 20% co-payment applies after this. Prescribed Minimum related oncology care is paid in full without any co-payments No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R2 750 will apply if the Designated Service Provider is not used

No overall limit at the Designated Service Provider, subject to registration on the Oncology Programme. Limited to R1 million, if Designated Service Provider is not used

Limited to funds in Medical Savings Account

No overall limit and subject to preauthorisation. Related accounts paid at 100% of the LA Health Rate

As per Chronic Illness Benefit Chronic Drug Amount

Paid from Major Medical Benefit: no overall limit

Paid from Major Medical Benefit; no overall limit

First R2 000 of Hospital account paid from Medical Savings Account. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in Medical Savings Account

First R2 000 of the scan paid from and limited to funds in Medical Savings Account. Remainder of the account is paid from Major Medical Benefit Paid from Medical Savings Account

Paid from Major Medical Benefit. Unlimited

Paid from Major Medical Benefit up to R170 000 per person per year

Limited to R10 900 per bare metal stent and R17 300 per drug-Limited to R24 500 per level, with an overall annual limit of R49 000 for

two or more levels per procedure. Limited to one authorised procedure per benefit year Unlimited and paid from the Major Medical Benefit if obtained from the

Scheme's Preferred Provider. A limit of R35 000 per prosthesis will apply if the Preferred Provider is not used Paid from Major Medical Benefit subject to preauthorisation

Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit Limited to funds in Medical Savings Account

R145 per person per year for one or all of the 4 listed tests, if performed at the same time or a flu vaccination. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used

Limited to one Pap smear, mammogram and prostate-specific antigen test per person per year. Tests paid from Major Medical Benefit. Consultations and other related costs and procedures paid from Medical Savings Account

No overall limit. Benefits subject to approval of treatment plan No overall limit. Benefits subject to a treatment plan and use of the National Renal Care Designated Service Provider is not used

21 days per person, paid from Major Medical Benefit 3 days per person, paid from Major Medical Benefit

Covered up to R40 000 per person per lifetime from Major Medical Benefit

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 M R 4 790

healthcare services External medical items Hearing Aids Prescribed Medicine M

Prosthetic limbs (with no further access to the external medical items limit) R 64 500 Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria. Total Contributions

R1 089 R496



No overall limit in a 12-month cycle, subject to approval of a treatment plan, paid up to the Scheme Rate. All claims accumulate to a threshold of R228 000. A 20% co-payment applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-payments

No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's

Designated Service Provider, subject to preauthorisation. A co-payment of R2 750 will apply if the Designated Service Provider is not used

No overall limit at the Designated Service Provider, subject to registration on the Oncology Programme. Limited to R1 million, if Designated Service Provider is not used

Limited to funds in Medical Savings Account/Extended Day-to-day Benefit

Limited to funds in Medical Savings Account/Extended Day-to-day Benefit

Other services

Limited to funds in Medical Savings Account

Limited to funds in Medical Savings Account

Organ transplants

No overall limit and subject to preauthorisation

As per Chronic Illness Benefit Chronic Drug Amount

Pathology and radiology

Paid from Major Medical Benefit; no overall limit

Paid from Major Medical Benefit; no overall limit

First R2 000 of Hospital account paid from Medical Savings. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in Medical Savings Account/

Extended Day-to-day Benefit

First R2 000 of the scan paid from and limited to funds in Medical Savings Account. Remainder of the account is paid from Major Medical Benefit Paid from Medical Savings Account/Extended Day-to-day Benefit

Paid from Major Medical Benefit. Unlimited

rostheses

Paid from Major Medical Benefit up to R170 000 per person per year

Limited to R10 900 per bare metal stent and R17 300 per drug-

Limited to R24 500 per level, with an overall annual limit of R49 000 for two or more levels per procedure. Limited to one authorised procedure

Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred Provider. A limit of R35 000 per prosthesis will apply if the Preferred Provider is not used

Paid from Major Medical Benefit subject to preauthorisation

Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit

Limited to funds in Medical Savings Account

R145 per person per year for one or all of the 4 listed screening tests, if performed at the same time or a flu vaccination. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used

Limited to one Pap smear, mammogram and prostate-specific antigen test per person per year. Tests paid from Major Medical Benefit. Consultations and other related costs and procedures paid from Medical Savings Account

No overall limit. Benefits subject to approval of treatment plan

No overall limit. Benefits subject to approval of treatment plan and use of National Renal Care Designated Service Provider is not used

21 days per person, paid from Major Medical Benefit 3 days per person, paid from Major Medical Benefit

Covered up to R40 000 per person per lifetime from Major Medical Benefit

auma Recovery Benefit

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 M R 4 790 healthcare services External medical items Hearing Aids
Prescribed Medicine M

Prosthetic limbs (with no further access to the external medical items limit) R 64 500 Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria **Total Contributions**



No overall limit in a 12-month cycle subject to approval of a treatment plan, paid up to the Scheme Rate. All claims accumulate to a threshold of R456 000. A 20% co-payment applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-payments No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R2 750 will apply if the Designated Service Provider is not used

No overall limit at the Designated Service Provider, subject to registration on the Oncology Programme. Limited to R1 million, if Designated Service Provider is not used

Limited to funds in Medical Savings Account/Extended Day-to-day Benefit

Limited to funds in Medical Savings Account/Extended Day-to-day Benefit

Limited to funds in Medical Savings Account

Limited to funds in Medical Savings Account

Organ transplants

No overall limit and subject to preauthorisation

As per Chronic Illness Benefit Chronic Drug Amount

Pathology and radiology

Paid from Major Medical Benefit: no overall limit Paid from Major Medical Benefit; no overall limit

Paid from Major Medical Benefit: no overall limit

Paid from Major Medical Benefit; no overall limit

Paid from Medical Savings Account/Extended Day-to-day Benefit

Paid from Major Medical Benefit; no overall limit

Paid from Major Medical Benefit up to R170 000 per person per year Limited to R10 900 per bare metal stent and R17 300 per drug-

Limited to R24 500 per level, with an overall annual limit of R49 000 for

two or more levels per procedure. Limited to one authorised procedure per benefit year Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred Provider. A limit of R35 000 per prosthesis will apply if the Preferred Provider is not used

Paid from Major Medical Benefit subject to preauthorisation

Limited to funds in Medical Savings Account

R145 per person per year for one or all of the 4 listed screening tests.

Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit

performed at the same time. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used Limited to one Pap smear, mammogram and prostate-specific antigen test per person per year. Tests paid from Major Medical Benefit. Consultations and other related costs and procedures paid from Medical Savings Account/

Extended Day-to-day Benefit

No overall limit. Benefits subject to approval of treatment plan No overall limit. Benefits subject to approval of treatment plan and use of

21 days per person, paid from Major Medical Benefit 3 days per person, paid from Major Medical Benefit

National Renal Care Designated Service Provider is not used

Paid from Major Medical Benefit. Limited to R40 000 per person per lifetime

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 M B 11 950

healthcare services M+2 M+3+ External medical items Hearing Aids Prescribed Medicine M

R3 507

Prosthetic limbs (with no further access to the external medical items limit) R 64 500 Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated ServiceProviders and clinical entry criteri

Total Contributions

R1 048 R3 166

INO overall limit in a 12-month cycle, subject to approval of a treatment plan, paid up to the Scheme Rate. All claims accumulate to a threshold of R456 000. A 20% co-payment applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-payments No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R2 750 will apply if the Designated Service Provider is not used

No overall limit at the Designated Service Provider, subject to registration on the Oncology Programme. Limited to R1 million, if Designated Service Provider is not used

Optical

Limited to funds in Medical Savings Account/Above Threshold Benefit

Paid from Medical Savings Account/Above Threshold Benefit up to a limit

Other services

Limited to funds in Medical Savings Account/Above Threshold Benefit

Paid up to a limit of R8 050 per family from Medical Savings Account/ Above Threshold Benefit

Organ transplants

No overall limit and subject to preauthorisation

Medicine for immuno-suppressive therapy As per Chronic Illness Benefit Chronic Drug Amount

Pathology and radiology

Paid from Major Medical Benefit; no overall limit

Paid from Medical Savings Account/Above Threshold Benefit

Paid from Major Medical Benefit; no overall limit

rostheses

Out of hospital

iternal prostheses

Paid from Major Medical Benefit up to R170 000 per person per year Limited to R10 900 per bare metal stent and R17 300 per drug-

Limited to R24 500 per level, with an overall annual limit of R49 000 for

two or more levels per procedure. Limited to one authorised procedure per benefit year Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred Provider. A limit of R35 000 per prosthesis will apply if the Preferred Provider is not used

Paid from Major Medical Benefit subject to preauthorisation External medical items

Limited to R20 900 per family with a sub-limit of R13 950 per family for hearing aids. Paid from Medical Savings Account/Above Threshold Bene Preventive care

R145 per person per year for one or all of the 4 listed screening test

if performed at the same time or a flu vaccination. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used

Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit

Limited to one Pap smear, mammogram and prostate-specific antigen test per person per year. Tests paid from Major Medical Benefit. Consultations and other related costs and procedures paid from Medical Savings Account/ Above Threshold Benefit

No overall limit. Benefits subject to a treatment plan and use of the

Substance abuse

Renal care

21 days per person, paid from Major Medical Benefit 3 days per person, paid from Major Medical Benefit

No overall limit. Benefits subject to approval of treatment plan

National Renal Care Designated Service Provider is not used

Terminal Care Benefit (excluding frail care)

Paid from Major Medical Benefit. Limited to R40 000 per person per lifetime Trauma Recovery Benefit

healthcare services External medical items

Prosthetic limbs (with no further access to the external medical items limit) R 64 500
Benefits are paid according to general Rules applicable to this Benefit
Option in terms of Designated Service Providers and clinical entry criteria. Total Contributions

R 20 900

Paid from the Major Medical Benefit up to 100% of the LA Health Rate per

categories in alphabetical order in the table.

www.lahealth.co.za service@discovery.co.za

accumulate to the joint annual EDB limit. **Medical Savings Account**, where the funds in this benefit remain the member's and can be carried over from one year to the next if it remains

LA Health Rate is the rate of reimbursement used, based on the Discovery Health Rate or a specific rate negotiated with the healthcare

Certain specialists and GPs have agreed to preferential rates for PMBs. If these providers are used, claims will be paid in full. If other providers are used, claims will be paid up to the Scheme Rate only.

For ease of reference, we have listed the different benefit

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To help you understand the table better, please have a

medical expenses when you are admitted to hospital and also certain out-of-hospital procedures, subject to preauthorisation.

optical, radiology and pathology claims. These will

benefit after the Annual Threshold is reached, subject to applicable limits. The ATB will pay for

Prescribed Minimum Benefit conditions

Discovery Please note:

look at the following: Major Medical Benefit. This covers all your

Extended Day-to-day Benefit. This is an annual amount LA Health makes available to members on the LA Core and LA Active Options for limited day-to-day medical expenses and includes cover for doctor and specialists visits, acute medicine, dentistry,

unspent at the end of the year.

day-to-day expenses once the Medical Savings Account has run out and you have reached

professional. If your doctor charges more than this rate, the claim will be paid to you, otherwise we

Above Threshold Benefit. If you are on the LA Comprehensive Option, you have access to this

the Annual Threshold.

will pay the doctor directly. All claims are paid up to 100% of the LA Health Rate, unless a different rate is specifically indicated. Treatment and care for