

Maternity Benefit – 2021

Who we are

LA Health Medical Scheme (referred to as 'LA Health'), registration number 1145, is the medical scheme that you are a member of. This is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

How we cover pregnancy and childbirth

The Maternity Benefit is available per pregnancy per child up to two years after birth.

Overview

This document tells you about how LA Health covers pregnancy and childbirth. Read further to understand what is included in your benefits and how to get the most out of your Maternity Benefits.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. We give you the meaning of these terms.

Terminology	Description
Prescribed Minimum Benefits (PMBs)	A set of conditions that all medical schemes must provide a basic level of cover for. This basic level of cover includes the diagnosis, treatment and costs of the ongoing care of these conditions.
Related accounts	Any account other than the hospital account for in-hospital care. This could be the gynaecologist or anaesthetist's account.
Shortfall or co-payment	LA Health pays service providers at a set rate. If the doctor's accounts are higher than this rate, you will have to pay the outstanding amount from your pocket.

For the Mother:

These healthcare services are covered from the Maternity Benefit at the LA Health Rate from the date of activation. This cover does not affect your day-to-day benefits and depends on the benefit option you chose. Once you have used up your Maternity Benefit, we pay for out-of-hospital healthcare expenses related to your pregnancy from your available day-to-day benefits. If you do not have day-to-day benefits, or if you have run out of funds, you must pay for these costs yourself.

Consultations

You are covered for up to 8 visits at your gynaecologist, GP or midwife (for GP consultations, LA KeyPlus members need to use their respective network GPs).

One lactation consultation with a registered nurse or lactation specialist, paid at the LA Health Rate;

One nutrition assessment with a dietician, post the delivery, paid at the LA Health Rate;

Two consultations with a GP, gynaecologist or psychologist for post-natal mental healthcare services;

One postnatal GP or gynaecologist consultation for post-natal complications.

Ultrasound scans and prenatal screening

You are covered for up to two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans.

You are also covered for one Non-Invasive Prenatal Test (NIPT), or one T21 Chromosome Test, if you meet the clinical entry criteria.

We pay for these tests up to 100% of the LA Health Rate from the Maternity Benefit, subject to clinical entry criteria.

Blood tests

You have cover for a defined basket of blood tests per pregnancy from the Maternity Benefit. These tests include:

- To confirm pregnancy (bHCG)
- Glucose
- HIV (Elisa)
- Blood cross-matching (Rh antigen)
- Coombs-Antiglobulin
- Syphilis (RPR and TPHA)
- Anaemia (Haemoglobin)
- German Measles (Rubella)
- Blood group (A, B and O antigen)

Antenatal classes with a nurse

You are covered for five ante-natal classes, or pre-and-post natal consultations, with a registered nurse at the LA Health Rate up until two years after the birth, from the date of activation.

For the newborn baby:

Two GP, paediatrician or ENT visits for each child under the age of 2 years registered on LA Health.

Cover from your day-to-day benefits:

We pay for antenatal classes from your day-to-day benefits, up to 100% of the LA Health Rate, once your Maternity Benefit has been depleted:

Benefit Option	Antenatal classes
LA Active	Limited to funds in your Medical Savings Account (MSA)
LA Comprehensive	R1 625 for each member for each pregnancy
LA Core	Limited to funds in your Medical Savings Account (MSA)
LA Focus	Limited to funds in your Medical Savings Account (MSA)
LA KeyPlus	Not covered

We pay pregnancy scans from your day-to-day benefits, once your Maternity Benefit has been depleted:

Benefit Option	Scans
LA Active	Limited to two 2D scans paid from your MSA and thereafter from your Extended Day-to-Day benefit. 3D and 4D scans limited to cost of 2D scans.
LA Comprehensive	Limited to two 2D scans for each pregnancy. Paid from your MSA with accumulation to the Above Threshold Benefit. Pregnancy scans do not accumulate to the antenatal limit. 3D and 4D scans limited to cost of 2D scans.
LA Core	Two 2D scans paid from your MSA and thereafter from your Extended Day-to-Day benefit. 3D and 4D scans limited to cost of 2D scans.

LA Focus	Limited to two 2D scans from your MSA. 3D and 4D scans limited to cost of 2D scans.
LA KeyPlus	Not covered

Antenatal pregnancy-related blood tests and non-stress tests:

You receive full cover for the DSP healthcare providers, and cover of up to 100% of the Scheme Rate for other healthcare professionals, subject to your available day-to-day benefits according to your chosen Option.

Newborn Screenings:

Used to detect genetic, metabolic, and endocrine disorders. This blood test is performed on the baby 48 – 72 hours after birth by way of heel prick.

You receive cover up to 100% of the LA Health Rate from the Medical Savings Account. If you have run out of funds, you will have to cover the cost from your own pocket.

Doulas:

From 2019, LA Health will pay for services rendered by Doulas during a childbirth from the Medical Savings Account. If you have run out of funds, you will have to cover the cost from your own pocket.

During your Hospital Stay:

Your cover for your hospital stay depends on the type of delivery

We pay the hospital account from your Hospital Benefit. All related accounts such as the gynaecologist, midwife, anaesthetist and other healthcare services will be paid from your Hospital Benefit up to 100% of the LA Health Rate.

You can benefit by using healthcare professionals participating in our direct payment arrangements relevant to your benefit option because we will cover their approved procedures in full.

You have cover for three (3) days and two (2) nights for a normal delivery and four (4) days and three (3) nights for a caesarean section, if approved. The day of the delivery is counted as day one.

If you need to stay in hospital longer than the number of days we approved, your doctor will need to send a letter to motivate why you need to stay in hospital longer.

We cover home births with a registered midwife

Home births are covered from your Hospital Benefit. We will cover the cost of a midwife who is registered with the Board of Healthcare Funders (BHF) and has a valid practice number, up to the maximum rate that your benefit option covers, for up to three days after the delivery.

If you are on the LA KeyPlus, we pay for the cost of the hire of a birthing pool up to the LA Health Rate. This must be hired from a provider who has a registered practice number.

We cover water births in hospital or at home

If you choose to have a water birth in hospital, we will cover up to three (3) days and two (2) nights. If you choose to have a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit. This must be hired from a provider who has a registered practice number.

If you choose to have a water birth or normal delivery at home, we will pay up to three (3) days' midwifery care (including delivery) from your Hospital Benefit. The midwife must be registered with a valid practice number.

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will cover the phototherapy lights from your Hospital Benefit as long as you confirm the treatment with us.

Antiretroviral medicine to prevent mother-to-child transmission

We fund HIV medicine to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the *HIVCare* brochure or call the *HIVCare* team on 0860 103 933.

We cover medically necessary circumcisions from your Hospital Benefit

Please preauthorise the procedure with us by calling 0860 103 933.

Circumcisions that are not medically necessary are covered from the available funds in your day-to-day benefits.

There are certain items we do not cover

We do not cover these items:

- Mother and baby packs that hospitals supply
- The bed-booking fee that some hospitals may require you to pay
- Your lodger or border fees if your baby needs to stay in hospital for longer and you choose to stay on.

Getting the most out of your maternity benefits

Tell us about your pregnancy

LA Health covers the birth of your baby either in hospital or a day clinic with a doctor or a midwife, or at home with the help of a midwife. It is important to call us to inform us of your pregnancy.

How to activate your Maternity Benefit

The Maternity and early childhood benefits will be effective from the date of activation:

- When you create your pregnancy or baby profile on www.lahealth.co.za
- When you preauthorise your pregnancy and delivery, or
- When you register your baby onto the Scheme.

If your baby was born and registered onto the Scheme in 2018 or 2019, you can activate the post-birth benefits by creating your baby profile on www.lahealth.co.za

You can also call us on 0860 103 933 or visit www.lahealth.co.za to activate your Maternity and early childhood benefits, find out how you are covered and to authorise your hospital admission.

When authorising your hospital admission, remember to have the following information at hand:

- Date of the admission
- Name or practice number of the hospital or clinic
- Name and practice number of the treating doctors (and anaesthetist if available)
- ICD-10 code from your treating doctor (this is an alphanumeric code that describes your pregnancy)

- RPL code from your treating doctor (this is a procedure code that describes how you plan to deliver your baby).

Understand your benefits

Prescribed Minimum Benefits is a set of conditions which all medical schemes must provide a basic level of cover for. The Prescribed Minimum Benefit regulations include funding for antenatal care where it is necessary to hospitalise the mother before she gives birth.

To access full cover for your hospitalisation as a Prescribed Minimum Benefit, you must use a doctor, specialist or other healthcare provider who is in the Scheme's network. We will pay the account in full up to the agreed LA Health Rate. If you choose to use a hospital or healthcare provider who is not on our network, you will be responsible for any difference between what is charged and what we pay.

Register your baby within 30 days of the birth

We automatically cover newborns under the parent's name up to the last day of the calendar month that he or she is born. For example, if your baby is born on 20 May, he or she will have automatic cover from 20 May until 31 May under your name.

To continue cover, the baby must be registered from the next calendar month and you must pay a contribution to LA Health for the baby. Please note we may apply underwriting if you do not register your baby within 30 days of the date of birth.

To register your newborn on LA Health, you must inform your employer.

Contact us

Tel: 0860 103 933 • PO Box 652509 Benmore 2010 • www.lahealth.co.za

Complaints process

You may lodge a complaint or query with LA Health directly on 0860 103 933 or address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the LA Health Medical Scheme internal disputes process.

You may, as a last resort, approach the Council for Medical Schemes for assistance.

Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / 0861 123 267 / complaints@medicalschemes.co.za / www.medicalschemes.co.za.