

Assisted Reproductive Therapy Benefit

LA COMPREHENSIVE

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LA Health Medical Scheme, registration number 1145, is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. Discovery Health (Pty) Ltd is an authorised financial services provider.

Overview

Infertility is a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. Infertility affects around 15% of couples. Infection is the commonest cause of infertility.

Both male and female factors can contribute to infertility. Female factors may involve problems with ovulation, the reproductive organs, or hormones. Male factors often involve problems with the amount or health of sperm. Available treatments depend on the cause of infertility. They include lifestyle changes, medication, surgery or assisted reproductive technologies.

Currently, in addition to the Prescribed Minimum Benefit (PMB) cover for infertility, members on the LA Comprehensive Option who meet the age criteria also have access to the Assisted Reproductive Therapy (ART) Benefit.

This document explains how the benefit works, how we cover treatment from the Assisted Reproductive Therapy Benefit and the process you need to follow to activate the benefit.

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. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Assisted Reproductive Therapy (ART)	This includes a range of medical procedures and infertility treatments to assist with conception. This includes in vitro fertilisation (IVF), frozen embryo transfer (FET), intracytoplasmic sperm injection (ICSI) and intrauterine insemination (IUI).
Co-payment	This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service, the age of the patient or if the amount the service provider charges is higher than the rate we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
LA Health Rate	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
Embryo	A fertilized egg that is in the early stages of foetal growth.
Frozen embryo transfer (FET)	A process where a frozen embryo from a previous fresh IVF cycle is thawed and transferred back into a woman's uterus. This means you won't have to undergo another cycle of hormone stimulation and an egg collection.
Intracytoplasmic sperm injection (ICSI)	A process where an individual sperm cell is introduced into an egg cell.
Infertility	Not being able to get pregnant after at least 12 months of regular unprotected sexual intercourse.
Intrauterine insemination (IUI)	The process of injecting sperm directly into a woman's cervix or uterus.

TERMINOLOGY	DESCRIPTION
In vitro fertilisation (IVF)	The process of combining an egg and sperm outside of a woman's body. Once the egg is fertilised, the embryo is put back into the woman's uterus to result in pregnancy.
What is considered a cycle?	A cycle is the complete process from egg stimulation (IVF1) to the implantation of fertilized embryos (IVF2 of FET) in the uterus. If member has frozen embryos from a previously completed cycle, the transfer of those embryos will be considered as one cycle (FET).
Prescribed Minimum Benefits (PMBs)	<p>In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions <p>To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:</p> <ul style="list-style-type: none"> • Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions • The treatment needed must match the treatments in the defined benefits • You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a DSP we will pay up to 80% of the LA Health Rate. You will be responsible for the difference between what we pay and the actual cost of your treatment. <p>If your treatment doesn't meet the above criteria, we will pay according to your option benefits.</p>

Treatment covered from the Assisted Reproductive Therapy (ART) Benefit

The Assisted Reproductive Therapy Benefit provides cover for a defined list of both male and female infertility procedures and treatments up to a limit of R122 000 for each person, each year, subject to specific rules. Cover is up to 75% of the LA Health Rate when you use an accredited facility in our network.

Once activated, the benefit covers a comprehensive basket of care which includes consultations, ultrasounds, a defined list of pathology, egg retrieval, embryo transfer and freezing, admission costs and lab fees, medicine and embryo and sperm storage relating to the approved assisted reproductive therapy procedures. Any costs incurred for procedures not currently listed under this benefit will not be covered by the Scheme.

Members registered on the Oncology Programme who meet the Scheme's clinical entry criteria, have access to cryopreservation and egg and sperm storage of up to five years.

Cover is up to 75% of the agreed LA Health Rate up to a limit of R122 000 per year. You will have to pay a co-payment of 25% of the costs for assisted reproductive therapy, any amount in excess of the LA Health Rate and any other costs not covered by the benefit. We pay up to two cycles of assisted reproductive therapy (ART), including egg donated cycles, if you are 25 to 39 years old and one cycle from the age of 40 up to and including 42 years of age, per year. If you are 43 years of age up to and including 50 years of age, we will cover one egg donated IVF cycle per year, including the egg donor matching fee.

The cost associated with egg donor agencies is not covered under the benefit and may result in a higher co-payment. This benefit is available in the network of Southern African Society of Reproductive Medicine and Gynaecological Endoscopy (SASREG) accredited facilities and is subject to clinical criteria, protocols, and treatment guidelines.

Any additional treatment needed before, during or after the therapy, or once the benefit limit has been reached, will be funded from your available day-to-day benefits or Prescribed Minimum Benefits (PMBs), where applicable and in accordance with your chosen benefit option. You can use the Benefit and limit tracker to track your benefit usage to-date. Go to www.lahealth.co.za under My Option and Benefits > Benefits used to view the usage of your limits to-date.

Cover for medicine from the Assisted Reproductive Therapy (ART) Benefit

The accredited network facility that you choose will typically dispense and bill for the medicine that you need as part of your treatment. Where the facility is unable to dispense medicine related to your treatment, your treating provider can give you a script. You will need to let us know if this happens so we can authorise your medicine for delivery or collection from a pharmacy.

In instances wherein your treating provider gives you a script, and before you get your medicine, please upload your script using our MedXpress 'Order medicine' function, available on www.lahealth.co.za or on the Discovery app. To ensure payment from the appropriate benefit, you or your provider need to include a script indicator to confirm that the medicine relates to your treatment for Assisted Reproductive Therapy (ART). Please include this indicator on the script, confirming that it is ART related and include the description of your treatment on the script for example IVF, FET or IUI. This can be handwritten on the script.

Once you have uploaded your script, we will review the medicine and give our authorisation decision within 24 hours. You can then choose to have your medicine delivered to your door within three to five working days or you can collect at your chosen participating pharmacy.

Where approved as part of your treatment, we will pay for the medicine at 75% of the LA Health Rate (LAHR), subject to the overall LA Health Rate for medicine associated with your treatment and the annual Assisted Reproductive Therapy Benefit limit.

Discovery MedXpress is a convenient medicine ordering service that provides seamless ordering of prescribed medicine via SMS, the LA Health website and the Discovery app. You can get your monthly chronic medicine delivered to your door or collect your medicine in-store at a participating pharmacy at no extra cost to you. Learn more about the benefits of using MedXpress and how to order your medicine [here](#).

Please visit the website for more information about [MedXpress](#).

The cover provided through Prescribed Minimum Benefits (PMBs)

Although Assisted Reproductive Therapy is not part of the Prescribed Minimum Benefits (PMB), infertility is classified as a PMB condition by the Council for Medical Schemes (CMS). This means that all schemes must provide funding for the diagnosis, treatment and care of infertility, subject to a defined basket of care, regardless of a member's chosen plan type.

Currently the defined basket of care under the Prescribed Minimum Benefit includes cover for the following:

- Blood tests (day3 FSH/LH, Oestradiol, Thyroid function, prolactin, rubella, HIV, VDRL, Chlamydia, D21 progesterone)
- Counselling and advice on sexual behaviour, temperature charts etc.
- Hysterosalpingogram
- Hysteroscopy
- Laparoscopy
- Ovulation defects and deficiencies
- Semen analysis
- Surgery (uterus and tubal)
- Treatment of local infections

We will continue to fund these procedures from the Prescribed Minimum Benefits (PMBs), subject to registration and approval. We will register your Prescribed Minimum Benefit (PMB) basket of care for infertility once you activate your Assisted Reproductive Therapy Benefit. Semen analysis for male partners also qualifies for cover under the Prescribed Minimum Benefits. You can email the detail of your male partner to PMB_APP_FORMS@discovery.co.za and we will activate the benefit on your behalf.

Please provide your membership number, and that of your partner, if you are not on the same LA Health Medical Scheme policy. We will communicate the outcome of this application by email, within 2 to 3 working days thereafter. For more information on your cover under Prescribed Minimum Benefits (PMBs) please visit our website www.lahealth.co.za and click on Medical Aid > Manage your health plan > Find important documents and certificates.

Blood tests done as part of your assisted reproductive therapy

In preparation to undergo any assisted reproductive therapy, your healthcare professional may perform certain tests. The following pathology tests will be paid from the Assisted Reproductive Therapy (ART) Benefit.

Your treating healthcare professional at a SASREG accredited facility must refer you for these tests. Certain limits may apply. We will pay these claims at a maximum of 75% of the LA Health Rate from the ART Benefit, subject to the overall R122 000 annual limit. You will be responsible for the balance and any claims where the frequency or annual benefit limit has been reached.

Cover from the Assisted Reproductive Therapy Benefit is subject to entry criteria and treatment guidelines

The following benefit entry criteria applies to treatment covered from the Assisted Reproductive Treatment Benefit:

- Cover is available on the LA Health Comprehensive option only
- Female members aged 25 to 39 have access to two cycles of IVF (including egg-donated cycles)
- Female members aged 40 to 42 have access to one cycle of IVF (including egg-donated cycles)
- Female members aged 43 to 50 have access to one egg-donated cycle
- Male and female members registered on the Oncology Programme have access to oocyte and sperm cryopreservation and storage for up to five years. Female members qualify for oocyte cryopreservation up to the age of 42

- Cover is available at all Southern African Society of Reproductive Medicine and Gynaecological Endoscopy (SASREG) accredited facilities and is subject to clinical criteria, protocols and treatment guidelines.

What we cover

You have an overall yearly benefit limit of up to R122 000 for assisted reproductive therapies. This includes:

- In-vitro fertilisation (IVF)
- Frozen embryo transfer (FET)
- Intra-uterine insemination (IUI)
- Cryopreservation for members registered on the Oncology Programme

We pay up to 75% of the LA Health Rate for your treatment. You will need to pay 25% of the cost, any amount in excess of the LA Health Rate and any other treatment that is not covered by this benefit.

Depending on the treatment chosen by your treating doctor and the benefit entry criteria, you may have access to a comprehensive basket of care, which may include cover for the following:

- Consultations
- Radiology (i.e., ultrasounds) and certain pathology tests
- Oocyte retrieval
- Embryo transfer and freezing
- Admission and theatre costs
- Laboratory fees
- Medicine
- Embryo and sperm storage
- The egg donor matching fee related to egg donated cycles
- Sperm and oocyte cryopreservation for members registered on the Oncology Programme

How to activate the Assisted Reproductive Therapy Benefit

If you meet the benefit and clinical entry criteria, you can activate the Assisted Reproductive Therapy (ART) Benefit on www.lahealth.co.za under Medical Aid > Benefits and cover > Most queried benefits. If you are not able to activate the benefit online, you can call us on 0860 103 933 and speak to one of our consultants. We will prompt you to confirm the facility which you have chosen in order to send them confirmation of your benefit activation. If you have not chosen a facility yet, you can always contact us at a later stage to update this.

Important things to remember

If you currently have an active general waiting period, or a waiting period associated with your treatment, your cover will only start once the waiting period has ended. You must meet the benefit and clinical entry criteria at the time of activation to enjoy cover under this benefit.

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If you do not meet the requirements and choose to continue with the treatment for assisted reproductive therapy, you will have to cover the full costs of the treatment. If you still meet the benefit and clinical entry criteria the following years, you do not need to activate the benefit again.

What you need to do to find a healthcare provider

To find a provider in our Network visit www.lahealth.co.za under Hospital and Doctor visits > Find a healthcare professional or Find a healthcare provider on the Discovery app.

Choose a network provider

You need to make use of one of the following Southern African Society of Reproductive Medicine and Gynaecological Endoscopy (SASREG) accredited network facilities for your treatment to be covered. Remember to activate your benefit before your first consultation.

To find a provider in our Network visit www.lahealth.co.za under Hospital and Doctor visits > Find a healthcare professional or Find a healthcare provider on the Discovery app.

Complaints process

You may lodge a complaint or query with LA Health Medical Scheme 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

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