

WELLTH FUND

Overview

The WELLTH Fund helps you to better understand your health by providing cover of up to R10,000 per family, for a wide range of important healthcare services focused on proactive care. It is designed to empower you to take specific action according to your individual health needs.

The WELLTH Fund is activated for the family after all members on the membership complete their Screening Assessment at one of the Scheme's Network providers within a 12-month period. The WELLTH Fund is a once-off benefit and available for a limited period. It helps to preserve your day-to-day benefits available on your chosen benefit option because eligible claims that would normally be paid from day-to-day benefits will be paid from the WELLTH Fund first.

The WELLTH Fund complements and is offered in addition to the Screening benefit. You can view more information in the Screening Benefit Guide on www.lahealth.co.za under Find important documents and certificates.

About some of the terms we use in this document

Some of the terms in this document may not be familiar to you. Here are their meanings.

TERMINOLOGY	DESCRIPTION
Day-to-day benefits	These are benefits for out of hospital healthcare services such as GP consultations and eye tests. LA Keyplus has a defined set of day-to-day benefits.
Scheme Rate	This is the rate paid by LA Health for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
Screening Benefit for adults	A set of essential health screenings and preventive tests for adults who are 18 years and older. It includes certain tests for blood glucose, blood pressure, cholesterol, body mass index and HIV (optional) screening at one of our Wellness Network providers.
Screening Benefit for seniors	In addition to the Screening Benefit for adults, members who are 65 and older have cover for an age-appropriate falls-risk assessment at one of the Scheme's Network providers.
Screening Benefit for children	A screening benefit specifically for children between the ages of two and 18 years. This benefit covers growth assessment tests, including height, weight, head circumference and health and milestone tracking at one of the Scheme's Network providers.

How to access the WELLTH Fund

To activate the WELLTH Fund, each registered beneficiary on your LA KeyPlus membership that is two years or older must complete their age-appropriate, in-person screening assessment at a healthcare provider in the Scheme's Network.

The Scheme will pay for these screening assessments in full from the appropriate screening benefit. You can learn more about this benefit at www.lahealth.co.za > Medical Aid > Benefits and cover.

The WELLTH Fund is a once-off benefit

For existing members, the WELLTH Fund is available for a maximum of two benefit years, from 1 January 2023 until 31 December 2024.

On joining the Scheme, all new members qualify for the WELLTH Fund, which will be valid in the year of joining until the end of the next year.

Your WELLTH Fund Benefit

The available WELLTH Fund limit depends on the number of registered dependants on your membership, and their age.

Once you and all the registered dependants (where applicable) have completed the appropriate screening assessment, you will have access to a combined WELLTH Fund benefit of:

- R2,500 for every adult, and
- R1,250 for every child over the age of two years.

The maximum overall limit for the benefit is R10,000 per membership.

The per beneficiary limit depends on the age of the member or dependant at the date of expiry of the WELLTH Fund. For example:

- If the benefit is activated in 2023, children who turn two years old on or before 31 December 2024 receive the child allocation of R1,250.
- Beneficiaries who are 18 years old on or before 31 December 2024, receive the adult benefit value of R2,500.
- Children who are two years old after 31 December 2024 will not receive a fund value allocation, but are still eligible to use the WELLTH Fund.

Once activated, the WELLTH Fund is available for use by all registered beneficiaries on the membership, regardless of their age. Qualifying healthcare services are covered up to a maximum of the Scheme Rate, subject to the overall benefit limit.

Healthcare services available to you from the WELLTH Fund

The following screening and prevention healthcare services are covered from this benefit:

HEALTHCARE SERVICE	COVER
General health	<ul style="list-style-type: none"> • One consultation at a general practitioner (GP) per person per year* • Dental check-up • Eye check-up • Hearing check-up • Skin cancer screening • Heart consultation • Lung cancer screening for long-term smokers

HEALTHCARE SERVICE	COVER
	<ul style="list-style-type: none"> Medical devices used to monitor blood pressure, blood sugar, cholesterol and weight. The devices must have a registered NAPPI code and be purchased from a registered healthcare provider with a valid practice number (such as a pharmacy dispensary or doctor).
Physical health	<ul style="list-style-type: none"> Diet, nutrition and weight management at a dietitian Physical movement and mobility management at a biokineticist or physiotherapist Fitness Assessment or high-performance fitness assessment in our Wellness Network Foot health management at a podiatrist
Mental health	Mental wellness check-up at a psychologist, paediatrician, nurse, social worker, registered counsellor or psychiatrist
Women's and men's health	Gynaecological and prostate consultations with your doctor, and a bone density check
Children's health	Children's wellness visit, which includes growth and appropriate developmental assessments with an occupational therapist, speech therapist or physiotherapist

Important things to remember

- *GP consultations are limited to one visit per beneficiary per year from the WELLTH Fund, for all healthcare services.
- Network rules apply. As you are registered on the *LA KeyPlus Option*, you must go to your allocated Network GP and dentists and optometrists in the KeyCare Network.
- General Scheme exclusions apply. If cover for specific services are not covered under the LA KeyPlus option, you may not claim for them from the WELLTH Fund. Medicine or ongoing treatment for a diagnosed condition is not covered from the WELLTH Fund.
- Where healthcare services are also eligible for cover from another defined risk benefit, for example the Screening and Prevention Benefit, we will pay the claim from that benefit first, and then only from the WELLTH Fund in instances where that benefit is depleted or unavailable.
- Claims paid from your WELLTH Fund do not impact your day-to-day benefits. We will only use the day-to-day benefits available to you, once your WELLTH Fund limit is reached.
- Cover from the WELLTH Fund is subject to the Scheme's entry clinical criteria, treatment guidelines and protocols.

How to find a healthcare provider that is in the Network

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 the Scheme 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 Scheme's 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