

## Maternity Benefit

### 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 make the most 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 some of the terms we use below.

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 charges more than this rate, you will have to pay the shortfall amount from your pocket.
LA Health Rate	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.

### 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 the cover provided by 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. If you are a LA KeyPlus member, you need to go to your chosen KeyCare Network GP for your consultations.

We pay for:

- one lactation consultation with a registered nurse or lactation specialist, at the LA Health Rate
- one nutrition assessment with a dietician, at the LA Health Rate

- two consultations with a GP, gynaecologist or psychologist for mental healthcare services, and
- 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. Please note that we pay for 3D and 4D scans up to the LA Health Rate for 2D scans.

You are also covered for one Non-Invasive Prenatal Test (NIPT), or one T21 Chromosome Test, which we cover 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:

- bHCG - to confirm pregnancy
- Glucose
- HIV (Elisa)
- Blood cross-matching (Rh antigen)
- Coombs-Antiglobulin
- Syphilis
- 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. We pay these consultations up to the LA Health Rate for a period, up to two years after the birth, from the date of benefit activation.

### For the newborn baby

The Scheme pays for up to two GP, paediatrician or ear, nose and throat specialist (ENT) visits for each child that is registered on LA Health, who is younger than 2 years of age.

### 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	Cover for antenatal classes
LA Comprehensive	R2 095 per year for each beneficiary for each pregnancy
LA Core	Limited to funds in your Medical Savings Account (MSA)
LA Engage	Limited to funds in your Medical Savings Account (MSA)
LA Active	Limited to funds in your Medical Savings Account (MSA)
LA Focus	Limited to funds in your Medical Savings Account (MSA)
LA KeyPlus	Not available on this Option

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

Benefit Option	Cover for 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. Note that 3D and 4D scans are paid up to the LA Health Rate for 2D scans.
LA Core	Two 2D scans paid from Medical Savings and thereafter from your Extended Day-to-day Benefit. Note that 3D and 4D scans are paid up to the LA Health Rate for 2D scans.
LA Active	Two 2D scans paid from your Medical Savings and thereafter from your Extended Day-to-day Benefit. Note that 3D and 4D scans are paid up to the LA Health Rate for 2D scans.
LA Engage	Two 2D scans paid from your Medical Savings and thereafter from your Extended Day-to-day Benefit. Note that 3D and 4D scans are paid up to the LA Health Rate for 2D scans.
LA Focus	Two 2D scans paid from your Medical Savings. Note that 3D and 4D scans are paid up to the LA Health Rate for 2D scans.
LA KeyPlus	Cover is subject to the LA KeyPlus radiology formulary, and paid at 100% of the LA Health Rate, if performed by an LA KeyPlus GP accredited for radiology. Cover will be subject to the funds available in the Specialist Benefit, if referred by a specialist.

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

You receive full cover when you make use of the services provided by the Scheme's Designated Service Providers (DSP). We cover services provided by other healthcare professionals up to 100% of the LA Health Rate, subject to your available day-to-day benefits of your chosen benefit option.

### Newborn screenings

These assessments are used to detect genetic, metabolic, and endocrine disorders. The blood test is performed on the baby 48–72 hours after birth, by way of heel prick.

We provide cover for these assessments up to 100% of the LA Health Rate, and pay for it from the Medical Savings. If you have run out of funds, you will have to cover the cost from your own pocket.

### Doulas

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

Note that this benefit is not offered on the LA KeyPlus Option.

### During your Hospital Stay

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

We pay the hospital account from the Major Medical Benefit. All related accounts such as those for the gynaecologist, midwife, anaesthetist and other healthcare providers will be paid up to 100% of the LA Health Rate, from the Major Medical Benefit.

You can benefit by using the services of healthcare professionals participating in the direct payment arrangements relevant to your benefit option, as we 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 cover the services provided by a midwife up to the LA Health Rate, provided you are making use of a registered practitioner with a valid practice number. Cover is provided for up to three days after the delivery.

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

### **We cover water births in hospital or at home**

If you are admitted to hospital and choose to have a water birth, we provide cover for up to three (3) days and two (2) nights.

If you choose to have a water birth at home, we pay for the cost of the hire of a birthing pool from the Major Medical Benefit. The pool must be hired from a registered provider with a valid practice number.

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

### **Treatment for neonatal jaundice**

If your baby needs phototherapy for neonatal jaundice, we provide cover for the phototherapy lights from the Major Medical Benefit. You must confirm the treatment with us.

### **Antiretroviral medicine to prevent mother-to-child transmission**

We pay for HIV medicine to prevent mother-to-child transmission of HIV from the Major Medical Benefit. Please refer to the *HIVCare* brochure or call the *HIVCare* team on 0860 103 933 for assistance or information.

### **We cover medically necessary circumcisions from the Major Medical Benefit**

We pay for medically necessary circumcisions from the Major Medical Benefit, up to the LA Health Rate. You must call us to preauthorise the procedure. Please call 0860 103 933.

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

## We do not cover

- 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 from your Maternity Benefits

### Tell us about your pregnancy

LA Health covers the birth of your baby at a hospital or day clinic. We also provide cover for a doctor or a midwife to assist during the birth in-hospital, or for the birth at home with the help of a midwife. It is important to inform us of your pregnancy. Please call 0860103 933.

### How to activate your Maternity Benefit

The cover for the maternity and early childhood benefits will be available from the date of activation of the Maternity Benefit:

- When you create your pregnancy or baby profile on [www.lahealth.co.za](http://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 the last 24 months, you can activate the benefits that are available after the birth by creating your baby's profile on [www.lahealth.co.za](http://www.lahealth.co.za). Your baby will be covered under the Maternity Benefit until their second birthday.

Please call us on 0860 103 933 or visit [www.lahealth.co.za](http://www.lahealth.co.za) to activate your maternity and early childhood benefits, to find out how you are covered and to authorise your hospital admission.

When contacting us for authorisation of 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)

\*Note: your doctor or midwife must give you these codes.

### Understand your benefits

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

To access full Prescribed Minimum Benefit cover when you are in hospital, you must use a doctor, Specialist or other healthcare provider working at a hospital or facility in the Scheme's network. We will pay the account in full when you go to a Network facility. 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 60 days of birth

We automatically cover newborns under the parent's name up to the last day of the month of birth. For example, if your baby is born on 20 May, they will have automatic cover from 20 May until 31 May under your name, as long as you add the newborn onto your membership.

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 60 days of the date of birth.

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

## Contact us

You can contact us on 0860 103 933 or visit [www.lahealth.co.za](http://www.lahealth.co.za) for more information.

## 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](mailto:complaints@medicalschemes.co.za) / [www.medicalschemes.co.za](http://www.medicalschemes.co.za)