

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 a 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 available day-to-day benefits because eligible claims that would normally be paid from your 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 about the Screening Benefit on www.lahealth.co.za under Find a document.

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 Health 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 screening assessments and preventive tests for adults who are 18 years and older, including certain tests for blood glucose, blood pressure, cholesterol, body mass index and HIV (optional), at one of our 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 assessments, 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 Health 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 from the appropriate Screening Benefit. You can learn more about this benefit at www.lahealth.co.za > What we cover.

The WELLTH Fund is a once-off benefit

The WELLTH Fund is a once in a membership-lifetime benefit, available to every beneficiary of the Scheme. The benefit is allocated according to the size and make-up of the membership:



R2 500 per adult
(>18 years old)



R1 250 per child
(>2 years old)



Up to a maximum of
R10 000 per membership

Once the benefit is activated, any registered beneficiary on the membership can make use of any portion of the benefit, subject to the applicable criteria.

Access to the WELLTH Fund

New members on LA KeyPlus, LA Focus, LA Active, LA Engage, LA Core and LA Comprehensive

If you have joined the Scheme in 2026, you have access to the benefits when you activate the WELLTH Fund by completing the appropriate screening assessment.

Existing members moving to LA Engage from 1 January 2026

If you were on one of the other benefit options offered by the Scheme and have changed to LA Engage from 1 January 2026: you will still have access to the available, unused WELLTH Fund benefits until 31 December 2026, provided you activated the WELLTH Fund in 2025. If you did not activate the WELLTH Fund before moving to LA Engage, you do not have access to the benefit in 2026.

Your WELLTH Fund Benefit

The available WELLTH Fund is calculated based 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 2026, children who turn two years old on or before 31 December 2027 receive the child allocation of R1 250.
- Beneficiaries who are 18 years old on or before 31 December 2027, receive the adult benefit value of R2 500.

- Children who are two years old after 31 December 2027 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 LA Health 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 * • Dental check-up • Eye check-up • Hearing check-up • Skin cancer screening • Heart consultation • Lung cancer screening for long-term smokers • Medical devices used to monitor blood pressure, blood sugar or cholesterol. 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 from the WELLTH Fund, for all healthcare services.
- Network rules apply. If you are registered on the *LA KeyPlus Option*, you must go to your allocated Network GP, dentists and optometrists in the KeyCare Network. You will also need a GP-to-Specialist referral and authorisation to access Specialist screening and prevention check-ups covered by the WELLTH Fund.
- LA Focus members must use the services of a Dental Risk Company (DRC) Network dentist.
- 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 Benefit, we will pay the claim from that benefit first, and from the WELLTH Fund when that benefit is depleted or unavailable.
- Claims paid from the WELLTH Fund do not impact your day-to-day benefits. We will only pay claims from the available day-to-day benefits once your WELLTH Fund limit is reached.
- Cover from the WELLTH Fund is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.
- General Scheme exclusions apply. If cover for specific services is not covered under your LA Health benefit option, you may not claim for them from the WELLTH Fund.

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