



# PRESERVE YOUR HEALTH WITH SCREENING TESTS

*In 2020, COVID-19 disrupted our usual way of life with lockdowns and improved hygiene habits during the new normal. With the lockdown restrictions and the virus, many people avoided doctors, hospitals and pharmacies, and didn't have their yearly health checks.*

*This means that your body could have had an extra year to hide the early signs of potentially serious medical conditions. The only way to know what your health status is, is to go for preventive screenings. Keep in mind that the earlier you detect problems, the better treatment works.*

## Have a health check each year

At LA Health, we believe that everyone should go for basic yearly screenings to check their:

- Blood sugar
- Blood pressure
- Cholesterol
- Body mass index (BMI)

You can have an HIV test done at the same time.

These screenings can show you if you're at risk of developing diabetes, high blood pressure, high cholesterol or other conditions that can lead to heart disease or even a stroke. You need to know your screening test measurements since they're often the first signs that you're developing a condition. You can catch a condition long before you start showing symptoms.

We pay for one health check (consisting of the checks mentioned above) a year for each member or for one flu vaccination from your Screening and Prevention Benefit as long as you have them all done at the same time at a wellness healthcare provider. We pay for this screening test without affecting your Medical Savings Account (if you have one) or your other day-to-day benefits.

## More cover for screening tests and preventive care

We cover a range of screening tests based on our members' sex, age and chronic conditions.

### Screening tests for adults

There are limits to how often we pay for screening tests. As a member of LA Health, you also have cover for the following screening tests for adults from the Preventive and Screening Benefit:

- **Mammogram:** one every two years for women over the age of 40.
- **Pap smear:** one a year for women.
- **HPV test:** one every five years for females who are HIV negative, or one every three years for females who are HIV positive, instead of a Pap smear test (LA KeyPlus only).

- **Prostate-specific antigen (PSA) test:** one a year for men.
- **Seasonal flu vaccine:** one a year for members older than 65 years or members who are registered for certain chronic conditions.



We pay for these tests at up to the LA Health Scheme Rate.

This means that if you get the test or vaccine from a network provider, we pay for it in full and you won't have to pay in.

For more information on your benefits and cover, visit

[www.lahealth.co.za](http://www.lahealth.co.za) or read your 2021 benefit brochure.



# HOW CAN YOU SAVE MONEY ON OVER-THE-COUNTER MEDICINE?

When you feel unwell but not sick enough to need a doctor, a pharmacy is often your first stop.

You can get schedule 0, 1 and 2 medicine without a doctor's prescription. We call this over-the-counter medicine.

## Your cover depends on your benefit option

LA Health pays for over-the-counter medicine from your Out-of-Hospital Benefit at cost, subject to a yearly limit of R1 500. LA KeyPlus is excluded from this benefit.

No matter your benefit option, it's smart to limit how much you spend on over-the-counter medicine, so you know you have benefits available when you need them.



## Make sure you have benefits when you really need them

Here are three tips for making your benefits stretch further:

### CHOOSE GENERIC

Generic medicine has exactly the same active ingredients as the brand-name medicine. They just tend to be more affordable.

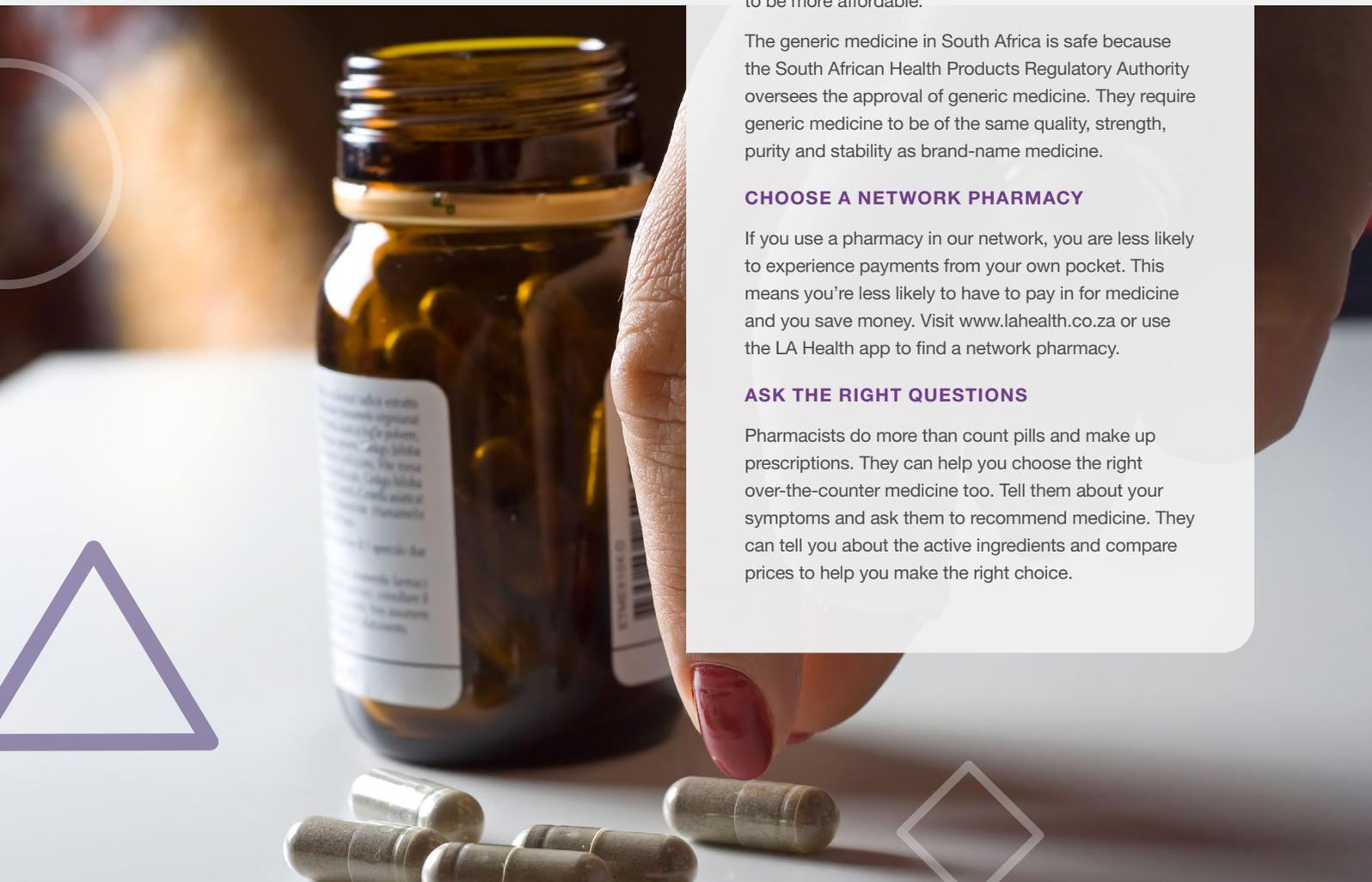
The generic medicine in South Africa is safe because the South African Health Products Regulatory Authority oversees the approval of generic medicine. They require generic medicine to be of the same quality, strength, purity and stability as brand-name medicine.

### CHOOSE A NETWORK PHARMACY

If you use a pharmacy in our network, you are less likely to experience payments from your own pocket. This means you're less likely to have to pay in for medicine and you save money. Visit [www.lahealth.co.za](http://www.lahealth.co.za) or use the LA Health app to find a network pharmacy.

### ASK THE RIGHT QUESTIONS

Pharmacists do more than count pills and make up prescriptions. They can help you choose the right over-the-counter medicine too. Tell them about your symptoms and ask them to recommend medicine. They can tell you about the active ingredients and compare prices to help you make the right choice.



# FEEDBACK FROM THE 2020 ANNUAL GENERAL MEETING

*A successful Annual General Meeting was held on 26 November 2020. Unfortunately, due to COVID-19 considerations, very few members attended the meeting.*

## Report to members

A while before the Annual General Meeting was held, we sent copies of all the relevant documents to all members for information about the Scheme's financial position as at 31 December 2019.

At the Annual General Meeting, the Principal Officer, Mr André de Koker, reported on the Scheme's performance after the finalisation of the 2019 audit, and the impact of the COVID-19 epidemic on the Scheme.

Mr De Koker confirmed the Scheme has maintained its status as market leader in local government, with around 84,000 members at 31 March 2020 (41% of the market share), having taken on more than 7,000 new members in the year from March 2019.

The Principal Officer indicated that the Scheme has consistently maintained a positive healthcare result, expertly balancing the need for affordable and comprehensive, quality private healthcare cover. Despite the significant and consistent membership growth over the years, and bearing in mind that new members enter the Scheme with no reserves, LA Health had managed to increase its solvency level to 42.7%. That ensured the Scheme could withstand planned or unplanned costs, such as the financial impact of the COVID-19 pandemic during 2020.

After the feedback from the Principal Officer, the Annual General Meeting considered and accepted, inter alia, the following:

- The Annual Financial Statements and the Auditor's Report for 2019;
- The Board of Trustees Annual Report.

The Meeting also referred the motions received from members, relating to the implementation of a limit for OTC medicine for 2021, for consideration by the Board of Trustees for a final decision.

## Why must you attend the Annual General Meeting

Very few members have over the last few years attended the Annual General Meetings of the Scheme. Considering that this is the place where members receive feedback from the Board of Trustees and keep an eye on their interests in the Scheme, the low attendance is of concern to the Board of Trustees.

The Medical Schemes Act and the Rules require that the Scheme must hold Annual General Meetings where members may voice their views. Bearing this in mind, the Scheme remains committed to finding a solution that will ensure increased attendance and participation at future Annual General Meetings of the Scheme.

Watch out for the notices of the 2021 Annual General Meeting as it will be an important one where the newly elected Board members will be introduced!

## An overview of recent events

The Scheme ended 2020 with 89,041 principal members and an increased solvency of 49%.

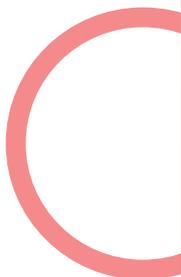
During 2020, many members postponed their planned surgeries and far fewer visits were made to GP's and Specialists. These trends are assumed to be directly related to the COVID-19 pandemic and lockdown restrictions imposed by the Government to contain the spread of the virus. It is predicted that more of these healthcare services will be used during 2021, as the pandemic is brought under control and vaccines are rolled-out. This will increase the Scheme expenditure and may result in reducing the Scheme solvency to a more realistic level.

It is however very important for a Scheme to have enough reserves to absorb the impact of an event like the COVID-19 pandemic without finding it difficult to continue to pay claims. Through the excellent leadership of the Board of Trustees and the Scheme Management, LA Health has demonstrated that despite the steady increase in membership over years, the Scheme remains in a sound financial position and is able to continue to provide high levels of cover for the healthcare needs of our members – both in- and out-of-hospital.





You can find all you need to know about the COVID-19 pandemic, what you need to do when you must undergo screening and the latest news about the rollout of the vaccines on [www.lahealth.co.za](http://www.lahealth.co.za)



## LA HEALTH AND COVID-19

From March 2020 to Friday 19 February 2021:

- 50,140 members had a COVID-19 test
- 15,270 of these COVID-19 tests were positive
- 3,757 of the positive members were admitted to hospital
- 207 of these members are currently in hospital; and
- 379 of the Scheme's beneficiaries have died from COVID-19 infections.



# HAVE YOUR SAY IN THE 2021 TRUSTEE ELECTIONS

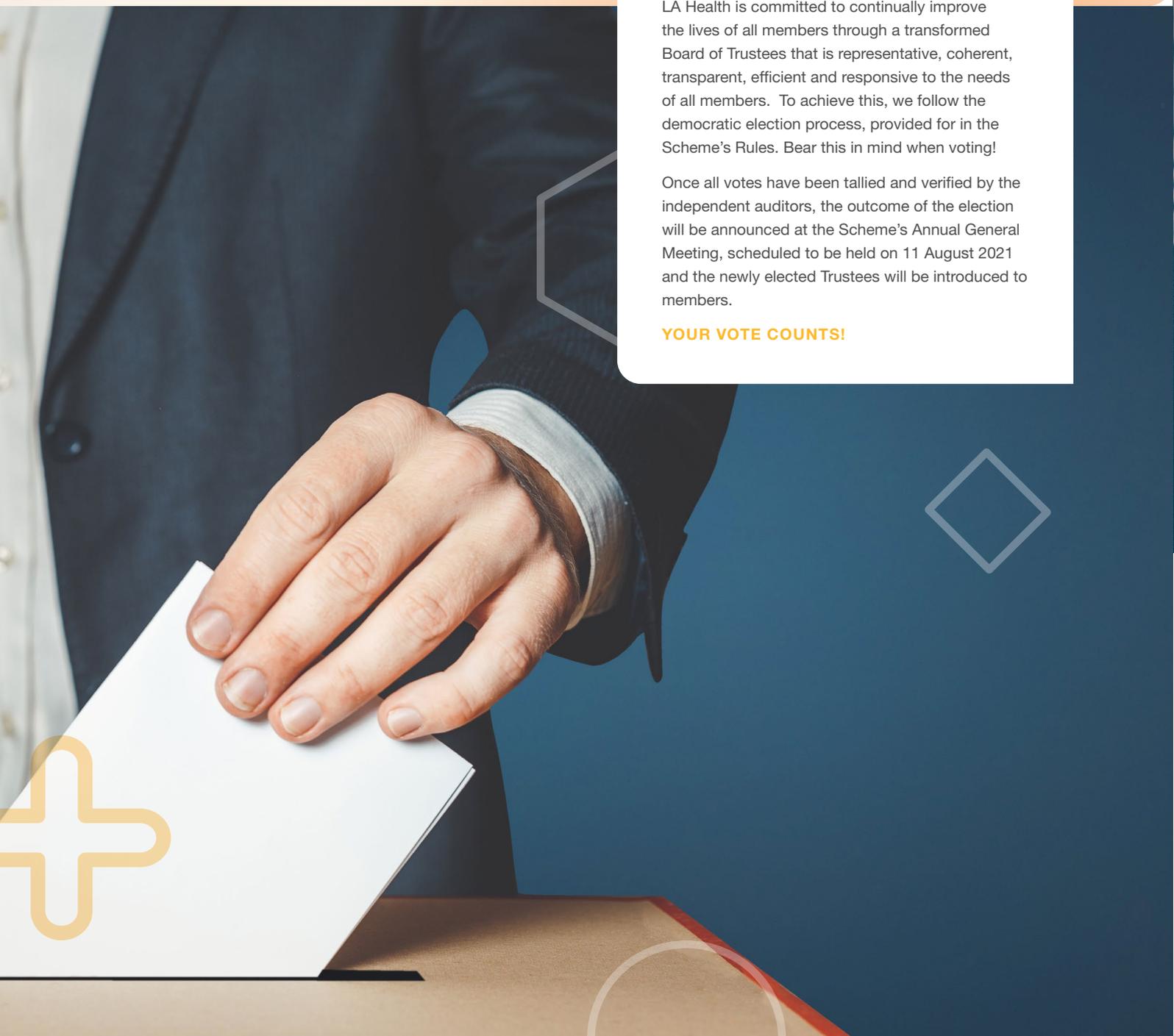
As an LA Health member, you should by now have received the call for nominations in the LA Health Board of Trustees Elections taking place this year. The closing date for submissions for nominations was 12 March 2021 for electronic nominations and 19 March 2021 for postal nominations.

Once the nominations have been verified by our independent auditors KPMG, voting will take place between 23 April 2021 and 28 May 2021. As a Principal member of the Scheme, you have a say in the composition of the Board when you vote for 8 suitable candidates to fill the positions up for election.

LA Health is committed to continually improve the lives of all members through a transformed Board of Trustees that is representative, coherent, transparent, efficient and responsive to the needs of all members. To achieve this, we follow the democratic election process, provided for in the Scheme's Rules. Bear this in mind when voting!

Once all votes have been tallied and verified by the independent auditors, the outcome of the election will be announced at the Scheme's Annual General Meeting, scheduled to be held on 11 August 2021 and the newly elected Trustees will be introduced to members.

**YOUR VOTE COUNTS!**



UPDATES TO THE

# OVER-THE-COUNTER (OTC) MEDICINE BENEFIT

*A forensic analysis conducted last year, identified a concerning pattern of excessive OTC medication use. In some cases, members were claiming for more unscheduled OTC medicine than what a family could safely consume in a year.*

By means of an example, in two separate instances:

- A family claimed 1, 152 sachets of Bioplus under each of the registered beneficiaries on the membership, totalling R4, 154.08 by 1 January 2021.
- Another family claimed numerous sachets of Turbovite, Gavison, Bioplus, Citris Soda and Grandpa to the value of R3, 448.62 by 2 January 2021.

The Scheme has an obligation to its entire membership base to provide benefits that address as many needs as possible, without increasing contributions at a level that is unsustainable for members. If left unchecked, excessive claims can result in the need for higher contribution increases in the future.

## Review of benefit change for 2021

The Scheme would like to acknowledge the concerns raised by members regarding the introduction of this limit on OTC medicine.

The increased use of OTC medicine is undoubtedly linked to the choice of members to increasingly self-medicate during the COVID-19 pandemic period. Given this increased utilisation and based on recent claims data, the Board of Trustees has reviewed member requests for an OTC limit increase, and have approved the following benefit change:

- The current OTC medication limit of R1 200 per person per year will be increased to R1 500 per person per year with effect from 1 March 2021. This increase will provide an additional R300 per beneficiary for the year for OTC medicine.

## Members have sufficient access to otc medicine

The value of the OTC Benefit cannot be underestimated and the Scheme fully supports the use of scheduled OTC medicine to treat minor ailments. Whilst members must have adequate access to OTC medication, excessive claims of unscheduled medication can be detrimental to a member's health and negatively impact the Scheme's long-term sustainability.

We believe the increased benefit limit will provide adequate access for our members who are using the benefit in a responsible manner.