

Welcome and where to ask questions

Welcome to 2022 and welcome (back) to LA Health. We're a local government medical scheme with more than 50 years' experience. This means we know how to offer benefits and keep offering cover over time.

We and our call centre consultants know our benefits well, but we know getting to know all our benefits can be tricky. That's why we've put together all our contact details so you know where to ask if you have any questions about your membership, your benefits, or just how LA Health works.

It's important for the main member to talk to us if you want to make any changes to your membership. If you need help, ask your financial adviser to do the admin on your behalf. To protect your sensitive personal information, only the main member or your financial adviser should speak to LA Health for you. To protect your information, we can't speak to anyone else about your membership.

Save these contact details on your phone

These are our most important contact details. We suggest that you save these details so you don't have to look for them if you have a quick question or if there's an emergency.

In a medical emergency:

- Call 0860 999 911.

If you have questions about how LA Health works:

- Visit www.lahealth.co.za
- Email service@discovery.co.za, or
- Call 0860 103 933.

Get your admin done

Call us ahead of time if you need to go to hospital:

- Use the Discovery app, or
- Call 0860 103 933.

By calling us you make sure that we will pay for your stay in hospital and you can find out if there is anything we don't pay for.

Send your claims:

- Use the Discovery app
- Use the website, www.lahealth.co.za
- Email claims@discovery.co.za
- Fax 0860 329 252
- Post them to PO Box 652509, Benmore 2010 or PostNet Suite 116, Private Bag X19, Milnerton 7435.

Change your chronic medicine:

- Call 0860 103 933.

Report fraud

Let us know if you think someone is misusing or abusing LA Health benefits. You can call this number to let us know without having to tell us who you are:

- Fraud hotline: 0800 004 500.

WHO Global Outbreak Benefit

How your cover for COVID-19 works

COVID-19 has been in South Africa for about two years. We've faced four waves of infections and many new variants. We're suspicious of every cough and snuffle. With the pandemic, things keep changing, so we'd like to remind you of your benefits for COVID-19 and how they work.

I want protection against COVID-19.

Do you pay for vaccination?

Anyone who is 12 years or older can get vaccinated against COVID-19 in South Africa. We pay for the vaccine without using your day-to-day benefits.

Getting vaccinated against COVID-19 isn't a guarantee that you won't get sick. However, it does mean that you're much less likely to get seriously ill, need to go to hospital, or die if you do get COVID-19.

If you're not vaccinated yet, simply register on [EVDS](#) and head to your closest vaccination site.

I think I might have COVID-19.

Will you pay for my test?

If you think you might have COVID-19, you must first see a doctor. The GP will decide if you need to go for a COVID-19 test or not. If you need to go for a test, they will give you a note and tell you where to go.

We pay for COVID-19 tests from your Major Medical Benefit. This means getting tested does not use up the money in your Medical Savings Account (if you have one) or use up your day-to-day benefits.

Once you've had your test done and the results are ready, you usually get an SMS. The SMS will say that you tested 'negative' (you don't have COVID-19) or 'positive' (you have COVID-19) for SARS-CoV-2 (the virus that causes COVID-19).

The test shows I have COVID-19. What now?

We pay for a list of doctor's visits, blood tests and swabs, treatment and medicine for COVID-19 from the WHO Global Outbreak Benefit.

For us to pay for everything without using your day-to-day benefits, you must see a doctor who is a designated service provider (network doctor for LA KeyPlus) and use the specific treatment and medicine on our lists. To find a designated service provider, visit www.lahealth.co.za or call 0860 10 39 33.

You have cover for:

- Mild COVID-19 that you can treat at home from the Major Medical Benefit
- COVID-19 treatment in hospital from the Hospital Benefit
- Long COVID

Our system should pick up that you have COVID-19 from the codes on the claims we receive.



Discontinuation of claims boxes

We've stopped using claim boxes

You might have noticed an empty spot where the Discovery Health claim boxes used to be. This isn't a mistake or because the box got stolen; it's because we've decided to stop using claim boxes.

We took the boxes away because people weren't using them

Everything changed when the COVID-19 pandemic started. We started wearing masks and avoiding touching shared objects and surfaces. People also started using digital tools (like the LA Health website, the Discovery app and email) instead of dropping claims in the claim boxes.

Since the claim boxes weren't being used often anymore, we decided to stop using them.

How to send us claims instead

When you visit a doctor, a pharmacy or any healthcare provider, ask them if they will send us the claim or if you have to pay them first and then claim back from LA Health. **You only have to send us a claim if you have already paid the whole account and you want us to pay you back.**

How to claim:



▶ If you have a smartphone

Use the Discovery app to submit your claim. You can use your phone camera to take a photo of your account.



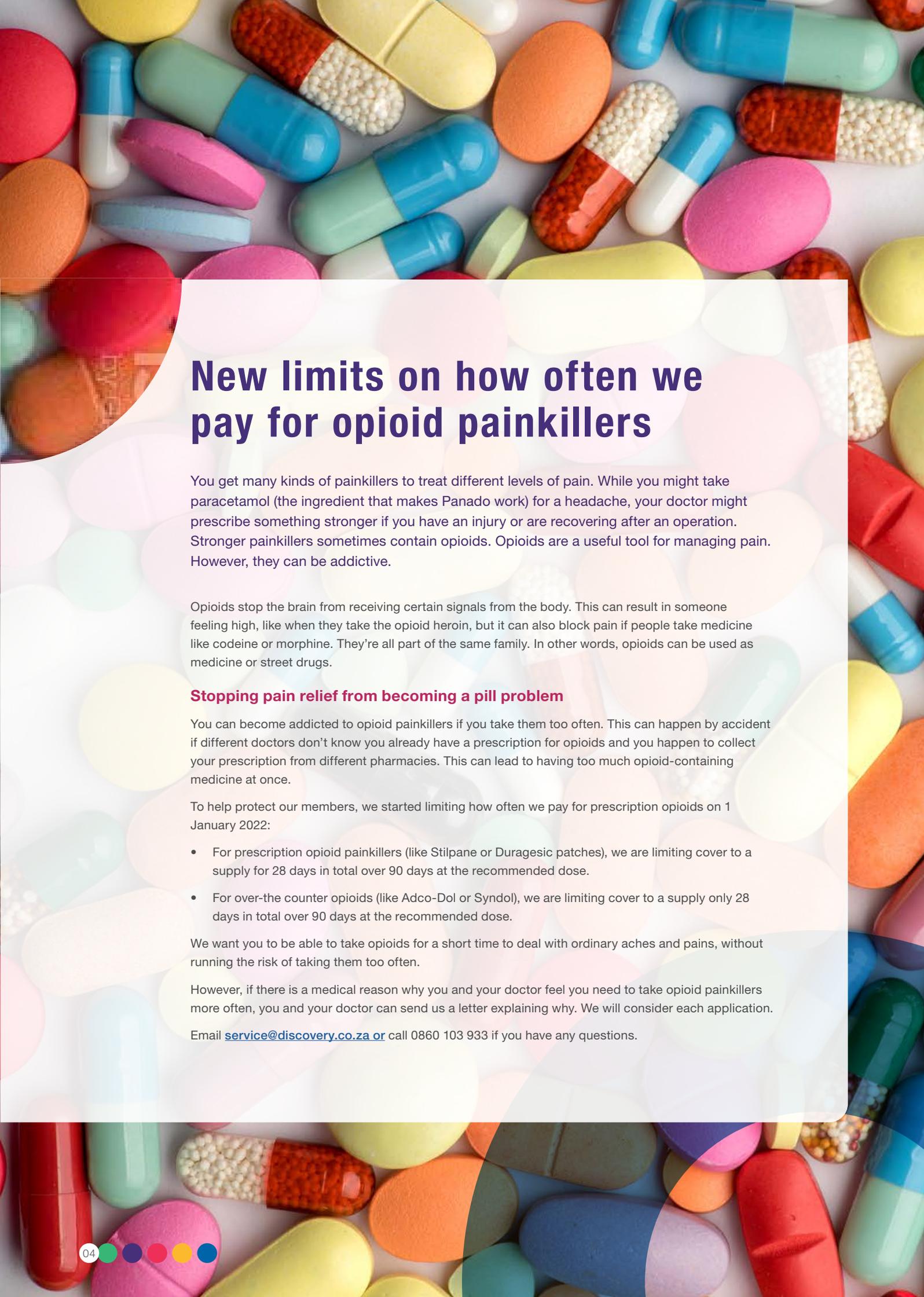
▶ If you have access to the internet

Scan your account and send it to us through the website (www.lahealth.co.za) or email it to claims@discovery.co.za.



▶ If you don't have internet access

Post your claims to LA Health, PostNet Suite 116, Private Bag X19, Milnerton 7435 or PO Box 652509, Benmore 2010.



New limits on how often we pay for opioid painkillers

You get many kinds of painkillers to treat different levels of pain. While you might take paracetamol (the ingredient that makes Panado work) for a headache, your doctor might prescribe something stronger if you have an injury or are recovering after an operation. Stronger painkillers sometimes contain opioids. Opioids are a useful tool for managing pain. However, they can be addictive.

Opioids stop the brain from receiving certain signals from the body. This can result in someone feeling high, like when they take the opioid heroin, but it can also block pain if people take medicine like codeine or morphine. They're all part of the same family. In other words, opioids can be used as medicine or street drugs.

Stopping pain relief from becoming a pill problem

You can become addicted to opioid painkillers if you take them too often. This can happen by accident if different doctors don't know you already have a prescription for opioids and you happen to collect your prescription from different pharmacies. This can lead to having too much opioid-containing medicine at once.

To help protect our members, we started limiting how often we pay for prescription opioids on 1 January 2022:

- For prescription opioid painkillers (like Stilpane or Duragesic patches), we are limiting cover to a supply for 28 days in total over 90 days at the recommended dose.
- For over-the-counter opioids (like Adco-Dol or Syndol), we are limiting cover to a supply only 28 days in total over 90 days at the recommended dose.

We want you to be able to take opioids for a short time to deal with ordinary aches and pains, without running the risk of taking them too often.

However, if there is a medical reason why you and your doctor feel you need to take opioid painkillers more often, you and your doctor can send us a letter explaining why. We will consider each application.

Email service@discovery.co.za or call 0860 103 933 if you have any questions.

Fraud awareness

What does medical aid fraud have to do with you?

Most healthcare providers and medical scheme members are honest and use medical scheme benefits to help members. So why do we have to worry about fraud? According to recent information, about [R22 billion a year](#) is lost to medical schemes from fraud and abuse of medical scheme membership. And that lost money belongs to members of medical schemes.

When someone steals from a medical scheme, they steal from you

You might be surprised to learn that medical schemes don't make money. They're not-for-profit organisations, which is why you can claim for your membership fees when you file your tax returns each year.

What happens to the money you pay each month? Medical schemes take all your monthly contributions and put them together. They then use the scheme rules and your benefits to decide what to pay for.

Medical scheme fraud touches your pocket and your benefits

One of the reasons your monthly payment becomes more each year is to make up for money lost due to medical aid fraud. The medical schemes need to have funds so we can pay for you to go to the doctor, go to hospital, and get the medicine you need.

If there's a lot of medical aid fraud, schemes can also make their rules stricter. This makes it more difficult for people to misuse their benefits, but it also means more effort for the many members who have done nothing wrong.

Help us stop medical aid fraud

If you think someone is misusing their scheme benefits (like letting someone else use their membership), or suspect a doctor (for example, the doctor sends us claims for treatment you didn't get), please let us know. You don't even have to give your name.

Email discovery@tip-offs.com

Toll-free phone number: 0800 00 45 00

Toll-free fax: 0800 00 77 88

Post: Freepost DN298, Umhlanga Rocks 4320

Chronic Illness Benefit

Don't use up your day-to-day benefits for lasting conditions

Sometimes you become ill with a condition that goes away after you finish taking the pills the doctor prescribed. Or you may have a condition that doesn't go away. We call them 'chronic conditions'. It's essential to take medicine for chronic conditions such as asthma, diabetes and high blood pressure to keep symptoms under control.

If your lasting condition is on our list, you can register for the Chronic Illness Benefit so we pay for the tests, medicine and care you need without using your day-to-day benefits (like the money in your Medical Savings Account). The list of all the conditions we pay for from the Chronic Illness Benefit is on the application form.

When you or your doctor registers for the Chronic Illness Benefit, we send you a letter explaining exactly what we will pay for and if you have to pay for anything yourself. Please read this letter carefully.

How the Chronic Illness Benefit works

We don't automatically pay for treating lasting conditions from the Chronic Illness Benefit.

For us to pay for treating your condition from the Chronic Illness Benefit:

- Your medical condition must be on our list (you can see it on the application form).
- You or your doctor must apply for cover from the Chronic Illness Benefit and send us proof that you have the condition.
- The treatment you need must be on our list and there are limits to cover.
- You must use a doctor and healthcare providers in our networks. If you use a healthcare provider who isn't part of our network, you may have to pay part of the claim yourself.
- Your medicine has to be on our list (formulary).

How to apply for the Chronic Illness Benefit

If you are diagnosed with any of the conditions on our list, you must register for the Chronic Illness Benefit. If you do not apply for the Chronic Illness Benefit, we pay for your medicine from your day-to-day benefits as long as funds are available.

To apply, your doctor must complete the Chronic Illness Benefit application form and send this through to us or apply using HealthID. We will let you know if your application has been approved.



Designated service providers

We pay in full if you use designated service providers

You want to avoid paying extra when you visit a doctor, and you want your LA Health benefits to last. You can't change how often you get sick, but you can make your benefits and your own money last longer by visiting designated service providers.

What is a designated service provider?

For LA Health, a designated service provider and a network provider are the same thing. They are healthcare providers (like GPs, specialists, hospitals and pharmacies) LA Health has an agreement with to treat [Prescribed Minimum Benefit conditions](#). As part of our agreement, they must charge our rate and give care that meets our quality standards.

Why use a designated service provider?

When you use a designated service provider:

- You just make the appointment and show up.
- We pay them directly, and you don't have to pay them anything yourself (you don't have a co-payment).
- We know each other, so LA Health and the providers do all the admin for you. The providers know what medicine and treatment we pay for.

How do I know if my healthcare provider is a designated service provider?

You can use the Find a provider tool on the Discovery app or the LA Health website at www.lahealth.co.za to find a doctor in our network or check if your doctor is part of our network.

How to find a NEW designated service provider

To find a new doctor, go to Find a healthcare provider on the LA Health website or the Discovery app.



Website:

- On the left, choose the kind of healthcare provider you want to find (for example dentist or general practitioner).
- On the right, choose your area.
- Click on the search icon. The website will give a list of providers.
- Choose one that has **Full network cover** in the description.



Discovery app:

- Touch the icon of the kind of healthcare provider you want to find or type it in the top search bar.
- Choose one that has a tick with the word **Consultation** in green.

How to check if your healthcare provider is in our network

To check if your provider is in our network, go to Find a healthcare provider on the LA Health website or the Discovery app.



Website:

- On the left, enter your healthcare provider's name.
- Choose their name from the drop-down list.
- The website will tell you what kind of cover you have for the healthcare provider.



Discovery app:

- Type your doctor's name in the search bar.
- Touch their name to see what kind of cover you have.

Travelling? What to do if you need more than a month's worth of medicine



It's possible to travel again; it just takes some planning. If you have a chronic condition or have a repeat prescription, making sure you have enough of your medicine is an important part of the process. Depending on where you're going and how much medicine you need, you can use your scheme benefits for the medicine as long as you let us know ahead of time.

You no longer have to complete a form to apply for cover of an extended supply of medicine. You can request authorisation via email or by calling us.

Your cover for an extended supply of medicine

You've always been able to apply for cover for an extended supply of medicine if you're planning to visit other countries. Now, you can apply even if you're staying inside South Africa's borders, and it's now easier to apply.

What's changed about getting more than one month's prescription

How much medicine you can get ahead of time depends on where you're going

	BEFORE	NOW
	Complete a Request for extended supply of medicine form	Email chronicqueries@discovery.co.za or call us on 0860 103 933 to request the extended supply
One extra month's supply of your medicine	<ul style="list-style-type: none"> Going overseas Have proof that you're going 	<ul style="list-style-type: none"> Going far from your usual network pharmacy in South Africa Going overseas
Up to four extra months' supply of your medicine	<ul style="list-style-type: none"> Going overseas Have proof that you're going 	<ul style="list-style-type: none"> Going overseas Have proof that you're going
Five or six extra months' supply of your medicine	<ul style="list-style-type: none"> Going overseas Have proof that you're going 	<ul style="list-style-type: none"> Going overseas Travelling in South Africa far from a network pharmacy <p>You must have proof of where you're going and how long you will be there</p>

If you need to get a supply for a longer time, contact us and let us know. The Scheme will decide whether or not to cover a supply of more than six months' medicine case by case.

This list of hospitals is subject to change. You will always find the most updated list on the Scheme's website at www.lahealth.co.za
If there is any discrepancy between this document and the registered Scheme Rules, the Rules will always apply.

● Client Services 0860 103 933 ● Fax 011 539 7276 ● www.lahealth.co.za ● service@discovery.co.za ●

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