

2021 LA

COMPREHENSIVE

ABOUT THIS BENEFIT OPTION



REASONS WHY THE LA COMPREHENSIVE OPTION IS THE BEST CHOICE FOR YOU

This Option has a Major Medical Benefit for all in-hospital and large expenses. It provides cover for medicine for Chronic Disease List conditions that form part of the Prescribed Minimum Benefits, as well as several additional chronic conditions. It pays for some day-to-day expenses from a Medical Savings Account, with additional cover through the Above Threshold Benefit, for most disciplines, subject to applicable limits. All planned procedures must be preauthorised.



Prescribed Minimum Benefits

Prescribed Minimum Benefits are paid at cost, subject to clinical criteria.

If you go to a KeyCare Network Hospital, the Scheme's Designated Service Provider for Prescribed Minimum Benefits, and a Specialist in the KeyCare hospital or a Discovery Health Network GP or a Premier A or Premier B Specialist admits you, we will pay all claims related to the authorised procedure or treatment in full, even if some of the other providers treating you are not Designated Service Providers.

If you do not go to a KeyCare Network Hospital and/or your admitting GP or Specialist is not a DSP provider, the Scheme will pay the PMB claims up to the Scheme Rate only.

Out-of-hospital Prescribed Minimum Benefits are paid in full, subject to the use of the Scheme's Designated Service Providers, or at cost when there are no Designated Service Providers.

Non-PMB Benefits are paid up to 100% of the Scheme Rate, subject to clinical criteria, the use of the Scheme's Network and/or Preferred Providers, and applicable limits.

We cover you in an emergency

LA Comprehensive pays for medical emergency transport from the Major Medical Benefit and there is no overall limit.

Call Discovery 911 for authorisation.

Cover for GPs and specialists in and out of hospital

When you're admitted to a hospital, there is no overall limit that applies to GP and specialist visits. We pay up to 100% of the LA Health Rate from the Major Medical Benefit.

We pay for out-of-hospital GP and specialist visits from the Medical Savings Account or the Above Threshold Benefit.

We cover you when you have to go to hospital

Hospitalisation, theatre fees and costs for intensive and high care at hospitals have no overall limit, but you must obtain preauthorisation from the Scheme for any planned procedures. (You will have a deductible [an upfront payment] if you do not preauthorise your planned treatment). We pay these costs from the Major Medical Benefit up to 100% of the LA Health Rate.

You can enjoy the best of care during your pregnancy

No overall limit applies when you're admitted to hospital, as long as you get preauthorisation for the admission. We pay for your hospital admission from the Major Medical Benefit. We pay certain out-of-hospital benefits for the mother and baby from the Major Medical Benefit, if the mother registers on the Scheme's Maternity Programme. If not registered, all pregnancy-related benefits will be paid from the available Medical Savings Account or from the Above Threshold Benefit.

Cover for chronic and acute medicine

You have medicine cover for all approved Prescribed Minimum Benefit Chronic Disease List conditions, paid in full from the Major Medical Benefit up to the LA Health Medicine Rate for listed medicine. Medicine that is not on the list (formulary) is paid up to a Chronic Drug Amount.

Medicine, for approved Additional Disease List conditions, is paid up to a Chronic Drug Amount. An annual limit applies. This is up to a specific amount based on your family size.

The Specialised Medicine and Technology Benefit provides cover for biological and high-technology medicine up to a specific amount, if authorised (you may have to fund part of it yourself).

We pay for prescribed and acute medicine on the preferred medicine list from the available funds in your Medical Savings Account or from the Above Threshold Benefit at 100% of the LA Health Rate for medicine and medicine on the non-preferred list are paid at 90% of the LA Health Rate for medicine. Specific limits apply based on your family size.

You also have cover for over-the-counter (schedule 0, 1 and 2) medicine bought at a pharmacy, at 100% of the cost, from the available funds in your Medical Savings Account. This benefit is limited.

When you are discharged from hospital after an admission, we pay for take-home medicine from the available funds in your Medical Savings Account, or from the Above Threshold Benefit, at 100% of the LA Health Rate for medicine on the preferred list and at 90% for medicine on the non-preferred list.

The Scheme pays for the completion of the *Chronic Illness Benefit application* form by your treating doctor, if the condition is approved.

World Health Organisation (WHO) Outbreak Benefit

The Scheme pays PMB benefits for your treatment and care that is related to the COVID-19 pandemic. Benefits are subject to clinical criteria and the use of the services of the Scheme's Designated Service Providers.

We pay for certain preventive screening tests or vaccines




The Major Medical Benefit provides cover for:



- A screening test (to check your blood glucose, blood pressure, cholesterol and body mass index), or a flu vaccination at one of the Scheme's designated service providers, or a network pharmacy. We also pay for certain screening tests for children.
- One specific pneumococcal vaccination in a beneficiary's lifetime for qualifying members.
- Pap smears, mammograms and prostate-specific antigen tests, subject to clinical criteria.


We pay for the consultation and other related costs from your Medical Savings Account. If these are needed as part of Prescribed Minimum Benefit, we pay the costs from the Major Medical Benefit.


SCHEDULE OF BENEFITS

OVERALL ANNUAL LIMITS	Hospital	No overall limit		
		Member	Spouse/adult	Child (max 3)
	Above Threshold Benefit (ATB)	R17 292	R11 796	R5 196
	Medical Savings Account (MSA)	R12 504	R7 260	R3 168
AMBULANCE SERVICES	Emergency transport	Paid from Major Medical Benefit, up to 100% of the LA Health Rate subject to authorisation. No overall limit		

BLOOD TRANSFUSIONS AND BLOOD PRODUCTS 	Blood transfusions and blood products	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit										
DENTISTRY 	IN-HOSPITAL Maxillo-facial procedures: certain severe infections, jaw- joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repair Specialised dentistry	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit										
		Members will have to make an upfront payment (deductible) <table border="1"> <tr> <td rowspan="2">Hospital</td> <td>Younger than 13 years</td> <td>R2 120</td> </tr> <tr> <td>Older than 13 years</td> <td>R5 360</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td>R1 040</td> </tr> <tr> <td>Older than 13 years</td> <td>R3 510</td> </tr> </table> Hospital and related accounts paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Related, non-hospital accounts (for dentists, anaesthetists, etc), subject to a joint limit of R31 260 per person per year, for in- or out-of-hospital specialised dentistry	Hospital	Younger than 13 years	R2 120	Older than 13 years	R5 360	Day Clinics	Younger than 13 years	R1 040	Older than 13 years	R3 510
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OUT-OF-HOSPITAL	Basic dentistry	Members will have to make an upfront payment (deductible) <table border="1"> <tr> <td rowspan="2">Hospital</td> <td>Younger than 13 years</td> <td>R2 120</td> </tr> <tr> <td>Older than 13 years</td> <td>R5 360</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td>R1 040</td> </tr> <tr> <td>Older than 13 years</td> <td>R3 510</td> </tr> </table> Hospital account paid from the Major Medical Benefit, up to 100% of the LA Health Rate Related, non-hospital accounts (for dentists, anaesthetists, etc), paid from the Medical Savings Account and the Above Threshold Benefit, subject to a joint limit of R16 150 for in- and out-of-hospital basic dentistry. Claims are paid up to 100% of the LA Health Rate from Medical Savings Account and the Above Threshold Benefit	Hospital	Younger than 13 years	R2 120	Older than 13 years	R5 360	Day Clinics	Younger than 13 years	R1 040	Older than 13 years	R3 510
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	Older than 13 years	R3 510										
Specialised dentistry Basic dentistry	Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R31 260 per person per year for specialised dentistry, performed in or out of hospital Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R16 150 per person per year for basic dentistry, performed in or out of hospital											
GPS AND SPECIALISTS 	IN-HOSPITAL Visits	Paid from Major Medical Benefit up to 100% of the LA Health Rate. No overall limit										
	OUT-OF-HOSPITAL	GP and specialist visits: actual, virtual and tele consultations or emergency room visits	Paid from Medical Savings Account or Above Threshold Benefit									
		Virtual paediatrician consultations for children aged 14 years and younger, from a network paediatrician consulted in the six months before the virtual consultation	Paid from Major Medical Benefit once Medical Savings Account is depleted and before the Threshold is reached. Subject to criteria									
		Trauma-related casualty visits for children when normal day-to-day benefits are exhausted	Two trauma-related casualty visits (from the Hospital Benefit) for children aged 10 and under, once the Medical Savings Account and Above Threshold Benefit have been depleted. This includes the cost of the consultation, facility fees and all consumables									
International clinical review consultations	Paid from the Major Medical Benefit to a maximum of 50% of the cost of the consultation Subject to preauthorisation											

HIV OR AIDS 	HIV prophylaxis (rape or mother-to-child transmission)	Prescribed Minimum Benefits: Paid from Major Medical Benefit. No overall limit
	HIV- or AIDS-related illnesses	Prescribed Minimum Benefits: Paid from Major Medical Benefit. No overall limit, subject to clinical entry criteria and HIVCare Programme protocols. If the services of non-Designated Service Providers are used voluntarily, a 20% co-payment will apply
	HIV- or AIDS-related consultations	Prescribed Minimum Benefits. Covered with no overall limit from the Scheme's Designated Service Provider. A 20% co-payment applies if the services of a non-DSP are used
HOME-BASED CARE 	Wound care, end-of-life care, IV infusions and postnatal care	Paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, clinical criteria and management by the Scheme's Designated Service Providers

HOSPITALS (ALL PLANNED PROCEDURES MUST BE PREAUTHORISED) 	Hospitalisation, theatre fees, intensive and high care	
	Hospitals In-hospital services obtained out of hospital	<p>No overall limit. Paid from the Major Medical Benefit. Subject to preauthorisation and clinical guidelines.</p> <p>Emergency in-hospital care subject to Prescribed Minimum Benefits</p> <p>Prescribed Minimum Benefit-related treatment and procedures</p> <p>Paid at 100% of the cost for services provided in a KeyCare Network Hospital, the Scheme's Designated Service Provider for Prescribed Minimum Benefits, when a Specialist in the KeyCare hospital, a Discovery Health Network GP or a Premier A or Premier B Specialist admits the member</p> <p>If Prescribed Minimum Benefit-related services are not obtained at a Designated Service Provider Hospital and the admitting doctors is not a Designated Service Provider, PMB claims will be paid up to the LA Health Rate only</p> <p>Non-Prescribed Minimum Benefit planned in-hospital treatment and procedures: paid up to 100% of the LA Health Rate</p>






MATERNITY BENEFIT 	IN-HOSPITAL	Paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Subject to preauthorisation
	OUT-OF-HOSPITAL	<p>Maternity Programme</p> <p>Paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Subject to registration on the Programme. If not registered on the Programme, paid subject, and limited to applicable Medical Savings Account and Above Threshold Benefits</p> <p>Cover during Pregnancy</p> <p>Antenatal visits, ultrasounds and scans, selected blood tests, pre- or post-natal classes, GP and Specialist consultations</p> <ul style="list-style-type: none"> • 8 Antenatal consultations with a gynaecologist, GP or midwife • One Nuchal translucency or one non-invasive prenatal test (NIPT) or one T21 Chromosome test, subject to clinical entry criteria • Two 2D ultrasound scans • A defined basket of blood tests • 5 pre- or post-natal classes or consultations with a registered nurse <p>Cover for the newborn baby for up to two years after birth</p> <p>Cover for the mother of the newborn baby for up to two years after the birth</p> <ul style="list-style-type: none"> • 2 visits to a GP, paediatrician or ear, nose and throat (ENT) specialist • A post-birth consultation at a GP or gynaecologist for post-natal complications • One nutritional assessment at a dietitian • Two mental health consultations with a counsellor or psychologist • One lactation consultation with a registered nurse or lactation specialist <p>Antenatal classes</p> <p>If not registered on the Maternity Programme: Limited to R1 695 per person and paid from the Medical Savings Account or Above Threshold Benefit</p> <p>Doulas</p> <p>Services rendered by Doulas</p> <p>Paid from the Medical Savings Account only</p>








MEDICINE	Prescribed Minimum Benefit Chronic Disease List conditions (subject to benefit entry criteria and approval)	We will pay your approved medicine in full if it is on our medicine list (formulary), if it is not, we will pay for it up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one medicine from the same medicine category, we will pay up to the monthly CDA, whether the medicine is on the list, or not												
	Additional chronic conditions (subject to approval and a defined list of conditions)	<p>Paid up to the applicable monthly Chronic Drug Amount (CDA), limited to:</p> <table border="1"> <tr> <td>Member</td> <td>Member +1</td> <td>Member +2</td> <td>Member +3</td> <td>Member +4</td> <td>Member +5</td> </tr> <tr> <td>R5 620</td> <td>R11 310</td> <td>R13 095</td> <td>R14 890</td> <td>R16 130</td> <td>R17 730</td> </tr> </table>	Member	Member +1	Member +2	Member +3	Member +4	Member +5	R5 620	R11 310	R13 095	R14 890	R16 130	R17 730
	Member	Member +1	Member +2	Member +3	Member +4	Member +5								
	R5 620	R11 310	R13 095	R14 890	R16 130	R17 730								
	Diabetes Care and Cardio Care Programmes	<p>Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to registration on the Chronic Illness Benefit, and referral by the Scheme's Network GP</p> <p>Paid from the Major Medical Benefit</p>												
	Specialised Medicine and Technology Benefit	Subject to authorisation and Prescribed Minimum Benefits. Paid from Major Medical Benefit at the LA Health Medicine Rate up to R228 000 per person per year with a variable co-payment up to a maximum of 20% of the cost of the medicine or technology, based on the actual condition and medicine applied for, for non-prescribed Minimum Benefits												
	Prescribed/acute medicine	<p>Paid at 100% of the LA Health Medicine Rate for medicine on the preferred medicine list and at 90% of the Medicine Rate for medicine on the non-preferred list. Paid from Medical Savings Account or Above Threshold Benefit, limited to:</p> <table border="1"> <tr> <td>Member</td> <td>Member +1</td> <td>Member +2</td> <td>Member +3</td> <td>Member +4</td> </tr> <tr> <td>R10 520</td> <td>R13 455</td> <td>R16 220</td> <td>R18 710</td> <td>R21 285</td> </tr> </table>	Member	Member +1	Member +2	Member +3	Member +4	R10 520	R13 455	R16 220	R18 710	R21 285		
Member	Member +1	Member +2	Member +3	Member +4										
R10 520	R13 455	R16 220	R18 710	R21 285										
Medicine bought over-the-counter at a pharmacy (schedule 0, 1 and 2) and generic or non-generic	Limited to R1 500 per person per year and available funds in Medical Savings Account. Paid up to 100% of the cost. Benefits do not accumulate to the Annual Threshold													
Take-home medicine (when discharged from hospital) TTOs	Limited to funds in the Medical Savings Account or Above Threshold Benefit. Paid at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list													

MENTAL HEALTH	PRESCRIBED MINIMUM BENEFITS	<p>In- and Out-of-Hospital: A maximum of 21 days per person, paid from Major Medical Benefit.</p> <p>Psychiatric care subject to preauthorisation and case management. Where members voluntarily make use of the services of a hospital that is not a Designated Service Provider, a 20% co-payment will apply to the hospital account</p>
	OUT-OF-HOSPITAL	<p>Psychologists, psychiatrists, art therapy and social workers</p> <p>Paid from Medical Savings Account or Above Threshold Benefit. Limited to R20 250 per family per year</p>
	Mental Health Care Programme	Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to criteria and referral by the Scheme's Network GP. Paid from the Major Medical Benefit

ONCOLOGY (CANCER-RELATED CARE)	Oncology Programme (including chemotherapy and radiotherapy)	Paid from Major Medical Benefit. Subject to the Oncology threshold of R 456 000 in a 12 month cycle, approval of the treatment plan and paid at the LA Health Rate. All oncology claims accumulate to a threshold of R456 000. A 20% co-payment applies after this. All Prescribed Minimum Benefit claims are paid in full, without a co-payment
	Oncology-related PET scans	Paid from Major Medical Benefit, subject to the Oncology threshold of R456 000 in a 12-month cycle. Scans must be done at the Scheme's Designated Service Provider, subject to preauthorisation. A 20% deductible will apply from R1 if the services of a Designated Service Provider is not used
	Stem cell transplants	You have access to local and international bone marrow donor searches and transplants up to the agreed rate. Your cover is subject to clinical protocols, review and approval
	Advanced Illness Benefit for patients with end-of-life stage cancer out of hospital	<p>Paid from Major Medical Benefit</p> <p>Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor</p>
	Access to cover for a defined list of non-PMB novel and ultra-high cost cancer treatment	Paid at 75% of the Scheme Rate before and after the Oncology threshold of R456 000, with no overall limit. Subject to meeting certain clinical criteria and peer review by a Scheme-appointed panel of specialists

OPTICAL 	Optometry consultations	Limited to funds in the Medical Savings Account or Above Threshold Benefit	
	Spectacles, frames, contact lenses and refractive eye surgery	Paid from the Medical Savings Account or Above Threshold Benefit up to a limit of R4 800 per person	
OTHER SERVICES 	IN-HOSPITAL	Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria
	OUT-OF-HOSPITAL	Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	Limited to funds in the Medical Savings Account or Above Threshold Benefit
		Alternative healthcare practitioners (chiroprapist, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account or Above Threshold Benefit
		Nurse practitioners	Paid up to a limit of R11 790 per family from Medical Savings Account or Above Threshold Benefit
		Unani-Tibb therapy	Limited to funds in the Medical Savings Account with no Accumulation to the Threshold
ORGAN TRANSPLANTS 	Hospitalisation and harvesting of organ for donor transplants	Paid from Major Medical Benefit. No overall limit. Subject to Prescribed Minimum Benefits, preauthorisation and the use of the Scheme's Designated Service Provider. Claims paid up to the LA Health Rate if non-DSP services are used	
	Medicine for immuno-suppressive therapy	Paid according to Prescribed Minimum Benefits, subject to the Chronic Illness Benefit Chronic Drug amount	
PATHOLOGY AND RADIOLOGY 	IN-HOSPITAL	MRI and CT scans (referred by a specialist), X-rays, pathology and ultrasounds	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation. Basic pathology subject to the use of the services of the Scheme's Designated Service Provider
		PET scans	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit
		Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital)	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
	OUT-OF-HOSPITAL	MRI and CT scans	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
		Radiology, including X-rays, ultrasounds and pathology	Paid from Medical Savings Account or Above Threshold Benefit
		Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Scopes codes only: Paid from Major Medical Benefit. No overall limit, subject to preauthorisation. Related accounts paid from and limited to funds in Medical Savings Account or Above Threshold Benefit
PROSTHESES OR EXTERNAL MEDICAL APPLIANCES 	Internal prostheses		
	Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants	Paid from Major Medical Benefit up to R235 100 per person per year, subject to preauthorisation	
	Shoulder replacement prostheses	Paid from Major Medical Benefit. Unlimited if obtained from the Scheme's Preferred Provider. A limit of R42 950 per prosthesis will apply if the Preferred Provider is not used	
	Major joint replacements, including hip or knee replacements	Paid from the Major Medical Benefit. Subject to the use of the Scheme's DSP hospital. If service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply to the hospital account. Devices for hip or knee replacements unlimited from the Scheme's Preferred Provider and limited to R30 900 per device, if obtained from a non-Preferred Provider	
	Spinal devices	Paid from the Major Medical Benefit. Unlimited if obtained from the Scheme's Network Provider. If the Scheme's Network Provider is not used, limited to R26 250 per level, with an overall limit of R52 500 for two or more levels. Only one procedure per year will be authorised	
	Other internal prostheses	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria	
	External medical items		
	Crutches, wheelchairs, hearing aids, artificial limbs, stoma bags, etc.	Limited to R28 940 per family with a sub-limit of R19 350 per family for hearing aids. Paid from Medical Savings Account or Above Threshold Benefit	
External medical items extender benefit	Paid from Major Medical Benefit, subject to clinical criteria and approval		
Oxygen rental	Paid in full from the Major Medical Benefit from the Scheme's Designated Service Provider, subject to preauthorisation. If services are not obtained from the Scheme's Designated Service Provider, claims are paid up to the LA Health Rate only		

PREVENTIVE CARE 	Pharmacy Screening Benefit at a network pharmacy: blood glucose test, blood pressure test, cholesterol test and body mass index OR One flu vaccination	Paid once per year from the Major Medical Benefit per qualifying person for a single or basket of these tests. This is covered from the Major Medical Benefit only if the services of one of the Scheme's Designated Service Providers is used LDL test, unlimited and paid from Major Medical Benefit, subject to clinical criteria																																				
	Screening benefit at other providers: mammogram, Pap smear, prostate-specific antigen test	Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per year per person, paid from Major Medical Benefit. Consultations, other related costs and procedures paid from Medical Savings Account or Above Threshold Benefit, except for Prescribed Minimum Benefits. More frequent Pap smear and Mammogram testing, MRI breast scans, and once off BRCA testing subject to clinical criteria																																				
	Pneumococcal vaccination	One specific approved pneumococcal vaccine every 5 years for persons under the age of 65 or one vaccine per person per lifetime for persons over the age of 65 paid from the Major Medical Benefit, subject to clinical criteria																																				
	Screening benefit for children between the ages of two and 18: Body Mass Index, including counseling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of two and eight years old	Paid once per year from the Major Medical Benefit per qualifying person for a single or basket of these tests. This is covered from the Major Medical Benefit only if the services of one of the Scheme's Designated Service Providers is used																																				
RENAL CARE 	Includes dialysis and other renal care-related treatment and educational care (includes authorised related medicine)	No overall limit, subject to a treatment plan and use of the Scheme's Designated Service Provider, National Renal Care. Co-payments will apply if the network is not used																																				
SUBSTANCE ABUSE 	IN-HOSPITAL Alcohol and drug rehabilitation	Prescribed Minimum Benefits: 21 days per person, paid from Major Medical Benefit																																				
	Detoxification in hospital	Prescribed Minimum Benefits: Three days per person, paid from Major Medical Benefit																																				
OUT-OF-HOSPITAL Alcohol and drug rehabilitation	Limited to R6 750 per person per year. Accumulates to the Mental Health limit of R20 250 per family per year																																					
TERMINAL CARE BENEFIT 	Hospice (excluding frail care)	Prescribed Minimum Benefits. Paid from the Major Medical Benefit. Subject to clinical entry criteria and preauthorisation																																				
TRAUMA RECOVERY BENEFIT 	Cover for specific trauma-related incidents. The benefit is paid up to the end of the year following the one in which the traumatic event occurred. Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria	Paid from Major Medical Benefit up to 100% of the LA Health Rate up to the following limits per family for the benefits listed below: <table border="1" data-bbox="675 1626 1381 1984"> <tr> <td>Allied and therapeutic healthcare services</td> <td>M</td> <td>R20 950</td> </tr> <tr> <td></td> <td>M + 1</td> <td>R28 450</td> </tr> <tr> <td></td> <td>M + 2</td> <td>R34 700</td> </tr> <tr> <td></td> <td>M + 3+</td> <td>R40 250</td> </tr> <tr> <td>External medical appliances</td> <td></td> <td>R40 800</td> </tr> <tr> <td>Hearing aids</td> <td></td> <td>R21 350</td> </tr> <tr> <td>Prescribed medicine</td> <td>M</td> <td>R22 850</td> </tr> <tr> <td></td> <td>M + 1</td> <td>R27 700</td> </tr> <tr> <td></td> <td>M + 2</td> <td>R33 350</td> </tr> <tr> <td></td> <td>M + 3+</td> <td>R36 400</td> </tr> <tr> <td>Prosthetic limbs</td> <td></td> <td>R88 250</td> </tr> <tr> <td colspan="3">(with no further access to the external medical items limit)</td> </tr> </table>	Allied and therapeutic healthcare services	M	R20 950		M + 1	R28 450		M + 2	R34 700		M + 3+	R40 250	External medical appliances		R40 800	Hearing aids		R21 350	Prescribed medicine	M	R22 850		M + 1	R27 700		M + 2	R33 350		M + 3+	R36 400	Prosthetic limbs		R88 250	(with no further access to the external medical items limit)		
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COVID-19 BENEFITS

World Health Organisation (WHO) Outbreak Benefit

Benefit for out-of-hospital management and appropriate supportive treatment and care for Global WHO recognised disease outbreaks

Prescribed Minimum Benefits





Paid at 100% of the cost from the Major Medical Benefit, subject to the use of the Scheme's Designated Service Providers and clinical guidelines

Includes benefits for:









- A screening consultation with a nurse or DSP GP
- A defined basket of pathology services, including 2 COVID-19 specific tests per person per year, on referral
- A defined set of COVID-19 specific X-rays and scans
- Covid-19 specific supportive acute medicine
- Contact tracing
- At home care in lieu of hospitalisation (requires authorisation)
- Covid-19 vaccination
- Pulse oximeters (subject to clinical criteria)

LA COMPREHENSIVE CONTRIBUTIONS

Total monthly contributions including your Medical Savings Account for 2021

	 MEMBER	 ADULT	 CHILD DEPENDENT	 +2 MAXIMUM FOR 3 CHILD DEPENDANTS
TOTAL MONTHLY CONTRIBUTIONS	R7 791	R5 949	R1 889	R5 667

40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R4 773.12

	R 3 117
	R 8 967
	R10 856
	R12 745
	R14 634
	R 4 907
	R 6 796
	R 8 685

What we do not cover (exclusions)

There are certain medical expenses and other costs the Scheme does not cover, except when it is a Prescribed Minimum Benefit. We call these exclusions. LA Health will not cover any of the following, or the direct or indirect consequences of these treatments, procedures or costs incurred by members:

Certain types of treatments and procedures

- Cosmetic procedures, for example, otoplasty for jug ears; portwine stains; blepharoplasty (eyelid surgery); keloid scars; hair removal; nasal reconstruction (including septoplasties, osteotomies and nasal tip surgery) and healthcare services related to gender reassignment
- Breast reductions and implants
- Treatment for obesity
- Treatment for infertility, subject to Prescribed Minimum Benefits
- Frail care
- Experimental, unproven or unregistered treatment or

practices.

The purchase of the following, unless prescribed:

- Applicators, toiletries and beauty preparations
- Bandages, cotton wool and other consumable items
- Patented foods, including baby foods
- Tonics, slimming preparations and drugs
- Household and other biochemical remedies
- Anabolic steroids
- Sunscreen agents.

Unless otherwise decided by the Scheme, benefits in respect of these

items, on prescription, are limited to one month's supply for each prescription or repeat thereof.

Certain costs

- Costs of search and rescue
- Any costs that another party is legally responsible for
- Facility fees at casualty facilities (these are administration fees that are charged directly by the hospital or other casualty facility).

Always check with us

Please contact us if you have one of the conditions we exclude so we can let you know if there is any cover. In some cases, you might be covered for these conditions if they are part of Prescribed Minimum Benefits.

This is a summary of the LA Comprehensive benefits and features, submitted to the Registrar of Medical Schemes. If there is any discrepancy between this document and the registered 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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