



2022

# LA Focus

ABOUT THIS BENEFIT OPTION

## REASONS WHY THE LA FOCUS 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. Basic dentistry and in- or out-of-hospital care are also paid from the Major Medical Benefit if these services are obtained from a dentist in the LA Focus Dental Network. Other day-to-day expenses are paid from a Medical Savings Account.

For all non-Prescribed Minimum Benefit care you must go to a LA Focus network hospital. These are all hospitals in a province with a coastline and specific hospitals in the remaining South African provinces. If you do not use the services of one of the network hospitals for planned procedures, you will have to pay a portion of the costs from your own pocket (a deductible). All planned procedures and other high cost treatment must be preauthorised.

### Prescribed Minimum Benefits

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

To get full cover, you must go to KeyCare Network Hospital if you live in a province with a coastline, or to a LA Focus Network Hospital that is also a KeyCare Network Hospital, if you live in an inland province. These hospitals are the Scheme's Designated Service Providers for Prescribed Minimum Benefits on this Option. And if a Specialist in the Designated Service Provider Hospital or a Discovery Health Network GP or a Premier A or Premier B Specialist admits you to one of these hospitals, we will pay all claims related to the authorised Prescribed Minimum Benefit 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 Designated Service Provider Network Hospital and/or your admitting GP or Specialist is not a Designated Service Provider, the Scheme will pay the Prescribed Minimum Benefit 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 Designated Providers and applicable limits.

### We cover you in an emergency

LA Focus covers you for emergency medical transport. We pay for this service 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 in the LA Focus Hospital Network, 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.

## We cover you when you have to be admitted to hospital

Hospitalisation, theatre fees and costs for intensive and high care at private hospitals in the LA Focus Hospital Network have no overall limit, but you must obtain preauthorisation from the Scheme for any planned procedures. (You will have a deductible [upfront payment] if you have your planned procedure done in a non-network hospital. 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 at a hospital in the LA Focus Network. 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 benefits in the Medical Savings Account.

## Basic dentistry, in or out of hospital, paid by the Scheme

If you make use of the services of a dentist in the LA Focus Dental Network, we pay for basic dental services such as fillings, extractions and even dentures (every four years) from the Major Medical Benefit. If you make use of the services of a non-network dentist, all out-of-hospital dentistry pays from your Medical Savings Account, and the specific rules and limits for related services apply for in-hospital treatment.

## 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. This includes benefits for vaccinations and the treatment and care of long COVID-19.





## 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 medicines. Medicine that is not on the medicine list is paid up to a Chronic Drug Amount. We pay for the prescribed and acute medicine on the preferred medicine list in full up to the LA Health Rate for medicine and those on the non-preferred medicine list at 90% of the medicine rate, from your Medical Savings Account. 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. A sub-limit applies when certain unscheduled supplements are purchased as OTCs.


When you are discharged from hospital after an admission, we pay for take-home medicine from the available funds in your Medical Savings Account at 100% of the LA Health Medicine Rate for medicine on the preferred medicine list and at 90% for medicine that is not on the preferred medicine list.


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


## SCHEDULE OF BENEFITS


 <b>OVERALL ANNUAL LIMITS</b>	Hospital	No overall limit applies. Members must use network hospitals		
	Medical Savings Account	<b>R7 788</b>	<b>R5 040</b>	<b>R2 292</b>
 <b>AMBULANCE SERVICES</b>	Emergency medical transport	Paid from Major Medical Benefit up to 100% of the LA Health Rate subject to authorisation. No overall limit applies		
 <b>BLOOD TRANSFUSIONS AND BLOOD PRODUCTS</b>	Blood transfusions and blood products	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit applies		
 <b>COLORECTAL CANCER CARE AND SURGERY</b>	In- and out-of-hospital management of colorectal cancer and related surgery	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. If the services of a non-DSP provider are used, a 20% co-payment applies Related accounts paid from Major Medical Benefit		



<b>DENTISTRY</b> 	<b>IN-HOSPITAL</b>	Maxillo-facial procedures: certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit												
		Specialised dentistry	Members will have to make an upfront payment (deductible) for all specialised dentistry performed in hospital <table border="1"> <tr> <td><b>Hospital</b></td> <td>Younger than 13 years</td> <td>R2 220</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R5 610</td> </tr> <tr> <td><b>Day clinics</b></td> <td>Younger than 13 years</td> <td>R1 090</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R3 670</td> </tr> </table> Hospital account: Paid up to 100% of the LA Health Rate from the Major Medical Benefit. Dentist's account: Unlimited and paid from Major Medical Benefit, subject to a list of basic dental procedures, if performed by a dentist in the LA Focus Dental network. All other related, non-hospital accounts (from non-network dentists, anaesthetists, etc) paid from the Major Medical Benefit subject to a limit of R24 750 per person per year	<b>Hospital</b>	Younger than 13 years	R2 220		Older than 13 years	R5 610	<b>Day clinics</b>	Younger than 13 years	R1 090		Older than 13 years	R3 670
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Specialised dentistry	Paid from and limited to funds in Medical Savings Account. Any basic dentistry services provided by a dentist in the LA Focus Dental Network as part of the specialised dentistry procedure, are paid from the Major Medical Benefit														
<b>OUT-OF-HOSPITAL</b>	Basic dentistry, including one set of plastic dentures per person once every four years from a dentist in the LA Focus dental network	Unlimited and paid from Major Medical Benefit, subject to a list of procedures, if performed/ provided by a dentist in the LA Focus Dental Network. If a non-network dentist is used, paid from the Medical Savings Account													

<b>GPS AND SPECIALISTS</b> 	<b>IN-HOSPITAL</b>	Paid from Major Medical Benefit up to 100% of the LA Health Rate. No overall limit	
	<b>OUT-OF-HOSPITAL</b>	GP and specialist visits: actual, virtual and tele consultations or emergency room visits	Paid from Medical Savings Account
		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 the Major Medical Benefit once the Medical Savings Account has been depleted. Subject to clinical criteria
		International clinical review consultations	Paid from the Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation
		Trauma-related casualty visits for children when normal day-to-day benefits are exhausted	Paid from Major Medical Benefit Two trauma-related casualty visits at a provider in the Scheme's Casualty Network for children aged 10 and under, once the members' Medical Savings Account has been depleted. Includes the cost of the emergency casualty consultation, facility fees and all consumables

<b>HIV OR AIDS</b> 	HIV- prophylaxis (rape or mother-to-child transmission)	Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit, subject to clinical entry criteria and certain protocols
	HIV- or AIDS-related illnesses	Prescribed Minimum Benefits. Paid from Major Medical Benefit. Unlimited, subject to 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

<b>HOME-BASED CARE</b> 	Clinically appropriate chronic and acute treatment and conditions that can be treated at home, including clinically appropriate home monitoring devices	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 and benefits defined in a basket of care
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**HOSPITALS (ALL PLANNED PROCEDURES MUST BE PREAUTHORISED)**

**Hospitalisation, theatre fees, intensive and high care**

Hospitals in the LA Focus Hospital Network Prescribed Minimum Benefit-related treatment and procedures	No overall limit. Paid from the Major Medical Benefit. Subject to preauthorisation and clinical guidelines  Emergency in-hospital care subject to Prescribed Minimum Benefits  Paid at 100% of the cost for services provided in a KeyCare Network Hospital (in a coastal province) or a LA Focus Network Hospital in an inland province. This is the Scheme's Designated Service Providers for Prescribed Minimum Benefits, provided a Specialist in the KeyCare hospital, a Discovery Health Network GP or a Premier A or Premier B Specialist is the admitting doctor  If Prescribed Minimum Benefit-related services are not obtained at a Designated Service Provider Hospital and the admitting doctor is not a Designated Service Provider, PMB claims will be paid up to the LA Health Rate only
Day surgery procedures	Defined list of day surgery procedures paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, clinical criteria and the services being obtained at a facility in the Scheme's Preferred Provider Network

**MATERNITY BENEFIT**






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


**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 they are on the medicine list or not
Diabetes Care and Cardio Care Disease Management Programmes	Up to 100% of the LA Health Rate for non-PMB GP and other related services covered in a treatment basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's Network GP. Paid from the Major Medical Benefit
Continuous blood glucose monitoring	Subject to registration on the Scheme's Diabetes Management Programme, authorisation and clinical criteria  Readers and/or transmitters paid from the Medical Savings Account limited to R4 350 per device. Sensors paid from MMB, limited to R1 560 per beneficiary per month, subject to being obtained from a DSP pharmacy and the following annual co-payments: Adult beneficiary R780. Paediatric beneficiary R1 560
Prescribed/acute medicine	Paid from the Medical Savings Account 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
Medicine bought over-the-counter at a pharmacy (schedule 0, 1 and 2) and generic or non-generic	Paid up to 100% of the cost, limited to funds in Medical Savings Account. Certain categories of unscheduled supplements, supplied as over-the-counter, subject to a limit of R1 570 per person per year
Take-home medicine (when discharged from hospital) TTOs	Limited to funds in the Medical Savings Account and 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**


<b>Prescribed Minimum Benefits:</b>	A maximum of 21 days in hospital or a maximum of 15 out-of-hospital psychologist or psychiatrist contacts per person, paid from Major Medical Benefit at a DSP. The in-hospital treatment days and/or the out-of-hospital contacts accumulate to an overall allowance of 21 treatment days. A 20% co-payment applies if the services are voluntarily obtained at a non-DSP
<b>OUT-OF-HOSPITAL</b>	
Psychologists, psychiatrists, art therapy and social workers (non-PMB)	Limited to funds in the Medical Savings Account, subject to Prescribed Minimum Benefits
Disease management for major depression for members registered on the Mental Health Care Programme	Up to 100% of the LA Health Rate for non-PMB GP and other related services covered in a basket of care, subject to criteria and referral by the Scheme's Network GP. Paid from the Major Medical Benefit


<b>ONCOLOGY (CANCER-RELATED CARE)</b> 	Oncology Programme, including chemo- and radiotherapy	No overall limit in a 12-month cycle, subject to approval of a treatment plan and the use of the services of the Scheme's DSP. All oncology claims accumulate to a threshold of R228 000. Before the threshold is reached, non-PMB claims pay up to the LA Health Rate and thereafter a 20% co-payment applies. Prescribed Minimum Benefits are paid in full without any co-payments	
	Oncology-related PET scans	Paid from the Major Medical Benefit, subject to the Oncology threshold of R228 000 in a 12-month cycle. Scan must be done at the Scheme's Designated Service Provider, subject to preauthorisation. A 20% deductible will apply from R1 if a Designated Service Provider is not used	
	Stem cell transplants	You have access to local and international bone marrow donor searches and transplant up to the agreed rate. Your cover is subject to clinical protocols, review and approval	
	Advanced Illness Benefit and the Oncology member support programme for patients with end-of-life stage cancer	Paid from Major Medical Benefit Subject to a basket of care, authorisation and registration on the Oncology Management Programme by the treating doctor. Further subject to clinical criteria and guidelines	
<b>OPTICAL</b> 	Optometry consultations	Limited to funds in the Medical Savings Account	
	Spectacles, frames, contact lenses and refractive eye surgery	Limited to funds in the Medical Savings Account	
<b>ORGAN TRANSPLANTS</b> 	Hospitalisation and harvesting of organ for transplant	No overall limit. Related accounts paid at 100% of the LA Health Rate, 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	
<b>OTHER SERVICES</b> 	<b>IN-HOSPITAL</b> Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria	
	<b>OUT-OF-HOSPITAL</b>	Alternative healthcare practitioners (chiropractors, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account
		Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	Limited to funds in the Medical Savings Account
		Nurse practitioners	Limited to funds in the Medical Savings Account
		Unani-Tibb therapy	Limited to funds in the Medical Savings Account
<b>PATHOLOGY AND RADIOLOGY</b> 	<b>IN-HOSPITAL</b>	Basic Pathology Services	Basic pathology subject to the use of the services of a Designated Service Provider
		MRI and CT scans (referred by a specialist), ultrasounds, X-rays, pathology	Paid from Major Medical Benefit. No overall limit. Subject to preauthorisation
		PET scans	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit
	<b>OUT-OF-HOSPITAL</b>	Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related, non-hospital accounts, if done in hospital)	First R3 100 of the scan paid from and limited to funds in Medical Savings Account and the rest of the account paid from Major Medical Benefit. Related accounts limited to funds in the Medical Savings Account. Subject to preauthorisation
		MRI and CT scans	First R3 100 of the scan paid from Medical Savings Account and the rest of the account paid from Major Medical Benefit. Subject to preauthorisation
		Radiology (including X-rays and ultrasounds) and pathology	Limited to funds in the Medical Savings Account
Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Scopes codes only: Paid from Major Medical Benefit. Unlimited, subject to preauthorisation. Related accounts limited to funds in the Medical Savings Account		




<b>PREVENTIVE CARE</b> 	<b>Pharmacy screening benefit:</b> Blood glucose, blood pressure, cholesterol and body mass index (BMI)  OR Flu vaccination	Paid once per year at the applicable LA Health Rate per qualifying person for a single or basket of these tests obtained at a Network Pharmacy. Payable from Major Medical Benefit, subject to the use of the services of a Designated Service Provider. LDL cholesterol test paid from Major Medical Benefit, subject to clinical criteria. One flu vaccination per beneficiary per year
	<b>Screening benefit for children between the ages of 2 and 18:</b> Body Mass Index, including counseling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of 2 and 8	Paid once per year at the applicable LA Health Rate per qualifying beneficiary for a single or basket of these tests. Payable from Major Medical Benefit, subject to the use of the services of a Designated Service Provider
	<b>Enhanced Screening Benefit for persons 65 years and older:</b> Hearing test, spot vision eye test, frailty assessment and Core assessment	Unlimited, subject to clinical entry criteria and the use of the services of a Network provider. An additional screening assessment for at-risk beneficiaries, subject to the use of the services of an accredited Network GP and certain clinical entry criteria
	<b>Other screening tests:</b> Mammogram, Pap Smear, Prostate-Specific Antigen (PSA) or Colorectal cancer screenings Benefits Subject to clinical criteria and PMB.	1 Mammogram every 2 years; 1 Pap Smear every 3 years, one PSA test per person per year, one faecal occult blood test or one immunochemical test every 2 years per person for persons aged 45 to 75 years Additional cover for Mammogram, Breast MRI, one BRCA test and repeat Pap Smear or one Colonoscopy (for persons identified by the colorectal screening to be at risk) Consultations paid as described for GPs or Specialists
	<b>Vaccinations:</b> 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





<b>PROSTHESES OR EXTERNAL MEDICAL APPLIANCES</b> 	<b>INTERNAL PROSTHESES</b>	
	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
	Other internal prostheses	Paid from Major Medical Benefit subject to preauthorisation and clinical criteria
	Shoulder replacement prostheses	Unlimited and paid from the Major Medical Benefit 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 and 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	Unlimited and paid from Major Medical Benefit 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
	<b>EXTERNAL MEDICAL ITEMS</b>	
Crutches, wheelchairs, hearing aids, artificial limbs, stoma bags, etc.	Limited to funds in Medical Savings Account	
Oxygen rental	Paid from the Major Medical Benefit in full at the Scheme's Designated Service Provider, subject to preauthorisation. Services from non-Designated Service Providers will be paid up to the LA Health Rate only	

<b>SPINAL CARE AND SURGERY</b> 	In and out-of-hospital management of spinal care or surgery for a defined list of clinically appropriate procedures, which includes Lumbar or Cervical Fusion, Laminectomy or Laminotomy	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, a 20% co-payment applies Related accounts paid from the Major Medical Benefit. Out-of-hospital conservative care subject to the benefits in a basket of care
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<b>RENAL CARE</b> 	Includes dialysis and other renal care-related treatment and educational care (includes authorised related medicines)	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
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<b>SUBSTANCE ABUSE</b> 	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

<b>TERMINAL CARE BENEFIT</b> 	Hospice (excluding frail care)	Prescribed Minimum Benefits. Paid from the Major Medical Benefit. Subject to clinical entry criteria and preauthorisation																																										
<b>TRAUMA RECOVERY BENEFIT</b> 	<p>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.</p> <p>Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria.</p>	<p>Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:</p> <table border="1" data-bbox="691 416 1404 779"> <tr> <td colspan="2"><b>Allied and therapeutic healthcare services</b></td> <td><b>R8 700</b></td> </tr> <tr> <td></td> <td>M</td> <td></td> </tr> <tr> <td></td> <td>M + 1</td> <td><b>R13 100</b></td> </tr> <tr> <td></td> <td>M + 2</td> <td><b>R16 200</b></td> </tr> <tr> <td></td> <td>M + 3+</td> <td><b>R19 600</b></td> </tr> <tr> <td colspan="2"><b>External medical appliances</b></td> <td><b>R28 700</b></td> </tr> <tr> <td colspan="2"><b>Hearing aids</b></td> <td><b>R15 900</b></td> </tr> <tr> <td colspan="2"><b>Prescribed medicine</b></td> <td></td> </tr> <tr> <td></td> <td>M</td> <td><b>R16 900</b></td> </tr> <tr> <td></td> <td>M + 1</td> <td><b>R20 000</b></td> </tr> <tr> <td></td> <td>M + 2</td> <td><b>R23 800</b></td> </tr> <tr> <td></td> <td>M + 3+</td> <td><b>R28 900</b></td> </tr> <tr> <td colspan="2"><b>Prosthetic limbs</b></td> <td><b>R92 300</b></td> </tr> <tr> <td colspan="3"><b>(with no further access to the external medical items limit)</b></td> </tr> </table>	<b>Allied and therapeutic healthcare services</b>		<b>R8 700</b>		M			M + 1	<b>R13 100</b>		M + 2	<b>R16 200</b>		M + 3+	<b>R19 600</b>	<b>External medical appliances</b>		<b>R28 700</b>	<b>Hearing aids</b>		<b>R15 900</b>	<b>Prescribed medicine</b>				M	<b>R16 900</b>		M + 1	<b>R20 000</b>		M + 2	<b>R23 800</b>		M + 3+	<b>R28 900</b>	<b>Prosthetic limbs</b>		<b>R92 300</b>	<b>(with no further access to the external medical items limit)</b>		
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<b>(with no further access to the external medical items limit)</b>																																												
<b>COVID-19 BENEFITS</b> 	<p><b>World Health Organisation (WHO) Outbreak Benefit</b> for out-of-hospital management and appropriate supportive treatment and care for Global WHO recognised disease outbreaks</p>	<p><b>Prescribed Minimum Benefits</b></p> <p>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</p> <p>Includes benefits for:</p> <ul style="list-style-type: none"> <li>• A screening consultation with a nurse or DSP GP</li> <li>• A defined basket of pathology services, including 2 COVID-19 specific tests per person per year, on referral</li> <li>• A defined set of COVID-19 specific X-rays and scans</li> <li>• COVID-19 specific supportive acute medicine</li> <li>• COVID-19 vaccination, including the administration costs</li> <li>• Pulse oximeters (subject to clinical criteria)</li> <li>• Treatment of complications and rehabilitation for patients suffering from long COVID-19</li> </ul>																																										

<b>LA FOCUS CONTRIBUTIONS</b>	<b>TOTAL MONTHLY CONTRIBUTIONS INCLUDING YOUR MEDICAL SAVINGS ACCOUNT FOR 2022</b>			
	 <b>MEMBER</b>	 <b>ADULT</b>	 <b>CHILD DEPENDANT</b>	 <b>MAXIMUM FOR 3 CHILD DEPENDANTS</b>
<b>TOTAL MONTHLY CONTRIBUTIONS</b>	<b>R2 589</b>	<b>R1 673</b>	<b>R761</b>	<b>R2 283</b>

# 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 Focus 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](http://www.lahealth.co.za)  
● [service@discovery.co.za](mailto:service@discovery.co.za) ● Report fraud anonymously on 0800 004 500

