



2023 LA COMPREHENSIVE

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 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

To have your Prescribed Minimum Benefit claims paid in full when you are in hospital, the Specialist or GP who admits you must be on the Scheme's Network. 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 must make use of the services of a Designated Service Provider Day Surgery facility when you need to undergo certain procedures. If you don't, you will have to pay a deductible amount, directly to the facility.

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.

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, based on your family size.

The Specialised Medicine and Technology Benefit provides cover for specific 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 Scheme's preferred medicine list from the available funds in your Medical Savings Account or from the Above Threshold Benefit at 100% of the LA Health Medicine Rate and other medicine at 90% of the Rate. 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. 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, or from the Above Threshold Benefit, at 100% of the LA Health Medicine Rate on the preferred list and at 90% for other medicine.

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

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.

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 additional screening tests if you are older than 65 years and certain screening tests for children.
- One specific pneumococcal vaccination in a qualifying beneficiary's lifetime.
- Pap smears, mammograms, prostate-specific antigen tests, and certain colo-rectal cancer screenings, 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 the Prescribed Minimum Benefits, we pay the costs from the Major Medical Benefit.

World Health Organisation (WHO) Outbreak Benefit

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

The Scheme also provides a basket of care benefits for treatment and care related to Monkeypox.

SCHEDULE OF BENEFITS

 OVERALL ANNUAL LIMITS			
Hospital	No overall limit		
	Member	Spouse/Adult	Child (max 3)
Above Threshold Benefit	R19 260	R13 140	R5 784
Medical Savings Account	R13 884	R8 052	R3 516
 ADVANCED ILLNESS BENEFIT			
Out of hospital palliative care for members with life-limiting conditions, including cancer	Subject to PMB Paid from the Major Medical Benefit, subject to clinical criteria and authorisation		
 ADVANCED ILLNESS MEMBER SUPPORT PROGRAMME			
For patients with advanced illnesses, requiring support at a time when they are trying to manage their symptoms, and understand their healthcare needs	Paid from Major Medical Benefit Subject to a basket of care, authorisation, clinical criteria and guidelines		
 AMBULANCE SERVICES			
Emergency Medical 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		



COLORECTAL CANCER CARE AND SURGERY

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



DENTISTRY

Maxillo-facial procedures: certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repair

Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit

Basic dental trauma procedures: for a sudden and unanticipated impact injury because of an accident or injury to teeth and the mouth, resulting in partial or complete loss of one or more teeth that requires urgent care in- or out-of-hospital

Subject to a joint limit of R61 500 per person per year for treatment in- or out-of-hospital.

In Hospital

Paid from the Major Medical Benefit. Subject to pre-authorisation, clinical entry criteria, treatment guidelines and protocols. Members will have to make an upfront payment (deductible) to the hospital or Day Clinic In- and Out-of-Hospital

Hospital	Younger than 13 years	R2 360
	Older than 13 years	R5 970
Day clinics	Younger than 13 years	R1 160
	Older than 13 years	R3 910

In- and Out-of-Hospital

Dentist and related accounts paid from the Major Medical Benefit, up to 100% of the Scheme Rate

Dental appliances and prostheses

All dental appliances and prostheses, and the placement thereof, as well as orthodontics (surgical and non-surgical) paid from the Major Medical Benefit.

Specialised dentistry

Members will have to make an upfront payment (deductible)

Hospital	Younger than 13 years	R2 360
	Older than 13 years	R5 970
Day clinics	Younger than 13 years	R1 160
	Older than 13 years	R3 910

Hospital and related hospital accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate Related, non-hospital accounts (for dentists, anaesthetists, etc), subject to a limit of R34 830 per person per year

Basic dentistry

Members will have to make an upfront payment (deductible)

Hospital	Younger than 13 years	R2 360
	Older than 13 years	R5 970
Day clinics	Younger than 13 years	R1 160
	Older than 13 years	R3 910

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 R17 990 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

IN-HOSPITAL

Specialised dentistry

Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R34 830 per person per year for specialised dentistry, performed in or out of hospital

Basic dentistry

Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R17 990 per person per year for basic dentistry, performed in or out of hospital

OUT-OF-HOSPITAL



GPS AND SPECIALISTS

Visits

Paid from Major Medical Benefit up to 100% of the LA Health Rate. No overall limit.

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 the Major Medical Benefit once the Medical Savings Account and Above Threshold Benefits have been depleted. Subject to clinical criteria

Trauma-related casualty visits for children when 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

Clinically appropriate chronic and acute treatment and conditions that can be treated at home

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, inclusive of benefits for clinically appropriate home monitoring devices



HOSPITALS

ALL PLANNED PROCEDURES MUST BE PREAUTHORISED

Pre-operative Assessment for the following major surgeries: arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy and mastectomy

Paid once per hospital admission from the Major Medical Benefit up to 100% of the LA Health Rate according to a benefit basket. Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.

HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH CARE

Hospitals
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, 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
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
Non-Prescribed Minimum Benefit planned in-hospital treatment and procedures: paid up to 100% of the LA Health Rate

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 Designated Service Provider Network. If the service is voluntarily provided at a non-Designated Service Provider's facility, a R6 300 deductible will apply



REPRODUCTIVE HEALTH BENEFITS

MATERNITY BENEFIT

IN-HOSPITAL	Paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Subject to preauthorisation	
OUT-OF-HOSPITAL	Maternity Programme 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, benefit for mother and baby subject, and limited to benefits from Medical Savings Account and Above Threshold Benefit	
	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"> 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
	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"> 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
	Antenatal classes	If not registered on the Maternity Programme: Limited to R1 890 per person and paid from the Medical Savings Account or Above Threshold Benefit
	Doulas Services rendered by Doulas	Paid from the Medical Savings Account

ASSISTED REPRODUCTIVE THERAPY

SUBJECT TO PRESCRIBED MINIMUM BENEFITS.

Assisted Reproductive Therapy
Healthcare services, which include consultations, radiology (including ultrasound scans), pathology, embryo freezing, storage and transfer, related admission costs, related laboratory fees, supportive medicine. oocyte and sperm cryopreservation and egg donor matching fees

Subject to Prescribed Minimum Benefits.
Limited to R122 000 per person per year. Paid from the Major Medical Benefit, up to maximum of 75% of the LA Health Rate. Subject to the services provided by the Scheme's Preferred Provider (where applicable), protocols, the condition meeting the Scheme's entry criteria and guidelines. Subject to a basket of care, as set by the Scheme.
Cryopreservation paid for up to 5 years.



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



MEDICINE

Additional chronic conditions (subject to approval and a defined list of conditions)	Paid up to the applicable monthly Chronic Drug Amount (CDA), limited to:					
	Member	Member +1	Member +2	Member +3	Member +4	Member +5
	R6 260	R12 600	R14 585	R16 585	R17 965	R19 750
Diabetes Care or 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 registration 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 or Above Threshold Benefit, limited to R4 630 per device, subject to available benefits in the External Medical Items benefit Purchase of sensors paid from MMB limited to R1 660 per beneficiary per month, subject to being obtained from a DSP pharmacy and the following annual co-payments: Adult beneficiary R1 250 / Paediatric beneficiary R1 660					
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	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:					
	Member	Member +1	Member +2	Member +3	Member +4	
	R11 720	R14 990	R18 070	R20 840	R23 710	
Medicine bought over-the-counter at a pharmacy (schedule 0, 1 and 2) and generic or non-generic	Paid from available funds in Medical Savings Account. Up to 100% of the cost. Benefits do not accumulate to the Annual Threshold. Certain categories of unscheduled supplements supplied as over-the-counter medicine, subject to a limit of R1 670 per person per year					
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	A maximum of 21 days in hospital per person or a maximum of 15 out of hospital psychologist or psychiatrist contacts paid from Major Medical Benefit at a Designated Service Provider. The in-hospital treatment days and/or the out of hospital contacts accumulate to an overall allowance of 21 treatment days. 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
Out-of-hospital: Psychologists, psychiatrists, art therapy and social workers (non-PMB)	Paid from Medical Savings Account or Above Threshold Benefit. Limited to R22 600 per family per year
Out-of-hospital: 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, and specific limits. Paid from the Major Medical Benefit



ONCOLOGY (CANCER-RELATED CARE)

Advanced Illness Member Support Programme for patients with advanced illnesses, requiring support at a time when they are trying to manage their symptoms, and understand their healthcare needs	Paid from Major Medical Benefit Subject to a basket of care, authorisation, clinical criteria and guidelines
Oncology Programme (including chemotherapy 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 R456 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 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
Oncology Innovation Benefit, providing 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 R5 350 per person

 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
 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 (chiropracist, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account or Above Threshold Benefit
	Nurse practitioners	Paid up to a limit of R13 130 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
 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 R7 500 per person per year. Accumulates to the Mental Health limit of R22 600 per family per year
 PATHOLOGY AND RADIOLOGY		
IN-HOSPITAL	Basic Pathology Services	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
	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, including point of care pathology testing	Paid from Medical Savings Account or Above Threshold Benefit. Point of care pathology testing subject to test result submission via Scheme accredited devices only. Clinical criteria and guidelines apply
	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
 PREVENTIVE CARE		
	Pharmacy screening benefit: 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
	Screening benefit for children between the ages of 2 and 18: 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
	Enhanced Screening Benefit for persons 65 years and older: 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
	Other screening tests: Mammogram, Pap Smear, Prostrate-Specific Antigen (PSA) or Colorectal cancer screenings	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

Benefits Subject to clinical criteria and PMB.	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
Vaccinations: 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



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 R45 550 per prosthesis will apply if the Preferred Provider is not used

INTERNAL PROSTHESES

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 prostheses/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 R32 240 per family with a sub-limit of R21 560 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



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. Co-payments will apply if the Designated Service Provider is not used
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SPINAL CARE AND SURGERY

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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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 beneficiary directly affected by the trauma	
	Allied and therapeutic healthcare services	M M + 1 M + 2 M + 3+
		R22 200 R30 150 R36 750 R42 650
	External medical appliances	R43 000
	Hearing aids	R22 650
	Prescribed medicine	M M + 1 M + 2 M + 3+
		R24 300 R29 600 R35 650 R38 900
	Prosthetic limbs (with no further access to the external medical items limit)	R93 550
Counselling sessions with a Psychologist or social worker for beneficiaries indirectly affected by the trauma incident	Limited to 6 sessions per beneficiary	







WORLD HEALTH ORGANIZATION (WHO) OUTBREAK BENEFIT

Benefit for out-of-hospital management and appropriate supportive treatment and care for Global WHO recognised disease outbreaks 1. COVID-19, subject to PMB. 2. Monkeypox	Limited to a basket of care as set by the Scheme per condition Subject to obtaining the services from the Scheme's preferred providers / DSPs, where applicable, and the condition and treatment meeting certain clinical criteria and protocols
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TOTAL MONTHLY CONTRIBUTIONS INCLUDING YOUR MEDICAL SAVINGS ACCOUNT FOR 2023

	 MEMBER	 ADULT	 CHILD DEPENDANT	 MAXIMUM FOR 3 CHILD DEPENDANTS
TOTAL MONTHLY CONTRIBUTIONS	R8 620	R6 582	R2 090	R6 270

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

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 ● Report fraud anonymously on 0800 004 500



LA-Health



LA Health