LA Health
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2024

# LA Comprehensive

## Reasons why the LA Comprehensive option is the best for you

We're in it for your health

This option has a Major Medical Benefit for all in-hospital and large expenses. The LA Comprehensive Option provides cover for medicine for Chronic Disease List conditions that form part of the Prescribed Minimum Benefits. We also provide benefits for several additional chronic conditions. It also pays for Day-to-day expenses from a Medical Savings Account. Additional cover is provided through the Above Threshold Benefit.

## 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.

## WE COVER CERTAIN PROCEDURES AT DAY SURGERY FACILITIES

Certain procedures are covered in full when you have the treatment at a Day Surgery facility in the Scheme's Network. If not, a deductible will apply.

You can find the list of Day Surgery procedures on www.lahealth.co.za. We will also guide you about this when you preauthorise the procedure.

## 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 BE ADMITTED TO 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. You must obtain preauthorisation from the Scheme for any planned procedures.

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.

## 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, 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% of the LA Health Medicine Rate 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 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.
- A once-off 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 ORGANIZATION (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.

## OVERALL ANNUAL LIMITS

| Hospital | No overall limit | | |
|---|---|---|---|
| | Member | Spouse/Adult | Child (max 3) |
| Above Threshold Benefit | R20 340 | R13 872 | R6 108 |
| Medical Savings Account | R15 108 | R8 760 | R3 828 |

### ADVANCED ILLNESS BENEFIT

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| 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

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|---|---|
| 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 - MUST CALL DISCOVERY 911 FOR AUTHORISATION

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| 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

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|---|---|
| Blood transfusions and blood products | Subject to Prescribed Minimum Benefits.<br>Paid from Major Medical Benefit. No overall limit |

### COLORECTAL CANCER CARE AND SURGERY

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|---|---|
| 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

### In and out-of-hospital

**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 R64 940 per person per year for treatment in- or out-of-hospital.

**In-Hospital**

Paid from the Major Medical Benefit. Subject to preauthorisation, clinical entry criteria, treatment guidelines and protocols. Members will have to make an upfront payment (deductible) to the hospital or Day Clinic

| | | |
|---|---|---|
| **Hospital** | Younger than 13 years | R2 490 |
| | Older than 13 years | R6 300 |
| **Day clinics** | Younger than 13 years | R1 220 |
| | Older than 13 years | R4 130 |

**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.

### In hospital

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

Subject to preauthorisation. Paid from Major Medical Benefit.
No overall limit

**Specialised dentistry**

Members will have to make an upfront payment (deductible)

| | | |
|---|---|---|
| **Hospital** | Younger than 13 years | R2 490 |
| | Older than 13 years | R6 300 |
| **Day clinics** | Younger than 13 years | R1 220 |
| | Older than 13 years | R4 130 |

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 limit of R36 780 per person per year

**Basic dentistry**

Members will have to make an upfront payment (deductible)

| | | |
|---|---|---|
| **Hospital** | Younger than 13 years | R2 490 |
| | Older than 13 years | R6 300 |
| **Day clinics** | Younger than 13 years | R1 220 |
| | Older than 13 years | R4 130 |

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 R19 000 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

### Out of hospital

**Specialised dentistry**

Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R36 780 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 R19 000 per person per year for basic dentistry, performed in- or out-of-hospital

## DIABETES AND CARDIO CARE

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| Diabetes Care or Cardio Care Disease Management Programme | 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<br>Paid from the Major Medical Benefit |
| Disease Prevention Programme for pre-diabetic beneficiaries with cardio-metabolic risk syndrome (not registered on the Diabetes Management Programme) | Coordinated by the beneficiary's Primary Care provider, supported by dieticians and health coaches. Subject to a basket of care and clinical entry criteria |
| Continuous blood glucose monitoring | Subject to registration on the Scheme's Diabetes Management Programme, authorisation and clinical criteria<br>Readers and/or transmitters paid from the Medical Savings Account or Above Threshold Benefit, limited to R4 900 per device, subject to available benefits in the External Medical Items benefit<br>Purchase of sensors paid from the Major Medical Benefit limited to R1 800 per beneficiary per month, subject to being obtained from a DSP pharmacy and the following annual co-payments: Adult beneficiary R1 300 / Paediatric beneficiary R1 800 |

## GPS AND SPECIALISTS

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| 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 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 Extended Day-to-day 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 75% of the cost of the consultation. Subject to preauthorisation |

## HIV OR AIDS

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| 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

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| 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 AND DAY SURGERY PROCEDURES

All planned procedures must be preauthorised

### Pre-operative assessment

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| Pre-operative asesssment 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

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| Hospitals | No overall limit. Paid from the Major Medical Benefit. Subject to preauthorisation and clinical guidelines |
| Prescribed Minimum Benefit-related treatment and procedures | Emergency in-hospital care subject to Prescribed Minimum Benefits<br>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<br>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<br>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 700 deductible will apply

## 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

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| Cover during Pregnancy<br>Antenatal visits, ultrasounds and scans, selected blood tests, pre- or post-natal classes, GP and Specialist consultations | • 8 Antenatal consultations with a gynaecologist, GP or midwife<br>• One Nuchal translucency or one non-invasive prenatal test (NIPT) or one T21 Chromosome test, subject to clinical entry criteria<br>• Two 2D ultrasound scans<br>• A defined basket of blood tests<br>• 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 |

## MATERNITY BENEFIT

### Out of Hospital (continued)

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| Cover for the mother of the newborn baby for up to two years after the birth | • A post-birth consultation at a GP or gynaecologist for post-natal complications<br>• One nutritional assessment at a dietitian<br>• Two mental health consultations with a counsellor or psychologist<br>• One lactation consultation with a registered nurse or lactation specialist |
| Antenatal classes | If not registered on the Maternity Programme: Limited to R1 995 per person and paid from the Medical Savings Account or Above Threshold Benefit |
| **Doulas**<br>Services rendered by Doulas | Paid from the Medical Savings Account |
| 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 cryo-preservation and egg donor matching fees | Subject to Prescribed Minimum Benefits. Limited to R128 830 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. Cryo-preservation paid for up to 5 years. |

## MEDICINE

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| 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) | Paid up to the applicable monthly Chronic Drug Amount (CDA), limited to:<br>Member R6 610 \| Member +1 R13 305 \| Member +2 R15 400 \| Member +3 R17 515 \| Member +4 R18 970 \| Member +5 R20 855 |
| 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 R240 800 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:<br>Member R12 375 \| Member +1 R15 830 \| Member +2 R19 080 \| Member +3 R22 005 \| Member +4 R25 040 |
| Medicine bought over-the-counter at a pharmacy (schedule 0, 1 and 2) and generic or non-generic | 100% of the cost. Paid from and limited to the Medical Savings Account. Benefits do not accumulate to the Annual Threshold. A sub-limit of R1 765 applies per beneficiary for certain categories of unregistered supplements. |
| 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

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| **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 DSP. The in-hospital treatment days and/or the out of hospital contacts accumulate to an overall allowance of 21 treatment days.<br>Psychiatric care subject to preauthorisation and case management.<br>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.<br>Limited to R23 850 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 treatment basket of care, subject to clinical criteria and referral by the Scheme's Network GP. Paid from the Major Medical Benefit |
| **Out-of-hospital:** Internet-based cognitive behavioural therapy (iCBT) for beneficiaries diagnosed with depression | On recommendation by a psychiatrist, psychologist, GP or clinical social worker, subject to a basket of care and clinical entry criteria. |

## ONCOLOGY (CANCER-RELATED CARE)

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| 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 R481 500. 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 R481 500 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 R481 500, with no overall limit. Subject to meeting certain clinical criteria and peer review by a Scheme-appointed panel of specialists |

## OPTICAL

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| 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 650 per person |

## ORGAN TRANSPLANTS

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| Hospitalisation and harvesting of organ for donor transplants | Paid from the Major Medical Benefit in full at the Scheme's Designated Service Provider, subject to preauthorisation and Prescribed Minimum Benefits. 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** | |
| Auxilliary Services (physiotherapy, occupational therapy, audiology, psychology, etc) | Limited to funds in the Medical Savings Account or Above Threshold Benefit |
| Alternative healthcare practitioners (chiropodists, 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 870 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 |

## PATHOLOGY AND RADIOLOGY

| In hospital | |
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| 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 and 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. Cinical 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

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| Pharmacy screening benefit:<br>Blood glucose, blood pressure, cholesterol and body mass index (BMI)<br>OR<br>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.<br><br>One flu vaccination per beneficiary per year |
| Screening benefit for children between the ages of 2 and 18:<br>Body Mass Index, including counselling 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:<br>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:<br>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)<br>Consultations paid as described for GPs or Specialists |
| Vaccinations:<br>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

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| Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants | Paid from Major Medical Benefit up to R248 300 per person per year, subject to preauthorisation |
| Shoulder replacement prostheses | Paid from Major Medical Benefit. Unlimited if obtained from the Scheme's Preferred Provider. Limited to the applicable negotiated rate per device per admission if obtained from a non-Preferred Provider. |
| 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 paid up to the negotiated rate per device per admission; 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, paid up to the negotiated Network rate per level, up to a maximum of two levels per beneficiary per year. 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

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| Crutches, wheelchairs, hearing aids, artificial limbs, stoma bags, wigs (oncology or alopecia), low vision devices, etc. | Limited to R34 050 per family with a sub-limit of R22 770 per family for hearing aids. Paid from Medical Savings Account or Above Threshold Benefit. Wigs for alopecia (not cancer related): subject to a dermatologist requesting such wig, or as prescribed. |
| External medical items extender benefit | Paid from Major Medical Benefit, subject to clinical criteria and approval |
| Oxygen rental | Paid from the Major Medical Benefit in full at the Scheme's Designated Service Provider, subject to preauthorisation. Paid up to the LA Health Rate if not obtained from the Scheme's Designated Provider |

## RENAL CARE

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| 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 |

## SPINAL CARE AND SURGERY

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| 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<br>Related accounts paid from the Major Medical Benefit<br>Out of hospital conservative treatment subject to the benefits in a basket of care |

## SUBSTANCE ABUSE

### In hospital

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| 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

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| Alcohol and drug rehabilitation | Limited to R7 900 per person per year. Accumulates to the Mental Health limit of R23 850 per family per year |

## 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

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| Allied and therapeutic healthcare services | M | R23 400 |
| | M + 1 | R31 800 |
| | M + 2 | R38 800 |
| | M + 3+ | R45 000 |
| External medical appliances | | R45 400 |
| Hearing aids | | R23 900 |
| Prescribed medicine | M | R25 700 |
| | M + 1 | R31 300 |
| | M + 2 | R37 600 |
| | M + 3+ | R41 100 |
| Prosthetic limbs (with no further access to the external medical items limit) | | R98 800 |
| 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) BENEFITS

| | |
|---|---|
| Benefit for out-of-hospital management, appropriate supportive treatment and care for Global WHO recognised disease outbreaks<br>1. COVID-19, subject to PMB.<br>2. Monkeypox | Limited to a basket of care as set by the Scheme per condition<br>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 |

# WELLTH fund

**The WELLTH Fund is a once-off benefit, available for a maximum of two benefit years, from 1 January 2024 until 31 December 2025 for existing LA Comprehensive members.**

**For new members the WELLTH Fund will be available in the year of joining and up to the end of the next year**

## THE WELLTH FUND

The available WELLTH Fund benefit limit depends on the number of registered dependants on your membership, and their ages.

Once you and all your registered dependants have completed the appropriate screening assessment, you will have access to a combined WELLTH Fund benefit of R2 500 for every adult, and R1 250 for every child over the age of two years to a maximum overall limit of R10 000 per membership.

The per beneficiary limit depends on the age of the member or dependant at the date of expiry of the WELLTH Fund.
For example:

- If the benefit is activated in 2024, children who turn two years old on or before 31 December 2025 receive the child allocation of R1 250.
- Beneficiaries who are 18 years old on or before 31 December 2025, receive the adult benefit value of R2 500.
- Children who are two years old after 31 December 2025 will not receive a fund value allocation but are still eligible to use the WELLTH Fund.

Once activated, the WELLTH Fund is available for use by all registered beneficiaries on your membership, regardless of their age. Qualifying healthcare services are covered up to a maximum of the Scheme Rate, subject to the overall benefit limit.

## HEALTHCARE SERVICES THAT WILL BE PAID FROM THE WELLTH FUND

| | |
|---|---|
| General health | • One GP consultation per beneficiary per year<br>• Dental check-up<br>• Eye check-up<br>• Hearing check-up<br>• Skin cancer screening |

## HEALTHCARE SERVICES THAT WILL BE PAID FROM THE WELLTH FUND (continued)

| | |
|---|---|
| General health (continued) | • Heart consultation<br>• Lung cancer screening for long-term smokers<br>• Medical devices used to monitor blood pressure, blood sugar and cholesterol. The devices must have a registered NAPPI code and be purchased from a registered healthcare provider with a valid practice number (such as a pharmacy dispensary or doctor). |
| Physical health | • Diet, nutrition, and weight management at a dietitian<br>• Physical movement and mobility management at a biokineticist or physiotherapist<br>• Fitness assessment or high-performance fitness assessment in our Wellness Network<br>• Foot health management at a podiatrist |
| Mental Health | Mental wellness check-up at a psychologist, paediatrician, nurse, social worker, registered counsellor, or psychiatrist |
| Women's and men's health | Gynaecological and prostate consultations with your doctor, and a bone density check |
| Children's Health | Children's wellness visit, which includes growth and appropriate developmental assessments with an occupational therapist, speech therapist or physiotherapist |

## IMPORTANT THINGS TO REMEMBER

- Network rules apply.
- General Scheme exclusions apply. If cover for specific services is not covered under the Option, you may not claim for them from the WELLTH Fund.
- Medicine or ongoing treatment for a diagnosed condition is not covered from the WELLTH Fund.
- Where healthcare services are also eligible for cover from another defined risk benefit, for example the Screening and Prevention Benefit, we will pay the claim from that benefit first, and then only from the WELLTH Fund in instances where that benefit is depleted or unavailable.
- Claims paid from your WELLTH Fund do not impact your Day-to-day benefits.
- Cover from the WELLTH Fund is subject to the Scheme's entry clinical criteria, treatment guidelines and protocols.

# TOTAL MONTHLY CONTRIBUTIONS INCLUDING YOUR MEDICAL SAVINGS ACCOUNT FOR 2024

| | Member | Adult | Child dependant | Maximum for 3 child Dependants |
|---|---|---|---|---|
| Total monthly contributions | R9 379 | R7 161 | R2 274 | R6 822 |

## 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, except as explicitly indicated for this Option
- 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.

LA Health
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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.

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