LA Health
Powered by Discovery

2024

LA Focus

Reasons why

the LA Focus 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. It provides cover for medicine for Chronic Disease List conditions that form part of the Prescribed Minimum Benefits. We pay for basic dentistry services, obtained from one of the Scheme's network dentists, from the Major Medical Benefit. Other Day-to-day Benefits, and basic dentistry services obtained from non-network providers, are covered from the Medical Savings Account. Day-to-day expenses are paid from a Medical Savings Account.

The Designated Service Provider for hospitalisation is the LA Focus Hospital Network. To find the latest list, log on to www.lahealth.co.za

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-Prescribed Minimum 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.

WE COVER YOU WHEN YOU ARE ADMITTED TO HOSPITAL

Hospitalisation, theatre fees and costs for intensive and high care at private hospitals have no overall limit, but you must obtain preauthorisation for any planned procedures. We pay these costs from the Major Medical Benefit up to 100% of the LA Health Rate.

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 these network hospitals for planned procedures, you will have to pay a portion of the costs from your own pocket (a deductible).

You must make use of the services one of the Scheme's Network of Designated Service Provider Day Surgery facilities when you need to undergo certain procedures. If you don't, you will have to pay a deductible amount to the facility.

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 CERTAIN PROCEDURES IN THE SCHEME'S NETWORK OF DAY SURGERY FACILITIES.

Certain procedures must be performed in a Day Surgery facility in the LA Focus Network. If you go to hospital for these procedures, a deductible will apply.

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.

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.

WE PAY FOR CERTAIN PREVENTIVE SCREENING TESTS OR VACCINES

The Major Medical Benefit provides cover for:

- A screening test (to check your blood glucose, blood pressure, cholesterol and body mass index), or a flu vaccination at one of the Scheme's designated service providers or a network pharmacy. We also pay for certain screening tests for seniors and children.
- A once-off 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 these costs from the Major Medical Benefit up to 100% of the LA Health Rate. We pay for the consultation and other related costs from your Medical Savings Account. If these are needed as part of Prescribed Minimum Benefit, we pay the costs from the Major Medical Benefit).

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 ORGANIZATION (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.

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

OVERALL ANNUAL LIMITS

Hospital	No overall limit applies. Members must use network hospitals		
	Member	Spouse/Adult	Child (max 3)
Medical Savings Account	R8 712	R5 628	R2 556

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 entry criteria and preauthorisation

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 - MUST CALL DISCOVERY 911 FOR AUTHORISATION

Emergency Medical Transport	Paid from Major Medical Benefit up to 100% of the LA Health Rate subject to authorisation No overall limit applies

BLOOD TRANSFUSIONS AND BLOOD PRODUCTS

Blood transfusions and blood products	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit applies

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 service of a non-DSP provider is 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 pre-authorisation, 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 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

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 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 R27 840 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 up to 100% of the LA Health Rate from 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 Network. If a non-network dentist is used, they are paid from the Medical Savings Account. All other related, non-hospital accounts (for anaesthetists, etc) paid from Medical Savings Account

DENTISTRY

Out of hospital

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
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

DIABETES AND CARDIO CARE

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, and supported by dietitions and health coaches, subject to a basket of care and clinical entry criteria
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 900 per device. 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 R900. Paediatric beneficiary R1 800

GPS AND SPECIALISTS

In Hospital

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

Out of Hospital

GP and specialist visits: actual, virtual and tele consultations or emergency room visits	Paid from Medical Savings Account
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 75% 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

HIV OR AIDS

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

HOME-BASED CARE

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

HOSPITALS AND DAY SURGERY PROCEDURES

All planned procedures must be preauthorised

Pre-operative assessment

Pre-operative asessment 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 in the LA Focus Hospital Network	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 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 Designated Service Provider facility in the Scheme's Day Surgery Network. A R6 700 deductible applies if the service of a non-Designated Service Provider is used

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, 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	• 8 Antenatal consultations with a gynaecologist, GP or midwife • One Nuchal translucency or one non-invasive prenatal (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
Antenatal classes	If not registered on the Maternity Programme: Limited to funds in the Medical Savings Account
Doulas Services rendered by Doulas	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
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	100% of the cost. Paid from and limited to the Medical Savings Account. 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 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

Prescribed Minimum Benefits	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
Out-of-hospital: Psychologists, psychiatrists, art therapy and social workers (non-PMB)	Limited to funds in the Medical Savings Account, subject to Prescribed Minimum Benefits
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. 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)

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 R240 800. 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 R240 800 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

OPTICAL

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

ORGAN TRANSPLANTS

Hospitalisation and harvesting of organ for donor transplants	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

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	
Alternative healthcare practitioners (chiropodists, 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

PATHOLOGY AND RADIOLOGY

In hospital	
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
Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related, non-hospital accounts, if done in hospital)	First R3 500 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
Out of Hospital	
MRI and CT scans (referred by specialist)	First R3 500 of the scan paid from Medical Savings Account and the rest of the account paid from Major Medical Benefit.
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

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 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: 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	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
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 R248 300 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. Limited to the applicable negotiated Network rate per device, per admission if 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 limited to the applicable negotiated Network rate per device, per admission, if obtained from a non-Preferred Provider

PROSTHESES OR EXTERNAL MEDICAL APPLIANCES

Internal prostheses	
Spinal devices	Unlimited and paid from Major Medical Benefit if obtained from the Scheme's Network provider. If the 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

External Medical items	
Crutches, wheelchairs, hearing aids, artificial limbs, stoma bags, wigs (oncology or alopecia), low vision devices, etc.	Limited to funds in Medical Savings Account. Wigs for alopecia (not cancer related) subject to a dermatologist requesting such wig, or as prescribed, using the appropriate coding.
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

RENAL CARE

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

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

SUBSTANCE ABUSE

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

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 the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:

Allied and therapeutic healthcare services	M	R9 300
	M + 1	R14 000
	M + 2	R17 400
	M + 3+	R21 000
External medical appliances		R30 500
Hearing aids		R17 000
Prescribed medicine	M	R18 100
	M + 1	R21 400
	M + 2	R25 400
	M + 3+	R30 900
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		6 sessions per beneficiary

WORLD HEALTH ORGANIZATION (WHO) BENEFITS

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

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 Focus 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

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

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

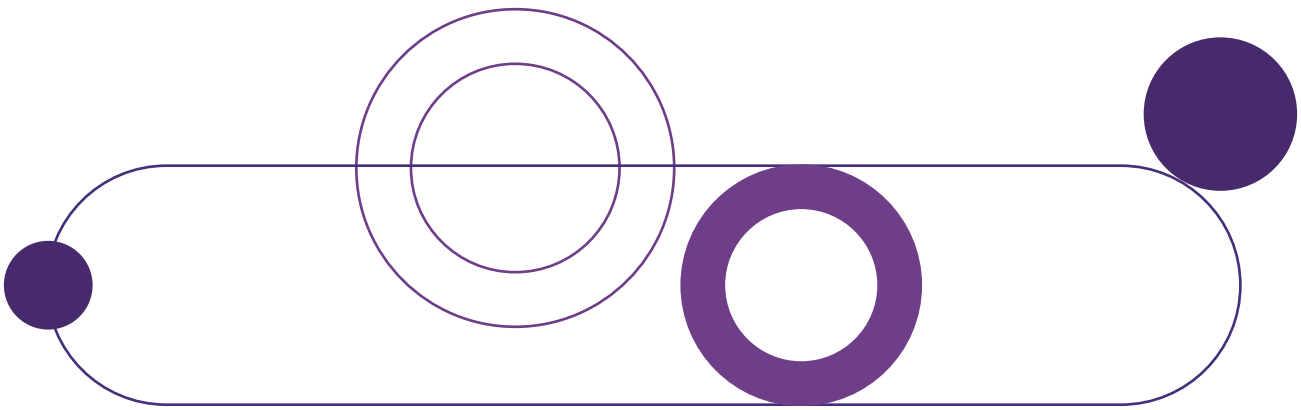
General health	• One GP consultation per beneficiary per year • Dental check-up • Eye check-up • Hearing check-up • Skin cancer screening • Heart consultation • Lung cancer screening for long-term smokers • Medical devices used to monitor blood pressure, blood sugar and cholesterol. The devices must 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 • Physical movement and mobility management at a biokineticist or physiotherapist • Fitness assessment or high-performance fitness assessment at a provider in the Scheme's Wellness Network • Foot health management at a podiatrist

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

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 the 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	R2 904	R1 875	R852	R2 556

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.

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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.

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