

LA Health

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Plan Comparison

WE'RE IN IT FOR YOUR HEALTH

2026





| | | LA KEYPLUS | LA FOCUS | LA ACTIVE | LA ENGAGE | LA CORE | LA COMPREHENSIVE |
|---|---|---|--|---|---|---|--|
| | | <p>This Option provides comprehensive in-hospital and day-to-day cover for people willing to make use of provider networks (to ensure lower contributions)</p> <p>KeyCare Network hospitals are the Designated Services Providers (DSP) for all In-Hospital procedures, including PMB care. Specific day surgery facilities are the DSPs for specific procedures or treatment</p> | <p>Option for young, healthy members seeking excellent in hospital and other major care benefits, and MSA for day-to-day care. Hospitals in a Province with a coastline and specific hospitals in other South African Provinces are the DSPs for all hospital care, including PMB. Specific Day surgery facilities are the DSPs for specific procedures or treatment</p> | <p>Very attractive Option for younger, healthier couples, with start-up families, who are looking for good out-of-hospital cover and some risk-based day-to-day cover.</p> <p>No cover for chronic medicine after PMB CDL conditions</p> | <p>This Option focuses on the health of young families. It offers comprehensive cover in hospital and for other major illnesses, and chronic medicine benefits for PMB and 16 ADL chronic conditions. It provides specific risk-based benefits for kids <12 years, sports injuries and depression risk management.</p> <p>Day-to-day benefits from MSA and EDB</p> | <p>Offers comprehensive risk benefits, including benefits for PMB and an extensive list of ADL chronic conditions</p> <p>Day-to-day benefits from MSA and EDB</p> | <p>This is the top Option of the Scheme. It offers very comprehensive benefits for sicker, older members and members wanting access to specific Oncology, Reproductive, and comprehensive cover for PMB and ADL chronic conditions</p> <p>Day-to-day benefits is largely unlimited in ATB (however some limits apply) after the MSA has been used and the threshold is reached</p> |
| <p>These Benefit Options provide medicine benefits for Prescribed Minimum Benefit Chronic Disease List conditions</p> | | | | | <p>These Benefit Options provide cover for the Prescribed Minimum Benefit Chronic Disease List medicine and several Additional Chronic conditions, per applicable defined disease lists</p> | | |
| | | <p>To get full cover for out of hospital care, members must use the services of GPs in the KeyCare network and that of KeyCare Specialists working in a Network hospital</p> | <p>This Option pays for some day-to-day expenses from the MSA</p> | <p>This Option pays for some day-to-day expenses from the MSA. Further cover is provided through the EDB for GP, Specialist, dentist, acute medicine, radiology, pathology and optical benefits</p> | | <p>This Option pays for some day-to-day expenses from the MSA. Further cover is provided through the ATB for most disciplines</p> | |
| PMB | Prescribed Minimum Benefits | <p>All benefit options cover the costs related to the diagnosis, treatment and care of an emergency medical condition, a defined list of 270 must match the treatments in the defined benefits. Members must use the services of Designated Service Providers (DSPs) in the network – stabilised. If the treatment doesn't meet the above criteria, the Scheme pays up to 80% of the LA Health Rate (LAHR). Members are</p> | | <p>diagnoses, a defined list of 27 chronic conditions, HIV or AIDS and Oncology. The medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions. The treatment needed this does not apply in medical emergencies. Where appropriate and according to the Rules of the Scheme, members may be transferred to a hospital or other service providers in the network once their condition has responsible for the difference between what we pay and the actual cost of the treatment.</p> | | | |
| MSA | Medical Savings Account | <p>This benefit option does not offer an MSA. Day-to-day benefits are paid by the Scheme when treatment is provided as required. Some limits and the use of Network providers apply</p> | <p>Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology subject to available funds in MSA.</p> <p>M R10 200 S/A R6 588 C (max 3) R2 988</p> | <p>Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology subject to available MSA</p> <p>M R9 624 S/A R6 960 C (max 3) R3 984</p> | <p>Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology subject to available MSA</p> <p>M R10 200 S/A R9 828 C (max 3) R4 500</p> | <p>Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology subject to available MSA</p> <p>M R14 496 S/A R12 672 C (max 3) R5 820</p> | <p>Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology subject to available MSA</p> <p>M R18 012 S/A R10 452 C (max 3) R4 560</p> |
| EDB | Extended Day-to-day Benefit | <p>Not offered on these benefit options</p> | | <p>Pays for GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits after MSA</p> <p>M R6 454 S/A R4 512 C (max 3) R1 302</p> | <p>Pays for GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits after MSA</p> <p>M R7 291 S/A R5 096 C (max 3) R1 628</p> | <p>Pays for GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits after MSA</p> <p>M R8 567 S/A R5 983 C (max 3) R2 330</p> | <p>Not offered on this benefit option</p> |
| ATB | Above Threshold Benefit | <p>Not offered on these benefit options</p> | | <p>Covers day-to-day healthcare services from Risk once the Annual Threshold is reached. Unlimited, but specific annual benefit limits apply.</p> <p>ANNUAL THRESHOLD: M R22 200 S/A R15 432 C (max 3) R6 672</p> | | | |
| ALTERNATIVES | Out of hospital surgical and other procedures | <p>Not offered on this benefit option</p> | <p>Surgical procedures performed in doctor's rooms and laser</p> | <p>tonsillectomy, 24-hour oesophageal pH studies and oesophageal motility studies paid up to the LA Health Rate. Subject to preauthorisation</p> | | | |
| | Hospital at Home | <p>Acute and chronic care in lieu of hospitalisation paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, but are subject to clinical criteria and specific limits that apply. On LA KeyPlus Hospital at Home providers are the DSPs for certain conditions</p> | | <p>clinical criteria, baskets of care and management by the Scheme's Designated Service Providers. Includes benefits for home monitoring devices. Approved cover for these devices will not affect your day-to-day benefits</p> | | | |
| | Approved Step Down Nursing Facilities | <p>Unlimited up to 100% of the cost at LA Health Rate, subject to pre-authorisation and case management</p> | | | | | |
| AMBULANCE SERVICES | DISCOVERY 911 | <p>Paid from Major Medical Benefit, no overall limit. All emergency medical transport must be authorised and dispatched by Discovery 911</p> | | | | | |

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| CANCER COVER | Oncology Benefit, including chemo- and radiotherapy | Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a Designated Service Provider (DSP), where applicable. If members choose to use non-network provider, including services for cancer-related radiology and pathology from a non-DSP, covered up to 80% of the LA Health Rate | Cancer treatment and Cancer-related PET Scans covered by benefits reached for all non-PMB treatment and care. A 20% deductible will | in the Oncology Programme. No overall limit in a 12-month cycle subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate to a threshold. A 20% co-payment applies after the threshold is apply from R1, if the Designated Service Provider is not used to obtain a PET scan. Access to local bone marrow donor searches and stem cell transplant up to the agreed rate, subject to clinical protocols, review and approval | | | | | | | | | | | | | | |
| | | | Applicable threshold: R250 000 | | | Applicable threshold R500 000 | | | | | | | | | | | | |
| | Oncology Innovation/Precision Benefit | Not available on this Option | Oncology Precision Benefit covers a defined list of innovative cancer criteria covered at 50% of the cost | medicines (a sub-set of the medicines allowed via the Oncology Innovation Benefit) that meet the Scheme's | | Oncology Innovation Benefit cover for a defined list of innovative cancer medicines that meet the Scheme's criteria covered at 50% or 75% of the cost | | | | | | | | | | | | |
| CARDIAC STENTS | | Unlimited and paid in full if obtained from Network supplier. If supplied by a non-Network supplier, limited to the agreed rate per drug-eluting stent or per bare metal stent per admission. Hospital and related accounts cost do not accumulate to the stent limit | Paid up to the LA Health rate, from MMB subject to clinical criteria | and authorisation | | | | | | | | | | | | | | |
| DENTISTRY | PMB Maxillo-facial procedures | Certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to | | | preauthorisation and the use of the Scheme's DSPs (where applicable). Paid from the MMB. No overall limit | | | | | | | | | | | | | |
| | Basic Dental Trauma (non-PMB) | Not available on the Option | Cover for a sudden and unanticipated injury to the teeth and mouth criteria limited to R70 910 per person per year. Certain deductibles | that requires urgent dental treatment after an accident or trauma injury, paid for from the Major Medical Benefit. Includes cover for dental appliances and prostheses, and the placement thereof, subject to clinical entry apply as indicated in the table below for specialised dentistry in-hospital | | | | | | | | | | | | | | |
| | Dentistry in hospital | Not covered on this benefit option | SPECIALISED DENTISTRY IN HOSPITAL Hospital accounts paid up to the LA Health Rate, subject to the applicable deductible for IN-HOSPITAL SPECIALISED OR BASIC DENTISTRY. Balance of Hospital/Day Clinic account (after deductible) paid from MMB. <table border="1" data-bbox="1429 713 2562 836"> <tr> <td rowspan="2">Hospital</td> <td>Younger than 13 years</td> <td>R2 725</td> </tr> <tr> <td>Older than 13 years</td> <td>R6 885</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td>R1 331</td> </tr> <tr> <td>Older than 13 years</td> <td>R4 514</td> </tr> </table> | | Hospital | Younger than 13 years | R2 725 | Older than 13 years | R6 885 | Day Clinics | Younger than 13 years | R1 331 | Older than 13 years | R4 514 | Related non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to limit of R30 400 per person per year | | Related, non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to a joint limit of R40 170 for in-and out-of-hospital specialised dentistry per person per year | |
| | Hospital | Younger than 13 years | R2 725 | | | | | | | | | | | | | | | |
| | | Older than 13 years | R6 885 | | | | | | | | | | | | | | | |
| Day Clinics | Younger than 13 years | R1 331 | | | | | | | | | | | | | | | | |
| | Older than 13 years | R4 514 | | | | | | | | | | | | | | | | |
| | | RELATED NON-HOSPITAL ACCOUNTS FOR BASIC DENTISTRY IN HOSPITAL (ANAESTHETISTS, ETC) Paid from MSA | | | Paid from and limited to funds in MSA/EDB | | Paid from MSA/ATB, subject to joint limit of R20 750 per person per year for in- and out-of-hospital basic dentistry | | | | | | | | | | | |
| | SPECIALISED DENTISTRY OUT OF HOSPITAL Not covered on this benefit option | SPECIALISED DENTISTRY OUT OF HOSPITAL Paid from MSA. Any basic dentistry services provided by a dentist in the LA Focus Dental Network as part of the specialised dentistry procedure, paid from MMB | | SPECIALISED DENTISTRY OUT OF HOSPITAL Paid from and limited to funds in MSA/EDB | | | SPECIALISED DENTISTRY Paid from MSA/ATB subject to a joint limit of R40 170 per person per year for in- or out-of-hospital specialised dentistry | | | | | | | | | | | |
| | Dentistry out of hospital | BASIC DENTISTRY No overall benefit limit, subject to a list of procedures and performed by a dentist in the KeyCare network. | BASIC DENTISTRY Unlimited and paid from MMB, subject to a list of procedures, if performed by a dentist in the Network, even if provided as part of specialised dentistry procedure. Includes 1 set of plastic dentures per person every four years, if obtained from a Network Dentist. If a non-Network dentist is used, paid from the MSA | | BASIC DENTISTRY First R4 930 per family per year paid from Major Medical Benefit. Thereafter paid from MSA / EDB | | Paid from MSA/EDB | | | | | | | | | | | |
| | | | | | | | BASIC DENTISTRY Paid from MSA/ATB, subject to a joint limit of R20 750 per person per year for basic dentistry, performed in- or out-of-hospital. | | | | | | | | | | | |

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| DYSPEPSIA | Conservative treatment of Dyspepsia | Basket of care set by the Scheme, subject to authorisation, clinical criteria and treatment guidelines | Not applicable to these benefit options | | | | |
| END OF LIFE CARE | Advanced Illness Benefit | Paid from the Major Medical Benefit. Subject to clinical entry criteria and preauthorisation, subject to PMB | | | | | |
| | Advanced Illness Member Support Programme | For patients with advanced illnesses, requiring support at the 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 | | | | | |
| EXTERNAL MEDICAL ITEMS/MEDICAL EQUIPMENT BENEFIT | Oxygen rental | Covered in full at the Scheme's Designated Service Provider. If the Designated Service Provider is not used, a 20% co-payment will apply | | | | | |
| | External appliances/devices | Mobility benefits limited to R6 300 per family, subject to DSP. If the DSP is not used, then no benefit | Prosthetic limbs, eyes and other external prostheses, orthopaedic appliances (including wheelchairs and crutches), nebulisers, glucometers, diabetic equipment, low vision devices, diagnostic agents and appliances, stoma bags, bandages, hearing aids and wigs, subject to PMB. Limited to one wig per beneficiary per year. Wigs for non-oncology alopecia as requested by a dermatologist or as prescribed | | | | |
| | | | Paid from the MSA | Paid from MSA/ATB. Limited to R37 190 per family with a sub-limit of R24 860 per family for hearing aids and R5 470 per wig per person per year | | | |
| | External medical items extender benefit | Not available on these benefit options | | | | | Paid from MMB, subject to clinical criteria and approval |
| | Blood glucose monitoring device | One device per qualifying person who is registered on the Chronic Illness Benefit for Diabetes, subject to authorisation and clinical criteria. Limited to the home monitoring device limit of R4 890 per person per year | Subject to the External appliances/devices benefit | | | | |
| Continuous blood glucose monitoring | Not offered on this Option | R1 960 per person per month for sensors only, subject to an annual co-payment of R1 000 per adult or R1 960 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R5 350 per device, payable from MSA | R1 960 per person per month for sensors only, subject to an annual co-payment of R1 420 per adult or R1 960 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R5 350 per device, payable from MSA | R1 960 per person per month for sensors only, subject to an annual co-payment of R1 420 per adult or R1 960 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R5 350 per device, payable from MSA | R1 960 per person per month for sensors only, subject to an annual co-payment of R1 420 per adult or R1 960 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R5 350 per device, payable from MSA | R1 960 per person per month for sensors only, subject to an annual co-payment of R1 420 per adult or R1 960 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R5 350 per device, payable from MSA/ATB | |
| GENERAL PRACTITIONERS | GP consultations and services, including virtual and tele-consultations | <ul style="list-style-type: none"> In-hospital visits paid in full AT KeyCare Network GP 15 Out of hospital visits per person at selected KeyCare network. Additional visits subject to authorisation 3 Unscheduled, emergency visits, per person at selected Network GP 2 out-of-network clinic-based visits per person per year and selected blood tests, X-rays and acute medicines ordered by the clinic or nurse or the out-of-network Dr, if referred by the nurse 1 Casualty/outpatient Benefit (excluding facility fees) per person at a Network hospital, subject to a R520 co-payment | <ul style="list-style-type: none"> In hospital unlimited and paid up to the LA Health Rate Out of hospital paid from MSA 2 trauma-related casualty visits for children aged 10 and under, paid up to the LA Health rate once the MSA has been depleted. Includes cost of the emergency casualty consultation, facility fees and consumables | <ul style="list-style-type: none"> In hospital unlimited and paid up to the LA Health Rate Out of hospital paid from MSA/EDB 2 trauma-related casualty visits for children aged 10 and under, paid up to the LA Health rate once the MSA/ATB has been depleted. Includes cost of the emergency casualty consultation, facility fees and consumables | <ul style="list-style-type: none"> In hospital unlimited and paid up to the LA Health Rate Out of hospital paid from MSA/ATB 2 trauma-related casualty visits for children aged 10 and under, paid up to the LA Health rate once the MSA/ATB has been depleted. Includes cost of the emergency casualty consultation, facility fees and consumables | | |

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| KID'S BENEFIT | For children up to 12 years old | Not offered on these Options | | | Full cover for one GP visit, and any radiology, pathology or prescribed medicine requested or prescribed by the GP at time of the visit, also provides cover form an annual basic dental screening and a basic optometry screening every two years. | | Not offered on these Options |
| | HOSPITAL COVER SUBJECT TO PREAUTHORISATION AND CLINICAL ENTRY CRITERIA | Private Hospital, including pathology, radiology, physiotherapy, blood transfusions, other blood products and allied treatment authorised as part of the event / procedure | Unlimited cover in a general ward Full cover in a hospital in the KeyCare Hospital Network and at 100% of the LA Health Rate for treatment or procedures that are not PMBs, or if a non-network hospital is used in the case of an emergency. Planned procedures paid for in Network Hospitals only | Full cover in any approved private hospital in a Province with a coastline and specific hospitals in the remaining South African Provinces. If obtained at non-network hospitals (outside the LA Focus Hospital network), paid up to 70% of the LA Health Rate. All other authorised in-hospital treatment and care, paid at the LA Health rate | | Covered up to the LA Health Rate in any facility, subject to preauthorisation approved by the Scheme | |
| Defined list of procedures in day surgery network | | Covered in any facility approved by the Scheme in the LA KeyPlus Network of Day Surgery Facilities. The Day Surgery Network is the DSP for certain procedures. | Covered in any facility in the LA Focus Network of Day Surgery Facilities. If the DSP service is not used, a R7 000 deductible applies to the facility account | | Covered in any facility approved by the Scheme. If the service of a DSP facility is not used, a R7 000 deductible applies to the facility account | | |
| Spinal or colorectal care and surgery | | PMB-related benefits only for in- and out-of-hospital management of colorectal care and surgery, including related accounts, paid up to the LA Health Rate, subject to clinical criteria, authorisation and DSP. If DSP is not used, paid at 80% of the LA Health rate. | In- and out-of-hospital management of spinal or colorectal care and Out-of-hospital conservative spinal treatment subject to a basket | | surgery paid up to the LA Health Rate at Network DSP, subject to clinical criteria. If DSP is not used, paid at 80% of the LA Health rate. Related accounts paid up to the LA Health Rate of care | | |
| Hospitalisation for select members with one or more chronic conditions | | Paid in full if registered on a Disease Management Programme. Paid up to 80% of the Scheme Rate for the Hospital and Related accounts if not registered on the Programme | Subject to stated benefits in each of these benefit options for | | In-Hospital and other related treatment | | |
| Pre-operative assessment | | Not offered on this Option | A once-off basket of care for members undergoing major surgery for arthroplasty | | one of the following surgical procedures, paid up to 100% of the LAHR from the Major Medical Benefit: colorectal, breast or prostate cancer surgery, coronary artery bypass graft surgery (CABG) or elective hip or knee | | |
| MANAGED CARE PROGRAMMES | | HIVCare | Subject to PMB. Unlimited, paid at cost subject to clinical criteria and guidelines | | | | |
| | Diabetes and Cardio Care | Subject to PMB. Non-PMB and other related services covered in a treatment basket, subject to referral by the DSP Network GP and | | | participation on the Chronic Illness Benefit. | | |
| | Disease Prevention | To manage Cardio-metabolic syndrome Coordinated by eligible beneficiary's Primary Care GP, supported by Dietitians and Health Coaches. Subject to PMB. Non-PMB and other | | | related services covered in a treatment basket, subject to registration by the DSP Network GP and the beneficiary having undergone the adult Screening Tests | | |
| | Mental Health Care Programme | Subject to enrollment on the programme. Non-PMB and other related services covered in a treatment basket, subject to referral by DSP | | | Network GP | | |
| REPRODUCTIVE HEALTH | Assisted reproductive therapy | Not covered on these benefit options | | | | Limited to R140 265 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. Cryopreservation paid for up to 5 years | |

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| REPRODUCTIVE HEALTH | Maternity Programme: Cover during the pregnancy and for two years after your baby's birth, once the benefit is activated | DURING PREGNANCY <ul style="list-style-type: none"> 8 antenatal consultations with your gynaecologist, GP or midwife Two 2D ultrasound scans, including one nuchal translucency test, per pregnancy. 3D and 4D scans are paid up to the rate we pay for 2D scans One T21 chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria A defined basket of blood tests 5 antenatal or postnatal classes or consultations with a registered nurse, up until two years after you have given birth Two mental health consultations with a counsellor or psychologist | | | | | AFTER YOU GIVE BIRTH <ul style="list-style-type: none"> Your baby is covered for up to two visits to a GP, paediatrician or an ENT You are covered for one six-week post-birth consultation at your midwife, GP or gynaecologist for complications post delivery One nutritional assessment at a dietitian One breastfeeding consultation with a registered nurse or a breastfeeding specialist To access these benefits on LA KeyPlus, your chosen GP must refer you | |
| | Antenatal classes for mothers not registered on the Maternity Programme | Not available on these benefit options | | | | | Limited to R2 175 per pregnancy Paid from MSA/ATB | |
| | Contraceptives | Not available on this option | Paid from MSA | | Paid from MSA | | Paid from MMB up to R2,600 per female beneficiary per year | Paid from MSA |
| | Doulas | Not available on this benefit option | Paid from MSA only | | | | | |
| MEDICINE BENEFITS | PMB Chronic Illness conditions | Cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits. Cover for the out-of-hospital management of a condition that is approved on the Chronic Illness Benefit, will be paid up to 80% of the LA Health Rate if the beneficiary is not enrolled in the Scheme's managed care programme for that condition. | | | | | | |
| | PMB CDL Chronic Medicine Cover | Approved chronic medicine covered in full when you use one of our network pharmacies or your chosen GP dispenses the medicine. Your chosen GP must prescribe chronic medicine. For medicine not on our list, we cover up to the cost of the lowest cost formulary medicine for the condition. | Approved Medicine on our medicine list (formulary) covered in full the monthly CDA, whether on the medicine list or not | | | | when you use a network pharmacy. Medicines not on our list paid up to up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one medicine from the same category, we will pay up to | |
| | Additional Disease LIST (ADL) conditions, | Covered from available acute, prescribed medicine benefits only. Includes approved medicine prescribed at discharge from hospital | | | | Limited to M R12 500 M+ R25 000 Includes approved medicine prescribed at discharge from hospital | | Limited to M R14 765 M+ R29 304 Includes approved medicine prescribed at discharge from hospital |
| Acute medicine, including take-home prescribed medicine at discharge from hospital | Acute medicine prescribed by a network provider, covered with no overall limit from Designated Service Provider Medicine when discharged from hospital is limited to R230 per admission. | Paid from the MSA up to 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list | | Paid from the MSA/EDB up to 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list | | | | Paid from the MSA/ATB up to 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list Limited to: M R13 510 M1 R17 285 M2 R20 835 M3 R24 025 M4+R27 340 |
| MEDICINE BENEFITS | Over the Counter (OTC) medicine (Schedule 0, 1 and 2 medicine, and medicine categorised as OTC), prescribed or not | Not covered on this benefit option | Paid from MSA up to 100% of the cost. Limited to R3 120 for a single member and R5 710 for a family | | Paid from MSA/EDB up to 100% of the cost. Limited to R3 120 for a single member and R5 710 for a family | | | |
| | Specialised Medicine and Technology Benefit | Not covered on these benefit options | | | | | Subject to authorisation. Paid at the LA Health Medicine Rate up to R262 970 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 condition and medicine | |

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| MENTAL HEALTH | PMB | Maximum overall limit of 21 days for in and out of hospital care paid at cost at DSP, subject to clinical criteria. The limit includes benefits for a | | | maximum of 21 days in hospital and/or 15 psychiatrist / psychologist contacts out of hospital, both accruing to the overall limit of 21 days. If services of DSP hospital are not used a 20% co-payment applies | | | |
| | PMB Alcohol or drug abuse-related treatment and care | Paid at cost for PMB care at DSP. Limited to a maximum of 21 days for alcohol or drug abuse related rehabilitation, or treatment and care in the | | | case of an attempted suicide and 3 days for in-hospital detoxification services. Accumulates to the overall limit of 21-days of PMB care for Mental Health | | | |
| | Out of hospital, non-PMB mental health benefits | Paid from the applicable benefits, subject to the use of the Network DSP providers. Psychiatrists paid subject to the Specialist limit of R5 800 | Paid from MSA | | | Paid up to the LA Health Rate, subject to the Out of Hospital limit of R26 050 per family for non-PMB mental health care. Includes a sub-limit of R8 600 per beneficiary for non-PMB treatment and care related to alcohol and substance abuse | | |
| | Depression Risk Management Programme | Paid up to the LA Health Rate from MMB , for non-PMB GP and other related services covered in a basket of care, subject to clinical | | | criteria for eligible beneficiaries identified via a Mental Wellbeing Assessment | | | |
| OPTICAL | Optical | One eye test per person per year and one pair of clear mono- or bi-focal glasses or contact lenses per person every two years, from last date of service, at an Optometrist in the KeyCare Network. Refractive eye surgery not covered Cataract surgery subject to referral to an ophthalmologist by a network GP or a network Optometrist. | Paid from the Medical Savings Account | | Paid from the MSA/EDB | | Eye test consultations paid from MSA/ATB. Spectacles, frames, contact lenses and refractive eye surgery paid up to a limit of R6 170 per person per year from MSA/ATB | |
| ORGAN TRANSPLANTS | Organ transplants, including bone marrow/stem cell transplants | Subject to PMB and the use of Network DSP providers. A 20% co-payment applies if non-network providers are used. Subject to clinical criteria and authorisation | | Subject to PMB. Paid at cost/up to the LA Health Rate, subject to authorisation and clinical criteria. Stem cells must be locally sourced | | | | |
| OTHER SERVICES | Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc.) | Not covered on this Option | | Paid from MSA | | Limited to funds in the MSA/ATB | | |
| | Nurse practitioners | Not covered on this Option, except for PMB | | Limited to funds in MSA | | Paid up to a limit of R15 149 per family from MSA/ATB | | |
| | Unani-Tibb therapy | Not covered on this Option | | Limited to funds in MSA | | Limited to funds in the MSA/ATB | | |
| SCREENING AND PREVENTION | Screening benefits for adults and children | <ul style="list-style-type: none"> Cover for certain tests at a wellness network provider: blood glucose, blood pressure, cholesterol and body mass index. Cover tests for children between the ages of 2 and 18 years, which include a growth assessment and health and milestone tracking for Cover for a group of age-appropriate screening tests for beneficiaries who are older than 65 years Cover for a mammogram or ultrasound of the breast every two years, Pap smear/HPV testing every three years, our clinical criteria. Cover for self-testing kits for cervical and colorectal cancer screening from the Major Medical Benefit | | | children between the ages of 2 and 8 years at any one of our wellness network providers. | | PSA (a prostate screening test) once a year, bowel cancer screening tests every two years for members between 45 and 75 years, HIV screening. Additional, and/or more frequent screening is available for those who meet | |
| | Vaccines/Immunisations | <ul style="list-style-type: none"> Covered from the day-to-day benefits that apply for the specific benefit option, except for those listed specifically hereunder Vaccines for influenza <ul style="list-style-type: none"> One influenza vaccine for children <12 years and beneficiaries >65 years One influenza vaccine paid for by the Scheme for children >12 years and beneficiaries <65 years, if the Scheme has not paid for one Pneumococcal vaccinations: Paid subject to age-appropriate intervals | | | or all of the following screening tests: blood glucose, blood pressure, cholesterol and body mass index. | | | |
| | Childhood immunisations | Not covered on this Option, subject to PMB | | Paid from MSA | | Paid up to 100% of the LA Health Rate from MMB in accordance with the Private Vaccination Schedule for children who are up to 12 years old | | Paid from MSA |
| PATHOLOGY AND RADIOLOGY | Pathology | Out of hospital pathology services up to the LA Health rate. Jointly limited to the Specialist Services limit of R5 800 per person per year. Includes benefits for services rendered in a casualty/ outpatient facility | | IN HOSPITAL Basic pathology paid up to the LA Health Rate, subject to the use of | | the services of the Scheme's Designated Service Provider. | | |
| | | | | OUT OF HOSPITAL Paid from MSA | | OUT OF HOSPITAL Paid from MSA/EDB | | |
| | | | | | | OUT OF HOSPITAL Paid from MSA/ATB | | |

| | | LA KEYPLUS | LA FOCUS | LA ACTIVE | LA ENGAGE | LA CORE | LA COMPREHENSIVE |
|-------------------------|---|---|--|-----------|---|--|------------------|
| PATHOLOGY AND RADIOLOGY | Gastroscopy, colonoscopy, sigmoidoscopy or proctoscopy | Prescribed Minimum Benefit cover, in the KeyCare Day Surgery Network. If done in the doctor's rooms, we pay the account from the Major Medical Benefit | IN HOSPITAL First R3 800 of Hospital account paid from MSA. Remainder of scope account paid from MMB. Related accounts paid from and limited to funds in MSA OUT OF HOSPITAL Paid from MMB. Unlimited, subject to preauthorisation. Related | | IN HOSPITAL First R3 800 of Hospital account paid from MSA. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in MSA/EDB accounts paid from available day-to-day benefits as per the specific benefit option. | IN HOSPITAL Unlimited, paid up to the LA Health Rate, subject to authorisation | |
| | MRI and CT scans, and ultrasounds | In-hospital scans paid as part of treatment for the authorised condition, at DSP hospital. If not related to the admission, limited to the Specialist benefit limit of R5 800 per person per year Out of hospital scans paid from the Specialist Benefit limit of R5 800, if referred by KeyCare GP | IN HOSPITAL SCANS: Unlimited, paid up to 100% of the LA Health Rate, subject to authorisation OUT OF HOSPITAL The first R3 800 of the scan paid from the MSA. The remainder of the | | and referral by a specialist account is paid from Major Medical Benefit, subject to referral by a specialist. | OUT OF HOSPITAL Unlimited, paid up to the LA Health Rate, subject to authorisation and referral by a specialist | |
| | Radiology, including X-rays | Paid from MMB, at DSP Hospital, subject to clinical criteria. If the services of the Preferred Provider are not used, paid to the member at the Scheme Rate Out of hospital: Paid according to a list of procedure codes, subject to PMBs and only if requested by the member's chosen KeyCare GP Requests from specialists covered up to the R5 800 specialist limit | IN HOSPITAL Paid from MMB, subject to authorisation OUT OF HOSPITAL Paid from MSA | | OUT OF HOSPITAL Paid from MSA / EDB | OUT OF HOSPITAL Paid from MSA / ATB | |
| PROSTHESES | Internal prostheses | Unlimited, paid up to the LA Health Rate, subject to clinical criteria No cover for cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants, spinal devices and prostheses, shoulder replacement prostheses and/or major joint replacement devices, including hip and knee replacement devices | <ul style="list-style-type: none"> Cochlear implants, implantable defibrillators, internal nerve Spinal devices/prostheses: Unlimited if obtained from Designated Shoulder replacement prostheses: Unlimited if obtained from the Major joint replacements, including hip and knee replacements: Provider and limited to the applicable negotiated Network rate per Internal prostheses not mentioned elsewhere in this brochure: | | stimulators and auditory brain implants paid up to R271 200 per person per year, subject to preauthorisation. Service 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. Scheme's Preferred Provider. Limited to the applicable negotiated Network rate per device, per admission if from a non-Preferred Provider. Paid subject to the use of the 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 Preferred device, per admission, if obtained from a non-Preferred Provider. Paid up to the LA Health rate, subject to preauthorisation and clinical criteria | | |
| RENAL CARE | Acute and chronic dialysis, including authorised medicine for the condition | Unlimited in a KeyCare Network, subject to PMB. Subject to authorisation and clinical criteria Non-PMB treatment paid up to 100% of the LA Health Rate. Other renal care-related treatment and educational care not covered on this Option | Acute and chronic dialysis: Unlimited, paid at cost for PMB treatment and up to 100% of the Subject to the approval of a treatment plan and the use of the | | LA Health rate for other services. services of the DSP. Co-payments will apply if the DSP is not used | | |
| SPECIALISTS | Specialist consultations | IN HOSPITAL On referral from the Network GP, full cover for a Specialist in the LA KeyPlus Network. Paid up to the LA Health Rate if the in-hospital services of other specialists are used Limited to R5 800 per person for out-of-hospital services, only if referred by the KeyCare Network GP. This limit includes benefits for radiology and pathology Consultations with an Ophthalmologist: subject to referral by the member's nominated GP or network optometrist. In the absence of such a referral, the Scheme will not pay for the consultation, and eye surgery procedures will not be authorised. | IN HOSPITAL Paid up to the agreed rate for services provided by the DSP | | specialists and up to the LA Health Rate when the services of non-DSP Specialists are used | | |
| | | | OUT OF HOSPITAL Paid from MSA Virtual consultations with a Paediatrician paid up to the LA Health Rate for children aged 14 and younger for a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation, when the MSA is depleted | | OUT OF HOSPITAL Paid from MSA/EDB Virtual consultations at a Paediatrician paid up to the LA Health Rate for children aged 14 and younger for a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation, when the MSA/EDB is depleted | OUT OF HOSPITAL Paid from MSA/ATB Virtual Paediatricians consultations paid up to the LA Health Rate for children aged 14 and younger for a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation, when the MSA is depleted and before the Threshold is reached; do not accumulate to the Threshold | |

| | | LA KEYPLUS | LA FOCUS | LA ACTIVE | LA ENGAGE | LA CORE | LA COMPREHENSIVE |
|-------------------------|--|---|----------|-----------|---|--------------------------------------|------------------|
| SPORTS INJURY BENEFIT | Cover for sports injuries | Not covered on these benefit options | | | Once activated by GP, paid up to 100% of the Scheme Rate, subject to applicable networks. <ul style="list-style-type: none"> Unlimited basic black and white X-rays 2 specialists' consultations per person per year 4 physiotherapy / bio kineticist / chiropractor or occupational therapist consultations per person per year | Not covered on these benefit options | |
| TRAUMA RECOVERY BENEFIT | Cover for specific trauma-related incidents | Benefits are paid up to the end of the year following the one in which the traumatic event occurred, subject to the use of the Scheme's There are specific benefits for the person affected by the trauma and for the registered beneficiaries who are indirectly affected. | | | Designated Service Providers, clinical entry criteria, and certain limits. | | |
| WHO OUTBREAK BENEFIT | Out of hospital management and appropriate supportive treatment for World Health Organization recognised disease outbreaks | 1. COVID-19, subject to PMB 2. M-Pox Limited to a basket of care as set by the Scheme for the specific 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 | Primary healthcare screening services for the family | Primary healthcare screening services for visual, hearing, dental and skin conditions; Physical well-being screening at a dietitian, health monitoring devices Limited to a basket of care as set by the Scheme, limited to: R2 500 per adult beneficiary once per lifetime; R1 250 per child beneficiary Subject to completion of basic screening tests. Subject to the use of Network providers (where applicable), clinical entry criteria, treatment Available to any new member from their joining date to the end of the next year. | | | biokineticist and/or physiotherapist; Women and men's screening and prevention healthcare services; Screening and prevention healthcare services for children, and cover for a defined list of registered screening and once per lifetime; up to a maximum of R10 000 per family guidelines and protocols. | | |

M = Member; S/A = Spouse/Adult C = Child; DSP = Designated Service Provider; MMB = Major Medical Benefit

Members may be in receipt of a subsidy and will only have to pay a portion of the total contribution. Their portion of this total contribution will have to be calculated based on their subsidy level,

| TOTAL CONTRIBUTIONS | LA KEYPLUS | Income | Member | Adult | Child | Maximum for 3 child dependants |
|---------------------|------------|-------------------|--------|--------|-------|--------------------------------|
| | | R0 - R12 000 | R1 634 | R1 427 | R597 | R1 791 |
| | | R12 001 - R16 800 | R1 722 | R1 506 | R628 | R1 884 |
| | | R16 801+ | R2 593 | R2 308 | R968 | R2 904 |

taking into account the maximum subsidy value paid by the employer.

| | Member | Adult | Child | Maximum for 3 child dependants |
|------------------|---------|--------|--------|--------------------------------|
| LA FOCUS | R3 400 | R2 195 | R997 | R2 991 |
| LA ACTIVE | R4 166 | R2 802 | R1 382 | R4 146 |
| LA ENGAGE | R5 000 | R4 519 | R1 500 | R4 500 |
| LA CORE | R8 345 | R7 533 | R2 493 | R7 479 |
| LA COMPREHENSIVE | R11 184 | R8 539 | R2 711 | R8 133 |



WE'RE IN IT FOR YOUR HEALTH

To find out more, please call LA Health Medical Scheme on 0860 103 933, visit www.lahealth.co.za or contact your accredited LA Health broker. This leaflet is a summary of LA Health's key benefits and features, submitted to the Council for Medical Schemes. If there is any discrepancy between this document and the registered Rules, the Rules will always apply.

● CLIENT SERVICES 0860 103 933 ● WWW.LAHEALTH.CO.ZA ● SERVICE@LAHEALTHMS.CO.ZA ● REPORT FRAUD ANONYMOUSLY 0800 004 500



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