

Claims Tracker

WE'RE IN IT FOR YOUR HEALTH

For the period April 2025 – March 2026



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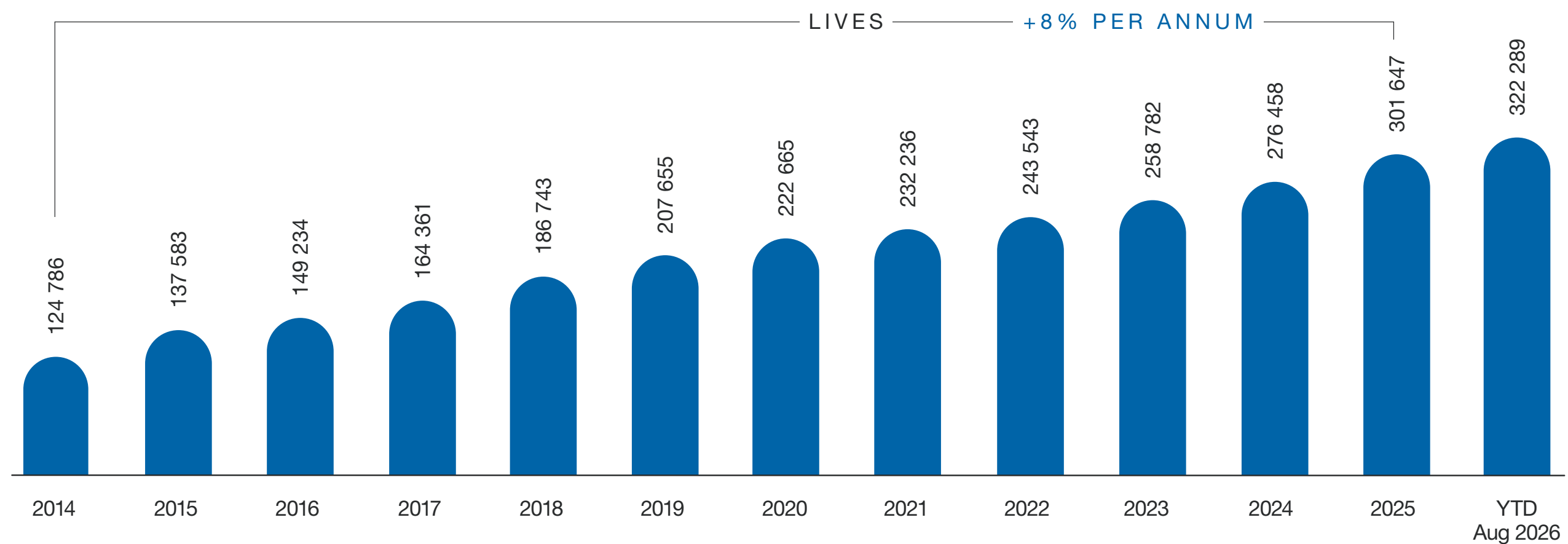




Beneficiary profile

NUMBER OF BENEFICIARIES

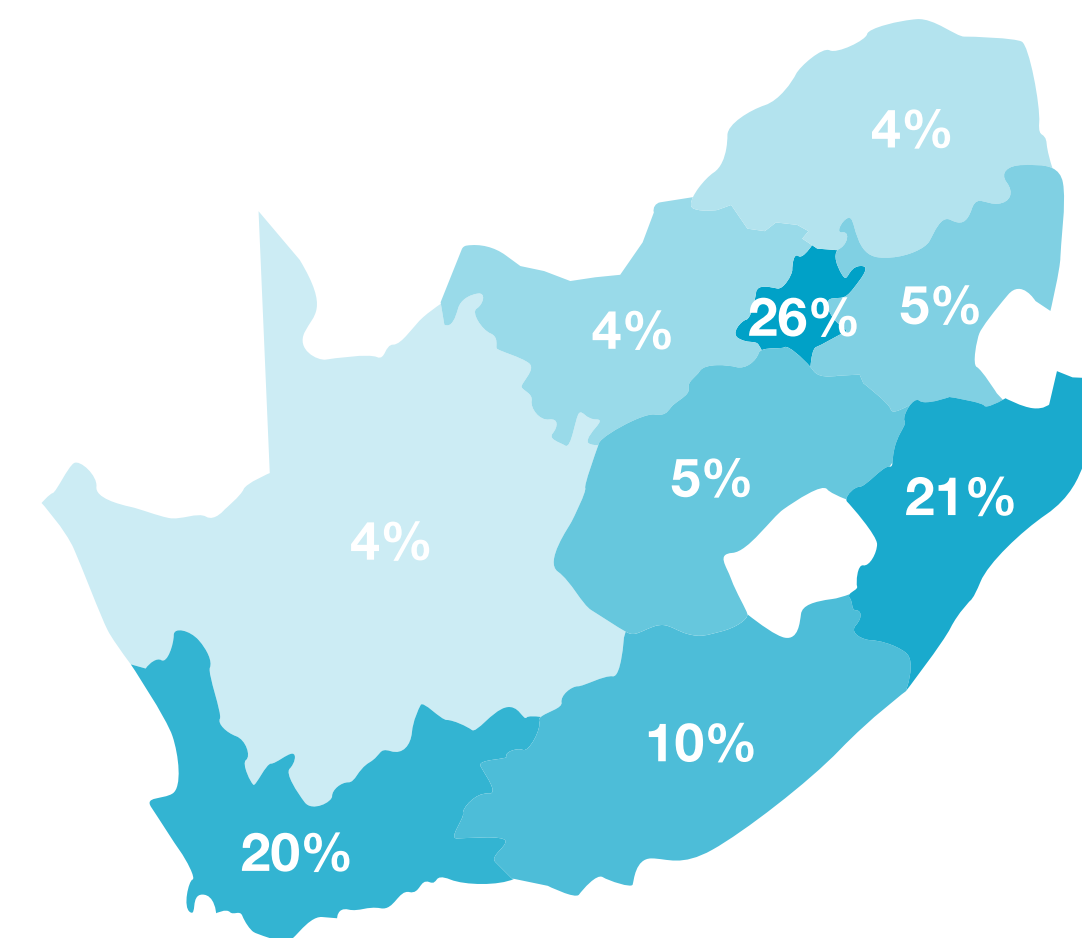
LA Health provides cover to more than 322 000 beneficiaries, including over 128 000 principal members. This represents more than half of all Local Government employees who have medical scheme cover, making LA Health the scheme of choice in local government.



GEOGRAPHIC OVERVIEW

The distribution of LA Health beneficiaries is in line with the general South African population, indicating LA Health's broad relevance across all of South Africa's municipalities.

LA Health has members within all of South Africa's 257 municipalities.



Throughout this document, 'beneficiaries' refers to principal members and dependents. Unless explicitly stated otherwise, all figures are for the 12-month period ending at 31 March 2026. LA Health Medical Scheme, registration number 1145, is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07.

Discovery Health (Pty) Ltd is an authorised financial services provider.

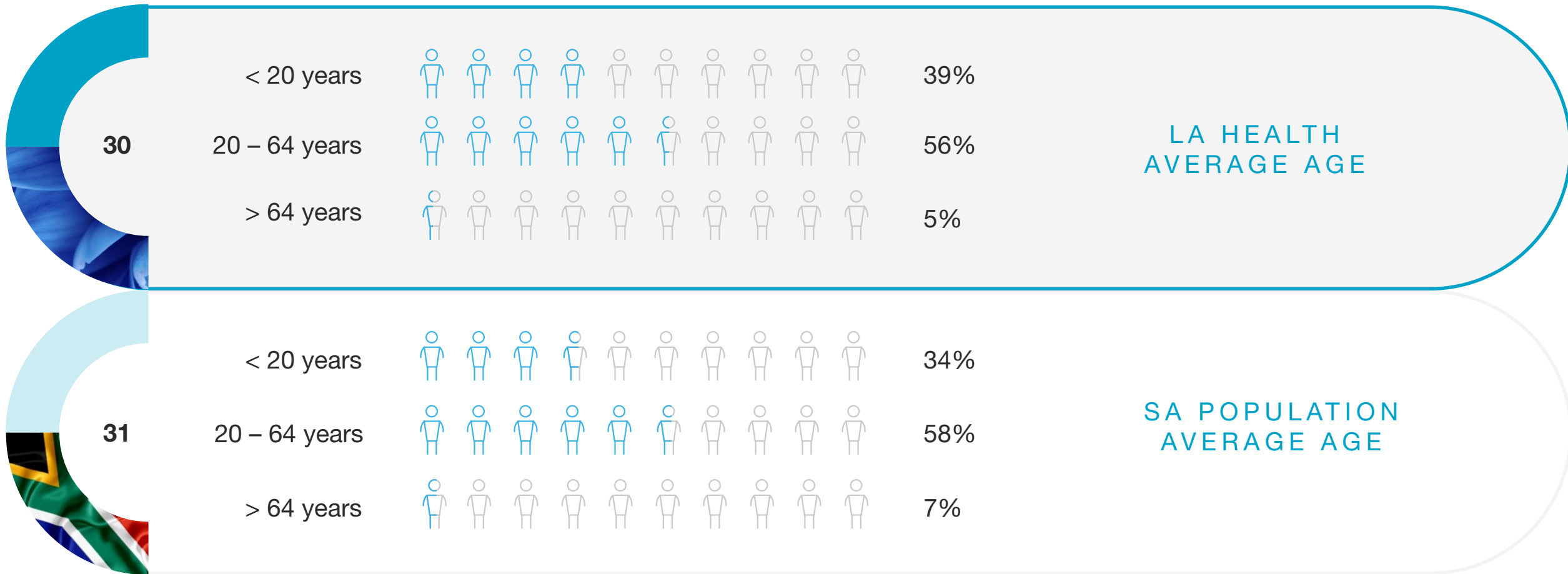




Beneficiary profile

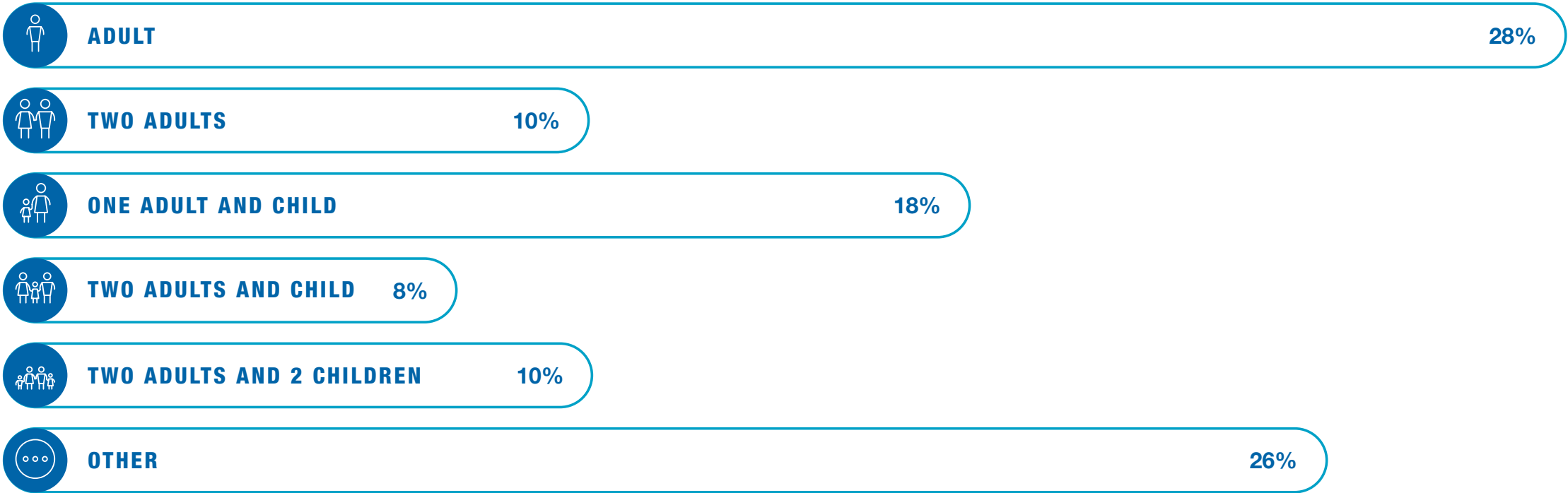
AGE DISTRIBUTION OF BENEFICIARIES

LA Health has the lowest average age amongst all accredited local government schemes. The average age of the Scheme is in line with that of the general South African population.



FAMILY STRUCTURE DISTRIBUTION

LA Health’s benefit options are designed to resonate widely, supporting both single members and families, as evidenced by the Scheme having the largest average membership size of all accredited schemes, and individual members – who account for 28% of beneficiaries.



BENEFICIARY PROFILE

CLAIMS SUMMARY

HOSPITAL CLAIMS

CHRONIC CLAIMS

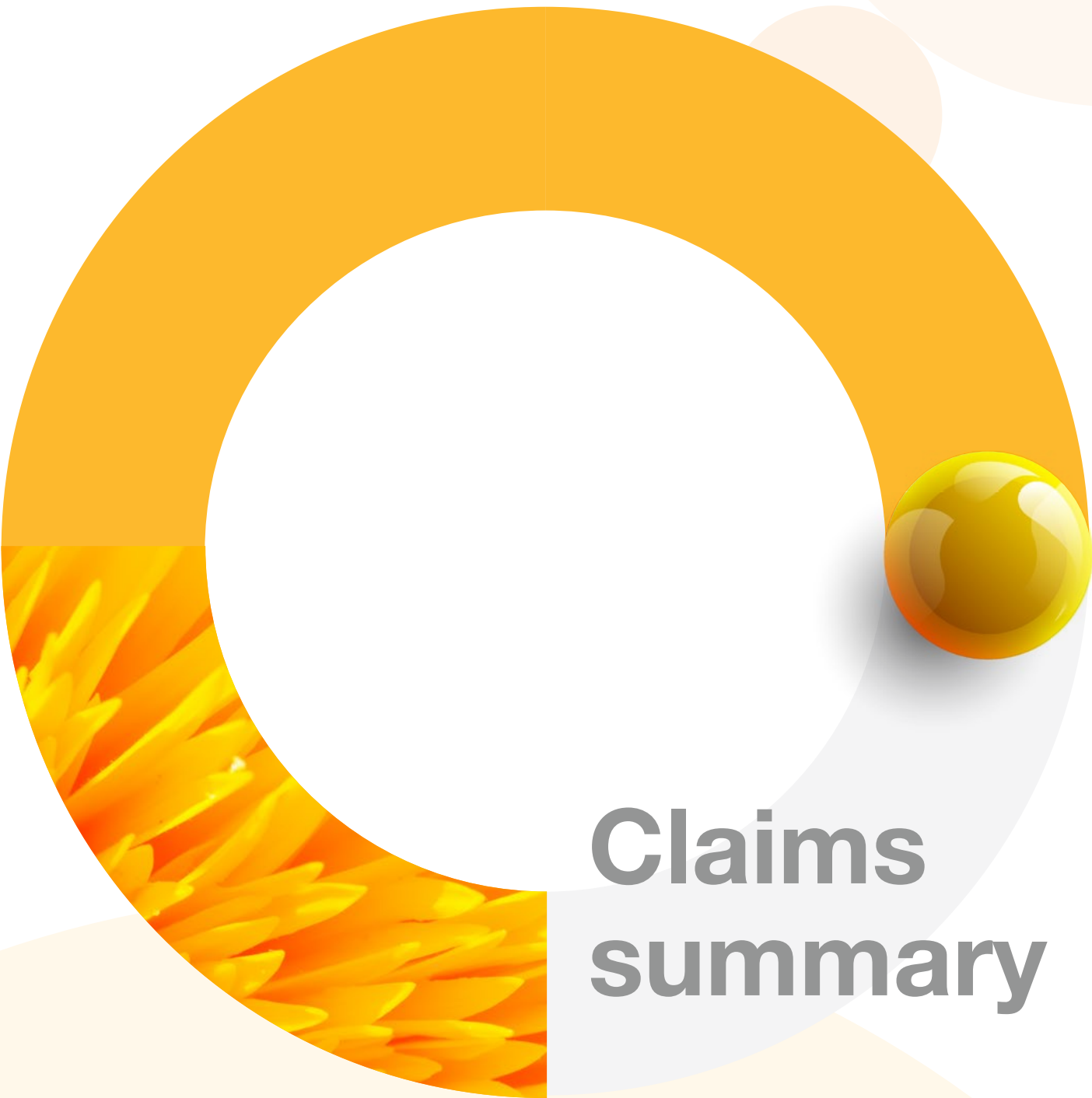
ONCOLOGY CLAIMS

MATERNITY CLAIMS

SCREENING AND PREVENTION

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Claims summary

LA Health paid **R7.7 billion in total claims** in the 12-month period between April 2025 and March 2026.



HOSPITAL CLAIMS (PG 6)

- R4.1 bn** paid for hospital claims
- 53.4%** of total claims cost
- 63 724** hospital admissions
- R64 160** average cost per admission
- 287 937** days spent in hospital
- 4.5** days spent in hospital per admission



CHRONIC CLAIMS (PG 10)

- R205.2 m** paid for claims relating to chronic conditions
- 2.7%** of total claims cost
- 67 719** beneficiaries with chronic conditions
- R253** average cost per beneficiary per month
- 553 480** prescriptions dispensed



ONCOLOGY CLAIMS (PG 13)

- R306.8 m** paid for oncology treatment
- 4.0%** of total claims cost
- 3 380** beneficiaries registered for the oncology benefit
- 2 366** beneficiaries currently claiming for oncology treatment
- R10 807** average cost per beneficiary per month



DAY-TO-DAY CLAIMS

- R2.9 bn** paid for day-to-day claims
- 37.6%** of total claims paid
- 822 554** GP visits
- 171 624** specialist visits
- 328 169** allied visits (e.g. biokineticist, physiotherapist, chiropractor)
- 2.8 m** prescriptions dispensed



MATERNITY CLAIMS (PG 16)

- R176.8 m** paid for births
- 2.3%** of total claims paid
- 2 980** number of deliveries
- R59 313** average cost per delivery



SCREENING AND PREVENTION (PG 17)

- 63 031** beneficiaries performing screening assessments



THE WELLTH FUND (PG 18)

- R116.6 m** total paid from the WELLTH Fund
- R41 m** in GP claims paid from the WELLTH Fund
- R11 m** in dentist claims paid from the WELLTH Fund
- R2 m** in psychologist claims paid from the WELLTH Fund

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Note: All figures for the period April 2025 to March 2026.





Hospital claims

HOSPITAL CLAIMS OVERVIEW

R4.1 BN

paid for hospital claims

R710.2 M

paid for the 500 sickest families

287 937

total beneficiary days spent in hospital

63 724

hospital admissions

44 714

beneficiaries admitted to hospital

4.5

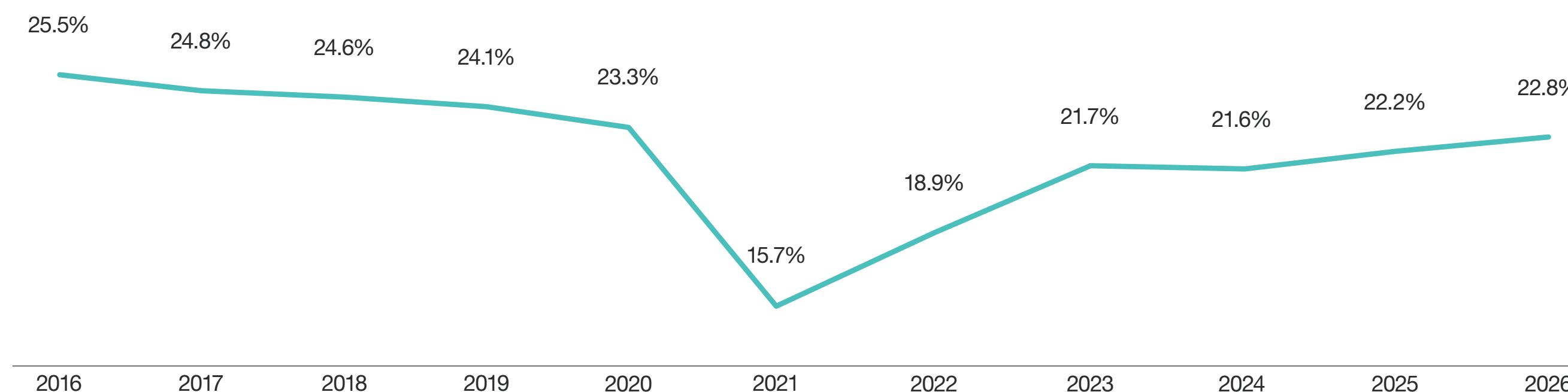
days spent in hospital per admission

R64 160

average cost per admission

HOSPITAL ADMISSION RATE

The admission rate dropped significantly in 2020 due to the travel restrictions and widespread postponement of elective procedures during the COVID-19 pandemic. The hospital admission rate has increased in line with expectations since then, reaching levels that are still below 2019 levels.



The above graph highlights admission rate, which is calculated as the total number of admissions for the year, divided by the average number of lives on the Scheme during the year.

Note: All figures for the period April 2025 to March 2026.

Note: Costs relating to oncology or maternity-related admissions are included in the oncology and maternity sections only, and excluded from general hospital claims..



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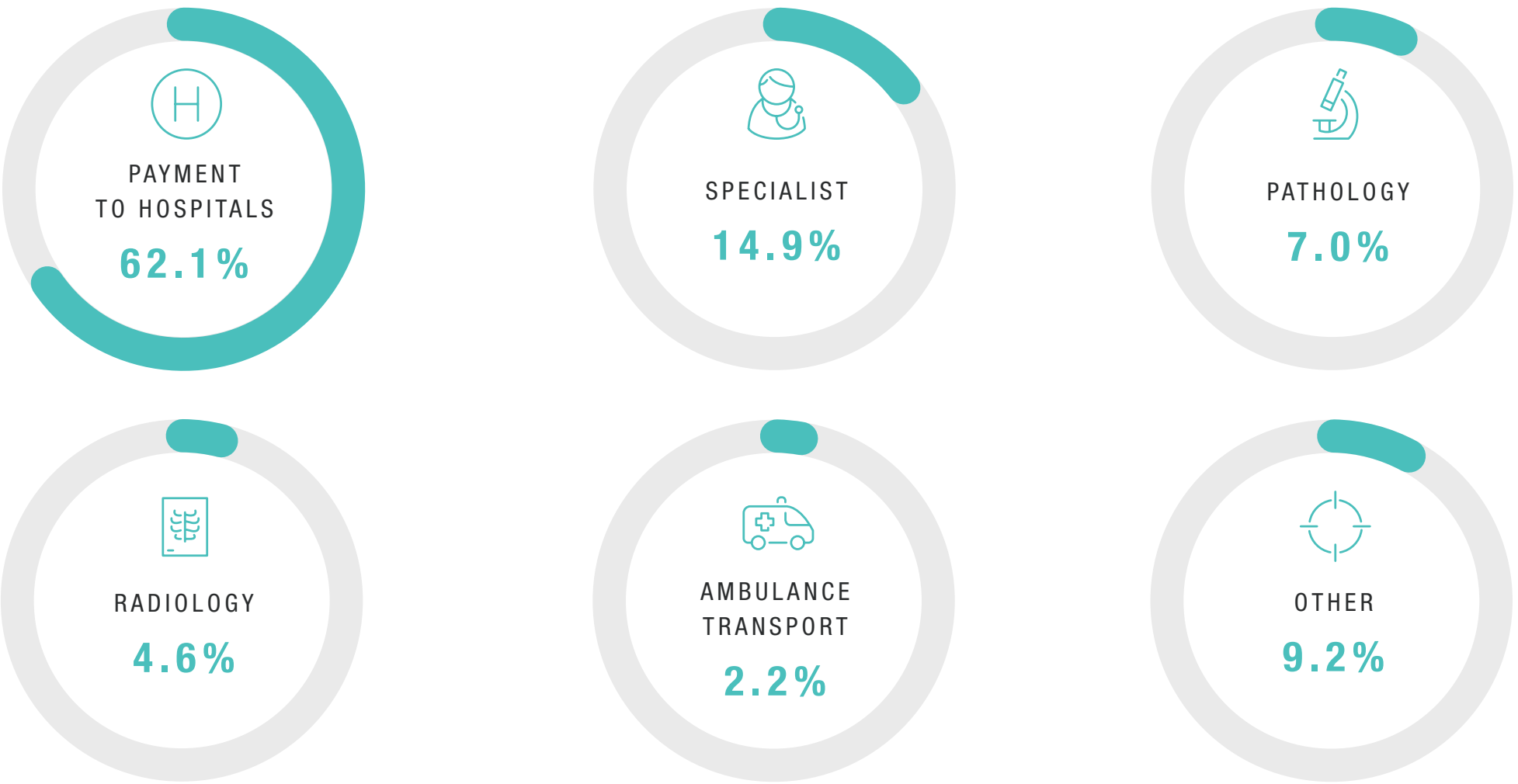
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Hospital
claims

HOSPITAL CLAIMS BY TYPE OF PROVIDER

On average for every R100 paid by LA Health for a claim relating to a hospital admission, R62.10 is paid to the hospital and R14.90 to specialists.



HOSPITAL CLAIMS BY SIZE

The financial stability of the Scheme provides peace of mind to beneficiaries when faced with high costs claims. Over the period, 180 beneficiaries had hospital claims exceeding R1 million and 1 932 beneficiaries had claims above R250 000.

CLAIMS PAID	NUMBER OF CLAIMS IN 12-MONTH PERIOD
R3 000 000+	11
R2 000 000 – R3 000 000	32
R1 000 000 – R2 000 000	137
R500 000 – R1 000 000	459
R250 000 – R500 000	1 293
R100 000 – R250 000	6 131
<R100 000	55 661

Note: All figures for the period April 2025 to March 2026.

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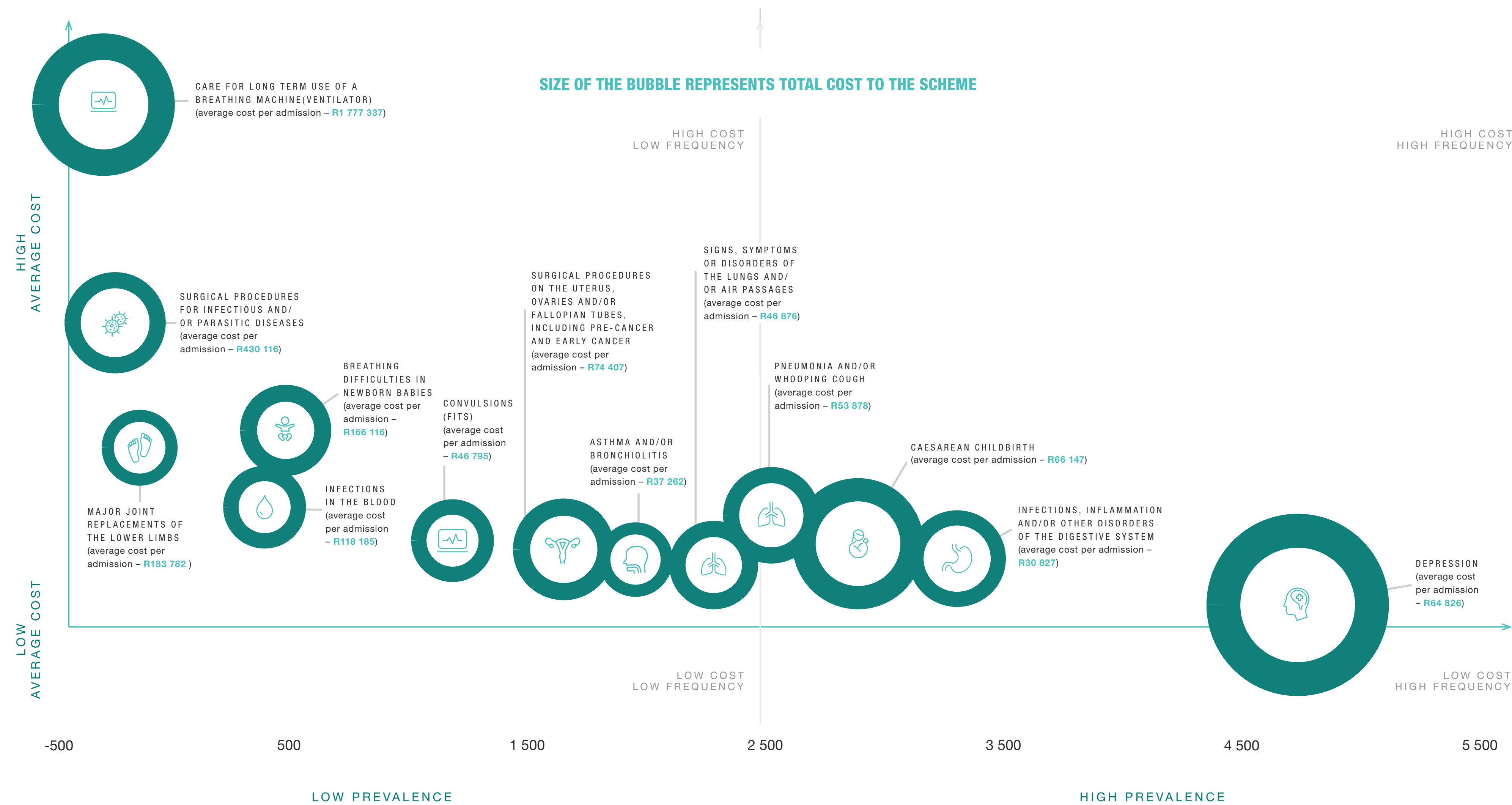
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ADMISSIONS CONTRIBUTING MOST TO TOTAL HOSPITAL CLAIMS COSTS

Beneficiaries may require hospital admission for a number of reasons. As the graph below shows, certain admissions are infrequent but carry very high costs, while others occur more often but are typically less expensive.



Note: All figures for the period April 2025 to March 2026.



Hospital claims

TOP 10 HOSPITAL CLAIMS

The below illustrates the highest individual beneficiary claims for hospital admissions and highlights that major medical treatments can be required at any age.



R4.7 M

Age 45 | LA Focus | 123 days | Fracture of head, spine



R4.5 M

Age 51 | LA Active | 118 days | Septicaemia



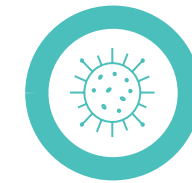
R4.1 M

Age 38 | LA Focus | 95 days | Pancreatitis



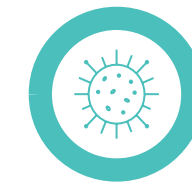
R3.9 M

Age 45 | LA KeyPlus | 37 days | Congestive cardiac failure



R3.8 M

Age 14 | LA Active | 119 days | Septicaemia



R3.6 M

Age 40 | LA Active | 127 days | Septicaemia



R3.6 M

Age 71 | LA Active | 95 days | Spinal subluxation and stenosis



R3.4 M

Age 17 | LA Active | 113 days | Medical or surgical complication



R3.4 M

Age 0 | LA Active | 113 days | Neonatal distress



R3.2 M

Age 51 | LA Active | 88 days | Respiratory complications



The largest hospital claim would require 125 years' worth of contributions to cover that single claim. LA Health's financial strength and stability make this possible, protecting members against high-cost events.





Chronic claims

Beneficiaries with a chronic condition, as a share of lives, make up 21.4% of beneficiaries. On average, there are 8.2 scripts dispensed per chronic beneficiary per year.

CHRONIC CLAIMS OVERVIEW

R205.2 M

paid for chronic claims

67 719

beneficiaries with chronic conditions

2.7%

of total claims cost

553 480

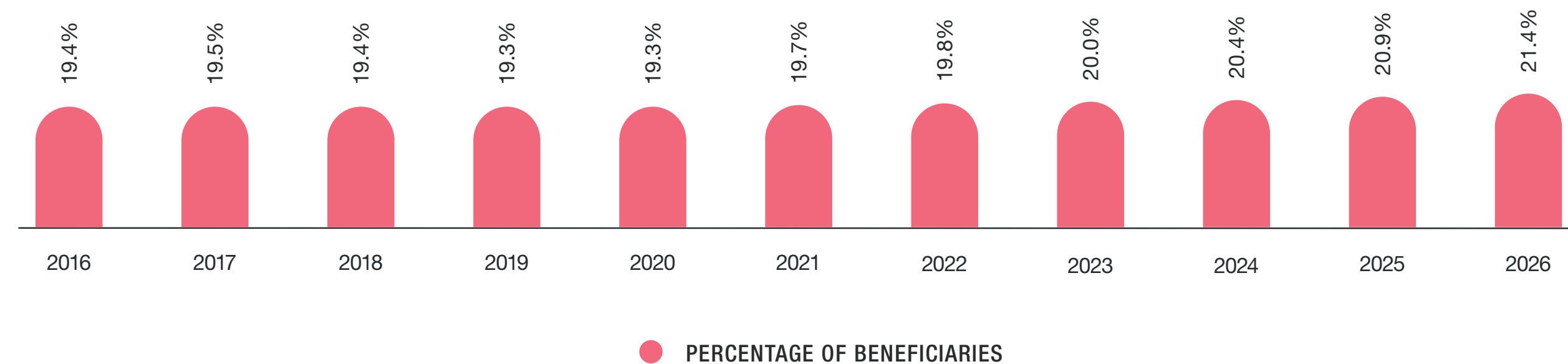
prescriptions dispensed

R253

average cost per beneficiary per month

LA HEALTH BENEFICIARIES WITH A CHRONIC CONDITION

South Africa, like many countries in the world, continues to suffer from an increasing prevalence of non-communicable diseases. While LA Health's chronic ratio remains well below the medical scheme average, one-fifth of beneficiaries on the Scheme are registered for a chronic condition.





Chronic claims

The most common chronic condition is essential hypertension with 37 305 beneficiaries enrolled. Menopause has seen the greatest increase in enrolled beneficiaries, up 19.3% from the previous period.

The most costly chronic condition, based on average cost per chronic beneficiary, is congestive cardiac failure with an average cost of R756 per chronic beneficiary per month, excluding hospital claims.

Of those members with chronic conditions, 42% have multiple chronic conditions.

TOP 10 CHRONIC CONDITIONS

	BENEFICIARIES	% INCREASE OVER PAST 12 MONTHS	AVERAGE COST PER CHRONIC BENEFICIARY PER MONTH
Essential hypertension	37 305	15.2%	R339
Human Immunodeficiency Virus (HIV) infection	20 186	10.5%	R242
Hypercholesterolaemia	19 660	16.6%	R462
Diabetes mellitus type 2	14 674	16.4%	R523
Asthma	10 843	11.1%	R223
Ischaemic heart disease	3 776	11.1%	R575
Hypothyroidism	3 022	11.8%	R350
Menopause	2 543	19.3%	R361
Bipolar mood disorder	2 303	10.2%	R396
Glaucoma	2 236	16.2%	R479

The above does not include hospital claims related to the chronic condition.



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Oncology claims

There were 7.7 active oncology claimants per 1000 lives between April 2025 and March 2026. Growth in prevalence from 2016 to 2026 was 0.38% per annum. Of those registered for the oncology benefit, 70.2% actively claimed for it. The average monthly cost per actively-claiming oncology beneficiary was R10 807.

ONCOLOGY CLAIMS OVERVIEW

R306.8 M

paid for oncology treatment

2 366

beneficiaries actively claiming for oncology treatment in the past 12 months

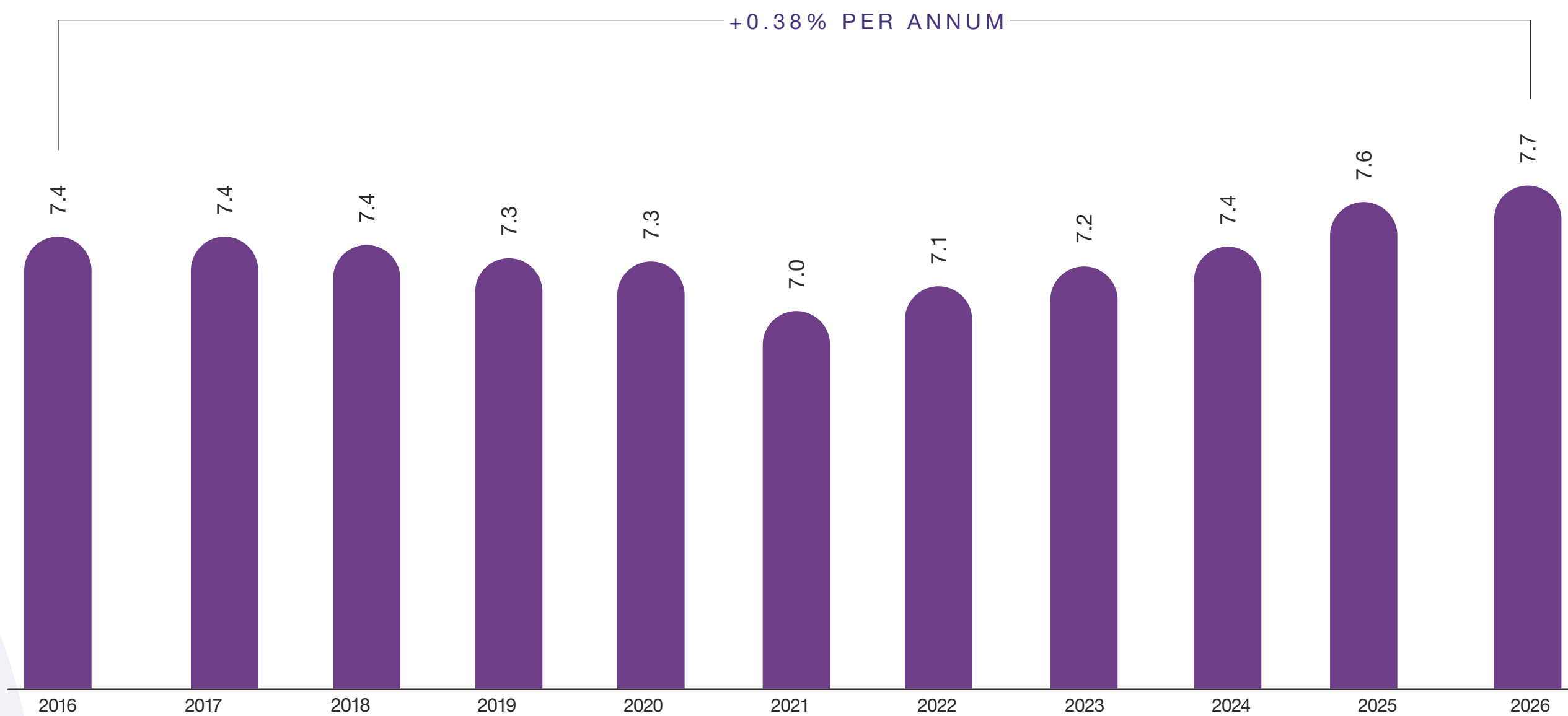
3 380

beneficiaries registered for the oncology benefit

NUMBER OF LA HEALTH BENEFICIARIES ACTIVELY CLAIMING FOR ONCOLOGY

While the absolute number of beneficiaries receiving treatment for cancer has increased with the growth of the Scheme, the prevalence per 1000 beneficiaries has remained stable at 7.7 per 1000 lives with minor fluctuations over the previous 10 years.

ACTIVE ONCOLOGY CLAIMANTS PER 1000 LIVES COVERED



Note: All figures for the period April 2025 to March 2026.





Oncology claims

TOP 10 TYPES OF CANCER

Prostate cancer was the most common cancer during this period, with 696 beneficiaries actively claiming. Cervical cancer showed the highest increase in claimants, of 21.2%. Cervical cancer was the most expensive to treat, with a cost of R45 320 per beneficiary per month.

	BENEFICIARIES ACTIVELY CLAIMING	% INCREASE OVER THE PAST 12 MONTHS	AVERAGE COST PER BENEFICIARY PER MONTH
Prostate	696	10,3%	R13 424
Breast, Female	682	7,6%	R12 284
Colon and Rectum	200	11,1%	R31 678
Other Skin and Soft Tissue	102	6,3%	R20 550
Cervix Uteri	63	21,2%	R45 320
Lungs, Bronchi, or Mediastinum	61	10,9%	R40 637
Melanoma	61	10,9%	R15 575
Lymphatic and Hematopoietic, Other Types	60	-10,4%	R34 521
Bladder, Urinary	53	10,4%	R13 774
Multiple Myeloma	48	2,1%	R42 220

Note: The above includes all cancer related claims paid by the Scheme.
Note: All figures for the period April 2025 to March 2026.

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Oncology claims

TOP 10 ONCOLOGY CLAIMS

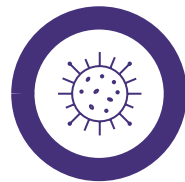
The below illustrates the Top 10 highest individual claims for cancer treatment, with beneficiaries of various ages requiring treatment for several forms of cancer.



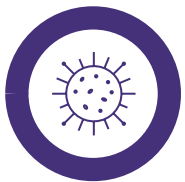
R3.4 M
Age 68 | LA Active | Multiple Myeloma



R1.7 M
Age 51 | LA Active | Multiple Myeloma



R2.7 M
Age 42 | LA KeyPlus | Lymphoma, Diffuse Large Cell



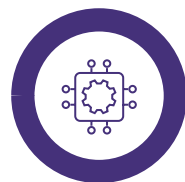
R1.7 M
Age 10 | LA Active | Lymphoma, Lymphoblastic



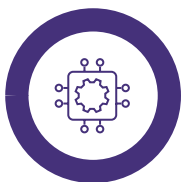
R2.6 M
Age 47 | LA Active | Other Hepatobiliary Tract



R1.6 M
Age 61 | LA Active | Oral Cavity



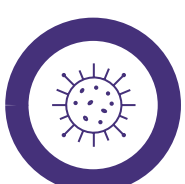
R2.3 M
Age 54 | LA Active | Central Nervous System



R1.5 M
Age 50 | LA Active | Central Nervous System



R1.9 M
Age 66 | LA Active | Multiple Myeloma



R1.5 M
Age 57 | LA Active | Lymphoma, Diffuse Large Cell

Note: The above includes all cancer related claims paid by the Scheme.
Note: All figures for the period April 2025 to March 2026.





Maternity claims

MATERNITY CLAIMS OVERVIEW

LA Health welcomed nearly 3000 new lives to the Scheme during the 12-month period.

2 980
deliveries

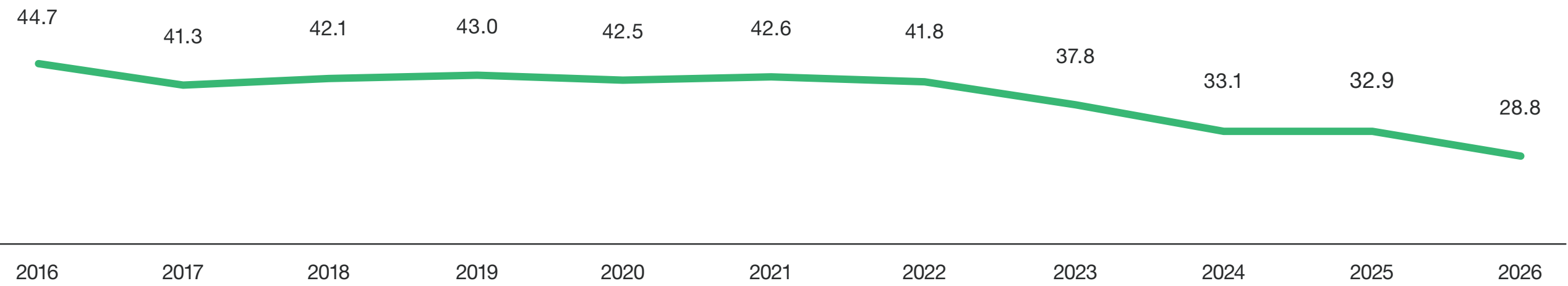
R176.8 M
paid for births

76% OF BIRTHS WERE CAESAREAN BIRTHS, WHICH TYPICALLY RESULTS IN LONGER HOSPITAL STAYS

	CAESAREAN BIRTHS	NATURAL BIRTHS
Deliveries	2 263 (75.9%)	717 (24.1%)
Paid for births	R149 m	R26 m
Days spent in hospital per admission	3.9 days	2.6 days

BIRTH RATE

The birth rate among LA Health beneficiaries has started decreasing in recent years. This is in line with declining birth rates in South Africa in general.



The above graph highlights births per 1,000 female lives on the Scheme between ages 18 and 55.

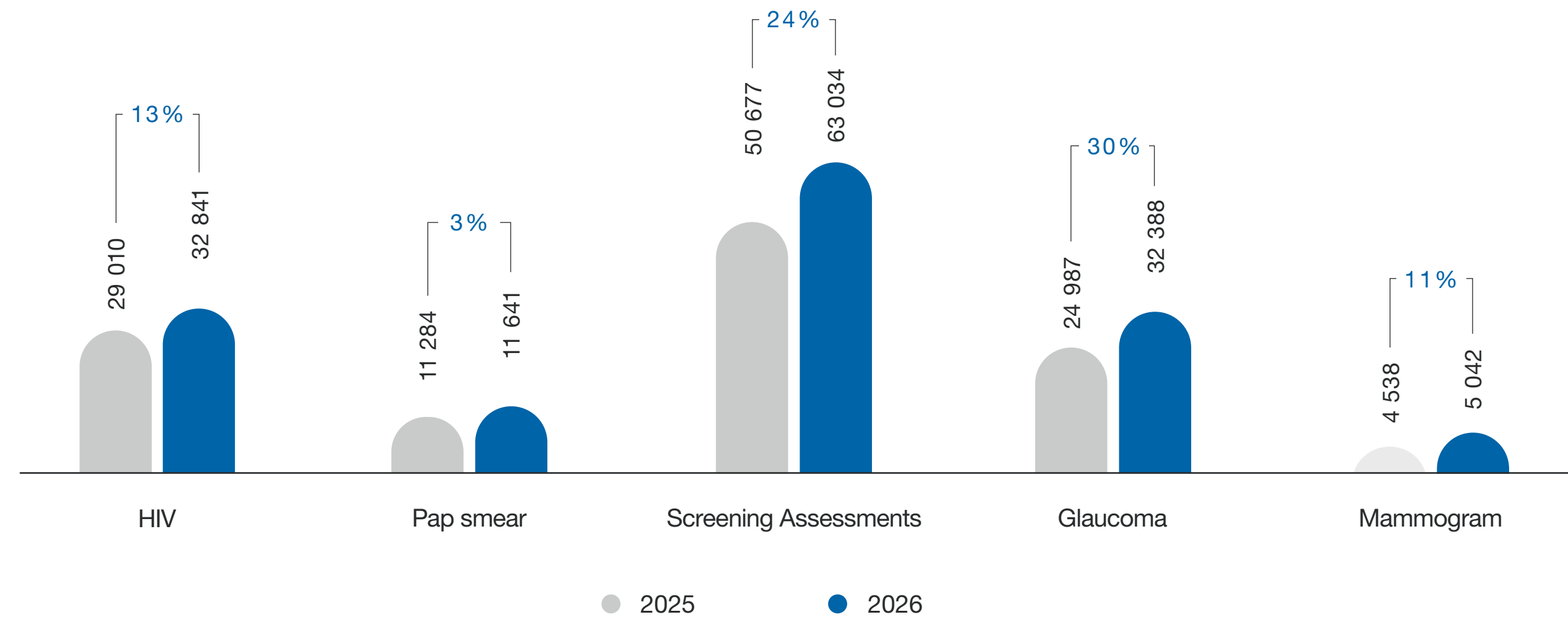




Screening and prevention

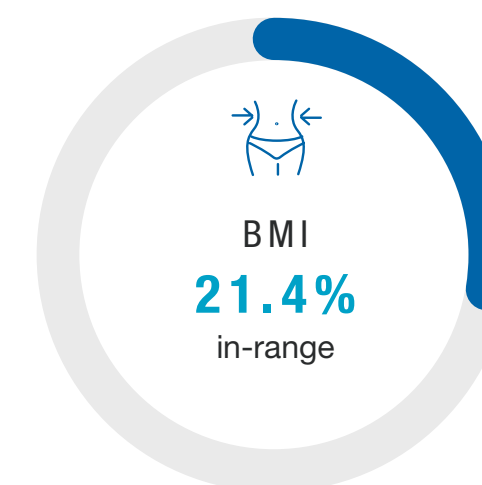
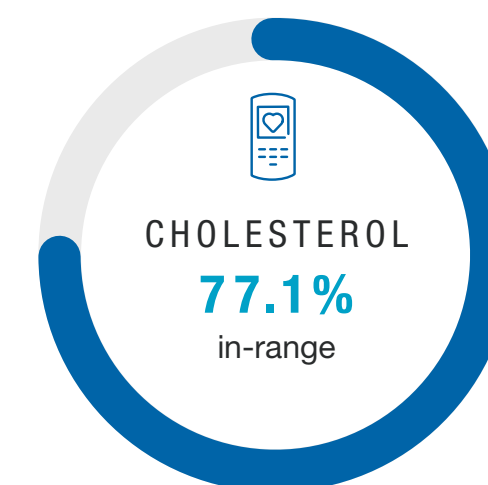
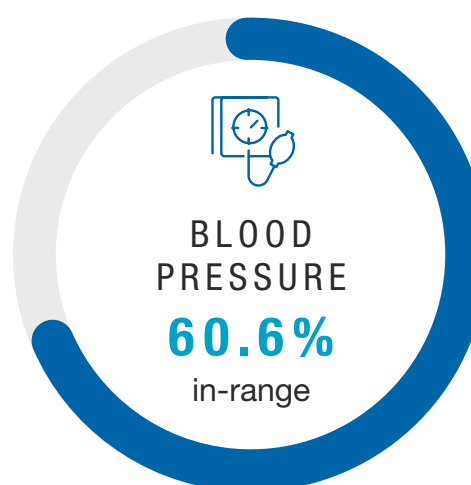
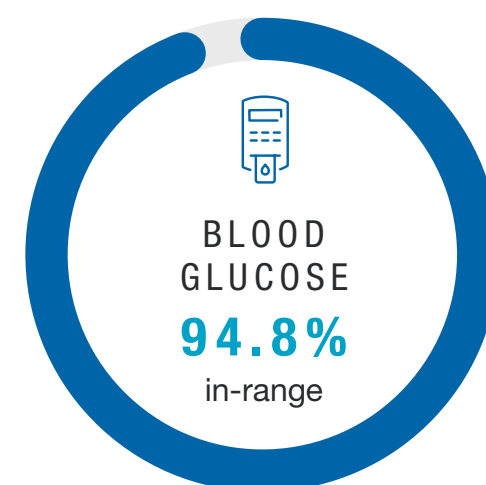
NUMBER OF BENEFICIARIES PERFORMING SCREENING TESTS

Effective population-based screening is critical for the early detection and management of major medical conditions such as diabetes and cardiovascular disease. There was an increase in screening assessments performed during the past 12-month period.



SCREENING ASSESSMENT RESULTS

Screening assessments measure blood glucose or HbA1c, blood pressure, cholesterol and BMI. Screening is important as there is a demonstrated correlation between increased screening and improved mortality and morbidity experience.





WELLTH FUND

Since its inception in 2024, members have unlocked R116.6 million in additional discretionary benefits. The WELLTH Fund remains available to all new LA Health members joining the Scheme for the first time.

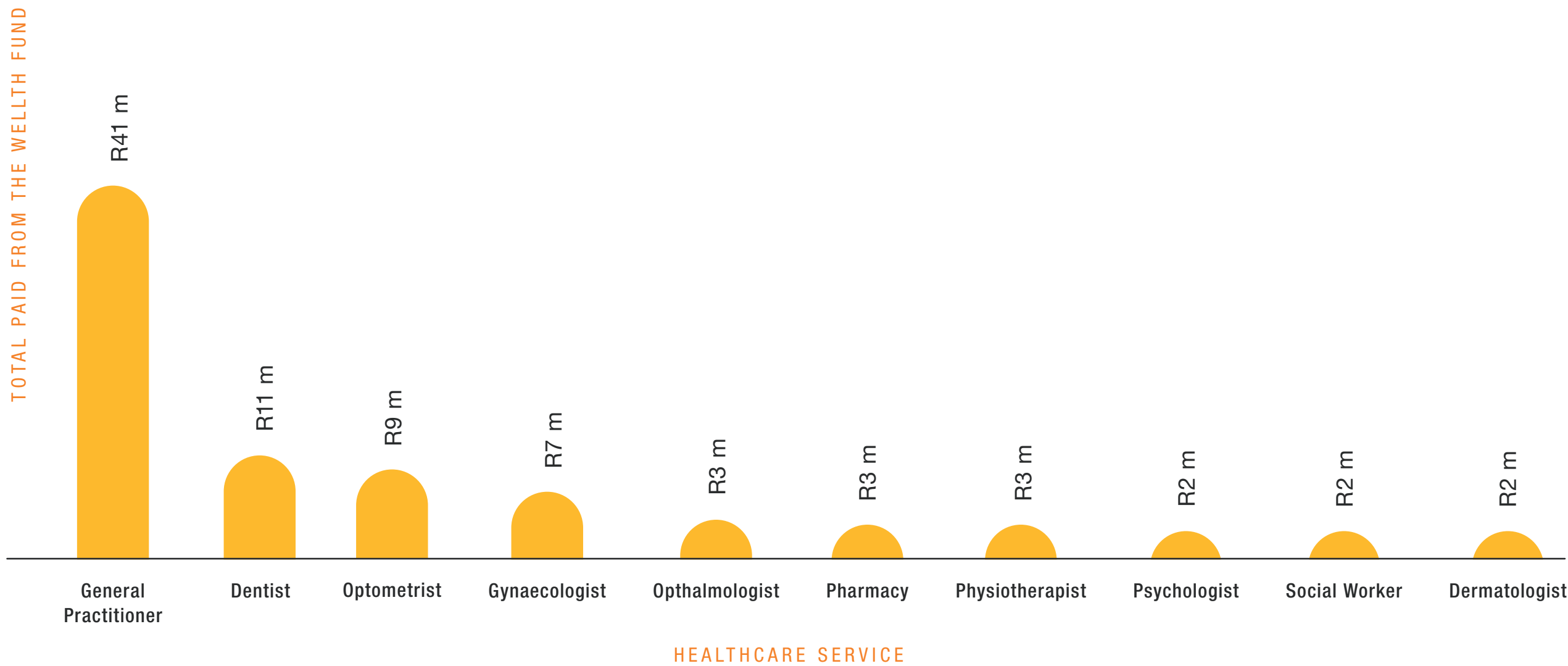
R116.6 M

Total WELLTH
Fund unlocked

R3 845

Average value
per beneficiary

TOP 10 HEALTHCARE SERVICES ACCESSED BY MEMBERS THROUGH THEIR WELLTH FUND BENEFIT



The above graph highlights the most common practice types amongst LA Health WELLTH Fund claims.



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