

OPTION COMPARISON 2020



LA KEYPLUS

This Option provides hospital cover, Prescribed Minimum Benefit Chronic Disease List cover and day-to-day medical expense benefits. The KeyCare Network is the Designated Service Provider for in-hospital, day clinic and out-of-hospital benefits. Members must use a KeyCare network hospital for non-emergency and other procedures, or a defined list of day care facilities for specific procedures or treatment. To get full cover, members must also use the services of GPs in the KeyCare network and that of KeyCare Specialists working in a Network Hospital.

| OVERALL ANNUAL LIMITS | Not applicable. |
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| Hospital Benefit. | No overall annual limit for care in a KeyCare Network hospital |
| AMBULANCE SERVICES | |
| Emergency transport subject to preauthorisation (member must call Discovery 911 for authorisation). | Paid from Major Medical Benefit; no overall limit. |
| BLOOD TRANSFUSIONS AND BLOOD PRODUCTS | |
| Blood transfusions and blood products, subject to preauthorisation. | Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. |
| DENTISTRY | |
| Maxillo-facial procedures: Certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to preauthorisation. | Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. |
| Dentistry in-hospital. | Not covered on this Option. |
| Dentistry out-of-hospital. | Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. |

| CONSULTATIONS | |
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| Specialists | |
| In-Hospital. | No overall limit if services are provided by a specialist working in a KeyCare Network Hospital. For the account to be paid, your chosen KeyCare Network GP must refer you to the Specialist. If you go to a Specialist without a referral, the account will not be paid. We pay Specialists with whom we have a payment arrangement in full at the arranged rate. We pay other Specialists working in a KeyCare Network Hospital at the Scheme Rate. |
| Out-of-hospital. | Limited to R4 400 per person, only if referred by the chosen KeyCare GP (including radiology and pathology done in KeyCare network). We pay Network specialists in full, at the agreed rate. If you go to a specialist without a GP referral, the account will not be paid. |
| International clinical review consultations. | Second-opinion consultation obtained from specialists at the Cleveland Clinic paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation. |

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| General Practitioners (GPs) | |
| IN-HOSPITAL | |
| Services provided by a KeyCare Network GP. | No overall limit, paid in full only if the services of a KeyCare Network GP is used. |
| OUT-OF-HOSPITAL | |
| Services provided by a KeyCare Network GP. | Covered only at the member's chosen GP working in the KeyCare network, with no overall benefit limit, but if more than 15 visits are needed for any one beneficiary, authorisation is required for those additional visits. Unscheduled, emergency visits, limited to three visits, per person, per year, at member's chosen GP. |
| Out-of-network Benefit. | Four out-of-network GP visits per person per year and 4 each of selected blood tests, X-rays and acute medicines (subject to a formulary) requested by the non-network GP, per person, per year. |
| Casualty/outpatient Benefit (excluding facility fees). | Visits to casualty units at Hospitals in the KeyCare Network, limited to 1, per beneficiary, per benefit year, subject to authorisation. The first R390 of the casualty unit costs payable by the beneficiary, the remainder paid from the Major Medical Benefit up to 100% of the Scheme Rate. Pathology, radiology and Specialist services obtained whilst at the casualty unit, paid subject to the applicable limits for those benefits in this Option. No benefit for casualty visits at non-Network Hospitals. |

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| HIV OR AIDS | |
| HIV prophylaxis (rape or mother-to-child transmission) and all HIV or AIDS-related consultations and treatment. | Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. Subject to clinical entry criteria and registration on the HIVCare Programme. If the services of a non-DSP is used, a 20% co-payment will apply. |
| HOME-BASED CARE | |
| Includes wound care, end-of-life care, IV infusions, postnatal care, etc. | 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 Provider. |
| HOSPITALS | |
| Hospitalisation, theatre fees, intensive and high-care unit costs, medicine, materials and hospital equipment. | Unlimited, subject to preauthorisation and clinical criteria. No overall limit and paid in full from Major Medical Benefit for treatment authorised in a KeyCare network hospital. Emergency admissions in a non-Network Hospital, subject to PMB. Paid at 100% of the Scheme Rate. Patient to be transferred to a Network Hospital once stabilised. No cover for planned procedures in a non-Network Hospital. |

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| DAY-CARE FACILITIES | |
| Procedures or treatment at identified day-care facilities. | Unlimited, subject to preauthorisation and clinical criteria. The specific services must be obtained from a DSP day-care facility. |
| INTRAVENOUS INFUSIONS | |
| Administration of defined intravenous infusions and medicine used during the procedure. | Subject to authorisation and clinical criteria, from a Network provider. A 20% co-payment applies to the hospital account for treatment obtained from a non-Network provider. |
| HOSPITALISATION FOR MEMBERS WITH ONE OR MORE CHRONIC CONDITIONS | |
| Non-emergency hospital admissions for certain members with one or more significant chronic conditions. | Subject to registration on the Disease Management Programme, authorisation and clinical criteria. Paid up to 60% of the Scheme Rate for the Hospital and Related accounts for beneficiaries who are not on the Programme. |
| MATERNITY BENEFIT (Subject to registration on the Maternity Programme) | |
| Out of hospital services related to pre- and postnatal care for the mother and baby. Cover during the pregnancy. | 8 Antenatal consultations with the chosen GP, gynaecologist or midwife, subject to applicable limits. One Nuchal translucency test or one Non-Invasive Prenatal (NIPT) test or one T21 Chromosome test, subject to clinical entry criteria. 2 x 2D Ultrasound scans per pregnancy (2D and 4D scans will pay up to the Scheme Rate for a 2D scan). A routine basket of pregnancy-related blood tests. 5 Pre- or postnatal antenatal classes or visits with a registered nurse. 2 Visits to a KeyCare Network GP, Paediatrician or ENT Specialist. |

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| MEDICINE | |
| Prescribed Minimum Benefit Chronic Disease List conditions subject to clinical entry criteria and approval. | We will pay your approved medicine in full up to the LA Health Medicine Rate if it is on the scheme's medicine list (formulary) and obtained from a Designated Service Provider (DSP) pharmacy. If it is not on the list and/or a DSP pharmacy is not used, then a co-payment may apply. |
| Diabetes Care and Cardio Care Programmes. | Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's Network Provider. Paid from the Major Medical Benefit. |
| Prescribed/acute medicine. | Covered with no overall limit from Designated Service Provider. Prescribed medicine only for acute and non-prescribed Minimum Benefits chronic conditions, subject to a formulary and only covered if prescribed by the member's chosen GP working in a KeyCare network. |
| Over-the-counter medicine (schedule 0, 1 and generic or non-generic, whether prescribed or not), Specialised Medicine and Technology benefits. | Not covered on this Option, except PMBs. |
| Take-home medicine (when discharged from hospital). | Limited to R175 per hospital admission per person. |

OPTION DESCRIPTION

| OVERALL ANNUAL LIMITS | |
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| Annual Threshold. | Not applicable. |
| Hospital Benefit. | No overall limit in LA Focus Network hospitals only. |
| Extended Day-to-day Benefit. | Not applicable. |
| Medical Savings Account. | Member R7 176 Spouse/adult R4 644 Child (max 3) R2 112 |
| AMBULANCE SERVICES | |
| Emergency transport subject to preauthorisation (member must call Discovery 911 for authorisation). | Paid from Major Medical Benefit; no overall limit. |
| BLOOD TRANSFUSIONS AND BLOOD PRODUCTS | |
| Blood transfusions and blood products, subject to preauthorisation. | Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. |
| DENTISTRY | |
| Maxillo-facial procedures: Certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to preauthorisation. | Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. |
| Dentistry in-hospital. | Not applicable. |

| IN-HOSPITAL SPECIALISED DENTISTRY | |
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| Deductibles payable by the member from own pocket | |
| Hospital | Younger than 13 years R2 030 Older than 13 years R5 140 |
| Day Clinics | Younger than 13 years R1 000 Older than 13 years R3 370 |
| Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Basic dental services that form part of the specialised treatment, obtained from a Network Dentist, unlimited, subject to a list of procedures. Related non-hospital accounts (for non-Network dentists, anaesthetists, etc) subject to a limit of R22 680 per person per year. | |
| IN-HOSPITAL BASIC DENTISTRY | |
| Deductibles payable by the member from own pocket | |
| Hospital | Younger than 13 years R2 030 Older than 13 years R5 140 |
| Day Clinics | Younger than 13 years R1 000 Older than 13 years R3 370 |
| Hospital account paid up to 100% of the LA Health Rate, from Major Medical Benefit. Basic dental services obtained from a Network Dentist, unlimited from Major Medical Benefit, subject to a list of procedures. Related, non-hospital accounts (for non-Network dentists, anaesthetists, etc) paid from Medical Savings Account. | |

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| OUT-OF-HOSPITAL SPECIALISED DENTISTRY | |
| Basic services provided by a Network Dentist, included as part of the specialised dental care, unlimited and paid from the Major Medical Benefit, subject to a list of procedures. All other specialised dental care paid from the Medical Savings Account. | |
| OUT-OF-HOSPITAL BASIC DENTISTRY | |
| Unlimited and paid from Major Medical Benefit, subject to a list of procedures, if performed by a dentist in the Network. One set of plastic dentures per person every four years, paid from Major Medical Benefit if obtained from a Network Dentist. If a non-Network dentist is used, paid from the Medical Savings Account. | |
| GPs AND SPECIALISTS: PROVIDES FULL COVER AT GP/SPECIALIST PARTICIPATING IN PAYMENT ARRANGEMENT | |
| In-Hospital. | GP and Specialist: Paid at 100% of the LA Health Rate from Major Medical Benefit. No overall limit. |
| Out-of-hospital GP visits. | Paid from Medical Savings Account. |
| Out-of-hospital trauma-related casualty visits for children when normal Day-to-day Benefits are exhausted. | Two trauma-related casualty visits for children aged 10 and under, once the Medical Savings Account is depleted. Includes cost of the emergency casualty consultation, facility fees and consumables. |
| Out-of-hospital specialist visits in doctors rooms or virtual consultations. | Paid from Medical Savings Account/Extended Day-to-day Benefit. |

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| Virtual paediatrician consultations for children aged 14 years and younger from a network paediatrician consulted in the six months before the virtual consultation. International clinical review consultations. | Paid from Major Medical Benefit once the Medical Savings Account is depleted, subject to clinical criteria. |
| Out-of-network Benefit. | Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation. |
| Casualty/outpatient Benefit (excluding facility fees). | Not applicable. |
| HIV OR AIDS | |
| HIV prophylaxis (rape or mother-to-child transmission) and all HIV or AIDS-related consultations and treatment. | Paid from Major Medical Benefit once the Medical Savings Account is depleted, subject to clinical criteria. |
| HOME-BASED CARE | |
| Wound care, end-of-life care, IV infusions and postnatal care. | Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation. |
| HOSPITALS OR SERVICES INSTEAD OF HOSPITALISATION | |
| HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS | Not applicable. |

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| HOME-BASED CARE | |
| Wound care, end-of-life care, IV infusions and postnatal care. | 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. |
| HOSPITALS | |
| HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS | Paid from Major Medical Benefit; no overall limit. |
| Private hospitals, subject to preauthorisation. | Paid from Major Medical Benefit; no overall limit. |
| MATERNITY BENEFIT | |
| In-hospital, subject to preauthorisation. | Paid from Major Medical Benefit; no overall limit. Related accounts paid at 100% of the LA Health Rate. |
| Out of hospital. | Paid from the Major Medical Benefit, up to 100% of the LA Health Rate and subject to registration on the Maternity Programme. |
| Antenatal consultations at a gynaecologist, GP or midwife. | Up to 8 consultations at your gynaecologist, GP or midwife. |
| Ultrasound scans and prenatal screening. | Up to two 2D ultrasound scans and one Nuchal translucency test or one Non-Invasive Prenatal (NIPT) test or one T21 Chromosome test, subject to clinical entry criteria. |
| Blood tests. | A defined basket of blood tests per pregnancy. |
| Pre- and postnatal care. | Up to five pre- or postnatal classes or consultations, up until two years after birth, with a registered nurse. |
| GP and specialist care for babies and toddlers who are younger than 2 years. | Two visits to the GP, paediatrician or ear-nose and throat specialist (ENT). |
| Other healthcare services for the mother. | Postnatal care: one lactation consultation with a registered nurse or lactation specialist, one nutritional assessment with a dietitian, two mental healthcare consultations with a counsellor or psychologist and one GP or gynaecologist consultation for post-natal complications. |

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| MEDICINE | |
| Prescribed Minimum Benefit Chronic Disease List (PMB CDL) conditions (subject to benefit entry criteria and approval). | 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. |
| Diabetes Care and Cardio Care Programmes. | Paid from Major Medical Benefit; no overall limit. |
| Additional Chronic Conditions (ADD). | Paid from Major Medical Benefit; no overall limit. |
| Prescribed/acute medicine. | Paid from Major Medical Benefit; no overall limit. |

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| Limited to funds in Medical Savings Account and paid at 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 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. |
| Not covered on this Option. | Not covered on this Option. |

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| Limited to funds in Medical Savings Account up to 100% of the cost. | Limited to funds in Medical Savings Account/Extended Day-to-day Benefit up to 100% of the cost. |
| Limited to funds in Medical Savings Account and paid at 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 funds in Medical Savings Account/Extended Day-to-day Benefit at 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. |

LA FOCUS

This Option has a Major Medical Benefit for all in-hospital and large expenses as well as for Prescribed Minimum Benefit Chronic Disease List conditions. It also pays for some day-to-day expenses from a Medical Savings Account. We will pay hospital costs in full at any 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 the network hospitals for planned procedures, you will have to pay a portion of the costs from your own pocket (co-payment). All planned in-hospital procedures and other high cost treatment must be preauthorised.

| OVERALL ANNUAL LIMITS | |
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| Not applicable. | |
| No overall limit in LA Focus Network hospitals only. | |
| Not applicable. | |
| Member R4 818 Spouse/adult R3 367 Child (max 3) R971 | |
| AMBULANCE SERVICES | |
| Paid from Major Medical Benefit; no overall limit. | |
| BLOOD TRANSFUSIONS AND BLOOD PRODUCTS | |
| Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. | |
| DENTISTRY | |
| Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. | |

| IN-HOSPITAL SPECIALISED DENTISTRY | |
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| Deductibles payable by the member from own pocket | |
| Hospital | Younger than 13 years R2 030 Older than 13 years R5 140 |
| Day Clinics | Younger than 13 years R1 000 Older than 13 years R3 370 |
| Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Basic dental services that form part of the specialised treatment, obtained from a Network Dentist, unlimited, subject to a list of procedures. Related non-hospital accounts (for non-Network dentists, anaesthetists, etc) subject to a limit of R22 680 per person per year. | |
| IN-HOSPITAL BASIC DENTISTRY | |
| Deductibles payable by the member from own pocket | |
| Hospital | Younger than 13 years R2 030 Older than 13 years R5 140 |
| Day Clinics | Younger than 13 years R1 000 Older than 13 years R3 370 |
| Hospital account paid up to 100% of the LA Health Rate, from Major Medical Benefit. Basic dental services obtained from a Network Dentist, unlimited from Major Medical Benefit, subject to a list of procedures. Related, non-hospital accounts (for non-Network dentists, anaesthetists, etc) paid from Medical Savings Account. | |

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| OUT-OF-HOSPITAL SPECIALISED DENTISTRY | |
| Basic services provided by a Network Dentist, included as part of the specialised dental care, unlimited and paid from the Major Medical Benefit, subject to a list of procedures. All other specialised dental care paid from the Medical Savings Account. | |
| OUT-OF-HOSPITAL BASIC DENTISTRY | |
| Unlimited and paid from Major Medical Benefit, subject to a list of procedures, if performed by a dentist in the Network. One set of plastic dentures per person every four years, paid from Major Medical Benefit if obtained from a Network Dentist. If a non-Network dentist is used, paid from the Medical Savings Account. | |
| GPs AND SPECIALISTS | |
| GP and Specialist: Paid at 100% of the LA Health Rate from Major Medical Benefit. No overall limit. | |
| Paid from Medical Savings Account. | |
| Two trauma-related casualty visits for children aged 10 and under, once the Medical Savings Account is depleted. Includes cost of the emergency casualty consultation, facility fees and consumables. | |
| Paid from Medical Savings Account/Extended Day-to-day Benefit. | |

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| Virtual paediatrician consultations for children aged 14 years and younger from a network paediatrician consulted in the six months before the virtual consultation. International clinical review consultations. | Paid from Major Medical Benefit once the Medical Savings Account is depleted, subject to clinical criteria. |
| Out-of-network Benefit. | Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation. |
| Casualty/outpatient Benefit (excluding facility fees). | Not applicable. |
| HIV OR AIDS | |
| HIV prophylaxis (rape or mother-to-child transmission) and all HIV or AIDS-related consultations and treatment. | Paid from Major Medical Benefit once the Medical Savings Account is depleted, subject to clinical criteria. |
| HOME-BASED CARE | |
| Wound care, end-of-life care, IV infusions and postnatal care. | Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation. |
| HOSPITALS OR SERVICES INSTEAD OF HOSPITALISATION | |
| HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS | Not applicable. |

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| HOME-BASED CARE | |
| Wound care, end-of-life care, IV infusions and postnatal care. | 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. |
| HOSPITALS | |
| HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS | Paid from Major Medical Benefit; no overall limit. |
| Private hospitals, subject to preauthorisation. | Paid from Major Medical Benefit; no overall limit. |
| MATERNITY BENEFIT | |
| In-hospital, subject to preauthorisation. | Paid from Major Medical Benefit; no overall limit. Related accounts paid at 100% of the LA Health Rate. |
| Out of hospital. | Paid from the Major Medical Benefit, up to 100% of the LA Health Rate and subject to registration on the Maternity Programme. |
| Antenatal consultations at a gynaecologist, GP or midwife. | Up to 8 consultations at your gynaecologist, GP or midwife. |
| Ultrasound scans and prenatal screening. | Up to two 2D ultrasound scans and one Nuchal translucency test or one Non-Invasive Prenatal (NIPT) test or one T21 Chromosome test, subject to clinical entry criteria. |
| Blood tests. | A defined basket of blood tests per pregnancy. |
| Pre- and postnatal care. | Up to five pre- or postnatal classes or consultations, up until two years after birth, with a registered nurse. |
| GP and specialist care for babies and toddlers who are younger than 2 years. | Two visits to the GP, paediatrician or ear-nose and throat specialist (ENT). |
| Other healthcare services for the mother. | Postnatal care: one lactation consultation with a registered nurse or lactation specialist, one nutritional assessment with a dietitian, two mental healthcare consultations with a counsellor or psychologist and one GP or gynaecologist consultation for post-natal complications. |

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| MEDICINE | |
| Prescribed Minimum Benefit Chronic Disease List (PMB CDL) conditions (subject to benefit entry criteria and approval). | 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. |
| Diabetes Care and Cardio Care Programmes. | Paid from Major Medical Benefit; no overall limit. |
| Additional Chronic Conditions (ADD). | Paid from Major Medical Benefit; no overall limit. |
| Prescribed/acute medicine. | Paid from Major Medical Benefit; no overall limit. |

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| Limited to funds in Medical Savings Account and paid at 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 funds in Medical Savings Account/Extended Day-to-day Benefit and paid at 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. |
| Not covered on this Option. | Not covered on this Option. |

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| Limited to funds in Medical Savings Account up to 100% of the cost. | Limited to funds in Medical Savings Account/Extended Day-to-day Benefit up to 100% of the cost. |
| Limited to funds in Medical Savings Account and paid at 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 funds in Medical Savings Account/Extended Day-to-day Benefit at 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. |

LA ACTIVE

This Option has a Major Medical Benefit for all in-hospital and large expenses as well as for Prescribed Minimum Benefit Chronic Disease List cover. It also pays for some day-to-day expenses from a Medical Savings Account. Further cover for specific disciplines is provided through the Extended Day-to-day Benefit (GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits). All planned in-hospital procedures must be preauthorised.

| OVERALL ANNUAL LIMITS | |
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| Not applicable. | |
| No overall limit. | |
| Member R4 818 Spouse/adult R3 367 Child (max 3) R971 | |
| AMBULANCE SERVICES | |
| Paid from Major Medical Benefit; no overall limit. | |
| BLOOD TRANSFUSIONS AND BLOOD PRODUCTS | |
| Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. | |
| DENTISTRY | |
| Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. | |

| IN-HOSPITAL SPECIALISED DENTISTRY | |
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| Deductibles payable by the member from own pocket | |
| Hospital | Younger than 13 years R2 030 Older than 13 years R5 140 |
| Day Clinics | Younger than 13 years R1 000 Older than 13 years R3 370 |
| Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) subject to a limit of R29 970 per person per year. | |
| IN-HOSPITAL BASIC DENTISTRY | |
| Deductibles payable by the member from own pocket | |
| Hospital | Younger than 13 years R2 030 Older than 13 years R5 140 |
| Day Clinics | Younger than 13 years R1 000 Older than 13 years R3 370 |
| Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) paid from funds available in Medical Savings Account and the Extended Day-to-day Benefit. | |

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| OUT-OF-HOSPITAL SPECIALISED DENTISTRY | |
| Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit. | |
| OUT-OF-HOSPITAL BASIC DENTISTRY | |
| First R3 680 per family per year paid from Major Medical Benefit. Thereafter paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit. | |
| GPs AND SPECIALISTS | |
| GP and Specialist: Paid up to 100% of the LA Health Rate from Major Medical Benefit. No overall limit. | |
| Paid from Medical Savings Account/Extended Day-to-day Benefit. | |
| Two trauma-related casualty visits for children aged 10 and under, paid from Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefits are depleted. Includes the cost of the emergency casualty consultation, facility fees and consumables. | |
| Paid from Medical Savings Account/Extended Day-to-day Benefit. | |

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| Virtual paediatrician consultations for children aged 14 years and younger from a network paediatrician consulted in the six months before the virtual consultation. International clinical review consultations. | Paid from Major Medical Benefit once the Medical Savings Account is depleted, subject to clinical criteria. |
| Out-of-network Benefit. | Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation. |
| Casualty/outpatient Benefit (excluding facility fees). | Not applicable. |
| HIV OR AIDS | |
| HIV prophylaxis (rape or mother-to-child transmission) and all HIV or AIDS-related consultations and treatment. | Paid from Major Medical Benefit once the Medical Savings Account is depleted, subject to clinical criteria. |
| HOME-BASED CARE | |
| Wound care, end-of-life care, IV infusions and postnatal care. | Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation. |
| HOSPITALS OR SERVICES INSTEAD OF HOSPITALISATION | |
| HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS | Not applicable. |

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| HOME-BASED CARE | |
| Wound care, end-of-life care, IV infusions and postnatal care. | 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. |
| HOSPITALS | |
| HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS | Paid from Major Medical Benefit; no overall limit. |
| Private hospitals, subject to preauthorisation. | Paid from Major Medical Benefit; no overall limit. |
| MATERNITY BENEFIT | |
| In-hospital, subject to preauthorisation. | Paid from Major Medical Benefit; no overall limit. |
| Out of hospital. | Paid from the Major Medical Benefit, up to 100% of the LA Health Rate and subject to registration on the Maternity Programme. |
| Antenatal consultations at a gynaecologist, GP or midwife. | Up to 8 consultations at your gynaecologist, GP or midwife. |
| Ultrasound scans and prenatal screening. | Up to two 2D ultrasound scans and one Nuchal translucency test or one Non-Invasive Prenatal (NIPT) test or one T21 Chromosome test, subject to clinical entry criteria. |
| Blood tests. | A defined basket of blood tests per pregnancy. |
| Pre- and postnatal care. | Up to five pre- or postnatal classes or consultations, up until two years after birth, with a registered nurse. |
| GP and specialist care for babies and toddlers who are younger than 2 years. | Two visits to the GP, paediatrician or ear-nose and throat specialist (ENT). |
| Other healthcare services for the mother. | Postnatal care: one lactation consultation with a registered nurse or lactation specialist, one nutritional assessment with a dietitian, two mental healthcare consultations with a counsellor or psychologist and one GP or gynaecologist consultation for post-natal complications. |

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| MEDICINE | |
| Prescribed Minimum Benefit Chronic Disease List (PMB CDL) conditions (subject to benefit entry criteria and approval). | 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. |
| Diabetes Care and Cardio Care Programmes. | Paid from Major Medical Benefit; no overall limit. |
| Additional Chronic Conditions (ADD). | Paid from Major Medical Benefit; no overall limit. |
| Prescribed/acute medicine. | Paid from Major Medical Benefit; no overall limit. |

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| Limited to funds in Medical Savings Account and paid at 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 funds in Medical Savings Account/Extended Day-to-day Benefit and paid at 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. |
| Not covered on this Option. | Not covered on this Option. |

| | |
|---|--|
| Limited to funds in Medical Savings Account up to 100% of the cost. | Limited to funds in Medical Savings Account/Extended Day-to-day Benefit up to 100% of the cost. |
| Limited to funds in Medical Savings Account and paid at 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 funds in Medical Savings Account/Extended Day-to-day Benefit at 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. |

LA CORE

This Option has a Major Medical Benefit for all in-hospital and large expenses. It provides cover for the Prescribed Minimum Benefit Chronic Disease List medicine, as well as for several Additional Chronic conditions. It pays for some day-to-day expenses from a Medical Savings Account, with further cover for specific disciplines through the Extended Day-to-day Benefit (GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits). All planned in-hospital procedures must be preauthorised.

| OVERALL ANNUAL LIMITS | |
|---|--|
| Not applicable. | |
| No overall limit. | |
| Member R6 394 Spouse/adult R4 465 Child (max 3) R1 740 | |
| AMBULANCE SERVICES | |
| Paid from Major Medical Benefit; no overall limit. | |
| BLOOD TRANSFUSIONS AND BLOOD PRODUCTS | |
| Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. | |
| DENTISTRY | |
| Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. | |

| IN-HOSPITAL SPECIALISED DENTISTRY | |
|--|---|
| Deductibles payable by the member from own pocket | |
| Hospital | Younger than 13 years R2 030 Older than 13 years R5 140 |
| Day Clinics | Younger than 13 years R1 000 Older than 13 years R3 370 |
| Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) subject to a limit of R29 970 per person per year. | |
| IN-HOSPITAL BASIC DENTISTRY | |
| Deductibles payable by the member from own pocket | |
| Hospital | Younger than 13 years R2 030 Older than 13 years R5 140 |
| Day Clinics | Younger than 13 years R1 000 Older than 13 years R3 370 |
| Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) paid from funds available in Medical Savings Account and the Extended Day-to-day Benefit. | |

| | |
|--|--|
| OUT-OF-HOSPITAL SPECIALISED DENTISTRY | |
| Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit. | |
| OUT-OF-HOSPITAL BASIC DENTISTRY </ | |

| |
|---|
| MENTAL HEALTH |
| IN-HOSPITAL Psychiatric hospitals, subject to preauthorisation and case management. |
| OUT-OF-HOSPITAL Psychiatrists only. Alcohol and drug rehabilitation. |
| Detox. |
| Mental Health Care Programme. |

ONCOLOGY (CANCER-RELATED CARE)

| |
|--|
| Oncology Programme, including chemo- and radiotherapy. |
| Advanced illness Benefit for Oncology Patients. Oncology-related PET Scans. |
| Stem cell transplants. |

OPTICAL

| |
|--|
| Optometry consultations. Spectacles, frames and contact lenses (refractive eye surgery not covered on this Option). |
|--|

OTHER SERVICES

| |
|--|
| IN-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc). |
| OUT-OF-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc). Nursing services. |

ORGAN TRANSPLANTS

| |
|--|
| Hospitalisation |
| Medicine for immune-suppressive therapy. |

PATHOLOGY AND RADIOLOGY

| |
|--|
| IN-HOSPITAL MRI and CT scans, including ultrasounds. Subject to authorisation and referral by a KeyCare Specialist. |
| Radiology (X-rays) and pathology subject to preauthorisation. |
| Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy. |

OUT-OF-HOSPITAL

| |
|--|
| MRI and CT scans, including ultrasounds: Subject to authorisation and referral by a KeyCare Specialist. Radiology (X-rays) and pathology subject to preauthorisation. |
| Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy. |

PROSTHESES

| |
|---|
| INTERNAL PROSTHESES Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants, spinal devices and prostheses, shoulder replacement prostheses, major joint replacement devices, including hip and knee replacement devices. Other internal prostheses (subject to clinical criteria). Cardiac stents. |
|---|

MEDICAL EQUIPMENT BENEFIT

| |
|---|
| Oxygen rental. Crutches, wheelchairs, artificial limbs, stoma bags, etc. |
| Bluetooth-enabled glucose monitoring device. |

PREVENTATIVE CARE

| |
|--|
| Pharmacy screening benefit at a network pharmacy: blood glucose, blood pressure, cholesterol and body mass index (BMI) or one flu vaccination. Enhanced Screening Benefit for Seniors at a Network provider for a set of age-appropriate screening tests. Screening Benefit at other providers: Mammogram, Pap smear, Prostate-Specific Antigen (PSA) and Colorectal cancer tests. |
|--|

RENAL CARE

| |
|--|
| Acute and chronic dialysis, including authorised medicine to treat the condition. Dialysis and other renal care-related treatment and educational care. |
|--|

TRAUMA RECOVERY BENEFIT

| |
|---|
| Cover for certain medical expenses after you or your family experienced severe trauma. The benefit is paid up to the end of the year following the one in which the traumatic event occurred. |
|---|

TOTAL CONTRIBUTIONS

| |
|--|
| Remember: If you get a subsidy, you will only have to pay a portion of this contribution. You will have to calculate it based on your subsidy level. |
|--|

| Member | Adult | Child dependant | Maximum for 3 child dependants |
|------------------|--------|-----------------|--------------------------------|
| R0 - R9 200 | R1 145 | R1 000 | R419 |
| R9 201 – R12 700 | R1 209 | R1 056 | R1 323 |
| R12 701+ | R1 819 | R1 619 | R679 |

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| |
|---|
| Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit at the Scheme's Designated Service Provider. A 20% co-payment of the hospital account applies if the Scheme's Designated Service Provider is not used. |
| Psychiatrists only. Cover subject to R4 400 Specialist Benefit. Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit at the Scheme's Designated Service Provider. |
| Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit for in-hospital care. Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to criteria and referral by the Scheme's Provider. Paid from the Major Medical Benefit. |
| Chemo- and radiotherapy provided by an oncologist in the KeyCare network, paid from the Major Medical Benefit at 100% of the LA Health Rate, subject to the Prescribed Minimum Benefits. If the services of a non-network Oncologist is used voluntarily, a 20% co-payment applies. Subject to authorization and clinical criteria. Up to a maximum of 4 scans per person per treatment cycle, subject to authorisation, clinical criteria, review and the scan being done by a Network provider. Local bone marrow donor searches and transplants, up to the agreed rate, subject to clinical criteria, review and authorisation. |
| One eye test per person per year at an optometrist in the KeyCare optometry network. 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. |
| Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria. |

ONCOLOGY (CANCER-RELATED CARE)

| |
|--|
| Oncology Programme, including chemo- and radiotherapy. |
| Advanced illness Benefit for patients with end-of-life stage cancer out-of-hospital. |
| Oncology-related PET scans. |
| Stem cell transplants. |

OPTICAL

| |
|--|
| Optometry consultations. Spectacles, frames, contact lenses and refractive eye surgery. |
|--|

OTHER SERVICES

| |
|--|
| IN-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc). |
| OUT-OF-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc). Nursing services. |

ORGAN TRANSPLANTS

| |
|--|
| Hospitalisation |
| Medicine for immuno-suppressive therapy. |

PATHOLOGY AND RADIOLOGY

| |
|---|
| IN-HOSPITAL MRI and CT scans, including ultrasounds. Subject to authorisation and referral by a KeyCare Specialist. Radiology (X-rays) and pathology subject to preauthorisation. |
| Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy. |

OUT-OF-HOSPITAL

| |
|--|
| MRI and CT scans, including ultrasounds: Subject to authorisation and referral by a KeyCare Specialist. Radiology (X-rays) and pathology subject to preauthorisation. |
| Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy. |

PROSTHESES

| |
|--|
| INTERNAL PROSTHESES Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants. Spinal devices/prostheses. |
| Shoulder replacement prostheses. |
| Major joint replacements, including hip and knee replacements. |

EXTERNAL MEDICAL ITEMS

| |
|---|
| Oxygen rental. Crutches, wheelchairs, artificial limbs, stoma bags, etc. |
| External medical items extender benefit. |

PREVENTIVE CARE

| |
|---|
| Pharmacy screening benefit at a network pharmacy: blood glucose, blood pressure, cholesterol and body mass index (BMI) or one flu vaccination. Screening Benefit at other providers: Mammogram, Pap smear and Prostate-Specific Antigen (PSA) tests. |
|---|

RENAL CARE

| |
|--|
| Acute and chronic dialysis, including authorised medicine to treat the condition. Dialysis and other renal care-related treatment and educational care. |
|--|

TRAUMA RECOVERY BENEFIT

| |
|---|
| Cover for certain medical expenses after you or your family experienced severe trauma. The benefit is paid up to the end of the year following the one in which the traumatic event occurred. |
|---|

TOTAL CONTRIBUTIONS

| |
|--|
| Remember: If you get a subsidy, you will only have to pay a portion of this contribution. You will have to calculate it based on your subsidy level. |
|--|

| Member | Adult | Child dependant | Maximum for 3 child dependants |
|------------------|--------|-----------------|--------------------------------|
| R0 - R9 200 | R1 145 | R1 000 | R419 |
| R9 201 – R12 700 | R1 209 | R1 056 | R1 323 |
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| |
|--|
| MENTAL HEALTH |
| IN-HOSPITAL Psychiatric hospitals, subject to preauthorisation and case management (in-hospital) or alcohol and drug rehabilitation. |
| DETOX Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit. |
| Limited to funds in the Medical Savings Account. Subject to Prescribed Minimum Benefits. |

ONCOLOGY (CANCER-RELATED CARE)

| |
|--|
| Oncology Programme, including chemo- and radiotherapy. |
| Advanced Illness Benefit for patients with end-of-life stage cancer out-of-hospital. |
| Oncology-related PET scans. |
| Stem cell transplants. |

OPTICAL

| |
|--|
| Optometry consultations. Spectacles, frames, contact lenses and refractive eye surgery. |
|--|

OTHER SERVICES

| |
|--|
| IN-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc). |
| OUT-OF-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc). Alternative healthcare practitioners (chiropractors, homeopaths, naturopaths and chiropractors). Nurse practitioners. Urani-Tibb Therapy. |

ORGAN TRANSPLANTS

| |
|--|
| Hospitalisation |
| Medicine for immuno-suppressive therapy. |

PATHOLOGY AND RADIOLOGY

| |
|---|
| IN-HOSPITAL MRI and CT scans, including ultrasounds: Must be referred by specialist and subject to preauthorisation. PET scans Radiology (X-rays) and pathology subject to preauthorisation. |
| Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in Medical Savings Account. |

OUT-OF-HOSPITAL

| |
|--|
| MRI and CT scans, subject to preauthorisation. Radiology, (including X-rays and ultrasounds) and pathology. Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation. |
|--|

PROSTHESES

| |
|--|
| INTERNAL PROSTHESES Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants. Spinal devices/prostheses. |
| Shoulder replacement prostheses. |
| Major joint replacements, including hip and knee replacements. |

EXTERNAL MEDICAL ITEMS

| |
|---|
| Oxygen rental. Crutches, wheelchairs, artificial limbs, stoma bags, etc. |
| External medical items extender benefit. |

PREVENTIVE CARE

| |
|---|
| Pharmacy screening benefit at a network pharmacy: blood glucose, blood pressure, cholesterol and body mass index (BMI) or one flu vaccination. Screening Benefit at other providers: Mammogram, Pap smear and Prostate-Specific Antigen (PSA) tests. |
|---|

RENAL CARE

| |
|--|
| Acute and chronic dialysis. Dialysis and other renal care-related treatment and educational care. |
|--|

TRAUMA RECOVERY BENEFIT

| |
|---|
| Cover for certain medical expenses after you or your family experienced severe trauma. The benefit is paid up to the end of the year following the one in which the traumatic event occurred. |
|---|

TOTAL CONTRIBUTIONS

| |
|--|
| Remember: If you get a subsidy, you will only have to pay a portion of this contribution. You will have to calculate it based on your subsidy level. |
|--|

| Member | Adult | Child dependant | Maximum for 3 child dependants |
|--------|--------|-----------------|--------------------------------|
| R2 393 | R1 548 | R704 | R2 112 |

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| |
|---|
| MENTAL HEALTH |
| Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, subject to obtaining services in a Designated Service Provider hospital. If a Designated Service Provider is not used, a 20% co-payment will apply to the hospital account. |
| Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit. |
| Limited to funds in the Medical Savings Account. Subject to Prescribed Minimum Benefits. |

ONCOLOGY (CANCER-RELATED CARE)

| |
|--|
| Oncology Programme, including chemo- and radiotherapy. |
| Advanced Illness Benefit for patients with end-of-life stage cancer out-of-hospital. |
| Oncology-related PET scans. |
| Stem cell transplants. |

OPTICAL

| |
|--|
| Optometry consultations. Spectacles, frames, contact lenses and refractive eye surgery. |
|--|

OTHER SERVICES

| |
|--|
| IN-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc). |
| OUT-OF-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc). Alternative healthcare practitioners (chiropractors, homeopaths, naturopaths and chiropractors). Nurse practitioners. Urani-Tibb Therapy. |

ORGAN TRANSPLANTS

| |
|--|
| Hospitalisation |
| Medicine for immuno-suppressive therapy. |

PATHOLOGY AND RADIOLOGY

| |
|---|
| IN-HOSPITAL MRI and CT scans, including ultrasounds: Must be referred by specialist and subject to preauthorisation. PET scans Radiology (X-rays) and pathology subject to preauthorisation. |
| Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in Medical Savings Account. |

OUT-OF-HOSPITAL

| |
|--|
| MRI and CT scans, subject to preauthorisation. Radiology, (including X-rays and ultrasounds) and pathology. Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation. |
|--|

PROSTHESES

| |
|--|
| INTERNAL PROSTHESES Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants. Spinal devices/prostheses. |
| Shoulder replacement prostheses. |
| Major joint replacements, including hip and knee replacements. |

EXTERNAL MEDICAL ITEMS

| |
|---|
| Oxygen rental. Crutches, wheelchairs, artificial limbs, stoma bags, etc. |
| External medical items extender benefit. |

PREVENTIVE CARE

| |
|---|
| Pharmacy screening benefit at a network pharmacy: blood glucose, blood pressure, cholesterol and body mass index (BMI) or one flu vaccination. Screening Benefit at other providers: Mammogram, Pap smear and Prostate-Specific Antigen (PSA) tests. |
|---|

RENAL CARE

| |
|--|
| Acute and chronic dialysis. Dialysis and other renal care-related treatment and educational care. |
|--|

TRAUMA RECOVERY BENEFIT

| |
|---|
| Cover for certain medical expenses after you or your family experienced severe trauma. The benefit is paid up to the end of the year following the one in which the traumatic event occurred. |
|---|

TOTAL CONTRIBUTIONS

| |
|--|
| Remember: If you get a subsidy, you will only have to pay a portion of this contribution. You will have to calculate it based on your subsidy level. |
|--|

| Member | Adult | Child dependant | Maximum for 3 child dependants |
|--------|--------|-----------------|--------------------------------|
| R2 393 | R1 548 | R704 | R2 112 |

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| |
|---|
| MENTAL HEALTH |
| Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, subject to obtaining services in a Designated Service Provider hospital. If a Designated Service Provider is not used, a 20% co-payment will apply to the hospital account. |
| Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit. |
| Limited to funds in the Medical Savings Account. Subject to Prescribed Minimum Benefits. |

ONCOLOGY (CANCER-RELATED CARE)

| |
|--|
| Oncology Programme, including chemo- and radiotherapy. |
| Advanced Illness Benefit for patients with end-of-life stage cancer out-of-hospital. |
| Oncology-related PET scans. |
| Stem cell transplants. |

OPTICAL

| |
|--|
| Optometry consultations. Spectacles, frames, contact lenses and refractive eye surgery. |
|--|

OTHER SERVICES

| |
|--|
| IN-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc). |
| OUT-OF-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc). Alternative healthcare practitioners (chiropractors, homeopaths, naturopaths and chiropractors). Nurse practitioners. Urani-Tibb Therapy. |

ORGAN TRANSPLANTS

| |
|--|
| Hospitalisation |
| Medicine for immuno-suppressive therapy. |

PATHOLOGY AND RADIOLOGY

| |
|---|
| IN-HOSPITAL MRI and CT scans, including ultrasounds: Must be referred by specialist and subject to preauthorisation. PET scans Radiology (X-rays) and pathology subject to preauthorisation. |
| Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in Medical Savings Account/Extended Day-to-day Benefit. |

OUT-OF-HOSPITAL

| |
|--|
| MRI and CT scans, subject to preauthorisation. Radiology, (including X-rays and ultrasounds) and pathology. Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation. |
|--|

PROSTHESES

| |
|--|
| INTERNAL PROSTHESES Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants. Spinal devices/prostheses. |
| Shoulder replacement prostheses. |
| Major joint replacements, including hip and knee replacements. |

EXTERNAL MEDICAL ITEMS

| |
|---|
| Oxygen rental. Crutches, wheelchairs, artificial limbs, stoma bags, etc. |
| External medical items extender benefit. |

PREVENTIVE CARE

| |
|---|
| Pharmacy screening benefit at a network pharmacy: blood glucose, blood pressure, cholesterol and body mass index (BMI) or one flu vaccination. Screening Benefit at other providers: Mammogram, Pap smear and Prostate-Specific Antigen (PSA) tests. |
|---|

RENAL CARE

| |
|--|
| Acute and chronic dialysis. Dialysis and other renal care-related treatment and educational care. |
|--|

TRAUMA RECOVERY BENEFIT

| |
|---|
| Cover for certain medical expenses after you or your family experienced severe trauma. The benefit is paid up to the end of the year following the one in which the traumatic event occurred. |
|---|

TOTAL CONTRIBUTIONS

| |
|--|
| Remember: If you get a subsidy, you will only have to pay a portion of this contribution. You will have to calculate it based on your subsidy level. |
|--|

| Member | Adult | Child dependant | Maximum for 3 child dependants |
|--------|--------|-----------------|--------------------------------|
| R2 892 | R1 944 | R959 | R2 877 |

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