

LA Health offers the following benefits on the LA Active Benefit Option to ensure that members receive the highest quality and most cost-effective care.

What is MMB?

MMB is the Major Medical Benefit and this part of your Benefit Option covers your medical expenses if you are admitted to hospital, as well as certain out-of-hospital procedures. You will be covered in hospital up to a maximum of 100% of the LA Health Rate*, subject to certain clinical criteria and protocols.

If you are planning to go to hospital, you need to phone us and authorise your admission. This helps us plan and get better rates with the hospitals. If you don't let us know, you may have to pay a co-payment. In an emergency, you can go straight to hospital and let us know in the next two days.

What does CIB mean?

CIB is the Chronic Illness Benefit and is the benefit you get if you have a long-term condition and you need medicine for the rest of your life. The Scheme provides cover for Prescribed Minimum Benefit conditions according to certain protocols and a formulary. You must also use a pharmacy that submits claims through MediKredit. You must remember to register first and we will tell you if cover for your condition is approved.

The Chronic Illness Benefit includes unlimited cover for HIV and AIDS if you register on the HIVCare Programme.

Screening

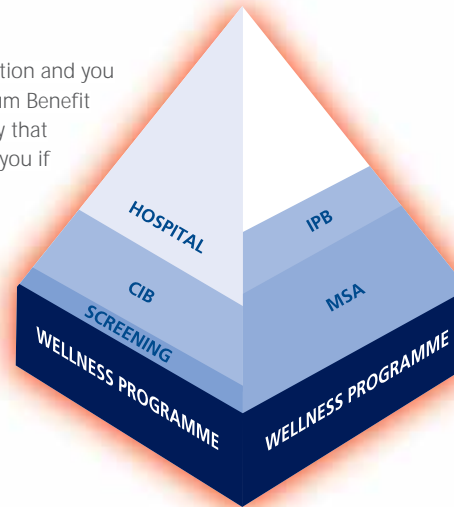
The Screening Benefit covers certain preventive screening tests from the Major Medical Benefit.

Total monthly contributions, including your Medical Savings Account, for 2009

Principal member	Spouse/adult dependant	Child dependant (maximum 3)
R1 352	R911	R448

What you will pay if you get a 60% subsidy (with a maximum of R2 579.91 per family)

Principal member	Principal + spouse	Principal + spouse + 2 children
R541	R906	R1 264



Your IPB

IPB is the Insured Procedures Benefit and offers you cover for limited day-to-day expenses for doctors and specialists, acute medicine, dentistry, optical, radiology and pathology. Your claims will be paid up to the LA Health Rate* up to an annual joint limit, which depends on the size of your family. This benefit is available once you run out of MSA for the year.

Your Insured Procedures Benefit annual joint limit for 2009

Principal member	R2 400
Spouse	R1 680
Per adult dependant	R1 680
Per child (maximum 3)	R480

Your MSA

Your Medical Savings Account (MSA) is the part of your Benefit Option you use to pay for day-to-day medical expenses. The full MSA amount is available to you on 1 January which you repay every month of the year as part of your monthly contribution.

You can choose how you want to pay your day-to-day claims from this money by either paying at our recommended rate, called the LA Health Rate*, or at the full amount claimed which is called Cost*** (this will make your Medical Savings Account run out faster though).

The remaining balance at the end of the year will carry over to the next year, and be paid out to you if you leave the Scheme or transfer to another Scheme, where applicable.

Medical Savings Account annual amount for 2009

Principal member	R3 120
Spouse	R2 280
Per adult dependant	R2 280
Per child (maximum 3)	R1 320

Benefit summary

Non-hospital benefits

Benefits	How the claim will be reimbursed	Annual limit
Acute/prescribed medicine (schedule 3+, generic or non-generic)	Paid from MSA/IPB up to 90% of the LA Health Medicine Rate**	Limited to funds in MSA/IPB
Over-the-counter medicine (schedule 0, 1, and 2, generic or non-generic, whether prescribed or not)	Paid from MSA/IPB up to 100% of Cost***	Limited to funds in MSA/IPB
Doctor and specialist visits	Paid from MSA/IPB up to 100% of the LA Health Rate*	Limited to funds in MSA/IPB
Dentistry		
Basic	First R2 000 per family, paid from MMB thereafter paid from MSA/IPB up to 100% of the LA Health Rate*	Limited up to a maximum amount of R12 200 per person
Specialised	Paid from MSA/IPB up to 100% of LA Health Rate*	
Optical (including spectacles, frames, contact lenses and refractive eye surgery)	Paid from MSA/IPB up to 100% of the LA Health Rate*	Limited to funds in MSA/IPB
Optometry consultations	Paid from MSA/IPB up to 100% of the LA Health Rate*	Limited to funds in MSA/IPB
Radiology (eg x-rays, ultrasounds) and pathology	Paid from MSA/IPB up to 100% of LA Health Rate*	Limited to funds in MSA/IPB
Endoscopic procedures (eg gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	First R1 500 of hospital account paid from MSA/IPB. Remainder of hospital account paid from MMB.	Limited to funds in MSA/IPB
External medical items (eg crutches, wheelchairs, artificial limbs, stoma bags, bandages etc)	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
Mental health (including drug and alcohol rehabilitation. This also includes psychologists, art therapy and social workers.)	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
Antenatal classes	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
Nurse practitioners (excluding domestic services)	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
Pregnancy scans	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
MRI and CT scans (referred by a specialist)	First R1 500 of account paid from MSA. Remainder of account paid from MMB	Unlimited
Audiologists, chiropractors, homeopaths, occupational therapists, physiotherapists, podiatrists, speech therapists, etc	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA

***LA Health Rate** – This is a rand amount based on the National Health Reference Price List (NHRPL). In certain cases the LA Health Rate is a rate that has been negotiated with certain provider groups.

If your doctor charges more than the LA Health Rate, we will pay you. You will then need to pay the doctor the full claimed amount. If your doctor charges the LA Health Rate, we will pay the doctor directly.

****LA Health Medicine Rate** is the single exit price for medicines plus the professional fee.

***If you choose to have the claims from your Medical Savings Account paid out at **Cost**, LA Health will pay the actual amount charged as long as you have money available in your Medical Savings Account.

Hospital benefits

Hospital benefits	Annual limit
HIV or AIDS-related illnesses	Unlimited if registered on the HIV Care Programme. R35 000 per family if not registered on the HIV Care Programme
Cochlear implants, implantable defibrillators and auditory brain implants	Limited to R116 500 per beneficiary per year
Major maxillo-facial procedures (severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs)	Unlimited
Dentistry in-hospital	First R1 500 of hospital account covered from MSA; remainder of hospital account covered from MMB, subject to joint overall maximum limit of R12 200 per beneficiary for basic and specialised dentistry. All related non-hospital accounts will be covered from MSA/IPB. All accounts will accumulate to the limit.
Mental health including drug and alcohol rehabilitation (PMBs)	21 days. Detoxification: 3 days
Terminal care benefit (excluding frail care)	R20 950 per beneficiary per year
Dialysis, chemo- and radiotherapy	Unlimited, subject to approval of treatment plan
Endoscopic procedures (eg gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	First R1 500 of hospital account paid from MSA (even if done in hospital). Remainder of scope account paid from MMB up to 100% of the LA Health Rate*. All related accounts paid from MSA/IPB
Radiology and Pathology (including MRI and CT scans)	Unlimited

Prescribed Minimum Benefits

All medical schemes in South Africa are required by law to cover a minimum set of medical treatments for certain conditions, even when scheme exclusions apply or waiting periods have been applied in certain circumstances, or when the limit for a benefit has been reached. The Prescribed Minimum Benefits (PMB) is a package of minimum clinical benefits to be paid by the medical scheme and not from medical savings accounts.

The Prescribed Minimum Benefits consist of a list of treatments and chronic diseases and their respective treatments.

LA Health will pay for Prescribed Minimum Benefits only for treatments provided by or at one of its designated service providers, except in emergency situations.

Exclusions

The Rules of the Scheme provide for a limited number of exclusions from benefits, in line with the generally accepted practice in the Medical Scheme Industry.

LA Health's medical scheme brokers

LA Health will be using medical scheme brokers to sell our Benefit Options. The role of a broker is to provide you with medical scheme information which informs you about the different options available. The broker will help you to choose an Option which is affordable and that has the benefits which are right for you. The brokers will provide group training sessions and one-on-one information sessions about the Option changes and benefits for 2009. They will also sign up new members to LA Health. The broker must provide you with ongoing services and support. This is a requirement of LA Health. If you wish to make use of a broker, please sign a broker appointment form. This form will give the broker access to your medical information.

This brochure is merely a summary of LA Health's key benefits and features, approved by the Council for Medical Schemes. If there is any discrepancy between this document and the Rules, the Rules will always prevail.

Discovery Health (Pty) Ltd, referred to as "Discovery Health" is the Scheme's Administrator.