

LA Comprehensive

LA Health Medical Scheme offers you the highest quality of medical cover and cost effective care in the LA Comprehensive Benefit Option.

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 is CIB?

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 use a pharmacy that submits claims through MediKredit. You must remember to register first and we will tell you if the cover for your condition is approved.

The Scheme also provides cover for additional chronic conditions, and you will get cover up to an annual limit of between R2 750 and R8 550, depending on your family size. We will pay for medicine for these additional chronic conditions up to 90% of the LA Health Medicine Rate**.

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

What is ATB?

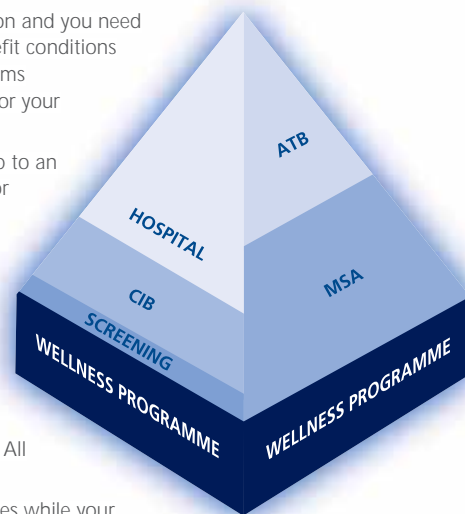
Each year we set a rand amount we call the Annual Threshold. When your day-to-day expenses calculate up to this total, the Scheme will take over the payment of certain day-to-day expenses for the remainder of the year. This is called your Above Threshold Benefit. All claims will be paid up to a maximum of the LA Health Rate*.

Your Medical Savings Account is the tool that will help you pay for your day-to-day expenses while your claims are counting towards this rand value.

If you run out of money in your Medical Savings Account before you reach your Annual Threshold, you will be in a Self-payment Gap. You will then have to pay for your day-to-day claims from your pocket. You must still submit your claims to the Scheme and when they calculate up to the threshold, we take over the payment of your claims.

Annual Threshold amount for 2009

Principal member	R7 200
Spouse	R4 890
Per adult dependant	R4 890
Per child (maximum 3)	R2 200



What is 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 will 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	R5 160
Spouse	R3 000
Per adult dependant	R3 000
Per child (maximum 3)	R1 320

Screening

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

Total monthly contributions including your Medical Savings Account, for 2009

Income	Principal member	Spouse/adult dependant	Child
0-R2 000	R1 905	R1 481	R622
R2 001-R4 000	R2 421	R1 986	R622
R4 001-R6 000	R2 635	R1 986	R622
R6 001 +	R2 886	R1 986	R622

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

Income	Principal member	Principal + spouse	Principal + spouse + 2 children
R0 - R2 000	R762	R1 355	R2 051
R2 001 - R4 000	R969	R1 828	R3 072
R4 001 - R6 000	R1 054	R2 042	R3 286
R6 001 +	R1 155	R2 293	R3 537

Benefit summary Comprehensive

Non-hospital benefits		
Benefits	How the claim will be reimbursed and accumulate to the Annual Threshold	Annual limit
Over-the-counter medicine (schedule 0, 1 and 2, generic or non-generic, whether prescribed or not)	Paid from MSA at cost, but will not accumulate to the Annual Threshold	Limited to funds in the MSA
Acute / prescribed medicine (schedule 3+, generic or non-generic)	Covered up to 90% of the LA Health Medicine Rate** and will accumulate to your Annual Threshold	Member R5 150 Member + 1 R6 450 Member + 2 R7 800 Member + 3 R9 000 Member + 4 R10 300
Dentistry	Joint in- or out-of-hospital limit paid up to 100% of LA Health Rate* from your MSA/ATB and will accumulate to the Annual Threshold	This will be covered up to a joint maximum amount of R16 100 per person
Optical (including spectacles, frames, contact lenses and refractive eye surgery)	Paid from MSA/ATB up to 100% of the LA Health Rate* and will accumulate to your Annual Threshold	Limited to R2 300 per beneficiary
Optometry consultations	Paid from and limited to funds in MSA/IPB up to 100% of LA Health Rate*	Unlimited once in ATB
Radiology (eg x-rays, ultrasounds)	Paid from MSA/ATB up to 100% of the LA Health Rate* and will accumulate to your Annual Threshold	Unlimited once in ATB
Endoscopic procedures (eg gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy). This includes hospital and related accounts, even if done in hospital	Paid from MMB up to 100% of the LA Health Rate*	Unlimited
External medical items (eg crutches, wheelchairs, artificial limbs, stoma bags, bandages etc)	Paid from MSA/ATB up to 100% of the LA Health Rate* and will accumulate to your Annual Threshold	Limited to R14 750 per family (sub-limit of R9 900 per family for hearing-aids)
Mental health (including drug and alcohol rehabilitation). This also includes psychologists, psychiatrists, art therapy and social workers	Paid from MSA/ATB up to 100%, and will accumulate to the Annual Threshold	Limited to R9 750 per family (sub-limit of R3 250 per beneficiary for alcohol and drug rehabilitation)
Antenatal classes	Paid from MSA/ATB up to 100% of the LA Health Rate* and will accumulate to your Annual Threshold	R780 per beneficiary/pregnancy
Nurse practitioners (excluding domestic services)	Paid from MSA/ATB up to 100% of the LA Health Rate* and will accumulate to your Annual Threshold	Limited to R5 700 per family
Pregnancy scans	Paid from MSA/ATB up to 100% of the LA Health Rate*	Limited to cost of two 2-D scans per pregnancy. 3-D scans covered up to the cost of 2-D scans
MRI and CT scans (referred by a specialist)	Paid from MMB up to 100% of the LA Health Rate*	Unlimited
Audiologists, chiropractors, general practitioners, homeopaths, occupational therapists, pathologists, physiotherapists, podiatrists, specialists, speech therapists etc	Paid from MSA/ATB up to 100% of the LA Health Rate* and will accumulate to your Annual Threshold	Unlimited once in ATB

***LA Health Rate** – This is a rand amount that is 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 or less, we will pay the doctor directly.

****LA Health Medicine Rate** is the single exit price for medicines plus the professional fee. It will always apply to all MediKredit claims.

*** If you choose to have the claims from your Medical Savings Account paid out at Cost, LA Health will pay the actual amount you claim for, as long as you have money available in your Medical Savings Account. Please note that only the LA Health Rate accumulates to the Annual Threshold. If there is a difference between the LA Health Rate and **Cost**, this amount does not accumulate to the Annual Threshold.

Hospital benefits

Hospital benefits	Annual limit
HIV and 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/ATB; remainder of hospital account covered from MMB, subject to joint overall maximum of R16 100 per beneficiary for basic and specialised dentistry. All related non-hospital accounts will be covered from MSA/ATB. All accounts will accumulate to the limit
Mental Health: including drug and alcohol rehabilitation (PMB)	21 days. Detoxification limited to 3 days
Terminal care benefit (excluding frail care)	Unlimited
Dialysis, chemo- and radiotherapy	Unlimited, subject to approval of treatment plan
Pathology and radiology (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 essentially 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 broker 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, pending approval from 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.

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