



LA Health offers the following benefits on the LA Core 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 the 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.

For additional chronic conditions, you will receive cover up to an annual limit between R5 550 (for one member) and R11 000 (for the whole family). We will pay for medicine for these additional chronic conditions up to 90% of the LA Health Medicine Rate** (subject to our Scheme Rules).

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)
R2 113	R1 907	R633

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
R846	R1 608	R2 707



Your IPB

IPB is the Insured Procedures Benefit and offers you cover for limited day-to-day expenses for doctors and specialist visits, 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	R3 180
Spouse	R2 220
Per adult dependant	R2 220
Per child (maximum 3)	R840

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.

Your Medical Savings Account annual amount for 2009

Principal member	R3 840
Spouse	R3 360
Per adult dependant	R3 360
Per child (maximum 3)	R1 560

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 at 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	Paid from and MSA/IPB	This will be covered up to a maximum amount of R16 100 per person
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 LA Health Rate*	Limited to funds in MSA/IPB
Radiology (eg x-rays, ultrasounds) and pathology	Paid from MSA/IPB up to 100% of the LA Health Rate*	Limited to funds in MSA/IPB
Endoscopic procedures (eg gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy). This includes hospital and related accounts, if done in hospital	Paid from MMB up to 100% of the LA Health Rate*, even if done in hospital	Unlimited
External medical items (eg crutches, wheelchairs, artificial limbs, stoma bags, bandages etc)	Paid from and MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
Mental health (including drug and alcohol rehabilitation (PMB)). 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 and 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)	Paid from MMB up to 100% of the LA Health Rate*	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 or less, we will pay the doctor directly.

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

Hospital benefits	
Hospital benefits	Annual limit
HIV and AIDS-related illnesses	Unlimited if registered on the HIVCare Programme. R35 000 per family if not registered on the HIVCare 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 of R16 100 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 (PMB)	21 days. Detoxification 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 scan)	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 health plan 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, 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.