

Hospital and other large cost benefits

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.

Chronic Illness Benefit

This benefit covers you 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 remember to register first with DiscoveryCare 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 R6 450 (for one member) and R12 800 (for the whole family). The Scheme pays for medicine for these conditions subject to a formulary. If non-formulary medicine is used, a maximum monthly Chronic Drug Amount (CDA) will apply.

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

Contributions

Total monthly contributions, including your Medical Savings Account for 2011

Principal member	R2 687
Spouse/adult dependant	R2 427
Child dependant (maximum 3)	R 804

What you will pay if you get a 60% subsidy (with a maximum of R3 092.55 per family)

Principal member	R1 075
Principal + spouse	R2 046
Principal + spouse + 2 children	R3 629

Insured Procedures Benefit

This benefit covers you 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 2011

Principal member	R3 710
Spouse	R2 580
Per adult dependant	R2 580
Per child (maximum 3)	R 980

Medical Savings Account

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 2011

Principal member	R4 656
Spouse	R4 080
Per adult dependant	R4 080
Per child (maximum 3)	R1 896

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.

Join the medical scheme that offers good value while keeping you healthy. Join LA Health.



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LA Health Medical Scheme offers you the highest quality of medical cover and cost effective care

Benefit summary

Day-to-day Benefits		
Non-hospital 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 MSA/IPB	This will be covered up to a maximum amount of R18 750 per person
Optical (including optometry consultations, 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
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, subject to clinical entry criteria
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 (non-PMB)). This includes psychologists, psychiatrists, 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)	Paid from MMB up to 100% of the LA Health Rate*	Unlimited, subject to clinical entry criteria
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 Discovery Health Rate. 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.**

We pay participating specialists at the Premier rate for both PMB and non-PMB claims. We also pay participating General Practitioners (GPs) at the GP rate.

****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.

DSP is a Designated Service Provider.

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 R135 000 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 700 of the hospital account covered from MSA, and the remainder thereof paid from MMB. Related accounts paid from MSA/IPB. All dental benefit payments accumulate to the joint annual Dental limit of R18 750
Mental health: including drug and alcohol rehabilitation (PMB)	21 days. Detoxification 3 days
Terminal care benefit (excluding frail care)	Unlimited
Oncology (including chemo- and radiotherapy)	Unlimited in a 12 month cycle, subject to approval of treatment plan for all Oncology claims up to a threshold of R430 000, whereafter a co-payment of 20% will apply
PET scans	Unlimited in a 12-month cycle. Must obtain benefits at the Scheme's DSP, subject to preauthorisation. A co-payment of R2 950 will apply if the DSP is not used
Stem cell transplants	Unlimited at the DSP, subject to registration on the Scheme's Oncology Programme. Limited to R1 million, if DSP is not used
Spinal prostheses/devices	Limited to R21 500 per level. Further limited to 2 levels per procedure and 1 procedure per year
Implantable cardiac stents	Limited to R10 300 per bare metal stent and R16 300 per drug eluting stent
Renal Care (including dialysis)	Unlimited, subject to approval of the treatment plan and use of the Scheme's DSP. Co-payments apply when non-DSP is used voluntarily
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 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 in full for Prescribed Minimum Benefits only for treatments provided by or at one of its Designated Service Providers, except in emergency situations. If non-DSP's are used voluntarily, co-payments will apply.

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 uses medical scheme brokers to sell our Benefit Options. The role of a broker is to provide you with medical scheme information, help you choose an Option which is affordable and that has the benefits which are right for you, provide training, sign up new members and provide ongoing services and support. If you wish to make use of a broker, please sign a broker appointment form, giving your broker access to your medical information.



Join the medical scheme that offers good value while keeping you healthy. **Join LA Health.**

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