



LA Health offers the following benefits on the LA Focus 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 a coastal hospital up to a maximum of 100% of the LA Health Rate\* for hospital accounts and up to 150% of the LA Health Rate\* for hospital-related accounts, like your specialist. The benefit is subject to clinical criteria and certain protocols.

When you plan to go to hospital, remember to go to a hospital in one of the following provinces: KwaZulu-Natal, Eastern Cape, Western Cape or Northern Cape or we may apply a co-payment.

You also need to phone us and authorise your admission. This helps us plan and get better rates with the hospitals. 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.

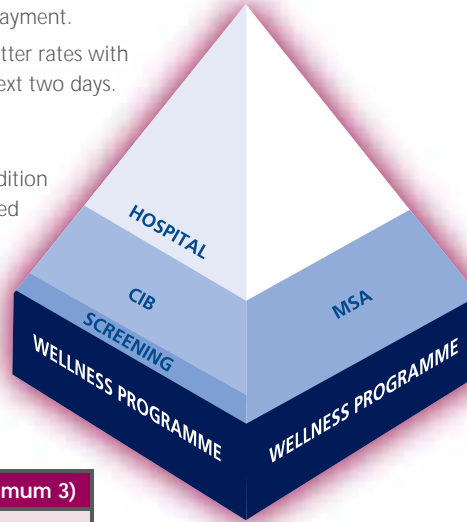
The Chronic Illness Benefit includes unlimited cover for HIV and AIDS if you register on the HIVCare Programme.

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

Principal member	Spouse/adult dependant	Child dependant (maximum 3)
R1 120	R722	R326

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
R448	R737	R998



### 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 360
Spouse	R2 160
Per adult dependant	R2 160
Per child (maximum 3)	R972

### Screening

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

# Benefit summary

## Non-hospital benefits

Benefits	How the claim will be reimbursed	Annual limit
<b>Acute/prescribed medicine</b> (schedule 3+, generic or non-generic)	Paid from MSA up to 90% of the LA Health Medicine Rate**	Limited to funds in MSA
<b>Over-the-counter medicine</b> (schedule 0, 1 and 2, generic or non-generic, whether prescribed or not)	Paid from MSA up to 100% of Cost***	Limited to funds in MSA
<b>Doctor and specialist visits</b>	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
<b>Dentistry</b>	Paid from MSA	This will be covered up to a maximum amount of R12 200 per person
<b>Optical</b> (including spectacles, frames, contact lenses and refractive eye surgery)	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
<b>Optometry consultations</b>	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
<b>Radiology</b> (eg x-rays, ultrasounds) and <b>pathology</b>	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
<b>Endoscopic procedures</b> (eg gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	First R1 500 of hospital account paid from MSA (even if done in hospital). Remainder of hospital account paid from MMB up to 100% of the LA Health Rate*. All related accounts paid from MSA	Limited to funds in MSA
<b>External medical items</b> (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
<b>Mental health</b> (including drug and alcohol rehabilitation (PMB)). This also includes psychologists, psychiatrists, art therapy and social workers	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
<b>Antenatal classes</b>	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
<b>Nurse practitioners</b> (excluding domestic services)	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
<b>Pregnancy scans</b>	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
<b>MRI and CT scans</b> (referred by a specialist)	First R1 500 of account paid from MSA. Remainder of account paid from MMB	Unlimited
<b>Audiologists, chiropractors, homeopaths, occupational therapists, physiotherapists, podiatrists, speech therapists, etc</b>	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
<b>HIV or AIDS-related illnesses</b>	Unlimited if registered on the HIVCare Programme. R35 000 per family if not registered on the HIVCare Programme
<b>Cochlear implants, implantable defibrillators and auditory brain implants</b>	Limited to R116 500 per beneficiary per year
<b>Major maxillo-facial procedures</b> (severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs)	Unlimited
<b>Dentistry in-hospital</b>	First R1 500 of hospital account covered from MSA; remainder of hospital account covered from MMB, subject to joint overall maximum of R12 200 per beneficiary for basic and specialised dentistry. All related non-hospital accounts will be covered from MSA. All accounts will accumulate to the limit
<b>Mental health:</b> including drug and alcohol rehabilitation (PMB)	21 days. Detoxification 3 days
<b>Terminal care benefit (excluding frail care)</b>	R20 950 per beneficiary per year
<b>Dialysis, chemo- and radiotherapy</b>	Unlimited, subject to approval of treatment plan
<b>Endoscopic procedures</b> (eg gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	First R1 500 of hospital account paid from MSA (even if done in hospital). Remainder of hospital account paid from MMB up to 100% of the LA Health Rate*

### 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 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.