

LA Health Medical Scheme offers you high quality medical cover and cost effective care in the LA Focus Benefit Option

Hospital and other large cost benefits

MIMB 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.

Chronic Illness Benefit

This benefit covers you if you have a long-term condition and you need medicine for the rest of your life. You must remember to register first and we will tell you if cover for your condition is approved.

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.

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

Contributions

Total monthly contributions, including your Medical Savings Account, for 2010

Principal member	R 188
Spouse/adult dependant	R 766
Child dependant (maximum 3)	R 346

What you will pay if you get a 60% subsidy (with a maximum of R2 850.80 per family)

Principal member	R 476
Principal + spouse	R 782
Principal + spouse + 1 child	R 920
Principal + spouse + 2 children	R1 058
Principal + spouse + 3 children	R1 198



Screening

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

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. You repay a portion 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 MSA balance at the end of the year will carry over to the next year. If you leave the Scheme to transfer to another Scheme, we will transfer the balance to the new scheme. Alternatively we will refund you.

Medical Savings Account annual amount for 2010

Principal member	R3 564
Spouse	R2 292
Per adult dependant	R2 292
Per child (maximum 3)	R1 032

Benefit summary

LA Focus

Non-hospital benefits		
Non-hospital	How the claim will be reimbursed	Annual limit
Acute/prescribed medicine (schedule 3+, generic or non-generic)	Paid from MSA up to 90% of the LA Health Medicine Rate**	Limited to funds in MSA
Over-the-counter medicine (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
Doctor and specialist visits	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
Dentistry	Paid from MSA up to 100% of the LA Health Rate*	This will be covered up to a joint overall amount of R13 200 per beneficiary
Optical (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
Optometry consultations	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
Radiology (eg x-rays, ultrasound) and pathology	Paid from MSA up to 100% of the LA Health Rate*	Limited to funds in MSA
Endoscopic procedures (eg gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	First R1 600 of scope 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	
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) (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)	First R1 600 of the scan account paid from MSA. Remainder of the scan account paid from MMB	
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 to a maximum of 26% / R26.

***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.



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Hospital benefits	
Hospital benefits	Annual limit
HIV or 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 R125 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, Subject to preauthorisation
Dentistry in-hospital	First R1 600 of hospital account covered from MSA; remainder of hospital account covered from MMB, subject to joint overall maximum of R13 200 per beneficiary for basic and specialised dentistry. All related non-hospital accounts will be covered from MSA.
Mental health , including drug and alcohol rehabilitation (PMB)	21 days: Detoxification 3 days
Terminal care benefit (excluding frail care)	R23 400 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 600 of scope account paid from MSA (even if done in hospital). Remainder of scope 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 uses 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 2010. 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, submitted to 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.