

Hospital Benefit

The Hospital Benefit, also called the Major Medical Benefit (MMB), covers medical expenses incurred when you are admitted to hospital and LA Health has authorised your treatment. The LA KeyPlus Option provides cover up to 100% of the LA Health Rate* within the KeyCare network of hospitals for all urgent and planned care. If you are admitted to hospital for a planned procedure, you must go to a KeyCare network hospital. Your doctor or the hospital needs to get authorisation from LA Health at least 48 hours before you go to hospital

Critical/emergency hospital care

In an emergency, you have access to any private hospital until stabilised. Once stabilised, you will be transferred to a KeyCare network hospital. You get must authorisation as soon as you can.

Emergency Transport

Ambulance cover for emergencies, by road and air, will be provided (whether you are admitted to hospital or not), subject to approval.

Chronic Illness Benefit

The Chronic Illness Benefit covers approved medicine for the Prescribed Minimum Benefit chronic conditions including cover for HIV or AIDS. Chronic Illness Benefit cover is subject to LA Health's Prescribed Minimum Benefit formulary (medicine list), clinical entry criteria and the members obtaining the medicine through the Scheme's DSP courier pharmacy. HIV and AIDS are managed through the HIVCare programme

Contributions

Total monthly contributions for 2010

Income	Member	Adult dependant	Child dependant
R0 – R5 500	R583	R509	R212
R5 501 – R7 500	R616	R538	R224
R7 501+	R928	R825	R345
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For illustrative purposes only, please see rates below where a 60% subsidy applies (with SALGBC maximum capping of R2 850.80). You will need to calculate your contribution if your subsidy is different.

40% in-service member's portion of contributions if 60% subsidy applies

Income category	R0 – R5500	R5 501 – R7 500	R7 501+
Member	R234	R247	R 372
Member + Adult dependant	R437	R462	R 702
Member + A + C	R522	R552	R 840
Member + A + 2C	R607	R641	R 978
Member + A + 3C	R692	R731	R1 116

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

Screening

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

Day-to-day medical care

- You have access to a comprehensive KeyCare practitioner (GP) primary care network
- You must choose at least one GP who is part of the KeyCare primary care network. You can also choose a second GP
- Family members can choose their own GP
- Day-to-day primary care benefits will only be covered at your chosen GP
- The KeyCare network offers primary care benefits at networks of GPs, dentists and optometrists, which include:
 - Consultations and minor procedures
 - Selected basic x-rays and selected blood tests
 - Acute medicines (according to the KeyCare acute medicine formulary)
 - Chronic medicine (according to the KeyPlus Prescribed Minimum Benefit chronic medicine formulary), subject to approval and members obtaining the medicine from the Scheme's DSP courier pharmacy.
 - Selected basic dentistry (consultations, fillings and extractions)
 - One eye test and one pair of clear mono- or bifocal glasses with basic frame for each person every two years
- You have access to one out-of-network visit for each person each year. This includes a GP visit, with selected blood tests, selected x-rays and acute medicines (subject to the KeyPlus acute medicine formulary).

Trauma Recovery Benefit

This benefit pays for specific day-to-day care after a traumatic incident, subject to certain limits.



Benefit summary



Out-of-hospital sub-limits		
Non-hospital	How the claim will be reimbursed	Annual limit
Professional services		
Antenatal benefit (pregnancy)	100% of the LA Health Rate*	Each person can have: four gynaecology visits, one pregnancy scan and selected blood tests each year at a Specialist who works in the KeyCare network
GP visits and minor procedures done in the consulting rooms	100% of the LA Health Rate*	Unlimited if at your chosen KeyCare primary care GP
Specialists visits (this includes blood tests and x-rays requested by the specialist)	100% of the LA Health Rate*	Covered, subject to the R2 000 Specialist Benefit limit per person. Only at a Specialist who works in a KeyCare network hospital and if referred by your chosen KeyCare primary care network GP
All other allied healthcare professionals , eg physiotherapists, homeopaths, chiropractors, etc	Not covered on this option	Not covered on this option
Medicine		
Prescribed medicine	100% of the LA Health medicine rate**	Unlimited if your chosen KeyCare primary care network GP uses medicine on the KeyPlus acute medicine formulary
Optical		
Optical	100% of the LA Health Rate*	One pair of clear mono- or bifocal glasses per person every two years, only at an optometrist in the KeyCare optometry network
Dentistry		
Basic dentistry (consultations, fillings and extractions)	100% of the LA Health Rate*	Unlimited, subject to a list of procedures, only at a dentist in the KeyCare dentist network
Investigations		
MRI and CT scans (referred by a specialist)	100% of the LA Health Rate*	Covered as part of the R2 000 Specialist Benefit
All other radiology (excluding those requested by a specialist)	100% of the LA Health Rate*	Unlimited, subject to a list of x-rays, only if requested by your chosen KeyCare primary care network GP
Pathology (excluding those requested by a specialist)	100% of the LA Health Rate*	Unlimited, subject to a list of blood tests, only if requested by your chosen KeyCare primary care network GP
Scopes (Gastroscopy, colonoscopy, proctoscopy, sigmoidoscopy)	100% of the LA Health Rate*	Paid from the Hospital Benefit, subject to authorisation
Casualty Benefit (must be authorised at the time of the incident)	100% of the LA Health Rate*	First R95 paid by member at Scheme's DSP Casualty network provider. First R210 paid by member in a KeyCare Network Hospital. Pathology, radiology, medicine and specialist consultations, subject to formularies
Mobility Devices Benefit (Crutches, wheelchairs, calipers)	100% of the LA Health Rates*	R3 300 per family per year.

*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 medicine plus the professional fee up 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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Discovery Health (Pty) Ltd, referred to as "Discovery Health" is the Scheme's Administrator.

No overall hospital limit applies on this Option; however certain sub-limits apply

Hospital limits	
Benefit	Limit on this Benefit
HIV or AIDS-related illnesses	Unlimited if registered on the HIVCare Programme. R12 000 per family if not registered
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	No benefit
Mental health (including drug and alcohol rehabilitation). Prescribed Minimum Benefits only	21 days per year for mental health treatment, with a further 21 days for drug and alcohol rehabilitation. Detox treatment limited to 3 days
Terminal care benefit	R16 950 for each person
Chemo- and radiotherapy	Only covered at a KeyCare network oncologist, subject to protocols (rules) and approval of the treatment plan
Chronic dialysis and organ transplants	Only covered in a State facility, subject to strict clinical guidelines and preauthorisation

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 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 emergencies.

LA KeyPlus benefit exclusions

In addition to the general LA Health Scheme exclusions applicable on all LA Health Benefit Options, LA KeyPlus has the following exclusions, except as stipulated in the Prescribed Minimum Benefits

- In-hospital management of:
 - Dentistry
 - Obesity
 - Skin disorders
 - Diagnostic work-up
 - Conservative back treatment
 - Functional nasal problems
 - Sexual dysfunction
 - Incontinence
 - Hearing disorders
- Refractive eye surgery
- Brachytherapy
- Surgery for oesophageal reflux
- Spinal surgery for back and neck
- Cochlear implants, implantable defibrillators and auditory brain implants
- Hip and knee replacements.

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 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 benefit 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.

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