

Option description
Key features
Overall limits
Above Threshold Benefit (ATB)
Hospital
Insured Procedures Benefit (IPB)
Medical Savings Account (MSA)
Ambulance services
Emergency transport, subject to preauthorisation
Blood transfusions and blood products
Blood transfusions and blood products, subject to preauthorisation
Dentistry
Maxillo-facial procedures: certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to preauthorisation
Specialised dentistry in-hospital
Basic dentistry out-of-hospital
Dialysis
Acute and chronic dialysis
GPs and specialists
In-hospital
Out-of-hospital GP visits
Out-of-hospital specialist visits
Out-of-network benefit
HIV or AIDS
HIV prophylaxis (rape or mother-to-child transmission)
HIV and AIDS-related illnesses
Hospitals
Hospitalisation, theatre fees, intensive and high care unit costs
Provincial and state hospitals, subject to preauthorisation
Private hospitals, subject to preauthorisation
Casualty/outpatient benefit (subject to authorisation by member or hospital)
Maternity benefit
In-hospital, subject to preauthorisation
Out-of-hospital GP and specialist consultations
Pregnancy scans
Blood tests
Antenatal classes

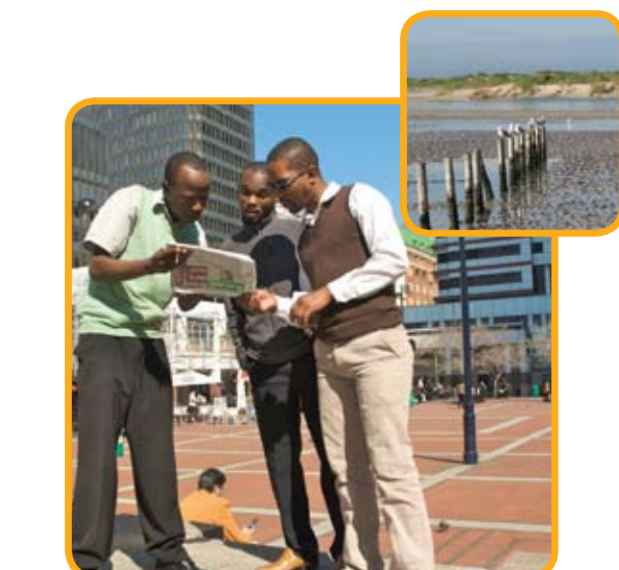
LA KeyPlus
This Option provides hospital cover, chronic medicine benefits and day-to-day medical expense benefits. It has a designated service provider (DSP) for in-hospital and out-of-hospital benefits which is the KeyCare network. Members must use a KeyCare network hospital for all non-emergency and other procedures otherwise no benefit will be allowed
Key features
Unlimited hospitalisation Over 100 private hospitals to choose from
Comprehensive day-to-day cover (including unlimited GP consultations) within the KeyCare network – the largest of its kind in South Africa
HIV/AIDS: Unlimited cover paid from risk if registered on HIVCare Programme
Major maxillo-facial procedures: Unlimited cover in-hospital for severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft lip and palate repairs
Trauma recovery benefit: per family per year
- external medical items R18 600
- hearing aids R 7 900
- mental health R11 100
- prescribed medicine M R 7 200 M2 R10 150
- private nursing M1 R 8 550 M3 R12 300
- prosthetic limbs R 6 200
(no further access to the external medical items limit) R50 000
Overall limits
Not applicable
Unlimited at all KeyCare network hospitals
Insured Procedures Benefit (IPB)
Not applicable
Medical Savings Account (MSA)
Not applicable
Ambulance services
Unlimited from MMB
Blood transfusions and blood products
Unlimited from MMB
Dentistry
Unlimited from MMB
No benefit
Covered with no overall benefit limit, subject to a list of procedures and performed by a dentist in the KeyCare network
Dialysis
Chronic dialysis only covered in a state hospital
GPs and specialists
Unlimited, in a network hospital. Specialists must be working in a KeyCare hospital
Covered with no overall benefit limit, only at the member's chosen GP working in the KeyCare network
Limited to R2 000 per person, only if referred by the chosen KeyCare GP (including radiology and pathology done in KeyCare network)
Out-of-network benefit
One out-of-network GP visit per person per year, selected blood tests, x-rays and acute medicine (subject to a formulary) requested by the non-network GP
HIV or AIDS
Unlimited from MMB, subject to preauthorisation
Unlimited if registered on the HIVCare Programme. Limited to R12 000 if not registered on the HIVCare Programme
Hospitals
Hospitalisation, theatre fees, intensive and high care unit costs
Unlimited
Unlimited and paid from MMB for treatment authorised in a KeyCare Network hospital. No benefit outside of the Network for planned admissions
First R95 paid by member at Scheme's DSP casualty network or first R210 paid by member in KeyCare network hospital. Pathology, radiology, medicine and specialist consultations subject to applicable formularies
Maternity benefit
Unlimited in a KeyCare hospital
Unlimited at GP working in the KeyCare network. Limited to four gynaecology specialist visits per person per year, subject to the specialist benefit limit.
One 2D scan per person per pregnancy
Selected blood tests per pregnancy (must be requested by a KeyCare GP)
No benefit

LA Focus
This Option has a Major Medical Benefit (MMB) for all in-hospital and large expenses and provides Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) cover. It also pays for day-to-day expenses from a Medical Savings Account (MSA). This Option provides cover specifically for members in a province with a coastline (a co-payment applies for non-PMB care in hospitals that are not in Coastal Provinces)
Key features
Unlimited hospitalisation
Flexibility of chronic cover through the Chronic Drug Amount (CDA) for all PMB conditions and includes additional consultations and tests
Unlimited/ high limits on major illness cover (e.g. cancer, renal dialysis)
HIV/AIDS: Unlimited cover paid from risk if registered on HIVCare Programme
Scopes and MRI/CT scans First R1 600 paid from MSA thereafter from MMB
Major maxillo-facial procedures: Unlimited cover in-hospital for severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft lip and palate repairs
Overall limits
Not applicable
Unlimited in hospitals in coastal provinces only
Insured Procedures Benefit (IPB)
Not applicable
Medical Savings Account (MSA)
Member R3 564 Spouse/adult R2 292 Child R1 032
Ambulance services
Unlimited from MMB
Blood transfusions and blood products
Unlimited from MMB
Dentistry
Unlimited from MMB
First R1 600 of hospital account is paid from MSA. Remainder of hospital account paid from MMB, subject to a joint overall limit of R13 200 per beneficiary for specialised and basic dentistry. All related, non-hospital accounts paid from and limited to funds in the MSA
Paid from and limited to funds in MSA, subject to the joint overall amount of R13 200 per beneficiary
Dialysis
Unlimited, subject to approval of treatment plan
GPs and specialists
Unlimited
Paid from MSA
Paid from MSA
Not applicable
HIV or AIDS
Paid from MMB. Unlimited, subject to preauthorisation
Unlimited if registered on the HIVCare Programme. Limited to R35 000 if not registered on the HIVCare Programme
Hospitals
Hospitalisation, theatre fees, intensive and high care unit costs
Unlimited
Unlimited
Paid from normal GP, pathology, radiology and medicine benefits
Maternity benefit
Unlimited
Limited to funds in MSA
Limited to funds in MSA (except PMB's)
Limited to funds in MSA
Limited to funds in MSA

LA Active
This Option has a Major Medical Benefit (MMB) for all in-hospital and large expenses and provides Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) cover. It also pays for day-to-day expenses from a Medical Savings Account (MSA). Further cover for specific disciplines is provided through the Insured Procedures Benefit (IPB)
Key features
Unlimited hospitalisation
Flexibility of chronic cover through the Chronic Drug Amount (CDA) for all PMB conditions and includes additional consultations and tests
Unlimited/ high limits on major illness cover (e.g. cancer, renal dialysis)
HIV/AIDS: Unlimited cover paid from risk if registered on HIVCare Programme
Scopes and MRI/CT scans First R1 600 paid from MSA thereafter from MMB
Major maxillo-facial procedures: Unlimited cover in-hospital for severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft lip and palate repairs
Insured Procedures Benefit: Provides flexible out-of-hospital cover in addition to MSA
Basic dentistry Comprehensive, flexible dental benefit with the first R2 150 paid from risk. This helps to preserve members' MSA
Overall limits
Not applicable
Unlimited
Member R2 600 Spouse/adult R1 820 Child R 520
Member R3 307 Spouse/adult R2 416 Child R1 399
Ambulance services
Unlimited from MMB
Blood transfusions and blood products
Unlimited from MMB
Dentistry
Unlimited from MMB
First R1 600 of hospital account is paid from MSA. Remainder of hospital account paid from MMB, subject to a joint overall limit of R13 200 per beneficiary for specialised and basic dentistry. All related, non-hospital accounts paid from and limited to funds in the MSA/IPB
First R2 150 per family per year paid from MMB. Thereafter paid from MSA/IPB, subject to joint overall amount of R13 200 per beneficiary
Dialysis
Unlimited, subject to approval of treatment plan
GPs and specialists
Unlimited
Paid from MSA/IPB
Paid from MSA/IPB
Not applicable
HIV or AIDS
Paid from MMB. Unlimited, subject to preauthorisation
Unlimited if registered on the HIVCare Programme. Limited to R35 000 if not registered on the HIVCare Programme
Hospitals
Hospitalisation, theatre fees, intensive and high care unit costs
Unlimited
Unlimited
Paid from normal GP, pathology, radiology and medicine benefits
Maternity benefit
Unlimited
Limited to funds in MSA/IPB
Limited to funds in MSA (except PMB's)
Limited to funds in MSA/IPB
Limited to funds in MSA

LA Core
This Option has a Major Medical Benefit (MMB) for all in-hospital and large expenses. It provides cover for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) as well as for several Additional Chronic conditions. It pays for day-to-day expenses from a Medical Savings Account (MSA), with further cover for specific disciplines through the Insured Procedures Benefit (IPB)
Key features
Unlimited hospitalisation
Chronic Illness Benefit: - Provides cover for PMB chronic conditions which includes additional consultations and tests - Provides limited cover for other chronic conditions
Unlimited/ high limits on major illness cover (e.g. cancer, renal dialysis)
HIV/AIDS: Unlimited cover paid from risk if registered on HIVCare Programme
Scopes and MRI/CT scans: Unlimited and paid from risk in- or out-of-hospital
Major maxillo-facial procedures: Unlimited cover in-hospital for severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft lip and palate repairs
Insured Procedures Benefit: Provides flexible out-of-hospital cover in addition to MSA
Overall limits
Not applicable
Unlimited
Member R3 450 Spouse/adult R2 400 Child R 910
Member R4 224 Spouse/adult R3 696 Child R1 716
Ambulance services
Unlimited from MMB
Blood transfusions and blood products
Unlimited from MMB
Dentistry
Unlimited from MMB
First R1 600 of hospital account is paid from MSA. Remainder of hospital account paid from MMB, subject to a joint overall limit of R17 450 per beneficiary for specialised and basic dentistry. All related, non-hospital accounts paid from and limited to funds in the MSA/IPB
Paid from and limited to funds in MSA/IPB, subject to the joint overall amount of R17 450 per beneficiary
Dialysis
Unlimited, subject to approval of treatment plan
GPs and specialists
Unlimited
Paid from MSA/IPB
Paid from MSA/IPB
Not applicable
HIV or AIDS
Paid from MMB. Unlimited, subject to preauthorisation
Unlimited if registered on the HIVCare Programme. Limited to R35 000 if not registered on the HIVCare Programme
Hospitals
Hospitalisation, theatre fees, intensive and high care unit costs
Unlimited
Unlimited
Paid from normal GP, pathology, radiology and medicine benefits
Maternity benefit
Unlimited
Limited to funds in MSA/IPB
Limited to funds in MSA (except PMB's)
Limited to funds in MSA/IPB
Limited to funds in MSA

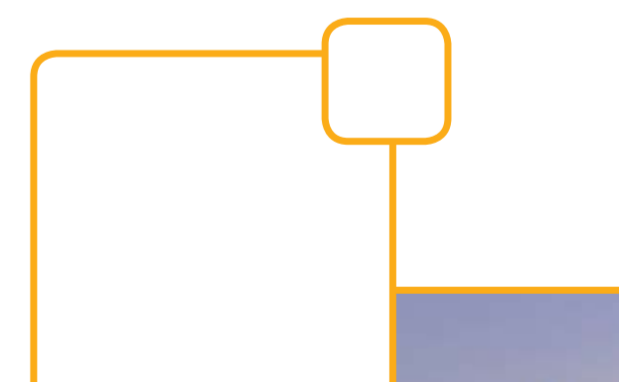
LA Comprehensive
This Option has a Major Medical Benefit (MMB) for all in-hospital and large expenses. It provides cover for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) as well as for several Additional Chronic conditions. It pays for day-to-day expenses from a Medical Savings Account (MSA), with further unlimited cover through the Above Threshold Benefit (ATB), for most disciplines
Key features
Unlimited hospitalisation
Chronic Illness Benefit: - Provides cover for PMB chronic conditions which includes additional consultations and tests - Provides limited cover for other chronic conditions
Unlimited/ high limits on major illness cover (e.g. cancer, renal dialysis)
HIV/AIDS: Unlimited cover paid from risk if registered on HIVCare Programme
Scopes and MRI/CT scans: Unlimited and paid from risk in- or out-of-hospital
Major maxillo-facial procedures: Unlimited cover in-hospital for severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft lip and palate repairs
Above Threshold Benefit: Provides protection against the cost of needing extensive day-to-day medical care
Overall limits
Member R7 800 Spouse/adult R5 300 Child R2 350
Unlimited
Not applicable
Member R5 676 Spouse/adult R3 300 Child R1 452
Ambulance services
Unlimited from MMB
Blood transfusions and blood products
Unlimited from MMB
Dentistry
Unlimited from MMB
First R1 600 of hospital account is paid from MSA. Remainder of hospital account paid from MMB, subject to a joint overall limit of R17 450 per beneficiary for specialised and basic dentistry. All related, non-hospital accounts paid from and limited to funds in the MSA/ATB
Paid from and limited to funds in MSA/ATB, subject to the joint overall amount of R17 450 per beneficiary
Dialysis
Unlimited, subject to approval of treatment plan
GPs and specialists
Unlimited
Paid from MSA/ATB
Paid from MSA/ATB
Not applicable
HIV or AIDS
Paid from MMB. Unlimited, subject to preauthorisation
Unlimited if registered on the HIVCare Programme. Limited to R35 000 if not registered on the HIVCare Programme
Hospitals
Hospitalisation, theatre fees, intensive and high care unit costs
Unlimited
Unlimited
Paid from normal GP, pathology, radiology and medicine benefits
Maternity benefit
Unlimited
Paid from MSA/ATB
Limited to the cost of two 2D scans per pregnancy and paid from MSA/ATB
Paid from MSA/ATB
Limited to R900 per beneficiary and paid from MSA/ATB



LA Health Option Comparison 2010



An overview of the LA Health Benefit Options and what they offer to help you to decide what would suit your needs best



Medicine
Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions
<p>All PMB CDL conditions covered based on a formulary, subject to approval and obtaining the medicine from the Scheme's DSP courier pharmacy.</p> <p>If DSP is not used a co-payment applies.</p> <p>Managed by DiscoveryCare (0860 400 600)</p>
Additional Chronic Conditions (ADL)
Not covered on this Option
Prescribed/acute medicine
Covered with no overall limit from DSP. Prescribed medicine only for acute and non-PMB chronic conditions, subject to a formulary and only covered if prescribed by the member's chosen GP working in a KeyCare network
Over the counter medicine (schedule 0,1 and generic or non-generic, whether prescribed or not)
Take-home medicine (TTO) (when discharged from hospital)
Mental health
Psychiatric hospitals, subject to preauthorisation and case management (in-hospital)
Psychologists, psychiatrists, art therapy and social workers; alcohol and drug rehabilitation (out-of-hospital)
Oncology (cancer related care)
DiscoveryCare Oncology Programme, including chemo- and radiotherapy
Optical
Optometry consultations
Spectacles, frames, contact lenses and refractive eye surgery
Other services
Auxiliary services (physiotherapy, occupational therapy, homeopaths, audiologists, psychologists, etc), Alternative healthcare practitioners (chiropractic, homeopaths, naturopaths, and chiropractors)
Nurse practitioners
Organ transplants
Hospitalisation, subject to preauthorisation
Harvesting of organ for transplant, subject to preauthorisation
Medicine for immuno-suppressive therapy, subject to preauthorisation
Pathology and radiology
In-hospital
MRI and CT scans, including ultrasounds: must be referred by specialist and is subject to preauthorisation
Radiology (X-rays)/Pathology subject to preauthorisation
Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital), subject to preauthorisation
Out-of-hospital
MRI and CT scans, including ultrasounds: must be referred by specialist and is subject to preauthorisation
Radiology, (including X-Rays and ultrasounds), and Pathology
Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital), subject to preauthorisation
Prostheses
Internal prostheses
Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants
Other internal prostheses (subject to clinical protocols)
External medical items
Preventive care
Pharmacy screening benefit at a Vitality Check pharmacy: Blood glucose, blood pressure, cholesterol and body mass index (BMI)
Screening Benefit at other providers: mammogram, Pap smear and PSA tests
Substance abuse
Alcohol and drug rehabilitation
Detox: in-hospital
Terminal care benefit (excluding frail care)
Hospice

Medicine
All PMB CDL conditions covered based on a formulary, subject to approval and obtaining the medicine from the Scheme's DSP courier pharmacy.
If DSP is not used a co-payment applies.
Managed by DiscoveryCare (0860 400 600)
Not covered on this Option
Covered with no overall limit from DSP. Prescribed medicine only for acute and non-PMB chronic conditions, subject to a formulary and only covered if prescribed by the member's chosen GP working in a KeyCare network
No benefit for over-the-counter medicine
Limited to R100 per person per hospital event
Mental health
21 days per beneficiary, paid from MMB
Psychiatrists only. Cover subject to R2 000 specialist benefit
Oncology (cancer related care)
Chemo- and radiotherapy only covered if provided by an oncologist in the KeyCare Network, subject to strict protocols from MMB
Optical
One eye test per person per year at an optometrist within the KeyCare optometry network
One pair of clear mono or bi-focal glasses or contact lenses per beneficiary every two years at KeyCare optician
Other services
Not covered by this Option
Not covered by this Option
Organ transplants
Only covered in a state hospital, subject to strict clinical entry criteria
Covered according to PMB formulary
Pathology and radiology
In-hospital
Covered subject to a pre-authorised event and scan related to the hospital admission, only at KeyCare hospital
Paid from MMB. Unlimited at a KeyCare network Hospital
Covered with no overall benefit limit, at Scheme's DSP
Out-of-hospital
Covered by specialist benefit up to R2 000, if referred by Specialist
Covered with no overall benefit limit, only if requested by the member's chosen KeyCare GP. If requested by a network specialist, subject to a limit of R2 000
Covered with no overall limit at Scheme's DSP
Prostheses
Internal prostheses
Not covered by this option
Paid from MMB subject to preauthorisation
External medical items
Mobility benefits: R3 300 per family from the Scheme's DSP
Preventive care
R105 per beneficiary per year for one or all of the listed tests, if performed at the same time. Payable from MMB only if one of the Scheme's contracted providers is used
Not covered by this Option
Substance abuse
21 days per beneficiary, paid from MMB
3 days per beneficiary, paid from MMB
Terminal care benefit (excluding frail care)
Covered up to R16 950 per beneficiary per year from MMB

Medicine
All PMB CDL conditions covered based on a formulary and subject to approval. The Scheme only pays up to a Chronic Drug Amount (CDA) if non-formulary medicine is used. Managed by DiscoveryCare (0860 400 600)
Not covered on this Option
Paid from and limited to funds in MSA up to 90% of the LA Health Medicine Rate
Limited to funds in MSA up to 100% of the cost
Limited to funds in MSA
Mental health
21 days per beneficiary, paid from MMB
Limited to funds in the MSA
Oncology (cancer related care)
Unlimited, subject to approval of treatment plan from MMB
Optical
Limited to funds in MSA
Limited to funds in MSA
Other services
Limited to funds in MSA
Limited to funds in MSA
Organ transplants
Unlimited
Unlimited
According to CIB Chronic Drug Amount (CDA)
Pathology and radiology
In-hospital
Paid from MMB, Unlimited
Paid from MMB. Unlimited
First R1 600 of scope account paid from MSA. Remainder of scope account paid from MMB. Related accounts paid from and limited to funds in MSA.
Out-of-hospital
First R1 600 of the scan paid from and limited to funds in MSA. Remainder of the account is paid from MMB
Paid from MSA
First R1 600 of scope account paid from MSA. Remainder of scope account paid from MMB. Related accounts paid from and limited to funds in MSA.
Prostheses
Internal prostheses
Paid from MMB up to R126 000 per beneficiary per year
Paid from MMB subject to preauthorisation
External medical items
Limited to funds in MSA
Preventive care
R105 per beneficiary per year for one or all of the listed tests, if performed at the same time. Payable from MMB only if one of the Scheme's contracted providers is used
Limited to one Pap smear, mammogram and PSA test per beneficiary per year. Tests paid from MMB. Consultations and other related costs and procedures paid from MSA
Substance abuse
21 days per beneficiary, paid from MMB
3 days per beneficiary, paid from MMB
Terminal care benefit (excluding frail care)
Covered up to R23 400 per beneficiary per year from MMB

Medicine
All PMB CDL conditions covered based on a formulary and subject to approval. The Scheme only pays up to a Chronic Drug Amount (CDA) if non-formulary medicine is used. Managed by DiscoveryCare (0860 400 600)
Not covered on this Option
Paid from and limited to funds in MSA/IPB up to 90% of the LA Health Medicine Rate
Limited to funds in MSA/IPB up to 100% of the cost
Limited to funds in MSA/IPB
Mental health
21 days per beneficiary, paid from MMB
Limited to funds in the MSA
Oncology (cancer related care)
Unlimited, subject to approval of treatment plan from MMB
Optical
Limited to funds in MSA/IPB
Limited to funds in MSA/IPB
Other services
Limited to funds in MSA
Limited to funds in MSA
Organ transplants
Unlimited
Unlimited
According to CIB Chronic Drug Amount (CDA)
Pathology and radiology
In-hospital
Paid from MMB, Unlimited
Paid from MMB. Unlimited
First R1 600 of scope account paid from MSA/IPB. Remainder of scope account paid from MMB. Related accounts paid from and limited to funds in MSA/IPB
Out-of-hospital
First R1 600 of the scan paid from and limited to funds in MSA. Remainder of the account is paid from MMB
Paid from MSA/IPB
First R1 600 of scope account paid from MSA/IPB. Remainder of scope account paid from MMB. Related accounts paid from and limited to funds in MSA/IPB
Prostheses
Internal prostheses
Paid from MMB up to R126 000 per beneficiary per year
Paid from MMB subject to preauthorisation
External medical items
Limited to funds in MSA
Preventive care
R105 per beneficiary per year for one or all of the listed tests, if performed at the same time. Payable from MMB only if one of the Scheme's contracted providers is used
Limited to one Pap smear, mammogram and PSA test per beneficiary per year. Tests paid from MMB. Consultations and other related costs and procedures paid from MSA/IPB
Substance abuse
21 days per beneficiary, paid from MMB
3 days per beneficiary, paid from MMB
Terminal care benefit (excluding frail care)
Covered up to R23 400 per beneficiary per year from MMB

Medicine
All PMB CDL conditions covered based on a formulary and subject to approval
A co-payment of 10% when non-DSP or non-formulary medicine is used voluntarily. Managed by SwiftOnline™ (0800 132 345)
Paid at 90% of the LA Health Medicine Rate. Limited to: M R 2 950 M+1+ R 5 900 R 11 900
Paid from and limited to funds in MSA/IPB up to 90% of the LA Health Medicine Rate
Limited to funds in MSA/IPB up to 100% of the cost
Limited to funds in MSA/IPB
Mental health
21 days per beneficiary, paid from MMB
Limited to funds in the MSA
Oncology (cancer related care)
Unlimited, subject to approval of treatment plan from MMB
Optical
Limited to funds in MSA/IPB
Limited to funds in MSA/IPB
Other services
Limited to funds in MSA
Limited to funds in MSA
Organ transplants
Unlimited
Unlimited
According to CIB Chronic Drug Amount (CDA)
Pathology and radiology
In-hospital
Paid from MMB, Unlimited
Paid from MMB. Unlimited
Paid from MMB. Unlimited
Out-of-hospital
Unlimited and paid from MMB
Paid from MSA/IPB
Unlimited and paid from MMB
Prostheses
Internal prostheses
Paid from MMB up to R126 000 per beneficiary per year
Paid from MMB subject to preauthorisation
External medical items
Limited to funds in the MSA
Preventive care
R105 per beneficiary per year for one or all of the listed tests, if performed at the same time. Payable from MMB only if one of the Scheme's contracted providers is used
Limited to one Pap smear, mammogram and PSA test per beneficiary per year. Tests paid from MMB. Consultations and other related costs and procedures paid from MSA/IPB
Substance abuse
21 days per beneficiary, paid from MMB
3 days per beneficiary, paid from MMB
Terminal care benefit (excluding frail care)
Unlimited from MMB

Medicine
All PMB CDL conditions covered based on a formulary and subject to approval
A co-payment of 10% when non-DSP or non-formulary medicine is used voluntarily. Managed by SwiftOnline™ (0800 132 345)
Paid at 90% of the LA Health Medicine Rate. Limited to: M R 2 950 M+1 R 5 900 M+2 R 7 750 M+4 R 8 400 M+5 R 9 250
Paid up to 90% of the LA Health Medicine Rate. Limited to: M R 5 500 M+1 - R 7 000 M+2 - R 8 450 M+3 - R 9 750 M+4+ - R11 150
Limited to funds in MSA up to 100% of the cost
Limited to funds in MSA/ATB
Mental health
21 days per beneficiary, paid from MMB
Paid from MSA/ATB. Limited to R10 550 per family per year with a sub-limit of R3 500 per beneficiary for alcohol and drug rehabilitation
Oncology (cancer related care)
Unlimited, subject to approval of treatment plan from MMB
Optical
Limited to funds in MSA/ATB
Paid from MSA/ATB up to a limit of R2 500 per beneficiary
Other services
Limited to funds in MSA/ATB
Paid up to a limit of R6 150 per family from MSA/ATB
Organ transplants
Unlimited
Unlimited
According to CIB Chronic Drug Amount (CDA)
Pathology and radiology
In-hospital
Paid from MMB. Unlimited
Paid from MMB. Unlimited
Paid from MMB. Unlimited
Out-of-hospital
Unlimited and paid from MMB
Paid from MSA/ATB
Unlimited and paid from MMB
Prostheses
Internal prostheses
Paid from MMB up to R126 000 per beneficiary per year
Paid from MMB subject to preauthorisation
External medical items
Limited to R16 000 per family with a sub-limit of R10 700 per family for hearing aids
Preventive care
R105 per beneficiary per year for one or all of the listed tests, if performed at the same time. Payable from MMB only if one of the Scheme's contracted providers is used
Limited to one Pap smear, mammogram and PSA test per beneficiary per year. Tests paid from MMB. Consultations and other related costs and procedures paid from MSA/ATB
Substance abuse
21 days per beneficiary, paid from MMB
3 days per beneficiary, paid from MMB
Terminal care benefit (excluding frail care)
Unlimited from MMB

An overview of the LA Health Benefit Options and what they offer, to help you to decide what would suit your needs best.

Please note: for ease of reference, we have listed the different benefit categories in alphabetical order in the table.



LA Health your Medical Scheme of choice in local government



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To find out more, please call LA Health Medical Scheme on 0860 103 933, visit www.lahealth.co.za or contact your accredited LA Health broker.

This leaflet is merely a summary of LA Health's key benefits and features, submitted to the Registrar of Medical Schemes. If there is any discrepancy between this document and the Rules, the Rules will always apply.

To help you understand the table better, please have a look at the following:

MMB is the Major Medical Benefit. This covers all your medical expenses when you are admitted to hospital and also certain out-of-hospital procedures, subject to preauthorisation.

IPB is the Insured Procedures Benefit. This is an annual amount LA Health makes available to members on the LA Core and LA Active Options for limited day-to-day medical expenses and includes cover for doctor and specialists visits, acute medicine, dentistry, optical, radiology and pathology claims. These will accumulate to the joint annual IPB limit.

MSA is the Medical Savings Account, where the balance in this benefit remains the member's and can be carried over from one year to the next if funds remain unspent at the end of the year.

ATB is the Above Threshold Benefit. If you are on the LA Comprehensive Option, you have access to this unlimited benefit after the threshold is reached. The benefit will pay for day-to-day expenses once the Medical Savings Account has run out and you have reached the Threshold.

LA Health Rate is the rate of reimbursement used, based on the National Health Reference Price List (NHRPL) or a specific rate negotiated with the healthcare professional. If your doctor charges more than this rate, the claim will be paid to you, otherwise we will pay the doctor directly. All claims are paid up to 100% of the LA Health rate, unless a different rate is specifically indicated in the table above.