

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

<b>LA KeyPlus</b>																								
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																								
<b>Key features</b>																								
Unlimited hospitalisation Over 100 <b>private</b> 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																								
<b>Trauma recovery benefit:</b> per family per year																								
<table border="0"> <tr> <td>- external medical items</td> <td>R20 000</td> <td></td> </tr> <tr> <td>- hearing aids</td> <td>R 8 500</td> <td></td> </tr> <tr> <td>- mental health</td> <td>R11 900</td> <td></td> </tr> <tr> <td>- prescribed medicine</td> <td>M R 7 750</td> <td>M2 R10 900</td> </tr> <tr> <td></td> <td>M1 R 9 200</td> <td>M3 R13 200</td> </tr> <tr> <td>- private nursing</td> <td>R 6 650</td> <td></td> </tr> <tr> <td>- prosthetic limbs</td> <td>R54 000</td> <td></td> </tr> <tr> <td colspan="3">(no further access to the external medical items limit)</td> </tr> </table>	- external medical items	R20 000		- hearing aids	R 8 500		- mental health	R11 900		- prescribed medicine	M R 7 750	M2 R10 900		M1 R 9 200	M3 R13 200	- private nursing	R 6 650		- prosthetic limbs	R54 000		(no further access to the external medical items limit)		
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- private nursing	R 6 650																							
- prosthetic limbs	R54 000																							
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<b>Overall limits</b>																								
Not applicable																								
Unlimited at all KeyCare network hospitals																								
Not applicable																								
Not applicable																								
<b>Ambulance services</b>																								
Unlimited from MMB																								
<b>Blood transfusions and blood products</b>																								
Unlimited from MMB																								
<b>Dentistry</b>																								
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																								
<b>GPs and specialists</b>																								
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 200 per person, only if referred by the chosen KeyCare GP (including radiology and pathology done in KeyCare network)																								
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																								
<b>HIV or AIDS</b>																								
Unlimited from MMB, subject to preauthorisation																								
Unlimited if registered on the HIVCare Programme. Limited to R12 000 if not registered on the HIVCare Programme																								
<b>Hospitals</b>																								
<b>Hospitalisation, theatre fees, intensive and high care unit costs</b>																								
Unlimited																								
Unlimited and paid from MMB for treatment authorised in a KeyCare Network hospital. No benefit outside of the Network for planned admissions																								
First R100 paid by member at Scheme's DSP casualty network or first R225 paid by member in KeyCare network hospital. Pathology, radiology, medicine and specialist consultations subject to applicable formularies																								
<b>Maternity Benefit</b>																								
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																								
<b>Medicine</b>																								
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																								

<b>LA Focus</b>
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)
<b>Key features</b>
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 700 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
<b>Overall limits</b>
Not applicable
Unlimited in hospitals in coastal provinces only
Not applicable
Member Spouse/adult Child R3 888 R2 508 R1 128
<b>Ambulance services</b>
Unlimited from MMB
<b>Blood transfusions and blood products</b>
Unlimited from MMB
<b>Dentistry</b>
Unlimited from MMB
First R1 700 of hospital account is paid from MSA. Remainder of hospital account paid from MMB, subject to a joint overall amount of R14 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 R14 200 per beneficiary
<b>GPs and specialists</b>
Unlimited
Paid from MSA
Paid from MSA
Not applicable
<b>HIV or AIDS</b>
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
<b>Hospitals</b>
<b>Hospitalisation, theatre fees, intensive and high care unit costs</b>
Unlimited
Unlimited
Paid from normal GP, pathology, radiology and medicine benefits
<b>Maternity Benefit</b>
Unlimited
Limited to funds in MSA
Limited to funds in MSA (except PMBs)
Limited to funds in MSA
Limited to funds in MSA
<b>Medicine</b>
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

<b>LA Active</b>
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)
<b>Key features</b>
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 700 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 300 paid from risk. This helps to preserve members' MSA
<b>Overall limits</b>
Not applicable
Unlimited
Member Spouse/adult Child R2 800 R1 960 R 560
Member Spouse/adult Child R3 600 R2 628 R1 524
<b>Ambulance services</b>
Unlimited from MMB
<b>Blood transfusions and blood products</b>
Unlimited from MMB
<b>Dentistry</b>
Unlimited from MMB
First R1 700 of hospital account is paid from MSA. Remainder of hospital account paid from MMB, subject to a joint overall limit of R14 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 300 per family per year paid from MMB. Thereafter paid from MSA/IPB, subject to joint overall amount of R14 200 per beneficiary
<b>GPs and specialists</b>
Unlimited
Paid from MSA/IPB
Paid from MSA/IPB
Not applicable
<b>HIV or AIDS</b>
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
<b>Hospitals</b>
<b>Hospitalisation, theatre fees, intensive and high care unit costs</b>
Unlimited
Unlimited
Paid from normal GP, pathology, radiology and medicine benefits
<b>Maternity Benefit</b>
Unlimited
Limited to funds in MSA/IPB
Limited to funds in MSA (except PMBs)
Limited to funds in MSA/IPB
Limited to funds in MSA
<b>Medicine</b>
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

<b>LA Core</b>												
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)												
<b>Key features</b>												
Unlimited hospitalisation												
Chronic Illness Benefit: <ul style="list-style-type: none"> <li>- Provides cover for PMB chronic conditions which includes additional consultations and tests</li> <li>- Provides limited cover for other chronic conditions</li> </ul>												
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												
<b>Overall limits</b>												
Not applicable												
Unlimited												
Member Spouse/adult Child R3 710 R2 580 R 980												
Member Spouse/adult Child R4 656 R4 080 R1 896												
<b>Ambulance services</b>												
Unlimited from MMB												
<b>Blood transfusions and blood products</b>												
Unlimited from MMB												
<b>Dentistry</b>												
Unlimited from MMB												
First R1 700 of hospital account is paid from MSA. Remainder of hospital account paid from MMB, subject to a joint overall limit of R18 750 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 R18 750 per beneficiary												
<b>GPs and specialists</b>												
Unlimited												
Paid from MSA/IPB												
Paid from MSA/IPB												
Not applicable												
<b>HIV or AIDS</b>												
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												
<b>Hospitals</b>												
<b>Hospitalisation, theatre fees, intensive and high care unit costs</b>												
Unlimited												
Unlimited												
Paid from normal GP, pathology, radiology and medicine benefits												
<b>Maternity Benefit</b>												
Unlimited												
Limited to funds in MSA (except PMBs)												
Limited to funds in MSA/IPB												
Limited to funds in MSA												
<b>Medicine</b>												
All PMB CDL conditions covered based on a formulary, subject to approval. The Scheme only pays up to a Chronic Drug Amount (CDA) if non-formulary medicine is used.												
Managed by DiscoveryCare (08600 400 600)												
Paid up to a Chronic Drug Amount. Limited to: <table border="0"> <tr> <td>M</td> <td>R 3 150</td> </tr> <tr> <td>M+1</td> <td>R 6 350</td> </tr> <tr> <td>M+2</td> <td>R 7 350</td> </tr> <tr> <td>M+3</td> <td>R 8 350</td> </tr> <tr> <td>M+4</td> <td>R 9 050</td> </tr> <tr> <td>M+5</td> <td>R 9 950</td> </tr> </table>	M	R 3 150	M+1	R 6 350	M+2	R 7 350	M+3	R 8 350	M+4	R 9 050	M+5	R 9 950
M	R 3 150											
M+1	R 6 350											
M+2	R 7 350											
M+3	R 8 350											
M+4	R 9 050											
M+5	R 9 950											

<b>LA Comprehensive</b>												
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												
<b>Key features</b>												
Unlimited hospitalisation												
Chronic Illness Benefit: <ul style="list-style-type: none"> <li>- Provides cover for PMB chronic conditions which includes additional consultations and tests</li> <li>- Provides limited cover for other chronic conditions</li> </ul>												
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												
<b>Overall limits</b>												
Member Spouse/adult Child R8 650 R5 900 R2 600												
Unlimited												
Not applicable												
Member Spouse/adult Child R6 300 R3 660 R1 608												
<b>Ambulance services</b>												
Unlimited from MMB												
<b>Blood transfusions and blood products</b>												
Unlimited from MMB												
<b>Dentistry</b>												
Unlimited from MMB												
First R1 700 of hospital account is paid from MSA. Remainder of hospital account paid from MMB, subject to a joint overall limit of R18 750 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 R18 750 per beneficiary												
<b>GPs and specialists</b>												
Unlimited												
Paid from MSA/ATB												
Paid from MSA/ATB												
Not applicable												
<b>HIV or AIDS</b>												
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												
<b>Hospitals</b>												
<b>Hospitalisation, theatre fees, intensive and high care unit costs</b>												
Unlimited												
Unlimited												
Paid from normal GP, pathology, radiology and medicine benefits												
<b>Maternity Benefit</b>												
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 R950 per beneficiary and paid from MSA/ATB												
<b>Medicine</b>												
All PMB CDL conditions covered based on a formulary, subject to approval. The Scheme only pays up to a Chronic Drug Amount (CDA) if non-formulary medicine is used.												
Managed by DiscoveryCare (08600 400 600)												
Paid up to a Chronic Drug Amount. Limited to: <table border="0"> <tr> <td>M</td> <td>R3 150</td> </tr> <tr> <td>M+1</td> <td>R6 350</td> </tr> <tr> <td>M+2</td> <td>R7 350</td> </tr> <tr> <td>M+3</td> <td>R8 350</td> </tr> <tr> <td>M+4</td> <td>R9 050</td> </tr> <tr> <td>M+5</td> <td>R9 950</td> </tr> </table>	M	R3 150	M+1	R6 350	M+2	R7 350	M+3	R8 350	M+4	R9 050	M+5	R9 950
M	R3 150											
M+1	R6 350											
M+2	R7 350											
M+3	R8 350											
M+4	R9 050											
M+5	R9 950											

# LA Health Option Comparison 2011

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



LA <b>KeyPlus</b> continued
<b>Medicine</b>
<b>Prescribed/acute medicine</b>
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
<b>Specialised Medicine and Technology Benefit (SMTB)</b>
<b>Over-the-counter medicine (schedule 0,1 and generic or non-generic, whether prescribed or not)</b>
<b>Take-home medicine (TTO) (when discharged from hospital)</b>
<b>Mental health</b>
<b>Psychiatric hospitals, subject to preauthorisation and case management (in-hospital)</b>
<b>Psychologists, psychiatrists, art therapy and social workers; alcohol and drug rehabilitation (out-of-hospital)</b>
<b>Oncology (cancer related care)</b>
<b>DiscoveryCare Oncology Programme, including chemo- and radiotherapy</b>
<b>PET scans</b>
<b>Stem cell transplants</b>
<b>Optical</b>
<b>Optometry consultations</b>
<b>Spectacles, frames, contact lenses and refractive eye surgery</b>
<b>Other services</b>
<b>Auxiliary services (physiotherapy, occupational therapy, homeopaths, audiologists, psychologists, etc). Alternative healthcare practitioners (chiroprody, homeopaths, naturopaths, and chiropractors)</b>
<b>Nurse practitioners</b>
<b>Organ transplants</b>
<b>Hospitalisation, subject to preauthorisation</b>
<b>Harvesting of organ for transplant, subject to preauthorisation</b>
<b>Medicine for immuno-suppressive therapy, subject to preauthorisation</b>
<b>Pathology and radiology</b>
<b>In-hospital</b>
<b>MRI and CT scans, including ultrasounds: must be referred by specialist and is subject to preauthorisation</b>
<b>Radiology (X-rays)/Pathology subject to preauthorisation</b>
<b>Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital), subject to preauthorisation</b>
<b>Out-of-hospital</b>
<b>MRI and CT scans, including ultrasounds: must be referred by specialist and is subject to preauthorisation</b>
<b>Radiology, (including X-rays and ultrasounds), and Pathology</b>
<b>Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital), subject to preauthorisation</b>
<b>Prostheses</b>
<b>Internal prostheses</b>
<b>Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants</b>
<b>Implantable cardiac stents</b>
<b>Spinal prostheses / devices</b>
<b>Other internal prostheses (subject to clinical protocols)</b>
<b>External medical items</b>
<b>Crutches, wheelchairs, artificial limbs, stoma bags, etc.</b>
<b>Preventive care</b>
<b>Pharmacy screening benefit at a Vitality Check pharmacy: Blood glucose, blood pressure, cholesterol and Body Mass Index (BMI)</b>
<b>Screening Benefit at other providers: mammogram, Pap smear and PSA tests</b>
<b>Renal Care</b>
<b>Acute and chronic dialysis</b>
<b>Renal care: Includes dialysis and other renal care-related treatment and educational care</b>
<b>Substance abuse</b>
<b>Alcohol and drug rehabilitation</b>
<b>Detox: in-hospital</b>
<b>Terminal care benefit (excluding frail care)</b>
<b>Hospice</b>

LA <b>KeyPlus</b> continued
<b>Medicine</b>
Paid from and limited to funds in MSA up to 90% of the LA Health Medicine Rate
Not covered on this Option
Limited to funds in MSA up to 100% of the cost
Limited to R110 per person per hospital event
<b>Mental health</b>
21 days per beneficiary, paid from MMB
Psychiatrists only. Cover subject to R2 200 specialist benefit
<b>Oncology (cancer related care)</b>
Chemo- and radiotherapy only covered if provided by an oncologist in the KeyCare Network ICON, subject to strict protocols from MMB
Only at the ICON Centres of Excellence in the KeyCare Oncology Network
Not covered on this Option
<b>Optical</b>
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
<b>Other services</b>
Not covered on this Option
Not covered on this Option
<b>Organ transplants</b>
Only covered in a state hospital, subject to strict clinical entry criteria
Covered according to PMB formulary
<b>Pathology and radiology</b>
<b>In-hospital</b>
Covered subject to a pre-authorized 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
<b>Out-of-hospital</b>
Covered by specialist benefit up to R2 200, 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 200
Covered with no overall limit at Scheme's DSP
<b>Prostheses</b>
<b>Internal prostheses</b>
Not covered on this Option
Not covered on this Option, unless required in terms of PMBs
Not covered on this Option, unless required in terms of PMBs
Paid from MMB subject to preauthorisation
<b>External medical items</b>
Mobility benefits: R3 550 per family from the Scheme's DSP
<b>Preventive care</b>
R115 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 on this Option
<b>Renal Care</b>
Chronic dialysis only covered in a state hospital
Chronic dialysis only covered in a state hospital
<b>Substance abuse</b>
21 days per beneficiary, paid from MMB
3 days per beneficiary, paid from MMB
<b>Terminal care benefit (excluding frail care)</b>
Covered up to R18 200 per beneficiary per year from MMB

LA <b>Focus</b> continued
<b>Medicine</b>
Paid from and limited to funds in MSA up to 90% of the LA Health Medicine Rate
Not covered on this Option
Limited to funds in MSA up to 100% of the cost
Limited to funds in MSA
<b>Mental health</b>
21 days per beneficiary, paid from MMB
Limited to funds in the MSA
<b>Oncology (cancer related care)</b>
Unlimited, in a 12-month cycle subject to approval of a treatment plan, paid up to the Scheme rate. All claims accumulate to a threshold of R215 000, whereafter a 20% co-payment will apply. PMB-Oncology related care is paid in full without any co-payments.
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
Unlimited at the DSP, subject to registration on the Discovery Health Oncology Programme. Limited to R1 million, if DSP is not used.
<b>Optical</b>
Limited to funds in MSA
Limited to funds in MSA
<b>Other services</b>
Limited to funds in MSA
Limited to funds in MSA
<b>Organ transplants</b>
Unlimited
Unlimited
According to CIB Chronic Drug Amount (CDA)
<b>Pathology and radiology</b>
<b>In-hospital</b>
Paid from MMB, Unlimited
Paid from MMB. Unlimited
First R1 700 of scope account paid from MSA. Remainder of scope account paid from MMB. Related accounts paid from and limited to funds in MSA.
<b>Out-of-hospital</b>
First R1 700 of the scan paid from and limited to funds in MSA. Remainder of the account is paid from MMB. Related accounts paid from MSA
Paid from MSA
First R1 700 of scope account paid from MSA. Remainder of scope account paid from MMB. Related accounts paid from and limited to funds in MSA.
<b>Prostheses</b>
<b>Internal prostheses</b>
Paid from MMB up to R135 000 per beneficiary per year
Limited to R10 300 per bare metal stent and R16 300 per drug eluting stent
Limited to R21 500 per level. Further limited to 2 levels per procedure and 1 procedure per year.
Paid from MMB subject to preauthorisation
<b>External medical items</b>
Limited to funds in MSA
<b>Preventive care</b>
R115 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
<b>Renal Care</b>
Unlimited, subject to approval of treatment plan
Unlimited, subject to a treatment plan and use of the Scheme's DSP. Co-payments will apply if the network is not used.
<b>Substance abuse</b>
21 days per beneficiary, paid from MMB
3 days per beneficiary, paid from MMB
<b>Terminal care benefit (excluding frail care)</b>
Covered up to R25 200 per beneficiary per year from MMB

LA <b>Active</b> continued
<b>Medicine</b>
Paid from and limited to funds in MSA/IPB up to 90% of the LA Health Medicine Rate
Not covered on this Option
Limited to funds in MSA/IPB up to 100% of the cost
Limited to funds in MSA/IPB
<b>Mental health</b>
21 days per beneficiary, paid from MMB
Limited to funds in the MSA
<b>Oncology (cancer related care)</b>
Unlimited, in a 12-month cycle subject to approval of a treatment plan, paid up to the Scheme rate. All claims accumulate to a threshold of R430 000, whereafter a 20% co-payment will apply. PMB-Oncology related care is paid in full without any co-payments.
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
Unlimited at the DSP, subject to registration on the Discovery Health Oncology Programme. Limited to R1 million, if DSP is not used.
<b>Optical</b>
Limited to funds in MSA/IPB
Limited to funds in MSA/IPB
<b>Other services</b>
Limited to funds in MSA
Limited to funds in MSA
<b>Organ transplants</b>
Unlimited
Unlimited
According to CIB Chronic Drug Amount (CDA)
<b>Pathology and radiology</b>
<b>In-hospital</b>
Paid from MMB, Unlimited
Paid from MMB. Unlimited
First R1 700 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
<b>Out-of-hospital</b>
First R1 700 of the scan paid from and limited to funds in MSA. Remainder of the account is paid from MMB. Related accounts paid from MSA/IPB.
Paid from MSA/IPB
First R1 700 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
<b>Prostheses</b>
<b>Internal prostheses</b>
Paid from MMB up to R135 000 per beneficiary per year
Limited to R10 300 per bare metal stent and R16 300 per drug eluting stent
Limited to R21 500 per level. Further limited to 2 levels per procedure and 1 procedure per year.
Paid from MMB subject to preauthorisation
<b>External medical items</b>
Limited to funds in MSA
<b>Preventive care</b>
R115 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
<b>Renal Care</b>
Unlimited, subject to approval of treatment plan
Unlimited, subject to a treatment plan and use of the Scheme's DSP. Co-payments will apply if the network is not used.
<b>Substance abuse</b>
21 days per beneficiary, paid from MMB
3 days per beneficiary, paid from MMB
<b>Terminal care benefit (excluding frail care)</b>
Covered up to R25 200 per beneficiary per year from MMB

LA <b>Core</b> continued
<b>Medicine</b>
Paid from and limited to funds in MSA/IPB up to 90% of the LA Health Medicine Rate
Not covered on this Option
Limited to funds in MSA/IPB up to 100% of the cost
Limited to funds in MSA/IPB
<b>Mental health</b>
21 days per beneficiary, paid from MMB
Limited to funds in the MSA
<b>Oncology (cancer related care)</b>
Unlimited, in a 12-month cycle subject to approval of a treatment plan, paid up to the Scheme rate. All claims accumulate to a threshold of R430 000, whereafter a 20% co-payment will apply. PMB-Oncology related care is paid in full without any co-payments.
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
Unlimited at the DSP, subject to registration on the Discovery Health Oncology Programme. Limited to R1 million, if DSP is not used.
<b>Optical</b>
Limited to funds in MSA/IPB
Limited to funds in MSA/IPB
<b>Other services</b>
Limited to funds in MSA
Limited to funds in MSA
<b>Organ transplants</b>
Unlimited
Unlimited
According to CIB Chronic Drug Amount (CDA)
<b>Pathology and radiology</b>
<b>In-hospital</b>
Paid from MMB, Unlimited
Paid from MMB. Unlimited
Paid from MMB. Unlimited
<b>Out-of-hospital</b>
Unlimited and paid from MMB
Paid from MSA/IPB
Unlimited and paid from MMB
<b>Prostheses</b>
<b>Internal prostheses</b>
Paid from MMB up to R135 000 per beneficiary per year
Limited to R10 300 per bare metal stent and R16 300 per drug eluting stent
Limited to R21 500 per level. Further limited to 2 levels per procedure and 1 procedure per year.
Paid from MMB subject to preauthorisation
<b>External medical items</b>
Limited to funds in the MSA
<b>Preventive care</b>
R115 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
<b>Renal Care</b>
Unlimited, subject to approval of treatment plan
Unlimited, subject to a treatment plan and use of the Scheme's DSP. Co-payments will apply if the network is not used.
<b>Substance abuse</b>
21 days per beneficiary, paid from MMB
3 days per beneficiary, paid from MMB
<b>Terminal care benefit (excluding frail care)</b>
Unlimited from MMB

LA <b>Comprehensive</b> continued
<b>Medicine</b>
Paid up to 90% of the LA Health Medicine Rate. Limited to: M - R 5 900 M+1 - R 7 550 M+2 - R 9 100 M+3 - R10 500 M+4+ - R12 000
Additional cover up to R215 000 per beneficiary per year, subject to clinical entry criteria and authorisation. Members pay a variable co-payment of up to 20% based on the condition and the medicine used
Limited to funds in MSA up to 100% of the cost
Limited to funds in MSA/ATB
<b>Mental health</b>
21 days per beneficiary, paid from MMB
Paid from MSA/ATB. Limited to R11 300 per family per year with a sub-limit of R3 750 per beneficiary for alcohol and drug rehabilitation
<b>Oncology (cancer related care)</b>
Unlimited in a 12-month cycle, subject to approval of a treatment plan, paid up to the Scheme rate. All claims accumulate to a threshold of R430 000, whereafter a 20% co-payment will apply. PMB-Oncology related care is paid in full without any co-payments
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
Unlimited at the DSP, subject to registration on the Discovery Health Oncology Programme. Limited to R1 million, if DSP is not used.
<b>Optical</b>
Limited to funds in MSA/ATB
Paid from MSA/ATB up to a limit of R2 700 per beneficiary
<b>Other services</b>
Limited to funds in MSA/ATB
Paid up to a limit of R6 600 per family from MSA/ATB
<b>Organ transplants</b>
Unlimited
Unlimited
According to CIB Chronic Drug Amount (CDA)
<b>Pathology and radiology</b>
<b>In-hospital</b>
Paid from MMB. Unlimited
Paid from MMB. Unlimited
Paid from MMB. Unlimited
<b>Out-of-hospital</b>
Unlimited and paid from MMB
Paid from MSA/ATB
Unlimited and paid from MMB
<b>Prostheses</b>
<b>Internal prostheses</b>
Paid from MMB up to R135 000 per beneficiary per year
Limited to R10 300 per bare metal stent and R16 300 per drug eluting stent
Limited to R21 500 per level. Further limited to 2 levels per procedure and 1 procedure per year.
Paid from MMB subject to preauthorisation
<b>External medical items</b>
Limited to R17 200 per family with a sub-limit of R11 500 per family for hearing aids
<b>Preventive care</b>
R115 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
<b>Renal Care</b>
Unlimited, subject to approval of treatment plan
Unlimited, subject to a treatment plan and use of the Scheme's DSP. Co-payments will apply if the network is not used.
<b>Substance abuse</b>
21 days per beneficiary, paid from MMB
3 days per beneficiary, paid from MMB
<b>Terminal care benefit (excluding frail care)</b>
Unlimited from MMB

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

Client Services 0860 103 933 or  
Fax 011 539 7276;  
[www.lahealth.co.za](http://www.lahealth.co.za);  
[service@discovery.co.za](mailto:service@discovery.co.za)

**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 Discovery Health Rate 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.

**Treatment and care for Prescribed Minimum Benefit conditions**  
Certain Specialists and GPs have agreed to preferential rates for PMBs. If these providers are used, claims will be paid in full. If other providers are used, claims will be paid up to the Scheme Rate only.

To find out more, please call LA Health Medical Scheme on **0860 103 933**, visit [www.lahealth.co.za](http://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.

