

LA Focus

Cost-effective, in-hospital and out-of-hospital cover in the coastal provinces

With LA Focus as a Benefit Option you get:

Unlimited hospital cover in all hospitals in the coastal provinces.

An **ambulance or helicopter** sent to you in an emergency.

Cover for **childbirth** in our coastal hospitals. Out-of-hospital, GP and specialist consultations, scans, blood tests and antenatal classes are limited to funds in your Medical Savings Account.

Major medical cover in hospital when you see a **specialist or GP**. Out-of-hospital GP and specialist visits are paid from the Medical Savings Account.

A savings account to cover your **day-to-day** healthcare needs.

Cover for Prescribed Minimum Benefit **chronic medicine** from a list of conditions and medicines.

Oncology Programme for cancer treatment.

Your cover in hospital

The LA Focus option covers you in any private hospital in one of the coastal provinces for emergencies and for planned hospital admissions that you have authorised with us.

The cover you need, when you need it

Emergency cover when you need it most

In an emergency, go straight to hospital. If you need an ambulance or helicopter, call 0860 999 911. We will send the help you need. It is important that you, a loved one or the hospital let us know of your admission within two working days after the emergency. If you don't, we can apply a R1 000 penalty that you have to pay.

No overall hospital limit

There is no overall hospital limit. This means that even if you have to stay in hospital for a long time, or if your treatment is very expensive, your cover won't run out. Some healthcare services and procedures have limits or we may have rules on how we pay for them.

Cover for planned hospital admissions

You have cover in any hospital in one of the provinces with a coastline (KwaZulu-Natal, Eastern Cape, Western Cape and Northern Cape). Call us at least two days before you go to hospital or as soon as you can in an emergency.

Care for your baby after childbirth

This benefit covers babies who are registered on LA Health from their date of birth when born to a parent registered on the Scheme. The baby must be registered with the Scheme within 60 days of the date of the baby's birth.

Your cover for radiology (x-rays, MRI and CT scans) and pathology

MRI and CT scans are like x-rays, but show much more detail. They are used when an x-ray doesn't show enough. If your scan is referred by a specialist and is related to an approved hospital stay in a coastal hospital, it will be paid from the Major Medical Benefit with no overall limit. In-hospital x-rays and pathology will also be paid from the Major Medical Benefit with no overall limit. In the case of out-of-hospital requests for scans, the first R1 900 of the scan is paid from and limited to funds in your Medical Savings Account. We will pay the rest of the account from your Major Medical Benefit. We do not pay for MRI or CT scans that are related to conservative back or neck treatment (this is treatment for your back or neck that is not surgery related). Out-of-hospital radiology, like x-rays or ultrasound, as well as pathology will be limited to funds in the Medical Savings Account.

Unlimited healthcare services

Most in-hospital healthcare services have no overall limit. These are:

- GPs
- Specialists
- Pathology
- Radiology
- Allied healthcare professionals like physiotherapists
- HIV cover

Limited healthcare services in hospital

These services have a limit in hospital:

Mental health	21 days for each person
Alcohol and drug rehabilitation	21 days for each person
Detoxification in hospital	Three days for each person
Terminal care	R28 550 for each person
Prosthetic devices used in spinal surgery	R23 000 for the first level, R46 000 for two or more levels, limited to one procedure in a year for each person
Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants	R155 000 for each person for each benefit
Specialised dentistry in hospital	First R1 900 of hospital account paid from the Medical Savings Account. All dental costs subject to an overall dental limit of R16 100 for each person
Please note: all dentistry claims add up to the overall dentistry limit of R16 100 for each person, each year, regardless of whether the service was provided in or out of hospital	

Your cover for healthcare professionals

Cover for network GPs and specialists

We will cover treatment at GPs and specialists who have an agreement with us in full. Out-of-hospital visits will be paid from the Medical Savings Account.

Other specialists and healthcare professionals

If you are treated by a specialist who does not have an agreement with us and other healthcare professionals, we pay up to 150% of the LA Health Rate. If the healthcare professional charges more than the LA Health Rate, you must pay the rest.

DiscoveryCare

Discovery*Care* looks after you when you are living with a chronic (long-lasting) condition that needs ongoing management and care. Our skilled consultants help guide you to ensure you always receive the most appropriate level of care when your condition is registered on one of our care programmes.

Your cover for chronic conditions

You have full cover from your Major Medical Benefit for a list of chronic conditions (the Prescribed Minimum Benefit Chronic Disease List). Your treatment must be approved and you have to use the Scheme's Designated Service Providers to get payment in full. If you choose to use medicine that is not on our list, you have a set monthly amount available called the Chronic Drug Amount. Prescribed or acute medicine is paid from your Medical Savings Account at up to 90% of the LA Health Medicine Rate.

Savings on essential care items at Dis-Chem

When you shop at Dis-Chem, ChroniCare brings you savings on a wide range of items appropriate to your needs, such as monitoring devices and diabetic footwear, which helps manage your chronic condition. You can activate ChroniCare if you are registered on our Chronic Illness Benefit for one of the following chronic conditions: asthma, diabetes, high cholesterol or high blood pressure. Earn up to 25% cash back by doing a group of screening tests and activating ChroniCare at lahealth.co.za/benefits and cover/cover for medicine/chronic medicine and clicking on the ChroniCare link. You don't immediately earn up to 25% cash back.

Please note ChroniCare will be available from March 2013.

Your cover for cancer treatment

On LA Focus we cover cancer treatment if we have approved your treatment plan.

Our Oncology Programme covers the first R228 000 of approved cancer treatment over a 12-month cycle. Cover is unlimited once cancer treatment costs go over this amount, but you will need to pay 20% of the cost of all further treatment. You might have to make a co-payment if your healthcare professional charges above the Scheme rate. Cancer treatment that is a Prescribed Minimum Benefit is always covered in full.

For **PET scans**, there is no limit in a 12-month cycle. These scans must be preauthorised and done at a Designated Service Provider, otherwise you may have to pay in R2 750. **Stem-cell transplants** have no overall limit at the Designated Service Provider, but will be limited to R1 million if done elsewhere.

Please call us to register on the Oncology Programme to qualify for these benefits.

Your cover for additional benefits

Screening and Prevention Benefit

If you go for certain tests to check your health, it will be paid from the Major Medical Benefit. These screening tests at a network pharmacy include blood glucose, blood pressure, cholesterol, and body mass index. We pay R135 for all or one of the listed screening tests if performed at the same time. Or we will pay R135 for a flu vaccination. We also cover mammograms, Pap smears, PSA (a prostate screening) and HIV screening tests at other providers from the Major Medical Benefit. Consultations, other related costs and procedures are paid from the Medical Savings Account.

Renal care

Dialysis and other renal care-related treatment and educational care (including authorised related medicine) have no overall limit, subject to a treatment plan and use of the Scheme's Designated Service Provider, Dialysis Network. Co-payments will apply if the network is not used.

Maternity Benefit

If you are pregnant, the Maternity Benefit covers your hospitalisation subject to preauthorisation. Related accounts are paid in full at providers who have entered into agreements with us or at 150% of the LA Health Rate. Out-of-hospital, GP and specialist consultations, pregnancy scans, blood tests and antenatal classes are limited to funds in your Medical Savings Account.



Your cover for day-to-day medical expenses

We pay for some daily medical expenses from your Medical Savings Account. Examples of these expenses are doctors' visits, prescribed medicine, dentistry and other treatments you receive outside of the hospital.

The Medical Savings Account

If you do not use all your medical savings, we add interest to it and carry it over to the next year. If you leave the Scheme and you have medical savings left over, we will transfer the money to your new medical scheme or give you the money back if you are moving to a scheme without a savings account.

The Medical Savings Account

We pay these claims from the available funds in your Medical Savings Account:

- **Other services** (acousticians, biokineticists, chiropractors, counsellors, dietitians, homeopaths, nurses, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrists, social workers, speech and language therapists and audiologists
- Appliances and equipment
- External medical items like crutches, wheelchairs, hearing aids, stoma bags etc. (excluding oxygen rental, which is covered in full at the Scheme's Designated Service Provider [DSP], subject to preauthorisation)

If you join LA Health after January, you won't get the full medical savings limit because it is calculated by counting the remaining months in the year.

Basic dentistry out of hospital

We pay for basic and specialised dentistry from the Medical Savings Account.

All basic and specialised dentistry payments are subject to the overall annual dentistry limit of R16 100 per person for in- and out-of-hospital dentistry.

Save on self-medication at Clicks

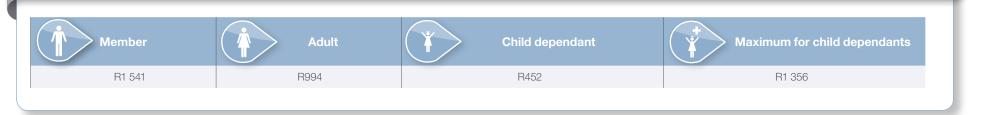
With MedSaver, you can earn up to 25% cash back on self-medication at any Clicks Pharmacy, whether you pay for it or claim for it. Activate MedSaver by going to **lahealth.co.za/benefits and cover/cover for medicine/prescribed medicine** and clicking on the MedSaver link.

What the Scheme does not cover

There are certain medical expenses the Scheme does not cover. We call these exclusions. LA Health will not cover the direct or indirect consequences of the following, except as stipulated in the Prescribed Minimum Benefits:

- Cosmetic procedures, for example otoplasty for jug ears, portwine stains, blepheroplasty (eyelid surgery), keloid scars, hair removal, nasal reconstruction (including septoplasties, osteotomies and nasal tip surgery) and enamel micro abrasion
- Breast reductions and implants
- Obesity
- Frail care
- Infertility
- Wilfully self-inflicted illness or injury
- Injuries sustained during participation in a willful and material violation of the law
- Injuries sustained during willful participation in war, terrorist activity, riot, civil commotion, rebellion or insurrection
- Experimental, unproven or unregistered treatment or practices
- Search and rescue
- Any costs where a third party is legally responsible
- CT angiogram of the coronary vessels and CT colonoscopy
- Facility fees at casualty facilities.

LA Focus – monthly contributions including Medical Savings Account for 2013



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For more details, visit www.lahealth.co.za or speak to your LA Health broker.