

LA Comprehensive

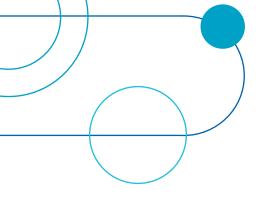
Reasons why the LA Comprehensive

option is the best for you

This option has a Major Medical Benefit for all in-hospital and large expenses.

The LA Comprehensive Option provides cover for medicine for Chronic Disease List conditions that form part of the Prescribed Minimum Benefits. We also provide benefits for several additional chronic conditions.

It also pays for Day-to-day expenses from a Medical Savings Account. Additional cover is provided through the Above Threshold Benefit.







PRESCRIBED MINIMUM BENEFITS

Prescribed Minimum Benefits are paid at cost, subject to clinical criteria.

If you go to a KeyCare Network Hospital, the Scheme's Designated Service Provider for Prescribed Minimum Benefits, and a Specialist in the KeyCare hospital or a Discovery Health Network GP or a Premier A or Premier B Specialist admits you, we will pay all claims related to the authorised procedure or treatment in full, even if some of the other providers treating you are not Designated Service Providers.

If you do not go to a KeyCare Network Hospital and/or your admitting GP or Specialist is not a DSP provider, the Scheme will pay the PMB claims up to the Scheme Rate only.

Out-of-hospital Prescribed Minimum Benefits are paid in full, subject to the use of the Scheme's Designated Service Providers, or at cost when there are no Designated Service Providers.

Non-PMB Benefits are paid up to 100% of the Scheme Rate, subject to clinical criteria, the use of the Scheme's Network and/or Preferred Providers, and applicable limits.



WE COVER YOU IN AN EMERGENCY

LA Comprehensive covers you for emergency medical transport. We pay for this service from the Major Medical Benefit and there is no overall limit.



Call Discovery 911 for authorisation.



WE COVER CERTAIN PROCEDURES AT DAY SURGERY FACILITIES

Certain procedures are covered in full when you have the treatment at a Day Surgery facility in the Scheme's Network. If not, a deductible will apply.

You can find the list of Day Surgery procedures on www.lahealth.co.za. We will also guide you about this when you preauthorise the procedure.



COVER FOR GPS AND SPECIALISTS IN AND OUT OF HOSPITAL

To have your Prescribed Minimum Benefit claims paid in full when you are in hospital, the Specialist or GP who admits you must be on the Scheme's Network. When you're admitted to a hospital, there is no overall limit that applies to GP and specialist visits. We pay up to 100% of the LA Health Rate from the Major Medical Benefit. We pay for out-of-hospital GP and specialist visits from the Medical Savings Account or the Above Threshold Benefit.



WE COVER YOU WHEN YOU HAVE TO BE ADMITTED TO HOSPITAL

To have your Prescribed Minimum Benefit claims paid in full when you are in hospital, the Specialist or GP who admits you must be on the Scheme's Network. When you're admitted to a hospital, there is no overall limit that applies to GP and specialist visits. You must obtain preauthorisation from the Scheme for any planned procedures.

We pay up to 100% of the LA Health Rate from the Major Medical Benefit.

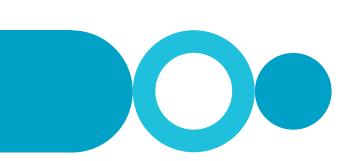
We pay for out-of-hospital GP and specialist visits from the Medical Savings Account or the Above Threshold Benefit.



YOU CAN ENJOY THE BEST OF CARE DURING YOUR PREGNANCY

No overall limit applies when you're admitted to hospital, as long as you get preauthorisation for the admission. We pay for your hospital admission from the Major Medical Benefit.

We pay certain out-of-hospital benefits for the mother and baby from the Major Medical Benefit, if the mother registers on the Scheme's Maternity Programme. If not registered, all pregnancy-related benefits will be paid from the available Medical Savings Account or from the Above Threshold Benefit.







COVER FOR CHRONIC AND ACUTE MEDICINE

You have medicine cover for all approved Prescribed Minimum Benefit Chronic Disease List conditions, paid in full from the Major Medical Benefit up to the LA Health Medicine Rate for listed medicine. Medicine that is not on the list (formulary) is paid up to a Chronic Drug Amount.

Medicine, for approved Additional Disease List conditions, is paid up to a Chronic Drug Amount. An annual limit applies, based on your family size.

The Specialised Medicine and Technology Benefit provides cover for specific biological and high-technology medicine up to a specific amount, if authorised (you may have to fund part of it yourself).

We pay for prescribed and acute medicine on the Scheme's preferred medicine list from the available funds in your Medical Savings Account or from the Above Threshold Benefit at 100% of the LA Health Medicine Rate and other medicine at 90% of the Rate. Specific limits apply based on your family size.

You also have cover for over-the-counter (schedule 0, 1 and 2) medicine bought at a pharmacy, at 100% of the cost, from the available funds in your Medical Savings Account. A sub-limit applies when certain unscheduled supplements are purchased as OTCs.

When you are discharged from hospital after an admission, we pay for take-home medicine from the available funds in your Medical Savings Account, or from the Above Threshold Benefit, at 100% of the LA Health Medicine Rate on the preferred list and at 90% of the LA Health Medicine Rate for other medicine.

The Scheme pays for the completion of the Chronic Illness Benefit application form by your treating doctor, if the condition is approved.



WE PAY FOR CERTAIN PREVENTIVE SCREENING TESTS OR VACCINES

The Major Medical Benefit provides cover for:

- A screening test (to check your blood glucose, blood pressure, cholesterol and body mass index), or a flu vaccination at one of the Scheme's designated service providers, or a network pharmacy. We also pay for additional screening tests if you are older than 65 years and certain screening tests for children.
- A once-off specific pneumococcal vaccination in a qualifying beneficiary's lifetime.
- Pap smears, mammograms, prostate-specific antigen tests, and certain colo-rectal cancer screenings, subject to clinical criteria.

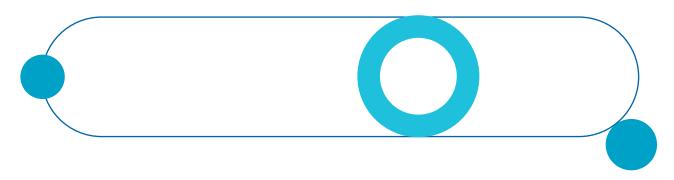
We pay for the consultation and other related costs from your Medical Savings Account. If these are needed as part of the Prescribed Minimum Benefits, we pay the costs from the Major Medical Benefit.



WORLD HEALTH ORGANIZATION (WHO) OUTBREAK BENEFIT

The Scheme pays Prescribed Minimum Benefits for your treatment and care that is related to the COVID-19 pandemic. This includes benefits for vaccinations and the treatment and care of long COVID-19. Benefits are subject to clinical criteria and the use of the services of the Scheme's Designated Service Providers.

The Scheme also provides a basket of care benefits for treatment and care related to Monkeypox.



OVERALL ANNUAL LIMITS

Hospital	No overall limit		
	Member	Spouse/Adult	Child (max 3)
Above Threshold Benefit	R20 340	R13 872	R6 108
Medical Savings Account	R15 108	R8 760	R3 828





ADVANCED ILLNESS BENEFIT

Out of hospital palliative care for members with life-limiting conditions, including cancer

Subject to PMB Paid from the Major Medical Benefit, subject to clinical criteria and authorisation



ADVANCED ILLNESS MEMBER SUPPORT PROGRAMME

For patients with advanced illnesses, requiring support at a time when they are trying to manage their symptoms, and understand their healthcare needs Paid from Major Medical Benefit. Subject to a basket of care, authorisation, clinical criteria and guidelines



AMBULANCE SERVICES - MUST CALL DISCOVERY 911 FOR AUTHORISATION

Emergency Medical Transport

Paid from Major Medical Benefit, up to 100% of the LA Health Rate subject to authorisation. No overall limit.



BLOOD TRANSFUSIONS AND BLOOD PRODUCTS

Blood transfusions and blood products

Subject to Prescribed Minimum Benefits.
Paid from Major Medical Benefit. No overall limit



COLORECTAL CANCER CARE AND SURGERY

In and out of hospital management of colorectal cancer and related surgery

Paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, clinical criteria and management by the Scheme's Designated Service Providers. If the services of a non-DSP provider are used, a 20% co-payment applies. Related accounts paid from Major Medical Benefit





DENTISTRY

In and out-of-hospital

Basic dental trauma procedures: for a sudden and unanticipated impact injury because of an accident or injury to teeth and the mouth, resulting in partial or complete loss of one or more teeth that requires urgent care in- or out-of-hospital

Subject to a joint limit of R64 940 per person per year for treatment in- or out-of-hospital.

In-Hospital

Paid from the Major Medical Benefit. Subject to preauthorisation, clinical entry criteria, treatment guidelines and protocols. Members will have to make an upfront payment (deductible) to the hospital or Day Clinic

Hospital	Younger than 13 years	R2 490
	Older than 13 years	R6 300
Day clinics	Younger than 13 years	R1 220
	Older than 13 years	R4 130

In- and Out-of-Hospital

Dentist and related accounts paid from the Major Medical Benefit, up to 100% of the Scheme Rate

Dental appliances and prostheses

All dental appliances and prostheses, and the placement thereof, as well as orthodontics (surgical and non-surgical) paid from the Major Medical Benefit.

	orthodontics (surgic	al and non-surgical) paid from the	e Major Medical Benefit.
In hospital			
Maxillo-facial procedures: certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repair	Subject to preauthor No overall limit	isation. Paid from Major Medical E	Benefit.
Specialised dentistry	Members will have to	o make an upfront payment (dedu	ctible)
	Hospital	Younger than 13 years	R2 490
		Older than 13 years	R6 300
	Day clinics	Younger than 13 years	R1 220
		Older than 13 years	R4 130
Basic dentistry	etc), subject to a limit of R36 780 per person per year Members will have to make an upfront payment (deductible)		
	Hospital	Younger than 13 years	R2 490
	D Parts	Older than 13 years	R6 300
	Day clinics	Younger than 13 years Older than 13 years	R1 220 R4 130
	Rate. Related, non-h Medical Savings Acc R19 000 for in- and o	id from the Major Medical Benefit, ospital accounts (for dentists, and count and the Above Threshold Berut-of-hospital basic dentistry. Clain Medical Savings Account and the	esthetists, etc), paid from the nefit, subject to a joint limit of ns are paid up to 100% of the
Out of hospital			
Specialised dentistry	Benefit, subject to a	d to funds in Medical Savings Acco joint limit of R36 780 per person p in- or out-of-hospital	
Basic dentistry	Paid from and limited	d to funds in Medical Savings Acco	ount and Above Threshold

performed in- or out-of-hospital

Benefit, subject to a joint limit of R19 000 per person per year for basic dentistry,

DIABETES AND CARDIO CARE

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Diabetes Care or Cardio Care Disease Management Programme	Up to 100% of the LA Health Rate for non-PMB GP - and other related services covered in a treatment basket, subject to registration on the Chronic Illness Benefit, and referral by the Scheme's Network GP Paid from the Major Medical Benefit
Disease Prevention Programme for pre-diabetic beneficiaries with cardio-metabolic risk syndrome (not registered on the Diabetes Management Programme)	Coordinated by the beneficiary's Primary Care provider, supported by dieticians and health coaches. Subject to a basket of care and clinical entry criteria
Continuous blood glucose monitoring	Subject to registration on the Scheme's Diabetes Management Programme, authorisation and clinical criteria Readers and/or transmitters paid from the Medical Savings Account or Above Threshold Benefit, limited to R4 900 per device, subject to available benefits
	in the External Medical Items benefit Purchase of sensors paid from the Major Medical Benefit limited to R1 800 per beneficiary per month, subject to being obtained from a DSP pharmacy and the

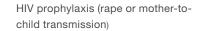
GPS AND SPECIALISTS



Visits	Paid from Major Medical Benefit up to 100% of the LA Health Rate. No overall limit
GP and specialist visits: actual, virtual and tele consultations or emergency room visits	Paid from Medical Savings Account or Above Threshold Benefit
Virtual paediatrician consultations for children aged 14 years and younger from a network paediatrician consulted in the six months before the virtual consultation	Paid from the Major Medical Benefit once the Medical Savings Account and Above Threshold Benefits have been depleted. Subject to clinical criteria
Trauma-related casualty visits for children when normal Day-to-day benefits are exhausted	Two trauma-related casualty visits (from the Hospital Benefit) for children aged 10 and under, once the Medical Savings Account and Extended Day-to-day Benefit have been depleted. This includes the cost of the consultation, facility fees and all consumables
International clinical review consultations	Paid from the Major Medical Benefit to a maximum of 75% of the cost of the consultation. Subject to preauthorisation



HIV OR AIDS



Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit

following annual co-payments: Adult beneficiary R1 300 / Paediatric beneficiary R1 800

HIV- or AIDS-related illnesses

Prescribed Minimum Benefits: Paid from Major Medical Benefit. No overall limit, subject to clinical entry criteria and HIVCare Programme protocols. If the services of non-Designated Service Providers are used voluntarily, a 20% co-payment will apply.

HIV- or AIDS-related consultations

Prescribed Minimum Benefits. Covered with no overall limit from the Scheme's Designated Service Provider. A 20% co-payment applies if the services of a non-DSP are used

HOME-BASED CARE



Clinically appropriate chronic and acute treatment and conditions that can be treated at home

Paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, clinical criteria and management by the Scheme's Designated Service Providers and benefits defined in a basket of care, inclusive of benefits for clinically appropriate home monitoring devices

HOSPITALS AND DAY SURGERY PROCEDURES



All planned procedures must be preauthorised

Pre-operative assessment

Pre-operative assessment for the following major surgeries: Arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy and mastectomy

Paid once per hospital admission from the Major Medical Benefit up to 100% of the LA Health Rate according to a benefit basket. Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.

Hospitalisation, theatre fees, intensive and high care

Hospitals

No overall limit. Paid from the Major Medical Benefit. Subject to preauthorisation and clinical guidelines

Prescribed Minimum Benefit-related treatment and procedures

Emergency in-hospital care subject to Prescribed Minimum Benefits

Paid at 100% of the cost for services provided in a KeyCare Network Hospital, the Scheme's Designated Service Provider for Prescribed Minimum Benefits, when a Specialist in the KeyCare hospital, a Discovery Health Network GP or a Premier A or Premier B Specialist admits the member

If Prescribed Minimum Benefit-related services are not obtained at a Designated Service Provider Hospital and the admitting doctor is not a Designated Service Provider, PMB claims will be paid up to the LA Health Rate only

Non-Prescribed Minimum Benefit planned in-hospital treatment and procedures: paid up to 100% of the LA Health Rate

Day surgery procedures

Defined list of day surgery procedures paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, clinical criteria and the services being obtained at a facility in the Scheme's Designated Service Provider Network. If the service is voluntarily provided at a non-Designated Service Provider's facility, a R6 700 deductible will apply



MATERNITY BENEFIT

In hospital

Paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Subject to preauthorisation

Out of Hospital

Maternity Programme

Paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Subject to registration on the Programme. If not registered on the Programme, benefit for mother and baby subject, and limited to benefits from Medical Savings Account and Above Threshold Benefit

Cover during Pregnancy

Antenatal visits, ultrasounds and scans, selected blood tests, pre- or post-natal classes, GP and Specialist consultations

- 8 Antenatal consultations with a gynaecologist, GP or midwife
- One Nuchal translucency or one non-invasive prenatal test (NIPT) or one T21 Chromosome test, subject to clinical entry criteria
- Two 2D ultrasound scans
- A defined basket of blood tests
- 5 pre- or post-natal classes or consultations with a registered nurse

Cover for the newborn baby for up to two years after birth

2 visits to a GP, paediatrician or ear, nose and throat (ENT) specialist

MATERNITY BENEFIT

Out of Hospital (continued)

Cover for the mother of the newborn baby for up to two years after the birth

- · A post-birth consultation at a GP or gynaecologist for post-natal complications
- One nutritional assessment at a dietitian
- · Two mental health consultations with a counsellor or psychologist
- One lactation consultation with a registered nurse or lactation specialist

Antenatal classes

If not registered on the Maternity Programme: Limited to R1 995 per person and paid from the Medical Savings Account or Above Threshold Benefit

Doulas

Services rendered by Doulas

Paid from the Medical Savings Account

Assisted Reproductive Therapy
Healthcare services, which include
consultations, radiology (including
ultrasound scans), pathology, embryo
freezing, storage and transfer, related
admission costs, related laboratory
fees, supportive medicine, oocyte
and sperm cryo-preservation and egg
donor matching fees

Subject to Prescribed Minimum Benefits. Limited to R128 830 per person per year. Paid from the Major Medical Benefit, up to maximum of 75% of the LA Health Rate. Subject to the services provided by the Scheme's Preferred Provider (where applicable), protocols, the condition meeting the Scheme's entry criteria and guidelines. Cryo-preservation paid for up to 5 years.

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MEDICINE

Prescribed Minimum Benefit Chronic Disease List conditions (subject to benefit entry criteria and approval) We will pay your approved medicine in full if it is on our medicine list (formulary), if it is not, we will pay for it up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one medicine from the same medicine category, we will pay up to the monthly CDA, whether the medicine is on the list, or not

Additional chronic conditions (subject to approval and a defined list of conditions)

Paid up to the applicable monthly Chronic Drug Amount (CDA), limited to:

Member	Member	Member	Member	Member	Member
	+1	+2	+3	+4	+5
R6 610	R13 305	R15 400	R17 515	R18 970	R20 855

Specialised Medicine and Technology Benefit

Subject to authorisation and Prescribed Minimum Benefits. Paid from Major Medical Benefit at the LA Health Medicine Rate up to R240 800 per person per year with a variable co-payment up to a maximum of 20% of the cost of the medicine or technology, based on the actual condition and medicine applied for, for non-prescribed Minimum Benefits

Prescribed/acute medicine

Paid at 100% of the LA Health Medicine Rate for medicine on the preferred medicine list and at 90% of the Medicine Rate for medicine on the non-preferred list. Paid from Medical Savings Account or Above Threshold Benefit, limited to:

Member	Member	Member	Member	Member
	+1	+2	+3	+4
R12 375	R15 830	R19 080	R22 005	R25 040

Medicine bought over-the-counter at a pharmacy (schedule 0, 1 and 2) and generic or non-generic 100% of the cost. Paid from and limited to the Medical Savings Account. Benefits do not accumulate to the Annual Threshold. A sub-limit of R1 765 applies per beneficiary for certain categories of unregistered supplements.

Take-home medicine (when discharged from hospital) TTOs

Limited to funds in the Medical Savings Account or Above Threshold Benefit. Paid at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list.

Prescribed Minimum Benefits	A maximum of 21 days in hospital per person or a maximum of 15 out of hospital psychologist or psychiatrist contacts paid from Major Medical Benefit at a DSP. The in-hospital treatment days and/or the out of hospital contacts accumulate to an overall allowance of 21 treatment days.
	Psychiatric care subject to preauthorisation and case management. Where members voluntarily make use of the services of a hospital that is not a Designated Service Provider, a 20% co-payment will apply to the hospital account
Out-of-hospital: Psychologists, psychiatrists, art therapy and social workers (non-PMB)	Paid from Medical Savings Account or Above Threshold Benefit. Limited to R23 850 per family per year
Out-of-hospital: Disease management for major depression for members registered on the Mental Health Care Programme	Up to 100% of the LA Health Rate for non-PMB GP and other related services covered in a treatment basket of care, subject to clinical criteria and referral by the Scheme's Network GP. Paid from the Major Medical Benefit
Out-of-hospital: Internet-based cognitive behavioural therapy (iCBT) for beneficiaries diagnosed with depression	On recommendation by a psychiatrist, psychologist, GP or clinical social worker, subject to a basket of care and clinical entry criteria.
ONCOLOGY (CANCER-REL	ATED CARE)
Oncology Programme (including chemotherapy and radiotherapy)	No overall limit in a 12-month cycle, subject to approval of a treatment plan and the use of the services of the Scheme's DSP. All oncology claims accumulate to a threshold of R481 500. Before the threshold is reached, non-PMB claims pay up to the LA Health Rate and thereafter a 20% co-payment applies. Prescribed Minimum Benefits are paid in full without any co-payments
Oncology-related PET scans	Paid from Major Medical Benefit, subject to the Oncology threshold of R481 500 in a 12-month cycle. Scans must be done at the Scheme's Designated Service Provider, subject to preauthorisation. A 20% deductible will apply from R1 if the services of a Designated Service Provider is not used
Stem cell transplants	You have access to local and international bone marrow donor searches and transplants up to the agreed rate. Your cover is subject to clinical protocols, review and approval
Oncology Innovation Benefit, providing access to cover for a defined list of non-PMB novel and ultra-high cost cancer treatment	Paid at 75% of the Scheme Rate before and after the Oncology threshold of R481 500, with no overall limit. Subject to meeting certain clinical criteria and peer review by a Scheme-appointed panel of specialists
OPTICAL	
Optometry consultations	Limited to funds in the Medical Savings Account or Above Threshold Benefit
Spectacles, frames, contact lenses and refractive eye surgery	Paid from the Medical Savings Account or Above Threshold Benefit up to a limit of R5 650 per person
ORGAN TRANSPLANTS	
Hospitalisation and harvesting of organ for donor transplants	Paid from the Major Medical Benefit in full at the Scheme's Designated Service Provider, subject to preauthorisation and Prescribed Minimum Benefits. Claims paid up to the LA Health Rate if non-DSP services are used
Medicine for immuno-suppressive	Paid according to Prescribed Minimum Benefits, subject to the Chronic Illness

Benefit Chronic Drug Amount

therapy



OTHER SERVICES

	In hospital	
	Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria
	Out of Hospital	
	Auxilliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	Limited to funds in the Medical Savings Account or Above Threshold Benefit
Alternative healthcare practitioners (chiropodists, homeopaths, naturopaths and chiropractors)		Limited to funds in the Medical Savings Account or Above Threshold Benefit
	Nurse practitioners	Paid up to a limit of R13 870 per family from Medical Savings Account or Above Threshold Benefit
	Unani-Tibb therapy	Limited to funds in the Medical Savings Account with no accumulation to the Threshold



PATHOLOGY AND RADIOLOGY

In hospital	
Basic Pathology Services	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
MRI and CT scans (referred by a specialist), X-rays, pathology and ultrasounds	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation. Basic pathology subject to the use of the services of the Scheme's Designated Service Provider
PET scans	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Bene
Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital)	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
Out of Hospital	
MRI and CT scans	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
Radiology (including X-rays and ultrasounds) and pathology, including point of care pathology testing	Paid from Medical Savings Account or Above Threshold Benefit. Point of care patholo testing subject to test result submission via Scheme accredited devices only. Cinical criteria and guidelines apply
Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Scopes codes only: Paid from Major Medical Benefit. No overall limit, subject to preauthorisation. Related accounts paid from and limited to funds in Medical Savings Account or Above Threshold Benefit



PREVENTIVE CARE

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	Pharmacy screening benefit: Blood glucose, blood pressure, cholesterol and body mass index (BMI) OR Flu vaccination	Paid once per year at the applicable LA Health Rate per qualifying person for a single or basket of these tests obtained at a Network Pharmacy. Payable from Major Medical Benefit, subject to the use of the services of a Designated Service Provider. LDL cholesterol test paid from Major Medical Benefit, subject to clinical criteria. One flu vaccination per beneficiary per year
	Screening benefit for children between the ages of 2 and 18: Body Mass Index, including counselling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of 2 and 8	Paid once per year at the applicable LA Health Rate per qualifying beneficiary for a single or basket of these tests. Payable from Major Medical Benefit, subject to the use of the services of a Designated Service Provider
	Enhanced Screening Benefit for persons 65 years and older: Hearing test, spot vision eye test, frailty assessment and core assessment	Unlimited, subject to clinical entry criteria and the use of the services of a Network provider. An additional screening assessment for at-risk beneficiaries, subject to the use of the services of an accredited Network GP and certain clinical entry criteria
	Other screening tests: Mammogram, Pap Smear, Prostrate- Specific Antigen (PSA) or Colorectal cancer screenings	1 Mammogram every 2 years; 1 Pap Smear every 3 years, one PSA test per person per year, one faecal occult blood test or one immunochemical test every 2 years per person for persons aged 45 to 75 years
	Benefits Subject to clinical criteria and PMB	Additional cover for Mammogram, Breast MRI, one BRCA test and repeat Pap Smear or one Colonoscopy (for persons identified by the colorectal screening to be at risk) Consultations paid as described for GPs or Specialists
	Vaccinations: Pneumococcal vaccination	One specific, approved pneumococcal vaccine every 5 years for persons under the age of 65 or one vaccine per person per lifetime for persons over the age of 65. Paid from the Major Medical Benefit, subject to clinical criteria



PROSTHESES OR EXTERNAL MEDICAL APPLIANCES

Internal prostheses	
Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants	Paid from Major Medical Benefit up to R248 300 per person per year, subject to preauthorisation
Shoulder replacement prostheses	Paid from Major Medical Benefit. Unlimited if obtained from the Scheme's Preferred Provider. Limited to the applicable negotiated rate per device per admission if obtained from a non-Preferred Provider.
Major joint replacements, including hip and knee replacements	Paid from the Major Medical Benefit. Subject to the use of the Scheme's DSP hospital. If service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply to the hospital account. Devices for hip or knee replacements unlimited from the Scheme's Preferred Provider and paid up to the negotiated rate per device per admission; if obtained from a non-Preferred Provider
Spinal prostheses/devices	Paid from the Major Medical Benefit. Unlimited if obtained from the Scheme's Network Provider. If the Scheme's Network Provider is not used, paid up to the negotiated Network rate per level, up to a maximum of two levels per beneficiary per year. Only one procedure per year will be authorised
Other internal prostheses	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria



External Medical items

Crutches, wheelchairs, hearing aids, artificial limbs, stoma bags, wigs (oncology or alopecia), low vision devices, etc.

Limited to R34 050 per family with a sub-limit of R22 770 per family for hearing aids. Paid from Medical Savings Account or Above Threshold Benefit. Wigs for alopecia (not cancer related): subject to a dermatologist requesting such wig, or as prescribed.

External medical items extender benefit

Paid from Major Medical Benefit, subject to clinical criteria and approval

Oxygen rental

Paid from the Major Medical Benefit in full at the Scheme's Designated Service Provider, subject to preauthorisation. Paid up to the LA Health Rate if not obtained from the Scheme's Designated Provider



RENAL CARE

Includes dialysis and other renal carerelated treatment and educational care (includes authorised related medicine) No overall limit, subject to a treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the Designated Service Provider is not used



SPINAL CARE AND SURGERY

In and out of hospital management of spinal care or surgery for a defined list of clinically appropriate procedures, which includes Lumbar or Cervical Fusion, Laminectomy or Laminotomy Paid in full from the Major Medical Benefit from the Scheme's Designated Service Provider, subject to preauthorisation. If services are not obtained from the Scheme's Designated Service Provider, a 20% co-payment applies

Related accounts paid from the Major Medical Benefit

Out of hospital conservative treatment subject to the benefits in a basket of care



SUBSTANCE ABUSE

In hospital			
Alcohol and drug rehabilitation	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit		
Detoxification in hospital	Prescribed Minimum Benefits. Three days per person, paid from Major Medical Benefit		
Out of Hospital			



TRAUMA RECOVERY BENEFIT

Cover for specific trauma-related incidents. The benefit is paid up to the end of the year following the one in which the traumatic event occurred.

Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria Paid from Major Medical Benefit up to 100% of the LA Health Rate up to the following limits per family for the beneficiary directly affected by the trauma

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Allied and therapeutic healthcare services	M	R23 400
	M + 1	R31 800
	M + 2	R38 800
	M + 3+	R45 000
External medical appliances	R45 400	
Hearing aids	R23 900	
Prescribed medicine	M	R25 700
	M + 1	R31 300
	M + 2	R37 600
	M + 3+	R41 100
Prosthetic limbs (with no further access to medical items limit)	R98 800	
Counselling sessions with a Psychologist or for beneficiaries indirectly affected by the tra	Limited to 6 sessions per beneficiary	



WORLD HEALTH ORGANIZATION (WHO) BENEFITS

Benefit for out-of-hospital management, appropriate supportive treatment and care for Global WHO recognised disease outbreaks

1. COVID-19, subject to PMB.

2. Monkeypox

Limited to a basket of care as set by the Scheme per condition

Subject to obtaining the services from the Scheme's preferred providers / DSPs, where applicable, and the condition and treatment meeting certain clinical criteria and protocols



The WELLTH Fund is a once-off benefit, available for a maximum of two benefit years, from 1 January 2024 until 31 December 2025 for existing LA Comprehensive members. For new members the WELLTH Fund will be available in the year of joining and up to the end of the next year



THE WELLTH FUND

The available WELLTH Fund benefit limit depends on the number of registered dependants on your membership, and their ages.

Once you and all your registered dependants have completed the appropriate screening assessment, you will have access to a combined WELLTH Fund benefit of R2 500 for every adult, and R1 250 for every child over the age of two years to a maximum overall limit of R10 000 per membership.

The per beneficiary limit depends on the age of the member or dependant at the date of expiry of the WELLTH Fund. For example:

- If the benefit is activated in 2024, children who turn two years old on or before 31 December 2025 receive the child allocation of R1 250.
- Beneficiaries who are 18 years old on or before 31 December 2025, receive the adult benefit value of R2 500.
- Children who are two years old after 31 December 2025 will not receive a fund value allocation but are still eligible to use the WELLTH Fund.

Once activated, the WELLTH Fund is available for use by all registered beneficiaries on your membership, regardless of their age. Qualifying healthcare services are covered up to a maximum of the Scheme Rate, subject to the overall benefit limit.



General health

HEALTHCARE SERVICES THAT WILL BE PAID FROM THE WELLTH FUND

- One GP consultation per beneficiary per year
 - Dental check-up
 - Eye check-up
 - · Hearing check-up
 - Skin cancer screening

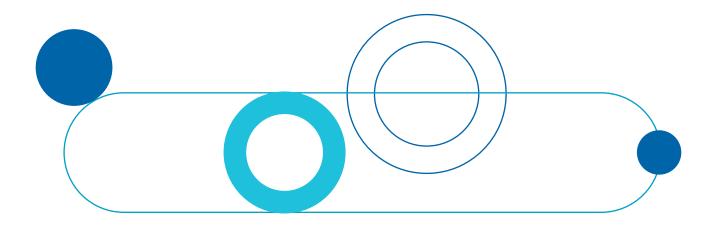


HEALTHCARE SERVICES THAT WILL BE PAID FROM THE WELLTH FUND (continued)

General healt	h (continued)	 Heart consultation Lung cancer screening for long-term smokers Medical devices used to monitor blood pressure, blood sugar and cholesterol. The devices must have a registered NAPPI code and be purchased from a registered healthcare provider with a valid practice number (such as a pharmacy dispensary or doctor).
Physical healt	th	 Diet, nutrition, and weight management at a dietitian Physical movement and mobility management at a biokineticist or physiotherapist Fitness assessment or high-performance fitness assessment in our Wellness Network Foot health management at a podiatrist
Mental Healt	th	Mental wellness check-up at a psychologist, paediatrician, nurse, social worker, registered counsellor, or psychiatrist
Women's an	d men's health	Gynaecological and prostate consultations with your doctor, and a bone density check
Children's H	ealth	Children's wellness visit, which includes growth and appropriate developmental assessments with an occupational therapist, speech therapist or physiotherapist

IMPORTANT THINGS TO REMEMBER

- Network rules apply.
- General Scheme exclusions apply. If cover for specific services is not covered under the Option, you may not claim for them from the WELLTH Fund.
- Medicine or ongoing treatment for a diagnosed condition is not covered from the WELLTH Fund.
- Where healthcare services are also eligible for cover from another defined risk benefit, for example the Screening and Prevention Benefit, we will pay the claim from that benefit first, and then only from the WELLTH Fund in instances where that benefit is depleted or unavailable.
- Claims paid from your WELLTH Fund do not impact your Day-to-day benefits.
- Cover from the WELLTH Fund is subject to the Scheme's entry clinical criteria, treatment guidelines and protocols.



TOTAL MONTHLY CONTRIBUTIONS INCLUDING YOUR MEDICAL SAVINGS ACCOUNT FOR 2024

	Member	Adult	Child dependant	Maximum for 3 child Dependants
Total monthly contributions	R9 379	R7 161	R2 274	R6 822

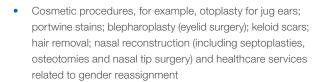


WHAT WE DO NOT COVER (EXCLUSIONS)

There are certain medical expenses and other costs the Scheme does not cover, except when it is a Prescribed Minimum Benefit. We call these exclusions. LA Health will not cover any of the following, or the direct or indirect consequences of these treatments, procedures or costs incurred



CERTAIN TYPES OF TREATMENTS AND PROCEDURES



- Breast reductions and implants
- Treatment for obesity
- Treatment for infertility, subject to Prescribed Minimum Benefits, except as explicitly indicated for this Option
- Frail care
- Experimental, unproven or unregistered treatment or practices.



CERTAIN COSTS

- Costs of search and rescue
- Any costs that another party is legally responsible for
- Facility fees at casualty facilities (these are administration fees that are charged directly by the hospital or other casualty facility).



THE PURCHASE OF THE FOLLOWING, UNLESS PRESCRIBED

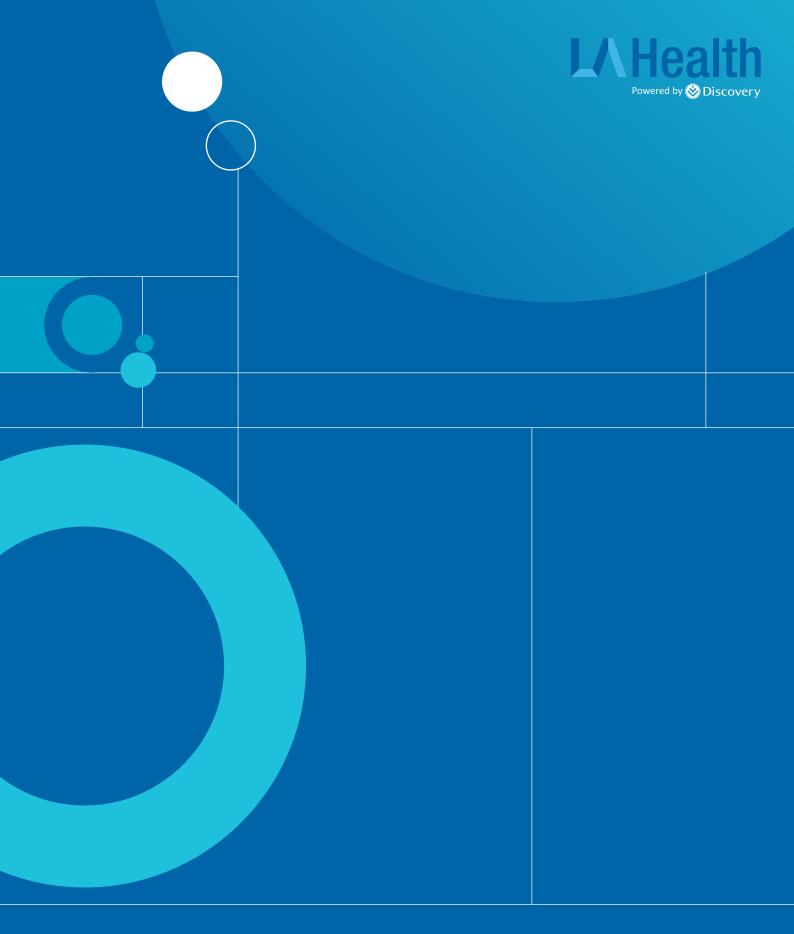
- · applicators, toiletries and beauty preparations
- bandages, cotton wool and other consumable items
- patented foods, including baby foods
- · tonics, slimming preparations and drugs
- household and other biochemical remedies
- anabolic steroids
- sunscreen agents.

Unless otherwise decided by the Scheme, benefits in respect of these items, on prescription, are limited to one month's supply for each prescription or repeat thereof.



ALWAYS CHECK WITH US

Please contact us if you have one of the conditions we exclude so we can let you know if there is any cover. In some cases, you might be covered for these conditions if they are part of Prescribed Minimum Benefits.



This is a summary of the LA Comprehensive benefits and features, submitted to the Registrar of Medical Schemes. If there is any discrepancy between this document and the registered Rules, the Rules will always apply.

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