



PROSTHESES

Internal prostheses	
Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants	Paid from Major Medical Benefit up to R192 000 per person per year
Hip, knee and shoulder prostheses	Paid from Major Medical Benefit. Unlimited if obtained from the Scheme's Preferred Provider. A limit of R38 200 per prosthesis will apply if the Preferred Provider is not used
Spinal devices	Paid from Major Medical Benefit. Unlimited, subject to obtaining services from the Scheme's Designated Services Provider for: prosthetic devices, screws, cement and other components used in the surgery. If the Designated Service Provider is not used, an annual limit of R51 000 per beneficiary applies, limited to R25 500 per level. Further limited to two levels per procedure, and one procedure per year.
Other internal prostheses	Paid from Major Medical Benefit, subject to preauthorisation and clinical protocols
External medical items	
Crutches, wheelchairs, hearing aids, artificial limbs, stoma bags, etc.	Limited to funds in Medical Savings Account
Oxygen rental	Paid from the Major Medical Benefit in full at the Scheme's Designated Service Provider, subject to preauthorisation. Paid up to the Scheme Rate if not obtained from the Scheme's Designated Provider
Healthytech benefit	Paid from the Medical savings Account for one device per beneficiary per year. Limited to R800 of the cost of the device.



RENAL CARE

Dialysis and other renal care-related treatment and educational care (includes authorised related medicines)	Paid from Major Medical Benefit. No overall limit. Subject to a treatment plan and use of the Scheme's Designated Service Provider, National Renal Care. Co-payments will apply if the network is not used
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SUBSTANCE ABUSE

Alcohol and drug rehabilitation	21 days per person, paid from Major Medical Benefit
Detoxification in hospital	3 days per person, paid from Major Medical Benefit



TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)

Hospice (excluding frail care)	Unlimited. Paid from the Major Medical Benefit, subject to clinical entry criteria
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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.	Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:		
Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria	Allied and therapeutic healthcare services	M	R 5 700
		M+1	R 8 600
		M+2	R 10 700
		M+3+	R 12 900
	External medical items		R 26 450
	Hearing aids		R 12 400
Prescribed Medicine		M	R 11 150
		M+1	R 13 200
		M+2	R 15 650
		M+3+	R 19 000
	Prosthetic limbs (with no further access to the external medical items limit)		R 72 000



ACTIVE – TOTAL MONTHLY CONTRIBUTIONS INCLUDING YOUR MEDICAL SAVINGS ACCOUNT FOR 2016

	MEMBER	ADULT	CHILD DEPENDANT	MAXIMUM FOR 3 CHILD DEPENDANTS
TOTAL MONTHLY CONTRIBUTIONS	R2 259	R1 519	R749	R2 247



ACTIVE CONTRIBUTIONS

40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R3 871.00

Member	R 904
Member + Spouse	R1 512
Member + Spouse + Child	R1 811
Member + Spouse + 2 Children	R2 111
Member + Spouse + 3 Children	R2 410
Member + Spouse	R1 204
Member + 2 Children	R1 503
Member + 3 Children	R1 803

WHAT WE DO NOT COVER (EXCLUSIONS)

There are certain medical expenses and other costs the Scheme does not cover. 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 by the members:

Certain types of treatments and procedures

- Cosmetic procedures, for example, otoplasty for jug ears; portwine stains; blepharoplasty (eyelid surgery); keloid scars; hair removal; nasal reconstruction (including septoplasties, osteotomies and nasal tip surgery); enamel micro abrasion
- Breast reductions and implants
- Treatment for obesity
- Treatment for infertility
- Frail care
- Experimental, unproven or unregistered treatment or practices
- CT angiogram of the coronary vessels and CT colonoscopy

Certain types of injuries

- Willfully self-inflicted illness or injury
- Injuries that happen while you are purposefully breaking the law
- Injuries that happen while you are purposefully taking part in war, terrorist activity, riot, civil commotion, rebellion or insurrection

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.

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)

This is a summary of the LA Active 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.

● Client Services 0860 103 933 ● Fax 011 539 7276 ● www.lahealth.co.za ● service@discovery.co.za ●

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ACTIVE

BENEFIT OPTION 2016

REASONS WHY THE LA ACTIVE OPTION IS THE BEST CHOICE FOR YOU

This option has a Major Medical Benefit for all in-hospital and large expenses as well as for Prescribed Minimum Benefit Chronic Disease List cover. It also pays for some day-to-day expenses from a Medical Savings Account. Further cover for specific disciplines is provided through the Extended Day-to-day Benefit (GPs, specialists, dentist, acute medicine, radiology, pathology and optical benefits). All planned procedures must be preauthorised.

1

You're covered in an emergency

LA Active covers you for emergency transport through ER24 when you need it. We pay for this service from the Major Medical Benefit and there is no overall limit. (Call Discovery 911 for authorisation.)

2

Cover for GPs and specialists in and out of hospital

When you're admitted to a hospital, there is no overall limit on your cover for GP and specialist visits. We pay up to 100% of the LA Health Rate from the Major Medical Benefit.

Out-of-hospital GP and specialist visits are paid from the Medical Savings Account or the Extended Day-to-day Benefit.

3

We cover you when you have to go to hospital

Hospitalisation, theatre fees and costs for intensive and high care at provincial, state and private hospitals have no overall limit, but you must obtain preauthorisation from the Scheme for any planned procedures. (You will have a co-payment if you do not preauthorise your planned treatment.)

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



4

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. You have out-of-hospital cover for GP and specialist (gynaecologist) visits and blood tests during your pregnancy, which we pay from your Medical Savings Account or the Extended Day-to-day Benefit, if you have funds available. We also pay for ultrasound scans from the available funds in your Medical Savings Account, and if the scan forms part of a Prescribed Minimum Benefit, we pay for it from the Major Medical Benefit. Antenatal classes are paid from the available funds in the Medical Savings.

6

We pay for certain preventative screening tests or vaccines

The Major Medical Benefit provides up to R170 per person per year 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 contracted providers or a network pharmacy. The Scheme also pays for one Pneumococcal vaccination in a beneficiary's lifetime for qualifying members.

The Scheme pays for one Pap smear, mammogram and prostate-specific antigen test per person per year from the Major Medical Benefit. The consultation and other related costs are paid from your Medical Savings Account. If these are needed as part of Prescribed Minimum Benefits, we pay the costs from the Major Medical Benefit.

5

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 formulary medicine. Medicine that is not on the formulary is paid up to a Chronic Drug Amount.

Prescribed acute medicine on the preferred list is paid from the available funds in your Medical Savings Account or from the Extended Day-to-day Benefit at 100% of the Medicine Rate and that on the non-preferred list is paid at 90% of the Medicine Rate.

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 or from the Extended Day-to-day Benefit.

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 Extended Day-to-day Benefit at 100% of the Medicine Rate for medicine on the preferred list and at 90% for medicine on the non-preferred list.



SCHEDULE OF BENEFITS

OVERALL ANNUAL LIMITS			
Hospital	No overall limit		
Extended Day-to-day Benefit	Member R3 852	Spouse/adult R2 688	Child R 768
Medical Savings Account	Member R5 196	Spouse/adult R3 756	Child R2 160

AMBULANCE SERVICES	
Emergency transport	Paid from Major Medical Benefit, up to 100% of the cost from ER24, the Scheme's Designated Service Provider. No overall limit

BLOOD TRANSFUSIONS AND BLOOD PRODUCTS	
Blood transfusions and blood products	Paid from Major Medical Benefit. No overall limit

DENTISTRY													
Maxillo-facial procedures: certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repair	Paid from Major Medical Benefit. No overall limit												
In-hospital: Specialised dentistry	Deductibles payable by the member from own pocket <table border="1"> <tr> <td>Hospital</td> <td>Younger than 13 years</td> <td>R1 630</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R4 120</td> </tr> <tr> <td>Day Clinics</td> <td>Younger than 13 years</td> <td>R 800</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R2 710</td> </tr> </table> <p>Hospital and related accounts paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Related, non-hospital accounts (for dentists, anaesthetists, etc), subject to a limit of R18 180 per person per year.</p>	Hospital	Younger than 13 years	R1 630		Older than 13 years	R4 120	Day Clinics	Younger than 13 years	R 800		Older than 13 years	R2 710
Hospital	Younger than 13 years	R1 630											
	Older than 13 years	R4 120											
Day Clinics	Younger than 13 years	R 800											
	Older than 13 years	R2 710											
In-hospital Basic dentistry	Deductibles payable by the member from own pocket <table border="1"> <tr> <td>Hospital</td> <td>Younger than 13 years</td> <td>R1 630</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R4 120</td> </tr> <tr> <td>Day Clinics</td> <td>Younger than 13 years</td> <td>R 800</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R2 710</td> </tr> </table> <p>Hospital account paid from the Major Medical Benefit. Related, non-hospital accounts (for dentists, anaesthetists, etc), paid from and limited to available funds in the Medical Savings Account and the Extended Day-to-day Benefit.</p>	Hospital	Younger than 13 years	R1 630		Older than 13 years	R4 120	Day Clinics	Younger than 13 years	R 800		Older than 13 years	R2 710
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	Older than 13 years	R4 120											
Day Clinics	Younger than 13 years	R 800											
	Older than 13 years	R2 710											
Out-of-hospital: Specialised dentistry	Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit.												
Out-of-hospital: Basic dentistry	First R2 945 per family per year paid from Major Medical Benefit. Thereafter, paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit												

GPS AND SPECIALISTS	
In-hospital visits	Paid from Major Medical Benefit up to 100% of the LA Health Rate. No overall limit
Out-of-hospital: GP and specialist visits in doctor's rooms and virtual consultations	Paid from Medical Savings Account or Extended Day-to-day Benefit
Second opinion consultation obtained from specialists at the Cleveland Clinic	Paid from the Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation

HIV OR AIDS	
HIV prophylaxis (rape or mother-to-child transmission)	Paid from Major Medical Benefit. No overall limit.
HIV or AIDS-related illnesses	No overall limit, subject to clinical entry criteria and HIVCare Programme protocols
HIV or AIDS-related medicine	Covered with no overall limit from the Scheme's Designated Service Provider

HOSPITALS (ALL PLANNED PROCEDURES MUST BE PREAUTHORISED)	
Hospitalisation, theatre fees, intensive and high care costs	
Provincial, state and private hospitals	Subject to preauthorisation. No overall limit. Paid from Major Medical Benefit up to 100% of the LA Health Rate

MATERNITY BENEFIT	
In-hospital	No overall limit
Out-of-hospital - GP, specialist consultations and blood tests	Limited to funds in Medical Savings Account or Extended Day-to-day Benefit
Ultrasounds	Limited to funds in Medical Savings Account, except for Prescribed Minimum Benefits
Blood tests	Limited to funds in Medical Savings Account or Extended Day-to-day Benefit
Antenatal classes	Limited to funds in Medical Savings Account

MEDICINE	
Prescribed Minimum Benefit Chronic Disease List conditions (subject to benefit entry criteria and approval)	Medicine for all Prescribed Minimum Benefit Chronic Disease List conditions covered from Major Medical Benefit. The Scheme pays in full up to the Medicine Rate for formulary medicine and up to a monthly Chronic Drug Amount amount if non-formulary medicine is used
Premier Practice Benefit	Beneficiaries registered on the CIB for diabetes, hypertension, hyperlipidaemia or ischaemic heart disease, who have been registered by their Premier Practice GP on the programme, are eligible for: <ul style="list-style-type: none"> *one long consultation (minimum 45 minutes) with a GP on the GP Network, *one visit to a dietitian, and *one visit to a biokineticist. These benefits are paid from the Major Medical Benefit in addition to the normal PMB CDL benefits and baskets of care.
Prescribed/acute medicine	Paid from and limited to funds in the Medical Savings Account or Extended Day-to-day Benefit. Paid at 100% of the LA Health Medicine Rate for medicine on the preferred list and at 90% of the Medicine Rate for medicine on the non-preferred medicine list
Medicine bought over-the-counter at a pharmacy (schedule 0, 1 & 2) and generic or non-generic, whether prescribed or not	Limited to funds in Medical Savings Account or Extended Day-to-day Benefit up to 100% of the cost
Take-home medicine (when discharged from hospital) TTOs	Limited to funds in the Medical Savings Account or Extended Day-to-day Benefit. Paid at 100% of the LA Health Medicine Rate for medicine on the preferred list and at 90% of the Medicine Rate for medicine on the non-preferred medicine list

MENTAL HEALTH	
Psychiatric hospitals, subject to preauthorisation and case management	21 days per person, paid from Major Medical Benefit
Out-of-hospital: Psychologists, psychiatrists, art therapy and social workers; alcohol and drug rehabilitation	Limited to funds in the Medical Savings Account

ONCOLOGY (CANCER-RELATED CARE)	
Oncology Programme (including chemo- and radiotherapy)	No overall limit in a 12-month cycle, subject to approval of a treatment plan, paid up to the Scheme Rate. All oncology claims accumulate to a threshold of R228 000. A 20% co-payment applies after this. Prescribed Minimum Benefit oncology-related care is paid in full without any co-payments
PET scans	No overall limit in a 12-month cycle. Scan must be done at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R2 900 will apply if a Designated Service Provider is not used
Stem cell transplants	No overall limit at the Designated Service Provider, subject to registration on the Scheme's Oncology Programme. Limited to R1 million, if Designated Service Provider is not used

OPTICAL	
Optometry consultations	Limited to funds in the Medical Savings Account or Extended Day-to-day Benefit
Spectacles, frames, contact lenses and refractive eye surgery	Limited to funds in the Medical Savings Account or Extended Day-to-day Benefit

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
Medicine for immuno-suppressive therapy	As per Chronic Illness Benefit Chronic Drug Amount

OTHER SERVICES	
Auxiliary services (physiotherapy, occupational therapy, audiology, psychology etc)	Limited to funds in the Medical Savings Account
Alternative healthcare practitioners (chiropractors, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account
Nurse practitioners	Limited to funds in the Medical Savings Account

PATHOLOGY AND RADIOLOGY	
In-hospital (subject to preauthorisation)	
MRI and CT scans (referred by a specialist); ultrasounds, x-rays, pathology	Paid from Major Medical Benefit. No overall limit
Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital)	First R2 250 of hospital account paid from Medical Savings Account and the rest of the account paid from Major Medical Benefit. Related accounts limited to funds in Medical Savings Account or Extended Day-to-day Benefit
Out-of-hospital	
MRI and CT scans (referred by a specialist) subject to preauthorisation	First R2 250 of scan account paid from Medical Savings Account and the rest of the account paid from Major Medical Benefit.
Radiology (including x-rays and ultrasounds) and pathology	Paid from Medical Savings Account or Extended Day-to-day Benefit
Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Paid from Major Medical Benefit. Unlimited

PREVENTIVE CARE	
Pharmacy Screening Benefit at a network pharmacy: blood glucose test, blood pressure test, cholesterol test and body mass index (BMI) OR One Flu vaccination	R170 per person per year for one or all of the 4 listed screening tests, if performed at the same time, or a flu vaccination. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used.
Screening benefit at other providers: mammogram, Pap smear, prostate-specific antigen test	Limited to one Pap smear, mammogram and prostate-specific antigen test per person per year, paid from Major Medical Benefit. Consultations, other related costs and procedures paid from Medical Savings Account, unless it is a PMB.
Pneumococcal vaccinations	Eligible members have access to one pneumococcal vaccination per beneficiary per lifetime, paid from the Major Medical Benefit.