LA Health
Powered by Discovery

2024

LA Core

Reasons why

the LA Core option is the best for you

We're in it for your health

This option has a Major Medical Benefit for all in-hospital and large expenses. It provides cover for medicine for Chronic Disease List conditions that form part of the Prescribed Minimum Benefits, as well as for several additional chronic conditions. It pays for Day-to-day expenses from a Medical Savings Account, with Extended Day-to-day Benefits for GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits.

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, or 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 LA Health 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 LA Health Rate, subject to clinical criteria, the use of the Scheme's Network providers and applicable limits.

WE COVER YOU IN AN EMERGENCY

LA Core 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.

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 Extended Day-to-day Benefit.

WE COVER YOU WHEN YOU HAVE TO BE ADMITTED TO HOSPITAL

Hospitalisation, theatre fees and costs for intensive and high care at private hospitals have no overall limit, but you must obtain preauthorisation from the Scheme for any planned procedures. You will have a deductible (upfront 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.

You must make use of the services of Designated Service Provider Day Surgery facilities when you need to undergo certain procedures. If you don't, a deductible will apply, which you will have to pay to the facility.

WE COVER CERTAIN PROCEDURES IN THE SCHEME'S NETWORK OF DAY SURGERY FACILITIES.

Certain procedures must be performed in a Day Surgery facility in the Scheme's Network. If you go to hospital for these procedures, a deductible will apply.

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 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 benefits in the Medical Savings Account or Extended Day-to-day 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 medicine list is paid up to a Chronic Drug Amount.

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

Prescribed, acute medicine on the preferred list are paid from the available funds in your Medical Savings Account, or from the Extended Day-to-day Benefit at 100% of the LA Health Rate for medicine and those on the non-preferred list are paid at 90% of the LA Health Rate for medicine.

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

The Scheme pays for the completion of the Chronic Illness Benefit application form by your provider, 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 or 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 Prescribed Minimum Benefit, we pay the costs from the Major Medical Benefit.

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

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)
Extended Day-to-day Benefit	R7 845	R5 479	R2 134
Medical Savings Account	R12 156	R10 620	R4 884

ADVANCED ILLNESS BENEFIT

Out of hospital palliative care for members with life-limiting conditions, including cancer	Subject to PMB. Paid from Major Medical benefit. Subject to clinical criteria and preauthorisation

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 annual 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

COLO-RECTAL CANCER CARE AND SURGERY

In and out of hospital management of colo-rectal 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 Designated Service 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 pre-authorisation, 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.

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 preauthorisation. Paid from Major Medical Benefit. No overall limit
Specialised dentistry	Members will have to make an upfront payment (deductible)

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

Hospital and related hospital accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate Related, non-hospital accounts (for dentists, anaesthetists, etc), subject to a limit of R36 780 per person per year

Basic dentistry	Members will have to make an upfront payment (deductible)

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

Hospital account paid from the Major Medical Benefit. Related accounts (for dentists, anaesthetists, etc), paid from and limited to available funds in the Medical Savings Account and the Extended Day-to-day Benefit

Out of hospital

Specialised dentistry	Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit
Basic dentistry	Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit

DIABETES AND CARDIO CARE

Diabetes Care and Cardio Care Disease Management Programmes	Up to 100% of the LA Health Rate for non-PMB GP-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

DIABETES AND CARDIO CARE (continued)

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, and 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, limited to R4 900 per device Sensors paid from the Major Medical Benefit limited to R1 800 per beneficiary per month, from a DSP pharmacy and the following annual co-payments: Adult beneficiary R1 300 / Paediatric beneficiary R1 800

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: actual, virtual and tele-consultations or emergency room visits	Paid from Medical Savings Account or Extended Day-to-day 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 Major Medical Benefit once the member's Medical Savings Account and Extended Day-to-day Benefit have been depleted. Subject to clinical criteria
Trauma-related casualty visits for children when Day-to-day benefits are exhausted	Paid from Major Medical Benefit. Cover for two trauma-related casualty visits for children aged 10 and under, once the Medical Savings Account and Extended Day-to-day Benefit have been depleted. Includes the cost of the consultation, facility fee and consumables
International clinical review consultations	Paid from Major Medical benefit to a maximum of 75% of the cost of the consultation Subject to preauthorisation

HIV OR AIDS

HIV prophylaxis (rape or mother-to-child transmission)	Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit
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	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, including benefits for clinically appropriate 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, colo-rectal 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 only

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 services of non-Designated Service Providers are used voluntarily, 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 subject, and limited, to Medical Savings Account and Extended Day-to-day Benefits

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

MATERNITY BENEFIT (continued)

Out of Hospital	
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
Cover for the mother of the newborn baby for up to two years after the birth	• A 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

In hospital	
Antenatal classes	If not registered on the Maternity Programme: Limited to funds in the Medical Savings Account
Doulas Services rendered by Doulas	Paid from the Medical Savings Account

MEDICINE

Prescribed Minimum Benefit Chronic Disease List (PMB CDL) 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 they are on the medicine 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) from the same medicine category, limited to: Member: R13 520 Member + 1+: R26 835
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 Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list
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 and Extended Day-to-day Benefit. A sub-limit of R1 765 applies per beneficiary for certain categories of unregistered supplements.
Take-home medicine (when discharged from hospital)	Limited to funds in the Medical Savings Account or Extended Day-to-day 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

MENTAL HEALTH

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 Designated Service Provider. 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

MENTAL HEALTH (continued)

Out-of-hospital: Psychologists, psychiatrists, art therapy and social workers (non-PMB)	Limited to funds in the Medical Savings Account
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 basket of care, subject to criteria and referral by the Scheme's Network GP, and specific limits. 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-RELATED 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 are not used
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 Medicine 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
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

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 transplants	Paid from the Major Medical Benefit. No overall limit. Subject to Prescribed Minimum Benefits, preauthorisation and the use of the Scheme's Designated Service Provider. Claims paid up to the LA Health Rate if non-DSP services are used
Medicine for immuno-suppressive therapy	Paid according to Prescribed Minimum Benefits, subject to the Chronic Illness Benefit Chronic Drug Amount

OTHER SERVICES

In hospital

Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit subject to preauthorisation and clinical criteria

OTHER SERVICES (continued)

Out of Hospital

Auxilliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Limited to funds in the Medical Savings Account
Alternative healthcare practitioners (chiropodists, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account
Nurse practitioners	Limited to funds in the Medical Savings Account
Unani-Tibb therapy	Limited to funds in the Medical Savings Account

PATHOLOGY AND RADIOLOGY

In hospital

MRI and CT scans (referred by a specialist); ultrasounds, X-rays and pathology	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation. Basic pathology services 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 Benefit
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 (referred by a specialist)	Paid from Major Medical Benefit. No overall limit.
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/Extended Day-to-day Benefit
Radiology (including X-rays and ultrasounds) and pathology, including point of care pathology testing	Paid from Medical Savings Account or Extended Day-to-day Benefit. Point of care pathology testing subject to test result submission via Scheme accredited devices only. Clinical criteria and guidelines apply

PREVENTIVE CARE

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 counseling 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

PREVENTIVE CARE (continued)

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 Colo-rectal 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
Additional cover for Mammogram, Breast MRI, one BRCA test and repeat Pap Smear or one Colonoscopy (for persons identified by the colo-rectal screening to be at risk).	Benefits Subject to clinical criteria and PMB. 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 limited to the applicable negotiated rate per device, if obtained from a non-Preferred Provider
Spinal devices	Paid from the Major Medical Benefit. Unlimited if obtained from the Scheme's Network Provider. If the Network Provider is not used, paid up to the negotiated 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, wigs (oncology or alopecia), low vision devices, etc.	Limited to funds in Medical Savings Account. Wigs for alopecia (not cancer related) subject to a dermatologist requesting such wig, or as prescribed
Oxygen rental	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, claims are paid up to the LA Health Rate only

RENAL CARE

Dialysis and other renal care-related treatment and educational care (includes authorised related medicine)	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

SUBSTANCE ABUSE

Alcohol and drug rehabilitation	Prescribed Minimum Benefit: 21 days per person, paid from Major Medical Benefit
Detoxification in hospital	Prescribed Minimum Benefit: Three days per person, paid from Major Medical Benefit

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 care subject to the benefits in a basket of care

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 benefits listed below:

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 the external medical items limit)		R98 800
Counselling sessions with a psychologist or social worker for beneficiaries indirectly affected by the trauma incident		6 sessions per beneficiary

WORLD HEALTH ORGANIZATION (WHO) BENEFITS

Benefit for out-of-hospital management and 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

WELLTH fund

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 Core 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

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

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.

HEALTHCARE SERVICES THAT WILL BE PAID FROM THE WELLTH FUND

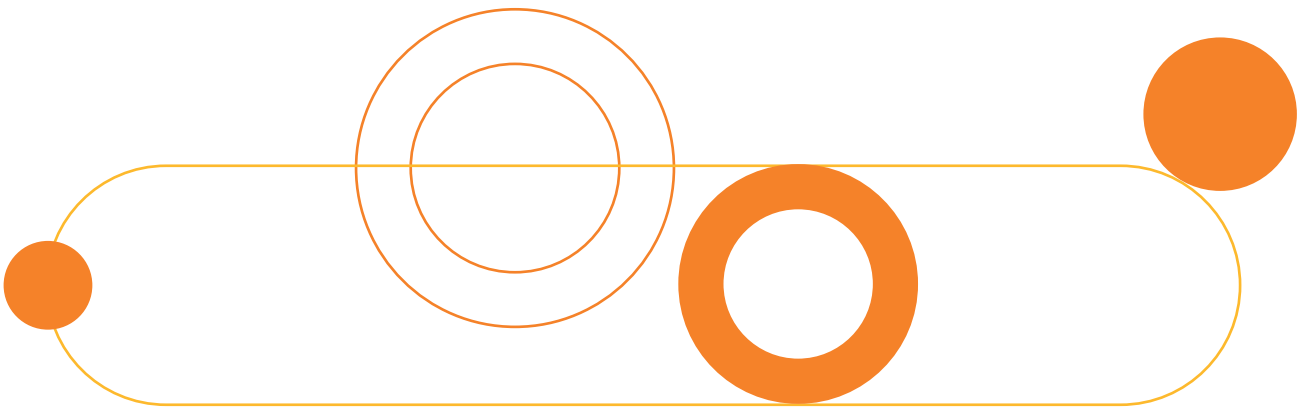
General health	• One GP consultation per beneficiary per year • Dental check-up • Eye check-up • Hearing check-up • Skin cancer screening • Heart consultation • Lung cancer screening for long-term smokers • Medical devices used to monitor blood pressure, blood sugar and cholesterol. The devices must 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 health	• 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 at a provider in the Scheme's Wellness Network • Foot health management at a podiatrist

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

Mental Health	Mental wellness check-up at a psychologist, paediatrician, nurse, social worker, registered counsellor, or psychiatrist
Women's and men's health	Gynaecological and prostate consultations with your doctor, and a bone density check
Children's Health	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 the 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	R6 998	R6 317	R2 091	R6 273

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 by 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) and healthcare services related to gender reassignment
- Breast reductions and implants
- Treatment for obesity
- Treatment for infertility, subject to Prescribed Minimum Benefits
- Frail care
- Experimental, unproven or unregistered treatment or practices.

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.

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).

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.

LA Health
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This is a summary of the LA Core 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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