

2021 LA ACTIVE

ABOUT THIS BENEFIT OPTION



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. It provides cover for medicine for Chronic Disease List conditions that form part of the Prescribed Minimum Benefits. It also pays for day-to-day expenses from a Medical Savings Account. Additional 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.



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 PMBs, 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 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 Designated Providers and applicable limits.

We cover you in an emergency

LA Active covers you for emergency 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

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 go 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 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 Scheme's medicine list is paid up to a Chronic Drug Amount.

Prescribed, acute medicine on the preferred medicine 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 medicine list are paid at 90%.

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. This benefit is limited.

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 medicine list and at 90% for medicine on the non-preferred medicine list.

The Scheme pays for the completion of the *Chronic Illness Benefit application* form by your 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 certain screening tests for children.
- One specific pneumococcal vaccination in a beneficiary's lifetime for qualifying members.
- Pap smears, mammograms and prostate-specific antigen tests, 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.

WHO Outbreak Benefits for COVID-19 related claims

The Scheme pays for screening, testing, consultations and other PMB-related COVID-19 treatment and care – whether the care is required in or out of hospital.

SCHEDULE OF BENEFITS

OVERALL ANNUAL LIMITS 	Hospital	No overall limit		
		Member	Spouse/adult	Child (max 3)
	Extended Day-to-day Benefit	R5 025	R3 512	R1 013
	Medical Savings Account	R6 960	R5 028	R2 880
AMBULANCE SERVICES 	Emergency 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		

DENTISTRY 	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 Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit										
		Specialised dentistry	Members will have to make an upfront payment (deductible) <table border="1"> <tbody> <tr> <td rowspan="2">Hospital</td> <td>Younger than 13 years</td> <td>R2 120</td> </tr> <tr> <td>Older than 13 years</td> <td>R5 360</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td>R1 040</td> </tr> <tr> <td>Older than 13 years</td> <td>R3 510</td> </tr> </tbody> </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 R23 660 per person per year</p>	Hospital	Younger than 13 years	R2 120	Older than 13 years	R5 360	Day Clinics	Younger than 13 years	R1 040	Older than 13 years	R3 510
		Hospital	Younger than 13 years		R2 120								
			Older than 13 years	R5 360									
Day Clinics	Younger than 13 years	R1 040											
	Older than 13 years	R3 510											
Basic dentistry	Members will have to make an upfront payment (deductible) <table border="1"> <tbody> <tr> <td rowspan="2">Hospital</td> <td>Younger than 13 years</td> <td>R2 120</td> </tr> <tr> <td>Older than 13 years</td> <td>R5 360</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td>R1 040</td> </tr> <tr> <td>Older than 13 years</td> <td>R3 510</td> </tr> </tbody> </table> <p>Hospital account paid from the Major Medical Benefit, up to 100% of the LA Health Rate. 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	R2 120	Older than 13 years	R5 360	Day Clinics	Younger than 13 years	R1 040	Older than 13 years	R3 510		
Hospital	Younger than 13 years		R2 120										
	Older than 13 years	R5 360											
Day Clinics	Younger than 13 years	R1 040											
	Older than 13 years	R3 510											
Specialised dentistry	Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit												
OUT-OF-HOSPITAL	Basic dentistry	First R3 840 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		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 the Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefits are depleted. Subject to 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 50% 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										
		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 		Wound care, end-of-life care, IV infusions and postnatal care	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										

All planned procedures must be preauthorised

Hospitalisation, theatre fees, intensive and high care

HOSPITALS



<p>Hospitals</p> <p>In-hospital services obtained out of hospital, subject to preauthorisation</p>	<p>No overall limit. Paid from the Major Medical Benefit. Subject to preauthorisation and clinical guidelines.</p> <p>Emergency in-hospital care subject to Prescribed Minimum Benefits</p> <p>Prescribed Minimum Benefit-related treatment and procedures</p> <p>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</p> <p>If Prescribed Minimum Benefit-related services are not obtained at a Designated Service Provider Hospital and the admitting doctors is not a Designated Service Provider, PMB claims will be paid up to the LA Health Rate only</p> <p>Non-Prescribed Minimum Benefit planned in-hospital treatment and procedures: paid up to 100% of the LA Health Rate</p>
--	--

IN-HOSPITAL

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

MATERNITY BENEFIT



OUT-OF-HOSPITAL

<p>Maternity Programme</p> <p>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 Extended Day-to-day Benefit.</p>	
<p>Cover during Pregnancy</p> <p>Antenatal visits, ultrasounds and scans, selected blood tests, pre- or post-natal classes, GP and Specialist consultations</p>	<ul style="list-style-type: none"> • 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
<p>Cover for the newborn baby for up to two years after birth</p>	<ul style="list-style-type: none"> • 2 visits to a GP, paediatrician or ear, nose and throat (ENT) specialist
<p>Cover for the mother of the newborn baby for up to two years after the birth</p>	<ul style="list-style-type: none"> • 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
<p>Antenatal classes</p>	<p>If not registered on the Maternity Programme: Limited to funds in the Medical Savings Account</p>
<p>Doulas</p> <p>Services rendered by Doulas</p>	<p>Paid from the Medical Savings Account</p>

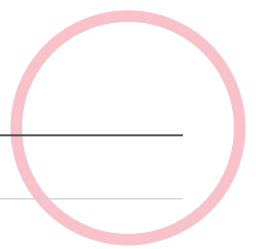
MEDICINE








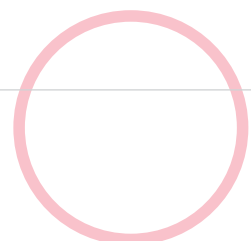
<p>Prescribed Minimum Benefit Chronic Disease List conditions (subject to benefit entry criteria and approval)</p>	<p>We will pay your approved medicine in full if it is on our medicine list (formulary), if it is not we will pay for it up to a set monthly amount, called the Chronic Drug Amount (CDA). 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</p>
<p>Diabetes Care and Cardio Care Programmes</p>	<p>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 by the scheme's Network GP</p> <p>Paid from the Major Medical Benefit</p>
<p>Prescribed/acute medicine</p>	<p>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</p>
<p>Medicine bought over-the-counter at a pharmacy (schedule 0, 1 and 2) and generic or non-generic</p>	<p>Limited to R1 200 per person per year and further limited to funds in Medical Savings Account or Extended Day-to-day Benefit. Paid up to 100% of the cost</p>
<p>Take-home medicine (when discharged from hospital) TTOs</p>	<p>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</p>



MENTAL HEALTH 	Prescribed Minimum Benefit: A maximum of 21 days per person, in or out of hospital, paid from Major Medical Benefit at a DSP.	Psychiatric care subject to preauthorisation and case management. A co-payment of 20% of the hospital account applies when a non-network hospital is used voluntarily
	Out-of-hospital: Psychologists, psychiatrists, art therapy and social workers	Limited to funds in the Medical Savings Account, subject to Prescribed Minimum Benefits
	Out-of-hospital: Mental Health Care Programme	Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to criteria and referral by the Scheme's Network GP. Paid from the Major Medical Benefit
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, paid up to the LA Health 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, subject to clinical criteria
	Oncology-related PET scans	Paid from the Major Medical Benefit, subject to the Oncology threshold of R228 000 in a 12-month cycle. Scan 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
	The Advanced Illness Benefit for patients with end-of-life stage cancer	Paid from Major Medical Benefit Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor
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 and Prescribed Minimum Benefits
	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
	OUT-OF-HOSPITAL Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	Limited to funds in the Medical Savings Account
	OUT-OF-HOSPITAL Alternative healthcare practitioners (chiropractors, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account
	OUT-OF-HOSPITAL Nurse practitioners	Limited to funds in the Medical Savings Account
	OUT-OF-HOSPITAL Unani-Tibb therapy	Paid from Medical Savings Account
PATHOLOGY AND RADIOLOGY 	IN-HOSPITAL MRI and CT scans (referred by a specialist); ultrasounds, X-rays, pathology	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
	IN-HOSPITAL PET scans	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit
	IN-HOSPITAL Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital)	First R2 950 of hospital account paid from Medical Savings Account and the rest of the scope account paid from Major Medical Benefit. Related accounts limited to funds in Medical Savings Account or Extended Day-to-day Benefit, subject to preauthorisation
	OUT-OF-HOSPITAL MRI and CT scans (referred by a specialist) subject to preauthorisation	First R2 950 of scan account paid from Medical Savings Account and the rest of the account paid from Major Medical Benefit, subject to preauthorisation
	OUT-OF-HOSPITAL Radiology (including X-rays and ultrasounds) and pathology	Paid from Medical Savings Account or Extended Day-to-day Benefit
	OUT-OF-HOSPITAL Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Scopes codes only: Paid from Major Medical Benefit. Unlimited, subject to preauthorisation. Related accounts paid from and limited to funds in the Medical Savings Account/Extended Day-to-day Benefit



PREVENTIVE CARE 	Pharmacy Screening Benefit at a network pharmacy: blood glucose test, blood pressure test, cholesterol test and body mass index OR One flu vaccination	Paid once per year from the Major Medical Benefit per qualifying person for a single or basket of these tests. This is covered from the Major Medical Benefit only if a Designated Service Provider is used LDL tests, unlimited and paid from the Major Medical Benefit, subject to clinical criteria
	Screening benefit at other providers: mammogram, Pap smear, prostate-specific antigen test	Limited to one Pap smear every three years, one mammogram every two years and one 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 Prescribed Minimum Benefit. More frequent Pap smear and Mammogram testing, MRI breast scans and once off BRCA testing, subject to clinical criteria and authorisation
	Pneumococcal vaccinations	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
	Screening benefit for children between the ages of two and 18: Body mass index, including counseling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of two and eight years old	Paid once per year from the Major Medical Benefit per qualifying beneficiary for a single or basket of these tests. This is covered from the Major Medical Benefit only if a Designated Service Provider is used
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 R235 100 per person per year, subject to preauthorisation
	Shoulder replacement prostheses	Paid from Major Medical Benefit. Unlimited if obtained from the Scheme's Preferred Provider. A limit of R42 950 per prosthesis will apply if the Preferred Provider is not used
	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 R30 900 per device, 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, limited to R26 250 per level, with an overall limit of R52 500 for two or more levels. 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, 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 LA Health Rate if not obtained from the Scheme's Designated Provider	
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 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
TERMINAL CARE BENEFIT 	Hospice (excluding frail care)	Prescribed Minimum Benefits. Paid from the Major Medical Benefit, subject to clinical criteria and authorisation



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 the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:

Allied and therapeutic healthcare services	M	R 8 300
	M + 1	R12 500
	M + 2	R15 500
	M + 3+	R18 750
External medical appliances		R27 400
Hearing aids		R15 200
Prescribed medicine	M	R16 200
	M + 1	R19 150
	M + 2	R22 750
	M + 3+	R27 650
Prosthetic limbs (with no further access to the external medical items limit)		R88 250

COVID-19 BENEFITS



World Health Organisation (WHO) Outbreak Benefit for out-of-hospital management and appropriate supportive treatment and care for Global WHO recognised disease outbreaks

Prescribed Minimum Benefits

Paid at 100% of the cost from the Major Medical Benefit, subject to the use of the Scheme's Designated Service Providers and clinical guidelines

Includes benefits for:

- A screening consultation with a nurse or DSP GP
- A defined basket of pathology services, including 2 COVID-19 specific tests per person per year, on referral
- A defined set of COVID-19 specific X-rays and scans
- Covid-19 specific supportive acute medicine
- Contact tracing

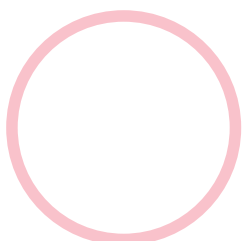
Total monthly contributions including your Medical Savings Account for 2021

	MEMBER	ADULT	CHILD DEPENDANT	MAXIMUM FOR 3 CHILD DEPENDANTS
TOTAL MONTHLY CONTRIBUTIONS	R3 022	R2 031	R1 002	R3 006

40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R4 773.12

	R1 209
	R2 022
	R2 422
	R2 823
	R3 286
	R1 610
	R2 011
	R2 412

LA ACTIVE CONTRIBUTIONS





What we do not cover (exclusions)

There are certain medical expenses and other costs the Scheme does not cover, except when it is a PMB. 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 PMB
- 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.

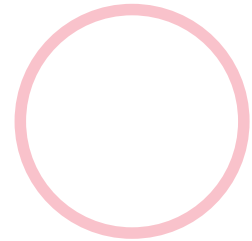
Unless otherwise decided by the Scheme, benefits in respect of these items, on prescription, are limited to one month's supply for each prescription or repeat thereof.

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.



This is a summary of the LA KeyPlus 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 ●

Report fraud anonymously on 0800 004 500



LA-Health



LA Health