

# 2021 LA CORE

## ABOUT THIS BENEFIT OPTION



### REASONS WHY THE LA CORE 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, as well as for several additional chronic conditions. It pays for day-to-day expenses from a Medical Savings Account, with additional cover for specific disciplines through Extended Day-to-day Benefits (GPs, specialists, dentists, 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 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 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 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. 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 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 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.

## World Health Organisation (WHO) Outbreak Benefit

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

## SCHEDULE OF BENEFITS

OVERALL ANNUAL LIMITS	Hospital	No overall limit		
	Extended Day-to-day Benefit	Member	Spouse/Adult	Child (max 3)
		<b>R6 669</b>	<b>R4 657</b>	<b>R1 815</b>
Medical Savings Account	<b>R10 068</b>	<b>R8 796</b>	<b>R4 044</b>	
AMBULANCE SERVICES	<b>Must call Discovery 911 for authorisation</b>			
	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		

<b>DENTISTRY</b> 	<b>IN-HOSPITAL</b>	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) <table border="1"> <tbody> <tr> <td rowspan="2"><b>Hospital</b></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"><b>Day clinics</b></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 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 R31 260 per person per year</p>	<b>Hospital</b>	Younger than 13 years	R2 120	Older than 13 years	R5 360	<b>Day clinics</b>	Younger than 13 years	R1 040	Older than 13 years
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<b>OUT-OF-HOSPITAL</b>	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										
<b>GPS AND SPECIALISTS</b> 	<b>IN-HOSPITAL</b>	Visits	Paid from Major Medical Benefit up to 100% of the LA Health Rate. No overall limit									
	<b>OUT-OF-HOSPITAL</b>	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 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 50% of the cost of the consultation Subject to preauthorisation										
<b>HIV OR AIDS</b> 	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										
<b>HOME-BASED CARE</b> 	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 In-hospital services obtained out of hospital, subject to preauthorisation	No overall limit. Paid from the Major Medical Benefit. Subject to preauthorisation and clinical guidelines  Emergency in-hospital care subject to Prescribed Minimum Benefits  Prescribed Minimum Benefit-related treatment and procedures  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
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**HOSPITALS**



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

**IN-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

**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

**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

**MATERNITY BENEFIT**



**OUT-OF-HOSPITAL**

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: R11 495
- Member + 1+: R22 810

Diabetes Care and Cardio Care 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.

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

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

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

**MEDICINE**




<b>MENTAL HEALTH</b> 	<b>Prescribed Minimum Benefits:</b> Psychiatric care subject to preauthorisation and case management.	In and out of hospital, a maximum of 21 days per person, paid from Major Medical Benefit. 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
	<b>Out-of-hospital:</b> Psychologists, psychiatrists, art therapy and social workers	Limited to funds in the Medical Savings Account
	<b>Out-of-hospital:</b> 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
<b>ONCOLOGY (CANCER-RELATED CARE)</b> 	Oncology Programme (including chemotherapy and radiotherapy)	Paid from Major Medical Benefit. Subject to the Oncology threshold of R456 000 in a 12 month cycle, approval of the treatment plan and paid at the LA Health rate. All oncology claims accumulate to a threshold of R456 000 A 20% co-payment applies after this. Prescribed Minimum Benefit oncology-related care is paid in full, from the Scheme's Designated Service Providers, subject to clinical entry criteria
	Oncology-related PET scans	Paid from Major Medical Benefit, subject to the Oncology threshold of R456 000 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
	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 Programme by the treating doctor
	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 R456 000, with no overall limit. Subject to meeting certain clinical criteria and peer review by a Scheme-appointed panel of specialists
<b>OPTICAL</b> 	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
<b>OTHER SERVICES</b> 	<b>IN-HOSPITAL</b> Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit subject to preauthorisation and clinical criteria
	<b>OUT-OF-HOSPITAL</b> Auxilliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Limited to funds in the Medical Savings Account
	<b>OUT-OF-HOSPITAL</b> Alternative healthcare practitioners (chiroprodists, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account
	<b>OUT-OF-HOSPITAL</b> Nurse practitioners	Limited to funds in the Medical Savings Account
	<b>OUT-OF-HOSPITAL</b> Unani-Tibb therapy	Paid from Medical Savings Account
<b>ORGAN TRANSPLANTS</b> 	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
	Medicine for immuno-suppressive therapy	Paid according to Prescribed Minimum Benefits, subject to the Chronic Illness Benefit Chronic Drug Amount



















<b>PATHOLOGY AND RADIOLOGY</b> 	<b>IN-HOSPITAL</b>	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
	<b>OUT-OF-HOSPITAL</b>	MRI and CT scans (referred by a specialist)	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
		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	Paid from Medical Savings Account or Extended Day-to-day Benefit
<b>PROSTHESES OR EXTERNAL MEDICAL APPLIANCES</b> 	<b>Internal prostheses</b>		
	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 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	
	<b>External medical items</b>		
	Crutches, wheelchairs, hearing aids, artificial limbs, stoma, etc.	Limited to funds in Medical Savings Account	
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		
<b>PREVENTIVE CARE</b> 	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 Benefits only if the services of a Designated Service Provider are used  LDL tests, unlimited and paid from Major Medical Benefit, subject to clinical criteria	
	Screening Benefit at other providers: mammogram, Pap smear, prostate-specific antigen test	Limited to one 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 or Extended Day-to-day Benefit, except for Prescribed Minimum Benefits. More frequent Pap smear and Mammogram testing, MRI breast scans, and once off BRCA testing, subject to clinical criteria	
	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	
	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 person for a single or basket of these tests. This is covered from the Major Medical Benefits only if the services of a Designated Service Provider are used	
<b>RENAL CARE</b> 	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	
<b>SUBSTANCE ABUSE</b> 	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	



<b>TERMINAL CARE BENEFIT</b>  	Hospice (excluding frail care)	Prescribed Minimum Benefit. Paid from Major Medical benefit. Unlimited. Subject to clinical criteria and preauthorisation
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<b>TRAUMA RECOVERY BENEFIT</b>  	<p>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.</p> <p>Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria</p>	<p>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:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #f4a460;"><b>Allied and therapeutic healthcare services</b></td> <td>M</td> <td style="text-align: right;"><b>R20 950</b></td> </tr> <tr> <td></td> <td>M + 1</td> <td style="text-align: right;"><b>R28 450</b></td> </tr> <tr> <td></td> <td>M + 2</td> <td style="text-align: right;"><b>R34 700</b></td> </tr> <tr> <td></td> <td>M + 3+</td> <td style="text-align: right;"><b>R40 250</b></td> </tr> <tr> <td style="background-color: #f4a460;"><b>External medical appliances</b></td> <td></td> <td style="text-align: right;"><b>R40 800</b></td> </tr> <tr> <td style="background-color: #f4a460;"><b>Hearing aids</b></td> <td></td> <td style="text-align: right;"><b>R21 350</b></td> </tr> <tr> <td style="background-color: #f4a460;"><b>Prescribed medicine</b></td> <td>M</td> <td style="text-align: right;"><b>R22 850</b></td> </tr> <tr> <td></td> <td>M + 1</td> <td style="text-align: right;"><b>R27 700</b></td> </tr> <tr> <td></td> <td>M + 2</td> <td style="text-align: right;"><b>R33 350</b></td> </tr> <tr> <td></td> <td>M + 3+</td> <td style="text-align: right;"><b>R36 400</b></td> </tr> <tr> <td style="background-color: #f4a460;"><b>Prosthetic limbs (with no further access to the external medical items limit)</b></td> <td></td> <td style="text-align: right;"><b>R88 250</b></td> </tr> </table>	<b>Allied and therapeutic healthcare services</b>	M	<b>R20 950</b>		M + 1	<b>R28 450</b>		M + 2	<b>R34 700</b>		M + 3+	<b>R40 250</b>	<b>External medical appliances</b>		<b>R40 800</b>	<b>Hearing aids</b>		<b>R21 350</b>	<b>Prescribed medicine</b>	M	<b>R22 850</b>		M + 1	<b>R27 700</b>		M + 2	<b>R33 350</b>		M + 3+	<b>R36 400</b>	<b>Prosthetic limbs (with no further access to the external medical items limit)</b>		<b>R88 250</b>
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<b>COVID-19 BENEFITS</b>  	<p><b>World Health Organisation (WHO) Outbreak Benefit</b></p> <p>Benefit for out-of-hospital management and appropriate supportive treatment and care for Global WHO recognised disease outbreaks</p>	<p><b>Prescribed Minimum Benefits</b></p> <p>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.</p> <p>Includes benefits for:</p> <ul style="list-style-type: none"> <li>A screening consultation with a nurse or DSP GP</li> <li>A defined basket of pathology services, including 2 COVID-19 specific tests per person per year, on referral</li> <li>A defined set of COVID-19 specific X-rays and scans</li> <li>Covid-19 specific supportive acute medicine</li> <li>Contact tracing</li> </ul>
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<b>LA COMPREHENSIVE CONTRIBUTIONS</b>	<b>Total monthly contributions including your Medical Savings Account for 2021</b>				
		 <b>MEMBER</b>	 <b>ADULT</b>	 <b>CHILD DEPENDENT</b>	 <b>+2 MAXIMUM FOR 3 CHILD DEPENDANTS</b>
	TOTAL MONTHLY CONTRIBUTIONS	R5 814	R5 248	R1 737	R5 211
	<b>40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R4 773.12</b>				
		<b>R2 326</b>			
		<b>R6 289</b>			
		<b>R8 026</b>			
		<b>R9 763</b>			
		<b>R11 500</b>			
		<b>R3 021</b>			
	<b>R4 515</b>				
	<b>R6 252</b>				





## 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 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.

● Client Services 0860 103 933 ● Fax 011 539 7276 ● [www.lahealth.co.za](http://www.lahealth.co.za) ● [service@discovery.co.za](mailto:service@discovery.co.za) ●

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