

2021 **LA**
FOCUS

ABOUT THIS BENEFIT OPTION



REASONS WHY THE LA FOCUS 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. Basic dentistry, in or out of hospital, is also paid from the Major Medical Benefit if these services are obtained from a dentist in the LA Focus Dental Network. Other day-to-day expenses are paid from a Medical Savings Account.

For all non-Prescribed Minimum Benefit care you must go to a LA Focus network hospital. These are all hospitals in a province with a coastline and specific hospitals in the remaining South African provinces. If you do not use the services of one of the network hospitals for planned procedures, you will have to pay a portion of the costs from your own pocket (a deductible). All planned procedures and other high cost treatment must be preauthorised.



Prescribed Minimum Benefits

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

To get full cover, you must go to KeyCare Network Hospital if you live in a province with a coastline, or to a LA Focus Network Hospital if you live in an inland province. These hospitals are the Scheme's Designated Service Providers for Prescribed Minimum Benefits on this Option. And if a Specialist in the Designated Service Provider Hospital or a Discovery Health Network GP or a Premier A or Premier B Specialist admits you to one of these hospitals, we will pay all claims related to the authorised Prescribed Minimum Benefit 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 Designated Service Provider Network Hospital and/or your admitting GP or Specialist is not a Designated Service Provider, the Scheme will pay the Prescribed Minimum Benefit 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 Focus 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 in the LA Focus Hospital Network, 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.

We cover you when you have to be admitted to hospital

Hospitalisation, theatre fees and costs for intensive and high care at private hospitals in the LA Focus Hospital Network 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 have your planned procedure done in a non-network hospital. 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 at a hospital in the LA Focus Network. 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.

Basic dentistry, in or out of hospital, paid by the Scheme

If you make use of the services of a dentist in the LA Focus Dental Network, we pay for basic dental services such as fillings, extractions and even dentures (every four years) from the Major Medical Benefit. If you make use of the services of a non-network dentist, all out-of-hospital dentistry pays from your Medical Savings Account, and the specific rules and limits for related services apply for in-hospital treatment.

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.

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 medicines. Medicine that is not on the medicine list is paid up to a Chronic Drug Amount. We pay for the prescribed

and acute medicine on the preferred medicine list in full up to the LA Health Rate for medicine and those on the non-preferred medicine list are paid at 90% from your Medical Savings Account. 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.




When you are discharged from hospital after an admission, we pay for take-home medicine from the available funds in your Medical Savings Account at 100% of the LA Health Medicine Rate for medicine on the preferred medicine list and at 90% for medicine that is not on the preferred medicine list.

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

SCHEDULE OF BENEFITS

OVERALL ANNUAL LIMITS 	Hospital	No overall limit applies. Members must use network hospitals		
	Medical Savings Account	R7 500	R4 848	R2 208
AMBULANCE SERVICES 	Emergency transport	Paid from Major Medical Benefit up to 100% of the LA Health Rate subject to authorisation. No overall limit applies		
BLOOD TRANSFUSIONS AND BLOOD PRODUCTS 	Blood transfusions and blood products	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit applies		



DENTISTRY 	IN-HOSPITAL	Maxillo-facial procedures: certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit												
		Specialised dentistry	Members will have to make an upfront payment (deductible) for all specialised dentistry performed in hospital <table border="1"> <tbody> <tr> <td>Hospital</td> <td>Younger than 13 years</td> <td>R2 120</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R5 360</td> </tr> <tr> <td>Day clinics</td> <td>Younger than 13 years</td> <td>R1 040</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R3 510</td> </tr> </tbody> </table> Hospital account: Paid up to 100% of the LA Health Rate from the Major Medical Benefit. Dentist's account: Unlimited and paid from Major Medical Benefit, subject to a list of basic dental procedures, if performed by a dentist in the LA Focus Dental network. All other related, non-hospital accounts (from non-network dentists, anaesthetists, etc) paid from the Major Medical Benefit subject to a limit of R23 660 per person per year	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
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Specialised dentistry	Paid from and limited to funds in Medical Savings Account. Any basic dentistry services provided by a dentist in the LA Focus Dental Network as part of the specialised dentistry procedure, are paid from the Major Medical Benefit														
Basic dentistry, including one set of plastic dentures per person once every four years from a dentist in the LA Focus dental network	Unlimited and paid from Major Medical Benefit, subject to a list of procedures, if performed by a dentist in the LA Focus Dental Network. If a non-network dentist is used, paid from the Medical Savings Account														
GPS AND SPECIALISTS 	IN-HOSPITAL	Paid from Major Medical Benefit up to 100% of the LA Health Rate. No overall limit													
		GP and specialist visits: actual, virtual and tele consultations or emergency room visits	Paid from Medical Savings Account												
		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 has been depleted. Subject to clinical criteria												
		International clinical review consultations	Paid from the Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation												
		Trauma-related casualty visits for children when normal day-to-day benefits are exhausted	Paid from Major Medical Benefit Two trauma-related casualty visits at a provider in the Scheme's Casualty Network for children aged 10 and under, once the members' Medical Savings Account has been depleted. Includes the cost of the emergency casualty consultation, facility fees and all consumables												
HIV OR AIDS 	OUT-OF-HOSPITAL	HIV- prophylaxis (rape or mother-to-child transmission)	Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit, subject to clinical entry criteria and certain protocols												
		HIV- or AIDS-related illnesses	Prescribed Minimum Benefits. Paid from Major Medical Benefit. Unlimited, subject to HIVCare Programme protocols. If the services of non-Designated Service Providers are used voluntarily, a 20% co-payment will apply												
		HIV- or AIDS-related consultations	Prescribed Minimum Benefits. Covered with no overall limit from the Scheme's Designated Service Provider. A 20% co-payment applies if the services of a non-DSP are used												

HOME-BASED CARE



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

HOSPITALS (ALL PLANNED PROCEDURES MUST BE PREAUTHORISED)



Hospitalisation, theatre fees, intensive and high care

Hospitals in the LA Focus Hospital Network
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 (in a coastal province) or a LA Focus Network Hospital in an inland province, the Scheme's Designated Service Providers for Prescribed Minimum Benefits, provided a Specialist in the KeyCare hospital, a Discovery Health Network GP or a Premier A or Premier B Specialist is the admitting doctor

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

IN-HOSPITAL

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

MATERNITY BENEFIT



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, benefits for mother and baby are subject, and limited to the Medical Savings Account

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

Antenatal classes

If not registered on the Maternity Programme: Limited to funds in the Medical Savings Account

Doulas

Services rendered by Doulas

Paid from the Medical Savings Account

MEDICINE



Prescribed Minimum Benefit Chronic Disease List conditions (subject to benefit entry criteria and approval)

We will pay your approved medicine in full if it is on our medicine list (formulary), if it is not we will pay for it up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one medicine from the same medicine category, we will pay up to the monthly CDA, whether they are on the medicine list or not

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 participation on the Chronic Illness Benefit and referral by the Scheme's Network GP. Paid from the Major Medical Benefit

Prescribed/acute medicine





Paid from the Medical Savings Account 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. Paid up to 100% of the cost

Take-home medicine (when discharged from hospital) TTOs





Limited to funds in the Medical Savings Account and 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

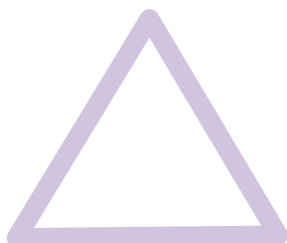
MENTAL HEALTH 	Prescribed Minimum Benefits: A maximum of 21 days per person per year, in or out of hospital, from the Scheme's Designated Service Provider		Psychiatric care subject to preauthorisation and case management. A 20% co-payment applies if the services of a non-Designated Service Provider is 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
		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 chemo- and radiotherapy	Paid from the Major Medical Benefit, subject to the Oncology threshold of R 228 000 in a 12 month cycle, approval of the treatment plan and paid at the LA Health Rate. All claims accumulate to a threshold of R228 000. A 20% co-payment applies after this. Prescribed Minimum Benefit-related oncology care is paid in full from the Scheme's Designated Service Providers subject to clinical entry 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 a Designated Service Provider is not used	
	Stem cell transplants	You have access to local and international bone marrow donor searches and transplant 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 Management Programme by the treating doctor	
OPTICAL 	Optometry consultations	Limited to funds in the Medical Savings Account	
	Spectacles, frames, contact lenses and refractive eye surgery	Limited to funds in the Medical Savings Account	
ORGAN TRANSPLANTS 	Hospitalisation and harvesting of organ for transplant	No overall limit. Related accounts paid at 100% of the LA Health Rate, 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	





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

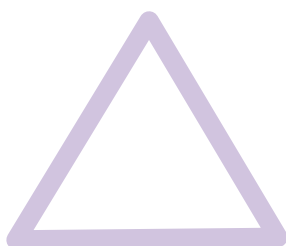




PATHOLOGY AND RADIOLOGY 	IN-HOSPITAL MRI and CT scans (referred by a specialist), ultrasounds, X-rays, pathology	Paid from Major Medical Benefit. No overall limit. Subject to preauthorisation. Basic pathology subject to the use of the services of a Designated Service Provider
	PET scans	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit.
	Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related, non-hospital accounts, if done in hospital)	First R2 950 of the scan paid from and limited to funds in Medical Savings Account and the rest of the account paid from Major Medical Benefit. Related accounts limited to funds in the Medical Savings Account. Subject to preauthorisation
	OUT-OF-HOSPITAL MRI and CT scans	First R2 950 of the scan paid from Medical Savings Account and the rest of the account paid from Major Medical Benefit. Subject to preauthorisation
	Radiology (including X-rays and ultrasounds) and pathology	Limited to funds in the Medical Savings Account
	Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Scopes codes only: Paid from Major Medical Benefit. Unlimited, subject to preauthorisation. Related accounts limited to funds in the Medical Savings Account
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 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 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 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 ITEMS 	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
	Other internal prostheses	Paid from Major Medical Benefit subject to preauthorisation and clinical criteria
	Shoulder replacement prostheses	Unlimited and paid from the Major Medical Benefit 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	Unlimited and paid from Major Medical Benefit 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
	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. Services from non-Designated Service Providers will be paid up to the LA Health Rate only.	
RENAL CARE 	Includes dialysis and other renal care-related treatment and educational care (includes authorised related medicines)	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 entry criteria and preauthorisation																											
TRAUMA RECOVERY BENEFIT 	<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 the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:</p> <table border="1"> <tr> <td rowspan="4">Allied and therapeutic healthcare services</td> <td>M</td> <td>R 8 300</td> </tr> <tr> <td>M + 1</td> <td>R12 500</td> </tr> <tr> <td>M + 2</td> <td>R15 500</td> </tr> <tr> <td>M + 3+</td> <td>R18 750</td> </tr> <tr> <td colspan="2">External medical appliances</td> <td>R27 400</td> </tr> <tr> <td colspan="2">Hearing aids</td> <td>R15 200</td> </tr> <tr> <td rowspan="4">Prescribed medicine</td> <td>M</td> <td>R16 200</td> </tr> <tr> <td>M + 1</td> <td>R19 150</td> </tr> <tr> <td>M + 2</td> <td>R22 750</td> </tr> <tr> <td>M + 3+</td> <td>R27 650</td> </tr> <tr> <td colspan="2">Prosthetic limbs (with no further access to the external medical items limit)</td> <td>R88 250</td> </tr> </table>	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
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Prosthetic limbs (with no further access to the external medical items limit)		R88 250																											
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: <ul style="list-style-type: none"> • 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 																												
COVID-19 BENEFITS 																													













Total monthly contributions including your Medical Savings Account for 2021

	 MEMBER	 ADULT	 CHILD DEPENDANT	 +2 MAXIMUM FOR 3 CHILD DEPENDANTS
TOTAL MONTHLY CONTRIBUTIONS	R2 501	R1 617	R736	R2 208

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

	R1 001
	R1 648
	R1 942
	R2 236
	R2 531
	R1 295
	R1 590
	R1 884

LA FOCUS CONTRIBUTIONS

What we do not cover (exclusions)

There are certain medical expenses and other costs the Scheme does not cover. We call these exclusions. LA Health will not cover any of the following, or the direct or indirect consequences of these treatments, procedures or costs incurred by 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.

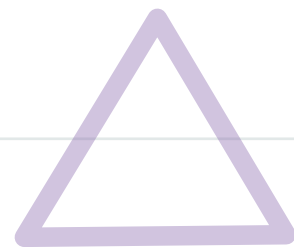
Unless otherwise decided by the Scheme, benefits in respect of these items, on prescription, are limited to one month's supply for each prescription or repeat thereof.

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.



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 ● service@discovery.co.za ●

Report fraud anonymously on 0800 004 500

