



2022

# 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 only). 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 medical 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. 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 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 seniors and children.
- One specific pneumococcal vaccination in a beneficiary's lifetime for qualifying members.
- Pap smears, mammograms, 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.

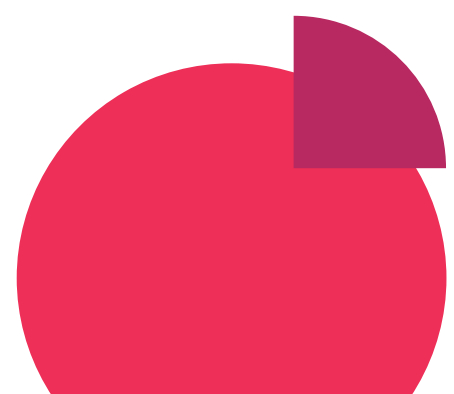
### WHO Outbreak Benefits for COVID-19 related claims

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. This includes benefits for vaccinations and the treatment and care of long COVID-19.

## SCHEDULE OF BENEFITS

<b>OVERALL ANNUAL LIMITS</b> 	Hospital	No overall limit		
	Extended Day-to-day Benefit	Member	Spouse/adult	Child (max 3)
	Medical Savings Account	<b>R5 256</b>	<b>R3 674</b>	<b>R1 060</b>
		<b>R7 224</b>	<b>R5 220</b>	<b>R2 988</b>
<b>AMBULANCE SERVICES</b> 	Emergency medical transport	Paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation No overall limit		
<b>BLOOD TRANSFUSIONS AND BLOOD PRODUCTS</b> 	Blood transfusions and blood products	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit		
<b>COLORECTAL CANCER CARE AND SURGERY</b> 	In and out of hospital management of colorectal 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-DSP provider are used, a 20% co-payment applies. Related accounts paid from Major Medical Benefit		

 <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 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"> <tr> <td><b>Hospital</b></td> <td>Younger than 13 years</td> <td>R2 220</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R5 610</td> </tr> <tr> <td><b>Day Clinics</b></td> <td>Younger than 13 years</td> <td>R1 090</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R3 670</td> </tr> </table> 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 R24 750 per person per year	<b>Hospital</b>	Younger than 13 years	R2 220		Older than 13 years	R5 610	<b>Day Clinics</b>	Younger than 13 years	R1 090		Older than 13 years
	<b>Hospital</b>	Younger than 13 years	R2 220											
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<b>Day Clinics</b>	Younger than 13 years	R1 090												
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<b>OUT-OF-HOSPITAL</b>	Basic dentistry	Members will have to make an upfront payment (deductible)  <table border="1"> <tr> <td><b>Hospital</b></td> <td>Younger than 13 years</td> <td>R2 220</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R5 610</td> </tr> <tr> <td><b>Day Clinics</b></td> <td>Younger than 13 years</td> <td>R1 090</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R3 670</td> </tr> </table> 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	<b>Hospital</b>	Younger than 13 years	R2 220		Older than 13 years	R5 610	<b>Day Clinics</b>	Younger than 13 years	R1 090		Older than 13 years	R3 670
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Specialised dentistry	Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit													
Basic dentistry	First R4 015 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													
 <b>GPS AND SPECIALISTS</b>	<b>IN-HOSPITAL</b>	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 the Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefits are depleted. Subject to clinical 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											
 <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												
	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												
 <b>HOME-BASED CARE</b>	Home-based care for clinically appropriate chronic and acute treatment and conditions that can be treated at home, including clinically appropriate monitoring devices	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												





<b>All planned procedures must be preauthorised</b>	
<b>Hospitalisation, theatre fees, intensive and high care, and Day Surgery</b>	
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
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 Preferred Provider Network


<b>MATERNITY BENEFIT</b>	<b>IN-HOSPITAL</b>	Paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Subject to preauthorisation	
	<b>OUT-OF-HOSPITAL</b>	<b>Maternity Programme</b> 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	
		Cover during Pregnancy Antenatal visits, ultrasounds and scans, selected blood tests, pre- or post-natal classes, GP and Specialist consultations	<ul style="list-style-type: none"> <li>8 Antenatal consultations with a gynaecologist, GP or midwife</li> <li>One Nuchal translucency or one non-invasive prenatal test (NIPT) or one T21 Chromosome test, subject to clinical entry criteria</li> <li>Two 2D ultrasound scans</li> <li>A defined basket of blood tests</li> <li>5 pre- or post-natal classes or consultations with a registered nurse</li> </ul>
		Cover for the newborn baby for up to two years after birth	<ul style="list-style-type: none"> <li>2 visits to a GP, paediatrician or ear, nose and throat (ENT) specialist</li> </ul>
		Cover for the mother of the newborn baby for up to two years after the birth	<ul style="list-style-type: none"> <li>A post-birth consultation at a GP or gynaecologist for post-natal complications</li> <li>One nutritional assessment at a dietician</li> <li>Two mental health consultations with a counsellor or psychologist</li> <li>One lactation consultation with a registered nurse or lactation specialist</li> </ul>
		Antenatal classes	If not registered on the Maternity Programme: Limited to funds in the Medical Savings Account
		<b>Doulas</b> Services rendered by Doulas	Paid from the Medical Savings Account


<b>MEDICINE</b>	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 Disease Management Programmes	Up to 100% of the LA Health Rate for non-PMB and other GP-related services covered in a treatment basket, subject to registration on the Chronic Illness Benefit and referral by the the Scheme's Network GP  Paid from the Major Medical Benefit
	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 350 per device. Paid from Medical Savings Account  Sensors paid from MMB, limited to R1,560 per beneficiary per month, from a DSP pharmacy. The following annual co-payments apply: Adult beneficiary R 780 / Paediatric beneficiary R1 560
	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	Paid up to 100% of the cost, limited to funds in Medical Savings Account or Extended Day-to-day Benefit. Certain categories of unscheduled supplements, supplied as over-the-counter medicine, subject to a limit of R1 570 per person per year
	Take-home medicine (when discharged from hospital) TTOs	Limited to funds in the Medical Savings Account or Extended Day-to-day Benefit. Paid at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list





 <b>MENTAL HEALTH</b>	<b>Prescribed Minimum Benefit:</b>		<p>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 DSP.</p> <p>The in-hospital treatment days and/or the out of hospital contacts accumulate to an overall allowance of 21 treatment days</p> <p>Psychiatric care subject to preauthorisation and case management. A 20% co-payment applies if the services are voluntarily obtained at a non-DSP</p>
	<b>OUT-OF-HOSPITAL</b>	Psychologists, psychiatrists, art therapy and social workers (non-PMB)	Limited to funds in the Medical Savings Account, subject to Prescribed Minimum Benefits
		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 treatment basket of care, subject to clinical 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)		<p>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 R228 000. 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</p>
	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 and the Oncology member support programme for patients with end-of-life stage cancer		<p>Paid from Major Medical Benefit</p> <p>Subject to a basket of care, authorisation and registration on the Oncology Management Programme by the treating doctor. Further subject to clinical criteria and guidelines</p>
 <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>ORGAN TRANSPLANTS</b>	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. 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
 <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>	Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	Limited to funds in the Medical Savings Account
		Alternative healthcare practitioners (chiropractors, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account
		Nurse practitioners	Limited to funds in the Medical Savings Account
		Unani-Tibb therapy	Paid from Medical Savings Account
 <b>PATHOLOGY AND RADIOLOGY</b>	<b>IN-HOSPITAL</b>	Basic pathology services	Paid from the Major Medical Benefit. Unlimited, subject to authorisation and the use of the services of the Scheme's Designated Service Provider
		MRI and CT scans (referred by a specialist); ultrasounds, X-rays, pathology	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation.
		PET scans	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit
	<b>OUT-OF-HOSPITAL</b>	Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital)	First R3 100 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
		MRI and CT scans (referred by a specialist) subject to preauthorisation	First R3 100 of scan account 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, 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
		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





<b>PREVENTIVE CARE</b> 	<b>Pharmacy screening benefit:</b> 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
	<b>Screening benefit for children between the ages of 2 and 18:</b> 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
	<b>Enhanced Screening Benefit for persons 65 years and older:</b> 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
	<b>Other screening tests:</b> Mammogram, Pap Smear, Prostrate-Specific Antigen (PSA) or Colorectal cancer screenings  Benefits Subject to clinical criteria and PMB.	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 colorectal screening to be at risk)  Consultations paid as described for GPs or Specialists
	<b>Vaccinations:</b> 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

<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 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
<b>EXTERNAL MEDICAL ITEMS</b>		
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	

<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. Co-payments will apply if the services of the Designated Service Provider are not used
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<b>SPINAL CARE AND SURGERY</b> 	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 treatment subject to the benefits in a basket of care
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<b>SUBSTANCE ABUSE</b> 	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																									
<b>TERMINAL CARE BENEFIT</b> 	Hospice (excluding frail care)	Prescribed Minimum Benefits. Paid from the Major Medical Benefit, subject to clinical criteria and authorisation																									
<b>TRAUMA RECOVERY BENEFIT</b> 	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:																									
		<table border="1"> <tr> <td rowspan="4"><b>Allied and therapeutic healthcare services</b></td> <td>M</td> <td><b>R 8 700</b></td> </tr> <tr> <td>M + 1</td> <td><b>R13 100</b></td> </tr> <tr> <td>M + 2</td> <td><b>R16 200</b></td> </tr> <tr> <td>M + 3+</td> <td><b>R19 600</b></td> </tr> <tr> <td colspan="2"><b>External medical appliances</b></td> <td><b>R28 700</b></td> </tr> <tr> <td colspan="2"><b>Hearing aids</b></td> <td><b>R15 900</b></td> </tr> <tr> <td rowspan="4"><b>Prescribed medicine</b></td> <td>M</td> <td><b>R16 900</b></td> </tr> <tr> <td>M + 1</td> <td><b>R20 000</b></td> </tr> <tr> <td>M + 2</td> <td><b>R23 800</b></td> </tr> <tr> <td>M + 3+</td> <td><b>R28 900</b></td> </tr> <tr> <td colspan="2"><b>Prosthetic limbs (with no further access to the external medical items limit)</b></td> <td><b>R92 300</b></td> </tr> </table>	<b>Allied and therapeutic healthcare services</b>	M	<b>R 8 700</b>	M + 1	<b>R13 100</b>	M + 2	<b>R16 200</b>	M + 3+	<b>R19 600</b>	<b>External medical appliances</b>		<b>R28 700</b>	<b>Hearing aids</b>		<b>R15 900</b>	<b>Prescribed medicine</b>	M	<b>R16 900</b>	M + 1	<b>R20 000</b>	M + 2	<b>R23 800</b>	M + 3+	<b>R28 900</b>	<b>Prosthetic limbs (with no further access to the external medical items limit)</b>
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<b>COVID-19 BENEFITS</b> 	World Health Organisation (WHO) Outbreak Benefit for out-of-hospital management and appropriate supportive treatment and care for Global WHO recognised disease outbreaks	<b>Prescribed Minimum Benefits</b> 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"> <li>• A screening consultation with a nurse or Designated Service Provider 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>• COVID-19 vaccination, including administration costs</li> <li>• Pulse oximeter (subject to clinical criteria)</li> <li>• Treatment of complications and rehabilitation for patients suffering from long COVID-19</li> </ul>																									

<b>LA ACTIVE CONTRIBUTIONS</b>	<b>TOTAL MONTHLY CONTRIBUTIONS INCLUDING YOUR MEDICAL SAVINGS ACCOUNT FOR 2022</b>			
	 <b>MEMBER</b>	 <b>ADULT</b>	 <b>CHILD DEPENDANT</b>	 <b>MAXIMUM FOR 3 CHILD DEPENDANTS</b>
<b>TOTAL MONTHLY CONTRIBUTIONS</b>	<b>R3 127</b>	<b>R2 102</b>	<b>R1 037</b>	<b>R3 111</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 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.

This is a summary of the LA Active benefits and features, submitted to the Registrar of Medical Schemes. If there is any discrepancy between this document and the registered Rules, the Rules will always apply.

● Client Services 0860 103 933 ● Fax 011 539 7276 ● [www.lahealth.co.za](http://www.lahealth.co.za)  
● [service@discovery.co.za](mailto:service@discovery.co.za) ● Report fraud anonymously on 0800 004 500

