



2022

LA Comprehensive

ABOUT THIS BENEFIT OPTION

REASONS WHY THE LA COMPREHENSIVE 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 several additional chronic conditions. It pays for some day-to-day expenses from a Medical Savings Account, with additional cover through the Above Threshold Benefit, for most disciplines, subject to applicable limits. 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, and 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 Network and/or Preferred Providers, and applicable limits.

We cover you in an emergency

LA Comprehensive covers you for emergency medical transport. We pay for this service from the Major Medical Benefit and there is no overall limit. Call Discovery 911 for authorisation.

Cover for GPs and specialists in and out of hospital

To have your Prescribed Minimum Benefit claims paid in full when you are in hospital, the Specialist or GP who admits you must be on the Scheme's Network. When you're admitted to a hospital, there is no overall limit that applies to GP and specialist visits.

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

We pay for out-of-hospital GP and specialist visits from the Medical Savings Account or the Extended Day-to-day Benefit.

We cover you when you have to go to hospital

Hospitalisation, theatre fees and costs for intensive and high care at hospitals have no overall limit, but you must obtain preauthorisation from the Scheme for any planned procedures. (You will have a deductible [an 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 for your hospital admission from the Major Medical Benefit. 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 Medical Savings Account or from the Above Threshold 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 list (formulary) is paid up to a Chronic Drug Amount.

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

The Specialised Medicine and Technology Benefit provides cover for biological and high-technology medicine up to a specific amount, if authorised (you may have to fund part of it yourself).

We pay for prescribed and acute medicine on the preferred medicine list from the available funds in your Medical Savings Account or from the Above Threshold Benefit at 100% of the LA Health Rate for medicine and medicine on the non-preferred list are paid at 90% of the LA Health Rate for medicine. Specific limits apply based on your family size.

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. 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 Above Threshold 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 treating doctor, if the condition is approved.

We pay for certain preventive screening tests or vaccines

The Major Medical Benefit provides cover for:




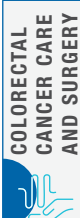
- A screening test (to check your blood glucose, blood pressure, cholesterol and body mass index), or a flu vaccination at one of the Scheme's designated service providers, or a network pharmacy. We also pay for additional screening tests if you are older than 65 years and certain screening tests for 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.





World Health Organisation (WHO) Outbreak Benefit

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

SCHEDULE OF BENEFITS







 OVERALL ANNUAL LIMITS	Hospital	No overall limit		
	Above Threshold Benefit	Member	Spouse/adult	Child (max 3)
	Medical Savings Account	R18 084	R12 336	R5 436
 AMBULANCE SERVICES	Emergency Medical 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	
 COLORECTAL CANCER CARE AND SURGERY		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	





DENTISTRY 	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	<p>Members will have to make an upfront payment (deductible)</p> <table border="1"> <tbody> <tr> <td rowspan="2">Hospital</td> <td>Younger than 13 years</td> <td>R2 220</td> </tr> <tr> <td>Older than 13 years</td> <td>R5 610</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td>R1 090</td> </tr> <tr> <td>Older than 13 years</td> <td>R3 670</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 joint limit of R32 700 per person per year, for in- or out-of-hospital specialised dentistry</p>	Hospital	Younger than 13 years	R2 220	Older than 13 years	R5 610	Day Clinics	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 Above Threshold Benefit, subject to a joint limit of R32 700 per person per year for specialised dentistry, performed in or out of hospital											
Basic dentistry	Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R16 890 per person per year for basic dentistry, performed in or out of hospital											
GPS AND SPECIALISTS 	Visits	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 or Above Threshold 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 Above Threshold Benefits have been 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 Above Threshold 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. 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 	Clinically appropriate chronic and acute treatment and conditions that can be treated at home	Paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, clinical criteria and management by the Scheme's Designated Service Providers and benefits defined in a basket of care, inclusive of benefits for clinically appropriate home monitoring devices										
HOSPITALS 	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										

HOSPITALS 	All planned procedures must be preauthorised													
	Hospitalisation, theatre fees, intensive and high care													
Hospitals	No overall limit. Paid from the Major Medical Benefit. Subject to preauthorisation and clinical guidelines													
Prescribed Minimum Benefit-related treatment and procedures	<p>Emergency in-hospital care subject to Prescribed Minimum Benefits</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>													
MATERNITY BENEFIT 	IN-HOSPITAL	Paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Subject to preauthorisation												
	OUT-OF-HOSPITAL	Maternity Programme Paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Subject to registration on the Programme. If not registered on the Programme, benefit for mother and baby subject, and limited to benefits from Medical Savings Account and Above Threshold 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"> 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	<ul style="list-style-type: none"> 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	<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 											
		Antenatal classes	If not registered on the Maternity Programme: Limited to R1 775 per person and paid from the Medical Savings Account or Above Threshold Benefit											
		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 the medicine is on the list, or not												
	Additional chronic conditions (subject to approval and a defined list of conditions)	<p>Paid up to the applicable monthly Chronic Drug Amount (CDA), limited to:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Member</td> <td>Member +1</td> <td>Member +2</td> <td>Member +3</td> <td>Member +4</td> <td>Member +5</td> </tr> <tr> <td>R5 880</td> <td>R11 830</td> <td>R13 695</td> <td>R15 575</td> <td>R16 870</td> <td>R18 545</td> </tr> </table>	Member	Member +1	Member +2	Member +3	Member +4	Member +5	R5 880	R11 830	R13 695	R15 575	R16 870	R18 545
	Member	Member +1	Member +2	Member +3	Member +4	Member +5								
	R5 880	R11 830	R13 695	R15 575	R16 870	R18 545								
	Diabetes Care or Cardio Care Disease Management Programmes	<p>Up to 100% of the LA Health Rate for non-PMB GP- and other related services covered in a treatment basket, subject to registration on the Chronic Illness Benefit, and referral by the Scheme's Network GP</p> <p>Paid from the Major Medical Benefit</p>												
Continuous blood glucose monitoring	<p>Subject to registration on the Scheme's Diabetes Management Programme, authorisation and clinical criteria</p> <p>Readers and/or transmitters paid from the Medical Savings Account or Above Threshold Benefit, limited to R4 350 per device, subject to available benefits in the External Medical Items benefit</p> <p>Purchase of sensors paid from MMB limited to R1,560 per beneficiary per month, subject to being obtained from a DSP pharmacy and the following annual co-payments: Adult beneficiary R1 170 / Paediatric beneficiary R1 560</p>													
Specialised Medicine and Technology Benefit	Subject to authorisation and Prescribed Minimum Benefits. Paid from Major Medical Benefit at the LA Health Medicine Rate up to R228 000 per person per year with a variable co-payment up to a maximum of 20% of the cost of the medicine or technology, based on the actual condition and medicine applied for, for non-prescribed Minimum Benefits													
MEDICINE 	Prescribed/acute medicine	<p>Paid at 100% of the LA Health Medicine Rate for medicine on the preferred medicine list and at 90% of the Medicine Rate for medicine on the non-preferred list. Paid from Medical Savings Account or Above Threshold Benefit, limited to:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Member</td> <td>Member +1</td> <td>Member +2</td> <td>Member +3</td> <td>Member +4</td> </tr> <tr> <td>R11 005</td> <td>R14 075</td> <td>R16 965</td> <td>R19 570</td> <td>R22 265</td> </tr> </table>	Member	Member +1	Member +2	Member +3	Member +4	R11 005	R14 075	R16 965	R19 570	R22 265		
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 MEDICINE	Medicine bought over-the-counter at a pharmacy (schedule 0, 1 and 2) and generic or non-generic	Paid from available funds in Medical Savings Account. Up to 100% of the cost. Benefits do not accumulate to the Annual Threshold. 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 Above Threshold Benefit. Paid at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list.
 MENTAL HEALTH	Prescribed Minimum Benefit	A maximum of 21 days in hospital per person or a maximum of 15 out of hospital psychologist or psychiatrist contacts paid from Major Medical Benefit at a Designated Service Provider. The in-hospital treatment days and/or the out of hospital contacts accumulate to an overall allowance of 21 treatment days. Psychiatric care subject to preauthorisation and case management. Where members voluntarily make use of the services of a hospital that is not a Designated Service Provider, a 20% co-payment will apply to the hospital account
	Out-of-hospital: Psychologists, psychiatrists, art therapy and social workers (non-PMB)	Paid from Medical Savings Account or Above Threshold Benefit. Limited to R21 200 per family per year
	Out-of-hospital: Disease management for major depression for members registered on the Mental Health Care Programme	Up to 100% of the LA Health Rate for non-PMB GP- and other related services covered in a basket of care, subject to criteria and referral by the Scheme's Network GP, and specific limits. Paid from the Major Medical Benefit
 ONCOLOGY (CANCER-RELATED CARE)	Oncology Programme (including chemotherapy and radiotherapy)	No overall limit in a 12-month cycle, subject to approval of a treatment plan and the use of the services of the Scheme's DSP. All oncology claims accumulate to a threshold of R456 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
	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 and the Oncology member support programme for patients with end-of-life stage cancer	Paid from Major Medical Benefit 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
	Oncology Innovation Benefit, providing a Access to cover for a defined list of non-PMB novel and ultra-high cost cancer treatment	Paid at 75% of the Scheme 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
 OPTICAL	Optometry consultations	Limited to funds in the Medical Savings Account or Above Threshold Benefit
	Spectacles, frames, contact lenses and refractive eye surgery	Paid from the Medical Savings Account or Above Threshold Benefit up to a limit of R5 020 per person
 ORGAN TRANSPLANTS	Hospitalisation and harvesting of organ for donor transplants	Paid from Major Medical Benefit. No overall limit. Subject to Prescribed Minimum Benefits, preauthorisation and the use of the Scheme's Designated Service Provider. Claims paid up to the LA Health Rate if non-DSP services are used
	Medicine for immuno-suppressive therapy	Paid according to Prescribed Minimum Benefits, subject to the Chronic Illness Benefit Chronic Drug amount
 OTHER SERVICES	IN-HOSPITAL	
	Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria
	OUT-OF-HOSPITAL	
	Auxilliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	Limited to funds in the Medical Savings Account or Above Threshold Benefit
	Alternative healthcare practitioners (chiroprapist, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account or Above Threshold Benefit
Nurse practitioners	Paid up to a limit of R12 330 per family from Medical Savings Account or Above Threshold Benefit	
Unani-Tibb therapy	Limited to funds in the Medical Savings Account with no Accumulation to the Threshold	

SUBSTANCE ABUSE	IN-HOSPITAL	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
	OUT-OF-HOSPITAL	Alcohol and drug rehabilitation	Limited to R7 050 per person per year. Accumulates to the Mental Health limit of R21 200 per family per year
PATHOLOGY AND RADIOLOGY	IN-HOSPITAL	Basic Pathology Services	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
		MRI and CT scans (referred by a specialist), X-rays, pathology and ultrasounds	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
		PET scans	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit
		Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital)	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
	OUT-OF-HOSPITAL	MRI and CT scans	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation
		Radiology, including X-rays, ultrasounds and pathology, including point of care pathology testing	Paid from Medical Savings Account or Above Threshold 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. No overall limit, subject to preauthorisation. Related accounts paid from and limited to funds in Medical Savings Account or Above Threshold Benefit	
PREVENTIVE CARE	Pharmacy screening benefit: Blood glucose, blood pressure, cholesterol and body mass index (BMI)	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	
	OR Flu vaccination	One flu vaccination per beneficiary per year	
	Screening benefit for children between the ages of 2 and 18: Body Mass Index, including counseling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of 2 and 8	Paid once per year at the applicable LA Health Rate per qualifying beneficiary for a single or basket of these tests. Payable from Major Medical Benefit, subject to the use of the services of a Designated Service Provider	
	Enhanced Screening Benefit for persons 65 years and older: Hearing test, spot vision eye test, frailty assessment and Core assessment	Unlimited, subject to clinical entry criteria and the use of the services of a Network provider. An additional screening assessment for at-risk beneficiaries, subject to the use of the services of an accredited Network GP and certain clinical entry criteria	
	Other screening tests: Mammogram, Pap Smear, Prostate-Specific Antigen (PSA) or Colorectal cancer screenings	1 Mammogram every 2 years; 1 Pap Smear every 3 years, one PSA test per person per year, one faecal occult blood test or one immunochemical test every 2 years per person for persons aged 45 to 75 years	
	Benefits Subject to clinical criteria and PMB.	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	
	Vaccinations: Pneumococcal vaccination	One specific, approved pneumococcal vaccine every 5 years for persons under the age of 65 or one vaccine per person per lifetime for persons over the age of 65. Paid from the Major Medical Benefit, subject to clinical criteria	
PROSTHESES OR EXTERNAL MEDICAL APPLIANCES	INTERNAL PROSTHESES		
		Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants	Paid from Major Medical Benefit up to 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

PROSTHESES OR EXTERNAL MEDICAL APPLIANCES 	INTERNAL PROSTHESES																												
	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 R30 270 per family with a sub-limit of R20 240 per family for hearing aids. Paid from Medical Savings Account or Above Threshold Benefit																											
	External medical items extender benefit	Paid from Major Medical Benefit, subject to clinical criteria and approval																											
	Oxygen rental	Paid in full from the Major Medical Benefit from the Scheme's Designated Service Provider, subject to preauthorisation. If services are not obtained from the Scheme's Designated Service Provider, claims are paid up to the LA Health Rate only																											
RENAL CARE 	Includes dialysis and other renal care-related treatment and educational care (includes authorised related medicine)	No overall limit, subject to a treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the Designated Service Provider is not used																											
SPINAL CARE AND SURGERY 	In and out of hospital management of spinal care or surgery for a defined list of clinically appropriate procedures, which includes Lumbar or Cervical Fusion, Laminectomy or Laminotomy	Paid in full from the Major Medical Benefit from the Scheme's Designated Service Provider, subject to preauthorisation. If services are not obtained from the Scheme's Designated Service Provider, a 20% co-payment applies. Related accounts paid from the Major Medical Benefit. Out of hospital conservative care subject to the benefits in a basket of care																											
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	<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>R21 900</td> </tr> <tr> <td>M + 1</td> <td>R29 800</td> </tr> <tr> <td>M + 2</td> <td>R36 300</td> </tr> <tr> <td>M + 3+</td> <td>R42 100</td> </tr> <tr> <td colspan="2">External medical appliances</td> <td>R42 700</td> </tr> <tr> <td colspan="2">Hearing aids</td> <td>R22 300</td> </tr> <tr> <td rowspan="4">Prescribed medicine</td> <td>M</td> <td>R23 900</td> </tr> <tr> <td>M + 1</td> <td>R29 000</td> </tr> <tr> <td>M + 2</td> <td>R34 900</td> </tr> <tr> <td>M + 3+</td> <td>R38 100</td> </tr> <tr> <td colspan="2">Prosthetic limbs (with no further access to the external medical items limit)</td> <td>R92 300</td> </tr> </table>	Allied and therapeutic healthcare services	M	R21 900	M + 1	R29 800	M + 2	R36 300	M + 3+	R42 100	External medical appliances		R42 700	Hearing aids		R22 300	Prescribed medicine	M	R23 900	M + 1	R29 000	M + 2	R34 900	M + 3+	R38 100	Prosthetic limbs (with no further access to the external medical items limit)		R92 300
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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	<p>Prescribed Minimum Benefits</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 and criteria</p> <p>Includes benefits for:</p> <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 • COVID-19 vaccination, including administration costs • Pulse oximeters (subject to clinical criteria) • Treatment of complications and rehabilitation for patients suffering from long COVID-19 																											

LA COMPREHENSIVE CONTRIBUTIONS	TOTAL MONTHLY CONTRIBUTIONS INCLUDING YOUR MEDICAL SAVINGS ACCOUNT FOR 2022			
	 MEMBER	 ADULT	 CHILD DEPENDANT	 MAXIMUM FOR 3 CHILD DEPENDANTS
TOTAL MONTHLY CONTRIBUTIONS	R8 063	R6 157	R1 955	R5 865

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:

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 Comprehensive 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

