

LA COMPREHENSIVE

ABOUT THIS BENEFIT OPTION

2019



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 are paid at cost, subject to clinical criteria and the use of the services of the Scheme's 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.



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.

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, 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 cover you in an emergency

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



Cover for GPs and specialists in- and out-of-hospital

When you're admitted to a hospital, there is no overall limit that applies to GP and specialist visits. We pay up to 100% of the LA Health Rate from the Major Medical Benefit.

We pay for out-of-hospital GP and specialist visits from the Medical Savings Account or the Above Threshold 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 (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.



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 medicine on the medicine list. 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 for the condition. 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.




We pay for certain preventive screening tests or vaccines






The Major Medical Benefit provides cover for:

- A screening test (to check your blood glucose, blood pressure, cholesterol and body mass index), or a flu vaccination at one of the Scheme's designated service providers, or a network pharmacy. We also pay for certain screening tests for children.
- One specific pneumococcal vaccination in a beneficiary's lifetime for qualifying members.
- Pap-smears, mammograms and prostate-specific antigen tests, subject to clinical criteria.






We pay for the consultation and other related costs from your Medical Savings Account. If these are needed as part of Prescribed Minimum Benefit, we pay the costs from the Major Medical Benefit.


SCHEDULE OF BENEFITS













Overall annual limits	Hospital	No overall limit														
	Above Threshold Benefit (ATB)	Member R15 780	Spouse/adult R10 752	Child (max 3) R4 740												
	Medical Savings Account (MSA)	R10 872	R6 312	R2 748												
Ambulance services	Emergency transport	Paid from Major Medical Benefit, up to 100% of the LA Health Rate subject to authorisation. No overall limit														
Blood transfusions and blood products	Blood transfusions and blood products	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit														
Dentistry	In-hospital	Maxillo-facial procedures: certain severe infections, jaw- joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repair	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit													
		Specialised dentistry	Members will have to make an upfront payment (deductible) <table border="1"> <tbody> <tr> <td>Hospital</td> <td>Younger than 13 years</td> <td>R1 930</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R4 890</td> </tr> <tr> <td>Day Clinics</td> <td>Younger than 13 years</td> <td>R 950</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R3 210</td> </tr> </tbody> </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 joint limit of R28 520 per person per year, for in- or out-of-hospital specialised dentistry			Hospital	Younger than 13 years	R1 930		Older than 13 years	R4 890	Day Clinics	Younger than 13 years	R 950		Older than 13 years
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Out-of-hospital	Basic dentistry	Members will have to make an upfront payment (deductible) <table border="1"> <tbody> <tr> <td>Hospital</td> <td>Younger than 13 years</td> <td>R1 930</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R4 890</td> </tr> <tr> <td>Day Clinics</td> <td>Younger than 13 years</td> <td>R 950</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R3 210</td> </tr> </tbody> </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 the Medical Savings Account and the Above Threshold Benefit, subject to a joint limit of R14 730 for in- and out-of-hospital basic dentistry. Claims are paid up to 100% of the LA Health Rate from Medical Savings Account and the Above Threshold Benefit			Hospital	Younger than 13 years	R1 930		Older than 13 years	R4 890	Day Clinics	Younger than 13 years	R 950		Older than 13 years	R3 210
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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 R28 520 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 R14 730 per person per year for basic dentistry, performed in- or out-of-hospital															
GPs and specialists	In-hospital	Visits	Paid from Major Medical Benefit up to 100% of the LA Health Rate. No overall limit													
	Out-of-hospital	GP and specialist visits in doctor's rooms, hospital emergency room visits and virtual GP consultations	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 Major Medical Benefit once Medical Savings Account is depleted and before the Threshold is reached. Subject to criteria													
		Trauma-related casualty visits for children when normal day-to-day benefits are exhausted	Two trauma-related casualty visits (from the Hospital Benefit) for children aged 10 and under, once the Medical Savings Account and 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-Designated Service Provider 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-hospital services obtained out-of-hospital	Paid from Major Medical Benefit, up to 100% of the LA Health Rate. Subject to preauthorisation No overall limit												
 Maternity benefit	In-hospital	Paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Subject to preauthorisation												
	Out-of-hospital	<p>Maternity Programme</p> <p>Paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Subject to registration on the Programme. If not registered on the Programme, paid subject, and limited to applicable Medical Savings Account and Above Threshold Benefits</p> <p>Cover during Pregnancy</p> <ul style="list-style-type: none"> • 8 Antenatal consultations with a gynaecologist, GP or midwife • One Nuchal translucency or non-invasive prenatal test (NIPT), subject to clinical entry criteria • 2 2D ultrasound scans • A defined basket of blood tests • 5 pre- or post-natal classes or consultations with a registered nurse <p>Antenatal visits, ultrasounds and scans, selected blood tests, pre- or post-natal classes, GP and Specialist consultations</p> <p>Cover for the newborn baby for up to two years after birth</p> <p>Cover for the mother of the newborn baby for up to two years after the birth</p> <ul style="list-style-type: none"> • 2 visits to a GP, paediatrician or ear, nose and throat (ENT) specialist • A post-birth consultation at a GP or gynaecologist for post-natal complications • One nutritional assessment at a dietician • 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 545 per person and paid from the Medical Savings Account or Above Threshold Benefit												
	Doulas	Paid from the Medical Savings Account only												
	Services rendered by Doulas													
 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 that has similar chemical structures or therapeutic effects, we will pay up to the monthly CDA, whether they are on the medicine list or not.												
	Additional chronic conditions (subject to approval and a defined list of conditions)	<p>Paid up to the applicable monthly Chronic Drug Amount (CDA) for the condition, limited to:</p> <table border="1"> <thead> <tr> <th>Member</th> <th>Member +1</th> <th>Member +2</th> <th>Member +3</th> <th>Member +4</th> <th>Member +5</th> </tr> </thead> <tbody> <tr> <td>R5 130</td> <td>R10 320</td> <td>R11 945</td> <td>R13 580</td> <td>R14 715</td> <td>R16 175</td> </tr> </tbody> </table>	Member	Member +1	Member +2	Member +3	Member +4	Member +5	R5 130	R10 320	R11 945	R13 580	R14 715	R16 175
	Member	Member +1	Member +2	Member +3	Member +4	Member +5								
	R5 130	R10 320	R11 945	R13 580	R14 715	R16 175								
Diabetes and Cardiovascular Disease Management Programme	<p>Up to 100% of the LA Health Rate for services covered in a basket of care, subject to registration on the Chronic Illness Benefit, and referral by the Scheme's Designated Service Provider for GP-related services</p> <p>Paid from the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of care and clinical criteria</p>													
Specialised Medicine and Technology Benefit for biologics	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 (continued)	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"> <thead> <tr> <th>Member</th> <th>Member +1</th> <th>Member +2</th> <th>Member +3</th> <th>Member +4</th> </tr> </thead> <tbody> <tr> <td>R9 595</td> <td>R12 275</td> <td>R14 795</td> <td>R17 070</td> <td>R19 510</td> </tr> </tbody> </table>	Member	Member +1	Member +2	Member +3	Member +4	R9 595	R12 275	R14 795	R17 070	R19 510
	Member	Member +1	Member +2	Member +3	Member +4							
	R9 595	R12 275	R14 795	R17 070	R19 510							
Medicine bought over-the-counter at a pharmacy (schedule 0, 1 and 2) and generic or non-generic, whether prescribed or not	Limited to funds in Medical Savings Account and paid up to 100% of the cost. Benefits do not accumulate to the Annual Threshold											
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	In-hospital Psychiatric hospitals, subject to preauthorisation and case management	Prescribed Minimum Benefits: 21 days per person, paid from Major Medical Benefit. Where members voluntarily make use of the services of a hospital that is not a Designated Service Provider, a 20% co-payment will apply to the hospital account										
	Out-of-hospital Psychologists, psychiatrists, art therapy and social workers	Paid from Medical Savings Account or Above Threshold Benefit. Limited to R18 450 per family per year										
 Oncology (cancer-related care)	Oncology Programme (including chemotherapy and radiotherapy)	Paid from Major Medical Benefit. No overall limit in a 12-month cycle, subject to approval of a treatment plan, paid up to the LA Health Rate. All oncology claims accumulate to a threshold of R456 000. A 20% co-payment applies after this. All Prescribed Minimum Benefit claims are paid in full without a co-payment										
	PET scans	Paid from Major Medical Benefit. No overall limit in a 12-month cycle. Scans must be done at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R3 440 will apply if a Designated Service Provider is not used										
	Stem cell transplants	You have access to local and international bone marrow donor searches and transplants up to the agreed rate. Your cover is subject to clinical protocols, review and approval.										
	Advanced Illness Benefit for patients with end-of-life stage cancer out-of-hospital	<p>Paid from Major Medical Benefit</p> <p>Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor</p>										
 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 R4 380 per person										
 Other services	In-hospital Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria										
	Out-of-hospital Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	Limited to funds in the Medical Savings Account or Above Threshold Benefit										
	Out-of-hospital Alternative healthcare practitioners (chiroprapist, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account or Above Threshold Benefit										
	Out-of-hospital Nurse practitioners	Paid up to a limit of R10 750 per family from Medical Savings Account or Above Threshold Benefit										
	Out-of-hospital Unani-Tibb therapy	Limited to funds in the Medical Savings Account with no Accumulation to the Threshold										
 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										
	Medicine for immuno-suppressive therapy	Paid according to Prescribed Minimum Benefits, subject to the Chronic Illness Benefit Chronic Drug amount										
 Pathology and Radiology	In-hospital 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										
	In-hospital 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										
	Out-of-hospital Radiology, including X-rays, ultrasounds and pathology	Paid from Medical Savings Account or Above Threshold Benefit										
	Out-of-hospital Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation										

 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 R223 700 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 R41 700 per prosthesis will apply if the Preferred Provider is not used
	Major joint replacements, including hip or 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 000 per device, if obtained from a non-Preferred Provider
	Spinal devices	Paid from the Major Medical Benefit. Unlimited if obtained from the Scheme's Network Provider. If the Scheme's Network Provider is not used, limited to R25 500 per level, with an overall limit of R51 000 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 R26 400 per family with a sub-limit of R17 650 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	
 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 the services of one of the Scheme's Designated Service Providers is used HbA1C and 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 year per person, paid from Major Medical Benefit. Consultations, other related costs and procedures paid from Medical Savings Account or Above Threshold Benefit, except for Prescribed Minimum Benefits. More frequent PAP smear and Mammogram testing, MRI breast scans, and once off BRCA testing subject to clinical criteria
	Pneumococcal vaccination	Eligible member have access to one specific approved pneumococcal vaccine per lifetime paid from the Major Medical Benefit
	Screening benefit for children between the ages of two and 18: Body Mass Index, including counseling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of two and eight years old	Paid once per year from the Major Medical Benefit per qualifying person for a single or basket of these tests. This is covered from the Major Medical Benefit only if the services of one of the Scheme's Designated Service Providers is used
 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, National Renal Care. Co-payments will apply if the network is not used
 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 R6 150 per person per year. Accumulates to the Mental Health limit of R18 450 per family per year
 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 Major Medical Benefit up to 100% of the LA Health Rate up to the following limits per family for the benefits listed below:</p> <table border="1"> <tr> <td>Allied and therapeutic healthcare services</td> <td>M</td> <td>R18 600</td> </tr> <tr> <td></td> <td>M + 1</td> <td>R25 250</td> </tr> <tr> <td></td> <td>M + 2</td> <td>R30 800</td> </tr> <tr> <td></td> <td>M + 3+</td> <td>R35 700</td> </tr> <tr> <td>External medical appliances</td> <td></td> <td>R40 800</td> </tr> <tr> <td>Hearing aids</td> <td></td> <td>R19 800</td> </tr> <tr> <td>Prescribed medicine</td> <td>M</td> <td>R20 400</td> </tr> <tr> <td></td> <td>M + 1</td> <td>R24 800</td> </tr> <tr> <td></td> <td>M + 2</td> <td>R29 900</td> </tr> <tr> <td></td> <td>M + 3+</td> <td>R32 600</td> </tr> <tr> <td>Prosthetic limbs (with no further access to the external medical items limit)</td> <td></td> <td>R82 000</td> </tr> </table>	Allied and therapeutic healthcare services	M	R18 600		M + 1	R25 250		M + 2	R30 800		M + 3+	R35 700	External medical appliances		R40 800	Hearing aids		R19 800	Prescribed medicine	M	R20 400		M + 1	R24 800		M + 2	R29 900		M + 3+	R32 600	Prosthetic limbs (with no further access to the external medical items limit)		R82 000
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Total monthly contributions including your Medical Savings Account for 2019				
	 MEMBER	 ADULT	 CHILD DEPENDENT	 MAXIMUM FOR 3 CHILD DEPENDANTS
TOTAL MONTHLY CONTRIBUTIONS	R6 775	R5 173	R1 642	R4 926
40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R4 218.17				
			R2 710	
			R7 729	
			R9 371	
			R11 013	
			R12 655	
			R4 198	
			R5 840	
			R7 482	

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
- CT angiogram of the coronary vessels and CT colonoscopy

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** ●

LA Health Medical Scheme, registration number 1145, is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. Discovery Health (Pty) Ltd is an authorised financial services provider.