

About this

BENEFIT OPTION

2018



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.

1 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.

2 We cover you in an emergency

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

3 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.

4 We cover you when you have to go to hospital

Hospitalisation, theatre fees and costs for intensive and high care at provincial, state and 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.

5 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. You have out-of-hospital cover for GP and specialist (gynaecologist) visits, pregnancy scans and blood tests during your pregnancy, which we pay from your Medical Savings Account – if you have funds available or from the Above Threshold Benefit. We also pay for ultrasound scans (two 2D scans per pregnancy) from the available funds in your Medical Savings Account or from the Above Threshold Benefit. Antenatal classes are paid from the available funds in the Medical Savings Account or from the Above Threshold Benefit up to a limit.

6 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 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.

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.






7 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 contracted 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 or from the Above Threshold Benefit. If these are needed as part of Prescribed Minimum Benefits, we pay the costs from the Major Medical Benefit.

SCHEDULE OF BENEFITS

 <p>Overall annual limits</p>	Hospital	No overall limit applies. Members must use hospitals in our network										
	Annual Threshold	<table border="1"> <thead> <tr> <th>Member</th> <th>Spouse/Adult</th> <th>Child (max 3)</th> </tr> </thead> <tbody> <tr> <td>R14 976</td> <td>R10 200</td> <td>R4 500</td> </tr> </tbody> </table>	Member	Spouse/Adult	Child (max 3)	R14 976	R10 200	R4 500				
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Medical Savings Account	<table border="1"> <tbody> <tr> <td>R10 020</td> <td>R5 820</td> <td>R2 532</td> </tr> </tbody> </table>	R10 020	R5 820	R2 532								
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 <p>Ambulance services</p>	Emergency transport	<p>Paid from Major Medical Benefit up to 100% of the LA Health Rate, subject to authorisation</p> <p>No overall limit</p>										
 <p>Blood transfusions and blood products</p>	Blood transfusions and blood products	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit										
 <p>Dentistry</p>	<p>Maxillo-facial procedures: certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs</p> <p>Specialised dentistry</p>	<p>Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit</p> <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>R1 830</td> </tr> <tr> <td>Older than 13 years</td> <td>R4 640</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td>R 900</td> </tr> <tr> <td>Older than 13 years</td> <td>R3 050</td> </tr> </tbody> </table> <p>Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related, non-hospital accounts (for dentists, anaesthetist, etc), subject to a joint limit of R27 060 for in- and out-of-hospital specialised dentistry</p>	Hospital	Younger than 13 years	R1 830	Older than 13 years	R4 640	Day Clinics	Younger than 13 years	R 900	Older than 13 years	R3 050
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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 R27 060 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 R13 980 per person per year for basic dentistry, performed in- or out-of-hospital											
 <p>GPs and specialists</p>	<p>Visits</p>	No overall limit, paid from Major Medical Benefit up to 100% of the LA Health Rate										
	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 Medical Savings is exhausted	<p>Paid from Major Medical Benefit.</p> <p>Cover for two trauma-related casualty visits for children aged 10 and under, once the Medical Savings Account has been depleted and before the Threshold is reached. Includes consultation, facility fee and the cost of consumables</p>										
	Second opinion consultation obtained from specialists at the Cleveland Clinic	<p>Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation.</p> <p>Subject to preauthorisation</p>										

 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													
	Provincial, state and private hospitals In hospital services obtained out of hospital, subject to preauthorisation	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 Major Medical Benefit, up to 100% of the LA Health Rate. Subject to preauthorisation No overall limit													
	Out-of-hospital GP and specialist consultations, pregnancy scans, blood tests	Limited to funds in Medical Savings Account or Above Threshold Benefit												
	Ultrasounds Antenatal classes	Limited to the cost of two 2D scans per pregnancy, paid from Medical Savings Account or Above Threshold Benefit Limited to R1 465 per person and paid from Medical Savings Account or Above Threshold Benefit												
 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)	Paid at 90% of the LA Health Medicine Rate, limited to: <table border="1" data-bbox="718 1321 1468 1422"> <tbody> <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>R4 865</td> <td>R9 790</td> <td>R11 335</td> <td>R12 885</td> <td>R13 960</td> <td>R15 345</td> </tr> </tbody> </table>	Member	Member +1	Member +2	Member +3	Member +4	Member +5	R4 865	R9 790	R11 335	R12 885	R13 960	R15 345
	Member	Member +1	Member +2	Member +3	Member +4	Member +5								
	R4 865	R9 790	R11 335	R12 885	R13 960	R15 345								
	Diabetes Programme	Up to 100% of the LA Health Rate for services covered in a basket of care for beneficiaries registered on the Chronic Illness Benefit for diabetes, who have been registered on the programme by the Scheme's Designated Service Provider for GP-related services Paid from the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of care and clinical criteria												
	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												
Prescribed/acute medicine	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: <table border="1" data-bbox="718 1792 1468 1892"> <tbody> <tr> <td>Member</td> <td>Member +1</td> <td>Member +2</td> <td>Member +3</td> <td>Member +4</td> </tr> <tr> <td>R9 105</td> <td>R11 645</td> <td>R14 035</td> <td>R16 195</td> <td>R18 510</td> </tr> </tbody> </table>	Member	Member +1	Member +2	Member +3	Member +4	R9 105	R11 645	R14 035	R16 195	R18 510			
Member	Member +1	Member +2	Member +3	Member +4										
R9 105	R11 645	R14 035	R16 195	R18 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 R17 500 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 260 will apply if a Designated Service Provider is not used
		Stem cell transplants	Paid from Major Medical Benefit. No overall limit at the Designated Service Provider, subject to registration on the Scheme's Oncology Programme. Limited to R1 million, if Designated Service Provider is not used
		Advanced Illness Benefit for patients with end-of-life stage cancer out-of-hospital	Paid from Major Medical Benefit Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor
 Optical		Optometry consultations	Limited to funds in the Medical Savings Account 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 160 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
		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 R10 200 per family from Medical Savings Account or Above Threshold Benefit
 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
		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 and ultrasounds and pathology	Paid from Medical Savings Account or Above Threshold Benefit
		Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Paid from Major Medical Benefit. No overall limit, subject to preauthorisation

 Prostheses	Internal prostheses	
	Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants	Paid from Major Medical Benefit up to R214 500 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 R40 000 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 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
 Preventive care	External medical items	
	Crutches, wheelchairs, hearing aids, artificial limbs, stoma bags, etc.	Limited to R25 050 per family with a sub-limit of R16 750 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
 Renal care	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
	Pharmacy Screening Benefit at a network pharmacy: blood glucose test, blood pressure test, cholesterol test and body mass index	R263 paid once per year per qualifying person for a single or basket of these tests. This is covered from the Major Medical Benefit only if one of the Scheme's Designated Service Providers is used
	OR One flu vaccination	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
 Substance abuse	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	R73 paid once per year per qualifying beneficiary for a single or basket of these tests. This is covered from the Major Medical Benefit only if one of the Scheme's Designated Service Providers is used
	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
 Terminal care benefit	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 R5 850 per person per year. Accumulates to the Mental Health limit of R17 500 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 rowspan="4">Allied and therapeutic healthcare services</td> <td>M</td> <td>R16 950</td> </tr> <tr> <td>M + 1</td> <td>R23 000</td> </tr> <tr> <td>M + 2</td> <td>R28 050</td> </tr> <tr> <td>M + 3+</td> <td>R32 500</td> </tr> <tr> <td colspan="2">External medical appliances</td> <td>R40 800</td> </tr> <tr> <td colspan="2">Hearing aids</td> <td>R19 000</td> </tr> <tr> <td rowspan="4">Prescribed medicine</td> <td>M</td> <td>R18 600</td> </tr> <tr> <td>M + 1</td> <td>R22 600</td> </tr> <tr> <td>M + 2</td> <td>R27 200</td> </tr> <tr> <td>M + 3+</td> <td>R29 700</td> </tr> <tr> <td colspan="2">Prosthetic limbs (with no further access to the external medical items limit)</td> <td>R78 300</td> </tr> </table>	Allied and therapeutic healthcare services	M	R16 950	M + 1	R23 000	M + 2	R28 050	M + 3+	R32 500	External medical appliances		R40 800	Hearing aids		R19 000	Prescribed medicine	M	R18 600	M + 1	R22 600	M + 2	R27 200	M + 3+	R29 700	Prosthetic limbs (with no further access to the external medical items limit)	
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Prosthetic limbs (with no further access to the external medical items limit)		R78 300																										

Comprehensive	Total monthly contributions including your Medical Savings Account for 2018				
	MEMBER	ADULT	CHILD DEPENDANT	MAXIMUM FOR 3 CHILD DEPENDANTS	
TOTAL MONTHLY CONTRIBUTIONS		R6 244	R4 768	R1 513	R4 539

Comprehensive contributions	40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R3 943.00	
		R 2 498
		R 7 069
		R 8 582
		R10 095
		R11 608
		R 3 814
		R 5 327
		R 6 840

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's 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.

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