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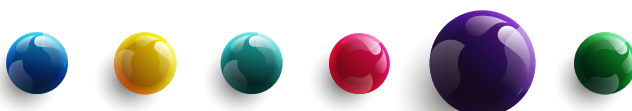


2026

# LA Focus

## REASONS WHY THE LA FOCUS OPTION IS THE BEST 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. We pay for basic dentistry services, obtained from one of the Scheme's network dentists, from the Major Medical Benefit. Other Day-to-day Benefits, and basic dentistry services obtained from non-network providers, are covered from the Medical Savings Account. Day-to-day expenses are paid from a Medical Savings Account.





## IN HOSPITAL

You must preauthorise your in-hospital treatment or care

### IF THE TREATMENT OR CARE IS A PRESCRIBED MINIMUM BENEFIT (PMB)

|   |   |  |
|---|---|--|
| <b>PMB at a Designated Service Provider (DSP) hospital in the Scheme's Network</b><br>The Scheme's DSPs are hospitals in the KeyCare Network if you live in a province with a coastline, or a LA Focus Network Hospital that is also a KeyCare Network Hospital, if you live in an inland province. | If the admitting Dr is a Specialist in the Network Hospital, a Network GP or Premier A or B Network Specialist              | We pay the claims in full<br>This includes payment for treating providers who are not Designated Service Providers |
|   | If the admitting doctor is NOT working in the Network Hospital, NOT a Network GP or NOT a Premier A or B Network Specialist | We pay the hospital and other claims up to the LA Health Rate  |
| <b>PMB at a non-Network Hospital</b>  | If the admitting Dr is a Specialist in the KeyCare Hospital, Network GP or Premier A or B Network Specialist                | We pay the hospital and other claims up to the LA Health Rate  |
|   | If the admitting Dr is NOT working in the Network Hospital, NOT a Network GP or NOT a Premier A or B Network Specialist     | We pay the hospital and other claims up to the LA Health Rate  |

### IF THE TREATMENT OR CARE IS NOT A PRESCRIBED MINIMUM BENEFIT (PMB)

For all non-Prescribed Minimum Benefit care, you must go to a LA Focus network hospital. These are all hospitals in a province with a coastline and specific hospitals in the remaining South African provinces. When you're admitted to a hospital, there is no overall limit that applies for the hospital, GP/Specialist visits and other associated costs.

We pay the network hospital and other claims up to 100% of the LA Health Rate from the Major Medical Benefit.

If you do not use the services of one of these network hospitals for planned procedures, you will have to pay a portion of the costs from your own pocket (a deductible).

### WE COVER CERTAIN PROCEDURES AT DAY SURGERY FACILITIES

You must preauthorise your day surgery treatment or care

Certain procedures are covered in full when you have the treatment at a Day Surgery facility in the Scheme's Network. If not, a deductible will apply. You will have to pay the deductible to the provider.

You can find the list of Day Surgery procedures on [www.lahealth.co.za](http://www.lahealth.co.za). We will also tell you about this when you preauthorise the procedure.

### WE COVER YOU WHEN YOU NEED EMERGENCY MEDICAL TRANSPORT

We cover you for emergency medical transport. The Scheme pays for this service from the Major Medical Benefit and there is no overall limit. You must phone Discovery 911 to authorise and dispatch the emergency transport.



## OUT OF HOSPITAL

### IF THE TREATMENT OR CARE IS A PRESCRIBED MINIMUM BENEFIT (PMB)

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.

### IF THE TREATMENT OR CARE IS NOT A PRESCRIBED MINIMUM BENEFIT (PMB)

Out-of-hospital 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 pay these claims from the Medical Savings Account.





## YOU CAN ENJOY THE BEST OF CARE DURING YOUR PREGNANCY

No overall limit applies when you're admitted to hospital, as long as you get preauthorisation for the admission at a hospital in the LA Focus Network. We pay certain out-of-hospital benefits for the mother and baby from the Major Medical Benefit, if the mother registers on the Scheme's Maternity Programme. If not registered, all pregnancy-related benefits will be paid from the available benefits in the Medical Savings Account.



## COVER FOR CHRONIC AND ACUTE MEDICINE

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

You have medicine cover for all approved Prescribed Minimum Benefit Chronic Disease List conditions, paid in full from the Major Medical Benefit up to the LA Health Medicine Rate for listed medicines. Medicine that is not on the medicine list is paid up to a Chronic Drug Amount. Cover for the out-of-hospital management of a condition that is approved on the Chronic Illness Benefit, will be paid up to 80% of the LA Health Rate if the beneficiary is not enrolled in the Scheme's managed care programme for that condition.

We pay for the prescribed and acute medicine on the preferred medicine list in full up to the LA Health Rate for medicine and those on the non-preferred medicine list at 90% of the medicine rate, from your Medical Savings Account.

You also have cover for over-the-counter (schedule 0, 1 and 2) medicine, whether prescribed or not, at 100% of the cost from the available funds in your Medical Savings Account. Specific limits apply.

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



## 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 a network pharmacy. We also pay for additional screening tests for seniors and children.
- A once-off specific pneumococcal vaccination in a qualifying beneficiary's lifetime.
- Pap smears/HPV screening, mammograms, prostate-specific antigen tests and certain colorectal cancer screenings, subject to clinical criteria.

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

We cover self-testing kits for cervical and colorectal screening. 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.



## BASIC DENTISTRY, IN OR OUT OF HOSPITAL, PAID BY THE SCHEME

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



## WORLD HEALTH ORGANIZATION (WHO) OUTBREAK BENEFIT

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.

The Scheme also provides a basket of care benefits for treatment and care related to Monkeypox.





## OVERALL ANNUAL LIMITS

| Hospital                | No overall limit |              |               |
|-------------------------|------------------|--------------|---------------|
|                         | Member           | Spouse/Adult | Child (max 3) |
| Medical Savings Account | R10 200          | R6 588       | R2 988        |



### ADVANCED ILLNESS BENEFIT

Out of hospital palliative care for members with life-limiting conditions, including cancer. Subject to PMB

Paid from the Major Medical Benefit, subject to clinical criteria and authorisation



### ADVANCED ILLNESS MEMBER SUPPORT PROGRAMME

For patients with advanced illnesses, requiring support at a time when they are trying to manage their symptoms, and understand their healthcare needs

Paid from Major Medical Benefit. Subject to a basket of care, authorisation, clinical criteria and guidelines



### AMBULANCE SERVICES – MUST CALL DISCOVERY 911 (0860 999 911) FOR AUTHORISATION

Emergency Medical Transport

Paid from Major Medical Benefit, up to 100% of the LA Health Rate subject to authorisation. You must call Discovery 911 to authorise and dispatch the emergency transport. 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, the claim will be paid up to 80% of the LA Health Rate. Related accounts paid from Major Medical Benefit



## DENTISTRY

### In and Out-of-Hospital

Basic dental trauma procedures: for a sudden and unanticipated impact injury because of an accident or injury to teeth and the mouth, resulting in partial or complete loss of one or more teeth that requires urgent care in- or out-of-hospital

Subject to a joint limit of R70 910 per person per year for treatment in- or out-of-hospital

#### In-Hospital

Paid from the Major Medical Benefit. Subject to preauthorisation, clinical entry criteria, treatment guidelines and protocols. Members will have to make an upfront payment (deductible) to the hospital or Day Clinic

|                    |                       |        |
|--------------------|-----------------------|--------|
| <b>Hospital</b>    | Younger than 13 years | R2 725 |
|                    | Older than 13 years   | R6 885 |
| <b>Day clinics</b> | Younger than 13 years | R1 331 |
|                    | Older than 13 years   | R4 514 |

#### In- and Out-of-Hospital

Dentist and related accounts paid from the Major Medical Benefit, up to 100% of the Scheme Rate

#### Dental appliances and prostheses

All dental appliances and prostheses, and the placement thereof, paid from the Major Medical Benefit

### 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 preauthorisation. Paid from Major Medical Benefit.  
No overall limit

Specialised dentistry

Members will have to make an upfront payment (deductible)

|                    |                       |        |
|--------------------|-----------------------|--------|
| <b>Hospital</b>    | Younger than 13 years | R2 725 |
|                    | Older than 13 years   | R6 885 |
| <b>Day clinics</b> | Younger than 13 years | R1 331 |
|                    | Older than 13 years   | R4 514 |

Hospital account: Paid up to 100% of the LA Health Rate from the Major Medical Benefit

Dentist's account: Unlimited and paid from Major Medical Benefit, subject to a list of basic dental procedures, if performed by a dentist in the LA Focus Dental network. All other related, non-hospital accounts (from non-network dentists, anaesthetists, etc) paid from the Major Medical Benefit subject to a limit of R30 400 per person per year

Basic dentistry

Members will have to make an upfront payment (deductible)

|                    |                       |        |
|--------------------|-----------------------|--------|
| <b>Hospital</b>    | Younger than 13 years | R2 725 |
|                    | Older than 13 years   | R6 885 |
| <b>Day clinics</b> | Younger than 13 years | R1 331 |
|                    | Older than 13 years   | R4 514 |

Dentist's account: Unlimited and paid from Major Medical Benefit, subject to a list of basic dental procedures, if performed by a dentist in the LA Focus Network. If a non-network dentist is used, they are paid from the Medical Savings Account  
All other related, non-hospital accounts (for anaesthetists, etc) paid from Medical Savings Account

### Out of Hospital

Specialised dentistry

Paid from and limited to funds in Medical Savings Account. Any basic dentistry services provided by a dentist in the LA Focus Dental Network as part of the specialised dentistry procedure, are paid from the Major Medical Benefit

Basic dentistry

Paid from MMB if from a Network dentist and from MSA if a non-network provider is used



## DIABETES AND CARDIO CARE

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| Disease Prevention Programme for pre-diabetic beneficiaries with cardio-metabolic risk syndrome (not registered on the Diabetes Management Programme) | Coordinated by the beneficiary's Primary Care provider, and supported by dietitians and health coaches, subject to a basket of care and clinical entry criteria  |
| 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 by the Scheme's Network GP<br>Paid from the Major Medical Benefit   |
| Continuous blood glucose monitoring   | Subject to registration on the Scheme's Diabetes Management Programme, authorisation and clinical criteria<br><br>Readers and/or transmitters paid from the Medical Savings Account, limited to R5 350 per device<br><br>Sensors paid from the Major Medical Benefit, limited to R1 960 per beneficiary per month, from a DSP pharmacy. The following annual co-payments apply: Adult beneficiary R1 000/Paediatric beneficiary R1 960 |



## EXTERNAL MEDICAL ITEMS

|  |   |
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| Crutches, wheelchairs, hearing aids, artificial limbs, stoma bags, wigs (non-oncology or alopecia), low vision devices, etc. | Limited to funds in Medical Savings Account. Wigs for alopecia (not cancer related) subject to a dermatologist requesting such wig, or as prescribed  |
| 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 |



## 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: actual, virtual and tele consultations or emergency room visits   | Paid from Medical Savings Account   |
| Virtual paediatrician consultations for children aged 14 years and younger from a network paediatrician consulted in the six months before the virtual consultation | Paid from the Major Medical Benefit once the Medical Savings Account is depleted. Subject to clinical criteria  |
| Trauma-related casualty visits for children when normal Day-to-day benefits are exhausted   | Paid from Major Medical Benefit<br><br>Two trauma-related casualty visits at a provider in the Scheme's Casualty Network for children aged 10 and under, once the members' Medical Savings Account has been depleted. Includes the cost of the emergency casualty consultation, facility fees and all consumables |
| International clinical review consultations   | Paid from the Major Medical Benefit to a maximum of 75% of the cost of the consultation by a provider at the Cleveland Clinic. Subject to preauthorisation  |



## HIV OR AIDS

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| HIV prophylaxis (rape or mother-to-child transmission) | Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit, subject to clinical entry criteria and certain protocols           |
| HIV- or AIDS-related illnesses                         | Prescribed Minimum Benefits. Paid from Major Medical Benefit. 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

## HOME-BASED CARE

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

## HOSPITALS AND DAY SURGERY PROCEDURES

all planned procedures must be preauthorised

### Pre-operative assessment

Pre-operative assessment for the following major surgeries: Arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy and mastectomy

Paid once per hospital admission from the Major Medical Benefit up to 100% of the LA Health Rate according to a benefit basket. Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols

### Hospitalisation, Theatre Fees, Intensive and High Care

Hospitals in the LA Focus Hospital Network

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 at the Scheme's Designated Service Provider Hospitals: a KeyCare Network Hospital (in a coastal province) or a LA Focus Network Hospital in an inland province. A Specialist in the KeyCare hospital, a Discovery Health Network GP or a Premier A or Premier B Specialist must be the admitting doctor

If Prescribed Minimum Benefit-related services are not obtained at a Designated Service Provider Hospital and the admitting doctor is not a Designated Service Provider, PMB claims will be paid up to the LA Health Rate only

### 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 Designated Service Provider Network. If the services of non-Designated Service Providers are used voluntarily, a R7 000 deductible applies

## MEDICINE

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

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

Acute medicine

Paid from the Medical Savings Account at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list

Over-the-counter (OTC) medicine (schedule 0, 1 and 2), generic or non-generic, and whether prescribed or not

100% of the cost. Paid from the Medical Savings Account. Limited to R3 120 for a single member and R5 710 for a family

Take-home medicine (when discharged from hospital) TTOs

Limited to funds in the Medical Savings Account and paid at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list





## MENTAL HEALTH

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| <b>Prescribed Minimum Benefits</b>   | A maximum of 21 days in hospital or a maximum of 15 out-of-hospital psychologist or psychiatrist contacts per person, paid from Major Medical Benefit at a DSP. The in-hospital treatment days and/or the out-of-hospital contacts accumulate to an overall allowance of 21 treatment days. A 20% co-payment applies if the services are voluntarily obtained at a non-DSP |
| <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  |
| <b>Out-of-hospital:</b> 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. Paid from the Major Medical Benefit   |
| <b>Out-of-hospital:</b> Internet-based cognitive behavioural therapy (iCBT) for beneficiaries diagnosed with depression    | On recommendation by a psychiatrist, psychologist, GP or clinical social worker, subject to a basket of care and clinical entry criteria   |
| <b>Out-of-hospital:</b> Depression Risk Management 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, for eligible members identified via a Mental Wellbeing Assessment  |



## ONCOLOGY (CANCER-RELATED CARE)

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| 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 R250 000</p> <p>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 R250 000 in a 12-month cycle. Scan must be done at the Scheme's Designated Service Provider, subject to preauthorisation. Claims will be paid up to 80% of the Scheme Rate 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   |
| Oncology Precision Benefit providing access to cover for a defined list of non-PMB novel and ultra-high cost cancer treatment | Paid at 50% of the Scheme Rate before and after the Oncology threshold of R250 000, with no overall limit. Subject to meeting certain clinical criteria and peer review by a Scheme-appointed panel of specialists  |



## OPTICAL

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| Optometry consultations                                       | Limited to funds in the Medical Savings Account |
| Spectacles, frames, contact lenses and refractive eye surgery | Limited to funds in the Medical Savings Account |





## ORGAN TRANSPLANTS

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| 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   |



## 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 |
| Alternative healthcare practitioners (chiroprodists, 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  | Limited to funds in the Medical Savings Account |



## PATHOLOGY AND RADIOLOGY

### In Hospital

|   |   |
|---|---|
| Basic Pathology Services  | Basic pathology subject to the use of the services of a 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. Basic pathology services 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 (referred by a specialist)                                    | First R3 800 of the scan paid from Medical Savings Account and the rest of the account paid from Major Medical Benefit                                      |
| Radiology (including X-rays and ultrasounds) and pathology                     | Limited to funds in the Medical Savings Account   |
| Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy | Scope codes only: Paid from Major Medical Benefit. Unlimited, subject to preauthorisation. Related accounts limited to funds in the Medical Savings Account |





## PREVENTIVE CARE

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| Pharmacy screening benefit:<br>Blood glucose, blood pressure,<br>cholesterol and body mass index (BMI)<br>OR<br>Flu vaccination  | Paid once per year from the Major Medical Benefit at the applicable LA Health Rate per qualifying person for a single or basket of these tests obtained at a Network Pharmacy. Subject to the use of the services of a Designated Service Provider. LDL cholesterol test paid from Major Medical Benefit, subject to clinical criteria<br><br>One flu vaccination per beneficiary per year  |
| Screening benefit for children between the ages of 2 and 18:<br><br>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:<br><br>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<br><br>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:<br><br>Mammogram, Pap Smear, Prostate-Specific Antigen (PSA) or Colorectal cancer screenings  | Benefits subject to clinical criteria and PMB.<br><br>1 Mammogram every 2 years; 1 Pap Smear/HPV testing 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. Tests paid from Major Medical Benefit up to the LA Health Rate. Associated consultations and other related procedures will be funded first from MSA<br><br>Self testing kits for cervical and colorectal cancer paid from the Major Medical Benefit |
| 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)   | Benefits subject to clinical criteria and PMB.<br><br>Consultations paid as described for GPs or Specialists  |
| Vaccinations:<br><br>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  |
| Immunisations/other vaccinations   | Paid from the Medical Savings Account   |



## 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 New limit of R271 200 per person per year, subject to preauthorisation   |
| Shoulder replacement prostheses   | Paid from Major Medical Benefit. Unlimited if obtained from the Scheme's Preferred Provider limited to the applicable negotiated rate per device, per admission if obtained from a non-Preferred Provider  |
| 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 limited to the applicable negotiated rate per device, per admission if obtained from a non-Preferred Provider |

|                           |   |
|---------------------------|---|
| Implantable stents        | <p>Paid from the Major Medical Benefit</p> <p>Unlimited if obtained from the Scheme's Network Provider</p> <p>If the bare metal or drug-eluting stent is not obtained from the Scheme's Network provider, paid up to the negotiated rate, per admission</p> <p>Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria</p> |
| Spinal prostheses/devices | <p>Paid from the Major Medical Benefit</p> <p>Unlimited if obtained from the Scheme's Network Provider</p> <p>If the devices or prostheses are not obtained from the Scheme's Network Provider, paid up to the negotiated rate per level up to a maximum of two levels per beneficiary per year. Only one procedure per year will be authorised</p>                           |
| Other internal prostheses | Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria  |

## RENAL CARE

|   |   |
|---|---|
| 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 |
|---|---|

## REPRODUCTIVE HEALTH

### 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

|   |  |
|---|--|
| <b>Cover during Pregnancy</b><br>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> <li>• 2 mental health consultations with a counsellor or psychologist</li> </ul> |
| Cover for the mother before or for up to two years after the birth  | 2 mental health consultations with a counsellor or psychologist  |
| Cover for the newborn baby for up to two years after birth  | 2 visits to a GP, paediatrician or ear, nose and throat (ENT) specialist   |
| Cover for the mother of the newborn baby for 2 years after the birth  | <ul style="list-style-type: none"> <li>• 1 consultation at GP or Gynaecologist for post-natal complications</li> <li>• 1 nutritional assessment at a dietician</li> <li>• 1 lactation consultation with a registered nurse or lactation specialist</li> </ul>  |
| <b>Doulas</b><br>Services rendered by Doulas  | Paid from the Medical Savings Account  |





## 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 treatment subject to the benefits in a basket of care



## SUBSTANCE ABUSE

Alcohol and drug rehabilitation

Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit

Detoxification in hospital

Prescribed Minimum Benefits. Three days per person, paid from Major Medical Benefit



## 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 Option in terms of Designated Service Providers and clinical entry criteria

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:

|  |        |                            |
|--|--------|----------------------------|
| Allied and therapeutic healthcare services   | M      | R10 200                    |
|  | M + 1  | R15 300                    |
|  | M + 2  | R19 000                    |
|  | M + 3+ | R22 900                    |
| External medical appliances  |        | R33 300                    |
| Hearing aids   |        | R18 600                    |
| Prescribed medicine  | M      | R19 800                    |
|  | M + 1  | R23 400                    |
|  | M + 2  | R27 700                    |
|  | M + 3+ | R33 700                    |
| Prosthetic limbs (with no further access to the external medical items limit)  |        | R107 800                   |
| Counselling sessions with a Psychologist or social worker for beneficiaries indirectly affected by the trauma incident |        | 6 sessions per beneficiary |



## WORLD HEALTH ORGANIZATION (WHO) BENEFITS

Benefit for out-of-hospital management and appropriate supportive treatment and care for Global WHO recognised disease outbreaks

01 | COVID-19, subject to PMB

02 | Monkeypox

Limited to a basket of care as set by the Scheme per condition

Subject to obtaining the services from the Scheme's preferred providers/DSPs, where applicable, and the condition and treatment meeting certain clinical criteria and protocols

# WELLTHfund

**The WELLTH Fund is a once-off benefit, available for a maximum of two benefit years, in the year of joining and up to the end of the next year**



## THE WELLTH FUND

Your available WELLTH Fund benefit limit depends on the number of registered dependants on your membership, and their age.

Once you and all your registered dependants have completed the appropriate screening assessment, you will have access to a combined WELLTH Fund benefit of R2 500 for every adult, and R1 250 for every child over the age of two years to a maximum overall limit of R10 000 per membership.

The per beneficiary limit depends on the age of the member or dependant at the date of expiry of the WELLTH Fund. For example if the benefit was activated in 2025:

- Children who turn two years old on or before 31 December 2026 receive the child allocation of R1 250.
- Beneficiaries who are 18 years old on or before 31 December 2026, receive the adult benefit value of R2 500.
- Children who are two years old after 31 December 2026 will not receive a fund value allocation but are still eligible to use the WELLTH Fund.

Once activated, the WELLTH Fund is available for use by all registered beneficiaries on your membership, regardless of their age. Qualifying healthcare services are covered up to a maximum of the Scheme Rate, subject to the overall benefit limit.





## HEALTHCARE SERVICES THAT WILL BE PAID FROM THE WELLTH FUND

|                          |  |
|--------------------------|--|
| General health           | <ul style="list-style-type: none"><li>• One GP consultation per beneficiary per year</li><li>• Dental check-up</li><li>• Eye check-up</li><li>• Hearing check-up</li><li>• Skin cancer screening</li><li>• Heart consultation</li><li>• Lung cancer screening for long-term smokers</li><li>• Medical devices used to monitor blood pressure, blood sugar and cholesterol. The devices must have a registered NAPPI code and be purchased from a registered healthcare provider with a valid practice number (such as a pharmacy dispensary or doctor)</li></ul> |
| Physical health          | <ul style="list-style-type: none"><li>• Diet, nutrition, and weight management at a dietitian</li><li>• Physical movement and mobility management at a biokineticist or physiotherapist</li><li>• Fitness assessment or high-performance fitness assessment at a provider in the Scheme's Wellness Network</li><li>• Foot health management at a podiatrist</li></ul>  |
| Mental Health            | Mental wellness check-up at a psychologist, nurse, social worker, registered counsellor, or psychiatrist   |
| Women's and men's health | Gynaecological and prostate consultations with your doctor, and a bone density check   |
| Children's Health        | Children's wellness visit, which includes growth and appropriate developmental assessments with an occupational therapist, speech therapist or physiotherapist   |



## IMPORTANT THINGS TO REMEMBER

- Network rules apply.
- General Scheme exclusions apply. If this Option does not cover specific services, you may not claim for them from the WELLTH Fund.
- Medicine or ongoing treatment for a diagnosed condition is not covered from the WELLTH Fund but can be paid from your available day-to-day or other applicable benefits.
- Where healthcare services are also eligible for cover from another defined risk benefit, for example the Screening and Prevention Benefit, we will pay the claim from that benefit first, and then only from the WELLTH Fund in instances where that benefit is depleted or unavailable.
- Claims paid from your WELLTH Fund do not impact your day-to-day benefits.
- Cover from the WELLTH Fund is subject to the Scheme's entry clinical criteria, treatment guidelines and protocols.



## TOTAL MONTHLY CONTRIBUTIONS INCLUDING YOUR MEDICAL SAVINGS ACCOUNT FOR 2026

|                             | Member | Adult  | Child dependant | Maximum for 3 child Dependants |
|-----------------------------|--------|--------|-----------------|--------------------------------|
| Total monthly contributions | R3 400 | R2 195 | R997            | R2 991                         |

### 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 Focus benefits and features, submitted to the Council for Medical Schemes. If there is any discrepancy between this document and the registered Rules, the Rules will always apply.

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