LA Health
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LA ENGAGE

2027

# LA Engage

## REASONS WHY THE LA ENGAGE OPTION IS THE BEST FOR YOU

This Benefit Option focuses on the health of young, active families. It offers comprehensive cover for in-hospital and other major care, precision oncology medicine, and depression risk management. There are specific benefits for children who are younger than 12, sports injuries and reproductive health. This Option provides cover for the Prescribed Minimum Benefit Chronic Disease List medicine and for 16 Additional Disease List chronic conditions. Day-to-day expenses are covered from the Medical Savings Account, and once exhausted, further cover is provided by the Extended Day-to-day Benefit for GP, specialist, dentist, acute medicine, radiology, pathology and optical benefits.

## IN HOSPITAL

You must preauthorise your in-hospital treatment or care

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

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| PMB at a Designated Service Provider (DSP) hospital in the Scheme's Network<br>The Scheme's DSPs are hospitals in the KeyCare Network | If the admitting Dr is a Specialist in the KeyCare Hospital, DH 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 KeyCare Hospital, NOT a DH Network GP or NOT a Premier A or B Network Specialist | We pay the hospital and other claims up to the LA Health Rate |
| PMB at a non-Network Hospital | If the admitting Dr is a Specialist in the KeyCare Hospital, DH 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 KeyCare Hospital, NOT a DH 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)

You may go to any hospital for treatment or care. 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 hospital and other claims up to 100% of the LA Health Rate from the Major Medical Benefit

### 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. We will also tell you about this when you preauthorise the procedure.

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

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

Discovery 911
0860 999 911
Real-time emergency care for members

## 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 or the Extended Day-to-day Benefit.

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

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

## COVER FOR CHRONIC AND ACUTE MEDICINE

You have medicine cover for all approved Prescribed Minimum Benefit Chronic Disease List conditions, paid in full from the Major Medical Benefit up to the LA Health Medicine Rate for listed medicine. Medicine that is not on the Scheme's medicine list is paid up to a Chronic Drug Amount.

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

Prescribed, acute medicine on the preferred medicine list are paid from the available funds in your Medical Savings Account or from the Extended Day-to-day Benefit at 100% of the LA Health Rate for medicine and those not on the preferred medicine list are paid at 90%.

You also have cover for over-the-counter medicine (schedule 0, 1 and 2) bought at a pharmacy at 100% of the cost from the available funds in your Medical Savings Account or from the Extended Day-to-day Benefit. 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 or from the Extended Day-to-day Benefit at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine that is not on the preferred medicine list.

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

## WE PAY FOR CERTAIN PREVENTIVE SCREENING TESTS OR VACCINES

The Major Medical Benefit provides cover for:

- A screening test (to check your blood glucose, blood pressure, cholesterol and body mass index), or a flu vaccination at a network pharmacy. We also pay for certain screening tests for seniors and children.
- Childhood immunisations (for children up to 12 years) and 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.

## 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 | | |
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| | **Member** | **Spouse/Adult** | **Child (max 3)** |
| Extended Day-to-day Benefit | R7 640 | R5 340 | R1 710 |
| Annual Medical Savings Account | R11 196 | R10 788 | R4 944 |

## 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. No overall limit. You must call Discovery 911 to authorise and dispatch the emergency transport

## 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 Scheme will pay up to 80%of the LA Health rate

Related accounts paid from Major Medical Benefit

# DENTISTRY

## IN-AND OUT-OF-HOSPITAL

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| Basic dental trauma procedures:<br>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 R73 550 per person per year for treatment in- or out-of-hospital.<br>**In-Hospital**<br>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<br>**Hospital** – Younger than 13 years – R2 860<br>Older than 13 years – R7 220<br>**Day clinics** – Younger than 13 years – R1 390<br>Older than 13 years – R4 730<br>**In- and Out-of-Hospital**<br>Dentist and related accounts paid from the Major Medical Benefit, up to 100% of the Scheme Rate<br>**Dental appliances and prostheses**<br>All dental appliances and prostheses, and the placement thereof, paid from the Major Medical Benefit. |

## IN HOSPITAL

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| 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<br>No overall limit |
| Specialised dentistry | Members will have to make an upfront payment (deductible)<br>**Hospital** – Younger than 13 years – R2 860<br>Older than 13 years – R7 220<br>**Day clinics** – Younger than 13 years – R1 390<br>Older than 13 years – R4 730<br>Hospital and related accounts paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Related, non-hospital accounts (for dentists, anaesthetists, etc), subject to a limit of R31 860 per person per year |
| Basic dentistry | Members will have to make an upfront payment (deductible)<br>**Hospital** – Younger than 13 years – R2 860<br>Older than 13 years – R7 220<br>**Day clinics** – Younger than 13 years – R1 390<br>Older than 13 years – R4 730<br>Hospital account paid from the Major Medical Benefit, up to 100% of the LA Health Rate. Related, non-hospital accounts (for dentists, anaesthetists, etc), paid from and limited to available funds in the Medical Savings Account and the Extended Day-to-day Benefit |

## OUT OF HOSPITAL

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| Specialised dentistry | Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit |
| Basic Dentistry | Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit |

## 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 dieticians and health coaches, subject to a basket of care and clinical entry criteria |
| Diabetes Care and Cardio Care | 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 |
| Disease Management Programmes | 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>Readers and/or transmitters paid from the Medical Savings Account, limited to R5 610 per device<br>Sensors paid from the Major Medical Benefit, limited to R2 050 per beneficiary per month, from a DSP pharmacy<br>The following annual co-payments apply: Adult beneficiary R1 050/Paediatric beneficiary R2 050 |

## 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

Paid from Major Medical Benefit up to 100% of the LA Health Rate. No overall limit

## OUT OF HOSPITAL

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| GP and specialist visits: actual, virtual and tele consultations or emergency room visits | Paid from Medical Savings Account or Extended Day-to-day Benefit |
| Virtual paediatrician consultations for children aged 14 years and younger from a network paediatrician consulted in the six months before the virtual consultation | Paid from the Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefits are depleted. Subject to clinical criteria |

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| Trauma-related casualty visits for children when normal Day-to-day benefits are exhausted | 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 and Extended day-to-day Benefit has been depleted. Includes the cost of the emergency casualty consultation, facility fees and all consumables |

### 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 |
| 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

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| 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<br>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

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| 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

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| Hospitals | No overall limit. Paid from the Major Medical Benefit. Subject to preauthorisation and clinical guidelines |
| Prescribed Minimum Benefit-related treatment and procedures | Emergency in-hospital care subject to Prescribed Minimum Benefits<br>Paid at 100% of the cost for services provided in a KeyCare Network Hospital, the Scheme's Designated Service Provider for Prescribed Minimum Benefits, when a Specialist in the KeyCare hospital, a Discovery Health Network GP or a Premier A or Premier B Specialist admits the member<br>If Prescribed Minimum Benefit-related services are not obtained at a Designated Service Provider Hospital and the admitting doctor is not a Designated Service Provider, PMB claims will be paid up to the LA Health Rate only |
| Non-Prescribed Minimum Benefit planned in-hospital treatment and procedures | Non-Prescribed Minimum Benefit planned in-hospital treatment and procedures: paid up to 100% of the LA Health Rate |

## DAY SURGERY PROCEDURES

Defined list of day surgery procedures paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, clinical criteria and the services being obtained at a facility in the Scheme's Designated Service Provider Network. If the services of non-Designated Service Providers are used voluntarily, a R7 550 deductible applies

## KIDS BENEFIT

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| For children up to 12 years old | One GP visit, and any radiology, pathology or prescribed medicine requested or prescribed by the GP at the time of the visit<br>Basic dentistry screening – annual<br>Basic optometry screening – every two years<br>Paid up to 100% of the LA Health Rate, from the Major Medical Benefit |

## MEDICINE

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| 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 catergory, we will pay up to the monthly CDA, whether they are on the medicine list or not |
| Additional Chronic Medicine Cover for non-PMB conditions | The Scheme covers approved medicine for non-PMB Additional Disease List chronic conditions, up to a monthly Chronic Drug Amount<br>Limited to M R13 100 M+1 R26 200 |
| Prescribed/acute medicine | Paid from and limited to funds in the Medical Savings Account or Extended Day-to-day Benefit. Paid at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine on the non-preferred medicine list |
| Over-the-counter (OTC) medicine (schedule 0, 1 and 2), and specific other medicines, generic or non-generic, and whether prescribed or not | Schedules 0, 1 and 2 medicine, prescribed or not, and certain other medicine deemed by the Scheme to be paid from this benefit, paid from MSA/EDB up to 100% of the cost. Limited to R3 270 for a single member and R5 980 for a family |
| Take-home medicine (when discharged from hospital) TTOs | Limited to funds in the Medical Savings Account or Extended Day-to-day Benefit. Paid at 100% of the LA Health Rate for medicine on the preferred medicine list and at 90% for medicine that is not on the preferred medicine list |

## MENTAL HEALTH

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| **Prescribed Minimum Benefits** | A maximum of 21 days in hospital per person or a maximum of 15 out of hospital psychologist or psychiatrist contacts paid from Major Medical Benefit at a DSP. The in-hospital treatment days and/or the out of hospital contacts accumulate to an overall allowance of 21 treatment days<br>Psychiatric care subject to preauthorisation and case management. Where members voluntarily make use of the services of a hospital that is not a Designated Service Provider, a 20% co-payment will apply to the hospital account |
| **Out-of-hospital:** Psychologists, psychiatrists, art therapy and social workers (non-PMB) | Limited to funds in the Medical Savings Account, subject to Prescribed Minimum Benefits |
| **Out-of-hospital:** Disease management for major depression for members registered on the Mental Health Care Programme | Up to 100% of the LA Health Rate for non-PMB GP and other related services covered in a treatment basket of care, subject to clinical criteria and referral by the Scheme's Network GP. Paid from the Major Medical Benefit |

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| **Out-of-hospital:** Depression Risk Management Programme for eligible members identified via a Mental Wellbeing Assessment | Up to 100% of the LA Health Rate for non-PMB GP and other related services, paid from the Major Medical Benefit<br>Once enrolled on the Programme, a basket of care, inclusive of the following, becomes available, subject to clinical criteria and referral by the Scheme's Network GP:<br>• A face-to-face or virtual mental wellbeing consultation with a Premier Plus Network GP or psychologist on the Mental Health Network<br>• virtual coaching sessions to monitor progress, set goals, and identify the appropriate next steps<br>• two sessions with a dietitian<br>• approved internet-based Cognitive Behavioural Therapy (iCBT), if recommended by the Premier Plus Network GP or Psychologist |

## ONCOLOGY (CANCER-RELATED CARE)

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| Oncology Programme (including chemotherapy and radiotherapy) | No overall limit in a 12-month cycle, subject to approval of a treatment plan and the use of the services of the Scheme's DSP. All oncology claims accumulate to a threshold of R250 000<br>Before the threshold is reached, non-PMB claims pay up to the LA Health Rate and thereafter a 20% co-payment applies. Prescribed Minimum Benefits are paid in full without any co-payments |
| Oncology-related PET scans | Paid from 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. The Scheme will pay claims up to 80% of the Scheme Rate if the services of a Designated Service Provider is not used |
| Stem cell transplants | You have access to local and international bone marrow donor searches and transplants up to the agreed rate. Your cover is subject to clinical protocols, review and approval |
| 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 or Extended Day-to-day Benefit |
| Spectacles, frames, contact lenses and refractive eye surgery | Limited to funds in the Medical Savings Account or Extended Day-to-day Benefit |

## ORGAN TRANSPLANTS

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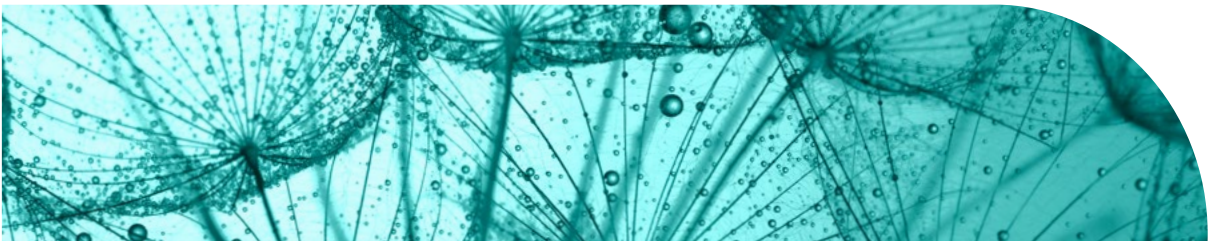
| Hospitalisation and harvesting of organ for donor transplants | Paid from the Major Medical Benefit in full at the Scheme's Designated Service Provider, subject to preauthorisation and Prescribed Minimum Benefits. Claims paid up to the LA Health Rate if non-DSP services are used |
| Medicine for immuno-suppressive therapy | Paid according to Prescribed Minimum Benefits, subject to the Chronic Illness Benefit Chronic Drug Amount |



## OTHER SERVICES

| IN HOSPITAL | |
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| Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc) | Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria |

| OUT OF HOSPITAL | |
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| Auxilliary Services (physiotherapy, occupational therapy, audiology, psychology, nurse practitioners, etc) | Limited to funds in the Medical Savings Account |
| Alternative healthcare practitioners (chiropodists, homeopaths, naturopaths and chiropractors) | Limited to funds in the Medical Savings Account |
| Unani-Tibb therapy | Limited to funds in the Medical Savings Account |

## PATHOLOGY AND RADIOLOGY

| IN HOSPITAL | |
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| Basic Pathology Services | Paid from the Major Medical Benefit. Unlimited, subject to authorisation and the use of the services of the Scheme's Designated Service Provider |
| MRI and CT scans (referred by a specialist); ultrasounds, X-rays, pathology | Paid from Major Medical Benefit. No overall limit, subject to preauthorisation. |
| PET scans | Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit |
| Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital) | First R4 155 of hospital account paid from Medical Savings Account and the rest of the scope account paid from Major Medical Benefit. Related accounts limited to funds in Medical Savings Account or Extended Day-to-day Benefit, subject to preauthorisation |

| OUT OF HOSPITAL | |
|---|---|
| MRI and CT scans (referred by a specialist) subject to preauthorisation | First R4 155 of scan account paid from Medical Savings Account and the rest of the account paid from Major Medical Benefit, subject to preauthorisation |
| Radiology (including X-rays and ultrasounds) and pathology, including point of care pathology testing | Paid from Medical Savings Account or Extended Day-to-day Benefit. Point of care pathology testing subject to test result submission via Scheme accredited devices only. Clinical criteria and guidelines apply |
| Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy | Scopes codes only: Paid from Major Medical Benefit. Unlimited, subject to preauthorisation. Related accounts paid from and limited to funds in the Medical Savings Account/Extended Day-to-day Benefit |

## PREVENTIVE CARE

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| Pharmacy screening benefit:<br>Blood glucose, blood pressure, cholesterol and body mass index (BMI)<br>OR<br>Flu vaccination | Paid once per year at the applicable LA Health Rate per qualifying person for a single or basket of these tests obtained at a Network Pharmacy. Payable from Major Medical Benefit, subject to the use of the services of a Designated Service Provider. LDL cholesterol test paid from Major Medical Benefit, subject to clinical criteria<br>One flu vaccination per beneficiary per year |
| Enhanced Screening Benefit for persons 65 years and older:<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>Unlimited, subject to clinical entry criteria and the use of the services of a Network provider. An additional screening assessment for at-risk beneficiaries, subject to the use of the services of an accredited Network GP and certain clinical entry criteria |
| Screening benefit for children between the ages of 2 and 18:<br>Body Mass Index, including counseling if necessary, basic hearing and dentalscreenings; and milestone tracking forchildren 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 |
| Other screening tests:<br>Mammogram, Pap Smear, Prostrate-Specific Antigen (PSA) or Colorectal cancer screenings | Benefits Subject to clinical criteria and PMB<br>One Mammogram every 2 years; one 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 the Major Medical Benefit, up to the LA Health Rate. Associated consultations and other related procedures will be funded first from MSA and thereafter from EDB<br>Includes cover for Self-testing kits for cervical or colorectal cancer screening |
| Additional cover for Mammogram, Breast MRI, one BRCA test and repeat Pap Smear or one Colonoscopy (for persons identified by the colorectal screening to be at risk) | Consultations paid as described for GPs or Specialists<br>Benefits subject to clinical criteria and PMB |

## VACCINATIONS

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| 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 or Extended Day-to-day Benefit |
| Childhood immunisations | Paid from the Major Medical Benefit in accordance with the Private Vaccination Schedule for children who are up to 12 years old |

## PROSTHESES OR EXTERNAL MEDICAL APPLIANCES

| INTERNAL PROSTHESES | |
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| Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants | Paid from Major Medical Benefit up to 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 paid in full if obtained from the Scheme's Preferred Provider. If the device is not obtained from a Preferred Provider, paid up to the applicable negotiated rate per device, per admission. |
| Implantable stents | Paid from the Major Medical Benefit<br>Unlimited if obtained from the Scheme's Network Provider<br>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<br>Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria |
| Spinal prostheses/devices | Paid from the Major Medical Benefit<br>Unlimited if obtained from the Scheme's Network Provider<br>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<br>Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria |
| Other internal prostheses | Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria |

| RENAL CARE | |
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| Dialysis and other renal care-related treatment and educational care (includes authorised related medicine) | Paid from Major Medical Benefit. No overall limit. Subject to a treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the services of the Designated Service Provider are not used |

# 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 and Extended Day-to-day Benefit

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| **Cover during Pregnancy**<br>Antenatal visits, ultrasounds and scans, selected blood tests, pre- or post-natal classes, GP and Specialist consultations | • 8 Antenatal consultations with a gynaecologist, GP or midwife<br>• One Nuchal translucency or one non-invasive prenatal test (NIPT) or one T21 Chromosome test, subject to clinical entry criteria<br>• Two 2D ultrasound scans<br>• A defined basket of blood tests<br>• 5 pre- or post-natal classes or consultations with a registered nurse |
| Cover for the mother before, or for up to two years after the birth | Two 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 up to two years after the birth | • A post-birth consultation at a GP or gynaecologist for post-natal complications<br>• One nutritional assessment at a dietitian<br>• One lactation consultation with a registered nurse or lactation specialist |
| **Contraceptives** | Paid from MMB up to R2 720 per qualifying female beneficiary per year |
| **Doulas**<br>Services rendered by Doulas | Paid from the Medical Savings Account |

### SPINAL CARE AND SURGERY

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| 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, the Scheme will pay up to 80% of the LA Health Rate<br>Related accounts paid from the Major Medical Benefit<br>Out of hospital conservative treatment subject to the benefits in a basket of care |

## SPORTS INJURY BENEFIT

| | |
|---|---|
| Cover for:<br>• Unlimited basic black and white x-rays,<br>• 2 specialist consultations per person per year,<br>• 4 physiotherapy/ biokineticist/ chiropractor or occupational therapist | Benefit must be activated by a GP<br>Paid from the Major Medical Benefit up to 100% of the LA Health Rate, subject to applicable Networks<br>Subject to clinical criteria |

## SUBSTANCE ABUSE

| | |
|---|---|
| Alcohol and drug abuse, in- or out-of-hospital | Prescribed Minimum Benefits. 21 days per person. Services obtained from a DSP are paid up to the agreed rate. Services obtained involuntarily from a non-DSP are paid in full. Voluntary use of the services of a non-DSP is paid at 80% of the Scheme Rate. Subject to available benefits. |
| Detoxification in hospital | Prescribed Minimum Benefits. Three days per person, paid from the Major Medical Benefit. Services obtained from a DSP are paid up to the agreed rate. Services obtained involuntarily from a non-DSP are paid in full. Voluntary use of the services of a non-DSP is paid at 80% of the Scheme Rate. Subject to available benefits |

## 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 | R26 830 |
| | M + 1 | R36 370 |
| | M + 2 | R44 440 |
| | M + 3+ | R51 460 |
| External medical appliances | | R51 980 |
| Hearing aids | | R27 350 |
| Prescribed medicine | M | R29 450 |
| | M + 1 | R35 840 |
| | M + 2 | R42 970 |
| | M + 3+ | R47 060 |
| Prosthetic limbs (with no further access to the external medical items limit) | | R111 850 |
| 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<br>01 \| COVID-19, subject to PMB<br>02 \| Monkeypox | Limited to a basket of care as set by the Scheme per condition<br>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 |

# WELLTH fund

**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 2026:

- Children who turn two years old on or before 31 December 2027 receive the child allocation of R1 250.
- Beneficiaries who are 18 years old on or before 31 December 2027, receive the adult benefit value of R2 500.
- Children who are two years old after 31 December 2027 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 | • One GP consultation per beneficiary per year<br>• Dental check-up<br>• Eye check-up<br>• Hearing check-up<br>• Skin cancer screening<br>• Heart consultation<br>• Lung cancer screening for long-term smokers<br>• 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) |
| Physical health | • Diet, nutrition, and weight management at a dietitian<br>• Physical movement and mobility management at a biokineticist or physiotherapist<br>• Fitness assessment or high-performance fitness assessment at a provider in the Scheme's Wellness Network<br>• Foot health management at a podiatrist |
| Mental Health | Mental wellness check-up at a psychologist, paediatrician, 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 specific services are not covered under the Option, 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 2027

| | MEMBER | ADULT | CHILD DEPENDANT | MAXIMUM FOR 3 CHILD DEPENDANTS |
|---|---|---|---|---|
| Total monthly contributions | R5 490 | R4 962 | R1 647 | R4 941 |

## 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.

# NOTES

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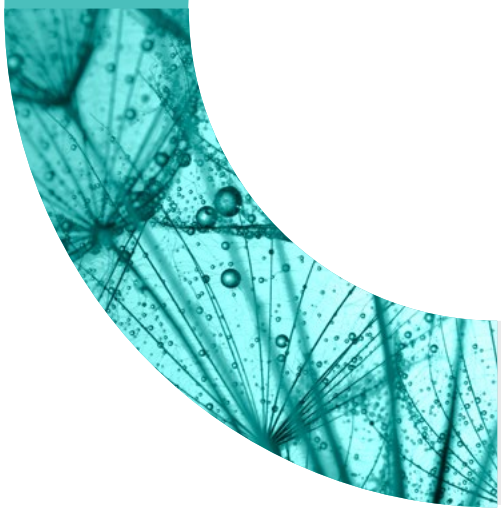

**This is a summary of the LA Engage benefits and features, submitted to the Council for Medical Schemes. If there is any discrepancy between this document and the registered Rules, the Rules will always apply.**


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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.



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