REASONS WHY THE LA FOCUS 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. Basic dentistry and in- or out-of-hospital care care are also paid from the Major Medial Benefit if these services are obtained from a provider in the LA Focus Networks of providers. Day-to-day expenses are paid from a Medical Savings Account.

Prescribed Minimum Benefits

Prescribed Minimum Benefits are paid at cost, subject to clinical criteria. To get full cover, you must go to KeyCare Network Hospital if you live in a province with a coastline, or to a LA Focus Network Hospital that is also a KeyCare Network Hospital, if you live in an inland province. These hospitals are the Scheme's Designated Service Providers for Prescribed Minimum Benefits on this Option. And if a Specialist in the Designated Service Provider Hospital or a Discovery Health Network GP or a Premier A or Premier B Specialist admits you to one of these hospitals, we will pay all claims related to the authorised Prescribed Minimum Benefit procedure or treatment in full, even if some of the other providers treating you are not Designated Service Providers.

If you do not go to a Designated Service Provider Network Hospital and/or your admitting GP or Specialist is not a Designated Service Provider, the Scheme will pay the Prescribed Minimum Benefit claims up to the Scheme Rate only.

Out-of-Hospital Prescribed Minimum Benefits are paid in full, subject to the use of the Scheme's Designated Service Providers, or at cost when there are no Designated Service Providers.

Non-Prescribed Minimum 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.

We cover you in an emergency

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

We cover you when you have to go to hospital

Hospitalisation, theatre fees and costs for intensive and high care at private hospitals have no overall limit, but you must obtain preauthorisation for any planned procedures. We pay these costs from the Major Medical Benefit up to 100% of the LA Health Rate.

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. 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).

You must make use of the services one of the Scheme's Network of Designated Service Provider Day Surgery facilities when you need to undergo certain procedures. If you don't, you will have to pay a deductible amount to the facility.

Cover for GPs and specialists in and out of hospital

When you're admitted to a hospital in the LA Focus Hospital Network, 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.

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.

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.

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 medicines. Medicine that is not on the medicine list is paid up to a Chronic Drug Amount. 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 bought at a pharmacy at 100% of the cost from the available funds in your Medical Savings Account. A sub-limit applies when certain unscheduled supplements are purchased as OTCs.

When you are discharged from hospital after an admission, we pay for take-home medicine from the available funds in your Medical Savings Account 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.

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 one of the Scheme's designated service providers or a network pharmacy. We also pay for certain screening tests for seniors and children.
- One specific pneumococcal vaccination in a beneficiary's lifetime for qualifying members.
- Pap smears, mammograms, prostate-specific antigen tests and certain colo-rectal cancer screenings, subject to clinical criteria.

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

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

World Health Organization (WHO) Outbreak Benefit

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

SCHEDULE OF BENEFITS

OVERALL ANNUAL LIMITS			
Hospital	No overall limit applies. Members must use network hospitals		
	Member	Spouse/Adult	Child (max 3)
Medical Savings Account	**R8 208**	**R5 292**	**R2 412**
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 entry criteria and preauthorisation		
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			
Emergency Medical Transport	Paid from Major Medical Benefit up to 100% of the LA Health Rate subject to authorisation. No overall limit applies		
BLOOD TRANSFUSIONS AND BLOOD PRODUCTS			
Blood transfusions and blood products	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit applies		

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 service of a non-DSP provider is used, a 20% co-payment applies Related accounts paid from Major Medical Benefit

DENTISTRY

IN-HOSPITAL	Maxillo-facial procedures: certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs	Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit. No overall limit
	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 R61 500 per person per year for treatment in- or out-of-hospital. **In Hospital** Paid from the Major Medical Benefit. Subject to pre-authorisation, clinical entry criteria, treatment guidelines and protocols. Members will have to make an upfront payment (deductible) to the hospital or Day Clinic **Hospital**: Younger than 13 years R2 360; Older than 13 years R5 970 **Day clinics**: Younger than 13 years R1 160; Older than 13 years R3 910 **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, as well as orthodontics (surgical and non-surgical) paid from the Major Medical Benefit.
	Specialised dentistry	Members will have to make an upfront payment (deductible) for all specialised dentistry performed in hospital **Hospital**: Younger than 13 years R2 360; Older than 13 years R5 970 **Day clinics**: Younger than 13 years R1 160; Older than 13 years R3 910 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 R26 360 per person per year
	Basic dentistry	Members will have to make an upfront payment (deductible) **Hospital**: Younger than 13 years R2 360; Older than 13 years R5 970 **Day clinics**: Younger than 13 years R1 160; Older than 13 years R3 910 Hospital account: Paid up to 100% of the LA Health Rate from 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 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, including one set of plastic dentures per person once every four years from a dentist in the LA Focus dental network	Unlimited and paid from Major Medical Benefit, subject to a list of procedures, if performed/provided by a dentist in the LA Focus Dental Network. If a non-network dentist is used, paid from the Medical Savings Account

GPS AND SPECIALISTS

IN-HOSPITAL	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 has been depleted. Subject to clinical criteria
	International clinical review consultations	Paid from the Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation
	Trauma-related casualty visits for children when normal day-to-day benefits are exhausted	Paid from Major Medical Benefit 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

HIV OR AIDS

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. Unlimited, subject to HIVCare Programme protocols. If the services of non-Designated Service Providers are used voluntarily, a 20% co-payment will apply
HIV- or AIDS-related consultations	Prescribed Minimum Benefits. Covered with no overall limit from the Scheme's Designated Service Provider. A 20% co-payment applies if the services of a non-DSP are used

HOME-BASED CARE

Clinically appropriate chronic and acute treatment and conditions that can be treated at home, including clinically appropriate home 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

ALL PLANNED PROCEDURES MUST BE PREAUTHORISED

Pre-operative Asessment 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 Prescribed Minimum Benefit-related treatment and procedures	No overall limit. Paid from the Major Medical Benefit. Subject to preauthorisation and clinical guidelines Emergency in-hospital care subject to Prescribed Minimum Benefits Paid at 100% of the cost for services provided in a KeyCare Network Hospital (in a coastal province) or a LA Focus Network Hospital in an inland province. This is the Scheme's Designated Service Providers for Prescribed Minimum Benefits, provided a Specialist in the KeyCare hospital, a Discovery Health Network GP or a Premier A or Premier B Specialist is 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 Designated Service Provider facility in the Scheme's Day Surgery Network. A R6 300 deductible applies if the service of a non-Designated Service Provider is used

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, benefits for mother and baby are subject, and limited to the Medical Savings Account	
	Cover during Pregnancy 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 • One Nuchal translucency or one non-invasive prenatal (NIPT) or one T21 Chromosome test, subject to clinical entry criteria • Two 2D ultrasound scans • A defined basket of blood tests • 5 pre- or post-natal classes or consultations with a registered nurse
	Cover for the newborn baby for up to two years after birth	2 visits to a GP, paediatrician or ear, nose and throat (ENT) specialist
	Antenatal classes	If not registered on the Maternity Programme: Limited to funds in the Medical Savings Account
	Doulas Services rendered by Doulas	Paid from the Medical Savings Account

MEDICINE

Prescribed Minimum Benefit Chronic Disease List conditions (subject to benefit entry criteria and approval)	We will pay your approved medicine in full if it is on our medicine list (formulary), if it is not we will pay for it up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one medicine from the same medicine category, we will pay up to the monthly CDA, whether they are on the medicine list or not
Diabetes Care and Cardio Care Disease Management Programmes	Up to 100% of the LA Health Rate for non-PMB GP and other related services covered in a treatment basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's Network GP. Paid from the Major Medical Benefit
Continuous blood glucose monitoring	Subject to registration on the Scheme's Diabetes Management Programme, authorisation and clinical criteria Readers and/or transmitters paid from the Medical Savings Account limited to R4 630 per device. Sensors paid from MMB, limited to R1 660 per beneficiary per month, subject to being obtained from a DSP pharmacy and the following annual co-payments: Adult beneficiary R830. Paediatric beneficiary R1 660
Prescribed/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
Medicine bought over-the-counter at a pharmacy (schedule 0, 1 and 2) and generic or non-generic	Paid up to 100% of the cost, limited to funds in Medical Savings Account. Certain categories of unscheduled supplements, supplied as over-the-counter, subject to a limit of R1 670 per person per year
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

Prescribed Minimum Benefits	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
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 basket of care, subject to criteria and referral by the Scheme's Network GP. Paid from the Major Medical Benefit

ONCOLOGY (CANCER-RELATED CARE)

Oncology Programme, including chemo- 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 R228 000. Before the threshold is reached, non-PMB claims pay up to the LA Health Rate and thereafter a 20% co-payment applies. Prescribed Minimum Benefits are paid in full without any co-payments
Oncology-related PET scans	Paid from the Major Medical Benefit, subject to the Oncology threshold of R228 000 in a 12-month cycle. Scan must be done at the Scheme's Designated Service Provider, subject to preauthorisation. A 20% deductible will apply from R1 if a Designated Service Provider is not used
Stem cell transplants	You have access to local and international bone marrow donor searches and transplant up to the agreed rate. Your cover is subject to clinical protocols, review and approval

OPTICAL

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

Hospitalisation and harvesting of organ for donor transplants	No overall limit. Related accounts paid at 100% of the LA Health Rate, subject to Prescribed Minimum Benefits, preauthorisation and the use of the Scheme's Designated Service Provider. Claims paid up to the LA Health Rate if non-DSP services are used
Medicine for immuno-suppressive therapy	Paid according to Prescribed Minimum Benefits, subject to the Chronic Illness Benefit Chronic Drug Amount

OTHER SERVICES

IN-HOSPITAL	Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria
OUT-OF-HOSPITAL	Alternative healthcare practitioners (chiropodists, homeopaths, naturopaths and chiropractors)	Limited to funds in the Medical Savings Account
	Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	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
IN-HOSPITAL	MRI and CT scans (referred by a specialist); ultrasounds, X-rays, pathology	Paid from Major Medical Benefit. No overall limit. Subject to preauthorisation
IN-HOSPITAL	PET scans	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit
IN-HOSPITAL	Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related, non-hospital accounts, if done in hospital)	First R3 300 of the scan paid from and limited to funds in Medical Savings Account and the rest of the account paid from Major Medical Benefit. Related accounts limited to funds in the Medical Savings Account. Subject to preauthorisation
OUT-OF-HOSPITAL	MRI and CT scans	First R3 300 of the scan paid from Medical Savings Account and the rest of the account paid from Major Medical Benefit. Subject to preauthorisation
OUT-OF-HOSPITAL	Radiology (including X-rays and ultrasounds) and pathology	Limited to funds in the Medical Savings Account
OUT-OF-HOSPITAL	Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Scopes codes only: Paid from Major Medical Benefit. Unlimited, subject to preauthorisation. Related accounts limited to funds in the Medical Savings Account

PREVENTIVE CARE

Pharmacy screening benefit: Blood glucose, blood pressure, cholesterol and body mass index (BMI) OR 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. One flu vaccination per beneficiary per year
Screening benefit for children between the ages of 2 and 18: Body Mass Index, including counseling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of 2 and 8	Paid once per year at the applicable LA Health Rate per qualifying beneficiary for a single or basket of these tests. Payable from Major Medical Benefit, subject to the use of the services of a Designated Service Provider
Enhanced Screening Benefit for persons 65 years and older: Hearing test, spot vision eye test, frailty assessment and Core assessment	Unlimited, subject to clinical entry criteria and the use of the services of a Network provider. An additional screening assessment for at-risk beneficiaries, subject to the use of the services of an accredited Network GP and certain clinical entry criteria
Other screening tests: Mammogram, Pap Smear, Prostrate-Specific Antigen (PSA) or Colorectal cancer screenings Benefits Subject to clinical criteria and PMB.	1 Mammogram every 2 years; 1 Pap Smear every 3 years, one PSA test per person per year, one faecal occult blood test or one immunochemical test every 2 years per person for persons aged 45 to 75 years Additional cover for Mammogram, Breast MRI, one BRCA test and repeat Pap Smear or one Colonoscopy (for persons identified by the colorectal screening to be at risk) Consultations paid as described for GPs or Specialists
Vaccinations: Pneumococcal vaccination	One specific, approved pneumococcal vaccine every 5 years for persons under the age of 65 or one vaccine per person per lifetime for persons over the age of 65. Paid from the Major Medical Benefit, subject to clinical criteria

PROSTHESES OR EXTERNAL MEDICAL APPLIANCES

INTERNAL PROSTHESES	
Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants	Paid from Major Medical Benefit up to R235 100 per person per year, subject to preauthorisation
Other internal prostheses	Paid from Major Medical Benefit subject to preauthorisation and clinical criteria
Shoulder replacement prostheses	Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred Provider. A limit of R45 550 per prosthesis will apply if the Preferred Provider is not used
Major joint replacements, including hip and knee replacements	Paid from the Major Medical Benefit. Subject to the use of the Scheme's DSP hospital. If service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply to the hospital account. Devices for hip or knee replacements unlimited from the Scheme's Preferred Provider and limited to R30 900 per device, if obtained from a non-Preferred Provider
Spinal devices	Unlimited and paid from Major Medical Benefit if obtained from the Scheme's Network provider. If the Scheme's Network Provider is not used, limited to R26 250 per level, with an overall limit of R52 500 for two or more levels. Only one procedure per year will be authorised
EXTERNAL MEDICAL ITEMS	
Crutches, wheelchairs, hearing aids, artificial limbs, stoma bags, etc.	Limited to funds in Medical Savings Account
Oxygen rental	Paid from the Major Medical Benefit in full at the Scheme's Designated Service Provider, subject to preauthorisation. Services from non-Designated Service Providers will be paid up to the LA Health Rate only

RENAL CARE

Includes dialysis and other renal care-related treatment and educational care (includes authorised related medicines)	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

SPINAL CARE AND SURGERY

In and out-of-hospital management of spinal care or surgery for a defined list of clinically appropriate procedures, which includes Lumbar or Cervical Fusion, Laminectomy or Laminotomy	Paid in full from the Major Medical Benefit from the Scheme's Designated Service Provider, Subject to preauthorisation. If services are not obtained from the Scheme's Designated Service Provider, a 20% co-payment applies Related accounts paid from the Major Medical Benefit. Out-of-hospital conservative care subject to the benefits in a basket of care

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 Benefit Option in terms of Designated Service Providers and clinical entry criteria.

Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:

Benefit		Limit
Allied and therapeutic healthcare services	M M + 1 M + 2 M + 3+	R8 800 R13 250 R16 500 R19,850
External medical appliances		R28 900
Hearing aids		R16 100
Prescribed medicine	M M + 1 M + 2 M + 3+	R17 150 R20 300 R24 100 R29 300
Prosthetic limbs (with no further access to the external medical items limit)		R93 550
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 1. COVID-19 , subject to PMB 2. 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

TOTAL MONTHLY CONTRIBUTIONS INCLUDING YOUR MEDICAL SAVINGS ACCOUNT FOR 2023

	MEMBER	ADULT	CHILD DEPENDANT	MAXIMUM FOR 3 CHILD DEPENDANTS
TOTAL MONTHLY CONTRIBUTIONS	**R2 735**	**R1 765**	**R803**	**R2 409**

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 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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LA-Health LA Health

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