

Dear Pharmacist

Discovery Health Standard Pharmacy Network rates

Enclosed are the pharmacy network agreements and pharmacy network rates effective from 1 Jan 2022.

If your pharmacy is not already participating in the Discovery Health pharmacy networks and you want to join, you need to complete the relevant agreement(s) and send them to us at provider_administration@discovery.co.za.

1. Standard Pharmacy Network and rates agreement (mandatory for network participation)
2. Performance Based Remuneration (only to be completed by independently owned pharmacies)
3. Data legislation and the Protection of Personal Information Act (mandatory for network participation)

For your convenience, we have also attached a comprehensive summary of the rates applicable to each of the medical schemes that we administer, and the services they offer. To avoid charging unnecessary co-payments to scheme members, please ensure you confirm your chosen network rate with your software vendor.

Cancelling or changing your designated service provider (DSP) network agreement

Participating in the Discovery Health Pharmacy Network is voluntary. If you choose to withdraw your participation, please send your request to provider_administration@discovery.co.za, together with your BHF practice number. We will end your participation in the network according to the contract specifications. You will also need to instruct your software vendor of the change in writing. Once you are no longer part of the Discovery Health network, you will not be able to participate in Performance Based Remuneration Network, the MedXpress Pharmacy Network or HIV Pharmacy Network.

Joining in the Performance Based Remuneration Network

If you are an independently owned pharmacy, make sure you also enrol on the Performance Based Remuneration Network offered by Discovery Health Medical Scheme to earn an additional dispensing fee when adhering to the required compliance levels. Participation is voluntarily.

Please print and sign the agreement, and return it to provider_administration@discovery.co.za in order for us to register you on the PBR network.

Visit our website for more information

All our formularies, application forms and previous communication to pharmacies is available on the Healthcare Professional Zone at www.discovery.co.za > Discovery ProPBM > Communiqués.

Thank you for your commitment to working with us to ensure the members of the medical schemes we administer continue to have access to affordable medicine and quality service.

If you have any questions, email us at healthpartnerinfo@discovery.co.za.

Regards



Suzanne Van Der Walt

Contract manager

Discovery Health

1. Appointment as non-exclusive network provider (including Standard Designated Service Provider)



Please complete and send the form by fax to 011 539 2784 or email to provider_administration@discovery.co.za AND a copy to your software vendor at: helpdesk@computassist.co.za OR price.medaid@bcx.co.za OR helpdesk@propharm.co.za OR info@compharm.co.za OR kcatsicas@easyrx.co.za OR comcaps@telkomsa.net OR pharmasoft@medbel.co.za OR jack@touchpoint.co.za OR info@djla.co.za OR info@diverseit.co.za OR dispensing.rules@vexall.co.za

Pharmacy (group) details			
Owner/Company name		ID number/Company number	
Name of pharmacy/list attached		BHF pharmacy number / List	
Physical address of pharmacy/ pharmacy group head office		Postal address	
Building name and number		PO Box	
Street name and number		Suburb	
Suburb	Code:	City	Code:
Dispensary cell phone		Used for down time SMS's and emergency communication	

Contact details: (Lists: please supply the relevant information as requested for every pharmacy)

Dispensary email (Pharmacist)	Statement email address
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Provisions for participation in the Pharmacy Network: (the pharmacies described above will jointly hereinafter be referred to as the "Pharmacy")
IDENTIFICATION AND ELIGIBILITY VERIFICATION

By completing this appointment form, the pharmacy agrees to participate in the Pharmacy Network(s). By joining this network your pharmacy automatically qualifies as a Standard Designated Service Provider. This signed agreement replaces any previous Standard Pharmacy Network Agreement entered into by you from the date the pharmacy is added onto the network by Discovery Health as per the terms contained herein.

- The Pharmacy agrees -
- To act in accordance with all medicine and pharmacy legislative requirements related to the procurement and dispensing of scheduled medicine and undertakes to ensure that it and responsible pharmacists are registered and remain registered with the South African Pharmacy Council.
- To make every attempt to validate the patient as a Member by checking that a person to whom services are rendered, is in possession of a valid membership card provided by the Scheme to the Member, in either a physical or digital format. The Member would be required to display their digital card on their smart phone/digital device. The membership card contains the Member's name, membership number, identification number and a list of all dependants' names. Where the Pharmacy fails to ensure that the person to whom it renders the services is in possession of a valid membership card, the Scheme shall not be liable for payment to the Pharmacy in respect of such person.
- To the rate and any subsequent rate increases and other changes (including future administered schemes and plans) as applied and published in the latest pharmacy networks and scheme rates on www.discovery.co.za, unless the agreement is terminated.
- Not to levy any co-payments. Therefore it will not charge members of the medical schemes administered by Discovery Health and their registered dependants for:
 - SEP products - a rate that is higher than the rates described below or higher than the rate increases as officially communicated on www.discovery.co.za or any other additional rates or fees not agreed to by Discovery Health.
 - Non-SEP products - a rate higher than that agreed to with Discovery Health or higher than the rate increases as officially communicated on www.discovery.co.za or any other additional rates or fees not agreed to by Discovery Health.
- That if it fails to comply with this agreement, it will be suspended from all our pharmacy networks, including all specialised (non-Standard) DSP networks that it may have separately entered into with Discovery Health.
- Without a valid, signed POPIA agreement, participation in networks is not allowed.
- That for those pharmacies participating in the Discovery Health Performance Based Remuneration dispensing fee model (PBR), the tariffs and rules are subject to change as published on the website www.discovery.co.za as per the PBR dispensing fee model for authorised Chronic Illness Benefit items for the PBR variable dispensing fee to apply.
- That in the absence of a valid MedXpress group agreement, it will automatically participate in the MedXpress Pharmacy Network on an individual basis when reaching the required MedXpress criteria and its participation will be terminated if not maintaining the required MedXpress criteria as set out in the 'Pharmacy Network Guide' rules document published on www.discovery.co.za.
- Discovery Health making the details set out in this form available on www.discovery.co.za and to Discovery Health call centre consultants who will communicate these details to members as and when requested.
- That where it is a member of any pharmacy association or pharmacy franchise, Discovery Health may make available the Pharmacy's compliance reports and information to the franchise or association head office, including but not limited to: Independent Community Pharmacy Association (ICPA), South African Association of Community Pharmacists, SPAR group, Local Choice etc. group. Please complete.
- To obtain explicit written approval from Discovery Health to use its brand or logo, which may be subject to further terms and conditions.
- That it will inform its software vendor of the chosen rates as below and and scheme rates ensure that the chosen rates reflect on its screens at the Pharmacy.
- That it is subject to audits and if it is suspected of fraudulent behaviour, the member will be directly reimbursed instead of the Pharmacy pending the outcome of the investigation.
- The Pharmacy confirms that all information above and below is correct.
- Either party will be entitled to terminate this Pharmacy Network agreement on one calendar month's written notice to the other party. Please send termination request and BHF number to provider_administration@discovery.co.za.

Please tick <input type="checkbox"/> YES <input type="checkbox"/> NO	A. Independently owned pharmacies: The Pharmacy confirms that all the pharmacies described above are independently owned	Office use:
	A.1 Community pharmacies - The Pharmacy confirms that all the pharmacies described above are stock-keeping retail community pharmacies situated in close proximity to or within the community that it services, where the majority of members visit it as walk in customers, OR	434 or 662
	A.2 Hospital pharmacies - The Pharmacy confirms that all the pharmacies described above are independently owned pharmacies situated at hospital sites and offer services predominantly to hospital patients.	434 or 662
<input type="checkbox"/> YES <input type="checkbox"/> NO	B. Corporate owned retail and hospital pharmacies The Pharmacy confirms that all the pharmacies described above are corporately owned by listed companies whether hospital or community. Please attach a list of your pharmacies.	662,703, 386, 434 then not 954
<input type="checkbox"/> YES <input type="checkbox"/> NO	C. Courier pharmacies: the Pharmacy confirms that the Pharmacy described above is a courier pharmacy delivering medicine to approximately 90% of customers across the country. Courier pharmacies are not eligible for PBR.	700 - Not 954

Available rates for SEP items VAT (incl.)	Please tick	Balance of Plan	KeyCare & Bankmed PMB & Basic	Delta Plans
A. Independently owned community pharmacy rates	<input type="checkbox"/> YES <input type="checkbox"/> NO	36.32% cap R59.92 (434)	18.40% cap R18.40 min R7.06 (435)	29.90% cap R29.90 (990)
	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR 32.50% cap R32.50 (662)		
B. Corporate rates	<input type="checkbox"/> YES <input type="checkbox"/> NO	32.50% cap R32.50	18.40% cap R18.40 min R7.06 (368)	29.90% cap R29.90 (703)
C. Courier rates	<input type="checkbox"/> YES <input type="checkbox"/> NO	29.90% cap R29.90 (700)	18.40% cap R18.40 min R7.06 (386)	29.90% cap R29.90 (703)
Qualify for ARV DSP network		32.50% cap R32.50	18.40% cap R18.40 min R7.06	29.90% cap R29.90
Discovery FlexiCare		29.90% cap R29.90 (275)		
Qualify for Smart Plan. The DSP is MedXpress.		32.50% cap R32.50	Courier pharmacies 29.90% cap R29.90 where applicable	
<input type="checkbox"/> YES <input type="checkbox"/> NO	I hereby agree and give permission to my software vendor, called _____ to lock the dispensing fee on my pharmacy/s system.			
Date signed: 2 0 Y Y M M D D	Name:	Your signature:		

2. Application to join the Performance Based Remuneration (PBR) Pharmacy Network for independent pharmacies



Please complete and send the form by fax to 011 539 2784 or email to provider_administration@discovery.co.za AND a copy to your software vendor at: helpdesk@computassist.co.za OR price.medaid@bcx.co.za OR helpdesk@propharm.co.za OR info@compharm.co.za OR kcaticas@easyrx.co.za OR comcaps@telkomsa.net OR pharmasoft@medbel.co.za OR jack@touchpoint.co.za OR info@djla.co.za OR dispensing.rules@vexall.co.za OR info@diverseit.co.za

Owner name and surname		ID number	
PMA: <i>Please tick appropriate block</i>		ComputAssist <input type="checkbox"/>	BCX/Unisolve <input type="checkbox"/>
info@diverseit.co.za <input type="checkbox"/>		Techknowledge <input type="checkbox"/>	Pharmasoft <input type="checkbox"/>
		ProPharm <input type="checkbox"/>	ComPharm <input type="checkbox"/>
		Pharmasoft <input type="checkbox"/>	Touchpoint <input type="checkbox"/>
		Pharmasoft <input type="checkbox"/>	Vexall <input type="checkbox"/>
Pharmacy details			
Name of pharmacy		BHF billing practice number	
Physical address			
Building name and number			
Street name and number			
Suburb		Province	Code
Contact details			
Dispensary email address for PBR reports and compliance information			
<i>Please tick</i>			
<input type="checkbox"/> YES <input type="checkbox"/> NO	A. Independently owned pharmacies: The Pharmacy confirms that the Pharmacy described above is independently owned and offers the community rate as described in the Standard DSP network agreement, whether retail or hospital pharmacy.		
<input type="checkbox"/> YES <input type="checkbox"/> NO	B. Corporate owned retail and corporate hospital pharmacies: The Pharmacy confirms that the Pharmacy group described above is owned by a corporate, listed company. It offers the corporate rate to members as described in the Standard DSP network agreement.		
<input type="checkbox"/> YES <input type="checkbox"/> NO	C. Courier pharmacies: The Pharmacy confirms that the Pharmacy described above is a courier pharmacy that delivers medicine to approximately 90% of members across the country and cannot participate in PBR.		

Provisions for participation in this PBR Pharmacy Network

The Pharmacy described above will hereinafter be referred to as "the Pharmacy"

The Pharmacy has elected by completing this application form to join the PBR Pharmacy Network on the terms and conditions referred below.

This PBR Pharmacy Network agreement only applies to Discovery Health Medical Scheme. Discovery Health will inform you of the inclusion, of any other schemes administered by it, willing to participate in the PBR Pharmacy Network from time to time except. PBR does not apply to courier pharmacies.

The Pharmacy agrees:

- To join the PBR Pharmacy Network as a DSP from the first day of the current month in which the signed application form is received ("Effective Date").
- That participation in the Non-exclusive Designated Services Provider ("DSP") Independent Community Pharmacy Network agreement ("Standard DSP Network") is a prerequisite for participation in this PBR Pharmacy Network. That these terms and conditions must be read together with the attached Standard DSP Network agreement that describes the existing standard dispensing fees and provisions.
- That its details set out in this application form can be used by Discovery Health and its staff members for operational purposes.
- To always act in accordance with existing medicine and pharmacy legislation, standards and codes of conduct.
- That there are no rate changes required on its system since the variable PBR dispensing fees will be retrospectively applied to Chronic Illness Benefit (CIB) claims only and only if and when the Pharmacy qualifies by reaching or exceeding the compliance threshold set out below.
- That it will continue to charge at the rates according to the Standard DSP Network agreement. However, once its individual compliance performance has reached or exceeded the compliance threshold for the previous calendar month, it will automatically qualify for the PBR variable dispensing fee to apply again for the next month.
- That it undertakes to inform its software vendor by emailing this signed application form to its software vendor so that the benchmark price and benchmark products can be included and displayed on its screen at the Pharmacy.
- That it will be measured on a monthly basis on its individual formulary compliance performance and the applicable PBR variable dispensing fee according to the latest PBR and MedXpress network rules document as published on the Discovery website (www.discovery.co.za) and will be informed of its performance per email to the email address on the Discovery Health system.
- That Discovery Health reserves the right to review and automatically increase the threshold after formulary updates.
- When complying with the MedXpress criteria as published in the latest PBR and MedXpress network rules document on the Discovery website (www.discovery.co.za) you will participate in MedXpress DSP Network if you maintain the required criteria.
- To treat and keep confidential all information provided to it relating to the PBR Pharmacy Network or otherwise and which, even if not marked as confidential, by its nature or contents is identifiable as, or could reasonably be expected to be confidential and/or proprietary and which will only be used for the purposes of insight relating to this agreement. It shall not under any circumstances disclose, exchange, or distribute the contents thereof to any third party other than its employees who "need to know" for the purposes of providing the service and who are under same the obligation as it is under to exercise the same degree of care in protecting the confidential information and personal information (as defined in the Protection of Personal Information Act).
- That the retrospective PBR payment report is compiled by Discovery Health on a three months' basis for pharmacies that have reached or exceeded the compliance threshold. The PBR payment report comprises of the CIB claim lines submitted by qualifying pharmacies during the report period (full calendar months only). Whereby the difference between the paid dispensing fee and PBR variable dispensing fee is calculated for formulary and benchmark items paid from CIB. The difference is paid by the Scheme during the next month, as a normal payment run, following the three monthly review.
- That the PBR dispensing fee is subject to change from time to time and the PBR version 2 dispensing fee for corporate and independently owned pharmacies is published on www.discovery.co.za. That when it fails to reach the required PBR compliance threshold for the calendar month, it will no longer qualify and the applicable PBR variable dispensing fees will therefore not apply for the next month. The rate of the Standard DSP Network will then apply until the Pharmacy qualifies again for the benefits of the PBR Pharmacy Network.
- That claims for KeyCare and Delta network options, courier claims, corporate hospital pharmacies that charge the independent DSP rate, pharmacies not contracted to the PBR Pharmacy Network or the Standard DSP Network, claims paid from any other benefits other than the CIB, including but not limited to acute benefits, HIV, oncology benefits and Additional Disease List claims will be excluded from claiming the PBR variable dispensing fees.
- Any party shall be entitled to terminate this PBR Pharmacy Network agreement on one calendar month's written notice to the other party. Please send termination request and BHF number to: provider_administration@discovery.co.za. Once terminated, the chosen Standard DSP Network dispensing fee applies to all CIB claims.

Signature date: 2 0 Y Y M M D D	Name:	Your signature:	Office: 434 & 954 OR 662 & 954
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Please note that this form expires on the 2023/03/31. Up to date forms are always available on www.discovery.co.za on the ProPBM webpage

3. Data legislation and the Protection of Personal Information Act

Please complete and send the form by fax to 011 539 2784 or email to provider_administration@discovery.co.za

Pharmacy owner details		
Name and surname/Company	ID number / company number	
Pharmacy details		
Name of pharmacy/attached list	BHF pharmacy number / list	
Dispensary email:	Dispensary cell phone	
<p>1. The Pharmacy further agrees to the following with regards to personal information: For purposes of this section the following definitions will apply from signature date –</p> <p>1.1 "Data Protection Legislation" means applicable data protection or data privacy laws, including POPI, in force in the Republic of South Africa from time to time;"</p> <p>1.2 "Disclosing Party" means a Party who discloses Confidential Information or Personal Information to a Receiving Party, or on whose behalf Confidential Information or Personal Information has been collected by the Receiving Party, pursuant to this Agreement;"</p> <p>1.3 "Operator" has the meaning ascribed thereto in POPI;"</p> <p>1.4 "Personal Information" has the meaning ascribed thereto in POPI and is being or may be processed by the Receiving Party pursuant to this Agreement;"</p> <p>1.5 "POPI" means the Protection of Personal Information Act No 4 of 2013 and any regulations passed thereunder, as may be amended from time to time;"</p> <p>1.6 "Processing" has the meaning ascribed thereto in POPI and derivatives thereof will have cognate meanings;"</p> <p>1.7 "Receiving Party" means a Party who receives Confidential Information from the Disclosing Party or a Party who receives Personal Information from the Disclosing Party, or on whose behalf it collects Personal Information, pursuant to this Agreement and such receipt of Personal Information renders that Party an Operator;"</p> <p>1.8 " Representative" means an officer, director or employee of the Receiving Party;"</p> <p>1.9 " Third Party Operator" means a third party who is an Operator of the Receiving Party."</p>		
<p>2. Use and protection of personal information</p> <p>2.1 To the extent that the Receiving Party Processes Personal Information, it warrants that:</p> <p>2.1.1. It shall process such Personal Information only on the written instruction of the Disclosing Party, in accordance with this Agreement or as required by Data Protection Legislation and as necessary to perform its obligations under this Agreement and for no other purpose.</p> <p>2.1.2. It shall not create or maintain data, which is derived from such Personal Information, except for the purpose of performing its obligations under this Agreement and as authorised by the Disclosing Party in writing.</p> <p>2.1.3. It shall, at all times during which it is Processing such Personal Information:</p> <p>2.1.3.1. Comply with Data Protection Legislation, and not, by act or omission, place the Disclosing Party in violation of any applicable Data Protection Legislation;</p> <p>2.1.3.2. Implement and maintain appropriate and reasonable technical and organisational security measures to protect the security of such Personal Information, including security measures applicable to the storage and transmission of such Personal Information, and to prevent a data security breach, including, without limitation, a breach resulting from or arising out of the Receiving Party's internal use, Processing or other transmission of such Personal Information, whether between or among the Receiving Party's Representatives or any Third Party Operator.</p> <p>2.1.3.3. Assign an employee who will be responsible for implementing and maintaining the technical and organisational security measures required in terms of this Agreement and, upon the Disclosing Party's request, provide evidence that it has established and maintains such technical and organisational security measures governing the Processing of such Personal Information.</p> <p>2.1.3.4. Safely secure all such Personal Information when processing such Personal Information on a laptop or other portable device (including memory sticks, USB flash drives, or other storage medium devices).</p> <p>2.1.4. It shall notify the Disclosing Party without undue delay and no later than 1 (one) day from the date of obtaining knowledge of any data security breach in respect of such Personal Information and, at the Receiving Party's cost and expense, assist and cooperate with the Disclosing Party concerning any disclosures to affected parties and other remedial measures as requested by the Disclosing Party or required under applicable law.</p> <p>2.1.5. It shall not permit any Representative or Third-Party Operator to process such Personal Information, unless such Processing is in compliance with this Agreement and is necessary in order to carry out the Receiving Party's obligations under this Agreement.</p> <p>2.1.6. It shall not disclose such Personal Information to any third party (including, without limitation, its affiliates and subsidiaries and Third Party Operators) unless:</p> <p>2.1.6.1. The disclosure is necessary in order to carry out the Receiving Party's obligations under this Agreement</p> <p>2.1.6.2. Such third party is bound by the same provisions and obligations as those set out in this Agreement</p> <p>2.1.6.3. The Receiving Party has received the Disclosing Party's prior written consent</p> <p>2.1.6.4. The Receiving Party remains responsible for any breach by such third party of the obligations set out in this Agreement to the same extent as if the Receiving Party caused such breach.</p> <p>2.1.7. It shall establish policies and procedures to provide all reasonable and prompt assistance to the Disclosing Party in responding to any and all requests, complaints, or other communications received from any individual who is or may be the subject of any such Personal Information.</p> <p>2.1.8. It shall immediately cease processing any Personal Information and shall return, delete, or destroy (at the Disclosing Party's election), or cause or arrange for the return, deletion, or destruction of, all such Personal Information, including all originals and copies of such Personal Information in any medium and any materials derived from or incorporating such Personal Information, upon the expiration or earlier termination of this Agreement or otherwise on the instruction of the Disclosing Party, but in no event later than 10 (ten) days from the date of such expiration, earlier termination or instruction, unless prescribed by law or otherwise agreed.</p> <p>2.1.9. It and all of its Representatives shall adhere to the requirements and security safeguards set out in POPI.</p> <p>2.1.10. It shall designate adequate resources to assist with the compliance and implementation of the obligations imposed on the Parties in terms of POPI and will implement the necessary controls to ensure appropriate data protection and governance of such Personal Information. The Receiving Party will provide the Disclosing Party, on its request, with evidence of the implementation of such controls.</p> <p>2.1.11. It shall conduct periodical internal and external reviews to measure the adequacy of the implemented controls on infrastructure and platforms that are used to process such Personal Information.</p> <p>2.1.12. It shall not use such Personal Information for any purpose that is inconsistent with POPI on or before the time of collection of that Personal Information; and</p> <p>2.1.13. It shall employ prudent and effective business continuity and disaster recovery facilities and procedures for the purposes of protecting all such Personal Information.</p> <p>2.2. The Disclosing Party may, with 7 (seven) days' prior written notice to the Receiving Party, carry out periodic performance reviews and may monitor, audit and inspect the Receiving Party's performance under and compliance with this Agreement and Data Protection Legislation by means of annual due diligence reviews and/or by appointing independent auditors to conduct an audit and/or quality assurance inspection as it may from time to time require into any aspect of this Agreement.</p> <p>2.3. The Receiving Party shall provide the Disclosing Party with its full co-operation to fully enable the Disclosing Party to review, monitor, audit and inspect the Receiving Party's performance under and compliance with this clause and Data Protection Legislation.</p> <p>2.4. On notification of an adverse finding following a review, audit or inspection, the Receiving Party shall provide the Disclosing Party with written feedback on the finding within 48 (forty-eight) hours.</p> <p>2.5 This POPIA agreement will apply to all network agreements and any other agreement entered into by the parties.</p>		
Signature date: 2 0 Y Y M M D D	Name: 	Your signature:

4. Standard Discovery Health pharmacy networks and scheme rates

The following standard network rates apply except where a separate contract exists.®

Medical scheme / Product	Option or plan	Destination code	Contracted Independent community pharmacy network rates and codes (VAT incl.)	Contracted Discounted standard corporate network rates and codes. (VAT incl.)	Contracted Courier network rates and codes (VAT incl.)	Not contracted Non-network rates and codes (VAT incl.)
			Reason code 476 Paid at agreed dispensing fee. Confirm price diff.	Reason code 476 Paid at agreed dispensing fee. Confirm price diff.	Reason code 476 Paid at agreed dispensing fee. Confirm price diff.	Reason code 592 Non-network provider. Member to pay the balance
Non-SEP:		KeyCare/ Delta		36.32% cap R59.92		
		Other plans	36.32% cap R59.92	36.32% cap R59.92 • Clicks: 33% cap R33.00® • Dis-Chem: 32.50% cap R32.50®	36.32% cap R59.92	29.90% cap R29.90
SEP:				• Clicks & Medirite: 33% cap R33.00		
Discovery Health Medical Scheme	Executive and Comprehensive	DHEA0000	DISCK 36.32% cap R59.92	DISCK 32.50% cap R32.50	DISCK 29.90% cap R29.90	DISCK 29.90% cap R29.90
	Classic Smart Comprehensive	DHEA0000	DISCK 36.32% cap R59.92 Acute only in ATB	DISCK 32.50% cap R32.50 Acute only in ATB	DISCK 29.90% cap R29.90 Acute only in ATB	DISCK 29.90% cap R29.90 Acute only in ATB
	MedXpress - fund in full					
	Priority, Saver and Core* MedXpress is DSP	DHEA0000	DISCK2 36.32% cap R59.92	DISCK2 32.50% cap R32.50	DISCK2 29.90% cap R29.90	DISCK2 29.90% cap R29.90
	Classic and Essential Smart Plan MedXpress is DSP	DHEA0000	DISCSMTC Chronic and Acute 32.50% cap R32.50	DISCSMTC Chronic and Acute 32.50% cap R32.50	DISCSMTC Chronic and Acute 29.90% cap R29.90	DISCSMTC 29.90% cap R29.90 20% co-pay on Chronic
	Classic Delta Saver and Core* MedXpress is DSP	DHEA0000	DISCD26A 29.90% cap R29.90	DISCKD20 29.90% cap R29.90	DISCKD 29.90% cap R29.90	DISCKD 23% cap R23.00
	Delta Plans* Comprehensive MedXpress is DSP	DHEA0000	DISC26A 29.90% cap R29.90	DISCD20 29.90% cap R29.90	DISCKD20 29.90% cap R29.90	DISCKD1 23% cap R23.00
	Discovery KeyCare	DHEA0000	DISCK16A 18.40% cap R18.40 min R7.06	DISCKK16 18.40% cap R18.40 min R7.06	DISCKK16 18.40% cap R18.40 min R7.06	DISCKK 16.14% cap R18.40 20% co-pay on Chronic
Flexicare	Activate / Advanced	DPCA0003	Clicks: DISCKPA – Acute and chronic FFS 29.90%			Reject
	Activate / Advanced	DPCA0003	DISCKPF – 29.90% cap at R29.90.			Reject
Discovery Health ARV DSP network **	All KeyCare Plans	DHEA0000	DHKCARE 18.40% cap R18.40 min R7.06			20% co-pay on ARVs
	Delta Plans		DHDCARE 29.90% cap R29.90			20% co-pay on ARVs
	All Plans		DHICARE 32.50% cap R32.50			20% co-pay on ARVs

Standard Discovery Health pharmacy networks and scheme rates



Medical scheme / Product	Option or plan	Destination code	Contracted Independent community pharmacy network rates and codes (VAT incl.)	Contracted Discounted standard corporate network rates and codes. (VAT incl.)	Contracted Courier network rates and codes (VAT incl.)	Not contracted Non-network rates and codes (VAT incl.)
Anglovaal Group Medical Scheme		DIAV0000	DISCKAV 36.32% cap R59.92	DISCKAV 32.50% cap R32.50	DISCKAV 29.90% cap R29.90	DISCKAV 29.90% cap R29.90
Bankmed	Core Saver, Plus Comprehensive, Traditional		Medicine switching goes through MediKredit			
	Basic Plan	BPPL0001	BANKM16A 18.40% cap R18.40 min R7.06	BANKM16 18.40% cap R18.40 min R7.06	BANKM16 18.40% cap R18.40 min R7.06	BANKMDP 16.14% cap R18.40
	Essential Plan	BPPL0001	BANKM16A 18.40% cap R18.40 min R7.06	BANKM16 18.40% cap R18.40 min R7.06	BANKMDP 18.40% cap R18.40 min R7.06	BANKMDP 16.14% cap R18.40
LA Heath Medical Scheme	LA KeyPlus	LHEA0001	DISCK16A 18.40% cap R18.40 min R7.06	DISCKK16 18.40% cap R18.40 min R7.06	DISCKK16 18.40% cap R18.40 min R7.06	DISCKLH 16.14% cap R18.40 20% co-pay on Chronic
	LA KeyPlus ARV	LHEA0001	DHCARE18.40% cap R18.40 min R7.06**			20% co-pay on ARVs
	LA Active and LA Focus	LHEA0001	DISCKLA 36.32% cap R59.92	DISCKLA 32.50% cap R32.50	DISCKLA 29.90% cap R29.90	DISCKLA 29.90% cap R29.90
	LA Core and LA Comprehensive	LHEA0001	DISCKLC 36.32% cap R59.92	DISCKLC 32.50% cap R32.50	DISCKLC 29.90% cap R29.90	DISCKLC 29.90% cap R29.90
Lonmin Medical Scheme	DPCN	LMSC0001	DISCK16A 18.40% cap R18.40 min R7.06	DISCKK16 18.40% cap R18.40 min R7.06	DISCKLN 18.40% cap R18.40 min R7.06	DISCKLN 16.14% cap R18.40 20% co-pay on Chronic
	Lonmin ARV	LMSC0001	DHICARE 32.50% cap R32.50**			20% co-pay on ARVs
M-Med Option of the MultiChoice Medical Aid Scheme		MMSC0001	DISCKMED 36.32% cap R59.92	DISCKMED 32.50% cap R32.50	DISCKMED 29.90% cap R29.90	DISCKMED 29.90% cap R29.90
	MMED ARV	MMSC0001	DHICARE 32.50% cap R32.50**			20% co-pay on ARVs
TFG Medical Aid Scheme (TFGMAS)	TFG Health (Converts to KeyCare Previously Plan A)	BKAL0000	DISCK16A 18.40% cap R18.40 min R7.06	DISCKK16 18.40% cap R18.40 min R7.06	DISCKK16 18.40% cap R18.40 min R7.06	DISCKTFC 16.14% cap R18.40 20% co-pay on Chronic
	TFG Health ARV	BKAL0000	DHCARE18.40% cap R18.40 min R7.06**			20% co-pay on ARVs
	TFG Health Plus (Previously Plan B)	BKAL0000	DISCKTFG 36.32% cap R59.92	DISCKTFG 32.50% cap R32.50	DISCKTFG 29.90% cap R29.90	DISCKTFG 29.90% cap R29.90
	TFG Health Plus ARV	BKAL0000	DHICARE 32.50% cap R32.50**			20% co-pay on ARVs

Please note that this form expires on the 2023/03/31. Up to date forms are always available on www.discovery.co.za on the ProPBM webpage

Medical scheme / Product	Option or plan	Destination code	Contracted Independent community pharmacy network rates and codes (VAT incl.)	Contracted Discounted standard corporate network rates and codes. (VAT incl.)	Contracted Courier network rates and codes (VAT incl.)	Not contracted Non-network rates and codes (VAT incl.)
Remedi Medical Scheme	Classic	MSRM0000	DISCKREA Acute 36.32% cap R59.92	DISCKREA Acute 32.50% cap R32.50	DISCKREA Acute 29.90% cap R29.90	DISCKREA Acute 29.90% cap R29.90
			DISCKREM Chronic 36.32% cap R59.92	DISCKREM Chronic 32.50% cap R32.50	DISCKREM Chronic 29.90% cap R29.90	DISCKREM Chronic 23.00% cap R23.00
	Comprehensive	MSRM0000	DISCKREA Acute 36.32% cap R59.92	DISCKREA Acute 32.50% cap R32.50	DISCKREA Acute 29.90% cap R29.90	DISCKREA Acute 29.90% cap R29.90
			DISCKREC Chronic 36.32% cap R59.92	DISCKREC Chronic 32.50% cap R32.50	DISCKREC Chronic 29.90% cap R29.90	DISCKREC Chronic 23.00% cap R23.00
Remedi ARV	MSRM0000	DHICARE 32.50% cap R32.50**				20% co-pay on ARVs
Remedi Medical Scheme	Standard	MSRM0000	REM435 18.40% cap R18.40 min R7.06	REM386 18.40% cap R18.40 min R7.06	REM386 18.40% cap R18.40 min R7.06	DISCKREA Acute 16.14% cap R18.40 20% co-pay on acute DISCKREM Chronic 23.00% cap R23.00 20% co-pay on chronic
Netcare Medical Scheme		NPMS0000	<p>This scheme does not participate in Discovery Health networks. Contracted DSP:</p> <ul style="list-style-type: none"> NETAC - 32.20% cap R34.23 for chronic and acute Pharmacies located inside Medicross facilities. NETAC - 33.50% cap R35.00 for chronic and acute. Dismantle NETCC for Medicross 		NETAC Only oncology couriers are contracted. Chronic Acute and non-SEP 32.20% cap R32.20	NETAC Acute and non-SEP 32.20% cap R32.20 Chronic - reject
Retail Medical Scheme (RMS)	Essential	RMSC0001	This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply.	This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply.	This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply.	DISCKRMA Acute and non-SEP 29.90% cap R29.90
	Essential Plus	RMSC0001				DISCKRMP Chronic 23.00% cap R23.00
Tsogo Sun Group Medical Scheme	Classic Saver		DISCKTMS 36.32% cap R59.92	DISCKTMS 32.50% cap R32.50	DISCKTMS 29.90% cap R29.90	DISCKTMS 29.90% cap R29.90
	Classic Comprehensive	TSGM0001	DISCKTMS 36.32% cap R59.92	DISCKTMS 32.50% cap R32.50	DISCKTMS 29.90% cap R29.90	DISCKTMS 29.90% cap R29.90
	Tsogo Sun ARV		DHICARE 32.50% cap R32.50**			

Standard Discovery Health pharmacy networks and scheme rates



Medical scheme / Product	Option or plan	Destination code	Contracted Independent community pharmacy network rates and codes (VAT incl.)	Contracted Discounted standard corporate network rates and codes. (VAT incl.)	Contracted Courier network rates and codes (VAT incl.)	Not contracted Non-network rates and codes (VAT incl.)
UKZN Medical Scheme	Standard	MSAV0000	DISCKUKZ 36.32% cap R59.92	DISCKUKZ 32.50% cap R32.50	DISCKUKZ 29.90% cap R29.90	DISCKUKZ 29.90% cap R29.90
	UKZN ARV		DHICARE 32.50% cap R32.50**			20% co-pay on ARVs
BMW Employees Medical Aid Society		MSBW0000	DISCKBMW 36.32% cap R59.92	DISCKBMW 32.50% cap R32.50	DISCKBMW 29.90% cap R29.90	DISCKBMW 29.90% cap R29.90
Anglo Medical Scheme (AMS)			Medicine switching goes through MediKredit			
Glencore Medical Scheme		XTRA0001	GLCAC 36.32% cap R59.92	GLCAC 32.50% cap R32.50	GLCAC 29.90% cap R29.90	GLCNA Acute 34.50% cap R37.95 GLCNC Chronic 29.90% cap R29.90
Malcor Medical Aid Scheme	Plan A	NMMD0000	This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply.	This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply.	This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply.	DISCKMLA Acute and non-SEP 29.90% cap R29.90 DISCKMLC Chronic 29.90% cap R29.90 Clicks
	Plan B	NMMD0000	MMAP applies. R29.90% cap R29.90	MMAP applies. DSP - Dis-Chem: DISCKMLA Acute: 31.63% cap R31.63 DISCKMLC Chronic/HIV/Oncology 31.05% cap R31.05 Non-SEP and surgical: Cost Plus 20%	MMAP applies. R29.90 cap R29.90	DISCKMLA Acute and non-SEP 29.90% cap R29.90 DISCKMLC Chronic 29.90% cap R29.90 Clicks
	Plan C	NMMD0000				DISCKMLA Acute and non-SEP 29.90% cap R29.90 Clicks DISCKMLB Chronic 29.90% cap R29.90 Clicks
SAB Medical Aid Benefit (SABMAS)			Medicine switching goes through MediKredit			
Engen Medical Benefit Fund (EMBF)		BKAI0000	This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply.	This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply.	This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply.	DISCKEMB 29.90% cap R29.90

Please note that this form expires on the 2023/03/31. Up to date forms are always available on www.discovery.co.za on the ProPBM webpage

Medical scheme / Product	Option or plan	Destination code	Contracted Independent community pharmacy network rates and codes (VAT incl.)	Contracted Discounted standard corporate network rates and codes. (VAT incl.)	Contracted Courier network rates and codes (VAT incl.)	Not contracted Non-network rates and codes (VAT incl.)
LIBCARE Medical Scheme		MSLI0000	DISCLIA - Acute DISCLIC - Chronic 36.32% cap R59.92 Reference price applies	DISCLIA - Acute DISCLIC - Chronic 32.50% cap R32.50 Reference price applies	DISCLIA DISCLIC R29.90 cap R29.90 Reference price applies	Non-network codes and rates apply. DISCLIA -Acute DISCLIC -Chronic 29.90% cap R29.90

Please take note:

- These SEP, non-SEP and surgery network rates apply to all medicine benefits (acute and chronic, oncology and HIV) as network rates except where separately mentioned.
- *MedXpress Network Pharmacies are part of the designated service provider (DSP) network for all chronic medicines for the DHMS Delta, Core, Priority, and Saver plans. A non-DSP co-payment of 20% on chronic medicine applies to all other non-DSP pharmacies. Please look out for your pharmacy's monthly formulary compliance reports. Members can view a list of MedXpress Network Pharmacies on our website at www.discovery.co.za or on the Discovery app under '*Find a healthcare professional*'. MedXpress Network Pharmacy reviews take place every 4 months.
- ** Pharmacies are automatically included in the HIV ARV DSP network when reaching the ARV formulary compliance criteria over a period of 6 months. To remain in the HIV ARV DSP network, pharmacies need to maintain ARV formulary compliance. A non-DSP co-payment of 20% on ARV medicine applies to all other pharmacies. Please look out for your pharmacy's monthly formulary compliance reports. Members can view a list of HIV ARV DSP pharmacies on our website at www.discovery.co.za or on the Discovery app under '*Find a healthcare professional*'. HIV ARV DSP reviews will take place every 4 months.
- Independent pharmacies may downgrade to discounted corporate network rates by choice
- ©Clicks and Medirite discounted corporate network rate for SEP for plans outside Delta and Keycare are set at 33% capped R33.00 for 2022.
- #Clicks and Dis-Chem discounted corporate network rate for non-SEP for plans outside Delta and Keycare follow their SEP rates
- Pharmacies remain solely responsible for updating their own rates with their software vendor.
- Performance-based remuneration only applies to Discovery Health Medical Scheme and is not available for courier pharmacies or corporate hospital pharmacies on the community rate.
- For KeyCare Start plans, the state (government) is the DSP.

Discovery Health MedXpress rates for MedXpress partner pharmacies

The following standard MedXpress rates apply when medicine is ordered through Discovery MedXpress ordering service and dispensed by MedXpress partner pharmacies (Clicks MediRite and Dis-Chem), for countryside delivery or in-store collection. This does not apply to MedXpress Network Pharmacies.

Medical scheme option/plan MedXpress orders	Destination code	MedXpress rate (15% VAT incl.)	Performance Based MedXpress Top-up rates (15% VAT incl.)
All Delta plans	DISCDMD	23% cap R23.00	29.90% cap R29.90
All KeyCare plans	DISCDMK	18.40% cap R18.40	18.40% cap R18.40 with min R7.06
Balance of scheme plans (including Smart Plans)	DISCDMX	29.90% cap R29.90	32.50% cap R32.50

Discovery Health Wellness pharmacy clinic rates and codes

Registration on the Vitality Wellness network is required. Enquire at Vitalitywellnessnetwork@discovery.co.za or please call 011 529 8898.

Pharmacy codes	Procedure	Procedure code	Payment	2022 (15% VAT.)
098 000 001	Blood glucose	0012 <i>Forms part of VHC</i>	Cash	69.00
098 001 001	Blood cholesterol	0013 <i>Forms part of VHC</i>	Cash	106.70
098 002 001	Blood pressure	0015 <i>Forms part of VHC</i>	Cash	31.40
000 160 001	HIV pre-counselling	0016	Risk	115.20
000 170 001	HIV post-counselling	0017	Risk	83.70
002 100 001	Administration of subcutaneous or intramuscular injections	0021	MSA	75.60
002 201 001	Administration of a vaccine	0022	MSA	49.50
098 003 001	Weigh-in	WEIGH <i>Forms part of VHC</i>	Cash	37.70
098 004 001	Non-smoker's declaration	SMOKE <i>Forms part of VHC</i>	Cash	37.70
001 055 001	Kids Vitality Health Check	VKIDS	2-17 yrs.	87.20
705 255 001	Vitality Health Check comprises: <ul style="list-style-type: none"> Blood pressure and Weigh-in: (body mass index and waist circumference) Blood glucose Blood cholesterol Non-smoker's declaration 		Risk	227.30
001 093 001	Enhanced Vitality Health Check comprises: <ul style="list-style-type: none"> Blood pressure and Weigh-in: (body mass index and waist circumference) Non-smoker's declaration Blood glucose (excluding HbA1c from 1 Jan 2019) Blood cholesterol or lipogram 	EVHC	Risk/MSA/ATB/MOP as applicable per scheme	258.30
001 091 001	HbA1c - single test	HbA1c	MSA with accumulation	188.20
001 092 001	Lipogram - single test	LGRAM	MSA with accumulation	188.20
001202 001	Flexicare: Vitality Health Check	PCVHC	Risk	74.00
001 203 001	Flexicare: HIV screening	PCHIV	Risk	95.60
007 842 001	Vitality Health Check for 65+, comprising of the following tests: visual screening, hearing screening, falls risk assessment.	SVHC	Risk	43.00
980 211 001	Covid-19 PCR- ICD10 U07.2 From 12/12/2021	CO19	Risk	<i>From 13/12/2021</i> 500.00

Pharmacy codes	Procedure	Procedure code	Payment	2022 (15% VAT.)
098 005 001	Discovery Drive Through: Covid-19 rapid Antigen - ICD10 U07.1/2 <i>The pharmacy DSP was terminated after the competition commission decision in Dec 2021</i>	ANTG	Risk/MSA	(Max) 150.00 From Jan 2022
006 260 001	Covid-19 rapid Antibody test, counseling, service and materials included - ICD10 U07.2	COAb	MSA	197.35
300 2882 001	Discovery Covid-19 rapid Antigen test, service and materials included - ICD10 U07.1/2 <i>The pharmacy DSP was terminated after the competition commission decision in Dec 2021</i>	COAg	Risk /MSA	150.00 From Jan 2022
000 525 001 Effective date TBC	PCDT consultation: A face-to-face consultation where a pharmacist personally takes down a patient's history, performs an appropriate health examination including observations, and plans appropriate interventions/treatment, which may include referral to another healthcare professional.	0010	Risk/MSA/ATB/MOP as applicable per scheme	188.40
000 535 002 Effective date TBC	PIMART consultation: A face-to-face consultation where a pharmacist personally takes down a patient's history and performs an appropriate health examination and treatment plans for 1 st Line ART, PEP and PREP.	0190	Risk/MSA/ATB/MOP as applicable per scheme	188.40

Schemes administered by Discovery Health that cover health checks

705255-001 Traditional VHC applies to	001091-001 Single HbA1c test paid from Risk	001091-001 Single HbA1c test paid from MSA / ATB/ MOP as applicable per scheme
<ul style="list-style-type: none"> Anglo Medical Scheme (AMS) Anglovaal Group Medical Scheme Glencore Medical Scheme Malcor Medical Aid Scheme UKZN Medical Scheme 	<ul style="list-style-type: none"> LA Health Medical Scheme Remedi Medical Aid Scheme Retail Medical Scheme TFG Health (TFGMAS) TFG Health Plus (TFGMAS) SAB Medical Aid Benefit – all options 	<ul style="list-style-type: none"> Discovery Health Medical Scheme M-Med Option of the Naspers Medical Fund Tsogo Sun Group Medical Scheme – all options Quantum Medical Aid Society – all options BMW Employees Medical Aid Society TFG Medical Aid Scheme TFG Health

Discovery Health Pharmacy Clinic Network rates and codes

There is a separate agreement for pharmacies that want to offer pharmacy clinic virtual consultations.

Pharmacy NAPPI codes	Procedure	Procedu re code	Payment	2022 (15% VAT incl.)
004 205 001	Registered nurse consultation: Individual consultation, counseling, planning and/or assessment with referral to virtual GP consultation where required.	880053	Risk in SPG MSA, ATB.	96.90
004 206 001	DHMS general practitioner virtual consultation: Unscheduled virtual consultation of stabilised patient with average duration and complexity and ability to refer to Discovery Health GP Network for face-to-face consultation.	7503	Risk in SPG MSA, ATB.	268.50

Bankmed pharmacy clinic rates and codes for Basic and Essential Plans

We require a separate enrolment agreement for Vitality Wellness network is required. Enquire at Vitalitywellnessnetwork@discovery.co.za or please call 011 529 8898. Other Bankmed options are administered by MediKredit.

Pharmacy codes	Procedure	2022 (15% VAT incl.)
0012	Blood glucose screening	70.00
0013	Blood cholesterol screening	117.00
0015	Blood pressure monitoring	70.00
0021	Administration of an intramuscular or subcutaneous injection	94.00
Nursing codes	Procedure	
80001	Initial assessment & preparation of treatment plan	176.00
80002	Initial assessment & preparation on treatment plan	244.00
88001	Consultation (minimum 30 minutes)	398.00
88002	Prolonged consultation after 30 minutes	558.00
88005	Individual consultation – 5 to 15 minutes	106.00
88006	Individual consultation	239.00
88014	Emergency consultation/visit (all hours)	131.00
88450	Consultation – Well Baby clinic	83.00
99400	Consultation linked to Pap smear	527.00
7111	Prostate specific antigen (PSA) test	108.00

Netcare Medical Scheme

Registration on the Vitality Wellness network is required.

Pharmacy codes	Procedure	Code	Payment	2022 (15% VAT.)
009 9100 001	Netcare Health Risk Assessment	NMSHC	Risk	198.00