

Dear Pharmacist

Discovery Health standard rates and network changes effective 1 January 2019

We want to extend an open invitation to pharmacies that have not yet joined our preferred provider pharmacy networks. For your convenience, we have attached a comprehensive summary of the rates applicable to each scheme we administer and services offered. Changes for 2019 are highlighted below.

If you want to join the Discovery Health networks for 2019 and have not done so yet, please fill in the agreement(s) included in this document and send it to us.

How to join the Discovery Health DSP pharmacy networks

Complete the appropriate agreement(s), sign it and email it back to us at provider_administration@discovery.co.za and we will register you accordingly.

To avoid charging unnecessary co-payments for medical scheme members, please ensure you confirm your chosen network rate with your software vendor well in time.

Cancelling or changing your DSP network agreement

Participating in a Discovery Health pharmacy network is voluntary. If you choose to withdraw your participation, send us an email at provider_administration@discovery.co.za with your request, together with your BHF practice number. We will end your participation in the Discovery Health pharmacy network according to the contract specifications. You will also have to instruct your software vendor of the change in writing. Furthermore, you will not be able to participate in Performance Based Remuneration or MedXpress networks.

Participating in the Discovery Health Performance-based Remuneration Network

Make sure you also enrol on the Performance-based Remuneration (PBR) Network offered by Discovery Health Medical Scheme and earn an additional dispensing fee when adhering to the required compliance levels.

- **Independently owned pharmacies** - you will find the document '*Invitation to join Performance Based Remuneration*' included here within. Complete, sign and return the agreement and we will register you accordingly.
- **Corporately owned pharmacies** – you are invited to complete the document '*Invitation to join Performance Based Remuneration*' if you are enrolled on the corporate network.

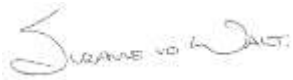
Visit our website for more information that you may require

All our formularies, application forms and previous communications to pharmacies are available at www.discovery.co.za. Click on *For Healthcare professionals* at the bottom of any page and scroll down to the middle of the page to find the section '*Discovery ProPBM*'. Navigate either to '*Find out more*' or to '*Communiqués*'.

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

Please feel free to email us at healthpartnerinfo@discovery.co.za if you have any further questions about this.

Regards



Suzanne Van Der Walt
Contract manager
Discovery Health

Application to join the Performance Based Remuneration (PBR) pharmacy network only for 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 **kcatsicas@easyrx.co.za** OR **comcaps@telkomsa.net** OR **pharmasoft@medbel.co.za** OR **jack@touchpoint.co.za** OR **info@djla.co.za**

Owner name and surname		ID number			
PMA: Please tick appropriate block		ComputAssist <input type="checkbox"/>	BCX/Unisolve <input type="checkbox"/>	ProPharm <input type="checkbox"/>	ComPharm <input type="checkbox"/>
		EasyRx <input type="checkbox"/>	Techknowledge <input type="checkbox"/>	Pharmasoft <input type="checkbox"/>	Scriptmaster <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				Please tick	
<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					
<i>The pharmacy described above will hereinafter be referred to as "the pharmacy"</i>					
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:					
<ul style="list-style-type: none"> 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 act at all times 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 as long as 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 dispensing fee for corporate and independently owned pharmacies is published on www.discovery.co.za which is currently: <ul style="list-style-type: none"> 46.40% capped R98.86 with a minimum of R7.15 (15% VAT incl.) and non-benchmark products is 30.26% capped R45.39 (15% VAT incl.) for independently owned pharmacies and 45.39% capped at R50.44 (15%VAT incl.) and non-benchmark products is 26.23% capped at R26.23 (15% VAT incl.) for corporate, listed pharmacies 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. 					
Name _____ Signature: _____ Date _____				Network Participation: 434 & 954 OR 662 & 954	

Appointment as non-exclusive designated service provider (Standard DSP network agreement)

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

Pharmacy owner details	
Owner name and surname	ID number
Pharmacy details	
Name of pharmacy	BHF billing pharmacy number
Physical address	
Building name and number	PO Box
Street name and number	Suburb
Suburb	City
Province	Postal code
Postal code	Postal code
Postal address	
Postal code	Postal code
Contact details:	
Dispensary email (Pharmacist)	Statement email address

Provisions for participation in the Standard DSP Network: (the pharmacies described above will jointly hereinafter be referred to as the "pharmacy"). By completing this appointment form the pharmacy agrees to participate in the Standard DSP Network and the terms of this appointment form.

- This appointment form replaces any previous form or community pharmacy network agreement previously entered into by you with us.
- 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 the rate and any subsequent rate increases and other changes as applied, unless the agreement is terminated.
 - That it will not charge members of the medical schemes administered by Discovery Health and their registered dependants, rates that are higher than the rates described below or rate increases as officially communicated on www.discovery.co.za.
 - That if it fails to comply with this agreement, it will be suspended from all of our pharmacy networks.
 - That for those pharmacies participating in the Discovery Health Performance Based Remuneration dispensing fee model (PBR), the tariffs 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.
 - It will automatically participate in the MedXpress DSP Network when reaching the required MedXpress criteria and its participation will be terminated if not maintaining the required MedXpress criteria as set out in the PBR and MedXpress Network 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 Independent Community Pharmacy Association (ICPA), Discovery Health may make available the pharmacy's compliance reports to ICPA. Also, where the pharmacy is part of SPAR Group of pharmacies, Discovery Health may make available the pharmacy's compliance reports to SPAR Group.
 - 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 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.
- Any party shall be entitled to terminate this Standard DSP 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: 434 or 662
	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.	
<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 and copy phy_network_strategy_dept@discovery.co.za .	662, 703 & 386 If 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	Please tick	Balance of Plan	KeyCare & Bankmed PMB & Basic plans	Delta Plans
A. Independently owned pharmacy rates	<input type="checkbox"/> YES <input type="checkbox"/> NO	36.32% capped R59.92 (434)	18.40% capped R18.40 & floor price R7.06 (435)	29.90% capped R29.90 (990)
	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR 31.05% capped R31.05 (662)		
B. Corporate rates	<input type="checkbox"/> YES <input type="checkbox"/> NO	31.05% capped R31.05 (662)	18.40% capped R18.40 (386)	23% capped R23.00 (703)
C. Courier rates	<input type="checkbox"/> YES <input type="checkbox"/> NO	29.90% capped R29.90 (700)	18.40% capped R18.40 (386)	23% capped R23.00 (703)
Qualify for ARV DSP network from 1 Jan 2019 -Rates		31.05% capped R31.05	18.40% capped R18.40	23% capped R23.00

Please tick
 YES NO I hereby agree and give permission to my software vendor, called to lock the dispensing fee on my pharmacy's system.
Non-SEP and surgical rates remain as indicated in the Standard Discovery Health pharmacy networks and scheme rates table attached. All above rates include 15% VAT.

Effective date: 2 0 Y Y M M D D	Date signed: 2 0 Y Y M M D D	Your signature:
------------------------------------	---------------------------------	-----------------

Standard Discovery Health pharmacy networks and scheme rates



The following standard network rates apply except where a separate contract with different rates has been signed with an individual pharmacy/group.

Medical scheme / Product	Option or plan	Destination code	Contracted Independent community pharmacy network rates and codes (VAT incl.)	Contracted Discounted 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 and surgical network		36.32% capped R59.92	36.32% capped R59.92 [@]	36.32% capped R59.92	29.90% capped R29.90
Discovery Health Medical Scheme	Executive and Comprehensive	DHEA0000	DISCK 36.32% capped R59.92	DISCK 31.05% capped R31.05	DISCK 29.90% capped R29.90	DISCK 29.90% capped R29.90
	Priority, Saver and Core* MedXpress is DSP	DHEA0000	DISCK2 36.32% capped R59.92	DISCK2 31.05% capped R31.05	DISCK2 29.90% capped R29.90	DISCK2 29.90% capped R29.90
	Classic Delta Saver and Core* MedXpress is DSP	DHEA0000	DISCD26A 29.90% capped R29.90	DISCKD20 23.00% capped R23.00	DISCKD 29.90% capped R29.90	DISCKD 29.90% capped R29.90
	Essential Smart Plan	DHEA0000	DISCSMTE Chronic (DSP: Clicks and Dis-Chem) 31.05% capped R31.05 Acute – Reject (No MSA for Essential)		DISCSMTE Chronic 29.90% capped R29.90 DSP: Clicks and Dis-Chem	DISCSMTE Acute: rejects Chronic 31.05% capped R31.05 with 20% co-payment
	Classic Smart Plan	DHEA0000	DISCSMTA (capitation fee) Acute 31.05% capped R31.05 DSP: Clicks and Dis-Chem pharmacies) 31.05% capped R31.05		DISCSMTA Chronic 29.90% capped R29.90 DSP: Clicks and Dis-Chem	DISCSMTA Acute – Reject.
		DHEA0000	DISCSMTC Chronic 31.05% capped R31.05 DSP: Clicks and Dis-Chem pharmacies 31.05% capped R31.05		DISCSMTC Chronic 29.90% capped R29.90 DSP: Clicks and Dis-Chem	DISCSMTC Chronic 31.05% capped R31.05 20% co-payment
	Delta Plans* Comprehensive MedXpress is DSP	DHEA0000	DISC26A 29.90% capped R29.90	DISCD20 23.00% capped R23.00	DISCKD20 23.00% capped R23.00	DISCKD1 29.90% capped R29.90
Discovery KeyCare	DHEA0000	DISCK16A 18.40% capped R18.40 with a R7.06 floor price	DISCKK16 18.40% capped R18.40	DISCKK16 18.40% capped R18.40	DISCKK 29.90% capped R29.90	

Please note that this form expires on 2020/03/31. Up to date forms are always available on www.discovery.co.za under Medical Aid > Find a document

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 corporate network rates and codes. (VAT incl.)	Contracted Courier network rates and codes (VAT incl.)	Not contracted Non-network rates and codes (VAT incl.)	
Discovery PrimaryCare	Essential / Comprehensive PrimaryCare	DPCA0003	(Only Clicks - capitation model for Clicks employees and enrolled employer groups) DISCKPA – Acute 29.90% capped R29.90 DISCKPC – Capitation fee. DISCKPF – 29.90% capped at R29.90. Individual contracted pharmacies within required areas				
Discovery Health ARV DSP network **	All KeyCare Plans	DHEA0000	DISCKARV 18.40% capped R18.40			DISCKK 20% copay on ARVs	
	Delta Plans		DISKDARV 23% capped R23.00			DISCKD1 DISCKD 20% co-pay on ARVs	
	All Plans		DISKIARV 31.05% capped R31.05			DISCK DISCK2 20% co-pay on ARVs	
Anglovaal Group Medical Scheme		DIAV0000	DISCKAV 36.32% capped R59.92	DISCKAV 31.05% capped R31.05	DISCKAV 29.90% capped R29.90	DISCKAV 29.90% capped R29.90	
Bankmed	Core Saver, Plus Comprehensive, Traditional		Medicine switching goes through MediKredit				
	Basic Plan	BPPL0001	BANKM16A 18.40% capped R18.40 with a R7.06 floor price	BANKM16 18.40% capped R18.40	BANKMDP 29.90% capped R29.90	BANKMDP 29.90% capped R29.90	
	Essential Plan	BPPL0001	BANKM16A 18.40% capped R18.40 with a R7.06 floor price	BANKM16 18.40% capped R18.40	BANKMDP 29.90% capped R29.90	BANKMDP 29.90% capped R29.90	
LA Heath Medical Scheme	LA KeyPlus	LHEA0001	DISCK16A 18.40% capped R18.40 with a R7.06 floor price	DISCKK16 18.40% capped R18.40	DISCKK16 18.40% capped R18.40	DISCKLH 29.90% capped R29.90	
	LA KeyPlus ARV	LHEA0001	DISCKARV 18.40% capped R18.40**			20% co-pay on ARVs	
	LA Active and LA Focus	LHEA0001	DISCKLA 36.32% capped R59.92	DISCKLA 31.05% capped R31.05	DISCKLA 29.90% capped R29.90	DISCKLA 29.90% capped R29.90	
	LA Core and LA Comprehensive	LHEA0001	DISCKLC 36.32% capped R59.92	DISCKLC 31.05% capped R31.05	DISCKLC 29.90% capped R29.90	DISCKLC 29.90% capped R29.90	
Lonmin Medical Scheme	DPCN	LMSC0001	DISCK16A 18.40% capped R18.40 with a R7.06	DISCKK16 18.40% capped R18.40	DISCKLN 29.90% capped R29.90	DISCKLN 29.90% capped R29.90	
	Lonmin ARV	LMSC0001	DISKIARV 31.05% capped R31.05**			20% co-pay on ARVs	
M-Med Option of the Naspers		MMSC0001	DISCKMED 36.32% capped	DISCKMED 31.05% capped	DISCKMED 29.90% capped	DISCKMED 29.90% capped R29.90	
	MMED ARV	MMSC0001	DISKIARV 31.05% capped R31.05**			20% co-pay on ARVs	

Please note that this form expires on 2020/03/31. Up to date forms are always available on www.discovery.co.za under Medical Aid > Find a document

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 corporate network rates and codes. (VAT incl.)	Contracted Courier network rates and codes (VAT incl.)	Not contracted Non-network rates and codes (VAT incl.)
Quantum Medical Aid Society	KeyCare	QMAS0002	DISCK16A 18.40% capped R18.40 with a R7.06 floor price.	DISCKK16 18.40% capped R18.40	DISCKK16 18.40% capped R18.40	DISCKQK 18.40% capped R18.40
	KeyCare ARV		DISCKARV 18.40% capped R18.40**			20% co-pay on ARVs
	Essential Saver	QMAS0002	DISCKQMA 36.32% capped R59.92	DISCKQMA 31.05% capped R31.05	DISCKQMA 29.90% capped R29.90	DISCKQMA 29.90% capped R29.90
	Essential Comprehensive	QMAS0002	DISCKQMA 36.32% capped R59.92	DISCKQMA 31.05% capped R31.05	DISCKQMA 29.90% capped R29.90	DISCKQMA 29.90% capped R29.90
	Quantum ARV	QMAS0002	DISKIARV 31.05% capped R31.05**			20% co-pay on ARVs
TFG Medical Aid Scheme (TFGMAS)	TFG Health <i>(Converts to KeyCare Previously Plan A)</i>	BKAL0000	DISCK16A 18.40% capped R18.40 with a R7.06 floor price	DISCKK16 18.40% capped R18.40	DISCKK16 18.40% capped R18.40	DISCKTFC 29.90% capped R29.90
	TFG Health ARV	BKAL0000	DISCKARV 18.40% capped R18.40**			20% co-pay on ARVs
	TFG Health Plus <i>(Previously Plan B)</i>	BKAL0000	DISCKTFG 36.32% capped R59.92	DISCKTFG 31.05% capped R31.05	DISCKTFG 29.90% capped R29.90	DISCKTFG 29.90% capped R29.90
	TFG Health Plus ARV	BKAL0000	DISKIARV 31.05% capped R31.05**			20% co-pay on ARVs
Remedi Medical Aid Scheme	Classic	MSRM0000	DISCKREA Acute 36.32% capped R59.92	DISCKREA Acute 31.05% capped R31.05	DISCKREA Acute 29.90% capped R29.90	DISCKREA Acute 29.90% capped R29.90
			DISCKREM Chronic 36.32% capped R59.92	DISCKREM Chronic 31.05% capped R31.05	DISCKREM Chronic 29.90% capped R29.90	DISCKREM Chronic 23.00% capped R23.00
	Comprehensive	MSRM0000	DISCKREA Acute 36.32% capped R59.92	DISCKREA Acute 31.05% capped R31.05	DISCKREA Acute 29.90% capped R29.90	DISCKREA Acute 29.90% capped R29.90
			DISCKREC Chronic 36.32% capped R59.92	DISCKREC Chronic 31.05% capped R31.05	DISCKREC Chronic 29.90% capped R29.90	DISCKREC Chronic 23.00% capped R23.00

Please note that this form expires on 2020/03/31. Up to date forms are always available on www.discovery.co.za under Medical Aid > Find a document

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 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 Aid Scheme	Standard	MSRM0000	DISCKREA Acute 36.32% capped R59.92	DISCKREA Acute 31.05% capped R31.05	DISCKREA Acute 29.90% capped R29.90	DISCKREA Acute 29.90% capped R29.90
	Remedi ARV	MSRM0000	DISCKREM Chronic 36.32% capped R59.92	DISCKREM Chronic 31.05% capped R31.05	DISCKREM Chronic 29.90% capped R29.90	DISCKREM Chronic 23.00% capped R23.00
Netcare Medical Scheme		NPMS0000	This scheme does not participate in Discovery Health networks. NETAC Acute, chronic and non-SEP – 32.20% capped R32.20 DSP: Netcare Retail pharmacies and pharmacies located inside Medicross facilities.			NETAC Acute and non-SEP 32.20% capped 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% capped R29.90
	Essential Plus	RMSC0001				DISCKRMP Chronic 23.00% capped R23.00
Tsogo Sun Group Medical Scheme	Classic Saver		DISCKTMS 36.32% capped R59.92	DISCKTMS 31.05% capped R31.05	DISCKTMS 29.90% capped R29.90	DISCKTMS 29.90% capped R29.90
	Classic Comprehensive	TSGM0001	DISCKTMS 36.32% capped R59.92	DISCKTMS 31.05% capped R31.05	DISCKTMS 29.90% capped R29.90	DISCKTMS 29.90% capped R29.90
	Tsogo Sun ARV		DISKIARV 31.05% capped R31.05**			20% co-pay on ARVs
University of KwaZulu-Natal Medical Scheme	Standard	MSAV0000	DISCKUKZ 36.32% capped R59.92	DISCKUKZ 31.05% capped R31.05	DISCKUKZ 29.90% capped R29.90	DISCKUKZ 29.90% capped R29.90
	UKZN ARV		DISKIARV 31.05% capped R31.05**			20% co-pay on ARVs
BMW Employees Medical Aid Society		MSBW0000	DISCKBMW 36.32% capped R59.92	DISCKBMW 31.05% capped R31.05	DISCKBMW 29.90% capped R29.90	DISCKBMW 29.90% capped R29.90

Please note that this form expires on 2020/03/31. Up to date forms are always available on www.discovery.co.za under Medical Aid > Find a document

Medical scheme / Product	Option or plan	Destination code	Contracted Independent community pharmacy network rates and codes (VAT incl.)	Contracted Discounted corporate network rates and codes. (VAT incl.)	Contracted Courier network rates and codes (VAT incl.)	Not contracted Non-network rates and codes (VAT incl.)
Anglo Medical Scheme (AMS)			Medicine switching goes through MediKredit			
Glencore Medical Scheme		XTRA0001	GLCAC 36.32% capped R59.92	GLCAC 31.05% capped R31.05	GLCAC 29.90% capped R29.90	GLCNA Acute 34.50% capped R37.95 GLCNC Chronic 29.90% capped 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% capped R29.90 DISCKMLC Chronic 29.90% capped R29.90
	Plan B	NMMD0000	MMAP applies. R29.90% capped R29.90	MMAP applies. Acute: 28.75% capped R28.75 Chronic/HIV/Oncology 26.45% capped R26.45 DSP: Dis-Chem	MMAP applies. R29.90 capped R29.90	DISCKMLA Acute and non-SEP 29.90% capped R29.90 DISCKMLC Chronic 29.90% capped R29.90
	Plan C	NMMD0000				DISCKMLA Acute and non-SEP 29.90% capped R29.90 DISCKMLB Chronic 29.90% capped R29.90
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% capped 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 (previously MedXpress Status pharmacies) are part of the DSP for all chronic medicines for the DHMS Delta network options, Core, **Priority, and Saver Plans**. A non-DSP co-payment of 20% on chronic medicine applies to all other pharmacies. The co-payment will apply to newly diagnosed chronic

Please note that this form expires on 2020/03/31. Up to date forms are always available on www.discovery.co.za under Medical Aid > Find a document

members from 1 January 2019 and to existing chronic members from 1 April 2019. Please look out for your pharmacy's monthly formulary compliance reports.

Participating MedXpress pharmacies will be advertised on the Discovery website and cell phone application under Medical and Provider Search tool (MaPS). MedXpress DSP reviews will take place in 4 monthly cycles.

- ****** Pharmacies are automatically included in the **HIV ARV DSP network** when reaching the ARV formulary compliance criteria over a period of 6 months. To continue participation 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. The co-payment will apply to newly diagnosed HIV members from 1 January 2019 and to existing HIV members from 1 April 2019. Please look out for your pharmacy's monthly formulary compliance reports. Participating HIV ARV DSP pharmacies will be advertised on the Discovery website and cell phone application under Medical and Provider Search tool (MaPS). HIV ARV DSP reviews will take place in 4 monthly cycles.
- Independent pharmacies may downgrade to discounted corporate network rates by choice.
- ©The Dis-Chem and Clicks Retail rates for non-SEP and surgical items are 31.05% capped R31.05 (VAT incl.).
- 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.
- **KeyCare Access** changes to KeyCare Start from 1 January 2019 with the state appointed as DSP.

Discovery Health MedXpress rates for MedXpress partner pharmacies.

The following standard MedXpress rates apply when ordered through Discovery MedXpress and dispensed by MedXpress partner pharmacies (Clicks and Dis-Chem) for countrywide delivery or in-store collection. This does not apply to MedXpress network pharmacies.

Medical scheme Option /plan MedXpress	Destination code	MedXpress rate (15% VAT incl.)
All Delta plans	DISCDMD	20.18% capped R23.00
All KeyCare plans	DISCDMK	16.14% capped at R18.40
Balance of scheme plans	DISCDMX	26.23% capped R29.90

Discovery Health pharmacy clinic rates and codes for 2019

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

Pharmacy NAPPI codes	Procedure	Procedure code	Payment	2019 15% VAT
098000-001	Blood glucose	0012	Cash	R 61.20
098001-001	Blood cholesterol	0013	Cash	R 94.60
098002-001	Blood pressure	0015	Cash	R 27.80
000160-001	HIV pre-counselling	0016	Risk	R 102.20
000170-001	HIV post-counselling	0017	Risk	R 74.10
002100-001	Administration of subcutaneous or	0021	MSA	R 67.10
002201-001	Administration of a vaccine	0022	MSA	R 43.90
098003-001	Weigh-in	WEIGH	Cash	R 33.40
098004-001	Non-smoker's declaration	SMOKE	Cash	R 33.40
001055-001	Kids Vitality Health Check	VKIDS	2-17 yrs.	R 77.30
705255-001	Vitality HealthCheck comprises: <ul style="list-style-type: none"> Blood pressure and Weigh-in: (body mass index and waist circumference) Blood glucose 	VHC	Risk	R 201.40
001093-001	Enhanced Vitality HealthCheck 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	R 229.00
001091-001	HbA1c	HbA1c	With accumulation	R 166.80
001092-001	Lipogram	LGRAM	MSA with accumulation	R 166.80
0001202-001	PrimaryCare VHC (Only Clicks - capitation model for Clicks employees and enrolled employer groups)	PCVHC	Risk	R 65.60
0001203-001	PrimaryCare HIV (Only Clicks - capitation model for Clicks employees and enrolled employer groups)	PCHIV	Risk	R 84.70

Vitality Health Check is offered by the various schemes in the following ways:

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 BMW Employees Medical Aid Society Glencore Medical Scheme Malcor Medical Aid Scheme University of Kwazulu-Natal Medical Scheme 	<ul style="list-style-type: none"> LA Health Medical Scheme Remedi Medical Aid Scheme Retail Medical Scheme TFG Medical Aid Scheme (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 (TFGMAS)

Bankmed pharmacy clinic rates and codes for Basic and Essential Plans for 2019

Registration on the 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	Procedure code 15% VAT incl.
0012	Blood glucose screening	R 62.00
0013	Blood cholesterol screening	R 103.00
0015	Blood pressure monitoring	R 62.00
0021	Administration of an intramuscular or subcutaneous	R 83.00
Nursing codes	Procedure	
80001	Initial assessment & preparation of treatment plan (minimum of 30 Minutes)	R 156.00
80002	Initial assessment & preparation on treatment plan (minimum of 1 hour)	R 215.00
88001	Consultation (minimum 30 minutes)	R 352.00
88002	Prolonged consultation after 30 minutes	R 493.00
88005	Individual consultation – 5 to 15 minutes	R 94.00
88006	Individual consultation	R 211.00
88014	Emergency consultation/visit (all hours)	R 116.00
88450	Consultation – Well Baby clinic	R 73.00
99400	Consultation linked to Pap smear	R 465.00
7111	Prostate specific antigen (PSA) test	R 96.00