

ANNEXURE 7

COVER FOR PRESCRIBED MINIMUM BENEFITS – 2012

Type	Designated Service Provider (“DSP”)	Reimbursement Rate if the Beneficiary Uses the DSP or Involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily Does Not Use the DSP
Chronic Disease List (“CDL”) – Out-of-Hospital Consultations	<p>Cases Requiring Specialists: KeyCare Plans: Any specialist participating in a KeyCare Specialist Network except where there is no KeyCare Specialist, in which case any specialist practicing in a KeyCare Network Hospital who has agreed to charge the Premier Rate.</p> <p>All other Plans: All specialists who have agreed to charge the Premier Rate.</p>	<p>The Scheme shall pay the costs of PMB’s in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.</p>	<p>Up to a maximum of 80% of the Discovery Health Rate.</p> <p>The co-payment, which the member is liable for is equal to 20% of the Discovery Health Rate or and any amount the provider charges above the Discovery Health Rate.</p>
	<p>GPs: KeyCare Core Plan: Any GP participating in the KeyCare Primary Network.</p> <p>KeyCare Plus Plan: The member’s chosen GP participating in the KeyCare Primary Network.</p> <p>All other Plans: Any GP participating in the Discovery Health GP Network.</p>	<p>The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.</p>	<p>Up to a maximum of 80% of the Discovery Health Rate.</p> <p>The co-payment, which the member is liable for is equal to 20% of the Discovery Health Rate and any amount the provider charges above the Discovery Health Rate.</p>
CDL – Diagnosis	<p>Cases Requiring Specialists: KeyCare Plans: Any specialist participating in a KeyCare Specialist Network except where there is no KeyCare Specialist, in which case any specialist practicing in a KeyCare Network Hospital who has agreed to charge the Premier Rate.</p> <p>All other Plans: All specialists who have agreed to charge the Premier Rate.</p>	<p>Healthcare treatment, subject to Scheme’s diagnostic basket and the member making application to the Scheme for CDL cover. Such costs are payable in full for a period of up to 120 days prior to application for benefits</p>	<p>Healthcare treatment, subject to Scheme’s diagnostic basket and the member making application to the Scheme for CDL cover.</p> <p>Such costs are payable at 80% of Discovery Health Rate for a period of up to 120 days prior to application for benefits.</p>

Type	Designated Service Provider (“DSP”)	Reimbursement Rate if the Beneficiary Uses the DSP or Involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily Does Not Use the DSP
	<p>GPs: KeyCare Core Plan: Any GP participating in the KeyCare Primary Network.</p> <p>KeyCare Plus Plan: The member’s chosen GP participating in the KeyCare Primary Network.</p> <p>All other Plans : Any GP participating in the Discovery Health GP Network.</p>		
CDL – Medicine	<p>GPs: KeyCare Plans: The DSP is a defined list of contracted pharmacies or the member’s chosen GP participating in the KeyCare Primary Network.</p>	For drugs on the Scheme’s formulary, the Scheme will pay in full. Payment is subject to Regulations 15H(c) and 15I(c).	The Scheme may, at its discretion, impose a co-payment and pay up to a maximum of 80% of the Discovery Health Medication Rate. This is subject to Regulations 15H(c) and 15I(c).
	<p>All other plans: The DSP is a defined list of contracted pharmacies and/or providers.</p>	For drugs on the Scheme’s formulary, the Scheme will pay in full. If the drug is not listed on the formulary, the Scheme will pay to the maximum of the chronic drug amount as specified per plan and subject to the Discovery Health Medication Rate. This is subject to Regulations 15H(c) and 15I(c).	The Scheme may, at its discretion, impose a co-payment and pay up to a maximum of 80% of the Discovery Health Medication Rate for a drug listed on the formulary or, up to 80% of the Discovery Health Medication Rate of the chronic drug amount, as specified per plan, for drugs not listed on the formulary. This is subject to Regulations 15H(c) and 15I(c).
	<p>Where a beneficiary on Classic Core, Classic Saver, Essential Core, and Essential Saver elects a network restriction for the purpose of attaining a discounted premium, the DSP is a defined list of contracted pharmacies and/or providers.</p>	For drugs on the Scheme’s formulary, the Scheme will pay in full. If the drug is not listed on the formulary, the Scheme will pay to the maximum of the chronic drug amount as specified per plan and subject to the Discovery Health Medication Rate. This is subject to Regulations 15H(c) and 15I(c).	The Scheme may, at its discretion, impose a co-payment and pay up to a maximum of 80% of the Discovery Health Medication Rate for drug a listed on the formulary or up to 80% of the Discovery Health Medication Rate of the chronic drug amount, as specified per plan, for drugs not listed on the formulary. This is subject to Regulations 15H(c) and 15I(c).

Type	Designated Service Provider (“DSP”)	Reimbursement Rate if the Beneficiary Uses the DSP or Involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily Does Not Use the DSP
CDL – Pathology	A defined list of providers that has contracted with the Scheme.	The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of 80% of the Discovery Health Rate.
CDL –Radiology	<p>KeyCare Core and KeyCare Plus: A defined list of providers that has contracted with the Scheme.</p> <p>All other Plans: Any provider charging the Discovery Health Rate.</p>	The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of 80% of the Discovery Health Rate.
Diagnostic Treatment Pairs PMBs (“DTPMB”) – Out-of-Hospital Consultations	<p>GP’s: KeyCare Core Plan: Any GP participating in the KeyCare Primary Network.</p> <p>KeyCare Plus Plan The member’s chosen GP participating in the KeyCare Primary Network.</p> <p>All other Plans: Any GP participating in the Discovery Health GP Network.</p>	The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained for a DSP.	<p>Up to a maximum of 80% of the Discovery Health Rate.</p> <p>The co-payment, which the member is liable for is equal to 20% of the Discovery Health Rate and any amount the provider charges above the Discovery Health Rate.</p>
	<p>Cases Requiring Specialists: KeyCare Plans: Any specialist participating in a KeyCare Specialist Network except where there is no KeyCare specialist, in which case any specialist practicing in a KeyCare Network Hospital and has agreed to charge the Premier rate, and/or any specialist employed in a State hospital contracted with the Scheme. Subject to Regulation 8 (3) (a) (b).</p> <p>All other Plans: All specialists who have agreed to charge the Premier Rate, and/or any specialist working in a State hospital contracted with the Scheme. Subject to Regulation 8 (3) (a) (b).</p>	The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained for a DSP.	<p>Up to a maximum of 80% of the Discovery Health Rate.</p> <p>The co-payment, which the member is liable for is equal to 20% of the Discovery Health Rate and any amount the provider charges above the Discovery Health Rate.</p>

Type	Designated Service Provider (“DSP”)	Reimbursement Rate if the Beneficiary Uses the DSP or Involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily Does Not Use the DSP
DTPMB – Diagnosis	Any provider that has contracted with the Scheme in respect of member’s chosen plan and where it is appropriate for such diagnosis to be made by the provider.	Healthcare treatment, subject to Scheme’s diagnostic basket and the member making application to the Scheme for out-of-hospital DTPMB cover. Such costs are payable in full for a period of up to 120 days prior to application for benefits.	Healthcare treatment, subject to Scheme’s diagnostic basket and the member making application to the Scheme for out-of-hospital DTPMB cover. Such costs are payable at 80% of Discovery Health Rate for a period of up to 120 days prior to application for benefits.
DTPMB – In-Hospital Consultations	<p>GP’s: KeyCare Plans: Any GP participating in the KeyCare Primary Network and practicing in a KeyCare network hospital, and/or any GP working in a State hospital contracted with the Scheme. Subject to Regulation 8 (3) (a) (b).</p> <p>Other Plans: Any GP participating in the Discovery Health GP Network and practicing in a KeyCare network hospital, and/or any GP working in a State hospital contracted with the Scheme. Subject to Regulation 8 (3) (a) (b).</p>	The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained for a DSP.	Where a member voluntarily uses a non-DSP we pay at 80% of the Discovery Health Rate or the health plan entitlement subject to available benefits. The co-payment, which the member is liable for is equal to 20% of the Discovery Health Rate and any amount the provider charges above the Discovery Health Rate.
	<p>Cases Requiring Specialists: KeyCare Plans: Any specialist participating in a KeyCare Specialist Network except where there is no KeyCare specialist, in which case any specialists practicing in a KeyCare Network Hospital who has agreed to charge the Premier rate, and/or any specialist working in a State hospital contracted with the Scheme. Subject to Regulation 8 (3) (a) (b).</p> <p>Classic and Executive Plans: All specialists practicing in a KeyCare Network Hospital or who</p>	The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained for a DSP.	Where a member voluntarily uses a non-DSP we pay at 80% of the Discovery Health Rate or the health plan entitlement subject to available benefits. The co-payment, which the member is liable for is equal to 20% of the Discovery Health Rate and any amount the provider charges above the Discovery Health Rate.

Type	Designated Service Provider (“DSP”)	Reimbursement Rate if the Beneficiary Uses the DSP or involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily Does Not Use the DSP
	<p>are participating in the Classic Direct Payment Agreement or the Premier Rate Agreement, and/or any specialist working in a State hospital contracted with the Scheme. Subject to Regulation 8 (3) (a) (b).</p> <p>All other plans: All specialists practicing in a KeyCare Network Hospital and who have agreed to charge the Premier Rate, and/or any specialist working in a State hospital contracted with the Scheme. Subject to Regulation 8 (3) (a) (b).</p>		
DTPMB – Medicine	<p>KeyCare Plans: The DSP is a defined list of contracted pharmacies or member’s chosen dispensing GP participating in the KeyCare Primary Network.</p>	For drugs on the Scheme’s formulary, the Scheme will pay in full up to a maximum of the Discovery Health Medication Rate. Payment is subject to Regulations 15H(c) and 15I(c).	The Scheme may, at its discretion, impose a co-payment and pay up to a maximum of 80% of the Discovery Health Medication Rate. This is subject to Regulations 15H(c) and 15I(c).
	<p>All other Plans: The DSP is a defined list of contracted pharmacies and/or providers.</p>	For drugs on the Scheme’s formulary, the Scheme will pay in full up to a maximum of the Discovery Health Medication Rate. Payment is subject to Regulations 15H(c) and 15I(c).	The Scheme may, at its discretion, impose a co-payment and pay up to a maximum of 80% of the Discovery Health Medication Rate. This is subject to Regulations 15H(c) and 15I(c).
	Where a beneficiary on Classic Core, Classic Saver, Essential Core or Essential Saver elects a network restriction for the purpose of attaining a discounted premium, the DSP is a defined list of contracted pharmacies and/or providers.	For drugs on the Scheme’s formulary, the Scheme will pay in full up to a maximum of the Discovery Health Medication Rate. Payment is subject to Regulations 15H(c) and 15I(c).	The Scheme may, at its discretion, impose a co-payment and pay up to a maximum of 80% of the Discovery Health Medication Rate. This is subject to Regulations 15H(c) and 15I(c).
DTPMB – Pathology	A defined list of providers that has contracted with the Scheme.	The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of 80% of the Discovery Health Rate.
DTPMB–Radiology	<p>KeyCare Core and KeyCare Plus: A defined list of providers that has</p>	The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP	Up to a maximum of 80% of the Discovery Health Rate.

Type	Designated Service Provider (“DSP”)	Reimbursement Rate if the Beneficiary Uses the DSP or involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily Does Not Use the DSP
	<p>contracted with the Scheme.</p> <p>All other Plans: Any provider charging the Discovery Health Rate.</p>	<p>and up to the agreed rate for services obtained from a DSP.</p>	
DTPMB –Hospital Admissions	<p>KeyCare Plans: Any KeyCare Network Hospital and /or the State hospitals contracted with the Scheme. Subject to Regulation 8 (3) (a) (b).</p> <p>All other plans: Any KeyCare Network Hospital and /or the State hospitals contracted with the Scheme. Subject to Regulation 8 (3) (a) (b).</p> <p>Where a beneficiary on Classic Core, Classic Saver, Essential Core, Essential Saver, Classic Comprehensive or Essential Comprehensive elects a network restriction for the purpose of attaining a discounted premium, such a network will constitute a DSP. In areas where there is no DSP, any KeyCare Network Hospital will apply.</p>	<p>The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.</p>	<p>Where a member voluntarily uses a non-DSP we pay up to a maximum of 80% of the Discovery Health/ agreed rate or the health plan entitlement subject to available benefits.</p> <p>The co-payment, which the member is liable for is equal to 20% of the Discovery Health Rate/ agreed rate and any amount the provider charges above the Discovery Health Rate.</p>
DTPMB – Mental Illness	<p>Drug and Alcohol abuse facilities: Any SANCA facility contracted with the Scheme.</p> <p>All other conditions: Any hospital with psychiatric ward and is contracted with the Scheme, subject to the condition meeting clinical entry criteria and the Scheme’s baskets of care.</p>	<p>The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP up to a maximum of 21 days.</p> <p>The Scheme shall pay the costs of PMBs in full subject to the rate contracted with the hospital for a psychiatric ward / facility.</p>	<p>The Scheme may, at its discretion, impose a co-payment and pay up to 80% the Discovery Health/ agreed rate or the health plan entitlement subject to a maximum of 21 days.</p> <p>Where a member voluntarily uses a non-DSP we pay up to a maximum of 80% of the Discovery Health/ agreed rate or the health plan entitlement subject to available benefits.</p> <p>The co-payment, which the member is liable for is equal to 20% of the Discovery Health Rate/ agreed rate and any amount the provider charges above the Discovery Health Rate.</p>

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DTPMB – Terminal Care facilities	Hospice	The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	The Scheme may, at its discretion, impose a co-payment and pay up to the maximum of 80% the Discovery Health/agreed rate or the health plan entitlement subject to available benefits.
Oncology - Out-of-Hospital Treatment	<p>Specialists: KeyCare Plans: The DSP is any specific oncology provider contracted with the Scheme and/or the State.</p> <p>All other plans : Any Oncologist who has agreed to charge the Premier Rate and/or in the State.</p>	The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	<p>Up to a maximum of 80% of the Discovery Health Rate.</p> <p>The co-payment, which the member is liable for is equal to 20% of the Discovery Health Rate and any amount the provider charges above the Discovery Health Rate.</p>
	<p>GPs: KeyCare Plans: KeyCare Network GP who is a SAOC member.</p> <p>All other Plans: Any Discovery network GP who is a SAOC member.</p>	The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	<p>Up to a maximum of 80% of the Discovery Health Rate.</p> <p>The co-payment, which the member is liable for is equal to 20% of the Discovery Health Rate and any amount the provider charges above the Discovery Health Rate.</p>
Oncology – Pathology	A defined list of providers that has contracted with the Scheme.	The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of 80% of the Discovery Health Rate.
Oncology– Radiology	<p>KeyCare Core and KeyCare Plus: A defined list of providers that has contracted with the Scheme.</p> <p>All other Plans: Any provider charging the Discovery Health Rate.</p>	The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of 80% of the Discovery Health Rate.

Type	Designated Service Provider (“DSP”)	Reimbursement Rate if the Beneficiary Uses the DSP or involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily Does Not Use the DSP
HIV – Out-of-Hospital Consultations	<p>KeyCare Core Plan Any GP participating in the KeyCare Primary Network.</p> <p>KeyCare Plus Plan The member’s chosen GP participating in the KeyCare Primary Network.</p> <p>All other plans Any GP participating in the KeyCare Primary Network and any GP participating in the Discovery Health GP Network.</p>	<p>The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.</p>	<p>Up to a maximum of 80% of the Discovery Health Rate.</p> <p>The co-payment, which the member is liable for is equal to 20% of the Discovery Health Rate and any amount the provider charges above the Discovery Health Rate.</p>
	<p>Cases Requiring Specialists:</p> <p>KeyCare plans : Any specialist participating in a KeyCare Specialist Network except where there is no KeyCare Specialist, in which case any specialist practicing in a KeyCare Network Hospital who has agreed to charge the Premier Rate.</p> <p>All other plans All specialists who have agreed to charge the Premier Rate.</p>	<p>The Scheme shall pay the costs of PMB’s in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.</p>	<p>Up to a maximum of 80% of the Discovery Health Rate.</p> <p>The co-payment, which the member is liable for is equal to 20% of the Discovery Health Rate and any amount the provider charges above the Discovery Health Rate.</p>
HIV – Pathology	<p>A defined list of providers that has contracted with the Scheme.</p>	<p>The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.</p>	<p>Up to a maximum of 80% of the Discovery Health Rate.</p>
HIV –Radiology	<p>KeyCare Core and KeyCare Plus: A defined list of providers that has contracted with the Scheme.</p> <p>All other Plans: Any provider charging the Discovery Health Rate.</p>	<p>The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.</p>	<p>Up to a maximum of 80% of the Discovery Health Rate.</p>
HIV – Medicine	<p>KeyCare Plans : The DSP is a defined list of contracted pharmacies or member’s chosen dispensing GP participating in the KeyCare Primary Network.</p>	<p>For drugs on the Scheme’s formulary, the Scheme will pay in full up to a maximum of the Discovery Health Medication Rate. Payment is subject to Regulations 15H(c) and 15I(c).</p>	<p>The Scheme may, at its discretion, impose a co-payment and pay up to a maximum of 80% of the Discovery Health Medication Rate. This is subject to Regulations 15H(c) and 15I(c).</p>

Type	Designated Service Provider (“DSP”)	Reimbursement Rate if the Beneficiary Uses the DSP or Involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily Does Not Use the DSP
	<p>All other plans: The DSP is a defined list of contracted pharmacies and or providers.</p>	<p>For drugs on the Scheme’s formulary, the Scheme will pay in full. If the drug is not listed on the formulary, the Scheme will pay to the maximum of the chronic drug amount as specified per plan and subject to the Discovery Health Medication Rate. This is subject to Regulations 15H(c) and 15I(c).</p>	<p>The Scheme may, at its discretion, impose a co-payment and pay up to a maximum of 80% of the Discovery Health Medication Rate for drug a listed on the formulary or up to 80% of the Discovery Health Medication Rate of the chronic drug amount, as specified per plan, for drugs not listed on the formulary. This is subject to Regulations 15H(c) and 15I(c).</p>
	<p>Where a beneficiary on Classic Core, Classic Saver, Essential Core or Essential Saver elects a network restriction for the purpose of attaining a discounted premium, the DSP is a defined list of contracted pharmacies and or providers.</p>	<p>For drugs on the Scheme’s formulary, the Scheme will pay in full. If the drug is not listed on the formulary, the Scheme will pay to the maximum of the chronic drug amount as specified per plan and subject to the Discovery Health Medication Rate. This is subject to Regulations 15H(c) and 15I(c).</p>	<p>The Scheme may, at its discretion, impose a co-payment and pay up to a maximum of 80% of the Discovery Health Medication Rate for drug a listed on the formulary or up to 80% of the Discovery Health Medication Rate of the chronic drug amount, as specified per plan, for drugs not listed on the formulary. This is subject to Regulations 15H(c) and 15I(c).</p>
HIV – VCT	<p>Any vendor that has contracted with the Scheme.</p>	<p>The Scheme shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.</p>	<p>Up to a maximum of 80% of the Discovery Health Rate.</p>
RENAL – Specifically as regard to Chronic Renal Dialysis, Pathology and Drugs	<p>Any provider contracted with the Scheme in respect of our chronic renal dialysis and/or the State.</p>	<p>The Scheme shall pay the costs of PMB’s in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.</p>	<p>Up to a maximum of 80% of the Discovery Health/ agreed rate or the health plan entitlement subject to available benefits.</p> <p>The co-payment, which the member is liable for is equal to 20% of the Discovery Health/ agreed rate and any amount the provider charges above the Discovery Health Rate.</p>

Notes:

1. For approved PMB conditions, all treatment codes and procedure codes must accord with the Scheme's baskets of care. The Scheme may have regard to Regulations 15H(c) and 15I(c).
2. "SAOC" means the South African Oncology Consortium.
3. In accordance with what is stated in 1.24 of Annexure C to these Rules, no healthcare costs associated with a PMB will be paid if such costs are incurred outside of the borders of South Africa.
4. In accordance with what is stated in clause 15.13 of the main body of these Rules, the beneficiary must authorise all voluntary DTPMB hospital admissions, which admissions include but are not limited to Mental Illness admissions, HIV and Oncology admissions, within 48 hours of the required elective procedure / treatment. Failure to so authorise will entitle the Scheme to limit its liability to 70% of what it is liable to pay in terms of this Annexure 7 in accordance with what is stated in clause 15.13 of the main body of the Rules.
5. Where claims are paid in full, beneficiaries will not be required to make any payments not reimbursable by the Scheme.