



2021

DISCOVERY HEALTH MEDICAL SCHEME

ASSISTED REPRODUCTIVE THERAPY BENEFIT

Overview

Infertility is a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. Infertility may result from an issue with you or your partner, or a combination of factors that prevent pregnancy. Female infertility factors may involve problems with ovulation, the reproductive organs, or hormones. Male infertility factors may involve abnormal sperm production or function, problems with sexual function or environmental factors such as alcohol, cigarette smoking or medication. Fortunately, there are many safe and effective treatment options that can improve your chances of getting pregnant. Some of these treatments include lifestyle changes, medicine, surgery or assisted reproductive therapy.

The Assisted Reproductive Therapy Benefit is available on the Executive and Comprehensive plans only. This document explains how the benefit works, how we cover treatment from the Assisted Reproductive Therapy Benefit and the process you need to follow to activate the benefit.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

| TERMINOLOGY | DESCRIPTION |
|---|--|
| Assisted Reproductive Therapy (ART) | This includes a range of medical procedures and infertility treatments to assist with conception. This includes in vitro fertilisation (IVF), frozen embryo transfer (FET), intracytoplasmic sperm injection (ICSI) and intrauterine insemination (IUI). |
| Co-payment | This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service, the age of the patient or if the amount the service provider charges is higher than the rate we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service. |
| Day-to-day benefits | These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB), where applicable. Depending on the plan you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the plan you choose. |
| Designated service provider (DSP) | A healthcare provider (for example doctor, specialist, allied healthcare professional, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit www.discovery.co.za or click on Find a healthcare provider on the Discovery app to view the full list of designated service providers (DSPs). |
| Discovery Health Rate (DHR) | This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services. |
| Frozen embryo transfer (FET) | A process where a frozen embryo from a previous fresh IVF cycle is thawed and transferred back into a woman's uterus. This means you won't have to undergo another cycle of hormone stimulation and an egg collection. |
| Intracytoplasmic sperm injection (ICSI) | A process where an individual sperm cell is introduced into an egg cell |
| Infertility | Not being able to get pregnant after at least 12 months of regular unprotected sexual intercourse. |

| TERMINOLOGY | DESCRIPTION |
|------------------------------------|--|
| Intrauterine insemination (IUI) | The process of injecting sperm directly into a woman's cervix or uterus. |
| In vitro fertilisation (IVF) | The process of combining an egg and sperm outside of a woman's body. Once the egg is fertilised, the embryo is put back into the woman's uterus to result in pregnancy. |
| Medical Savings Account (MSA) | <p>Available on the Executive, Comprehensive, Priority and Saver plans</p> <p>The Medical Savings Account (MSA) is an amount that is allocated to you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year. Should you leave the Scheme or change your plan partway through the year and have used more of the funds than what you have contributed, you will need to pay the difference to us.</p> |
| Prescribed Minimum Benefits (PMBs) | <p>In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> ▪ An emergency medical condition ▪ A defined list of 270 diagnoses ▪ A defined list of 27 chronic conditions. <p>To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:</p> <ul style="list-style-type: none"> ▪ Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions ▪ The treatment needed must match the treatments in the defined benefits ▪ You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a designated service provider (DSP) we will pay up to 80% of the Discovery Health Rate (DHR). You will have to pay the difference between what we pay and the actual cost of your treatment. <p>If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.</p> |

The Assisted Reproductive Therapy Benefit at a glance

The Assisted Reproductive Therapy Benefit gives members on the Executive and Comprehensive plans access to specific assisted reproductive therapy (ART) treatment.

The Assisted Reproductive Therapy Benefit provides cover for a defined list of female infertility procedures and treatments up to a Rand limit of R110 000 for each person, each year, subject to specific rules. Cover is up to 75% of the Discovery Health Rate (DHR) when you use an accredited facility in our network.

Treatment covered from the Assisted Reproductive Therapy (ART) Benefit

Once activated, the benefit covers a comprehensive basket of care which includes consultations, ultrasounds, pathology done at the facility, egg retrieval, embryo transfer, admission costs and lab fees, medicine and embryo and sperm storage relating to the approved assisted reproductive therapy procedures. Any costs incurred for procedures not currently listed under this benefit will not be covered by the Scheme.

Cover is up to 75% of the agreed Discovery Health Rate up to a limit of R110 000 per year. You will have to pay a co-payment of 25% of the costs for assisted reproductive therapy and any other costs not covered by the benefit. We pay up to two cycles of assisted reproductive therapy (ART) if you are 25 to 39 years old and one cycle from the age of 40 up to and including 42 years of age, per year. This includes cycles where eggs are donated. The cost associated with egg donation, however, is not covered under the benefit and may result in a higher co-payment.

This benefit is available in our network of Southern African Society of Reproductive Medicine and Gynaecological Endoscopy (SASREG) accredited facilities and is subject to clinical criteria, protocols and treatment guidelines.

Any additional treatment needed before, during or after the therapy, or once the benefit limit has been reached, will be funded from your available day-to-day benefits or Prescribed Minimum Benefits (PMBs), where applicable. You can use the Benefit and limit tracker to track your benefit usage to-date. Go to www.discovery.co.za under Medical Aid > Benefits and cover > Benefit and limit tracker to view the usage of your limits to-date.

Cover for medicine for Assisted Reproductive (ART) Therapy Benefit

The accredited network facility that you choose will typically dispense and bill for the medicine that you need as part of your treatment. Where the facility is unable to dispense medicine related to your treatment, your treating provider can give you a script. You will need to let us know if this happens so we can authorise your medicine for delivery or collection from a pharmacy.

Before you get your medicine, please upload your script using our MedXpress 'Order medicine' function, available [on the website](#) or on the Discovery app. Once you have uploaded your script, we will review the medicine and give our authorisation decision within 24 hours. You can then choose to have your medicine delivered to your door within three to five working days or you can collect at your chosen participating pharmacy.

Where approved as part of your treatment, we will pay for the medicine at 75% of the Discovery Health Rate (DHR), subject to the overall Discovery Health Rate for medicine associated with your treatment and the annual Assisted Reproductive Therapy Benefit limit.

Please [visit the website for more information about MedXpress](#).

The cover provided through Prescribed Minimum Benefits (PMBs)

Although Assisted Reproductive Therapy is not part of the Prescribed Minimum Benefits (PMB), infertility is classified as a PMB condition by the Council for Medical Schemes (CMS). This means that all schemes must provide funding for the diagnosis, treatment and care of infertility, subject to a defined basket of care, regardless of a member's chosen plan type. Currently the defined basket of care under the Prescribed Minimum Benefit includes cover for the following:

- Blood tests (day3 FSH/LH, Estradiol, Thyroid function, prolactin, rubella, HIV, VDRL, Chlamydia, D21 progesterone)
- Counselling and advice on sexual behaviour, temperature charts etc.
- Hysterosalpingogram
- Hysteroscopy
- Laparoscopy
- Ovulation defects and deficiencies
- Semen analysis
- Surgery (uterus and tubal)
- Treatment of local infections

We will continue to fund these procedures from the Prescribed Minimum Benefits (PMBs), subject to registration. We will register your Prescribed Minimum Benefit (PMB) basket of care for infertility once you activate your Assisted Reproductive Therapy Benefit.

For more information on your cover under Prescribed Minimum Benefits (PMBs) please visit our website www.discovery.co.za and click on Medical Aid > Find important documents and certificates.

Cover from the Assisted Reproductive Therapy Benefit is subject to entry criteria and treatment guidelines

To access this benefit, you must meet the following benefit entry requirements which were developed in consultation with the South African Society of Reproductive Medicine and Gynaecological Endoscopy (SASREG):

- You are on an Executive Plan or Comprehensive Plan
- You are female, aged 25 to 42-years
- You will be undergoing treatment at one of the Southern African Society of Reproductive Medicine and Gynaecological Endoscopy (SASREG) accredited facilities
- If you no longer meet the age requirement, you will be able to finish any active cycle
- Cover will stop immediately should you change your plan from a Comprehensive or Executive Plan to a lower plan at any time.

The treatment guidelines have been agreed in consultation with the Southern African Society of Reproductive Medicine and Gynaecological Endoscopy (SASREG) and are based on clinical best practice. Please refer to the SASREG website at www.sasreg.co.za/Guidelines for more information.

The criteria and treatment guidelines must be met at all times for you to enjoy cover under this benefit.

How to activate the Assisted Reproductive Therapy Benefit

If you meet the benefit entry criteria, you can activate the Assisted Reproductive Therapy (ART) Benefit on www.discovery.co.za under Medical Aid > Benefits and cover > Most queried benefits. If you are not able to activate the benefit online, you can call us on 0860 99 88 77 and speak to one of our consultants. We will prompt you to confirm the facility which you have chosen in order to send them confirmation of your benefit activation. If you have not chosen a facility yet, you can always contact us at a later stage to update this.

Choose a network provider

You need to make use of one of the following Southern African Society of Reproductive Medicine and Gynaecological Endoscopy (SASREG) accredited network facilities for your treatment to be covered. Remember to activate your benefit before your first consultation.

| CLINIC NAME | ADDRESS | CONTACT NUMBER |
|--|--|------------------------------|
| Aevitas Fertility Clinic | Life Vincent Palloti Hospital, Alexandra Road, Cape Town | 021 531 6999 |
| BioART Fertility Centre | 99 Oxford Road, Saxonwold | 011 484 5119 011 484 5168 |
| Cape Fertility Clinic | 209 Library Square, 1 Wilderness Road, Claremont | 021 674 2088 |
| C.A.R.E. Clinic | 21 Jan Hofmeyer Road, Westville | 031 267 7920 |
| Durban Fertility Clinic | 107 JB Marks road, St Augustine's Hospital, Suite 203, Caritas Wing, Level 1, Durban | 031 201 2790 |
| FEMBRYO Fertility and Gynaecology Clinic | St Georges Medical Suites, 40 Park Drive, Central, Port Elizabeth | 041 373 0771 |
| Femicare Fertility Center | Netcare Femina Hospital, 460 Belvedere Street, Arcadia, Pretoria | 012 326 8213 012 304 1726 |

| CLINIC NAME | ADDRESS | CONTACT NUMBER |
|--|---|------------------------------|
| Genesis Reproductive Centre | Suite G15, Kloof Mediclinic, 511 Jochemus Street, Erasmuskloof, Pretoria | 012 367 4378 |
| HART Fertility Clinic | Suite 1102, 11 th floor, Netcare Christiaan Barnard Hospital, D.F. Malan Street, Cape Town | 021 286 2294 |
| Life Art Fertility Centre | Brenthurst Clinic, Upper level, West Wing, 4 Parklane Street, Parktown | 011 642 0535 011 642 0593 |
| Medfem Clinic | Cnr Peter place and Nursery Lane, Bryanston, Sandton | 011 463 2244 |
| Natal Fertility Clinic | 2 nd Floor, Ingenuity House, 325 Umhlanga Rocks Drive, Umhlanga | 031 830 3030 031 830 2900 |
| Panorama Fertility Centre | Panorama Healthcare Centre, 60 Hennie Winterbach Street, Panorama, Cape Town | 021 930 5045 |
| Pretoria Fertility Clinic | Medical Suite M19, Pretoria East Hospital, Cnr Garsfontein and Netcare Drive, Moreleta Park | 012 998 8854 012 998 8855 |
| Reproductive Medicine Unit, Groote Schuur Hospital and University of Cape Town | Andrology laboratory, Groote Schuur Hospital, Maternity Centre building, Anzio Road, Observatory | 021 404 6027 021 404 6028 |
| Sandton Fertility Centre | Centre of Advanced Medicine, South Campus, 2 nd floor, 13 Scott Street, Waverley | 011 883 1776 |
| Steve Biko Academic Hospital Reproductive & Endocrine Unit | Level 8, Steve Biko Road, Pretoria | 012 354 2061 |
| Tygerberg Fertility Clinic | Francie van Zijl Drive, Parow, Western Cape | 021 938 5487 |
| Vitalab Centre for Assisted Conception – Gauteng | Inner Circle, 159 Rivonia Road, Morningside, Johannesburg | 011 911 4700 |
| Vitalab Centre for Assisted Conception – KwaZulu Natal | 2 Torsvale Office Park, Torsvale Crescent, Umhlanga Ridge, Umhlanga | 031 880 1700 |
| Wijnland Fertility | 9 Oewerpark, Rokewood Avenue, Die Boord, Stellenbosch | 021 882 9666 |
| Wilgers Infertility Clinic | Wilgers Hospital, Denneboom Road, Die Wilgers, Pretoria | 012 807 8398 |

Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66

Go to www.discovery.co.za to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.

PO Box 784262, Sandton, 2146. 1 Discovery Place, Sandton, 2196

Complaints process

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints and we encourage you to follow the process:

1 | STEP 1 – TO TAKE YOUR QUERY FURTHER:

If you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations.

2 | STEP 2 – TO CONTACT THE PRINCIPAL OFFICER:

If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by emailing principalofficer@discovery.co.za.

3 | STEP 3 – TO LODGE A DISPUTE:

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the website.

4 | STEP 4 – TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES:

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.co.za
0861 123 267 | www.medicalschemes.co.za