

2020

DISCOVERY HEALTH MEDICAL SCHEME

FREQUENTLY ASKED QUESTIONS

WHO GLOBAL OUTBREAK BENEFIT

About the benefit and cover

1. Am I covered for treatment related to an outbreak disease such as COVID-19?

Yes. The WHO Global Outbreak Benefit is available to all members of Discovery Health Medical Scheme (DHMS) during a declared outbreak period. This benefit offers cover for out-of-hospital management and appropriate supportive treatment of global World Health Organization (WHO) recognised disease outbreaks and out-of-hospital healthcare services related to COVID-19. The basket of care includes:

- Screening consultations with a network GP (either virtual consultations, telephone or face-to-face)
- COVID-19 PCR screening tests if referred by a network GP following completion of the Discovery risk assessment
- A defined basket of pathology tests for COVID-19 positive members
- A defined basket of x-rays and scans for COVID-19 positive members
- Supportive treatment, including medicine and a home monitoring device to track oxygen saturation levels for at risk members who meet the clinical entry criteria
- Accommodation in accredited isolation facilities

Cover is subject to the Scheme's preferred providers (where applicable), protocols and the treatment meeting the Scheme's entry criteria and guidelines. Any recommended treatment and healthcare services that are not included in the basket of care are covered according to the benefits available on your chosen health plan or in accordance with Prescribed Minimum Benefits where applicable. In-hospital treatment related to COVID-19 for approved admissions is covered from the Hospital Benefit based on your chosen health plan and in accordance with Prescribed Minimum Benefits (PMB) where applicable.

2. Is COVID-19 a Prescribed Minimum Benefit (PMB)?

The Regulations to the Medical Schemes Act was amended by Government Gazette effective 7 May 2020 to provide for Prescribed Minimum Benefit (PMB) level of care for COVID-19. At the same time, the Council for Medical Schemes issued its PMB Definition Guideline for COVID-19. Screening, testing and treatment of COVID-19 is considered a PMB and will be funded in accordance with the Discovery Health Medical Scheme treatment guidelines and baskets of care, and designated service providers where applicable.

3. How am I covered for COVID-19?

This benefit, available on all plans, is covered by the Scheme for cases of outbreak diseases and out-of-hospital healthcare services related to COVID-19. These healthcare services are covered from the WHO Global Outbreak Benefit up to a maximum of 100% of the Discovery Health Rate. This cover does not affect your day-to-day benefits. These benefits are available up to the limits set out by the Scheme. You may apply for additional cover from the Scheme, where clinically appropriate. Use of the relevant networks as per chosen health plan will apply for healthcare services paid from the WHO Global Outbreak Benefit. Any recommended treatment and healthcare services that are not included in the basket of care are covered according to the benefits available on your chosen health plan or in accordance with Prescribed Minimum Benefits where applicable.

4. Do I have to pay extra for the WHO Outbreak Benefit?

No, this WHO Global Outbreak Benefit is a new benefit available to all Discovery Health Medical Scheme members, in response to the global outbreak of COVID-19.

5. How do I know if I should be tested for COVID-19?

You can understand your risk status by completing the COVID-19 risk assessment. The assessment is a set of questions which determines if you may be presenting with symptoms suggestive of COVID-19 disease or may have been exposed to COVID-19 infection and need a consultation with a doctor. You can come back at any time to repeat and complete the assessment. The assessment is available through www.discovery.co.za, the app or by calling us and following the prompts to complete the risk assessment.

6. If I have a COVID-19 test, how is my test funded by the Scheme?

Once you have successfully completed the risk assessment and the outcome shows that onward referral for screening is necessary, you are covered for screening consultations and tests. When you have been appropriately referred to testing by the doctor who screened you, you are covered for testing.

7. What is the clinical entry criteria for this benefit?

The following criteria need to be met before claims will be paid from the WHO Outbreak Benefit:

- The disease needs to be a WHO recognised outbreak disease;
- Cover is for diseases during a declared outbreak period
- May be subject to use of preferred providers, where applicable;
- Subject to completing the Scheme's risk assessment and referral process for testing;
- Subject to the Scheme's treatment guidelines and protocols.

8. Will I have to pay upfront and submit a claim for it to be paid from this benefit?

This depends on the payment arrangements we have with your healthcare provider. If your healthcare provider submits a claim on your behalf, we will reimburse them directly from your WHO Global Outbreak Benefit subject to meeting the clinical entry criteria of the benefit.

If your doctor requires you to pay upfront, you can submit your claim to us:

- Upload your claim at www.discovery.co.za
- Use the Discovery app to upload a photo of your claim or scan a QR code
- Email your claim to claims@discovery.co.za

Make sure that your membership number and your healthcare provider's details including their practice number are clearly visible on the claim.

9. What is Discovery's stance on chronic medication for its members during the lockdown phases?

The health and wellbeing of our members is our absolute priority and we continue to take measures to provide support and precautions during this challenging time. Pharmacies continue to operate with spatial distancing measures and additional sanitation measures within stores.

Discovery Health Medical Scheme supports the funding and access to chronic medicines for approximately 700 000 members living with chronic diseases. It is an important consideration and role of Discovery health to ensure that these medicines can be collected as usual by members. Issuing bulk chronic medication to all members living with chronic diseases could deplete the short-term supply of these important medicines and disrupt the supply chains of these products which continue to function well in South Africa.

When collecting your medicine, please keep in mind social distancing precautions as well as important hygiene practices. This is especially important for members living with chronic diseases. Ideally to minimise the risk of contracting COVID-19, rather send someone living with you to fetch these medicines on your behalf, if this is feasible.

We remain committed to our core purpose of enhancing and protecting people's lives, and in the interest of society, we would do more harm to medicine availability for all, if we changed the usual dispensing patterns for this large group of members. This view is also supported by SAHPRA, the PSSA, and is in line with the presidential COVID-19 address advising against stock piling.

10. Am I covered if I am in a waiting period?

The Scheme resolved to change its approach to underwriting for the duration of the outbreak, specifically with regards to cover for COVID-19. Members of Discovery Health Medical Scheme that are diagnosed with COVID-19 after joining Discovery Health Medical Scheme will have access to the WHO Global Outbreak benefit, even if they are subject to a waiting period at the time of being diagnosed with COVID-19.

Members of Discovery Health Medical Scheme that are diagnosed with COVID-19 before joining Discovery Health Medical Scheme will not have access to the WHO Global Outbreak benefit, and will be subject to waiting periods to protect the Scheme and its members against anti-selection.

Screening and testing

11. When should I get tested for COVID-19?

Step 1: Complete the Discovery COVID-19 risk assessment

If you suspect that you have contracted COVID-19, you must complete the COVID-19 risk assessment available via www.discovery.co.za or by calling us. The assessment is a set of questions which determines if you may be presenting with symptoms suggestive of COVID-19 disease or may have been exposed to COVID-19 infection and need a consultation with a doctor.

Step 2: Consult with a network doctor

You are covered for COVID-19 screening consultations, where you have successfully completed and were referred from the screening risk assessment. You can choose to do either access a virtual consultation with a DrConnect healthcare provider, or a telephone or face-to-face screening consultation with a Discovery network GP. Based on the outcomes of your screening, you may be referred for testing.

Step 3: Testing:

All Discovery Health Medical Scheme members have access to 2 PCR tests per beneficiary per year, regardless of the outcome of the test, subject to completion of the Discovery risk assessment where the outcome showed onward referral to be necessary or appropriate referral from the doctor who screened you. This includes pre-admission PCR testing for approved hospital admissions, subject to referral by a doctor. Registered healthcare professionals, that are members of Discovery Health Medical Scheme, have access to 4 PCR tests per year.

12. If I suspect I have contacted COVID-19 and go directly to my doctor or a testing station, without completing the COVID-19 risk assessment or a screening consultation, will Discovery Health Medical Scheme still cover the cost of my test?

If your COVID-19 test is positive, the WHO Global Outbreak Benefit will cover the consultation and test up to the Discovery Health Rate if referred by a doctor, even if you have not completed the risk assessment. If the test results are negative and you did not complete a COVID-19 risk assessment prior to the screening consultation or you were not appropriately referred for testing by a doctor, the cost of the test will be covered from your available day-to-day benefits or for your own expense.

13. Once I have been classified as at-risk through the risk assessment, how long do I have to consult a doctor?

After completing the risk assessment, if you are "at-risk" you should consult with a doctor for a screening consultation within 72 hours. The screening can take place the form of a virtual or face-to-face consultation.

14. I don't have access to the Discovery app or website. How can I complete the risk assessment?

You can access the risk assessment by calling the Discovery call centre on 0860 99 88 77 and following the voice prompts.

15. Is there a limit to how many COVID-19 risk assessments, screening consultations and tests I can take?

There is no limit to the number of risk assessments you can complete. Members have access to two COVID-19 PCR tests per year, except where approved as PMB, funded in full from the WHO Global Outbreak Benefit when referred by the doctor that conducted the screening consultation or following successful completion and referral from the risk assessment. Registered healthcare professionals, that are members of Discovery Health Medical Scheme, have access to four PCR tests per year, except where approved as PMB. Where approved as PMB, members will have cover for more COVID-19 PCR tests.

16. What if I have already completed two COVID-19 PCR tests this year?

If you have already done the two COVID-19 PCR tests allocated per year, you can apply for additional out-of-hospital Prescribed Minimum Benefits beyond the allocated basket of care. Cover is subject to the Scheme's protocols and the treatment meeting the Scheme's entry criteria and guidelines. To apply for out-of-hospital PMBs you must complete the Prescribed Minimum Benefit application form [here](#).

17. Are there specific network providers to use for a COVID-19 screening consultation?

Virtual consultations are booked and facilitated via DrConnect, which can be accessed on the Discovery app or website. Virtual and telephone consultations provide a safe alternative to face-to-face consultations for patients and doctors, and contribute to the important containment measures that will continue to reduce the impact of the outbreak.

Face-to-face consultations are subject to a member's chosen health plan benefits and network rules. If you are on a Smart or KeyCare plan you must make use of your health plan network providers for a face-to-face consultation.

18. How do I access virtual consultations?

- Select 'Start your COVID-19 risk assessment' on the COVID-19 information hub home page, via the Discovery app or website
- You will be prompted to log in using your online account details
- Accept the terms and conditions and complete the risk assessment
- If classified at high risk of contracting COVID-19, you will be advised to conduct a virtual consultation. Select the 'consult virtually with a doctor' button
- You will be able to book an appointment or consult directly with your doctor or a doctor from the COVID-19 Care Team via video, voice or text.

19. I don't have access to the Discovery App or website. Can I have a telephonic consultation with a GP?

Yes. You can consult with a Discovery network GP if your results indicate that you are "at-risk" using telephone, face-to-face or virtual consultations through DrConnect.

20. Is there a designated service provider I must use for my screening PCR tests?

No, but funding for the test is subject to the completion and referral by the risk assessment or appropriate referral from the doctor that screened you.

21. Is any additional documentation required to confirm that my doctor referred me for a COVID-19 test?

No, the pathology laboratory that conducts the test will confirm the referring provider based on the details of the referring doctor that must be included on the laboratory test form.

22. If the hospital requests a test before I get admitted, how will this be covered?

Discovery Health Medical Scheme members are covered for pre-admission COVID-19 testing for approved hospital admissions. Cover for pre-admission testing is subject to referral by a doctor and the screening PCR test limit of 2 tests per person per year. You do not have to complete the risk assessment for the pre-admission PCR test. Details of the referring doctor must be included on the laboratory test form.

23. How will the PCR test be covered for healthcare professionals?

Healthcare professionals who are Discovery Health Medical Scheme members will be covered for 4 PCR tests a year. Healthcare professionals do not need to complete a risk assessment as part of the testing journey.

24. If I completed a COVID-19 test before 7 May 2020 will the cost of my test be covered?

Prior to the recognition of COVID-19 as a PMB on 7 May 2020, the WHO Global Outbreak Benefit covered the costs of confirmed positive COVID-19 tests. This cover was enhanced to include benefits for screening and testing to ensure that members can consult with a doctor if they are at risk of COVID-19, and that the necessary screening and tests for COVID-19 are covered, regardless of the outcome.

COVID-19 PCR tests done between 7 May 2020 and 20 May 2020, when Discovery announced enhancements to the WHO Global Outbreak Benefit, will automatically be reimbursed for their screening consultations and tests referred by a doctor. Screening tests from 20 May 2020 will be subject to completion of a risk assessment and referral by the doctor that screened you. Since the start of the outbreak, Discovery Health Medical Scheme members have had access to cover for COVID-19 related hospital admissions, according to their chosen plan.

25. Does the Scheme pay for the time I have to be in isolation?

No, as self-quarantine is mainly in the home setting. DHMS provides cover for relevant healthcare services which include specific tests and supportive day-to-day treatments, and hospital cover when necessary. However, if you have been diagnosed with COVID-19 and require isolation you may make use of the discounted rates offered by the Scheme through accredited isolation facilities, as outlined below.

Support for members who test positive for COVID-19

26. How do I access the isolation facilities?

If you have been diagnosed with or are awaiting test results for COVID-19 and are considered at risk, Discovery Health has partnered with reputable hotels and facilities to offer accommodation at isolation facilities where you can self-isolate. You can check into these hotels and facilities at a discounted rate. You have cover up to a maximum of 14 days of accommodation per person per year. Daily rates are at a negotiated rate of approximately 60%, and include:

- Three meals
- Cleaning services

The Scheme offers an additional discounted rate of up to a maximum of R400 per day and up to 100% of the Discovery Health Rate for registered healthcare professionals. You can read more [here](#).

27. Is there a specific network of hospitals to use for treatment of COVID-19 virus or disease?

No, but the use of network or Designated Service Providers where applicable to your health plan, still applies unless in a case of an emergency. All private hospitals groups in South Africa have indicated that they are ready to care for patients with COVID-19

virus. When receiving treatment in a hospital, the benefits and rules of your health plan will apply – that includes networks, rates and any exclusions. There are also specific state hospitals that have been identified for care in the public healthcare sector.

Support for members who may be at higher risk to develop complications from COVID-19

28. What are the Scheme's clinical entry criteria that classify individuals at higher risk to develop serious complications from COVID-19?

Specific members who may be at higher risk to develop serious complications from COVID-19 are those that are more likely to require critical hospital care, including ICU and ventilation. This includes individuals who are 65 years and older and/or have elevated risk indicators for metabolic syndromes including blood pressure, cholesterol, blood glucose, BMI or any underlying chronic condition.

29. What benefits are available for these members at higher risk to develop COVID-19 complications?

- a) Appropriate risk classification through screening
- b) Proactive engagement with members at higher risk to develop COVID-19 complications
- c) Home monitoring for COVID-19 positive members who meet the Scheme's clinical entry criteria

a) APPROPRIATE RISK CLASSIFICATION THROUGH SCREENING

If I complete a health check and my health metrics are elevated what should I do?

For members who complete a Vitality Health Check and who have one or more high risk health indicators, Discovery Health Medical Scheme will provide funding for one consultation with a healthcare professional to confirm the risk, make appropriate diagnoses, and prescribe the necessary treatment. Members on all plans get access to one virtual GP consultation via DrConnect, or a nurse consultation at a network pharmacy clinic with telemedicine capabilities, per year. Cover for this additional consultation is subject to use of a network provider.

b) PROACTIVE ENGAGEMENT WITH AT-RISK MEMBERS

I have an existing chronic condition and am reluctant to see my doctor and collect my medicine. What additional measures can I take to reduce my risk?

Discovery Health Medical Scheme will proactively reach out to you and facilitate and fund a telephonic consultation with a wellness specialist. This consultation will assess your current state of physical and mental wellbeing, advise you of your risk associated with COVID-19 and provide you any needed assistance in accessing healthcare services including medicine delivery and virtual healthcare. You get access to one wellness specialist consultation funded from risk per year.

c) HOME MONITORING FOR AT-RISK COVID-19 POSITIVE MEMBERS

I have an increased risk of developing complications due to COVID-19. If I contract the virus do, I have access to any specialised care?

To provide better home monitoring for qualifying at-risk COVID-19 positive members, Discovery Health Medical Scheme will fund a pulse oximeter to measure blood oxygen levels and reduce the potential risk of silent hypoxia.

What is silent hypoxia?

Hypoxia is a condition regularly associated with severe respiratory illnesses, such as pneumonia. It's characterised by a low blood oxygen saturation level, and typically, a person with hypoxia has visible difficulty breathing and may be in pain. Silent hypoxia is hypoxia without the visible symptoms and it's unusually common amongst COVID-19 patients.

How do I know if I am eligible for this benefit?

If you are eligible for this benefit, the Scheme will proactively reach out to you to inform you of the benefit and Discovery will contact you to confirm a convenient time to deliver the device to your place of residence. Funding for this device is subject to a limit of one device per family. If you buy your device, and do not receive it via our network provider, cover for the device will be subject to your available day-to-day benefits, or for your own expense.

Can I access this benefit if I have not been diagnosed with COVID-19?

For unconfirmed cases of COVID-19 and for positive members who do not meet the Scheme's clinical eligibility criteria, funding of a registered oximeter will be from available day-to-day benefits subject to the External Medical Items (EMI) limit, where applicable.

How will I know how to use the device?

Once the device has been received, a wellness consultant will contact you to train you on how to use the device, and provide you with a programme overview and the processes you need to follow going forward.

How am I covered while travelling abroad during COVID-19?

30. Am I covered for COVID-19 when travelling abroad?

The WHO Global Outbreak Benefit is a separate benefit to the International Travel Benefit (ITB). Claims while traveling abroad will be covered from the ITB, depending on this benefit being available on your chosen health plan. All benefit rules related to cover from the ITB will still apply.

31. Am I covered for repatriation?

The International Travel Benefit (ITB) and Africa Evacuation Benefit cover transport or evacuation to the nearest medical facility if you need emergency medical treatment only. Repatriation back to SA will be covered where the Scheme requests you to be repatriated for emergency medical treatment within the 90 days of cover. Where there is no medical need to be repatriated back to SA, the Scheme cannot cover travelling expenses as these are not considered healthcare expenses.

32. How am I covered outside the 90-day cover period of the ITB?

Outside the 90 days of cover you will have access to cover in accordance with your chosen health plan at the SA equivalent cost for treatment you would have had if it occurred in SA. This includes cover for COVID-19 healthcare services if needed unless due to forced quarantine or travel restrictions. KeyCare Plans do not offer cover for healthcare services abroad. For more details on your cover, refer to the Cover while travelling abroad guide on www.discovery.co.za under Find documents and your certificates.

33. What if I am in quarantine or unable to return to SA due to travel restrictions?

If you are in a forced quarantine by law or for medical reasons or are unable to return to SA due to travel restrictions, your cover will be extended beyond the 90 days. For forced quarantine cases, the Scheme will extend your cover by the suggested quarantine period of 14 days. If you are unable to return to SA due to travel restrictions, cover will be extended for an initial period of 14 days and only to enable to you return to SA on the first available flight, regardless of routing. Cover will only be extended beyond the 14 days on good cause shown that there was no opportunity to return to SA.

Other COVID-19 related questions

34. Can I downgrade my plan and then upgrade to my old plan later this year when I can afford the premiums again?

The Scheme rules allow you to move to a lower plan at any point in time during the year, however you will only be able to upgrade your plan option effective 1 January every year.

35. I am on KeyCare Plus and my salary has decreased / I have been retrenched temporarily during the national lockdown. Can my KeyCare income band be adjusted?

The normal KeyCare Income Verification principles would apply where employers or individual members want to adjust the income band which their contribution is based on. Where an employer group requests an adjustment and submits the payroll file, the adjustment will be approved for two months following which employees will be defaulted back to their original income bands unless the employer confirms with updated proof that the adjusted income bands still apply. Where an individual that is employed requests an adjustment (e.g. retrenched or on a reduced salary), a letter from the employer detailing the period of salary reduction/temporary retrenchment is required, with the income band adjusted for this period unless the employer confirms with updated proof that the adjusted income bands still apply. Where a member is self-employed, a motivation from the member is required.

Contact us

Tel (Members): 0860 99 88 77, Tel (Health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za, 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.com 0861 123 267 | www.medicalschemes.com