DISCOVERY HEALTH MEDICAL SCHEME
COVER FOR MEDICINE AND TREATMENT OF CHRONIC CONDITIONS
Overview

This document explains how we cover you for approved chronic medicine for your condition through the Chronic Illness Benefit. It gives you details about:

- What is included in your benefits
- Why it is important to register for cover
- How to get the most out of your cover
- How we cover chronic conditions and how to minimise potential shortfalls.

You’ll find information on the cover on all the health plans, including the Prescribed Minimum Benefits and the available benefits for the diagnosis and ongoing management of your condition.

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.

<table>
<thead>
<tr>
<th>TERMINOLOGY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| Additional Disease List (ADL)        | Available on the Executive and Comprehensive plans
Cover for medicine for an additional list of life-threatening or degenerative conditions, as defined by Discovery Health Medical Scheme. You are covered up to the set monthly CDA for your approved medicine. No medicine list applies.                                                                                           |
<p>| Chronic Disease List (CDL)           | A defined list of chronic conditions we cover according to the Prescribed Minimum Benefits.                                                                                                                                                                                                                                               |
| Chronic Drug Amount (CDA)            | Discovery Health Medical Scheme pays up to a monthly amount for a chronic medicine class subject to the member’s plan type. This applies to approved chronic medicine that is not listed on the formulary or medicine list. The Chronic Drug Amount does not apply to the Smart and KeyCare plans, on these plans the cost of the lowest formulary listed drug will apply. |
| Chronic Illness Benefit (CIB)        | The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions. You need to apply to have your medicine covered for your approved chronic condition.                                                                                                              |
| Co-payment                           | We pay service providers at a set Discovery Health Rate. If the accounts are higher than this rate, you will have to pay the outstanding amount from your pocket.                                                                                                                                                                      |
| Designated service provider (DSP)    | A healthcare provider (for example doctor, specialist, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit <a href="http://www.discovery.co.za">www.discovery.co.za</a> or click on Find a provider on the Discovery app to view the full list of DSPs.                                                                                     |
| Discovery Health Rate                | This is a rate set by us. We pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services at this rate.                                                                                                                     |
| Discovery Health Rate for Medicine   | This is the rate at which Discovery Health Medical Scheme will pay for medicine. It is the Single Exit Price of medicine plus the relevant dispensing fee.                                                                                                                                                                                                    |
| HealthID                             | HealthID is an application (computer software program) that gives your doctor fast, up-to-date access to your health information. Once you have given consent, your doctor can use HealthID to access your medical history, gain insight into the benefits of your health plan, make referrals to other healthcare professionals, study your blood test results, and write electronic prescriptions and referrals. Discovery HealthID is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.   |
| Medicine class                       | This describes medicines that have similar chemical structures or similar therapeutic effects.                                                                                                                                                                                                                                                  |
| Medicine list (formulary)            | A list of medicine we cover in full for the treatment of approved chronic condition(s). This list is also known as a formulary. The medicine list we use for the Chronic Disease List complies with the guidelines issued by the Council for Medical Schemes. Medicine on the list is safe, clinically appropriate and cost-effective for the treatment of a specific condition. |</p>
<table>
<thead>
<tr>
<th>TERMINOLOGY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| Prescribed Minimum Benefits (PMBs)       | 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:  
  - An emergency medical condition  
  - A defined list of 270 diagnoses  
  - A defined list of 27 chronic conditions.  
  
To access Prescribed Minimum Benefits, there are rules that apply:  
  - Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit 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 DSP we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.  
  
If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.  

| Emergency medical condition              | An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.  
  
An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.  

The Chronic Illness Benefit at a glance

The Chronic Illness Benefit covers approved medicine for a specified list of chronic conditions

The number of chronic conditions covered varies according to your plan type. All health plans cover the chronic conditions that fall under the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL). The Chronic Illness Benefit also covers a specific number of tests and consultations for both the diagnosis and the ongoing management of the CDL conditions.

The Executive and Comprehensive Plans cover additional chronic conditions

We cover additional conditions over and above those stipulated under PMBs on the Executive and Comprehensive plans. We pay for approved medicine for these additional conditions up to a monthly amount called the Chronic Drug Amount (CDA). Members on the Executive Plan also have exclusive access to a list of medicine that we cover in full.

You have full cover for approved medicine on our medicine list for CDL conditions

The Chronic Illness Benefit covers approved medicine listed on the medicine list (formulary) for CDL conditions in full up to the Discovery Health Rate for Medicine. Because the medicine list (formulary) changes every year in response to product and price fluctuations in the market, it will only apply for the year for which it is designed. Always make sure that you are using the latest document. The latest document can be found on www.discovery.co.za under Medical Aid > Find a document.

You have a monthly amount for approved medicine that is not on our medicine list

We cover approved medicine that is not on the medicine list, or a combination of medicine on and off the medicine list that are in the same medicine class up to the CDA. The CDA does not apply to the Smart and KeyCare plans, on these plans the cost of the lowest formulary listed drug will apply. You may have a co-payment if you use medicine that is not on the medicine list.
You have full cover for healthcare providers who we have a payment arrangement with for the diagnosis and ongoing management of chronic conditions.

Visit [www.discovery.co.za](http://www.discovery.co.za) or click on [Find a provider](http://www.discovery.co.za) on the Discovery app to search for doctors and other healthcare providers like hospitals and pharmacies that we have a payment arrangement with.

**The chronic conditions that are covered on all plans**

The PMBs provide cover for the CDL conditions. These chronic conditions are covered on all health plans. If the condition is approved by the Chronic Illness Benefit, members have automatic cover for a set of defined treatments (including tests or consultations, or both).

**Chronic Disease List conditions covered on all plan types**

<table>
<thead>
<tr>
<th>Letter</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Addison’s disease, Asthma</td>
</tr>
<tr>
<td>B</td>
<td>Bipolar mood disorder, Bronchiectasis</td>
</tr>
<tr>
<td>C</td>
<td>Cardiac failure, Cardiomyopathy, Chronic obstructive pulmonary disease (COPD), Chronic renal disease, Coronary artery disease, Crohn’s disease</td>
</tr>
<tr>
<td>D</td>
<td>Diabetes insipidus, Diabetes type 2, Diabetes type 1, Dysrhythmias</td>
</tr>
<tr>
<td>E</td>
<td>Epilepsy</td>
</tr>
<tr>
<td>G</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>H</td>
<td>Haemophilia, Hyperlipidaemia, Hypertension, Hypothyroidism</td>
</tr>
<tr>
<td>M</td>
<td>Multiple sclerosis</td>
</tr>
<tr>
<td>P</td>
<td>Parkinson’s disease</td>
</tr>
<tr>
<td>R</td>
<td>Rheumatoid arthritis</td>
</tr>
<tr>
<td>S</td>
<td>Schizophrenia, Systemic lupus erythematosus</td>
</tr>
<tr>
<td>U</td>
<td>Ulcerative colitis</td>
</tr>
</tbody>
</table>

**What we cover as a Prescribed Minimum Benefit**

The Chronic Illness Benefit covers certain tests, consultations and medicines each year for the CDL conditions. This cover includes tests and consultations for both the diagnosis and ongoing management of each condition. The tests and consultations for the ongoing management of the condition are pro-rated based on the date of approval of your CDL condition.

If you do not use healthcare providers who we have a payment arrangement with, you may have to pay part of the treatment costs yourself. You can find the latest copy of the treatment baskets on [www.discovery.co.za](http://www.discovery.co.za) under Medical aid > Find a document.

**Requests for additional funding for Prescribed Minimum Benefits**

Your doctor may follow an appeals process and request for additional funding for medicine, consultations, pathology and radiology. We will review the individual circumstances of the case, however, it’s important to note that an appeals process doesn't guarantee a positive outcome and neither does it change the way we cover Prescribed Minimum Benefits.
Go to www.discovery.co.za under Medical aid > Find a document to download the form ‘Request for additional cover for Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions covered on the Chronic Illness benefit (CIB)’ or call us on 0860 99 88 77 to request it.

Complete the form with the assistance of your healthcare professional

Send the completed, signed form, along with any additional medical information, by email to CIB_APP_FORMS@discovery.co.za or by fax to: 011 539 7000

If we approve the requested medicine/treatment on appeal, we will automatically pay from risk benefits. If the appeal is unsuccessful you can lodge a formal dispute by following Discovery Health Medical Scheme’s disputes process on www.discovery.co.za

Additional chronic conditions covered on the Executive and Comprehensive Plans

Members on the Executive and Comprehensive plans have access to cover for medicine for additional chronic conditions listed on the Additional Disease List. These conditions are:

A  Ankylosing spondylitis
B  Behcet's disease
C  Cystic fibrosis
D  Delusional disorder, Dermatopolymyositis
G  Generalised anxiety disorder
H  Huntington's disease
I  Isolated growth hormone deficiency in children younger than 18 years
M  Major depression, Motor neurone disease, Muscular dystrophy and other inherited myopathies, Myasthenia gravis
O  Obsessive compulsive disorder, Osteoporosis
P  Paget's disease, Panic disorder, Polyarteritis nodosa, Post-traumatic stress disorder, Psoriatic arthritis, Pulmonary interstitial fibrosis
S  Sjögren's syndrome, Systemic sclerosis
W  Wegener's granulomatosis

Note: There is no medicine list (formulary) for the Additional Disease List conditions. We pay for approved medicines for these conditions up to the monthly Chronic Drug Amount for that medicine class.

Getting the most out of your Chronic Illness Benefits

Get to know all about your Chronic Illness Benefits

Although a condition may be defined as chronic, it may not qualify for cover from the Chronic Illness Benefit. Check whether we cover your specific condition and what benefits apply. The list of conditions and the benefits available to treat the listed chronic conditions depend on your plan type.

Check the benefits applicable to your plan type in the Benefits available for your plan type section of this document. You can also go to www.discovery.co.za under Medical Aid > Find a document to view more information on the Chronic Illness Benefit.
Apply to have your condition covered

For a condition to be covered from the Chronic Illness Benefit, there are certain criteria the member needs to meet. This ensures that members receive sustainable funding for cost-effective treatment.

You need to apply for each chronic condition to be covered from the Chronic Illness Benefit. We will only pay for the medicine and treatment from the Chronic Illness Benefit if your condition and medicine is approved.

You may need to send us the results of the medical tests and investigations that confirm the diagnosis of the condition for which you are applying for cover. This will help us to identify that your condition qualifies for the chronic medicine. You can send the completed Chronic Illness Benefit application form:

- By fax to: 011 539 7000
- By email to: CIB_APP_FORMS@discovery.co.za
- By post to: Discovery Health, CIB Department, PO Box 652919, Benmore, 2010.

Alternatively, your doctor can submit a Chronic Illness Benefit application through Health ID, provided that you have given your consent to do so.

As per the Scheme Rules, we do not cover experimental, unproven or unregistered treatments or practices.

You do not need to complete a new Chronic Illness Benefit application form when your treatment plan changes

You do not have to complete a new Chronic Illness Benefit application form when your treating doctor changes your medicine during the management of your approved chronic condition. You can email the prescription for changes to your treatment plan for an approved chronic condition to CIB_APP_FORMS@discovery.co.za or fax it to 011 539 7000.

Alternatively, your doctor can submit changes to your treatment plan through Health ID, provided that you have given consent to do so.

Should you be diagnosed with a new chronic condition, a new Chronic Illness Benefit application would need to be completed.

We will let you know if we approve your application for cover on the Chronic Illness Benefit and what you must do next

We will inform you of our decision via your preferred method of communication as you have indicated on the application form or your doctor has indicated through Health ID.

Once your treatment is approved, you will immediately qualify for funding from the Chronic Illness Benefit. The medicine authorisation will remain in place until it expires, you stop claiming for the medicine or the membership is terminated.

What happens if I do not register for cover of the Chronic Illness Benefit

Should you elect not to register for the Chronic Illness Benefit, the medicine and ongoing management of the condition would be paid from your available day-to-day benefits or from your own pocket in accordance with your plan type.

Get your medicine from a healthcare provider who charges the Discovery Health Rate for Medicine

The Chronic Illness Benefit covers approved medicine listed on the medicine list (formulary) for the CDL conditions in full at a healthcare provider who we have an arrangement with. If you get your approved medicine at a pharmacy that charges more than the Discovery Health Rate for Medicine, you will be responsible for the co-payment.

Get your medicine from a healthcare provider who we have a payment arrangement with

On certain plans, members need to get their approved chronic medicine from any of the pharmacies that we have negotiated a payment arrangement with for chronic medicine. If you choose to get your approved medicine from a healthcare provider who we
don't have an arrangement with, you will be responsible for the co-payment. Visit www.discovery.co.za or click on Find a provider on the Discovery app to search for doctors and other healthcare providers like hospitals and pharmacies that we have a payment arrangement with.

MedXpress and MedXpress Network Pharmacies are the DSPs for chronic medicine on certain plans

- If you are on a Delta, Priority, Saver or Core plan, you need to use a MedXpress Network Pharmacy to get your approved chronic medicine to avoid a 20% non-DSP co-payment. Visit www.discovery.co.za or click on Find a provider on the Discovery app to search for a MedXpress Network Pharmacy closest to you. If you do not have access to a MedXpress Network Pharmacy, you can also use the MedXpress delivery service for nationwide delivery of chronic medicine.

- If you are on a Smart plan you can choose to use MedXpress to get your medicine or you can collect your medicine from your nominated Clicks or Dis-Chem pharmacy network. MedXpress Network Pharmacies do not apply for Smart Series members.

For more information about MedXpress, please visit www.discovery.co.za

Use a GP, specialist or other healthcare provider who we have a payment arrangement with

If you choose not to use a doctor, specialist or other healthcare provider who we have a payment arrangement with, we may only pay 80% of the Discovery Health Rate on your claims. You will then need to pay the balance yourself.

Visit www.discovery.co.za or click on Find a provider on the Discovery app to search for doctors and other healthcare providers like hospitals and pharmacies that we have a payment arrangement with.
## Benefits available for your plan type

### EXECUTIVE PLAN

#### Medicine for approved Chronic Disease List conditions

The Chronic Illness Benefit covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit Chronic Disease List conditions in full up to the Discovery Health Rate for Medicine. This applies if you get your approved medicine at a pharmacy, or dispensing GP, who we have a payment arrangement with.

We cover approved medicine not on the medicine list (formulary) up to a monthly Chronic Drug Amount that has been allocated for that medicine class. You will be responsible to pay any shortfall yourself. We cover approved medicine on the exclusive list of medicine as described below in full.

#### Tests to diagnose your approved Chronic Disease List condition

We pay diagnostic tests like blood tests, scans and x-rays listed in the treatment baskets from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit. Alternatively, we will pay the claim from the available funds in your day-to-day benefits.

We will pay these claims only if we have approved the condition. We pay listed blood tests, scans and x-rays up to a maximum of 100% of the Discovery Health Rate.

#### GP and specialist consultations related to your approved Chronic Disease List condition

We pay four GP consultations a year related to your approved condition up to the agreed rate at a GP who we have a payment arrangement with. We pay up to a maximum of 80% of the Discovery Health Rate for consultations with a GP who we do not have a payment arrangement with. You must pay any difference between what is charged and what we pay.

Depending on your condition, we pay for a specific number of consultations with a specialist, as listed in the treatment baskets. We will pay the consultation at a specialist who we have a payment arrangement with up to the agreed rate. We pay up to a maximum of 80% of the Discovery Health Rate for consultations with a specialist who we do not have a payment arrangement with. You must pay any difference between what is charged and what we pay.

#### Additional chronic conditions covered on the Executive Plan

You have access to cover for medicine for additional chronic conditions listed on the Additional Disease List.

#### Tests and consultations to diagnose your approved Additional Disease List condition

We pay diagnostic tests like blood tests, scans, x-rays and consultations from available funds in your Medical Savings Account and Above Threshold Benefit. We pay these claims up to a maximum of 100% of the Discovery Health Rate.

#### You have access to an exclusive list of medicines we cover in full

You also have access to an exclusive defined list of medicines that we pay in full up to the Discovery Health Rate for Medicine if we have approved funding from the Chronic Illness Benefit.
<table>
<thead>
<tr>
<th>Medicine name</th>
<th>Medicine Strength/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilocor</td>
<td>5mg; 10mg</td>
</tr>
<tr>
<td>Co-migroben</td>
<td>80/12.5mg; 160/12.5mg; 160/25mg</td>
</tr>
<tr>
<td>Co-pritor</td>
<td>80/12.5mg</td>
</tr>
<tr>
<td>Co-tareg</td>
<td>80/12.5mg; 160/12.5mg; 160/25mg</td>
</tr>
<tr>
<td>Co-zomevek</td>
<td>80/12.5mg; 160/12.5mg; 160/25mg</td>
</tr>
<tr>
<td>Ecotrin</td>
<td>81mg</td>
</tr>
<tr>
<td>Glucophage</td>
<td>500mg; 850mg; 1000mg</td>
</tr>
<tr>
<td>Glucophage XR</td>
<td>500mg</td>
</tr>
<tr>
<td>Levemir</td>
<td>flexpen 100u/1mL</td>
</tr>
<tr>
<td>Lilly-fluoxetine</td>
<td>20mg</td>
</tr>
<tr>
<td>Prexum</td>
<td>4mg</td>
</tr>
<tr>
<td>Pritor</td>
<td>40mg; 80mg</td>
</tr>
<tr>
<td>Relvar ellipta</td>
<td>92/22ug; 184/22ug</td>
</tr>
<tr>
<td>Rosvator</td>
<td>5mg; 10mg; 20mg; 40mg</td>
</tr>
<tr>
<td>Storwin</td>
<td>10mg; 20mg; 40mg</td>
</tr>
<tr>
<td>Symbicord 120 dose</td>
<td>80/4.5mcg</td>
</tr>
<tr>
<td>Tareg</td>
<td>80mg; 160mg</td>
</tr>
<tr>
<td>Venlafaxine adco</td>
<td>37.5mg; 75mg; 150mg</td>
</tr>
<tr>
<td>Venlor XR</td>
<td>37.5mg; 75mg; 150mg</td>
</tr>
<tr>
<td>Vusor</td>
<td>5mg; 10mg; 20mg; 40mg</td>
</tr>
<tr>
<td>Zuvamor</td>
<td>10mg; 20mg; 40mg</td>
</tr>
</tbody>
</table>

**Medicine for approved Additional Disease List conditions**

There is no medicine list (formulary) for the Additional Disease List conditions. We pay approved medicine for these conditions up to the monthly Chronic Drug Amount for that medicine class. We pay approved medicine on the exclusive list of medicine as described above.
COMPREHENSIVE SERIES

Medicine for approved Chronic Disease List conditions

The Chronic Illness Benefit covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit Chronic Disease List conditions in full up to the Discovery Health Rate for Medicine. This applies if you get your approved medicine at a pharmacy or dispensing GP who we have a payment arrangement with. We cover approved medicine not on the medicine list up to a monthly Chronic Drug Amount that has been allocated for that medicine class. You will be responsible to pay any shortfall yourself.

Tests to diagnose your approved Chronic Disease List condition

We pay diagnostic tests like blood tests, scans and x-rays listed in the treatment baskets from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit. Alternatively, we will pay the claim from the available funds in your day-to-day benefits. If you are on the Classic Comprehensive Zero MSA Plan, you have cover from your Above Threshold Benefit once you reach your Annual Threshold.

We will pay these claims only if we have approved the condition. We pay listed blood tests, scans and x-rays up to a maximum of 100% of the Discovery Health Rate.

GP and specialist consultations related to your approved Chronic Disease List condition

We pay four GP consultations a year related to your approved condition up to the agreed rate at a GP who we have a payment arrangement with. We pay up to a maximum of 80% of the Discovery Health Rate for consultations with a GP who we do not have a payment arrangement with. You must pay any difference between what is charged and what we pay.

Depending on your condition, we pay for a specific number of consultations with a specialist, as listed in the treatment baskets. We will pay the consultation at a specialist who we have a payment arrangement with up to the agreed rate. We pay up to a maximum of 80% of the Discovery Health Rate for consultations with a specialist who we do not have a payment arrangement with. You must pay any difference between what is charged and what we pay.

Additional chronic conditions covered on the Comprehensive Series

You have access to cover for medicine for additional chronic conditions listed on the Additional Disease List.

Medicine for approved Additional Disease List conditions

There is no medicine list (formulary) for the Additional Disease List conditions. We pay approved medicine for these conditions up to the monthly Chronic Drug Amount for that medicine class.

Tests and consultations to diagnose your approved Additional Disease List condition

We pay diagnostic tests like blood tests, scans, x-rays and consultations from available funds in your Medical Savings Account and Above Threshold Benefit. If you are on the Classic Zero MSA Plan, you have cover from your Above Threshold Benefit once you reach your Annual Threshold.

We pay these claims up to a maximum of 100% of the Discovery Health Rate.

MedXpress Network Pharmacies are the DSPs for chronic medicine for Delta plans

If you are on a Delta plan, you need to get your approved chronic medicine from a MedXpress Network Pharmacy to avoid a 20% non-DSP co-payment. If you do not have access to a MedXpress Network Pharmacy, you can also use the MedXpress delivery service for nationwide delivery of chronic medicine.

Visit www.discovery.co.za or click on Find a provider on the Discovery app to find a MedXpress Network Pharmacy near you.
**Medicine for approved Chronic Disease List conditions**

The Chronic Illness Benefit covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit Chronic Disease List conditions in full up to the Discovery Health Rate for Medicine. This applies if you get your approved medicine at a pharmacy or dispensing GP who we have a payment arrangement with.

We cover approved medicine not on the medicine list up to a monthly Chronic Drug Amount that has been allocated for that medicine class. You will be responsible to pay any shortfall yourself.

**Tests to diagnose your approved Chronic Disease List condition**

We pay diagnostic tests like blood tests, scans and x-rays listed in the treatment baskets from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit. Alternatively, we will pay the claim from the available funds in your day-to-day benefits.

We will pay these claims only if we have approved the condition. We pay listed blood tests, scans and x-rays up to a maximum of 100% of the Discovery Health Rate.

**GP and specialist consultations related to your approved Chronic Disease List condition**

We pay four GP consultations a year related to your approved condition up to the agreed rate at a GP who we have a payment arrangement with. We pay up to a maximum of 80% of the Discovery Health Rate for consultations with a GP who we do not have a payment arrangement with. You must pay any difference between what is charged and what we pay.

Depending on your condition, we pay for a specific number of consultations with a specialist, as listed in the treatment baskets. We will pay the consultation at a specialist who we have a payment arrangement with up to the agreed rate. We pay up to a maximum of 80% of the Discovery Health Rate for consultations with a specialist who we do not have a payment arrangement with. You must pay any difference between what is charged and what we pay.

**MedXpress Network Pharmacies are the DSPs for chronic medicine**

You need to get your approved chronic medicine from a MedXpress Network Pharmacy to avoid a 20% non-DSP co-payment. If you do not have access to a MedXpress Network Pharmacy, you can also use the MedXpress delivery service for nationwide delivery of chronic medicine.

Visit [www.discovery.co.za](http://www.discovery.co.za) or click on Find a provider on the Discovery app to find a MedXpress Network Pharmacy near you.
SAVER SERIES

Medicine for approved Chronic Disease List conditions

The Chronic Illness Benefit covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit Chronic Disease List conditions in full up to the Discovery Health Rate for Medicine. This applies if you get your approved medicine at a pharmacy or dispensing GP who we have an arrangement with. We cover approved medicine not on the medicine list (formulary) up to a monthly Chronic Drug Amount that has been allocated for that medicine class. You will be responsible to pay any shortfall yourself.

Tests to diagnose your approved Chronic Disease List condition

We pay diagnostic tests like blood tests, scans and x-rays listed in the treatment baskets from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit. Alternatively, we will pay the claim from the available funds in your day-to-day benefits. We will pay these claims only if we have approved the condition. We pay listed blood tests, scans and x-rays up to a maximum of 100% of the Discovery Health Rate.

GP and specialist consultations related to your approved Chronic Disease List condition

We pay four GP consultations a year related to your approved condition up to the agreed rate at a GP who we have a payment arrangement with. We pay up to a maximum of 80% of the Discovery Health Rate for consultations with a GP who we do not have a payment arrangement with. You must pay any difference between what is charged and what we pay.

Depending on your condition, we pay for a specific number of consultations with a specialist, as listed in the treatment baskets. We will pay the consultation at a specialist who we have a payment arrangement with up to the agreed rate. We pay up to a maximum of 80% of the Discovery Health Rate for consultations with a specialist who we do not have a payment arrangement with. You must pay any difference between what is charged and what we pay.

MedXpress Network Pharmacies are the DSPs for chronic medicine

You need to get your approved chronic medicine from a MedXpress Network Pharmacy to avoid a 20% non-DSP co-payment. If you do not have access to a MedXpress Network Pharmacy, you can also use the MedXpress delivery service for nationwide delivery of chronic medicine.

Visit www.discovery.co.za or click on Find a provider on the Discovery app to find a MedXpress Network Pharmacy near you.
## SMART SERIES

### Medicine for approved Chronic Disease List conditions

The Chronic Illness Benefit covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit Chronic Disease list conditions in full up to the Discovery Health Rate for Medicine. This applies if you get your approved medicine at your nominated pharmacy network (Dis-Chem or Clicks) or through MedXpress. MedXpress Network Pharmacies do not apply for Smart Series members.

### Tests to diagnose your approved Chronic Disease List condition

We pay diagnostic tests like blood tests, scans and x-rays listed in the treatment baskets from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit. We will pay these claims only if we have approved the condition. We pay listed blood tests, scans and x-rays up to the agreed rate.

### GP and specialist consultations related to your approved Chronic Disease List condition

We pay four GP consultations a year that are related to your approved condition at a GP in the Smart Network. If you use any other GP, we will pay up to 80% of the Discovery Health Rate. You must pay any difference between what is charged and what we pay.

Depending on your condition, we pay for a specific number of consultations with a specialist in the Specialist Network. If you use any other specialist, we will pay up to 80% of the Discovery Health Rate. You must pay any difference between what is charged and what we pay.

### Pharmacy network for Smart Series members

When you use MedXpress, Clicks or Dis-Chem, you will have full cover for your approved chronic medicine. If you choose not to use these DSPs, you must pay a 20% co-payment upfront yourself.
# CORE SERIES

## Medicine for approved Chronic Disease List conditions

The Chronic Illness Benefit covers approved medicine listed on the medicine list for the Prescribed Minimum Benefit Chronic Disease List conditions in full up to the Discovery Health Rate for Medicine. This applies if you get your approved medicine at a pharmacy or dispensing GP who we have a payment arrangement with.

We cover approved medicine not on the medicine list up to a monthly Chronic Drug Amount that has been allocated for that medicine class. You will be responsible to pay any shortfall yourself.

## Tests to diagnose your approved Chronic Disease List condition

We pay diagnostic tests like blood tests, scans and x-rays listed in the treatment baskets from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit.

We will pay these claims only if we have approved the condition. We pay listed blood tests, scans and x-rays up to the agreed rate.

## GP and specialist consultations related to your approved Chronic Disease List condition

We pay four GP consultations a year related to your approved condition up to the agreed rate at a GP who we have a payment arrangement with. If you use any other GP, we will pay up to a maximum of 80% of the Discovery Health Rate. You must pay any difference between what is charged and what we pay.

Depending on your condition, we pay for a specific number of consultations with a specialist, as listed in the treatment baskets. We will pay the consultation at a specialist who is a designated service provider up to the agreed rate. We pay up to a maximum of 80% of the Discovery Health Rate for consultations with a specialist who is not a designated service provider. You must pay any difference between what is charged and what we pay.

## MedXpress Network Pharmacies are the DSPs for chronic medicine

You need to get your approved chronic medicine from a MedXpress Network Pharmacy to avoid a 20% non-DSP co-payment. If you do not have access to a MedXpress Network Pharmacy, you can also use the MedXpress delivery service for nationwide delivery of chronic medicine.

Visit [www.discovery.co.za](http://www.discovery.co.za) or click on Find a provider on the Discovery app to find a MedXpress Network Pharmacy near you.
**KEYCARE SERIES**

**Medicine for approved Chronic Disease List conditions**

The Chronic Illness Benefit covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit. Chronic Disease List conditions in full up to the Discovery Health Rate for Medicine. This applies if you get your approved medicine at a provider in the network.

**Tests to diagnose your approved Chronic Disease List condition**

We pay diagnostic tests like blood tests, scans and x-rays listed in the treatment baskets from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit. We will pay these claims only if we have approved the condition. We pay listed blood tests, scans and x-rays up to the agreed rate.

**GP consultations related to your approved Chronic Disease List condition**

**KeyCare Plus plan**

We pay four GP consultations a year that are related to your approved condition at your chosen primary or secondary GP in the KeyCare GP Network. If you use any other GP, we will pay up to 80% of the Discovery Health Rate. You will need to pay the balance yourself.

**KeyCare Start plan**

We pay four GP consultations a year that are related to your approved condition at your chosen primary GP in the KeyCare Start Network. If you use any other GP, we will pay up to 80% of the Discovery Health Rate. You will need to pay the balance yourself.

**KeyCare Core plan**

We pay four GP consultations a year at a GP in the KeyCare GP Network. If you use any other GP, we will pay up to 80% of the Discovery Health Rate. You will need to pay the balance yourself.

**Specialist consultations related to your approved Chronic Disease List condition**

Depending on your condition, we pay for a specific number of consultations with a specialist who we have a payment arrangement with and who agrees to charge the KeyCare Specialist Network Rate. If you see any other specialist, we will pay up to 80% of the Discovery Health Rate. You will need to pay the balance yourself.

**DSP for chronic medicine**

**KeyCare Plus and KeyCare Core plans**

To avoid a 20% co-payment, members on the KeyCare Plus and KeyCare Core plans must get their approved chronic medicine from the network of KeyCare pharmacies and dispensing GPs. Visit [www.discovery.co.za](http://www.discovery.co.za) or click on Find a provider on the Discovery app to view a full list of the pharmacies that are in the network.

**KeyCare Start plan**

Members on the KeyCare Start plan must get their approved chronic medicine from a State facility.
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