

Product information 2022

For 2022, Discovery Health Medical Scheme is focusing on maintaining the long-term sustainability of the Scheme for its members, while giving you financial relief in the short term and maintaining and enhancing your Scheme benefits. You will also get access to new healthcare services for hospitalisation and managing your chronic illness in 2022.



Enhancements for 2022

Discovery Health
Medical Scheme
2022 benefits
and contributions
update



Our 2022 contribution increase strategy balances long-term sustainability and short-term affordability

OUR 2022 CONTRIBUTION INCREASE STRATEGY

Every year, medical schemes increase contributions by medical inflation to meet the expected costs of healthcare claims in the following year. Our 2022 contribution strategy balances long-term scheme sustainability and short-term member affordability.

2022 CONTRIBUTION INCREASE

WE WILL INCREASE THE CONTRIBUTIONS BY 7.9%, FROM 1 OCTOBER 2022

Our contributions will increase by 7.9% across all our health plans from 1 October 2022. Our 2022 contribution increase strategy makes sure that contributions remain on par with future medical inflation while giving you financial relief through a delayed increase.

UNDER 2% EFFECTIVE INCREASE IN CONTRIBUTIONS IN 2022

We can use our strong reserve position and the better than anticipated claims and investment experience to delay the 2022 contribution increase to make it more affordable for our members. By freezing contributions at 2021 rates for the first nine months of 2022, your contributions will effectively increase by under 2% based on December 2021 contribution rates annualised.



ENHANCEMENTS TO THE ASSISTED REPRODUCTIVE THERAPY BENEFIT

Discovery Health Medical Scheme introduced the Assisted Reproductive Therapy (ART) Benefit in 2021 to support families affected by infertility. This benefit is available to members on the Comprehensive and Executive plans and covers assisted reproductive technologies, such as in vitro fertilisation (IVF), intra-uterine insemination (IUI), and frozen embryo transfer (FET).

From January 2022, the Scheme will enhance the ART Benefit on the Executive and Comprehensive plans, to include funding for cryopreservation, embryo freezing and egg donated cycles.

Members on the Executive and Comprehensive plans who register for the ART Benefit will have access to the following enhancements:

- Cover for the freezing of embryos as part of an IVF cycle.
- Cover for egg donation cycles, including donor-match fees. Any other donor-related costs will remain for the member's account, unless the donor is also registered on the ART Benefit.
- Cover for egg donation cycles will also be available for members who are 43 to 50 years old.
- Qualifying members who are registered on our Oncology Programme, will have cover for cryopreservation and storage of eggs or sperm for up to 5 years.
- All benefit enhancements are subject to the overall ART Benefit limit of R115 000 per year and the treatment must follow SASREG guidelines. Members must pay up to 25% of the costs and any amounts charged in excess of the Discovery Health Rate.



ENHANCED PALLIATIVE CARE OFFERING

Currently, the Scheme provides separate cover for palliative and end-of-life care through the unlimited Advanced Illness Benefit (AIB) for members with cancer, and through the Compassionate Care Benefit for members with conditions that are not related to cancer, across all our health plans.

From January 2022, the Scheme will merge the Compassionate Care Benefit with the Advanced Illness Benefit to provide you with a single and holistic benefit for end-of-life and palliative care. The Advanced Illness Benefit will provide unlimited cover for palliative and end-of-life care if you have advanced illness, whether it is related to cancer or not.

Cover is subject to authorisation, approved treatment guidelines and managed care criteria.



ENHANCEMENTS TO THE ONCOLOGY BENEFIT

Discovery Health Medical Scheme members currently have access to clinically appropriate and cost-effective oncology treatment from the Oncology Benefit. In 2019 the Scheme introduced the Oncology Innovation Benefit on the Executive and Comprehensive plans which offers cover for a defined list of non-PMB novel and ultra-high cost cancer medicines, such as immunotherapy, biologics and targeted therapies.

In 2022, the Scheme will be extending the Innovation Benefit to the Classic Smart Comprehensive, Priority, Saver, Smart and Core plans for a sub-set of the cancers and precision oncology medicine currently covered by the Innovation Benefit.

Cover will be at 50% of the Discovery Health Rate, with a 50% co-payment payable by the member, and subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.



ENHANCED ALLIED THERAPEUTIC AND PSYCHOLOGY EXTENDER BENEFIT

To facilitate the ongoing management of severe and complex conditions by allied, therapeutic and psychology healthcare professionals the following enhancements will be made to the Allied, Therapeutic and Psychology Extender Benefit from 1 January 2022:

- Cover will be extended to include treatment for moderate to severe strokes and head injuries.
- The two-year cover period limit will be removed for the following conditions:
 - Hemiplegia
 - Paraplegia
 - Speech and swallowing disorders
 - Strokes and head injuries.



IMPROVEMENTS TO THE TRAUMA RECOVERY EXTENDER BENEFIT

The Trauma Recovery Extender Benefit covers you for specified conditions following a traumatic event. The benefit covers certain out-of-hospital costs related to your registered condition for the rest of the year in which the trauma occurred, as well as for the year after the event occurred.

From January 2022, the Scheme will update the Trauma Recovery Extender Benefit to enhance access to the benefit, and the cover provided by the benefit, to ensure that you and your immediate family get appropriate care:

- Enhance access to the Trauma Recovery Extender Benefit:
 - We will extend the benefit to all our health plans.
 - We will change the benefit entry criteria to include a high-acuity admission in a high-care facility or any number of days in ICU for the following events:
 - Crime-related injury
 - Near-drowning related injury
 - Poisoning
 - Severe anaphylactic reaction
 - External and internal head injuries
- Enhance the cover provided by the Trauma Recovery Extender Benefit:
 - We will add up to six counselling sessions per person per year by a psychologist, clinical social worker or registered counsellor for the year in which the trauma event occurred and the year after that.
 - The counseling sessions are available to all registered beneficiaries on the membership to make sure family members of the patient can get appropriate trauma counselling if needed.



BASIC DENTAL TRAUMA BENEFIT

Following basic dental trauma, dental appliances and prostheses and the placement of such appliances and prostheses are currently paid from a member's available day-to-day benefits subject to an annual benefit limit, depending on the chosen health plan.

In January 2022, the Scheme will introduce the Basic Dental Trauma Benefit to cover urgent dental care for the partial or complete loss of one or more teeth as a result of a sudden and unexpected impact injury.

- The Scheme will pay for approved dental appliances and dental prosthesis and placement for displaced teeth. This is if the treatment starts within 30 days of the injury or accident.
- This benefit will be available on all our health plans, except for the Essential Smart and KeyCare plans.
- Clinical entry criteria, treatment guidelines and protocols apply. This benefit is subject to approval and an annual benefit limit of R58 000 per person, following the accident or injury.



INTRODUCTION OF A DYSPEPSIA MANAGEMENT PROGRAMME

Currently, the Scheme applies a co-payment of between R3 650 and R6 250 to in-patient gastrointestinal scopes on all plans, except for KeyCare plans, which only cover endoscopic procedures as part of Prescribed Minimum Benefit (PMB) treatment. No co-payment applies to gastrointestinal scopes performed in the doctor's rooms, for children aged 12 years and younger or for confirmed PMB cases.

We will introduce a conservative care programme for out-of-hospital management of dyspepsia in 2022. This is to help identify and give appropriate treatment for dyspepsia (severe heartburn), and to give you options for full cover. You will get:

- Cover for additional tests and medicine to treat dyspepsia.
- Where a gastroscopy is referred and approved after completion of this conservative care programme, the scope will be covered up to 100% of the Discovery Health Rate with no co-payment or deductible.
- You must pay the out-of-network deductible if the scope is done outside of the Day-surgery Network.



INTRODUCTION OF A TONSILLITIS MANAGEMENT PROGRAMME

In 2022, you will have cover for a defined basket of care for the management and treatment of tonsillitis in children under the age of 16 years who are under the care of an ear, nose and throat (ENT) specialist.

The Tonsillitis Management Programme offers an additional and defined set of out-of-hospital benefits. This includes consultations with an ENT specialist, whether face to face, virtual or telephonic.

Cover is subject to approval and the Scheme's clinical entry criteria apply. For the Priority Plans, a deductible (the amount you have to pay upfront to the hospital) will not apply for tonsillectomies approved as part of this programme.



ANAESTHETIC PRE-OPERATIVE MANAGEMENT PROGRAMME

With the exception of PMB conditions, members currently fund their pre-operative assessments prior to admission, from available day-to-day benefits, according to their chosen health plan.

In 2022, to improve patient outcomes, the Scheme will introduce a pre-operative management programme for patients undergoing one of the following major surgeries: arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy and mastectomy.

We will cover appropriate out-of-hospital care to support the necessary pre-operative checks including:

- A nurse-led pre-operative assessment.
- Telephone, virtual or face-to-face consultations with the treating doctor, based on your clinical risk.
- Specified pathology, radiology and laboratory tests, where needed and directly related to the surgery and your co-morbidities.
- Your treating healthcare professional will determine your individual clinical needs

Clinical entry criteria, treatment guidelines and protocols apply.



NOMINATION OF A PRIMARY CARE DOCTOR TO MANAGE YOUR PRESCRIBED MINIMUM BENEFIT (PMB) CHRONIC CONDITIONS

Primary care doctors manage the day-to-day healthcare needs of our members. Your primary care doctor will establish your history, conduct screening and prevention tests, coordinate specialist referrals where necessary, and make recommendations to improve your health and wellness. This care and the coordination of care is particularly important for the effective management of complex health conditions.

If you have an established relationship with a single primary care doctor, it improves your long-term health outcomes if you are managing chronic conditions. This happens because you have an efficient and consistent access point to the healthcare system, enabling better management and coordination of care.

According to a recent World Health Organization report, patients who always saw the same doctor, had 13% fewer hospital admissions and 27% fewer visits to the emergency department. This shows that continuity and coordination of care will improve your quality of care if you have complex healthcare needs.

Based on the better expected health outcomes for members, all members registered for Prescribed Minimum Benefit chronic conditions, must nominate a primary care doctor for the management of their chronic illnesses in 2022.

The primary care doctor must be a GP participating in the Discovery Health GP Network, or a nominated GP network based on the member's chosen plan.

The process to nominate a GP will start on 1 January 2022, and you will have until 1 May 2022 to nominate your network GP before we start implementing any co-payments. You will receive comprehensive communication on the steps to follow to nominate or change a nominated GP.



CHANGES TO THE HIGH-COST CHRONIC MEDICINE ON THE SPECIALISED MEDICINE AND TECHNOLOGY BENEFIT, CHRONIC DRUG AMOUNTS AND FORMULARIES

From 1 January 2022, we will apply certain changes to the medicine list and update the Chronic Drug Amounts. We have been communicating about these changes with affected members. These members will have until the end of 2021 to change their treatment to avoid or reduce co-payments that may result from the changes.

If you are registered on the Chronic Illness Benefit, we will cover you in full for:

- Consultations with your nominated primary care doctor
- Healthcare services that your nominated primary care doctor refers you to for the management of your chronic illnesses.

If you are registered on the Chronic Illness Benefit and you choose not to nominate a primary care doctor, or you choose to use a GP other than your nominated GP, we will cover the consultation and referred healthcare services at up to 80% of the Discovery Health Rate.

KeyCare members must nominate their primary GP from the KeyCare GP Network and Smart Plan members must nominate a GP from the Smart GP Network.

You will not have a co-payment if you have an emergency or involuntary (if you do not have control to choose) use of a GP that is not on the appropriate network.

Members who are affected by this change will get comprehensive communication about this. This will include information about:

- 01 | The process to nominate your GP.
- 02 | Changes to your Chronic Illness Benefit after you have nominated your primary care GP.
- 03 | The process to change your nominated GP.



LIMITS, CO-PAYMENTS, DEDUCTIBLES AND THRESHOLDS

- Co-payments and deductibles will increase by 4.5%, in line with expected consumer price inflation.
- Thresholds for the Above Threshold Benefit on the Executive, Comprehensive and Priority plans will increase by 7.9% in line with medical inflation.
- Benefit limits will increase by 4.5% on 1 January 2022 in line with expected consumer price inflation. This is except for on the following, where we do not need an increase for 2022, based on the expected use of these benefits:
 - Oncology Threshold
 - Specialised Medicine and Technology Benefit
 - International Travel Benefit
 - Overseas Treatment Benefit
 - Optometry Benefit
 - Prescribed Medicine Benefit
 - Dentistry Benefit
 - Allied, Therapeutic and Psychology Benefit
 - External Medical Items, including hearing aids and the KeyCare mobility benefit
 - Certain surgical items

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Discovery Hospital at Home

The increased use of digital healthcare and the need to ease the burden on healthcare systems, have highlighted the patient's home as an important and relevant place for delivering healthcare.

In 2022, you will get access to Discovery Hospital at Home, which can deliver hospital-level care safely and effectively in your home for many medical and surgical conditions for which you would otherwise be admitted to hospital.



Discovery Hospital at Home

DELIVERING HOSPITAL-LEVEL CARE AT HOME ACROSS SOUTH AFRICA

We learned important lessons from successfully treating COVID-19 patients at home during the course of 2021. This gave us the capability and capacity to deliver hospital-level care in the homes of over 750 patients at any point in time across South Africa for many medical and surgical conditions.

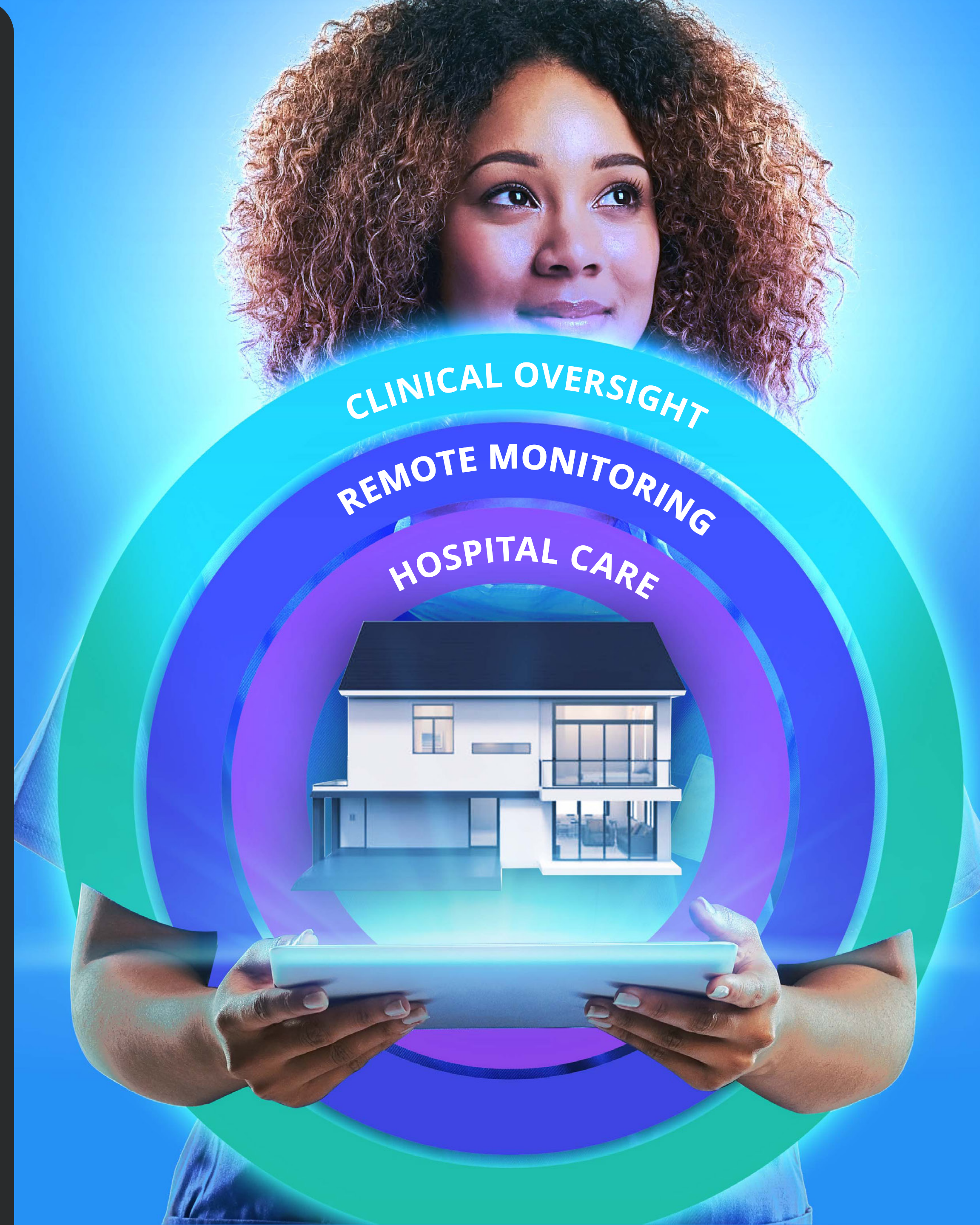
Discovery Hospital at Home is powered by integrated, cutting-edge technology. It is also supported by highly skilled clinical staff, clinical protocols and best clinical practices, and appropriate medical scheme benefits.

If you are admitted to Hospital at Home you have access to enhanced benefits and services, delivered through your personalised care team.

Together, these benefits and services give you a seamless healthcare experience, making you healthier, and enhancing and protecting lives.

We pay all services offered as part of Discovery's Hospital at Home programme from your Hospital Benefit, if you have a valid pre-authorisation for hospitalisation. This unlocks cover for approved devices and healthcare services for those who meet the clinical and benefit criteria.

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24/7 CLINICAL OVERSIGHT FROM A CARE TEAM

Physical and virtual 24-hour care delivery facilitated by a dedicated care team that includes doctors, nurses and allied healthcare professionals. Qualifying members get access to extra Hospital at Home services for a seamless home care delivery experience.

24/7 REAL-TIME REMOTE MONITORING SUPPORTED BY CUTTING-EDGE DIGITAL HEALTHCARE TECHNOLOGIES

Access to a remote monitoring device that automatically transmits information to a hospital-based care team, 24 hours a day, 7 days a week. Healthcare professionals continually assess your health status, monitor your medical stability, track treatment compliance and recommend interventions when necessary.

HOSPITAL-LEVEL DIAGNOSTICS AND INTERVENTIONS

Access to an improved range of clinical diagnostic procedures and interventions to manage medical or post-surgical hospital-level care in the home. It is supported by extra benefits paid by the Scheme to improve your experience.

Discovery digital patient communities

POWERED BY **myHealthTeams**

In 2022, to improve the support offered to Discovery Health Medical Scheme members living with diabetes and heart disease, and those affected by long-COVID, Discovery Health partnered with MyHealthTeams. MyHealthTeams is a global leader in delivering highly effective digital patient communities. They do this to give people access to a digital community of patients living with the same illness to help them manage their condition.

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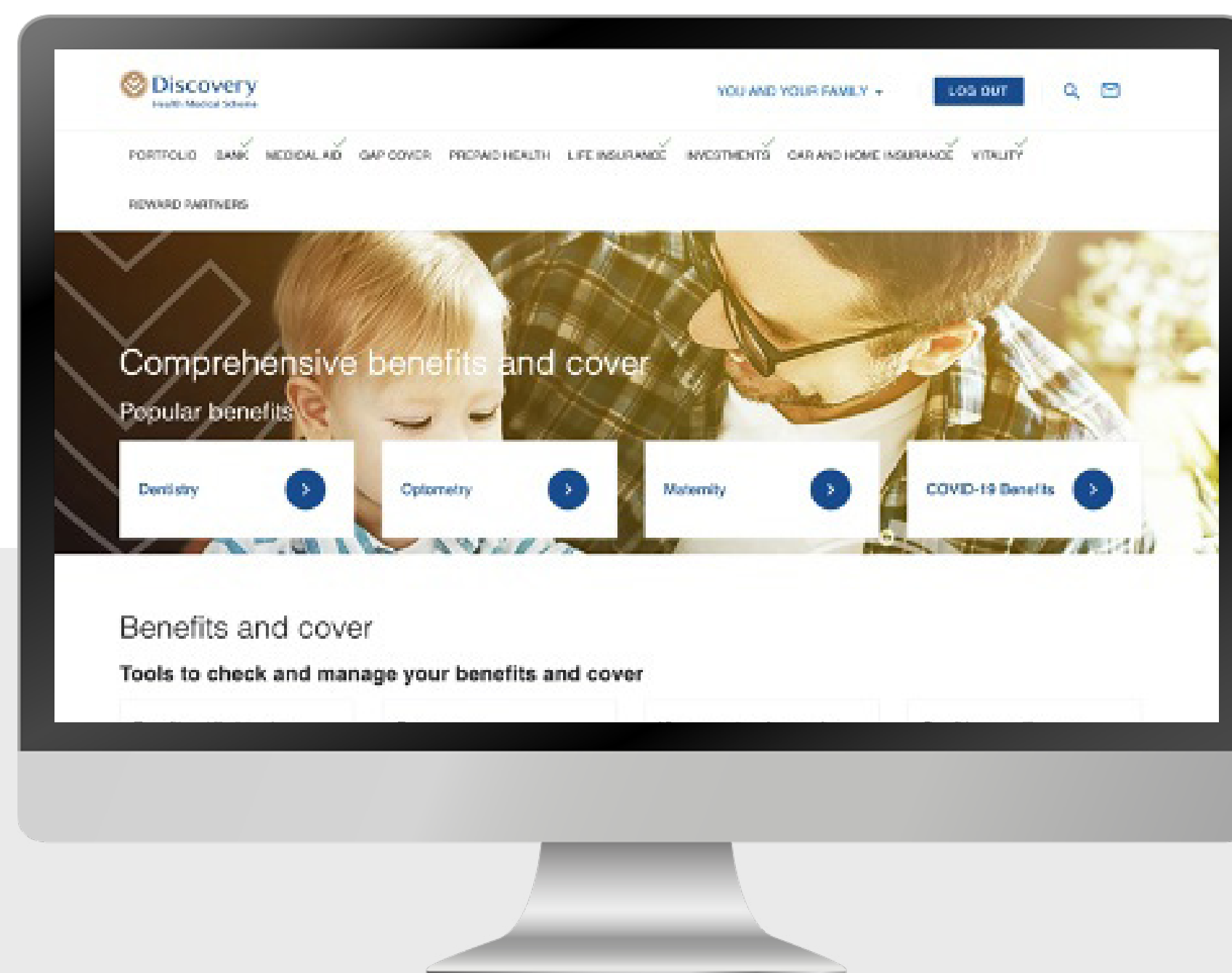
Introducing Discovery's digital patient community platform

Almost 500 000 of Discovery Health Medical Scheme members are now living with either diabetes or a heart disease, and at least 22% of them are diagnosed with both diabetes and heart disease. Diabetes is still one of the chronic illnesses with the greatest increase in prevalence. Over the past five years, there has been a 43% increase in the number of members who have registered for diabetes treatment.

From 1 January, Discovery Health can now give Discovery Health Medical Scheme members living with diabetes and heart disease access to world-leading and highly effective digital patient communities.

You will also see the development of a brand new patient community to support members living with long COVID. We have seen the emergence of long-COVID trends, with one in every ten people who contract COVID-19 experiencing symptoms for longer than three weeks after an acute phase of illness. While long COVID is not yet fully understood, people across the world who are experiencing long-COVID symptoms have reported that they are struggling to manage their symptoms while feeling stigmatised and unsupported. The long-COVID patient community will give much needed support to these patients when it becomes available from 1 February 2022.

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SOCIAL NETWORKS FOR MEMBERS LIVING WITH DIABETES, HEART DISEASE AND LONG COVID



IN-HOUSE TEAM OF LOCAL AND INTERNATIONAL MEDICAL EXPERTS



FULL-TIME COMMUNITY MODERATORS



ACCURATE AND RELEVANT CLINICAL CONTENT AND RESOURCES SPECIFIC TO EACH ILLNESS



REGULAR BLOGS AND LIVE Q&A SESSIONS WITH A PANEL OF LOCAL AND INTERNATIONAL MEDICAL EXPERTS

Download the Discovery app

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