

DISCOVERER

KEYCARE START REGIONAL

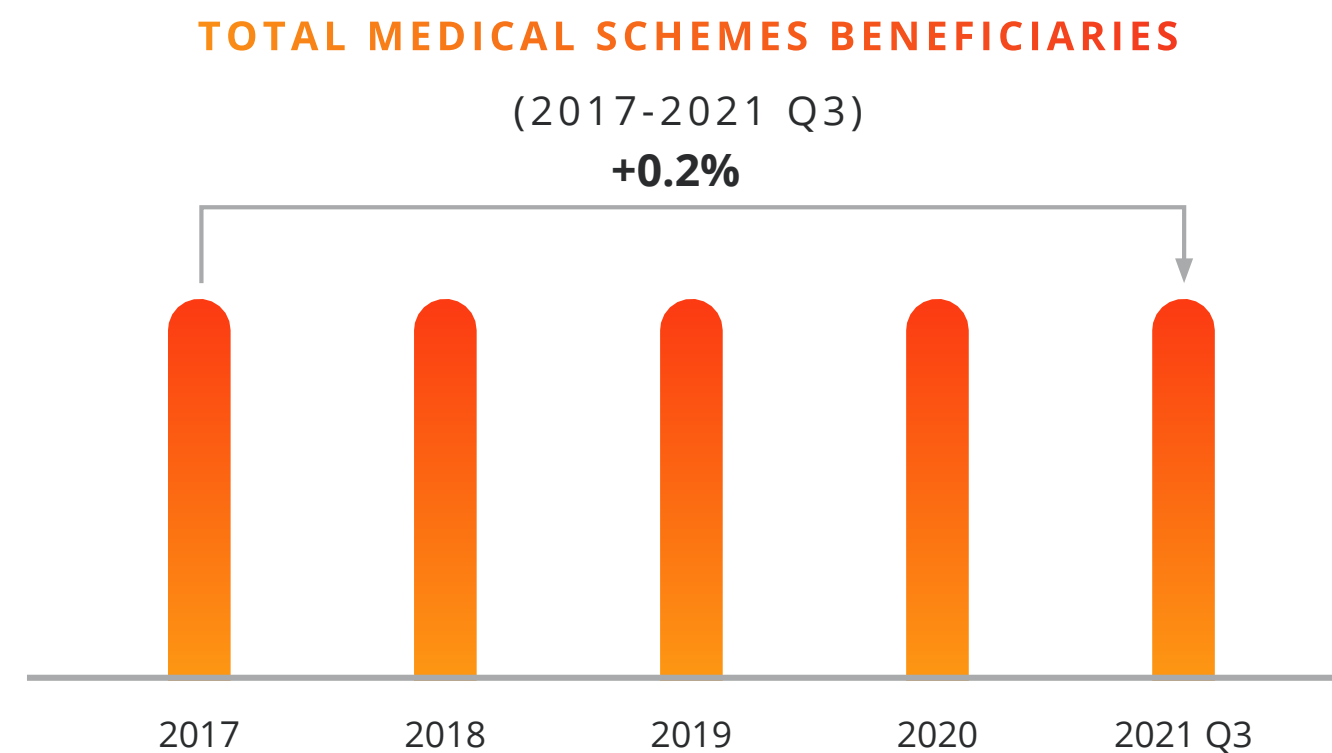


The COVID-19 pandemic has highlighted the need for access to affordable, quality healthcare

Despite the economic impact of COVID-19, membership of medical schemes remain an important means to fund access to healthcare. Medical schemes must actively manage the affordability of membership in order to maintain this access for their existing members, and extend access to new members.

AFFORDABILITY MUST REMAIN A PRIORITY FOR MEDICAL SCHEMES

Growth in open medical schemes were at low levels prior to the COVID-19 pandemic. Between 2017 and 2019, medical schemes grew by approximately 0.2%, with affordability of contributions cited as a contributing factor to this trend. The COVID-19 pandemic had a significant impact on the South African economy, and medical schemes expected membership losses as a result of the pandemic. Conversely, though, members have prioritised and maintained their membership during the pandemic, which highlighted the value that members attach to their medical scheme membership, despite affordability constraints.



Although the majority of existing medical scheme members have prioritised their membership during the pandemic, there are members looking for more affordable alternatives given the economic pressures brought about by the pandemic. For members with lower levels of income the absence of more affordable alternatives unfortunately leads to withdrawal from medical schemes, and remains a barrier to entry for uninsured lives with lower levels of income.

COORDINATION OF CARE AS A TOOL TO ADDRESS AFFORDABILITY CONSTRAINTS

Coordination of care can have a significant impact on both the cost and quality of healthcare. By organising the care activities for a patient, and sharing relevant information regarding the care with all participants concerned with the patient's care, care can be delivered efficiently with better health outcomes.

This prevents disjointed care and ensures that the care that members receive throughout the healthcare system is consistent. It also provides clear guidance to the most appropriate healthcare setting and providers and improves the liaison process between the primary care provider and the specialist. This is crucial in providing specialists with adequate information on any diagnostic tests that have already been done and ensures that primary care physicians stay informed on any additional outcomes in order to appropriately adjust ongoing treatment plans.

The efficiencies created through care coordination as result of efficient guidance through the healthcare system, and the limitation of unnecessary duplication of care, results in lower claims cost and the ability to deliver more affordable care.



The Health Market Inquiry (HMI) has recommended coordination of care at a regional level in its final findings and recommendations report. According to the HMI findings and recommendations, regionally based medical schemes have the potential to introduce innovative healthcare measures in the market, offering standardised benefit options based on alternative reimbursement contracts with local providers to address the region's unique demographic and risk profiles.

Medical schemes face a complex dynamic to improve affordability

Medical schemes must set members contributions to match the expected claims from members. In order to address affordability, schemes would therefore have to reduce the expected claims. Traditionally, this would be done by restricting benefits or healthcare access, but this has implications for the quality of healthcare that the scheme funds. Discovery Health Medical Scheme takes a different approach - by improving the quality of care, downstream healthcare claims are reduced, which leads to lower contributions.

$$\text{Price} = f(\text{Benefits}, \text{Access}, \text{Quality})$$

TRADITIONAL PRICING APPROACH IGNORES QUALITY

To reduce expected claims, a medical scheme can reduce a member's benefits.

To reduce expected claims, a medical scheme can restrict a member's choice of healthcare providers.

The traditional approach can have a negative impact on the quality of healthcare, since members may not be able to access care as a result of limited benefits or a restriction on providers.

WHOLE OF PATIENT HEALTHCARE

Including the right set of benefits that enables holistic healthcare to manage all aspects of health and wellness and focuses on the overall needs of the patient.

INTEGRATED REGIONAL CARE COORDINATION

Integrated care coordination extends the criteria of access beyond just contracted providers in the vicinity of the member, but also ensuring that the care they deliver are coordinated and accessible to the member. This ensures access to the required level of care, with the right experts at the right time with all the information required to effectively diagnose and/or treat the patient effectively and efficiently.

OUTCOME-BASED CONTRACTING

Shifting away from a fee-for-service payment model to a structure that incentivises improvement in patient outcomes and holistic patient healthcare. This aligns incentives for the healthcare provider with improving the outcomes of the patient, with regular monitoring of patient care. This ensures quality of healthcare for members while keeping the cost down.

DISCOVERY HEALTH MEDICAL SCHEME PRICING APPROACH CONSIDERS QUALITY

The Discovery Health Medical Scheme, Mediclinic and Intercare have partnered to deliver regional, coordinated healthcare

Mediclinic and Intercare have partnered with the Discovery Health Medical Scheme to create regional healthcare systems that enables members to access high quality, co-ordinated healthcare.

THE DISCOVERY HEALTH MEDICAL SCHEME, INTERCARE AND MEDICLINIC HAVE A COMMON AMBITION TO EXTEND ACCESS TO HIGH QUALITY HEALTHCARE TO MORE SOUTH AFRICANS.



Discovery Health Medical Scheme is the largest open medical scheme in South Africa, with a market share of 57.5% of the open medical scheme industry, and covers 2.8m beneficiaries.

With a purpose to care for the health and wellness of members, Discovery Health Medical Scheme has a vision to lead healthcare innovation and create value to shape an inclusive healthcare system in South Africa. This commitment is driven by engaging the brightest minds and innovative solutions to provide access to affordable, equitable and quality, value-based healthcare that meets its members needs now and sustainably into the future.



Mediclinic Southern Africa operates a range of multidisciplinary acute care private hospitals in South Africa and Namibia, through 58 hospitals and day-clinics, and focuses on providing value to patients through safe, quality care in a patient friendly environment.

With a vision centred around providing quality care to more South Africans, as the partner of choice that people trust for their healthcare.



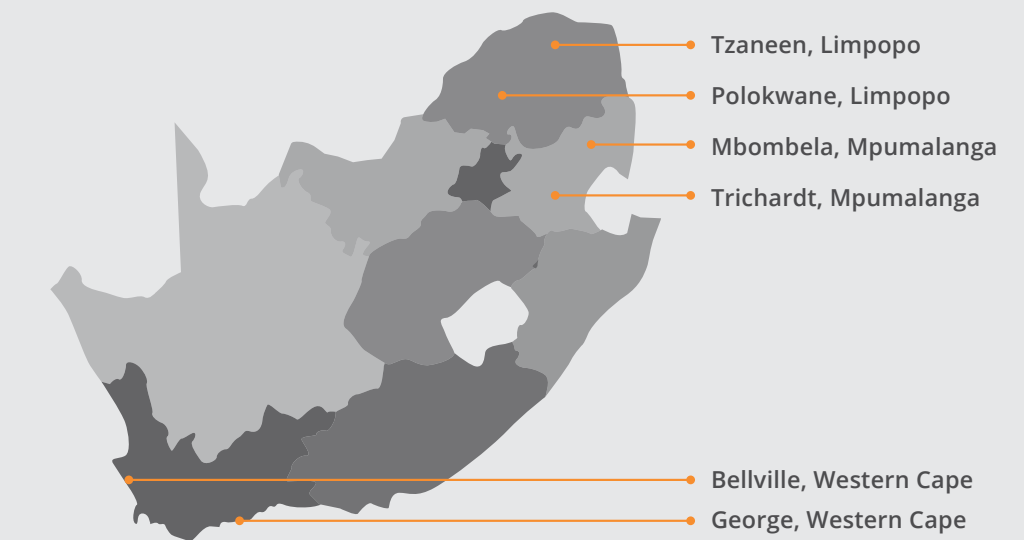
Intercare was founded in 2002 and facilitates more than 1 million care episodes per year through its national network of primary care facilities, sub-acute and rehabilitation hospitals and same-day surgical centers. Through the seamless integration of its digital health services with this extensive network of conveniently located physical facilities, Intercare is able to broaden access to quality, cost-effective care and a great patient experience.

The patient-centred organisation structures its services around the health status and needs of a patient and not merely the traditional levels of care. Intercare offers patients accessibility and convenience through the location of their facilities, extended operating hours, high-quality clinical care, and reduced costs amid an escalating disease burden.

KeyCare Start Regional introduces a unique, affordable healthcare offering

The partnership with Mediclinic and Intercare creates a unique, advanced healthcare ecosystem in six locations, and allows Discovery Health Medical Scheme to fund access to high quality coordinated healthcare in this ecosystem for members of KeyCare Start Regional at one of the most affordable rates in the medical scheme industry.

KEYCARE START REGIONAL IS AVAILABLE IN SIX LOCATIONS



This first-of-its-kind partnership in South Africa creates a unique system to align the interest of the medical scheme, healthcare providers and members towards a common goal: ensuring the highest standard of care for members, maximising healthcare outcomes through efficient, accessible networks.

From R930 per month, the new Keycare Start Regional plan offers members

CASHLESS BENEFIT DESIGN



Full cover for contracted network providers minimise co-payments when accessing benefits through the KeyCare Start Regional network.



GUIDED HEALTHCARE JOURNEYS



A single, simplified access point to primary healthcare supports members by guiding them to the most appropriate healthcare setting and contracted providers.



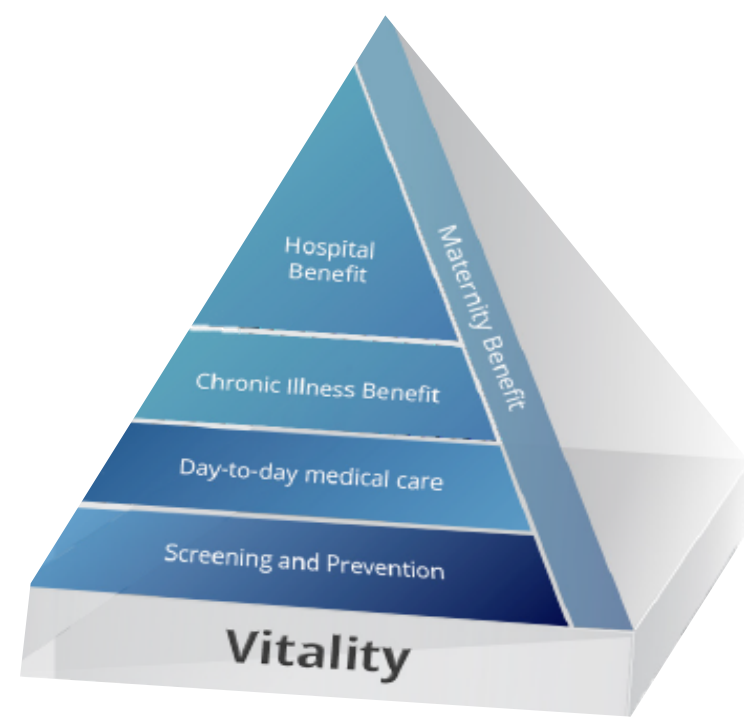
HIGHEST QUALITY OF CARE



Providers in the KeyCare Start Regional networks are contracted to deliver the highest quality of care for members across the care continuum, from primary healthcare to tertiary level of care.

KeyCare Start Regional Plan

Unlimited in-hospital cover with extensive day-to-day benefits through an integrated, regional healthcare delivery system.



From R930

CONTRIBUTIONS

Income band	Main member	Adult	Child*
13 801+	R2 190	R2 190	R670
9 151 – 13 800	R1 405	R1 405	R620
0 – 9 150	R930	R930	R560

* We count a maximum of three children when we calculate your monthly contributions. For any additional children, cover is free.

MAJOR MEDICAL BENEFITS



COVER FOR EMERGENCIES
Cover for emergencies in any private hospital.



UNLIMITED COVER FOR PLANNED ADMISSIONS
Unlimited hospital cover in the chosen KeyCare Start Regional network hospital



FULL COVER IN HOSPITAL FOR SPECIALISTS
Guaranteed full cover in hospital for specialists on the KeyCare Start Regional network, and up to 100% of the Discovery Health Rate (DHR) for other healthcare professionals



EXTENSIVE MATERNITY COVER
Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood



ONCOLOGY COVER
Oncology treatment covered in a state facility



CHRONIC ILLNESS BENEFIT
Essential cover for chronic medicine on the KeyCare medicine list for all Chronic Disease List conditions at the chosen KeyCare Start Regional network GP



SCREENING AND PREVENTION
Screening and prevention benefits that cover vital tests to detect early warning signs of serious illness.

DAY-TO-DAY BENEFITS



GP CONSULTATIONS AND DAY-TO-DAY BENEFITS
Unlimited virtual and face-to-face GP consultations, blood tests, X-rays or medicine if referred by the KeyCare Online Practice or chosen KeyCare Start Regional network GP



SPECIALIST CONSULTATIONS
Up to 2 specialist visits, if referred by the KeyCare Online Practice or chosen KeyCare Start Regional network GP



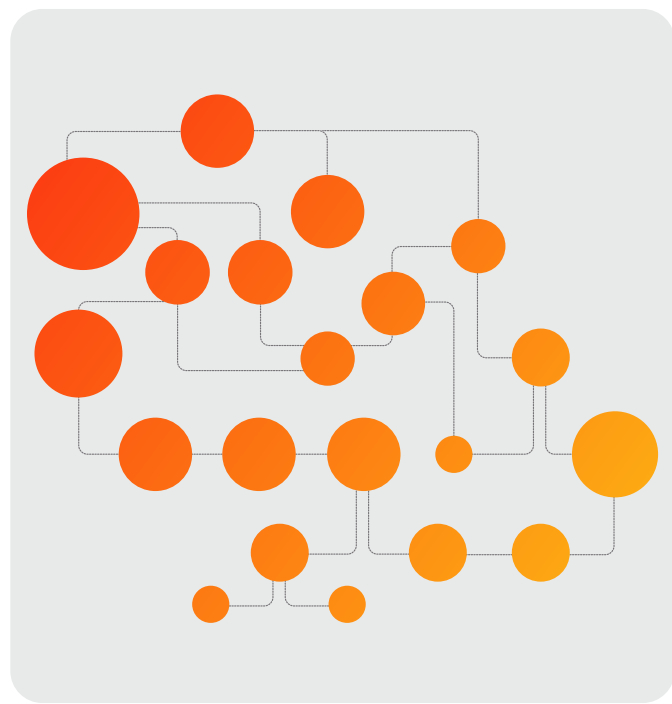
EYE CARE
Cover for an eye test and glasses at a KeyCare network optometrist



DENTISTRY
Cover for consultations, fillings and tooth removals at a dentist in the KeyCare dentist network

Integrated healthcare journey

The integrated, regional healthcare ecosystem created in partnership with Mediclinic and Intercare ensures that members are guided to the most appropriate healthcare provider and setting to receive the best possible care and full cover.



GUIDING THE MEMBER TO THE MOST APPROPRIATE HEALTHCARE PROVIDER

Prior to a consultation, the member completes a symptom checker and is guided to the most appropriate healthcare setting and provider. The symptom checker can be completed through the KeyCare Online Practice.



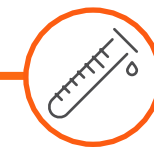
TREATMENT PRESCRIBED OR REFERRAL FOR A CONSULTATION

The healthcare practitioner assesses symptoms and prescribes medication and treatment as necessary, or refers the member for a virtual or face-to-face consultation.



ADDITIONAL TESTS IF REQUIRED

If required the chosen KeyCare Start Regional GP will refer the member for additional tests such as X-rays or blood tests.



SPECIALIST CONSULTATION OR HOSPITAL ADMISSION IF REQUIRED

The chosen network GP will also arrange for the member to see a specialist or be admitted to a KeyCare Start Regional hospital if necessary.



In the case of emergency there is no need to go through the triage process and emergency care can be accessed immediately.

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