

FREQUENTLY ASKED QUESTIONS

DISCOVERY HEALTH MEDICAL SCHEME
KEYCARE START REGIONAL PLAN
2022





Technical questions relating to the KeyCare Start Regional Plan

Why were the specific regions chosen?

Discovery is committed to providing value to members. Using the HMI recommendations regarding the creation of supplementary regional healthcare options, Discovery and its integrated care partners were able to create a healthcare offering that is customised for specific regions according to population size, disease burden and ability to provide a quality healthcare solution at the most affordable price. The regions were therefore selected based on the population need, our partners' existing footprint and the ability to provide coordinated healthcare services with Intercare and Mediclinic.

Are there plans to extend the access of the network on the plan to other regions?

Yes, ultimately the intention is to extend the integrated care model to other regions in partnership with Mediclinic and Intercare.

Why have Mediclinic and Intercare been selected as the partners?

Coordination of care on a regional basis enables the KeyCare Start Regional plan to be introduced at a reduced price point. Mediclinic and Intercare have created an integrated regional healthcare delivery system that enables coordination of care. This allows the same level of benefits, at an improved level of quality with the same range of healthcare access, to be offered at a lower price point.

Why are all regions with Intercare and Mediclinic facilities not included in the plan?

The HMI's recommendation was to develop regional based options to address the region's unique demographic and risk profiles. Some of the other regions with Intercare and Mediclinic facilities are not ideal environments for coordination of care on a regional basis, as it does not have a unique demographic and risk profile. The intention is, however, to expand the current list of regions in which KeyCare Start Regional is offered.

Are members covered for hospital admissions outside of their specific region?

Members have to choose a KeyCare Start Regional network in their region. Members are covered for planned hospital admissions in their chosen KeyCare Start Regional network hospital only, subject to pre-authorisation. Any admissions outside of the member's chosen regional network hospital will not be covered. Emergency admissions will be covered at any private hospital until it is safe for the member to be transferred to the chosen regional network hospital, where required.

Are members covered for day-to-day healthcare outside of their specific region?

When joining, members must choose a GP from the KeyCare Start Regional GP Network. Members must access the KeyCare Online Practice and based on the medical questionnaire will be referred to the most appropriate healthcare provider and setting. Where a member is referred for a face-to-face consultation with a GP, the member must go to their chosen network GP for cover for their consultations and treatment. Members have access to 2 out-of-network GP visits per annum at any GP in the KeyCare Start GP Network. Other day-to-day healthcare services are subject to the referral from the KeyCare Online Practice and your chosen KeyCare Start Regional GP and the use of KeyCare Start Regional network providers in the different regions, where applicable.

Are members covered for Prescribed Minimum Benefits (PMB) outside of their specific region?

Members must use designated service providers (DSPs) in their chosen KeyCare Start Regional network. If you do not use a DSP we will pay up to 80% of the Discovery Health Rate (DHR). Members will be responsible for the difference between what we pay and the actual cost of your treatment.

Are members covered for emergencies outside of their specific region?

An emergency medical condition, also referred to as an emergency, is the sudden and unexpected onset of a health condition that requires immediate medical or surgical treatment. 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.

In case of emergency members are covered for emergency medical services outside of the KeyCare Start Regional network. Where appropriate and according to the Rules of the scheme, members may be transferred to a designated service provider in the KeyCare Start Regional network once their condition has stabilised.



Where can a member go for a GP consultation?

Members should access all healthcare services via the KeyCare Online Practice. From there they will be referred to the most appropriate healthcare provider and setting. GP Consultations may either be virtual or in person at an Intercare or associated contracted GP practice, depending on the referral pathway recommended by the KeyCare Online Practice and clinical condition of the member.

What is KeyCare Online Practice?

KeyCare Online Practice is an integrated digital healthcare platform and single access point for members to access healthcare, supporting them to efficiently navigate the healthcare system and guide them to the most appropriate healthcare contracted providers to receive the best quality care and full cover options. When accessing the KeyCare Online Practice members will be asked to fill out a medical questionnaire, after which they will be referred to the most appropriate healthcare provider and setting. The KeyCare Online Practice can be accessed via the Discovery website or mobile app.

Will the KeyCare Start Regional contributions increase in October 2022?

No, the current contribution level will remain the same throughout 2022 and members will only experience an increase in 2023.