Overview

Members with advanced illnesses that require palliative care have access to the Compassionate Care Benefit (CCB) which provides members with palliative care in the comfort of their home or in a hospice facility. Palliative care is provided by a multidisciplinary team, in partnership with the Hospice Palliative Care Association of South Africa.

The Compassionate Care Benefit is available to all Discovery Health Medical Scheme members for specific non-cancer related conditions. Members with advanced cancer who require palliative care have access to the Advanced Illness Benefit (AIB). You can find out more about the Advanced Illness Benefit on www.discovery.co.za under Medical Aid > Find a document.

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>
<tbody>
<tr>
<td>Day-to-day benefits</td>
<td>These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB). Depending on the plan you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the plan you choose.</td>
</tr>
<tr>
<td>Discovery Health Rate</td>
<td>This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.</td>
</tr>
</tbody>
</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 defined by the Council for Medical Schemes (CMS) 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. |
| ICD-10 code                        | A clinical code that describes diseases and signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organisation (WHO). |

Your doctor must register you for cover on the Compassionate Care Benefit

To register, your doctor needs to complete the Advanced Illness Benefit & Compassionate Care Benefit application form and email it to AIB@discovery.co.za. Up-to-date forms are always available on www.discovery.co.za under Medical Aid > Find a document.
Access to the Compassionate Care Benefit is voluntary and is subject to clinical entry criteria

To be eligible for this benefit, you must meet specific clinical entry criteria. Once approved and enrolled, you will have access to the benefits offered by the Compassionate Care Benefit.

The Compassionate Care Benefit at a glance

Members on the Compassionate Care Benefit have access to the following:

Support from a dedicated care coordinator

A dedicated care coordinator, who is a registered nurse, will contact you (or your family member) once we have registered you on the Compassionate Care Benefit. The care coordinator will support you and your family and will work closely with your GP and/or specialist to ensure you receive the best of care at all times.

Personalised support and counselling

Members registered on the Compassionate Care Benefit and their family will have access to counselling services for support during this difficult time.

Comprehensive home-based care

Members registered on the Compassionate Care Benefit will have access to personalised home-based care services such as oxygen, pain management and home nursing, subject to authorisation and managed care criteria.

Access to specialised telephonic support

During working hours, members registered on the Compassionate Care Benefit can contact 011 529 6797 for assistance with Compassionate Care Benefit related authorisations, oxygen or benefit and claims enquiries.

Your cover on the Compassionate Care Benefit

The Compassionate Care Benefit pays for services provided by a multidisciplinary team

We will pay for healthcare services provided by any of the healthcare professionals represented in the palliative multidisciplinary team, according to a specific basket of care and the agreed individual member care plan.

These costs will not affect your day-to-day benefits, and will be paid at the Discovery Health Rate from the Hospital Benefit, up to the overall benefit limit.

There is an overall limit for the Compassionate Care Benefit on all plans

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive, Comprehensive, Priority, Saver, Smart and Core plans</td>
<td>R68 100 for each person in a lifetime</td>
</tr>
<tr>
<td>KeyCare plans</td>
<td>R48 200 for each person in a lifetime</td>
</tr>
</tbody>
</table>

We may continue to pay your care as a Prescribed Minimum Benefit when you reach the overall limit

When you reach the Compassionate Care Benefit limit and if your condition is a Prescribed Minimum Benefit (PMB) condition, we may continue to pay the costs as such, subject to authorisation. To register, your doctor needs to complete the application form for out-of-hospital management of a Prescribed Minimum Benefit condition and email it to PMB_APP_FORMS@discovery.co.za, together with supporting documents.
Palliative care must be accessed from providers who are registered with the Board of Healthcare Funders

We will pay for these healthcare services or treatments as long as the application is approved and you use appropriately registered providers (with a valid Board of Healthcare Funders (BHF) registration number) who use valid tariff codes for the healthcare service or treatment.

We need the appropriate ICD-10 codes on accounts

All accounts for palliative care must have a relevant and correct ICD-10 code for us to pay it from the correct benefit. To ensure there isn’t a delay in paying your healthcare providers’ accounts, please notify the team managing your treatment (or your loved one’s treatment) about this requirement.

Nominating a person to assist you

Where you, as the patient, choose to nominate someone to assist you with managing your medical aid, you can complete a third party consent form. Up to date forms are always available on www.discovery.co.za under Medical Aid > Find a document. If at any stage, you wish to revoke consent for the sharing of information, you can notify us accordingly.

For more information on the Compassionate Care Benefit, visit our website www.discovery.co.za or email CompassionateCare@discovery.co.za
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