

**2020**

DISCOVERY HEALTH MEDICAL SCHEME

COVER FOR MRI AND CT SCANS

## Overview

An MRI (Magnetic Resonance Imaging) scan produces detailed two-or three-dimensional images of organs inside the body, for example, the spine or brain.

A CT (Computed Tomography) scan is a special radiography method that uses a computer to incorporate x-ray images into detailed two-dimensional images.

MRI and CT scans are specialised imaging techniques used to diagnose illness or injury in the body and in certain circumstances, to stage disease and monitor treatment response.

This document gives you more information about how Discovery Health Medical Scheme covers you for MRI and CT scans. We explain how we cover MRI and CT scans done in hospital and out of hospital, including how we cover scans done during an admission for conservative back or neck treatment.

Other scans or x-rays used to investigate body systems or organs are not included in this 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.

TERMINOLOGY	DESCRIPTION
Above Threshold Benefit (ATB)	<p><b>Available on the Executive, Comprehensive and Priority plans</b></p> <p>Once the day-to-day claims you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate or a portion of it. The Executive and Comprehensive plans have an unlimited ATB, and the Priority plans have a limited ATB.</p>
Annual Threshold	<p><b>Available on the Executive, Comprehensive and Priority plans</b></p> <p>We set the Annual Threshold amount at the beginning of each year. The number and type of dependants (spouse, adult or child) on your plan will determine the amount.</p> <p>The Annual Threshold is an amount that your claims need to add up to before we pay your day-to-day claims from the Above Threshold Benefit.</p>
Co-payment	<p>This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service, the age of the patient or if the amount the service provider charges is higher than the rate we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.</p>
Day-to-day benefits	<p>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.</p>
Deductible	<p>This is the amount that you must pay upfront to the hospital or day clinic for specific treatments/procedures or if you use a facility outside of the network. If the upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.</p>
Discovery Health Rate (DHR)	<p>This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.</p>
Emergency medical condition	<p>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.</p>

	An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.
Medical Savings Account (MSA)	<p><b>Available on the Executive, Comprehensive, Priority and Saver plans</b></p> <p>We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year.</p>
Prescribed Minimum Benefits	<p>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:</p> <ul style="list-style-type: none"> <li>▪ An emergency medical condition</li> <li>▪ A defined list of 270 diagnoses</li> <li>▪ A defined list of 27 chronic conditions.</li> </ul> <p>To access Prescribed Minimum Benefits, there are rules defined by the Council for Medical Schemes (CMS) that apply:</p> <ul style="list-style-type: none"> <li>▪ Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions</li> <li>▪ The treatment needed must match the treatments in the defined benefits</li> <li>▪ 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.</li> </ul> <p>If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.</p>

## MRI and CT scans Benefit

### You don't need to call us for authorisation but a specialist or accredited trauma GP must refer you for a MRI or CT scan

You don't need an authorisation number for MRI or CT scans. We will pay the cost of the MRI or CT scan if a specialist has referred you or an accredited trauma GP has referred you for an emergency.

### We cover MRI and CT scans up to 100% of the Discovery Health Rate

If your service provider charges above the Discovery Health Rate, you need to pay the difference between what we pay and what your service provider charges.

### We pay MRI and CT scans related to an approved admission from the Hospital Benefit

We pay MRI and CT scans conducted during an approved admission, that are clinically related to the reason for your admission, from the Hospital Benefit.

### A co-payment of R3 040 applies to out-of-hospital scans on Executive, Comprehensive, Priority, Saver and Classic Smart plans

On the *Executive, Comprehensive, Priority and Saver plans*, we pay the first R3 040 of the scan from the available funds in your day-to-day benefits (Medical Savings Account and Above Threshold Benefit, where applicable). If you have run out of funds in your Medical Savings Account and you have not yet reached your Annual Threshold, you will have to pay this amount. If this amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service. We pay the balance of the scan from the Hospital Benefit, up to the Discovery Health Rate.

On the *Classic Smart Comprehensive Plan*, you have to pay the first R3 040 of the scan until you reach your Annual Threshold.

On the [Classic Smart Plan](#) you have to pay the first R3 040 of the scan.

On the [Core plans](#) you do not have cover for out-of-hospital scans and will have to pay these scans.

On the [KeyCare Plus and KeyCare Core plans](#), we pay approved MRI or CT scans from the available funds in the Specialist Benefit, up to R4 400 for each person a year. MRI and CT scans are paid up to R2 200 each year on [KeyCare Start](#) from the available funds in the Specialist Benefit. A specialist or accredited trauma GP must refer you for the scan.

### We pay MRI and CT scans for conservative back treatment in hospital the same way we pay for scans done out-of-hospital

If you are admitted to hospital for conservative back or neck treatment, we pay the scan the same way we pay a scan done out-of-hospital, with the co-payment where relevant. This also applies if you're admitted to hospital but the scan is not related to your approved admission. A limit of one scan per spinal and neck region applies to conservative back and neck scans.

On the [Essential Smart and KeyCare Plans](#), you do not have cover for conservative back and neck treatment or back and neck surgery. Please refer to the section [Benefits available for your plan type](#) for more details.

### We cover MRI or CT scans as a Prescribed Minimum Benefit under certain conditions

Where an MRI or CT scan is done confirming the diagnosis of a PMB condition, the co-payment will not apply. You or your doctor must send us the report confirming the diagnosis.

We will pay the claim as a Prescribed Minimum Benefit if it meets the Scheme's criteria. If the scan does not result in confirmation of a PMB diagnosis, these scans are not considered to be a PMB.

## Benefits available for your plan type

EXECUTIVE PLAN
<p><b>MRI or CT scan done out of hospital</b></p> <p><b>How we pay the claims</b>            We pay the first R3 040 of each MRI or CT scan from the available funds allocated to your Medical Savings Account and Above Threshold Benefit. If you have run out of funds in your Medical Savings Account and have not yet reached your Annual Threshold you must pay this amount. We pay the balance from your Hospital Benefit up to the Discovery health Rate (DHR).</p> <p><b>MRI or CT scan done in hospital</b></p> <p><b>How we pay the claims</b>            We pay MRI and CT scans done during an approved hospital admission from your Hospital Benefit up to the DHR as long as the scan is related to the reason for the admission.</p> <p>If the scan is done during an approved hospital admission, but the scan is not related to the reason for admission, we will pay the MRI or CT scan the same way we pay scans done out of hospital.</p> <p><b>If you are admitted for conservative back or neck treatment</b></p> <p>We pay the first R3 040 of each MRI or CT scan code from the available funds allocated to your Medical Savings Account and Above Threshold Benefit. If you have run out of funds in your Medical Savings Account and have not yet reached your Annual Threshold, you must pay this amount. We pay the balance from your Hospital Benefit up to the DHR.</p> <p>For conservative back and neck scans, a limit of one scan per spinal and neck region applies.</p>

## COMPREHENSIVE SERIES

### **MRI or CT scan done out of hospital**

#### **How we pay the claims**

We pay the first R3 040 of each MRI or CT scan code from the available funds allocated to your Medical Savings Account and Above Threshold Benefit. If you have run out of funds in your Medical Savings Account and have not yet reached your Annual Threshold you must pay this amount. We pay the balance from your Hospital Benefit up to the DHR.

*Classic Smart Comprehensive*, you pay the first R3 040 before the Annual Threshold is reached and the balance will be paid from the Hospital Benefit.

### **MRI or CT scan done in hospital**

#### **How we pay the claims**

We pay MRI and CT scans done during an approved hospital admission from your Hospital Benefit up to the DHR as long as the scan is related to the reason for the admission.

If the scan is done during an approved hospital admission, but the scan is not related to the reason for admission, we will pay the MRI or CT scan the same way we pay scans done out of hospital.

### **If you are admitted for conservative back or neck treatment**

We pay the first R3 040 of each MRI or CT scan code from the available funds allocated to your Medical Savings Account and Above Threshold Benefit. If you have run out of funds in your Medical Savings Account and have not yet reached your Annual Threshold you must pay this amount. We pay the balance from your Hospital Benefit up to the DHR.

On the *Classic Smart Comprehensive Plan*, you have to pay the first R3 040 of the scan before you reach the Annual Threshold.

For conservative back and neck scans, a limit of one scan per spinal and neck region applies.

## **PRIORITY SERIES**

### **MRI or CT scan done out of hospital**

#### **How we pay the claims**

We pay the first R3 040 of each MRI or CT scan code from the available funds allocated to your Medical Savings Account and limited Above Threshold Benefit. If you have run out of funds in your Medical Savings Account and have not yet reached your Annual Threshold you must pay this amount

### **MRI or CT scan done in hospital**

#### **How we pay the claims**

We pay MRI and CT scans performed during an approved hospital admission from your Hospital Benefit up to the DHR as long as the scan is related to the reason for the admission.

If the scan is done during an approved hospital admission, but the scan is not related to the reason for admission, we will pay the MRI or CT scan the same way we pay scans done out of hospital.

### **If you are admitted for conservative back or neck treatment**

We pay the first R3 040 of each MRI or CT scan code from your Medical Savings Account and limited Above Threshold Benefit. If you have run out of funds in your Medical Savings Account and have not yet reached your Annual Threshold or you have reached your Above Threshold Benefit limit, you must pay this amount. We pay the balance from your Hospital Benefit up to the DHR.

For conservative back and neck scans, a limit of one scan per spinal and neck region applies.

## SAVER SERIES

### MRI or CT scan done out of hospital

#### How we pay the claims

We pay the first R3 040 of the scan from available funds allocated to your Medical Savings Account and the balance of the scan from the Hospital Benefit, up to 100% of the DHR. If you have run out of funds in your Medical Savings Account you must pay this amount from.

### MRI or CT scan done in hospital

#### How we pay the claims

We pay MRI and CT scans performed during an approved hospital admission from your Hospital Benefit up to the DHR as long as the scan is related to the reason for the admission.

If the scan is done during an approved hospital admission, but the scan is not related to the reason for admission, we will pay the MRI or CT scan the same way we pay scans done out of hospital.

### If you are admitted for conservative back or neck treatment

We pay the first R3 040 of each MRI or CT scan code from your Medical Savings Account. If you have run out of funds in your Medical Savings Account you must pay this amount. We pay the balance from your Hospital Benefit up to the DHR.

For conservative back and neck scans, a limit of one scan per spinal and neck region applies.

## SMART SERIES

### MRI or CT scan done out of hospital

#### How we pay the claims

**Classic Smart Plan:** You must pay the first R3 040 of each MRI or CT scan. We pay the balance from your Hospital Benefit up to the DHR.

**Essential Smart Plan:** You do not have cover for out-of-hospital scans.

### MRI or CT scan done in hospital

#### How we pay the claims

We pay MRI and CT scans done during an approved hospital admission from your Hospital Benefit as long as the scan is related to the reason for the admission.

If the scan is done during an approved hospital admission, but the scan is not related to the reason for admission, we will pay the MRI or CT scan the same way we pay scans done out of hospital.

### If you are admitted for conservative back or neck treatment

**Classic Smart Plan:** You will have to pay the first R3 040 of each MRI or CT scan code. We pay the balance from your Hospital Benefit up to the DHR. You are limited to one MRI or CT scan a year for conservative back treatment and one MRI or CT scan a year for conservative neck treatment. For conservative back and neck scans, a limit of one scan per spinal and neck region applies

**Essential Smart Plan:** You do not have cover for conservative back and neck treatment. We will therefore not pay for MRI or CT scans for conservative back and neck treatment.

## CORE SERIES

### MRI or CT scan done out of hospital

#### How we pay the claims

You do not have cover for out-of-hospital scans.

#### **MRI or CT scan done in hospital**

##### **How we pay the claims**

We pay MRI and CT scans done during an approved hospital admission from your Hospital Benefit up to the DHR as long as the scan is related to the reason for the admission.

If the scan is done during an approved hospital admission, but the scan is not related to the reason for admission, you must pay these costs.

#### **If you are admitted for conservative back or neck treatment**

You do not have cover for scans for conservative back or neck treatment.

### **KEYCARE SERIES**

#### **MRI or CT scan done out of hospital**

##### **How we pay the claims**

On KeyCare Plus and Core, we pay approved MRI or CT scans from the Specialist Benefit up to the DHR in a KeyCare radiology practice of up to R4 400 for each person a year. MRI or CT scans are paid up to a limit of R2 200 each person a year on KeyCare Start from your Specialist Benefit. If you have used up the Specialist Benefit for the year, you must pay the cost of the scan.

A specialist or accredited trauma GP must refer you and you need to get a valid reference number from Discovery Health.

#### **MRI or CT scan done in hospital**

##### **How we pay the claims**

We pay MRI and CT scans done during an approved hospital admission from your Hospital Benefit up to the DHR as long as the scan is related to the reason for the admission. If it is not related to an approved hospital admission, we pay it from your Specialist Benefit of up to R4 400 for each person a year on KeyCare Plus and Core. MRI or CT scans are paid up to a limit of R2 200 each person a year on KeyCare Start from your Specialist Benefit. If you have used up the Specialist Benefit for the year, you must pay the cost of the scan.

A specialist or accredited trauma GP must refer you for the scan. The scan must be done in a network hospital. The KeyCare plans do not cover conservative back and neck treatment. We will therefore not pay for MRI or CT scans done for conservative back and neck treatment.

## Contact us

Tel (Members): 0860 99 88 77, Tel (Health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, [www.discovery.co.za](http://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](http://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](http://www.discovery.co.za) or by emailing [principalofficer@discovery.co.za](mailto: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](mailto:complaints@medicalschemes.com) 0861 123 267 | [www.medicalschemes.com](http://www.medicalschemes.com)