



2021

DISCOVERY HEALTH MEDICAL SCHEME

COVER FOR MEDICINE AND
TREATMENT OF CHRONIC
CONDITIONS

Overview

This document explains how we cover you for approved chronic medicine for your condition from the Chronic Illness Benefit (CIB). It gives you details about:

- What is included in your benefits
- Why it is important to register for cover
- How to get the most out of your cover and avoid co-payments.

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
Additional Disease List (ADL)	Depending on your plan, and once approved on the Chronic Illness Benefit (CIB), you have cover for medicine for an additional list of life-threatening or degenerative conditions, as defined by us.
Chronic Disease List (CDL)	A defined list of chronic conditions we cover according to the Prescribed Minimum Benefits (PMBs).
Chronic Drug Amount (CDA)	The Chronic Drug Amount is a monthly amount we pay for each chronic medicine class. This applies to chronic medicine that is not listed on the formulary or medicine list. The Chronic Drug Amount (CDA) does not apply to the Smart and KeyCare plans, on these plans the cost of the lowest formulary listed drug will apply.
Chronic Illness Benefit (CIB)	The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions. You need to apply to have your medicine covered for your approved chronic condition.
Co-payment	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 or if the amount the service provider charges is higher than the rate we cover.
Designated service provider (DSP)	A healthcare provider (for example doctor, specialist, allied healthcare professional, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit www.discovery.co.za or click on Find a healthcare provider on the Discovery app to view the full list of DSPs.
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
Discovery Health Rate for Medicine	This is the rate at which Discovery Health Medical Scheme will pay for medicine. It is the Single Exit Price of medicine plus the relevant dispensing fee.
Emergency medical condition	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. An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.
HealthID	HealthID is an online digital platform that gives your doctor fast, up-to-date access to your health information. Once you have given consent, your doctor can use HealthID to access your medical history, make referrals to other healthcare professionals and check your relevant test results.
ICD-10 diagnosis 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 Organization (WHO).
Medicine class	This describes medicines that have similar chemical structures or similar therapeutic effects.
Medicine list (formulary)	A list of medicine we cover in full for the treatment of approved chronic condition(s). This list is also known as a formulary.
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: <ul style="list-style-type: none"> ▪ An emergency medical condition ▪ A defined list of 270 diagnoses ▪ A defined list of 27 chronic conditions. To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:

TERMINOLOGY	DESCRIPTION
	<ul style="list-style-type: none"> ▪ Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) 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. <p>If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.</p>
Reference Price	The price the Scheme has set to pay for medicine, relative to a similar medicine on a medicine list (formulary) or the preferentially priced equivalent.

The Chronic Illness Benefit (CIB)

The Chronic Illness Benefit (CIB) covers approved treatment for a specified list of chronic conditions

The number of chronic conditions covered varies according to your plan type. All health plans cover the chronic conditions that fall under the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL). The Chronic Illness Benefit (CIB) also covers a specific number of tests and consultations for both the diagnosis and the ongoing management of the Chronic Disease List (CDL) conditions.

The Executive and Comprehensive plans cover additional chronic conditions

We cover additional conditions over and above those stipulated under the Chronic Disease List (CDL) on the Executive and Comprehensive plans. We pay for approved medicine for these additional conditions up to a monthly amount called the Chronic Drug Amount (CDA). This benefit is not available on the Classic Smart Comprehensive Plan. Members on the Executive Plan also have exclusive access to a list of medicines that we cover in full.

You have full cover for approved medicine on our medicine list for Chronic Disease List (CDL) conditions

The Chronic Illness Benefit (CIB) covers approved medicine listed on the medicine list (formulary) for Chronic Disease List (CDL) conditions up to the Discovery Health Rate (DHR) for medicine. Because the medicine list (formulary) changes every year in response to product and price fluctuations in the market, it will only apply in the year for which it is designed. Always make sure that you are using the latest document. Up to date documents and forms are always available on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

You have a monthly amount for approved medicine that is not on our medicine list

We cover approved medicine that is not on the medicine list, or a combination of medicine on and off the medicine list that are in the same medicine class, up to the Chronic Drug Amount (CDA). The Chronic Drug Amount (CDA) does not apply to the Smart and KeyCare plans. On these plans, we cover up to the Reference Price, which is up to the lowest cost medicine of the same kind on our medicine list for the condition. You may have a co-payment if you use medicine that is not on the medicine list.

The chronic conditions that are covered on all plans

The Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions are covered on all health plans. If the condition is approved on the Chronic Illness Benefit (CIB), members have automatic cover for a set of defined treatments (including tests or consultations, or both).

Chronic Disease List (CDL) conditions covered on all plan types

- | | |
|----------|--|
| A | Addison's disease, Asthma |
| B | Bipolar mood disorder, Bronchiectasis |
| C | Cardiac failure, Cardiomyopathy, Chronic obstructive pulmonary disease (COPD), Chronic renal disease, Coronary artery disease, Crohn's disease |

D	Diabetes insipidus, Diabetes type 1, Diabetes type 2, Dysrhythmia
E	Epilepsy
G	Glaucoma
H	Haemophilia, HIV, Hyperlipidaemia, Hypertension, Hypothyroidism
M	Multiple sclerosis
P	Parkinson's disease
R	Rheumatoid arthritis
S	Schizophrenia, Systemic lupus erythematosus
U	Ulcerative colitis

What we cover as Prescribed Minimum Benefits (PMBs)

The Chronic Illness Benefit (CIB) covers medicine as well as certain tests and consultations each year for the Chronic Disease List (CDL) conditions. This cover includes tests and consultations for both the diagnosis and ongoing management of each condition. The tests and consultations for the ongoing management of the condition are pro-rated based on the date of approval of your Chronic Disease List (CDL) condition. You can find the latest copy of the treatment baskets on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

If you do not use our designated service providers or healthcare providers who we have a payment arrangement with, you may have to pay part of the treatment costs yourself.

Funding for claims from the correct benefits

To make sure that we pay your claims from the correct benefit, we need the claims from your healthcare providers to be submitted with the relevant ICD-10 diagnosis codes. Please ask your doctor to include your ICD-10 diagnosis codes on the claims they submit and on the form that they complete, when they refer you to the pathologists and/or radiologists for tests related to your approved condition. This will enable the pathologists and radiologists to include the relevant ICD-10 diagnosis codes on the claims they submit to make sure that we pay your claims from the correct benefits.

Requests for additional funding for Prescribed Minimum Benefits (PMBs)

There may be certain medicine, tests and/or procedures that are not included in the defined benefits for your condition(s). Your doctor may request for additional funding for medicine, consultations, tests and procedures through our appeals process. We will review the individual circumstances of the case, however, it's important to note that an appeals process doesn't guarantee funding or change the way we cover Prescribed Minimum Benefits (PMBs).

- 1 | Go to www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates to download the form 'Request for additional cover for Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions covered on the Chronic Illness benefit (CIB)' or call us on 0860 99 88 77 to request it.
- 2 | Complete the form with the assistance of your healthcare professional.
- 3 | Send the completed, signed form, along with any additional medical information, by email to CIB_APP_FORMS@discovery.co.za.
- 4 | If we approve the requested medicine/treatment on appeal, we will pay from risk benefits.

Additional chronic conditions covered on the Executive and Comprehensive plans

Members on the Executive and Comprehensive plans have access to cover for medicine for additional chronic conditions listed on the Additional Disease List (ADL). This benefit is not available on the Classic Smart Comprehensive Plan.

These conditions are:

A	Ankylosing spondylitis
B	Behcet's disease
C	Cystic fibrosis
D	Delusional disorder, Dermatopolymyositis
G	Generalised anxiety disorder
H	Huntington's disease
I	Isolated growth hormone deficiency in children younger than 18 years
M	Major depression, Motor neurone disease, Muscular dystrophy and other inherited myopathies, Myasthenia gravis
O	Obsessive compulsive disorder, Osteoporosis
P	Paget's disease, Panic disorder, Polyarteritis nodosa, Post-traumatic stress disorder, Psoriatic arthritis, Pulmonary interstitial fibrosis
S	Sjögren's syndrome, Systemic sclerosis
W	Wegener's granulomatosis

Note: There is no medicine list (formulary) for the Additional Disease List (ADL) conditions. We pay for approved medicines for these conditions up to the monthly Chronic Drug Amount (CDA) for that medicine class.

Getting the most out of your Chronic Illness Benefits (CIBs)

Get to know all about your Chronic Illness Benefits (CIBs)

Although a condition may be defined as chronic, it may not qualify for cover from the Chronic Illness Benefit (CIB). Check whether we cover your specific condition and what benefits apply. The list of conditions and the benefits available to treat the listed chronic conditions depend on your plan type.

You can view the benefits applicable to your plan type in the *Benefits available for your plan type section* of this document. You can also go to www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates to view more information on the Chronic Illness Benefit (CIB).

Apply to have your condition covered

For a condition to be covered from the Chronic Illness Benefit (CIB), there are certain benefit entry criteria the member needs to meet. You need to apply for each chronic condition to be covered from the Chronic Illness Benefit. We will only pay for the medicine and treatment from the Chronic Illness Benefit if your condition and medicine is approved.

You or your doctor may need to provide extra information or certain test results to confirm the diagnosis of the condition you are applying for. The information we require to complete the review of your application is indicated on the Chronic Illness Benefit (CIB) application form for the conditions you are applying for.

You can send the completed Chronic Illness Benefit (CIB) application form:

- By email to: CIB_APP_FORMS@discovery.co.za
- By post to: Discovery Health, CIB Department, PO Box 652919, Benmore, 2010.

Alternatively, your doctor can submit a Chronic Illness Benefit (CIB) application through HealthID, provided that you have given consent to do so. We do not cover experimental, unproven or unregistered treatments or practices.

You need to let us know when your treatment plan changes

You do not have to complete a new Chronic Illness Benefit (CIB) application form when your treating doctor changes your medicine during the management of your approved chronic condition, however, you do need to let us know when your doctor makes these changes to your treatment so that we can update your authorisation. You can email the prescription for changes to your treatment plan for an approved chronic condition to CIB_APP_FORMS@discovery.co.za or fax it to 011 539 7000. Alternatively, your doctor can submit changes to your treatment plan through HealthID, provided that you have given consent to do so. If you do not let us know about changes to your treatment plan, we may not pay your claims from the correct benefit.

Should you be diagnosed with a new chronic condition, you must complete a new Chronic Illness Benefit (CIB) application for the newly diagnosed condition.

We will let you know if we approve your application for cover on the Chronic Illness Benefit (CIB) and what you must do next

We will inform you of our decision via your preferred method of communication as you have indicated on the application form or your doctor has indicated through HealthID.

Once your treatment is approved, you will immediately qualify for funding from the Chronic Illness Benefit (CIB). The medicine authorisation will remain in place until it expires, you stop claiming for the medicine or the membership is terminated.

What happens if I do not register for cover on the Chronic Illness Benefit (CIB)

Should you elect not to register for the Chronic Illness Benefit (CIB), the medicine and ongoing management of the condition would be paid from your available day-to-day benefits, where applicable.

Get your medicine from a pharmacy who charges the Discovery Health Rate for Medicine

The Chronic Illness Benefit (CIB) covers approved medicine listed on the medicine list (formulary) for the Chronic Disease List (CDL) conditions up to the Discovery Health Rate for Medicine at a pharmacy in our network. If you get your approved medicine at a pharmacy that charges more than the Discovery Health Rate for Medicine, you will have to pay the difference.

You have to use our designated service providers (DSPs) on certain plans

If you are on the Delta Comprehensive, Priority, Saver, Smart or Core plans, you need to use a [MedXpress Network Pharmacy](#) to get your approved chronic medicine to avoid a 20% non-designated service provider (non-DSP) co-payment. Visit www.discovery.co.za or click on Find a provider on the Discovery app to search for a [MedXpress Network Pharmacy](#) closest to you. If you do not have access to a [MedXpress Network Pharmacy](#), you can also use the MedXpress delivery service for nationwide delivery of chronic medicine.

For more information about MedXpress, please visit www.discovery.co.za.

If you are on a **KeyCare Plus** plan, you need to get your approved chronic medicine from your chosen dispensing GP or from a pharmacy in the network to avoid a 20% non-designated service provider (non-DSP) co-payment. If you are on a **KeyCare Core** plan, you need to get your approved chronic medicine from a dispensing GP in the network or from a pharmacy in the network to avoid a 20% non-designated service provider (non-DSP) co-payment. Members on **KeyCare Start** need to use state facilities to get chronic medicine to avoid a 20% non-DSP co-payment.

Use a GP, specialist or other healthcare provider who we have a payment arrangement with

If you choose not to use a doctor, specialist or other healthcare provider who we have a payment arrangement with, we may only pay 80% of the Discovery Health Rate (DHR) on your claims. You will then need to pay the balance.

Visit www.discovery.co.za or click on Find a provider on the Discovery app to search for doctors and other healthcare providers such as hospitals and pharmacies that we have a payment arrangement with.

Enrolling in the Care Programmes

Diabetes Care Programme

If you are approved for either diabetes type 1 or 2 on the Chronic Illness Benefit (CIB), you need to consult with a GP in the Premier Plus network to enrol you in the Diabetes Care Programme.

On all plan types, except the Executive Plan, you must enrol in the Diabetes Care Programme, to avoid a 20% co-payment for diabetes and/or cardiovascular (hypertension, hyperlipidaemia, ischaemic heart disease) consultations that fund from your treatment basket. Once

enrolled in the programme, you must consult with your nominated Premier Plus GP (who enrolled you) for the ongoing management of your condition to avoid a co-payment on these consultations. Consultations with any GP other than your enrolling Premier Plus GP will carry a 20% co-payment. In addition to the standard treatment basket that you have access to when approved for diabetes, you will also have access to an additional dietitian and one biokineticist consultation every year.

Cardio Care Programme and Mental Health Programme

We also offer the **Cardio Care Programme** and **Mental Health Care Programme** that will help you to manage your mental health and heart related medical conditions. A GP in the Premier Plus Network can enrol you in these programmes. By enrolling in the Mental Health Programme, you will have access to three GP consultations and certain first line anti-depressant therapies that will fund from the Mental Health Programme. Please log onto the website www.discovery.co.za for more details on the care programmes.

Benefits available for your plan type

EXECUTIVE PLAN

Medicine for approved Chronic Disease List (CDL) conditions

The Chronic Illness Benefit (CIB) covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions in full up to the Discovery Health Rate for Medicine at a network pharmacy, or dispensing GP.

We cover approved medicine not on the medicine list (formulary) up to a monthly Chronic Drug Amount (CDA) that has been allocated for that medicine class. We cover approved medicine on the exclusive list of medicine as described below.

Tests to diagnose your Chronic Disease List (CDL) condition

If you have been recently diagnosed with and approved for cover for a Chronic Disease List (CDL) condition, we will pay for the tests and procedures in the diagnostic treatment basket in full. We will also pay in full for the consultation with the healthcare provider who made the diagnosis. We will only pay for these tests, procedures and consultation provided that you were an active and valid member of the Scheme at the time of the diagnosis and the relevant ICD-10 diagnosis codes are on the claim. Please ask your doctor to provide the date of diagnosis of your condition(s) on the Chronic Illness Benefit (CIB) application form to assist us to pay your claims from the correct benefit.

If the diagnosis is not for a Chronic Disease List (CDL) condition, we will pay the claims from the available funds in your day-to-day benefits.

GP and specialist consultations and ongoing management related to your approved Chronic Disease List (CDL) condition

We pay four GP consultations a year for your approved conditions up to the agreed rate at a GP who we have a payment arrangement with. We pay up to a maximum of the Discovery Health Rate (DHR) for consultations with a GP who we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

Depending on your condition, we also pay for a specific number of consultations with a specialist, as listed in our treatment baskets. We will pay the consultation at a specialist who we have a payment arrangement with in full up to the agreed rate. We pay up to a maximum of the Discovery Health Rate (DHR) for consultations with a specialist who we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

We pay claims for tests available in your treatment basket from pathologists who we have a payment agreement with in full up to the agreed rate. We pay up to a maximum of the Discovery Health Rate (DHR) if we do not have a payment arrangement with the pathologist. You will have to pay any difference between what is charged and what we pay.

We pay claims from healthcare professionals such as radiologists, dietitians and podiatrists in full.

Additional chronic conditions covered on the Executive Plan

You have access to cover for medicine for additional chronic conditions listed on the Additional Disease List (ADL).

Medicine for approved Additional Disease List (ADL) conditions

There is no medicine list (formulary) for the Additional Disease List (ADL) conditions. We pay approved medicine for these conditions up to the monthly Chronic Drug Amount (CDA) for that medicine class. We pay approved medicine on the exclusive list of medicine as described below.

Tests and consultations to diagnose your approved Additional Disease List (ADL) condition

We pay diagnostic tests like blood tests, scans, x-rays and consultations from available funds allocated to your Medical Savings Account (MSA) and the Above Threshold Benefit (ATB). We pay these claims up to a maximum of the Discovery Health Rate (DHR) or agreed rate for your health plan.

You have access to an exclusive list of medicines we cover in full

You have access to a defined list of exclusive medicines that we pay in full up to the Discovery Health Rate (DHR) for Medicine, if we have approved funding from the Chronic Illness Benefit (CIB).

Medicine name	Medicine Strength(s)
Bilocor	5mg; 10mg
Co-migroben	80/12.5mg; 160/12.5mg; 160/25mg
Co-prior	80/12.5mg
Co-zomevek	80/12.5mg; 160/12.5mg; 160/25mg
Ecotrin	81mg
Glucophage	500mg; 850mg; 1000mg
Glucophage XR	500mg
Levemir flexpen	100u/1mL
Lilly-fluoxetine	20mg
Metformin XR accord	500mg
Migroben	80mg; 160mg
Prexum	4mg
Prior	40mg; 80mg
Relvar ellipta	92/22ug; 184/22ug
Rosvator	5mg; 10mg; 20mg; 40mg
Storwin	10mg; 20mg; 40mg
Symbicord 120 dose	80/4.5mcg
Vasovan	80mg; 160mg
Venlafaxine adco	37.5mg; 75mg; 150mg
Venlor XR	37.5mg; 75mg; 150mg
Vusor	5mg; 10mg; 20mg; 40mg
Zomevek	80mg; 160mg
Zuvamor	10mg; 20mg; 40mg

You have access to the Specialised Medicine and Technology Benefit

This benefit provides cover for a defined list of high cost medicine, new technologies and procedures up to a limit of R200 000 for each person each year subject to meeting benefit entry criteria requirements. A co-payment may apply depending on the condition and treatment. Where the provider charges more than the Discovery Health Rate (DHR), you will have to pay the difference.

You can also go to www.discovery.co.za under Medical Aid > Medical Aid > Manage your health plan > Find important documents and certificates to view more information on the Specialised Medicine and Technology Benefit.

COMPREHENSIVE SERIES

Medicine for approved Chronic Disease List (CDL) conditions

The Chronic Illness Benefit (CIB) covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions in full up to the Discovery Health Rate (DHR) for medicine at a network pharmacy, or dispensing GP.

We cover approved medicine not on the medicine list (formulary) up to a monthly Chronic Drug Amount (CDA) that has been allocated for that medicine class.

Tests to diagnose your Chronic Disease List (CDL) condition

If you have been recently diagnosed with and approved for cover for a Chronic Disease List (CDL) condition, we will pay for the tests and procedures in the diagnostic treatment basket in full. We will also pay in full for the consultation with the healthcare provider who made the diagnosis. We will only pay for these tests, procedures and consultation provided that you were an active and valid member of the Scheme at the time of the diagnosis and the relevant ICD-10 diagnosis codes are on the claim. Please ask your doctor to provide the date of diagnosis of your condition(s) on the Chronic Illness Benefit (CIB) application form to assist us to pay your claims from the correct benefit.

If the diagnosis is not for a Chronic Disease List (CDL) condition, we will pay the claims from the available funds in your day-to-day benefits.

GP and specialist consultations and ongoing management related to your approved Chronic Disease List (CDL) condition

We pay four GP consultations a year for your approved conditions up to the agreed rate at a GP who we have a payment arrangement with. For all plans except the Classic Smart Comprehensive Plan, we pay up to a maximum of the Discovery Health Rate (DHR) for consultations with a GP who we do not have a payment arrangement with. For the Classic Smart Comprehensive Plan, we pay up to 80% of the Discovery Health Rate (DHR) for consultations with a GP we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

Depending on your condition, we also pay for a specific number of consultations with a specialist, as listed in our treatment baskets. We will pay the consultation at a specialist who we have a payment arrangement with in full up to the agreed rate. For all plans except the Classic Smart Comprehensive Plan, we pay up to a maximum of the Discovery Health Rate (DHR) for consultations with a specialist who we do not have a payment arrangement with. For the Classic Smart Comprehensive Plan, we pay up to 80% of the Discovery Health Rate (DHR) for consultations with a Specialist we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

We pay claims for tests available in your treatment basket from pathologists who we have a payment agreement with in full up to the agreed rate. We will pay up to a maximum of the Discovery Health Rate (DHR) if you use a pathologist who we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

We pay claims from healthcare professionals such as radiologists, dietitians and podiatrists in full.

Additional chronic conditions covered on Comprehensive plans

You have cover for medicine for additional chronic conditions listed on the Additional Disease List (ADL). This benefit is not available on the Classic Smart Comprehensive Plan.

Medicine for approved Additional Disease List (ADL) conditions

There is no medicine list (formulary) for the Additional Disease List (ADL) conditions. We pay approved medicine for these conditions up to the monthly Chronic Drug Amount (CDA) for that medicine class.

Tests and consultations to diagnose your approved Additional Disease List (ADL) condition

We pay diagnostic tests like blood tests, scans, x-rays and consultations from available funds allocated to your Medical Savings Account (MSA) and the Above Threshold Benefit (ATB). We pay these claims up to a maximum of the Discovery Health Rate (DHR) or agreed rate for your plan.

MedXpress Network Pharmacies are the designated service providers (DSPs) for chronic medicine for Delta plans

If you are on a Delta plan, you need to get your approved chronic medicine from a [MedXpress Network Pharmacy](#) to avoid a 20% co-payment. If you do not have access to a [MedXpress Network Pharmacy](#), you can also use the MedXpress delivery service for nationwide delivery of chronic medicine.

You have access to the Specialised Medicine and Technology Benefit

All plans in the Comprehensive series, except the Classic Smart Comprehensive Plan, have access to the Specialised Medicine and Technology Benefit. This benefit provides cover for a defined list of high cost medicine, new technologies and procedures up to a limit of R200 000 for each person each year subject to meeting benefit entry criteria requirements. A co-payment may apply. Where the provider charges more than the Discovery Health Rate (DHR), you will have to pay the difference. You can also go to www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates to view more information on the Specialised Medicine and Technology Benefit.

PRIORITY SERIES

Medicine for approved Chronic Disease List (CDL) conditions

The Chronic Illness Benefit (CIB) covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions in full up to the Discovery Health Rate (DHR) for medicine at a network pharmacy, or dispensing GP.

We cover approved medicine not on the medicine list (formulary) up to a monthly Chronic Drug Amount (CDA) that has been allocated for that medicine class.

Tests to diagnose your Chronic Disease List (CDL) condition

If you have been recently diagnosed with and approved for cover for a Chronic Disease List (CDL) condition, we will pay for the tests and procedures in the diagnostic treatment basket in full. We will also pay in full for the consultation with the healthcare provider who made the diagnosis. We will only pay for these tests, procedures and consultation provided that you were an active and valid member of the Scheme at the time of the diagnosis and the relevant ICD-10 diagnosis codes are on the claim. Please ask your doctor to provide the date of diagnosis of your condition(s) on the Chronic Illness Benefit (CIB) application form to assist us to pay your claims from the correct benefit.

If the diagnosis is not for a Chronic Disease List (CDL) condition, we will pay the claims from the available funds in your day-to-day benefits.

GP and specialist consultations and ongoing management related to your approved Chronic Disease List (CDL) condition

We pay four GP consultations a year for your approved conditions up to the agreed rate at a GP who we have a payment arrangement with. We pay up to a maximum of the Discovery Health Rate (DHR) for consultations with a GP who we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

Depending on your condition, we also pay for a specific number of consultations with a specialist, as listed in our treatment baskets. We will pay the consultation at a specialist who we have a payment arrangement with in full up to the agreed rate. We pay up to a maximum of the Discovery Health Rate (DHR) for consultations with a specialist who we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

We pay claims for tests available in your treatment basket from pathologists who we have a payment agreement with in full up to the agreed rate. We will pay up to a maximum of the Discovery Health Rate (DHR) if you use a pathologist who we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

We pay claims from healthcare professionals such as radiologists, dietitians and podiatrists in full.

MedXpress Network Pharmacies are the designated service providers (DSPs) for chronic medicine

You need to get your approved chronic medicine from a [MedXpress Network Pharmacy](#) to avoid a 20% non-designated service provider (non-DSP) co-payment. If you do not have access to a [MedXpress Network Pharmacy](#), you can also use the MedXpress delivery service for nationwide delivery of chronic medicine.

SAVER SERIES

Medicine for approved Chronic Disease List (CDL) conditions

The Chronic Illness Benefit (CIB) covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions in full up to the Discovery Health Rate (DHR) for medicine at a network pharmacy, or dispensing GP.

We cover approved medicine not on the medicine list (formulary) up to a monthly Chronic Drug Amount (CDA) that has been allocated for that medicine class.

Tests to diagnose your Chronic Disease List (CDL) condition

If you have been recently diagnosed with and approved for cover for a Chronic Disease List (CDL) condition, we will pay for the tests and procedures in the diagnostic treatment basket in full. We will also pay in full for the consultation with the healthcare provider who made the diagnosis. We will only pay for these tests, procedures and consultation provided that you were an active and valid member of the Scheme at the time of the diagnosis and the relevant ICD-10 diagnosis codes are on the claim. Please ask your doctor to provide the date of diagnosis of your condition(s) on the Chronic Illness Benefit (CIB) application form to assist us to pay your claims from the correct benefit.

If the diagnosis is not for a Chronic Disease List (CDL) condition, we will pay the claims from the available funds in your day-to-day benefits.

GP and specialist consultations and ongoing management related to your approved Chronic Disease List (CDL) condition

We pay four GP consultations a year for your approved conditions up to the agreed rate at a GP who we have a payment arrangement with. We pay up to a maximum of the Discovery Health Rate (DHR) for consultations with a GP who we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

Depending on your condition, we also pay for a specific number of consultations with a specialist, as listed in our treatment baskets. We will pay the consultation at a specialist who we have a payment arrangement with in full up to the agreed rate. We pay up to a maximum of the Discovery Health Rate (DHR) for consultations with a specialist who we do not have a payment arrangement with. You will need to pay any difference between what is charged and what we pay.

We pay claims for tests available in your treatment basket from pathologists who we have a payment agreement with in full up to the agreed rate. We will pay up to a maximum of the Discovery Health Rate (DHR) if you use a pathologist who we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

We pay claims from healthcare professionals such as radiologists, dietitians and podiatrists in full.

MedXpress Network Pharmacies are the designated service providers (DSPs) for chronic medicine

You need to get your approved chronic medicine from a *MedXpress Network Pharmacy* to avoid a 20% non-designated service provider (non-DSP) co-payment. If you do not have access to a *MedXpress Network Pharmacy*, you can also use the MedXpress delivery service for nationwide delivery of chronic medicine.

SMART SERIES

Medicine for approved Chronic Disease List (CDL) conditions

The Chronic Illness Benefit (CIB) covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions in full up to the Discovery Health Rate for Medicine. This applies if you get your approved medicine at a *MedXpress Network Pharmacy*. For medicine not on our list we will fund up to the Reference Price, which is up to the lowest cost medicine of the same kind on our medicine list for the condition.

Tests to diagnose your Chronic Disease List (CDL) condition

If you have been recently diagnosed with and approved for cover for a Chronic Disease List (CDL) condition, we will pay for the tests and procedures in the diagnostic treatment basket in full. We will also pay in full for the consultation with the healthcare provider who made the diagnosis. We will only pay for these tests, procedures and consultation provided that you were an active and valid member of the Scheme at the time of the diagnosis and the relevant ICD-10 diagnosis codes are on the claim. Please ask your doctor to provide the date of diagnosis of your condition(s) on the Chronic Illness Benefit (CIB) application form to assist us to pay your claims from the correct benefit.

If the diagnosis is not for a Chronic Disease List (CDL) condition, we will pay the claims in line with your day-to-day benefits.

GP and specialist consultations and ongoing management related to your approved Chronic Disease List (CDL) condition

We pay four GP consultations a year for your approved conditions up to the agreed rate at a GP in the Smart Network. If you use any other GP, we will pay up to 80% of the Discovery Health Rate (DHR). You will need to pay any difference between what is charged and what we pay.

Depending on your condition, we also pay for a specific number of consultations with a specialist, as listed in our treatment baskets. We pay up to the agreed rate at a specialist in the Specialist Network. If you use any other specialist, we will pay up to 80% of the Discovery Health Rate (DHR). You will need to pay any difference between what is charged and what we pay.

We pay claims for tests available in your treatment basket from pathologists who we have a payment agreement with in full up to the agreed rate. We will pay up to a maximum of the Discovery Health Rate (DHR) if you use a pathologist who we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

We pay claims from healthcare professionals such as radiologists, dietitians and podiatrists in full.

MedXpress Network Pharmacies are the designated service providers (DSPs) for chronic medicine

You need to get your approved chronic medicine from a [MedXpress Network Pharmacy](#) to avoid a 20% co-payment. If you do not have access to a [MedXpress Network Pharmacy](#), you can also use the MedXpress delivery service for nationwide delivery of chronic medicine.

CORE SERIES

Medicine for approved Chronic Disease List (CDL) conditions

The Chronic Illness Benefit (CIB) covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions in full up to the Discovery Health Rate (DHR) for medicine at a network pharmacy. We cover approved medicine not on the medicine list (formulary) up to a monthly Chronic Drug Amount (CDA) that has been allocated for that medicine class.

Tests to diagnose your Chronic Disease List (CDL) condition

If you have been recently diagnosed with and approved for cover for a Chronic Disease List (CDL) condition, we will pay for the tests and procedures in the diagnostic treatment basket in full. We will also pay in full for the consultation with the healthcare provider who made the diagnosis. We will only pay for these tests, procedures and consultation provided that you were an active and valid member of the Scheme at the time of the diagnosis and the relevant ICD-10 diagnosis codes are on the claim. Please ask your doctor to provide the date of diagnosis of your condition(s) on the Chronic Illness Benefit (CIB) application form to assist us to pay your claims from the correct benefit.

If the diagnosis is not for a Chronic Disease List (CDL) condition you will have to pay these claims.

GP and specialist consultations and ongoing management related to your approved Chronic Disease List (CDL) condition

We pay four GP consultations a year for your approved conditions up to the agreed rate at a GP who we have a payment arrangement with. If you use any other GP, we will pay up to a maximum of 80% of the Discovery Health Rate (DHR). You will need to pay any difference between what is charged and what we pay.

Depending on your condition, we also pay for a specific number of consultations with a specialist, as listed in our treatment baskets. We will pay the consultation at a specialist who is a designated service provider (DSP) up to the agreed rate. We pay up to a maximum of 80% of the Discovery Health Rate (DHR) for consultations with a specialist who is not a designated service provider (DSP). You will need to pay any difference between what is charged and what we pay.

We pay claims for tests available in your treatment basket from pathologists who we have a payment agreement with in full up to the agreed rate. We will pay up to a maximum of the Discovery Health Rate (DHR) if you use a pathologist who we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

We pay claims from healthcare professionals such as radiologists, dietitians and podiatrists in full.

MedXpress Network Pharmacies are the designated service providers (DSPs) for chronic medicine

You need to get your approved chronic medicine from a *MedXpress Network Pharmacy* to avoid a 20% non-designated service provider (non-DSP) co-payment. If you do not have access to a *MedXpress Network Pharmacy*, you can also use the MedXpress delivery service for nationwide delivery of chronic medicine.

KEYCARE SERIES

Medicine for approved Chronic Disease List (CDL) conditions

The Chronic Illness Benefit (CIB) covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions in full up to the Discovery Health Rate (DHR) for medicine at a network pharmacy.

For medicine not on our list we will fund up to the Reference Price, which is up to the lowest cost medicine of the same kind on our medicine list for the condition.

Tests to diagnose your Chronic Disease List (CDL) condition

If you have been recently diagnosed with and approved for cover for a Chronic Disease List (CDL) condition, we will pay for the tests and procedures in the diagnostic treatment basket in full. We will also pay in full for the consultation with the healthcare provider who made the diagnosis. We will only pay for these tests, procedures and consultation provided that you were an active and valid member of the Scheme at the time of the diagnosis and the relevant ICD-10 diagnosis codes are on the claim. Please ask your doctor to provide the date of diagnosis of your condition(s) on the Chronic Illness Benefit (CIB) application form to assist us to pay your claims from the correct benefit.

If the diagnosis is not for a Chronic Disease List (CDL) condition, we will pay the claims in line with your day-to-day benefits.

GP and specialist consultations and ongoing management related to your approved Chronic Disease List (CDL) condition

We pay four GP consultations a year for your approved conditions. If you are on a *KeyCare Plus Plan*, we will pay the consultation with your chosen primary or secondary GP at the agreed rate. If you are on a *KeyCare Core Plan*, we will pay the consultation with a GP in the KeyCare GP Network at the agreed rate. If you are on the *KeyCare Start Plan*, we will pay the consultation with your chosen GP in the KeyCare Start Network at the agreed rate. If you use any other GP, we will pay up to 80% of the Discovery Health Rate (DHR). You will need to pay any difference between what is charged and what we pay.

Depending on your condition, we also pay for a specific number of consultations with a specialist, as listed in the treatment baskets. We will pay the consultation with a specialist who is a designated service provider (DSP) up to the agreed rate. We will pay up to a maximum of 80% of the Discovery Health Rate (DHR) for consultations with a specialist who is not a designated service provider (DSP). Who will need to pay any difference between what is charged and what we pay.

We pay claims for tests available in your treatment basket from pathologists who we have a payment agreement with in full up to the agreed rate. We will pay up to a maximum of the Discovery Health Rate (DHR) if you use a pathologist who we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

We pay claims from healthcare professionals such as radiologists, dietitians and podiatrists in full.

Designated service provider (DSP) for chronic medicine

To avoid a 20% co-payment, members on the *KeyCare Plus Plan* must get their approved chronic medicine from a KeyCare network pharmacy or their chosen primary or secondary dispensing GP.

To avoid a 20% co-payment, members on the *KeyCare Core Plan* must get their approved chronic medicine from a KeyCare network pharmacy or dispensing GP in the network.

To avoid a 20% co-payment, members on the *KeyCare Start Plan* must get their approved chronic medicine from a State facility.

Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66

Go to www.discovery.co.za to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.

PO Box 784262, Sandton, 2146. 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.co.za 0861 123 267 | www.medicalschemes.co.za