



2021

DISCOVERY HEALTH MEDICAL SCHEME

EMERGENCY SERVICES GUIDE

Overview

Discovery Health Medical Scheme prides itself in providing funding for world-class, comprehensive medical care. In the event of an emergency, we are able to ensure that our members have access to timeous, optimal patient care. Calls are managed by highly qualified emergency personnel who assess each case and initiate the most appropriate air or road evacuations based on protocols and resources available within a specific geographical area.

WHEN YOU HAVE AN EMERGENCY

- You or your family can call the Discovery 911 by dialling 0860 999 911, for any medical emergency 24 hours a day, seven days a week.
- Your call will connect you with highly qualified emergency personnel.
- We will immediately dispatch the most appropriate emergency medical service within your geographic area.

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
Chronic Disease List (CDL)	A defined list of chronic conditions we cover according to the Prescribed Minimum Benefits (PMBs).
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 and treatment covered for your chronic condition.
Cover	Cover refers to the benefits you have access to and how we pay for these healthcare services such as consultations, medicine and hospitals, on your health plan.
Member	The reference to member in this document also includes dependants, where applicable.
Prescribed Minimum Benefits (PMBs)	<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"> ▪ An emergency medical condition ▪ A defined list of 270 diagnoses ▪ A defined list of 27 chronic conditions. <p>To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:</p> <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>

Emergency Assist

If you need help in an emergency and are unable to speak, you have access to our cellular phone-based panic alert system on the Discovery app. As soon as you push "Emergency Assist" you can select from two options: call me back or call an emergency operator. This service signals an alarm without requiring verbal identification.

If you activate this panic alert you will be contacted immediately and if there is no response, we will use technology to locate you as long as you have your GPS location services on, and an emergency vehicle will be dispatched to attend to you.

How you are covered by the Scheme during traumatic events

If you have an emergency, you must call the Emergency Assist number on 0860 999 911 where you can request an ambulance service or go straight to hospital. Treatment that you may require following a traumatic event will either be covered as part of the Prescribed

Minimum Benefits (PMBs) or by the appropriate medical scheme benefits for example casualty and/or Hospital Benefit, Chronic Illness Benefit (CIB) or the Trauma Extender Benefit, depending on your chosen health plan.

To apply for out-of-hospital Prescribed Minimum Benefits (PMBs) or cover for a Chronic Disease List (CDL) condition, you must complete a *Prescribed Minimum Benefit* or a *Chronic Illness Benefit* application form. Up to date forms are always available on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

Dedicated support and benefits for trauma related to gender-based violence

Our dedicated team will assist you to facilitate, guide and understand which healthcare services you will need during this time and will make sure that you get access to the appropriate medical scheme benefits, by calling 0860 999 911 and select option for gender based violence. If required, you may also have access to additional benefits paid for by the Scheme, where medically appropriate, depending on your unique case. Our dedicated team will offer confidential support and advice to you and your family throughout your traumatic event.

You can refer to the website at www.discovery.co.za to find out more about how you are covered during traumatic event or you can refer to your health plan guide under Medical Aid > Manage your health plan > Find important documents and certificates.

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