



2021

DISCOVERY HEALTH MEDICAL SCHEME

WORLD HEALTH ORGANIZATION
(WHO) GLOBAL OUTBREAK
BENEFIT

Overview

From time to time, there are viruses or diseases that affect world health. Each outbreak is closely monitored by the World Health Organization (WHO) and, depending on the severity and spread, declared as a pandemic that places the global population's health at risk. One such condition is the coronavirus disease (COVID-19).

We recognise the importance of being responsive to these public health emergencies. Through careful benefit design and in support of public health initiatives aimed at containing and mitigating the spread of such outbreak diseases, our members have access to supportive benefits during the outbreak period. The outbreak is actively monitored by a dedicated team within Discovery Health that closely assesses the evolution and progression of such outbreaks. Having a timely and effective response to global epidemics helps to improve the health outcomes for our members.

This document explains the enhancements made to your cover and the support we provide to you when faced with a WHO-recognised pandemic.

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)	Available on the Executive, Comprehensive and Priority plans 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 (DHR) or a portion of it. The Executive and Comprehensive plans have an unlimited ATB, and the Priority plans have a limited ATB.
Annual Threshold	Available on the Executive, Comprehensive and Priority plans 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. 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 (ATB).
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. 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.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB), where applicable. 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.
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 designated service providers (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.
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.
Medical Savings Account (MSA)	Available on the Executive, Comprehensive, Priority and Saver plans The Medical Savings Account (MSA) is an amount that is allocated to you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. 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. Should you leave the Scheme or change your plan partway through the year and have used more of the funds than what you have contributed, you will need to pay the difference to us

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"> • 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 designated service provider (DSP) we will pay up to 80% of the Discovery Health Rate (DHR). You will have to pay 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>
-----------------------------	--

Understanding COVID-19

The World Health Organization (WHO) confirmed that the outbreak of coronavirus disease (COVID-19) continues to be a public health emergency of international concern (PHEIC). With many countries around the world confirming an outbreak, Discovery Health Medical Scheme continues to take proactive steps to respond effectively to COVID-19 infections in South Africa.

COVID-19 is a disease caused by a novel type of coronavirus. The vast majority of people who contract COVID-19 experience only mild symptoms potentially including fever, a cough and shortness of breath. In a small percentage of people, COVID-19 may result in severe disease and even death.

Detailed information about the prevention and transmission of COVID-19 is available [on the Discovery website](#).

Know your risks

You can understand your risk status at any point in time by completing the COVID-19 risk assessment. The assessment is a set of questions which determines if you may be presenting with symptoms suggestive of COVID-19 disease or may have been exposed to COVID-19 infection and need a consultation with a doctor. The assessment is available [on the Discovery website](#) or by calling us and following the prompts to complete the COVID-19 risk assessment.

WHO Global Outbreak Benefit

The WHO Global Outbreak Benefit is available to all members of Discovery Health Medical Scheme during a declared outbreak period. The benefit provides cover for the COVID-19 vaccine as well as a defined basket of care for out-of-hospital healthcare services, related to the outbreak disease.

This benefit ensures members have access to vaccination, screening consultations, testing, and management and appropriate supportive treatment as long as they meet the Scheme's Benefit entry criteria.

How you are covered

This benefit, available on all plans, is covered by the Scheme for cases of outbreak diseases and out-of-hospital healthcare services related to COVID-19 and does not affect your day-to-day benefits, where applicable.

This benefit offers cover for out-of-hospital management and appropriate supportive treatment of global World Health Organization (WHO) recognised disease outbreaks and out-of-hospital healthcare services related to COVID-19.

The basket of care includes:

- COVID-19 vaccine and the administration of the vaccine
- Screening consultations with a network GP (either virtual consultations, telephone or face-to-face)

- COVID-19 PCR and Rapid Antigen screening tests if referred by your doctor, or if referred by a network GP following completion of the Discovery risk assessment
- A defined basket of pathology tests for COVID-19 positive members
- A defined basket of x-rays and scans for COVID-19 positive members
- Supportive treatment, including medicine and a home monitoring device to track oxygen saturation levels for at risk members who meet the clinical entry criteria
- Accommodation in accredited isolation facilities.

Cover is subject to the Scheme's preferred providers (where applicable), protocols and the treatment meeting the Scheme's entry criteria and guidelines. Any recommended treatment and healthcare services that are not included in the basket of care are covered according to the benefits available on your chosen health plan or in accordance with Prescribed Minimum Benefits (PMBs) where applicable.

In-hospital treatment related to COVID-19 for approved admissions is covered from the Hospital Benefit based on your chosen health plan and in accordance with Prescribed Minimum Benefits (PMB) where applicable.

COVID-19 vaccine

The COVID-19 vaccine and administration of the vaccine are covered as Prescribed Minimum Benefits (PMBs). All Discovery Health Medical Scheme members 18 years and older will be covered for the vaccine, in accordance with the prioritisation framework and the three-phase roll-out plan as established by the Ministerial Advisory Committee and National Department of Health.

You will be required to register on the National Department of Health's Electronic Vaccination Data System (EVDS), and make use of one of the accredited vaccination sites. The list of accredited facilities will be published by the National Department of Health. Read more about the COVID-19 vaccine in the [Discovery Health FAQ document](#).

Benefits available to you from the WHO Global Outbreak Benefit

<p>These healthcare services are covered from the WHO Global Outbreak Benefit up to a maximum of 100% of the Discovery Health Rate (DHR). This cover does not affect your day-to-day benefits, where applicable. These benefits are available up to the limits set out by the Scheme. You may apply for additional cover from the Scheme, where clinically appropriate.</p>	
COVID-19 vaccine	You are covered for the COVID-19 vaccine and the administration of the vaccine. In South Africa members will have access to different vaccines, depending on the procurement and distribution from the National Department of Health. Each vaccine may have its own frequency limits depending on whether a single or double dose is indicated.
Risk assessment	You can understand your risk status at any point in time by completing the COVID-19 risk assessment available on www.discovery.co.za or by calling us and following the prompts to complete the COVID-19 risk assessment. The assessment is a set of questions which determines if you may be presenting with symptoms suggestive of COVID-19 disease or may have been exposed to COVID-19 infection and need a consultation with a doctor.
Screening consultation	You are covered for COVID-19 screening consultations. You can choose to either access a virtual, telephone or face-to-face screening consultation with a network provider. Virtual and telephone consultations provide a safe alternative to face-to-face consultations for patients and doctors, and contributes to the important containment measures that will continue to reduce the impact of the outbreak.
COVID-19 screening PCR and Rapid Antigen tests	You have access to two Rapid Antigen and two COVID-19 PCR tests per beneficiary per annum, regardless of the outcome of the test. Cover is unlimited where approved as Prescribed Minimum Benefits (PMBs). Screening tests are funded in full from the WHO Global Outbreak Benefit, when referred by the doctor that screened you. This includes pre-admission PCR testing for approved hospital admissions, subject to referral by a doctor. Registered healthcare professionals that are members of Discovery Health Medical Scheme, have access to four Rapid Antigen and two PCR tests per annum, except where approved as a Prescribed Minimum Benefit (PMB).
Diagnostic and follow-up consultations for COVID-19 positive members	You have access to a defined basket of diagnostic and follow up consultations if you are diagnosed with COVID-19, up to the Discovery Health Rate (DHR).
Diagnostic and follow-up tests for COVID-19 positive members	You have access to a defined basket of diagnostic and follow up pathology tests if you are diagnosed with COVID-19, up to the Discovery Health Rate (DHR).
X-rays and scans	You have access to a defined basket of x-rays and scans up to the Discovery Health Rate (DHR).

Supportive medicines list	We pay for defined supportive medicines prescribed by your doctor for symptom management and treatment of COVID-19, up to the Discovery Health Rate (DHR). You can view this list on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.
Accommodation in accredited isolation facilities	If you have been exposed and are considered at risk of testing positive for COVID-19 or you have tested positive for COVID-19, Discovery Health has partnered with reputable hotels and facilities to offer accommodation at isolation facilities where you can self-isolate. You can check into these hotels and facilities at a discounted rate. The Scheme offers an additional discounted rate of up to a maximum of R400 per day and up to 100% of the Discovery Health Rate (DHR) for registered healthcare professionals. You have cover up to a maximum of 14 days of accommodation per person per year.
Home monitoring device for at-risk COVID-19 positive members	If you meet the qualifying clinical entry criteria for at risk members, the Scheme will issue you with a pulse oximeter device, through our network provider, to track and monitor your oxygen saturation levels. Funding for this device is subject to a limit of one device per family. You will also be covered for up to two consultations with a Discovery wellness specialist, to track and monitor oxygen-saturation levels and a follow-up virtual consultation with a GP, where necessary.
In-hospital	Your hospital admission is subject to approval and preauthorisation. Sub-limits and clinical guidelines apply to certain healthcare services in hospital. In-hospital treatment related to COVID-19 for approved admissions is covered from the Hospital Benefit based on your chosen health plan and in accordance with Prescribed Minimum Benefits (PMBs), where applicable.

Once you have used up the benefits available from the WHO Global Outbreak Benefit, we pay for out-of-hospital healthcare expenses related to COVID-19 from your available day-to-day benefits, where applicable.

How to access the WHO Global Outbreak Benefit

To access the benefits outlined above, as part of the WHO Global Outbreak Benefit, you must meet the Scheme's Benefit entry criteria. The following criteria need to be met before claims will be paid from the WHO Outbreak Benefit:

- The disease needs to be a WHO recognised outbreak disease;
- Cover is for diseases during a declared outbreak period;
- May be subject to use of preferred providers, where applicable;
- Subject to the referral process for screening and testing;
- Subject to the Scheme's treatment guidelines and protocols.

Am I covered if I am in a waiting period?

The Scheme resolved to change its approach to underwriting for the duration of the outbreak, specifically for cover related to COVID-19. Members who are diagnosed with COVID-19 after joining Discovery Health Medical Scheme will have access to cover for COVID-19, even if they are subject to a waiting period at the time of being diagnosed with COVID-19.

Members that are diagnosed with COVID-19 before joining the Scheme, are subject to normal underwriting rules and waiting periods, and will not have access to the cover.

In an emergency

If you have an emergency, call Discovery 911 on 0860 999 911. You can request ambulance services or go straight to hospital.

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