



2021

DISCOVERY HEALTH MEDICAL SCHEME

HIV CARE PROGRAMME

Overview

The HIV Care Programme, together with your Premier Plus GP, will help you actively manage your condition. The programme gives you and your Premier Plus GP access to various tools to monitor and manage your condition and to ensure you get high-quality coordinated healthcare and the best outcomes.

This document gives you information about the HIV Care Programme. It explains your cover for hospital admissions related to HIV and AIDS and how we pay for HIV medicine and other supportive medicine and preventative treatment. We also give you information on the doctor consultations, laboratory tests and x-rays we cover.

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 Above Threshold Benefit (ATB), and the Priority plans have a limited Above Threshold Benefit (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).
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 (CDA) is a monthly amount we pay up to for a chronic medicine class, subject to the member's health plan. 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.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) or benefits available from the 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.
Discovery Health Rate for medicine	This is the rate we 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.
Payment arrangements	We have payment arrangements in place with specific healthcare professionals to pay them in full at an agreed rate.
Premier Plus GP	A Premier Plus GP is a network GP who has contracted with us to provide you with coordinated care for defined chronic conditions.
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.

	<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 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>
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The HIV Care Programme at a glance

You have access to clinically sound and cost-effective treatment

Our HIV Care Programme protocols are based on the Southern African HIV Clinicians' Society and the South African Department of Health guidelines. Approval of HIV-related services is subject to Prescribed Minimum Benefit (PMB) guidelines and your plan benefits.

We deal with each case with complete confidentiality

Our HIV healthcare team respects your right to privacy and will always deal with any HIV and AIDS related query or case with complete confidentiality.

There is no limit for hospitalisation for members who register on the HIV Care Programme

This applies to all plans. Members must always get approval for their hospital admissions. Refer to the "Benefits available for your plan" section for more information.

The Scheme covers a defined basket of care for consultations and HIV-specific blood tests

GP and specialist consultations for the management of HIV

For members who are registered on the HIV Care Programme, the Scheme pays for:

- Four GP consultations
- One specialist consultation per person each year

HIV monitoring blood tests

The Scheme also pays for HIV-specific blood tests for members who are registered on the HIV Care Programme. These tests are a measure of how many copies of HIV (viral load) are present in the blood and how well the immune system is functioning (CD4 count), and are instrumental in managing the patient's response to treatment.

Once you have registered on the HIV Care Programme, the Scheme pays for these blood tests up to the Discovery Health Rate (DHR) as follows:

TEST	NUMBER OF TESTS WE COVER FOR EACH PERSON A YEAR
CD4 count	4
Viral load	4
Alanine aminotransferase (ALT)	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1

TEST	NUMBER OF TESTS WE COVER FOR EACH PERSON A YEAR
Liver function test (LFT)	1
HIV drug resistance test (genotype)	1

HIV drug resistance test

You need authorisation for drug resistance tests to be covered by the Scheme. Authorisation is needed for tests done in-hospital and out-of-hospital.

If you have not registered on the HIV Care Programme, the test costs will be paid from your available day-to-day benefits. If you have run out of funds or do not have a plan with day-to-day benefits, you must pay for these costs. If you are on the Classic Smart Comprehensive Plan, you must pay for these costs yourself until you reach the Annual Threshold to have cover for day-to-day medical expenses from your Above Threshold Benefit (ATB).

We pay for antiretroviral medicine from our HIV medicine list (formulary) up to the Discovery Health Rate for medicine

Members who test positive for HIV have cover for antiretroviral medicine that is on our HIV medicine list (formulary). The most up to date formulary can be found on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates. Our other HIV formularies include treatment for prevention of mother-to-child transmission, treatment of sexually transmitted infections and HIV-related (or AIDS-defining) infections.

We will fund for supportive medicine subject to the clinical entry criteria. In this instance our case managers will coordinate HIV medicine applications and monitor the member's use of antiretroviral treatment to ensure the treatment is effective.

How we pay for preventative therapy

For preventive treatment in case of sexual assault, mother-to-child transmission, trauma or injuries on duty, any HIV waiting periods do not apply to preventive medicine. Cover is subject to national treatment guidelines and benefit confirmation. Members do not need to register on the HIV Care Programme for this preventive treatment. Members may need to complete a separate application form.

We provide cover for nutritional feeds to prevent mother-to-child transmission

We pay for nutritional feeds for babies born to HIV-positive mothers from the date of birth and up to six months. We approve the first month upfront, subject to the registration of your baby on your health plan to qualify for the remaining five months. These are paid according to the HIV nutritional and mother to child prevention medicine list (formulary). The most up to date formulary can be found on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

Getting the most out of your benefits

You can register on the HIV Care Programme to access comprehensive HIV benefits or you can speak to your Premier Plus GP to assist you with the registration.

How to register on the HIV Care Programme

Call us on 0860 99 88 77 or email HIV_Diseasemanagement@discovery.co.za to register. The HIV Care team will only speak to you, the patient, or your treating doctor about any HIV-related query.

Benefits of using a Premier Plus GP to manage your condition

When you register for our HIV Care Programme and choose a Premier Plus GP to manage your condition, you are covered for the care you need, which includes additional cover for social workers.

Use our designated service providers (DSPs) to avoid co-payments

You must use designated service providers (DSPs) to avoid a co-payment. Treatment received from a provider that is not a designated service provider (DSP) may be subject to a co-payment if the healthcare provider charges more than what we pay.

You have full cover for GPs who are on the Premier Plus HIV GP Network and specialists who have a payment arrangement with us. The Scheme will pay the account up to the agreed rate.

- If you are on a *Priority, Saver or Core Plan*, you must use a Premier Plus HIV Network GP to manage your condition to avoid a 20% co-payment.
- If you are on a *Smart plan*, you must go to a Smart GP who is a Premier Plus HIV Network GP to avoid a 20% co-payment.
- If you are on a *KeyCare Plus plan or KeyCare Start Plan*, you must use your chosen KeyCare or KeyCare Start GP who is in the Premier Plus HIV Network to avoid a 20% co-payment.
- If you are on a *KeyCare Core Plan*, you must use a KeyCare network GP who is a Premier Plus HIV Network GP to avoid a 20% co-payment.

Visit www.discovery.co.za or click on Find a healthcare provider on the Discovery app to find a provider in our network.

Use approved medicine on our medicine list

We do not cover experimental, unproven or unregistered treatments or practices.

You have full cover for approved medicine on our HIV medicine list (formulary) if your healthcare provider charges the Discovery Health Rate for Medicine and if you use a designated service provider (DSP).

For clinically appropriate medicine that is not on the medicine list, we will pay up to a set monthly amount (Chronic Drug Amount or the cost of the lowest formulary listed drug equivalent on the Smart and KeyCare plans). You will be responsible to pay any shortfall for medicines not on the list or if the pharmacy charges more than the Discovery Health Rate for medicine.

Get your HIV medicine from a designated service provider (DSP)

The designated service providers (DSPs) for HIV medicine are pharmacies in our HIV pharmacy network. Visit www.discovery.co.za or click on Find a healthcare provider on the Discovery app to find a pharmacy in our network or alternatively use MedXpress. If you don't use a designated service provider (DSP) for your monthly chronic medicine orders, a 20% co-payment will apply, which means you will have to pay this amount. The co-payment applies to HIV antiretroviral medicines only.

Members on a KeyCare plan can also get their HIV medicine from their dispensing KeyCare GP.

Take your HIV medicine as prescribed and send test results when we ask for them

We will only pay for your HIV treatment if it has been approved. It is important that you follow your treatment plan. Once you have registered on the HIV Care Programme, you will need to send us the results of the follow-up tests for us to assist you in the ongoing management of your condition.

If your treatment changes, your doctor will need to apply for the new treatment to be covered.

Prescribed Minimum Benefit (PMB) cover

HIV is classified as a Prescribed Minimum Benefit (PMB) condition. Specified treatment protocols are available for funding from this benefit for members who qualify for cover. More information on Prescribed Minimum Benefits (PMBs) is available in the Prescribed Minimum Benefit Guide at www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

Your doctor can request additional cover

We cover certain out-of-hospital treatments related to HIV infection as a Prescribed Minimum Benefit (PMB). You can ask for additional cover, if your condition requires this, through an appeals process which is explained below. We will review the individual circumstances of the case, however it's important to note that this process doesn't guarantee cover.

Download the HIV PMB Appeals form from our website or call us on 0860 99 88 77 to request it or for more information on how to start this process. The most up to date form can be found on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

We pay all non-approved out-of-hospital treatments from the available funds in your day-to-day benefits, if available on your plan type. If your plan does not have day-to-day benefits or you have run out of savings, you will have to pay for these healthcare services.

To appeal against the funding decision on cover or to request additional cover

- 1 | Download and print HIV PMB Appeals form, the most up to date form can be found on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates. Members can also call 0860 99 88 77 to request the form
- 2 | Complete the HIV PMB Appeals form with the assistance of your healthcare professional
- 3 | Send the completed, signed appeal form, along with any additional medical information, by email to HIV_diseasemanagement@discovery.co.za.

- 4 | If the additional cover is approved, the Scheme will pay the claims for these treatments in full, if we have a payment arrangement with your doctor. You may be responsible to pay part of the claim if we do not have an arrangement with your doctor and he or she charges higher than what we pay.

Benefits available for your plan type

EXECUTIVE PLAN											
<p>Hospital admissions When you know you are going to hospital, you need to tell us beforehand and preauthorise your admission.</p> <p>You must preauthorise your admission to hospital at least 48 hours before you go in Please phone Discovery Care on 0860 99 88 77 and follow the prompts to get approval. When you contact us, please have specific information about your procedure and admission available, so that we can assist you. This includes the date of admission, your doctor's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and procedure or treatment (RPL) codes.</p> <p>GP and specialist consultations If you have registered on the HIV Care Programme, we pay for four GP consultations and one specialist consultation for HIV per person for each year. The Scheme may pay more consultations including those for paediatricians should further consultations be clinically necessary and approved.</p> <p>If you have not registered on the programme, the consultation costs will be paid from your day-to-day benefits, up to the Discovery Health Rate (DHR). If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.</p> <p>HIV antiretroviral and HIV supportive medicine If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider (DSP) to get your medicines, we will pay for it in full up to the Discovery Health Rate (DHR) for medicine. If you do not use a designated service provider (DSP), you will have to pay a 20% co-payment on your HIV antiretroviral medicines.</p> <p>We pay approved antiretroviral medicine that is not on our HIV medicine list up to a set monthly amount (HIV Chronic Drug Amount). If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.</p> <p>You have cover of up to R535 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.</p>											
<table border="1"> <thead> <tr> <th>Medicine name</th> <th>NAPPI code</th> </tr> </thead> <tbody> <tr> <td>Multivitamin forte</td> <td>715460001</td> </tr> <tr> <td>Multivitamin orange</td> <td>838500005</td> </tr> <tr> <td>Multivitamin</td> <td>799173002</td> </tr> <tr> <td>Heberbio hbv sgl dose 1ml adult</td> <td>701659001</td> </tr> </tbody> </table>		Medicine name	NAPPI code	Multivitamin forte	715460001	Multivitamin orange	838500005	Multivitamin	799173002	Heberbio hbv sgl dose 1ml adult	701659001
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COMPREHENSIVE SERIES
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If you are on Classic Smart Comprehensive plan: You are covered in full at private hospitals in the Smart Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R9 950 upfront to the hospital. This does not apply in an emergency.

GP and specialist consultations

If you have registered on the HIV Care Programme, we pay for four GP consultations and one specialist consultation for HIV per person for each year. The Scheme may pay more consultations including those for paediatricians should further consultations be clinically necessary and approved.

If you have not registered on the programme, the consultation costs will be paid from your day-to-day benefits, up to the Discovery Health Rate (DHR). If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider (DSP) to get your medicines, we will pay for it in full up to the Discovery Health Rate (DHR) for medicine. If you do not use a designated service provider (DSP), you will have to pay a 20% co-payment on your HIV antiretroviral medicines.

We pay approved antiretroviral medicine that is not on our HIV medicine list up to a set monthly amount (HIV Chronic Drug Amount). If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.

You have cover of up to R535 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001

PRIORITY SERIES

Hospital admissions

When you know you are going to hospital, you need to tell us beforehand and preauthorise your admission.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone Discovery Care on 0860 99 88 77 and follow the prompts to get approval. When you contact us, please have specific information about your procedure and admission available, so that we can assist you. This includes the date of admission, your doctor's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and procedure or treatment (RPL) codes.

GP and specialist consultations

If you have registered on the HIV Care Programme, we pay for four GP consultations and one specialist consultation for HIV per person for each year. You must use a Premier Plus HIV Network GP to manage your condition to avoid a 20% co-payment.

The Scheme may pay more consultations including those for paediatricians should further consultations be clinically necessary and approved.

If you have not registered on the programme, the consultation costs will be paid from available funds allocated to your Medical Savings Account (MSA) and limited Above Threshold Benefit (ATB), up to the Discovery Health Rate (DHR). If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider (DSP) to get your medicines, we will pay for it in full up to the Discovery Health Rate (DHR) for medicine. If you do not use a designated service provider (DSP), you will have to pay a 20% co-payment on your HIV antiretroviral medicines.

We pay approved antiretroviral medicine that is not on our HIV medicine list up to a set monthly amount (HIV Chronic Drug Amount). If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.

You have cover of up to R535 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001

SAVER SERIES

Hospital admissions

When you know you are going to hospital, you need to tell us beforehand and preauthorize your admission.

You must preauthorize your admission to hospital at least 48 hours before you go in

Please phone Discovery Care on 0860 99 88 77 and follow the prompts to get approval. When you contact us, please have specific information about your procedure and admission available, so that we can assist you. This includes the date of admission, your doctor's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and procedure or treatment (RPL) codes.

If you are on the Classic Delta or Essential Delta network option: You are covered in full at approved private hospitals and day-clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R8 700 upfront to the hospital. This does not apply in an emergency.

If you are on the Coastal Saver Plan: You must go to an approved hospital in one of the four coastal provinces for a planned hospital admission. If you don't use a coastal hospital in our network, the Scheme will pay up to a maximum of 70% of the hospital account and you must pay the difference. This does not apply in an emergency.

GP and specialist consultations

If you have registered on the HIV Care Programme, we pay for four GP consultations and one specialist consultation for HIV per person for each year. You must use a Premier Plus HIV Network GP to manage your condition to avoid a 20% co-payment.

The Scheme may pay more consultations including those for paediatricians should further consultations be clinically necessary and approved.

If you have not registered on the programme, the consultation costs will be paid from the available funds allocated to your Medical Savings Account (MSA).

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider (DSP) to get your medicines, we will pay for it in full up to the Discovery Health Rate (DHR) for medicine. If you do not use a designated service provider (DSP), you will have to pay a 20% co-payment on your HIV antiretroviral medicines.

We pay approved antiretroviral medicine that is not on our HIV medicine list up to a set monthly amount (HIV Chronic Drug Amount). You will need to pay any shortfall yourself.

You have cover of up to R535 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001

SMART SERIES

Hospital admissions

When you know you are going to hospital, you need to tell us beforehand and preauthorise your admission.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone Discovery Care on 0860 99 88 77 and follow the prompts to get approval. When you contact us, please have specific information about your procedure and admission available, so that we can assist you. This includes the date of admission, your doctor's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and procedure or treatment (RPL) codes.

You are covered in full at private hospitals and day-clinics in the *Smart Hospital Network*. For planned admissions at hospitals outside the network, you must pay an amount of R9 950 upfront to the hospital. This does not apply in an emergency.

GP and specialist consultations

If you have registered on the HIV Care Programme, we pay for four GP consultations and one specialist consultation for HIV per person for each year. You must use a GP who is on both the Smart and Premier Plus HIV GP Network to manage your condition to avoid a 20% co-payment.

The Scheme may pay more consultations including those for paediatricians should further consultations be clinically necessary and approved.

If you have not registered on the programme, these costs will be funded from your available day-to-day benefits, where applicable.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider (DSP) to get your medicine, we will pay for these in full up to the Discovery Health Rate (DHR) for medicine. If you use medicine that is not listed on our medicine list, the cost of the lowest formulary listed drug will apply.

If you do not use a designated service provider (DSP), you will have to pay a 20% co-payment on your HIV antiretroviral medicines.

You have cover of up to R535 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin forte	715460001
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CORE SERIES

Hospital admissions

When you know you are going to hospital, you need to tell us beforehand and preauthorise your admission.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone Discovery Care on 0860 99 88 77 and follow the prompts to get approval. When you contact us, please have specific information about your procedure and admission available, so that we can assist you. This includes the date of admission, your doctor's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and procedure or treatment (RPL) codes.

If you are on the Classic Delta or Essential Delta network option: You are covered in full at approved private hospitals and day-clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R8 700 upfront to the hospital. This does not apply in an emergency.

If you are on the Coastal Core Plan: You must go to an approved hospital in one of the four coastal provinces for a planned hospital admission. If you don't use a coastal hospital in our network, the Scheme will pay up to a maximum of 70% of the hospital account and you must pay the difference. This does not apply in an emergency.

GP and specialist consultations

If you have registered on the HIV Care Programme, we pay for four GP consultations and one specialist consultation for HIV per person for each year. You must use a Premier Plus HIV Network GP to manage your condition to avoid a 20% co-payment. The Scheme may pay more consultations including those for paediatricians should further consultations be clinically necessary and approved.

If you have not registered on the programme, you must pay for these costs.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider (DSP) to get your medicines, we will pay for it in full up to the Discovery Health Rate (DHR) for medicine. If you do not use a designated service provider (DSP), you will have to pay a 20% co-payment on your HIV antiretroviral medicines.

We pay approved antiretroviral medicine that is not on our HIV medicine list up to a set monthly amount (HIV Chronic Drug Amount). You will need to pay any shortfall yourself.

You have cover of up to R535 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.

Medicine name	NAPPI code
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KEYCARE SERIES

Hospital admissions

When you know you are going to hospital, you need to tell us beforehand and preauthorise your admission.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone Discovery Care on 0860 99 88 77 and follow the prompts to get approval. When you contact us, please have specific information about your procedure and admission available, so that we can assist you. This includes the date of admission, your doctor's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and procedure or treatment (RPL) codes.

If you are on the **KeyCare Plus** or **KeyCare Core plan**: You are covered in full at private hospitals in the KeyCare Full Cover Hospital Network. If you go to any of the private hospitals in the Partial Cover Hospital Network, the Scheme will pay up to a maximum of 70% of the hospital account and you must pay the difference. This does not apply in an emergency. If you don't go to a KeyCare Network Hospital you will have to pay the account yourself. This does not apply in an emergency.

If you are on the KeyCare Start plan: We cover you in full at your chosen KeyCare Start Network hospital. If you do not use your chosen hospital in the network, you will have to pay all costs. This does not apply in an emergency.

GP and specialist consultations

For members who have registered on the HIV Care Programme, we pay for four GP consultations at your chosen KeyCare or KeyCare Start and Premier Plus GP, including one specialist consultation for HIV per person, each year. The Scheme may pay for more consultations including those for paediatricians should further consultations be clinically necessary and approved.

You must use a GP who is on both the KeyCare or KeyCare Start and Premier Plus HIV GP Network to manage your condition to avoid a 20% co-payment.

If you have not registered on the programme, these costs will fund from your available day-to-day benefits. If your plan does not have day-to-day benefits available, you will have to pay these costs.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider to get your medicines, we will pay for it in full up to the Discovery Health Rate (DHR) for medicine.

If you use medicine that is not listed on our medicine list, the cost of the lowest formulary listed drug will apply.

If you do not use a designated service provider (DSP), you will have to pay a 20% co-payment on your HIV antiretroviral medicines.

You have cover of up to R535 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.

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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