

# HIV CARE PROGRAMME

DISCOVERY HEALTH MEDICAL SCHEME  
2024





## Overview

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 preventive treatment. We also give you information on the doctor consultations, laboratory tests and x-rays we cover.

When you are enrolled in the HIV Care Programme by your nominated Premier Plus GP or a GP in the Discovery Health GP network, you and your doctor can actively manage your condition to make sure you have access to the best healthcare outcomes. You also have access additional benefits when your GP is part of the Premier Plus GP Network. We outline the details for you in this guide.

## 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)	<b>Available on the Executive, Comprehensive and Priority plans</b> 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 Plan has an unlimited Above Threshold Benefit (ATB), the Comprehensive and Priority plans have a limited Above Threshold Benefit (ATB).
Annual Threshold	<b>Available on the Executive, Comprehensive and Priority plans</b> 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 the maximum monthly amount we pay 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 we pay medicine that is not listed on the formulary up to the monthly Reference Price for the medicine category.
Comprehensive cover	This cover includes benefits that go beyond the essential healthcare services and Prescribed Minimum Benefits as prescribed by the Medical Schemes Act. Comprehensive cover offers additional cover and supplementary benefits to compliment basic cover. You have the flexibility to choose your healthcare options and service providers. Whether it's full cover or options outside of full cover, we give you the freedom to decide what suits your needs. Our cover is in line with or goes beyond defined clinical best practices. This makes sure that you get treatment that is expected and clinically appropriate.  We may review these principles from time to time to stay current with changes in the healthcare landscape. While comprehensive, cover remains subject to the Scheme's treatment guidelines, protocols, and designated service providers. We still prioritise managed care to ensure the best outcomes for your health.
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.



TERMINOLOGY	DESCRIPTION
Designated service provider (DSP)	A healthcare provider (for example doctor, specialist, allied healthcare professional, pharmacy or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit <a href="http://www.discovery.co.za">www.discovery.co.za</a> or click on Find a healthcare provider on the Discovery Health app to view the full list of designated service providers (DSPs).
Care programme	All Discovery Health Medical Scheme members registered on the Chronic Illness Benefit (CIB) for hypertension and/or hyperlipidaemia and/or ischaemic heart disease and/or HIV, are eligible to enrol on our coordinated care programmes to access enhanced benefits and support.
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 enrol you on one of our care programmes for defined chronic conditions and provide you with coordinated care and additional benefits.
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"><li>• An emergency medical condition</li><li>• A defined list of 271 diagnoses</li><li>• A defined list of 27 chronic conditions.</li></ul> To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply: <ul style="list-style-type: none"><li>• Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions</li><li>• The treatment needed must match the treatments in the defined benefits</li><li>• You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network once your condition has stabilised. If you do not use a 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.</li></ul> If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.
Primary care doctor	A primary care doctor helps you take care of your general health. Having one nominated doctor who manages your health and coordinates your care leads to better health outcomes. Your primary care doctor knows your complete medical history and takes the healthcare approach that works best for you.



TERMINOLOGY	DESCRIPTION
Reference Price	The Reference Price is the set monthly amount we pay for a medicine category. This applies for medicine that is not listed on the medicine list (formulary).

## Our care programmes

Currently, all Discovery Health Medical Scheme members, registered on the Chronic Illness Benefit (CIB) for hypertension and/or hyperlipidaemia and/or ischaemic heart disease or HIV are eligible to enrol in a care programme.

The HIV Care Programme has been developed based on clinical and lifestyle guidelines to give members access to enhanced care and support. Through the programme, you and your nominated Premier Plus GP can agree on key goals and track your progress on a personalised dashboard on HealthID and unlock additional benefits.

Your nominated GP must be on the Premier Plus GP network and can enrol you on the HIV Care Programme through HealthID provided you have given consent to do so. You can give your doctor consent to [access your Electronic Health Record here](#).

- Your nominated Premier Plus GP can enrol you on the HIV Care Programme through HealthID, provided that you give consent.
- Members on KeyCare Plans must be enrolled by their nominated Premier Plus doctor who is also a participating GP in the KeyCare GP Network
- Members on Smart plans must be enrolled by their nominated Premier Plus doctor who is also a participating GP on the Smart GP Network

Members who are enrolled on the HIV Care Programme through their nominated Premier Plus GP will have access to additional benefits; one annual social worker consultation and one extended GP consultation paid from Scheme benefits. To find a Premier Plus GP visit [www.discovery.co.za](http://www.discovery.co.za) > Find a healthcare provider or click on Find a healthcare provider on the Discovery Health app.

## Nominate a primary care GP

If you are approved for a chronic Prescribed Minimum Benefit (PMB) condition, you must nominate a General practitioner (GP) in the GP Network for your plan to be your primary care doctor for the management of your chronic conditions. Find out more about how to nominate your GP in the *Get the most out of your benefits* section of this document.

There is overwhelming medical evidence that patients experience improved health outcomes when their primary care is coordinated through a single primary care GP. In line with this best practice, you and your dependants need to nominate a primary care GP for the effective management of your chronic conditions. If you are on any health plan except the Executive Plan, when you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation in full.

If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, you will be responsible for any co-payments. You and your dependants can change your nomination three times every calendar year. This does not affect the cover for prescribed chronic medicine, chronic illnesses managed by specialists, or consultations relating to acute conditions.

Nominate your GP or manage your existing nomination [here](#).

## 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 enrol 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 of this guide 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 at your nominated GP in the Discovery Health GP network
- One specialist consultation per person each year

### HIV monitoring blood tests

The Scheme also pays for HIV-specific blood tests for members who are enrolled 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 enrolled 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
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 enrolled 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.

## 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](http://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. These formularies can also be found on [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Find documents and certificates.

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 make sure the treatment is effective.

## How we pay for preventive 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 be enrolled on the HIV Care Programme for this preventive treatment. Members may need to complete a separate application form.

### For post-exposure

For post-exposure preventive therapy, you can access ARV treatment from a network pharmacy and then call us on 0860 100 417 to notify one of the dedicated case managers.

### For pre-exposure

For pre-exposure preventive therapy, please complete the 'Request for pre-exposure prophylaxis' form which is available on [www.discovery.co.za](http://www.discovery.co.za) under Medical aid > Find documents and certificates.

## Getting the most out of your benefits

### How to enrol on the HIV Care Programme

You can enrol on the HIV Care Programme to access comprehensive HIV benefits or you can speak to your nominated Premier Plus GP or Discovery Health Network GP to enrol you onto the care programme.

Call us on 0860 99 88 77 or email [HIV\\_Diseasemanagement@discovery.co.za](mailto:HIV_Diseasemanagement@discovery.co.za) to enrol. The HIV Care team will only speak to you, the patient, or your treating doctor about any HIV-related query.

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

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 the amount we pay.

You have full cover at your nominated GP in the Premier Plus GP Network or Discovery Health 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 the *Executive Plan*, you can see any GP in the Discovery Health GP network.
- If you are on the *Comprehensive, Priority, Saver or Core Plan*, you must consult with your nominated Premier Plus GP or a GP in the Discovery Health GP Network to manage your condition to avoid a 20% co-payment.
- If you are on a *Smart Plan*, you must consult with your nominated GP in the Discovery Health GP Network who is a Smart Network GP to avoid a 20% co-payment.
- If you are on a *KeyCare Plus Plan or KeyCare Start Plan*, you must consult with your nominated KeyCare or KeyCare Start Network GP to avoid a 20% co-payment.
- If you are on *KeyCare Start Regional Plan*, you must consult with your nominated KeyCare Start Regional Network GP to avoid a 20% co-payment.
- If you are on a *KeyCare Core Plan*, you must consult with your nominated KeyCare Network GP to avoid a 20% co-payment.

Visit [www.discovery.co.za](http://www.discovery.co.za) under Medical aid > Find a healthcare provider 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 where applicable or up to a monthly Reference Price for 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](http://www.discovery.co.za) under Medical aid > Find a healthcare provider or click on Find a healthcare provider on the Discovery app to find a pharmacy in our network. 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, where applicable.

### 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 enrolled 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 nominated Premier Plus GP or Discovery Health Network GP will need to apply for the new treatment to be covered.

You now have greater convenience and flexibility in managing your medicine needs. Order directly from any MedXpress Network pharmacy, including Clicks, Dis-Chem, Medirite, or participating pharmacies within the network. Alternatively, you can make use of our Online Pharmacy functionality on the new Discovery Health app. From prescription uploads to delivery tracking, managing all your medicine needs is now smoother than ever.

### 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](http://www.discovery.co.za) under Medical Aid > Find documents and certificates.

### Your treating 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](http://www.discovery.co.za) under Medical Aid > Find 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](http://www.discovery.co.za) under Medical Aid > Find 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](mailto: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 healthcare professional. 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.

#### EXECUTIVE PLAN

##### Hospital admissions

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



## EXECUTIVE PLAN

### 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.

### GP and specialist consultations

If you have enrolled on the HIV Care Programme, we pay for four GP consultations at a Premier Plus GP or Discovery Health Network GP 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 enrolled 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). Medicine not listed on the supportive medicine list (formulary), will be covered up to a monthly Reference Price. 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 R580 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

Discovery MedXpress is a convenient medicine ordering service that provides seamless ordering of prescribed medicine via SMS, the Discovery website and the mobile app. You can get your monthly chronic medicine delivered to your door or collect your medicine in-store at a participating pharmacy at no extra cost to you. Learn more about the benefits of using MedXpress and how to order your medicine [here](#).

## COMPREHENSIVE 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.





## COMPREHENSIVE SERIES

*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 R11,650 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 at your nominated Premier Plus GP or Discovery Health Network GP, 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.

When you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation in full. If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, you will be responsible for any co-payments. You and your dependants can change your nomination three times every calendar year.

If you have not enrolled 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). Medicine not listed on the supportive medicine list (formulary), will be covered up to a monthly Reference Price. 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 R580 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 at your nominated Premier Plus GP or Discovery Health Network GP, 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.



## PRIORITY SERIES

When you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation in full. If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, you will be responsible for any co-payments. You and your dependants can change your nomination three times every calendar year.

If you have not enrolled 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). Medicine not listed on the supportive medicine list (formulary), will be covered up to a monthly Reference Price. 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 R580 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 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 R10,200 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 at your nominated Premier Plus GP or Discovery Health Network GP, 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.



## SAVER SERIES

When you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation in full. If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, you will be responsible for any co-payments. You and your dependants can change your nomination three times every calendar year.

If you have not enrolled 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). Medicine not listed on the supportive medicine list (formulary), will be covered up to a monthly Reference Price. 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 R580 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.

*If you are on the Classic Smart and Essential Smart plans* 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 R11,650 upfront to the hospital. This does not apply in an emergency.

*If you are on the Essential Dynamic Smart Plan:* You must use Ask Discovery to guide you to the most appropriate Dynamic Smart network hospital. If you have a planned hospital admission at any other hospital, you will have to pay R14,050 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 at your nominated Premier Plus GP or Discovery Health Network GP, 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.



## SMART SERIES

When you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation in full. If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, you will be responsible for any co-payments. You and your dependants can change your nomination three times every calendar year.

If you have not enrolled 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. Medicine not listed on the medicine list, will be covered up to a monthly Reference Price. If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.

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 R580 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 R10,200 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 at your nominated Premier Plus GP or Discovery Health Network GP, 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.



## CORE SERIES

When you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation in full. If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, you will be responsible for any co-payments. You and your dependants can change your nomination three times every calendar year.

If you have not enrolled 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). Medicine not listed on the supportive medicine list (formulary), will be covered up to a monthly Reference Price. 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 R580 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

## 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 or KeyCare Start Regional Plan:* We cover you in full at your chosen KeyCare Start Network hospital or chosen KeyCare Start Regional 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 enrolled on the HIV Care Programme, we pay for four GP consultations at your nominated primary care KeyCare, KeyCare Start or KeyCare Start Regional 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.



## KEYCARE SERIES

When you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation in full. If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, you will be responsible for any co-payments. You and your dependants can change your nomination three times every calendar year.

Depending on your plan type, you must consult with your nominated primary care GP who is on the KeyCare, KeyCare Start or KeyCare Start Regional GP Network to manage your condition to avoid a 20% co-payment.

If you have not enrolled 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 will be covered up to a monthly Reference Price. 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 R580 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



## Working to care for and protect you

Our goal is to provide support for you in the times when you need it most.

### How to contact us

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

Go to [www.discovery.co.za](http://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.

### What to do if you have a complaint

#### 01 | TO TAKE YOUR QUERY FURTHER:

If you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on [www.discovery.co.za](http://www.discovery.co.za). We would also love to hear from you if we have exceeded your expectations.

#### 02 | TO CONTACT THE PRINCIPAL OFFICER:

If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on [www.discovery.co.za](http://www.discovery.co.za) or by emailing [principalofficer@discovery.co.za](mailto:principalofficer@discovery.co.za).

#### 03 | 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](#).

#### 04 | 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](mailto:complaints@medicalschemes.co.za) | 0861 123 267 | [www.medicalschemes.co.za](http://www.medicalschemes.co.za).

### Your privacy is important to us

We hold your privacy in the highest regard. Our unwavering commitment to protecting your personal information and ensuring the security and confidentiality of your data is clearly outlined in our Privacy Statement. You can view our latest version on [www.discovery.co.za](http://www.discovery.co.za) > Medical aid > About Discovery Health Medical Scheme.