

WORLD HEALTH ORGANIZATION (WHO) GLOBAL OUTBREAK BENEFIT

DISCOVERY HEALTH MEDICAL SCHEME
2024





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). The WHO have also declared monkeypox a Public Health Emergency of International Concern.

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 Plan has an unlimited ATB, and the Comprehensive and Priority plans have a limited ATB.
Acute COVID-19 infection	Initial diagnosis of COVID-19.
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).
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 Health 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 or 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



TERMINOLOGY	DESCRIPTION
	require a hospital admission. We may ask you for additional information to confirm the emergency.
ICD-10 diagnosis code	A clinical code that describes diseases, signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).
Long COVID	Diagnosis when symptoms of an acute COVID-19 infection persist beyond 28 days after a confirmatory test.
Medical Savings Account (MSA)	<p>Available on the Executive, Comprehensive, Priority and Saver plans</p> <p>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. You can choose to have your claims paid from the MSA either at the Discovery Health Rate, or at cost. Any unused funds will carry over to the next year. Should you leave the Scheme or change your plan during the year and have used more of the funds than what you have contributed, you will need to pay the difference to us.</p>
Monkeypox infection	Initial diagnosis of monkeypox.
Prescribed Minimum Benefits (PMB)	<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 271 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

According to the World Health Organization (WHO) the coronavirus disease (COVID-19) was a public health emergency of international concern (PHEIC). 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 online 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 provides cover for approved global disease outbreaks recognised by the World Health Organization (WHO) such as COVID-19 and monkeypox. This benefit provides access to a defined basket of care per disease outbreak, which includes cover for the administration of vaccines, where applicable, and relevant out-of-hospital treatment.

How you are covered for COVID-19

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 the management of acute COVID-19 and long COVID.

The basket of care for COVID-19 includes:

- Administration of the COVID-19 vaccines, in accordance with the National Department of Health COVID-19 vaccination roll-out plan and guidelines
- Screening consultations with a network GP (either virtual, telephone or face-to-face consultations)
- COVID-19 PCR and Rapid Antigen screening tests if referred by an appropriate healthcare professional
- 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.

For the treatment of long COVID the benefit includes the following based on the severity of the diagnosis:

- A defined number of face-to-face and/or online consultations
- A defined basket-of-care for relevant pathology and radiology tests
- Appropriate supportive treatment for symptoms and rehabilitation, where necessary.

You can access the Long COVID Recovery Programme four weeks after acute COVID-19 illness. Your doctor must submit a claim with the appropriate long COVID ICD-10 code.

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 acute COVID-19 and long COVID 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 overall aim of COVID-19 vaccines is to prevent COVID-19-related disease and deaths, and to prevent or limit transmission between individuals. Even if you get the virus, the vaccine is believed to help prevent you from getting seriously ill. The vaccine contains weakened or inactive parts of the virus which teach or stimulate the body's immune system to recognise the virus as a "threat" when it attacks, and to promptly fight the virus.

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It typically takes a few weeks after vaccination for the body to build protection (immunity) against the COVID-19 virus. That means it is possible that a person could still get COVID-19 just after vaccination; this is because the vaccine has not had enough time to provide protection. Sometimes after vaccination, the process of building immunity can cause symptoms, such as fever; these symptoms are normal and are a sign that the body is building immunity.

Vaccines are critical in the battle against COVID-19, but as we learn how they work best, it is still important to continue to protect yourself by washing your hands regularly and avoiding contact with people who are infected with COVID-19.

Administration of the COVID-19 vaccines is covered in accordance with the National Department of Health COVID-19 guidelines. All South Africans have access to the COVID-19 vaccines and boosters which are provided by the National Department of Health to public sector facilities and private service providers free of charge.

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.

Long COVID Recovery Programme

Long COVID disease is diagnosed when symptoms of an acute COVID-19 infection persist after 28 days of receiving a positive test result.

The symptoms may vary and are not limited to the below examples:

- Anosmia (loss of smell)
- Headache
- Brain Fog
- Affected mental health
- Shortness of breath
- Cough
- Chest pains
- Muscle weakness

This programme is designed with varying baskets of care according to clinical need of the member. It is based on severity of the acute illness and is offered in addition to the benefits for treatment of acute COVID-19. You can view more information in the Prescribed Minimum Benefits Basket of Care for WHO Global Outbreak Benefit on under Medical Aid > Find documents and certificates.

How you are covered when diagnosed with monkeypox

This benefit, available on all plans, is covered by the Scheme for cases of outbreak diseases and out-of-hospital healthcare services related to monkeypox 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 the management of monkeypox.

The basket of care for confirmed cases includes:

- A diagnostic PCR screening test
- Two consultations with a dermatologist or GP
- Supportive medicine formulary for pain management.

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 monkeypox treatment and/or complications for approved admissions are covered from the Hospital Benefit based on your chosen health plan and in accordance with Prescribed Minimum Benefits (PMB), where applicable.

Benefits available to you from the WHO Global Outbreak Benefit

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.

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.

COVID-19 vaccines and boosters	Administration of the COVID-19 vaccines is covered in accordance with the National Department of Health COVID-19 guidelines. All South Africans have access to the COVID-19 vaccines and boosters which are provided by the National Department of Health to public sector facilities and private service providers free of charge.
Screening consultations	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. Your doctor must use the appropriate COVID-19 ICD-10 code to ensure payment from the appropriate benefit.
COVID-19 screening PCR and Rapid Antigen tests	You have access to two Rapid Antigen tests at a network provider and two COVID-19 PCR tests per beneficiary per annum, regardless of the outcome of the test. Unlimited where approved as Prescribed Minimum Benefits (PMBs), subject to application. Screening tests are funded up to the Discovery Health Rate (DHR) 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 tests at a network provider and two PCR tests per annum. Unlimited where approved as a Prescribed Minimum Benefit (PMB), subject to application. Where a non-network provider is used for Rapid Antigen testing, cover will be up to the Discovery Health Rate. Visit www.discovery.co.za or click on Find a healthcare provider on the Discovery Health app to find a provider in our network.
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 if you are diagnosed with COVID-19, up to the Discovery Health Rate (DHR).
Supportive medicines list for COVID-19	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 > Find documents and certificates.



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.
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.
Access to the Long COVID Recovery Programme	You have access to a six-month support programme for members with COVID-19 symptoms that persist beyond 28 days of diagnosis of acute COVID-19. The programme may include doctor consultations, a defined basket of pathology tests, allied healthcare professional support, a home monitoring device and a defined basket of x-rays and scans, in accordance with the Scheme's clinical entry criteria and treatment guidelines.
Diagnostic consultations for monkeypox	You are covered for two monkeypox consultations with a dermatologist or GP when you test positive.
Monkeypox screening PCR	You have access to one PCR test when referred by a dermatologist, or when you test positive
Supportive medicine list for monkeypox	We pay for defined supportive medicines prescribed by your doctor for symptom and pain management and treatment of monkeypox, up to the Discovery Health Rate (DHR). You can view this list on www.discovery.co.za under Medical Aid > Find documents and certificates.

Once you have used up the benefits available from the WHO Global Outbreak Benefit, we pay for non-PMB out-of-hospital healthcare expenses related to COVID-19 and out-of-hospital healthcare expenses related to monkeypox 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
- The benefit should be approved and offered by the Scheme
- 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.



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 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. 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 or by emailing 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 | 0861 123 267 | 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 > Medical aid > About Discovery Health Medical Scheme.