Discovery
Health Medical Scheme

COVER FOR DIAGNOSTIC ENDOSCOPIES

DISCOVERY HEALTH MEDICAL SCHEME
2026

Overview

Endoscopies (also called scopes) are procedures used to investigate certain medical and surgical conditions like gastric ulcers, reflux, infections and abnormal growths. You can have a scope done in your doctor's rooms, in hospital as part of an approved admission, or at a day clinic facility.

This document outlines how we fund scopes. When we refer to scopes and their coverage, we specifically refer to diagnostic gastrointestinal scopes namely oesophagoscopy, gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy. These are all used to investigate the digestive system. This document explains how scopes are covered when performed in-hospital, in a day clinic, or in the doctor's rooms, depending on your chosen health plan.

It is important to notify us and obtain preauthorisation as soon as you are aware of your upcoming scope. This ensures you understand your benefit coverage and whether a co-payment or upfront fee may apply. Cover is subject to the Scheme's clinical criteria, treatment guidelines, protocols and networks (where applicable).

Please note that scopes used to investigate other body systems do not form part of this benefit and will be subject to your health plan benefits.

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 that 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, at the Discovery Health Rate or a portion of it. The Comprehensive plans have a limited Above Threshold Benefit.
Co-payment	This is an amount that you have to pay towards a healthcare service. The amount can vary, depending on the type of healthcare service, the place of service and whether the amount that the service provider charges is higher than the rate that we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Day-to-day benefits	The day-to-day benefits are the available money allocated to your Personal Health Fund, Medical Savings Account, cover from the limited Above Threshold Benefit or defined benefits for day-to-day healthcare services.
Deductible	This is the amount that you must pay upfront to the hospital or day clinic for specific treatments/procedures. If this amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Discovery Health Rate (DHR)	This is the rate that we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant healthcare services.
Emergency medical condition	An emergency medical condition may be referred to, simply, as an emergency. It is the sudden and, at the time, unexpected onset of a health condition that requires immediate medical and surgical treatment. Failure to give this medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or it would place the person's life in serious jeopardy. An emergency does not necessarily need you to be admitted to a hospital and you may be treated in casualty only. We may ask you for more information to confirm the emergency

TERMINOLOGY	DESCRIPTION
Medical Savings Account (MSA)	**Available on the Executive, Comprehensive, Priority, Saver and Smart Saver plans** You have access to a Medical Savings Account (MSA) 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 from the money allocated in your MSA. These day-to-day expenses are for general practitioner (GP) and specialist consultations, acute medicine, and radiology and pathology services, among others. You can choose to have your claims paid from the MSA, either at the Discovery Health Rate or at cost. If you have unused money in the account, this will carry over to the next year. If you leave the Scheme or change your plan during the year and have used more of the MSA money than what you have contributed, you will need to pay the difference to us.
Prescribed Minimum Benefits (PMB)	In terms of the Medical Schemes Act 131 of 1998 and its Regulations, all medical schemes have to cover the cost related to the diagnosis, treatment and care of: • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions. The Council for Medical Schemes has set the following rules for how to access Prescribed Minimum Benefits: • Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions. • The treatment that you need must be provided for in the defined benefits. • You must use designated service providers in our network. This does not apply in emergencies. Where appropriate and in line with 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, we will pay up to 80% of the Discovery Health Rate. You will be responsible for the difference between what we pay and the actual cost of your treatment. If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.
Related accounts	'Related accounts' refers to any account that is separate from your hospital account but related to in-hospital care that you have received. This could include the accounts for your admitting doctor, anaesthetist, and any approved healthcare expenses, like radiology or pathology.
Scopes interval	The period of time between the initial and follow up scope, according to the Scheme's clinical criteria, treatment guidelines and protocols.

How we cover endoscopies

A co-payment or upfront amount applies for scopes done in-hospital or at a day-clinic

The Scheme will cover scopes during an emergency, where indicated and approved for dyspepsia, and for children aged 12 and under without any co-payment or upfront payment. Please refer to the section *Benefits available for your plan type* for more details. Where scopes are done in-hospital or at a day-clinic, a co-payment or upfront payment may apply to the hospital account. The co-payment or upfront payment will vary depending on the place of service. This payment will be paid from your available day-to-day benefits or by you, depending on your chosen health plan. If the co-payment or deductible amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.

We pay the balance of the hospital account and all the other approved accounts that are related to the procedure from your Hospital Benefit up to the Discovery Health Rate (DHR). You must let us know beforehand and preauthorise your scope.

If you have a colonoscopy and gastroscopy performed during the same admission

A higher co-payment or deductible will apply if both a gastroscopy and colonoscopy is performed in the same admission. The amount depends on your chosen health plan and where the scope is being done.

If the co-payment amount is higher than the amount charged for the procedure, you will have to pay for the cost of the healthcare service. Please refer to the section *Benefits available for your plan type* for more details.

On certain plans you must have your scope performed at a facility in our Day Surgery Network

On the Comprehensive, Priority, Saver, Smart Saver, Core and Smart plans, you should have your scope done in our Day Surgery Network. If your scope is performed outside of our Day Surgery Network, other than in the doctor's rooms, you will have to pay an upfront amount, depending on your chosen plan. You can read more about the upfront amount (deductible) that might apply according to your plan in the *"Benefits of your health plan"* section.

Where the in-hospital or day-clinic co-payment or upfront amount is applicable, and the scope is performed outside of the Day Surgery Network, only the higher of the co-payment or upfront payment will apply. If the upfront amount is higher than the amount charged for the procedure, you will have to pay for the cost of the healthcare service.

In the case of an emergency, no upfront payment applies if you use a facility outside the network. The Day Surgery Network list can change at any time. Please go to www.discovery.co.za > Find documents and certificates > Health Plan Guides > Hospital and GP Networks to see the most up to date list before any planned admissions.

A clinical exceptions process applies to all cases with complex presentations, and those procedures that may require an extended length of stay. You will be transferred to an appropriate facility, where required.

Scopes done in hospital for a defined list of procedures

Where the scope is used as part of a defined list of approved in-hospital procedures, the co-payment or upfront amount on the hospital account will not apply. When you preauthorise your procedure, we will advise you whether you can expect to pay a co-payment, which depends on the procedure you are having done. This will be determined by the codes given by your doctor.
If these codes change, the co-payment or upfront amount may change, so it is important to keep us informed about changes to the codes.

We pay for scopes done in the doctor's rooms

No co-payment or deductible applies if you have your scope done by an in-rooms network provider. If you have your scope done in the doctor's rooms at any other provider, a co-payment or deductible will apply as follows:

- R1,800 for a single scope
- R3,100 for a bidirectional scope.

Please refer to the section *Benefits available for your plan type* for more details.

We pay the rest of the account for scopes done in the doctor's rooms from your Hospital Benefit up to the Discovery Health Rate (DHR). If you use a provider that is not in the network, you will have to pay the difference if they charge more than what we pay.

When no co-payment applies

There are some instances where no co-payment will apply:

- Scopes performed as part of a confirmed Prescribed Minimum Benefit
- Where indicated and approved for dyspepsia. You can find more information on the Dyspepsia Conservative Care Programme here
- Where a patient is aged 12 or younger
- For in-rooms scopes performed at a network provider.

On the KeyCare Plans, we only cover certain scopes

On the KeyCare plans we only cover scopes done on children aged 12 and under, scopes related to surgery, or when it is covered as a Prescribed Minimum Benefit (PMB) under certain conditions (indicated below). These scopes need to be performed within the KeyCare Day Surgery Network. Scopes that fall outside of these criteria are not covered in hospital or in a day clinic as it is not a benefit covered on the KeyCare plans. Scopes done in the doctor's rooms will be covered from your Hospital Benefit.

You still need to authorise your scope with us. If you do not authorise your scope, it will fund from your Specialist Benefit if requested by a specialist as part of your approved specialist visit.

We cover scopes as a Prescribed Minimum Benefit (PMB) under certain conditions

We will pay the claim as a Prescribed Minimum Benefit (PMB) if the scope report confirms a Prescribed Minimum Benefit (PMB) diagnosis. No co-payment will apply in this instance. We will pay the claim as a Prescribed Minimum Benefit (PMB) if it meets the Scheme's criteria. You or your doctor must send us the report confirming the diagnosis.

If the scope does not result in confirmation of a Prescribed Minimum Benefit (PMB) diagnosis, you will be required to pay the co-payment.

You must contact us to preauthorise your scope as soon as possible

When you are having a planned scope, it is important to call us at least 48 hours before the procedure. We cover scopes in hospital, or in a day clinic or in the doctor's rooms, depending on your chosen plan type. When you call us, we will confirm your benefits and tell you how we will pay your accounts.

Benefits available for your plan type

EXECUTIVE PLAN

You need to preauthorise your scope

Please preauthorise your scope with us beforehand.

How we pay the claims

Admissions for scopes

Depending on where you have your scope done, we pay the following amount from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit up to the Discovery Health Rate (DHR). If you do not have enough funds available in your day-to-day benefits, you will need to pay this amount.

Upfront payments for scope admissions:

DAY CLINIC ACCOUNT	HOSPITAL ACCOUNT
R4,650	R6,800, this co-payment will reduce to R5,450 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission	
R5,700	R8,400, this co-payment will reduce to R6,850 if performed by a doctor who is part of the Scheme's value-based network

You also have cover for up to R2,800 each day in a private ward.

Related accounts for scopes done in-hospital

We pay related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit for approved admissions.

Scopes done in the doctor's rooms

No co-payment applies if you have your scope done at an in-rooms network provider. We will pay the cost of the scope from your Hospital Benefit up to 300% of the Discovery Health Rate (DHR).

If you have your scope done in the doctor's rooms at any other provider, a co-payment will be paid from your available day-to-day benefits. For a single scope, we will pay the first R1,800 from the available funds in your Medical Savings Account (MSA) or Above Threshold Benefit (ATB). For bidirectional scopes, a co-payment of R3,100 applies. If you do not have enough funds available in your day-to-day benefits, you will need to pay this amount. We pay the balance of the account from your Hospital Benefit up to 300% of the Discovery Health Rate (DHR). If the provider charges more than what we pay, you will have to pay the difference.

No upfront payment applies

If you are having a scope done in the doctor's rooms at a network provider, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is aged 12 and under you will not have to pay any amount upfront. We pay these accounts from the Hospital Benefit. Please call us for preauthorisation before you have your scope done.

The rate we pay specialists and other healthcare professionals in and out–of-hospital

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 300% of the Discovery Health Rate (DHR) for specialists who we do not have an arrangement with and up to 200% of the Discovery Health Rate (DHR) for other healthcare professionals. Radiology and pathology claims are paid up to 100% of the Discovery Health Rate (DHR).

COMPREHENSIVE SERIES

You need to preauthorise your scope

Please preauthorise your scope with us beforehand.

How we pay the claims

Admissions for scopes

Depending on where you have your scope done, we pay the following amount from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit up to the Discovery Health Rate (DHR). If you do not have enough funds available in your day-to-day benefits, you will need to pay this amount.

Upfront payments for scope admissions:

DAY CLINIC ACCOUNT	HOSPITAL ACCOUNT
R4,650	R6,800, this co-payment will reduce to R5,450 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission	
R5,700	R8,400, this co-payment will reduce to R6,850 if performed by a doctor who is part of the Scheme's value-based network

COMPREHENSIVE SERIES

Upfront payments for scopes performed outside of the Day Surgery Network:

For the *Classic Comprehensive plan*, an upfront payment of R7,250 will apply.
Where both a gastroscopy and colonoscopy are performed the higher upfront payment of R8,400 will apply.
For the *Classic Smart Comprehensive*, an upfront payment of R12,650 will apply if you use a facility outside of the Smart Day Surgery Network. In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

Related accounts for scopes done in-hospital

We pay related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit for approved admissions.

Scopes done in the doctor's rooms

No co-payment applies if you have your scope done at an in-rooms network provider. We will pay the cost of the scope from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR).

If you have your scope done in the doctor's rooms at any other provider, a co-payment will be paid from your available day-to-day benefits. For a single scope, we will pay the first R1,800 from the available funds in your Medical Savings Account (MSA) or Limited Above Threshold Benefit (ATB). For bidirectional scopes, a co-payment of R3,100 applies. If you do not have enough funds available in your day-to-day benefits, you will need to pay this amount. We pay the balance of the account from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR). If the provider charges more than what we pay, you will have to pay the difference.

No upfront payment applies

If scopes are performed in the doctor's rooms at a network provider, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is aged 12 and younger you will not have to pay any amount upfront. We pay these accounts from the Hospital Benefit. Please call us for preauthorisation before you have your scope done.

The rate we pay specialists and other healthcare professionals in and out-of-hospital

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 200% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have an arrangement with and up to 100% of the Discovery Health Rate (DHR) for radiology and pathology claims.

PRIORITY SERIES

You need to preauthorise your scope

Please preauthorise your scope with us beforehand.

How we pay the claims

Admissions for scopes

Depending on where you have your scope done, you will have to pay the following amount upfront, and we will pay the balance of the hospital and related accounts from your Hospital Benefit up to the Discovery Health Rate (DHR).

Upfront payments for scope admissions:

DAY CLINIC ACCOUNT	HOSPITAL ACCOUNT
R4,650	R7,500, this deductible will reduce to R6,050 if performed by a doctor who is part of the Scheme's value-based network

PRIORITY SERIES

If both a gastroscopy and colonoscopy are performed in the same admission	
R5,700	R9,450, this deductible will reduce to R7,650 if performed by a doctor who is part of the Scheme's value-based network

Upfront payments for scopes performed outside of the Day Surgery Network:

Where a scope is performed in a day clinic outside the Day Surgery Network, an upfront payment of R7,250 will apply, except if performed in a hospital outside the Day Surgery Network where the upfront payment of R7,500 will apply.
Where both a gastroscopy and colonoscopy are performed the upfront payment of R9,450 will apply. In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

Related accounts for scopes done in-hospital

We pay related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit for approved admissions.

Scopes done in the doctor's rooms

No deductible applies if you have your scope done at an in-rooms network provider. We will pay the cost of the scope from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic Plan and up to 100% of the DHR on the Essential Plan.

If you have your scope done in the doctor's rooms at any other provider, you will have to pay a deductible upfront to the provider. For a single scope, you have to pay the first R1,800. For bidirectional scopes, a deductible of R3,100 applies. We pay the balance of the account from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic Plan and up to 100% of the DHR on the Essential Plan. If the provider charges more than what we pay, you will have to pay the difference.

No upfront payment applies

If scopes are performed in the doctor's rooms at a network provider, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is aged 12 and under you will not have to pay any amount upfront. We pay these accounts from the Hospital Benefit. Please call us for preauthorisation before you have your scope done.

The rate we pay specialists and other healthcare professionals in and out-of-hospital

Classic plan:
If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 200% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have a payment arrangement with and up to 100% of the Discovery Health Rate (DHR) for radiology and pathology claims.

Essential plan:
If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 100% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have a payment arrangement with, including radiology and pathology claims.

SAVER SERIES

You need to preauthorise your scope

Please preauthorise your scope with us beforehand

How we pay the claims

Admissions for scopes

SAVER SERIES
Depending on where you have your scope done, we pay the following amount from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit up to the Discovery Health Rate (DHR). If you do not have enough funds available in your Medical Savings Account (MSA), you will need to pay this amount.

Upfront payments for scope admissions:

DAY CLINIC ACCOUNT	HOSPITAL ACCOUNT
R4,650	R8,000, this co-payment will reduce to R6,650 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission	
R5,700	R9,950, this co-payment will reduce to R8,250 if performed by a doctor who is part of the Scheme's value-based network

Upfront payments for scopes performed outside of the Day Surgery Network:

Where a scope is performed in a day clinic outside of the Day Surgery Network an upfront payment of R7,250 will apply, except if performed in a hospital outside the Day Surgery Network where an upfront payment of R8,000 will apply. Where both a gastroscopy and colonoscopy are performed the upfront payment of R9,950 will apply.
For Delta options, the out-of-network upfront payment of R11,100 will apply. In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

Related accounts for scopes done in hospital

We pay related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit for approved admissions.

Scopes done in the doctor's rooms

No co-payment applies if you have your scope done at an in-rooms network provider. We will pay the cost of the scope from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic plans and up to 100% of the DHR on the Essential and Coastal plans.

If you have your scope done in the doctor's rooms at any other provider, a co-payment will be paid from your available day-to-day benefits. For a single scope, we will pay the first R1,800 from the available funds in your Medical Savings Account (MSA). For bidirectional scopes, a co-payment of R3,100 applies. If you do not have enough funds available in your day-to-day benefits, you will need to pay this amount. We pay the balance of the account from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic plans and up to 100% of the DHR on the Essential and Coastal plans. If the provider charges more than what we pay, you will have to pay the difference.

No upfront payment applies

If scopes are performed in the doctor's rooms at a network provider, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is aged 12 and under you will not have to pay any amount upfront. We pay these accounts from the Hospital Benefit. Please call us for preauthorisation before you have your scope done.

The rate we pay specialists and other healthcare professionals in and out-of-hospital

Classic plans:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 200% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have a payment arrangement with and up to 100% of the Discovery Health Rate (DHR) for radiology and pathology claims.

SAVER SERIES

Essential and Coastal plans:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 100% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have a payment arrangement with, including radiology and pathology claims.

SMART SAVER SERIES

You need to preauthorise your scope

Please preauthorise your scope with us beforehand

How we pay the claims

Admissions for scopes

Depending on where you have your scope done, we pay the following amount from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit up to the Discovery Health Rate (DHR). If you do not have enough funds available in your Medical Savings Account (MSA), you will need to pay this amount.

Upfront payments for scope admissions:

DAY CLINIC ACCOUNT	HOSPITAL ACCOUNT
R4,650	R8,000, this co-payment will reduce to R6,650 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission	
R5,700	R9,950, this co-payment will reduce to R8,250 if performed by a doctor who is part of the Scheme's value-based network

Upfront payments for scopes performed outside of the Day Surgery Network:

Where a scope is performed outside of the Smart Day Surgery Network, an upfront payment of R12,650 will apply. In the case of an emergency, no out-of-network penalty applies if you use a facility outside the network.

Related accounts for scopes done in hospital

We pay related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit for approved admissions.

Scopes done in the doctor's rooms

No co-payment applies if you have your scope done at an in-rooms network provider. We will pay the cost of the scope from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic Plan and up to 100% of the DHR on the Essential Plan.

If you have your scope done in the doctor's rooms at any other provider, a co-payment will be paid from your available day-to-day benefits. For a single scope, we will pay the first R1,800 from the available funds in your Medical Savings Account (MSA). For bidirectional scopes, a co-payment of R3,100 applies. If you do not have enough funds available in your day-to-day benefits, you will need to pay this amount. We pay the balance of the account from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic Plan and up to 100% of the DHR on the Essential Plan. If the provider charges more than what we pay, you will have to pay the difference.

SMART SAVER SERIES

No upfront payment applies

If scopes are performed in the doctor's rooms at a network provider, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is aged 12 and under you will not have to pay any amount upfront. We pay these accounts from the Hospital Benefit. Please call us for preauthorisation before you have your scope done.

The rate we pay specialists and other healthcare professionals in and out-of-hospital

Classic plan:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 200% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have a payment arrangement with and up to 100% of the Discovery Health Rate (DHR) for radiology and pathology claims.

Essential Plan

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 100% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have a payment arrangement with, including radiology and pathology claims.

SMART SERIES

You need to preauthorise your scope

Please preauthorise your scope with us beforehand

How we pay the claims

Admissions for scopes

Depending on where you have your scope done, you have to pay the following amount and we pay the balance of the hospital and related accounts from your Hospital Benefit up to the Discovery Health Rate (DHR).

Upfront payments for scope admissions:

DAY CLINIC ACCOUNT	HOSPITAL ACCOUNT
R4,650	R8,000, this co-payment will reduce to R6,650 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission	
R5,700	R9,950, this co-payment will reduce to R8,250 if performed by a doctor who is part of the Scheme's value-based network

Upfront payments for scopes performed outside of the Day Surgery Network:

Where a scope is performed outside of the Smart Day Surgery Network, an upfront payment of R12,650 will apply to the Classic and Essential plans and an upfront payment of R14,750 will apply to the Essential Dynamic and Active Smart plans. In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

SMART SERIES

Related accounts for scopes done in hospital

We pay related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit for approved admissions.

Scopes done in the doctor's rooms

No co-payment applies if you have your scope done at an in-rooms network provider. We will pay the cost of the scope from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic Plan and up to 100% of the DHR on the Essential and Active plans.

If you have your scope done in the doctor's rooms at any other provider, you will have to pay a co-payment on the account. For a single scope, you have to pay the first R1,800. For bidirectional scopes, a co-payment of R3,100 applies. We pay the balance of the account from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic Plan and up to 100% of the DHR on the Essential and Active plans. If the provider charges more than what we pay, you will have to pay the difference.

No upfront payment applies

If scopes are performed in the doctor's rooms at a network provider, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is aged 12 or younger you will not have to pay any amount upfront. We pay these accounts from the Hospital Benefit. Please call us for preauthorisation before you have your scope done.

The rate we pay specialists and other healthcare professionals in and out-of-hospital

Classic plan:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 200% of the Discovery Health Rate (DHR) for specialists and healthcare professionals who we do not have a payment arrangement with and up to 100% of the Discovery Health Rate (DHR) for radiology and pathology claims.

Essential, Essential Dynamic, and Active plans:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 100% of the Discovery Health Rate (DHR) for specialists and healthcare professionals who we do not have a payment arrangement with, including radiology and pathology claims.

CORE SERIES

You need to preauthorise your scope

Please preauthorise your scope with us beforehand.

How we pay the claims

Admissions for scopes

Depending on where you have your scope done, you have to pay the following amount and we pay the balance of the hospital and related accounts from your Hospital Benefit up to the Discovery Health Rate (DHR).

CORE SERIES

Upfront payments for scope admissions:

	DAY CLINIC ACCOUNT	HOSPITAL ACCOUNT
Classic, Essential, Coastal and Delta options	R4,650	R8,000, this co-payment will reduce to R6,650 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission		
Classic, Essential, Coastal and Delta options	R5,700	R9,950, this co-payment will reduce to R8,250 if performed by a doctor who is part of the Scheme's value-based network

Upfront payments for scopes performed outside of the Day Surgery Network:

Where a scope is performed in a day clinic outside of the Day Surgery Network, an upfront payment of R7,250 will apply, except if performed in a hospital outside the Day Surgery Network where an upfront payment of R8,000 will apply. Where both a gastroscopy and colonoscopy are performed, the upfront payment of R9,950 will apply. For Delta options, an upfront payment of R11,100 will apply. In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

Related accounts for scopes done in-hospital

We pay related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit for approved admissions.

Scopes done in the doctor's rooms

No co-payment applies if you have your scope done at an in-rooms network provider. We will pay the cost of the scope from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic plans and up to 100% of the DHR on the Essential and Coastal plans.

If you have your scope done in the doctor's rooms at any other provider, you will have to pay a co-payment on the account. For a single scope, you have to pay the first R1,800 to the provider. For bidirectional scopes, a co-payment of R3,100 applies. We pay the balance of the account from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic plans and up to 100% of the DHR on the Essential and Coastal plans. If the provider charges more than what we pay, you will have to pay the difference.

No upfront payment applies

If scopes are performed in the doctor's rooms at a network provider, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is aged 12 or younger you will not have to pay any amount upfront. We pay these accounts from the hospital benefit. Please call us for preauthorisation before you have your scope done.

The rate we pay specialists and other healthcare professionals in and out-of-hospital

Classic plans:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 200% of the Discovery Health Rate (DHR) for specialists and other healthcare professional who we do not have a payment arrangement with and up to 100% of the Discovery Health Rate (DHR) for radiology and pathology claims.

CORE SERIES

Essential and Coastal plans:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 100% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have a payment arrangement with, including radiology and pathology claims.

KEYCARE SERIES

On KeyCare Plans, we only cover scopes in certain instances

On the KeyCare Plans, we only cover scopes done on children aged 12 and younger, scopes related to surgery, or when it is covered as a Prescribed Minimum Benefit (PMB) for certain conditions. You must have these scopes done in our KeyCare Day Surgery Network. If approved, we pay the cost of the scope from your Hospital Benefit. We do not cover scopes done in hospital.

Please contact us on 0860 99 88 77 or go to www.discovery.co.za before you go for the procedure to confirm your benefits. Scopes done in the doctor's rooms will be covered from your Hospital Benefit. If you do not authorise your scope it will fund from your Specialist Benefit (if requested by a specialist) as part of your approved specialist visit.

How to contact us

	Members can call us on 0860 99 88 77 Health partners can call us on 0860 44 55 66
	Go to www.discovery.co.za to get help from our chatbot, Ask Discovery.
	You can ask us a question by just saving the number 0860 75 67 56 on your phone and typing 'Hi' to start chatting with us 24/7.
	You can send us a letter to PO Box 784262, Sandton, 2146
	You can visit our offices at 1 Discovery Place, Sandton, 2196

We welcome any feedback about our service

We would love to hear if there's anything we can improve on or if we have exceeded your expectations. Your feedback helps us serve you better. To give us feedback, you can complete our short *Complaints and compliments form* on the right side of the Complaints, compliments or disputes page under **Contact us**.

What to do if you have a complaint

1. To take your query further

If you have already contacted Discovery Health Medical Scheme and feel that your query has not been resolved, you can take the next step. Please complete our short online *Complaints and compliments form.* It's on the right side of the Complaints, compliments and disputes page under section 1, Contact us**.**

2. To contact the principal officer

If you are still not satisfied with the outcome after following the process in Step 1, you can escalate your complaint to the principal officer of Discovery Health Medical Scheme by choosing one of these options:

- Complete our short online *Contact the principal officer form*. You'll find it on the right side of the Complaints, compliments and disputes page under section 2, Contact us.
- Send an email to principalofficer@discovery.co.za.

3. To lodge a dispute

If you have received a final decision from the principal officer of Discovery Health Medical Scheme and want to challenge it, you can lodge a formal dispute. You can find more information online about the Scheme's dispute process.

4. To contact the Council for Medical Schemes

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You can contact the Council directly at any stage of the complaints process, but we encourage you to follow the steps above before doing so.

The contact details are:

	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 12 32 67
	www.medicalschemes.co.za

Your privacy matters to us

We take your privacy seriously. We're committed to protecting your personal information and keeping it safe and confidential. You can read our full privacy statement anytime at www.discovery.co.za > **MEDICAL AID** > **About Discovery Health Medical Scheme**.