

WELLTH FUND

DISCOVERY HEALTH MEDICAL SCHEME
2023





Overview

The WELLTH Fund helps you to better understand your health by providing cover of up to R10,000 per family, for a wide range of important healthcare services focused on proactive care. It is designed to empower you to take specific action according to your individual health needs.

The WELLTH Fund is automatically activated for the family after everyone on the membership completes their Health Check at one of the Discovery Wellness Network providers within a 12-month period. It can be used for a defined list of screening and prevention healthcare services, up to your benefit limit. The WELLTH Fund is a once-off benefit, and available for a limited period and helps to preserve your day-to-day benefits available on your chosen health plan, as eligible claims that would typically be paid from day-to-day benefits will be paid from the WELLTH Fund first.

The WELLTH Fund complements and is offered in addition to your screening and prevention benefits. You can view more information in the Screening and Prevention Benefit Guide on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

About some of the terms we use in this document

Some of the terms in this document may not be familiar to you. Here are their meanings:

TERMINOLOGY	DESCRIPTION
Above Threshold Benefit	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 or a portion of it. The Executive and Comprehensive plans have an unlimited ATB, and the Priority plans have a limited ATB.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account and Above Threshold Benefit, 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.
Discovery Health Rate	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
Health Check for adults	A set of essential health screenings and preventive tests for adults 18 years and older. It includes certain tests such as blood glucose, blood pressure, cholesterol, body mass index and HIV (optional) screening at one of our Discovery Wellness Network providers.
Health Check for seniors	In addition to the Health Check, members aged 65 and older have cover for an age-appropriate falls-risk assessment at one of our Discovery Wellness Network providers.
Health Check for children	A Health Check specifically for children between the ages of two and 18 years. This benefit covers growth assessment tests, including height, weight, head circumference and health and milestone tracking at one of our Discovery Wellness Network providers.
Kids Health Review	An online assessment for children between the ages of two and 18 years, available on www.discovery.co.za which can be completed by the adults on the policy.
Medical Savings Account	Available on the Executive, Comprehensive, Priority and Saver plans The Medical Savings Account is an amount that is given 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.

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Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. The Discovery app is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.



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	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.
Screening and Prevention Benefit	The Screening and Prevention Benefit provides cover for certain tests that can detect early warning signs of serious illnesses. It's available on all medical aid plans and does not affect your day-to-day benefits.

How to access the WELLTH Fund

To activate the WELLTH Fund, every person on your Discovery Health Medical Scheme policy over the age of two must complete their age-appropriate Health Check at a healthcare provider in our Discovery Wellness Network. Children aged two to 18 years may complete either an in-person Health Check or an online Kids Health Review on www.discovery.co.za. Members who are older than 18 years, must complete an in-person Health Check.

We will activate the WELLTH Fund automatically once everyone on your membership has completed their age-appropriate Health Check (either in-person or the online Kids Health Review, where appropriate), and you will receive confirmation of the activation within seven days.

Your Health Check is covered in full from the Screening and Prevention Benefit. You can learn more about this benefit at www.discovery.co.za > Medical Aid > Benefits and cover. You can find a healthcare provider and book your Health Check on www.discovery.co.za > WELLTH Fund, if you have not completed your Health Check yet. To check whether you have already completed your Health Check you can visit www.discovery.co.za > Medical Aid > Manage your health plan > Track your benefits and limits.

WELLTH Fund is a once-off benefit

The WELLTH Fund is available once per lifetime for a limited period. This benefit will expire on 31 December 2024 if your Discovery Health Medical Scheme policy was activated with the Scheme before 2023. If your Discovery Health Medical Scheme policy was activated with the Scheme after January 2023 the benefit will expire on 31 December of the year after your joining.

What is the value of the WELLTH Fund

The WELLTH Fund limit is determined based on the number of people on your policy, and their age. Once you and all the dependants on your membership (where applicable) have completed their Health Check, everyone on the policy will collectively have access to a combined WELLTH Fund value made up of:

- R2,500 per adult and;
- R1,250 per child (over the age of two years)
- Up to an overall maximum limit of R10,000 per policy.

The amount allocated per person depends on the age of the member or dependant at the date of expiry of the WELLTH Fund. For example:

- If the benefit is activated in 2023, children who turn two years old on or before 31 December 2024 receive the child allocation of R1,250.
- Members who turn 18 years old on or before 31 December 2024 receive the adult benefit value of R2,500.
- Children who turn two years old after 31 December 2024 will not receive a fund value allocation but are still eligible to use the WELLTH Fund.

The WELLTH Fund is available for use for all members on the policy regardless of their age.

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Healthcare services available to you from the WELLTH Fund

The below qualifying healthcare services are covered up to a maximum of the Discovery Health Rate, subject to the overall benefit limit. Healthcare professionals should continue to claim for the required treatment in line with billing guidelines. The Scheme will fund claims from the appropriate benefit based on the services rendered. Where the treatment forms part of the specific list of services, these claims will be funded from the WELLTH Fund.

HEALTHCARE SERVICE	COVER
General health	<ul style="list-style-type: none"> • One consultation at a general practitioner (GP) per person per year* • Dental check-up • Eye check-up • Hearing check-up • Skin cancer screening • Heart consultation • Lung cancer screening for long-term smokers • Medical devices used to monitor blood pressure, blood sugar, cholesterol and respiratory. The devices must have a registered NAPPI code and be purchased from a registered healthcare provider with a valid practice number (such as a pharmacy dispensary or doctor).
Physical health	<ul style="list-style-type: none"> • Diet, nutrition, and weight management at a dietitian • Physical movement and mobility management at a chiropractor, biokineticist or physiotherapist • Fitness Assessment or high-performance fitness assessment in our Wellness Network • Foot health at a podiatrist
Mental health	Mental wellness check-up at a psychologist, nurse, social worker, registered counsellor, or psychiatrist
Women's and men's health	Gynaecological and prostate consultations with your doctor, and a bone density check.
Children's health	Children's wellness visit, which includes growth and appropriate developmental assessments with an occupational therapist, speech therapist, or physiotherapist.

Important things to remember

- *GP consultations are limited to one visit per person per year from the WELLTH Fund, for all healthcare services.
- Plan network rules apply. This means that:
 - Members on the *KeyCare Plus Plan* must use their allocated KeyCare Network GP and must go to dentists and optometrists in the KeyCare GP Network.
 - Members on the *Smart Plan* must use a Smart Network GP and must go to an optometrist in the Smart Optometry Network.
- General scheme exclusions apply. Medicine and ongoing treatment for a diagnosed condition is not covered from the WELLTH Fund.
- Where healthcare services are also eligible for cover from another defined risk benefit, for example the Screening and Prevention Benefit, we will pay the claim from that benefit first, and then only from the WELLTH Fund in instances where that benefit is depleted or unavailable. Claims paid from your WELLTH Fund do not impact your day-to-day benefits. We will only use the day-to-day benefits available to you, once your WELLTH Fund limit is reached. Cover from the WELLTH Fund is subject to the Scheme's entry clinical criteria, treatment guidelines and protocols. To check your benefits and limits, you can visit www.discovery.co.za > Medical Aid > Manage your health plan > Track your benefits and limits.

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What you need to do to find a healthcare provider

To find a provider in our Wellness Network visit www.discovery.co.za under Medical aid > Find a healthcare provider or click on 'Find a healthcare provider' in the Discovery app.

Contact us

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

Go to www.discovery.co.za to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.

PO Box 784262, Sandton, 2146. 1 Discovery Place, Sandton, 2196.

Complaints process

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints, and we encourage you to follow the process:

1 | STEP 1 – TO TAKE YOUR QUERY FURTHER:

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

2 | STEP 2 – TO CONTACT THE PRINCIPAL OFFICER:

If you are still not satisfied with the outcome after following the process in Step 1 you can escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. Please complete the online form at www.discovery.co.za or send an email to principalofficer@discovery.co.za.

3 | STEP 3 – TO LODGE A DISPUTE:

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you can lodge a formal dispute. You can find more information on the dispute process at www.discovery.co.za.

4 | STEP 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 at any stage of the complaints process, but we encourage you to first follow the steps above before doing so.

The contact details are as follows: 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.

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