Discovery
Health Medical Scheme

SCREENING AND PREVENTION BENEFIT

DISCOVERY HEALTH MEDICAL SCHEME
2023

Overview

Preventive screening is important as early detection improves long-term clinical outcomes. Make sure you detect medical conditions early so that you can get the best care. The Screening and Prevention Benefit covers screening tests, a seasonal flu vaccination (during pregnancy, for members registered for certain chronic conditions, registered healthcare professionals and members older than 65 years) and a pneumococcal vaccine on all Discovery Health Medical Scheme plans. Clinical entry criteria may apply.

Having these specific tests does not affect your day-to-day benefits, where applicable. Some of these tests and treatments have set frequency limits. Once you have reached the frequency limit for the tests set out below, any additional screening and preventive tests and treatments will be paid from your available day-to-day benefits, where applicable.

The screening tests and flu vaccinations must be referred and done by an appropriately registered healthcare professional, and network provider where applicable.

The Screening and Prevention Benefit does not cover the cost of any related consultations. Consultations are covered from the available funds in your day-to-day benefits, where applicable, unless they relate to a Prescribed Minimum Benefit (PMB) diagnosis.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Above Threshold Benefit (ATB)	Available on the Executive, Comprehensive and Priority plans Once the day-to-day claims you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate (DHR) or a portion of it. The Executive and Comprehensive plans have an unlimited ATB, and the Priority plans have a limited 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.
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 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.
ICD-10 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).
Medical Savings Account (MSA)	Available on the Executive, Comprehensive, Priority and Saver plans 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

TERMINOLOGY	DESCRIPTION
	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.
Prescribed Minimum Benefits (PMB)	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: • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions. To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply: • 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 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. If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.

Tests covered by the Screening and Prevention Benefit

We pay certain screening tests from the Screening and Prevention Benefit. Consultations and related costs are paid from your available day-to-day benefits, where applicable, unless they relate to a Prescribed Minimum Benefit (PMB) diagnosis.

Once you have reached the frequency limit for the tests set out below, any additional screening and preventive tests and treatments will be paid from your available day-to-day benefits, where applicable.

We will pay for these healthcare services as long as you use appropriately registered providers (with a valid Board of Health Funders (BHF) registration number), and provided that this healthcare service or product has a valid tariff or NAPPI code, ICD-10 diagnosis code and price.

TEST	COVER
Breast cancer screening	Breast cancer screening which may include a mammogram and/or ultrasound of the breast every two years, up to a maximum of the Discovery Health Rate (DHR). For members that are at high risk, we provide access to yearly screening. High risk members who meet our clinical entry criteria also have access to additional tests which include: • A breast MRI scan • BRCA testing (once-off) for those with a genetic risk Members considered at high risk for breast cancer are those that have any of the below:

TEST	COVER
	• A strong family history of breast cancer. This would include first degree relatives (mother, sister or daughter) and second degree relatives (aunt, uncle, nieces, nephews, grandparents, grandchildren) • A genetic predisposition to breast cancer (BRCA positive) • A personal history of breast cancer • Specific ethnicity (e.g. Ashkenazi Jews of Eastern or Central European descent and Afrikaner women of Dutch descent) You can use the My Breast Cancer Risk Calculator on www.discovery.co.za > Benefits and cover to determine your risk. You should also capture your family history on the *Family History Tool.*
Pap smear	One Pap smear every three years, up to a maximum of the Discovery Health Rate (DHR). Members who are at high risk have access to yearly screening from the year of the abnormal test result. Members considered at high risk are those: • with abnormal Pap smear test results • registered on the HIV Care Programme. You have cover for a liquid-based cytology Pap smear or a standard Pap smear or HPV test from the Screening and Prevention Benefit.
Human Papilloma Virus (HPV) test	The Human Papilloma Virus (HPV) test is an alternative to a Pap smear. One HPV test every five years or one HPV test every three years if you are registered on the HIV Care Programme, covered up to a maximum of the Discovery Health Rate (DHR). Members who have an abnormal Pap smear test result, are considered at high risk and have access to yearly screening from the year of the abnormal test result. You have cover for either a Pap smear or HPV test from the Screening and Prevention Benefit. The respective frequency limits will apply.
Prostate-Specific Antigen (PSA) test	One per year, up to a maximum of the Discovery Health Rate (DHR).
Seasonal flu vaccine	One seasonal flu vaccine each year covered up to a maximum of the Discovery Health Rate (DHR), if you are pregnant, a registered healthcare professional, older than 65 years or if you are registered for one of the following chronic conditions: • Asthma • Bronchiectasis • Cardiac failure • Cardiomyopathy • Chronic obstructive pulmonary disease (COPD) • Chronic renal disease • Coronary artery disease • Diabetes (types 1 and 2) • HIV Members who do not meet these criteria can still have a flu vaccination which will be covered from the available funds in your day-to-day benefits, where applicable.

TEST	COVER

Pneumococcal vaccine	Up to two pneumococcal vaccine doses per person per lifetime, covered up to a maximum of the Discovery Health Rate (DHR), for members who meet the following criteria:
	• Members over the age of 65; or
	• Members registered on the Chronic Illness Benefit for the following conditions:
	  • Cardiac Failure
	  • Cardiomyopathy
	
	You have cover for one Pneumococcal Conjugate Vaccine (PCV) doses, followed by one Pneumococcal Polysaccharide Vaccine (PPSV) doses at least one year later.
	Members who do not meet these criteria can still have the pneumococcal vaccine which will be covered from the available funds in your day-to-day benefits, where applicable.

HIV blood tests such as the Rapid, ELISA and Western blot	Unlimited amount of HIV screening tests up to a maximum of the Discovery Health Rate (DHR).
Health Check for adults	You have cover of up to a maximum of the Discovery Health Rate (DHR) for this group of tests which include a blood glucose, blood pressure, cholesterol, Body mass index or weight assessment. You can have one Health Check every year at a pharmacy in our Wellness Network. Any additional tests will be paid from your available day-to-day benefits, where applicable.
Health Check for children	We cover the assessment of your child's growth and development, which includes the measurement of weight, height, body mass index and blood pressure at any one of our wellness network pharmacies, up to the Discovery Health Rate (DHR). You can have one test a year at a pharmacy in our Wellness Network. Any additional tests will be paid from your available day-to-day benefits, where applicable.
Health Check for seniors (over 65 years)	Members aged 65 years and older have cover for an age-appropriate falls risk screening assessment in our Wellness network, up to a maximum of the Discovery Health Rate (DHR). You may have cover for an additional falls risk assessment when referred to a Premier Plus GP, depending on your screening test results and if you meet the Scheme's clinical entry criteria. You can have one test a year in our defined pharmacy network. Any additional tests will be paid from your available day-to-day benefits, where applicable.
Bowel screening tests	We cover a bowel cancer stool screening test every two years for members between 45 and 75 years of age, covered up to a maximum of the Discovery Health Rate (DHR). High risk members have access to additional colonoscopy screening. Members considered at high risk are those with a personal or family (1st degree relative) history of: • Colorectal cancer or advanced adenoma before the age of 60 • Polyposis syndromes such as adenomatous polyposis, familial adenomatous polyposis, sessile serrated adenomatous polyposis • Hereditary nonpolyposis colorectal cancer • Peutz-Jegher syndrome • Positive bowel stool screening test.

Important things to remember

The screening tests and vaccinations must be referred and done by an appropriately registered healthcare professional, and at a network provider where applicable.

The Screening and Prevention Benefit does not cover the cost of any related consultations. Consultations are covered from the available funds in your day-to-day benefits, where applicable, unless it relates to a Prescribed Minimum Benefit (PMB) diagnosis.

If your healthcare provider charges more than the Discovery Health Rate (DHR), or if done at a provider who is not one of our Wellness Network providers, you have to pay the difference between what we pay and what was charged.

The WELLTH Fund

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

The WELLTH Fund is available once per lifetime after all members on the policy complete their Health Check at one of the Discovery Wellness Network providers. It can be used for a defined list of screening and prevention healthcare services, up to your benefit limit. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.

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

What you need to do to find a healthcare provider

- To find a pharmacy in our Wellness Network or a GP in the Premier Plus Network, visit www.discovery.co.za under Medical aid > Find a healthcare provider or click on Find a healthcare provider in the Discovery app.
- Have the tests at a registered healthcare professional and make sure your pathology and radiology tests have been appropriately referred. You can visit any pathologist or radiologist to have the tests done.

Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66
Go to www.discovery.co.za to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.
PO Box 784262, Sandton, 2146. 1 Discovery Place, Sandton, 2196.

Complaints process

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

1 **STEP 1 – TO TAKE YOUR QUERY FURTHER:**

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

2 **STEP 2 – TO CONTACT THE PRINCIPAL OFFICER:**

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

3 **STEP 3 – TO LODGE A DISPUTE:**

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

4 **STEP 4 – TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES:**

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.co.za | 0861 123 267 | www.medicalschemes.co.za.