

## Cover offered by the Select Benefit

The Select Benefit is an insurance product that pays out a fixed amount for every approved night of your hospital stay. The benefit is available until 31 December of the year in which you turn 64 years old.

Discovery Health stopped selling new Select Benefit policies in the year 2000, according to the instruction of the Council for Medical Schemes. However, existing policies we sold before the year 2000 stay active.

The Select Benefit is not a medical scheme benefit and follows insurance rules such as underwriting and limiting ages. This document explains your cover if you are already contributing towards and have access to the Select Benefit.

### Details of cover

This document highlights the benefits the Select Benefit offers. This includes information on:

1. The Stated Benefit
2. The United States Benefit
3. HIV Needlestick Benefit

### Cover through the Stated Benefit

This benefit pays out if you are admitted to hospital. We pay you R2570.00 for every day you stay in hospital, whether you stay in a private ward or not.

Members who are on the Discovery Health Medical Scheme Executive Plan also have private ward cover of up to R2570.00 a day. Therefore, they have access to the private ward cover available on the Stated Benefit as well as on the Executive Plan.

### *Conditions for the Stated Benefit*

- We only pay for procedures, treatments and healthcare services we have approved.
- We do not pay out if we have approved an excluded healthcare service for payment, such as a Prescribed Minimum Benefit (PMB).
- You must stay in hospital overnight. Therefore, we do not cover day-ward cases. We only pay out for chemotherapy, radiation and dialysis where there is a valid and approved overnight stay. We also do not pay out for half-day admissions, even if you need to stay in hospital for two separate half-days.
- We do not pay out the Stated Benefit for admissions to rehabilitation centres, hospice facilities or step-down centres.
- The Stated Benefit does not apply to hospital events outside the Republic of South Africa.
- If we have approved a hospital admission for the birth of a baby, we pay out the benefit for the mother if she is registered on the Scheme. The benefit is a policy on the mother's life; therefore, it only applies to her stay in hospital. A newborn baby qualifies for the benefit from the first day of the month following their birth and only if they are registered on the Scheme.

## The United States Benefit

Certain types of very costly and technologically advanced treatments are not always available in South Africa. This is why we developed the US Benefit.

The US Benefit covers the costs of the following seven organ transplants:

- Heart
- Liver
- Kidney
- Lung
- Kidney-pancreas
- Heart-lung
- Bone marrow

If you qualify – and we approve the treatment – we cover the full cost of transporting you on a commercial airline to and from the hospital facility in the United States of America (US). This cover extends to a family member, an organ donor, a medical professional or all these people. This is only if it is medically necessary.

### ***What we cover***

- We pay the accommodation and meal expenses of the people with you up to a maximum of USD 150 for each person each day. An overall maximum of USD 22 500 applies for each person.
- Our medical review team must approve the treatment and there is a lifetime cover limit of USD 1 million for the person being treated.
- The typical maximum waiting period for any organ in the US is 120 days. The US Benefit does not cover any medical procedure that needs accommodation outside of South Africa for more than 90 days.
- You must have the transplant operation in one of the hospitals in our associated network in the US. The cost of organ transplants includes:
  - Evaluations before transplant
  - Donor expenses
  - Transplant-related follow-up care in the US for a maximum period of 90 days.

### ***Conditions for the benefit:***

- Your illness must be life-threatening.
- The treatment must have a reasonable chance of success.
- The treatment must not be of an experimental nature.
- You must have the procedure done in the US.
- You must have the procedure done in one of the hospitals or clinics in our associated network in the US.
- If you have treatment outside the hospital network, you must pay an excess of USD 10 000. We will not cover more than 70% of all costs for the procedure and the costs of the people travelling with you.
- The patient must be healthy enough to travel on a commercial airline.
- If there is a delay in getting an organ for transplant before treatment takes place, we will extend the cover for a maximum of 120 days or USD 60 000. The maximum waiting period for any organ in the US is 120 days.
- We only cover one visit to the US for each calendar year, and we only cover you up to the lifetime limit of USD 1 million.

- We only cover one medical procedure for each insured calendar year.
- Your follow-up treatment must be done in South Africa.
- Approval depends on the rules, benefits and clinical entry criteria Discovery defines.

## **HIV Needlestick Benefit**

This benefit is only available to registered doctors who were on the Discovery for Doctors Plan before. The benefit covers doctors who contract HIV through occupational needlestick injuries. Certain conditions apply to the HIV Needlestick Benefit.

If you contract HIV by accidentally injuring yourself with a needle while working, we pay you out a once-off amount of R500 000 upon confirmation.

The following conditions apply to payment:

- The needlestick injury must take place while working.
- You must submit an affidavit explaining how the incident happened.
- You must submit a negative HIV test to prove you did not have HIV before the incident. Six months after the incident, you must submit a positive HIV test to prove that you have contracted the virus during the incident.

## **Contact us**

For more information, please contact us at 0860 99 88 77.