

OPTOMETRY BENEFIT

DISCOVERY HEALTH MEDICAL SCHEME
2022



Overview

The Optometry Benefit provides cover for eye-care. Your cover for eye-care depends on the health plan you choose. Certain optometry-related healthcare services may be unlimited, such as eye tests, and other services, such as cover for hardware and surgery, are subject to the day-to-day benefit limits available on your health plan, where applicable.

This document explains the Optometry Benefit and gives details on the benefits available to you according to your specific health plan.

About some of the terms we use in this document

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 Above Threshold Benefit (ATB), and the Priority plans have a limited ATB.
Co-payment	This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service or if the amount the service provider charges is higher than the rate 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	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 health 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.
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 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. Any unused funds will carry over to the next year. Should you leave the Scheme or change your plan partway through the year and have used more of the funds than what you have contributed, you will need to pay the difference to us.

Benefits available for your plan type

EXECUTIVE PLAN

There is a limit of R9 010 per person for the year. This is not a separate benefit and limits apply to claims paid from your Medical Savings Account (MSA), by you and from the Above Threshold Benefit (ATB). We pay up to 100% of the Discovery Health Rate (DHR) for the optometrist.

The optometry limit covers lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, like excimer laser. Eye tests are not subject to the limit and are paid from the available day-to-day benefits.

If you join the Scheme after January, you will not get the full R9 010, because it is calculated by counting the remaining months of the year.

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COMPREHENSIVE SERIES

There is a limit of R6 180 per person for the year. This is not a separate benefit and limits apply to claims paid from your Medical Savings Account (MSA), by you and from the Above Threshold Benefit (ATB). We pay up to 100% of the Discovery Health Rate (DHR) for the optometrist.

The optometry limit covers lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, like excimer laser. Eye tests are not subject to the limit and is paid from the available day-to-day benefits.

Classic Smart Comprehensive plan

One eye test per member per year at any Smart Network optometrist with a R55 co-payment for the test.

The optometry limit is applicable once you reach your Annual Threshold. Claims will be paid at 100% of the Discovery Health Rate (DHR) from the Above Threshold Benefit (ATB).

If you join the Scheme after January, you will not get the full R6 180 because it is calculated by counting the remaining months of the year.

Visit www.discovery.co.za under Medical aid > Find a healthcare provider or click on Find a healthcare provider on the Discovery app to find a Smart Network optometrist.

PRIORITY SERIES

There is a limit of R5 610 per person for the year. This is not a separate benefit and limits apply to claims paid from your Medical Savings Account (MSA), by you and from the limited Above Threshold Benefit (ATB). We pay up to 100% of the Discovery Health Rate (DHR) for the optometrist. We pay these claims up to the Above Threshold Benefit (ATB) limit or the benefit limit, whichever you reach first.

The optometry limit covers lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, like excimer laser. Eye tests are not subject to the limit and is paid from the available day-to-day benefits.

If you join the Scheme after January, you will not get the full R5 610, because it is calculated by counting the remaining months of the year.

SAVER SERIES

These healthcare services are paid from your available funds allocated to your Medical Savings Account (MSA) up to 100% of the Discovery Health Rate (DHR).

SMART SERIES

Classic Smart Plan

One eye test per member per year at any Smart Network optometrist with a R60 payment for the test.

Frames and lenses:

You will have to pay the account because this health plan does not offer additional day-to-day benefits for this healthcare service.

Essential Smart Plan

One eye test per member per year at any Smart Network optometrist with a R115 payment for the test.

Frames and lenses:

You will have to pay the account because this health plan does not offer additional day-to-day benefits for this healthcare service.

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CORE SERIES

You will have to pay the account because this health plan does not offer day-to-day benefits.

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KEYCARE SERIES

KeyCare Plus, KeyCare Start and KeyCare Start Regional

You are covered for:

- One eye test per person on the membership
- One pair of clear single vision bifocal or multifocal lenses, or
- A set of basic contact lenses (clear contact lenses with no added colour, tints or designs)

You must go to an optometrist in the KeyCare Optometry Network. This cover is only available every two benefit years (24 months from last date of service) when making use of a network optometrist who is part of the KeyCare Network optometrists. Visit www.discovery.co.za under Medical aid > Find a healthcare provider or click on Find a healthcare provider on the Discovery app to find a KeyCare Network optometrist.

KeyCare Core

You will have to pay the account because this health plan does not offer day-to-day benefits for this healthcare service.

Value-added services

You can get a 20% discount on frames

You can get a 20% discount on your frames and eyeglass lenses when you visit an optometrist in the Optometry Network. The discount is applied immediately at point-of-sale, as a value-added benefit. The discount is available on all health plans except the KeyCare plans.

The discount is only applicable to hardware items such as frames, eyeglass lenses and their add-ons. The discount is not available for contact lenses and professional services such as eye examination fees.

Visit www.discovery.co.za under Medical aid > Find a healthcare provider or click on Find a healthcare provider on the Discovery app to find a participating optometrist in the network.

How the discount is calculated

The 20% discount is calculated on the Optical Assistant Rate which is a guide optometrists use for billing purposes.

What to do when you pay cash

For cash payments, you get the discount immediately and you pay the amount that is due after the 20% discount has been applied. If you are on a health plan with available day-to-day benefits, you can submit the invoice and proof of payment to us, and we will pay the claimed amount as shown on the invoice.

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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. Find a healthcare provider and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.



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

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