

HOW WE PAY FOR MEDICINE ON THE SMART PLANS

DISCOVERY HEALTH MEDICAL SCHEME

2022



Overview

On the Smart Plans, you have full cover for approved chronic medicine for all Chronic Disease List conditions as well as cover for prescribed and over-the-counter medicine, when you use a designated service provider (DSP). Cover depends on the plan you are on. Read further to understand how you are covered and where to get your medicine.

About some of the terms we use in this document

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

TERMINOLOGY	DESCRIPTION
Chronic Disease List (CDL)	A defined list of chronic conditions we cover according to the Prescribed Minimum Benefits (PMBs).
Chronic Illness Benefit (CIB)	The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions. You need to apply to have your medicine and treatment covered for your chronic condition.
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.
Designated service provider (DSP)	A healthcare provider (for example doctor, specialist, allied healthcare professional, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit www.discovery.co.za or click on Find a healthcare provider on the Discovery app to view the full list of designated service providers (DSPs).
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.
Discovery MedXpress	Discovery MedXpress is a convenient and cost-effective medicine ordering and delivery service for your monthly chronic medicine. You can also choose to collect your medicine in-store at a MedXpress Network Pharmacy. Use MedXpress, Clicks or Dis-Chem to enjoy full cover and avoid co-payments when claiming for chronic medicine on the medicine list.
Prescribed Minimum Benefits (PMBs)	<p>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:</p> <ul style="list-style-type: none"> ▪ An emergency medical condition ▪ A defined list of 271 diagnoses ▪ A defined list of 27 chronic conditions. <p>To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:</p> <ul style="list-style-type: none"> ▪ 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 designated service provider (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.

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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, Discovery MedXpress and 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.



TERMINOLOGY	DESCRIPTION
	If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.
Reference Price	The price the Scheme has set to pay for medicine, relative to a similar medicine on a medicine list (formulary) or the preferentially priced equivalent.

Your cover for chronic medicine

The Chronic Illness Benefit (CIB) covers you for all Chronic Disease List (CDL) conditions

You need to apply to have your medicine covered for your chronic condition. You get full cover for approved medicine on our chronic medicine list (formulary) if you use a network pharmacy. If you use medicine that is not on our medicine list, we cover up to the Reference Price, which is up to the cost of the lowest cost medicine of the same kind on the medicine list for the condition. The most up to date Chronic Illness Benefit (CIB) application form and Chronic Illness Benefit Guide is available on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

You must use our designated service providers (DSPs) for your chronic medicine

You need to get your approved chronic medicine from MedXpress or a MedXpress Network Pharmacy to avoid a 20% co-payment for use of a non-DSP. Visit www.discovery.co.za under Medical Aid > Find a healthcare provider or click on Find a healthcare provider on the Discovery app to search for a MedXpress Network Pharmacy closest to you. If you do not have access to a MedXpress Network Pharmacy, you can also use the MedXpress delivery service for nationwide delivery of chronic medicine.

Discovery MedXpress is a convenient medicine ordering service that provides seamless ordering of prescribed medicine via SMS, the Discovery website and the mobile app. You can get your monthly chronic medicine delivered to your door or collect your medicine in-store at a participating pharmacy at no extra cost to you. Learn more about the benefits of using MedXpress and how to order your medicine [here](#).

For more information on MedXpress, please visit our website on www.discovery.co.za under Medical Aid > Find or order your medicine.

Your cover for prescribed day-to-day (acute) medicine

This benefit is not available on the Essential Smart Plan

On the Classic Smart Plan, you have cover for prescribed day-to-day medicine

On the Classic Smart Plan, you have cover for affordable generic schedule three (3) and above medicine prescribed by your Smart Network GP, as long as it is obtained from a network pharmacy and not for medicine on the day-to-day medicine exclusion list. Where your Smart GP prescribes non-generic medicine, your pharmacist will suggest cost-efficient generic medicines that are equivalent (have the same effect as the original medicine). You do not have cover for medicine that is prescribed by a specialist or a non-network GP, or if the medicine falls within the exclusion list on page 3 below.

Cover for acute medicine on the Classic Smart Plan is subject to an annual limit of R1 620 per person a year or R2 700 for a family for schedule 3 and above acute medicine prescribed by a Smart Network GP and obtained from a network pharmacy, which is any MedXpress Network Pharmacy.

You can get your prescribed day-to-day medicine at any MedXpress Network Pharmacy

The MedXpress Pharmacy Network is our designated service provider for prescribed day-to-day medicine on the Classic Smart Plan. You can use any MedXpress Network Pharmacy. Visit www.discovery.co.za under Medical Aid > Find a healthcare provider or click on **Find a healthcare provider** on the Discovery app to search for a MedXpress Network Pharmacy closest to you.

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Your cover for take-home medicine after hospitalisation

To-take-out (TTO) medicine is medicine given to you after you receive a prescription from your treating doctor when you are discharged from hospital. You will need to pay for this medicine unless it forms part of cover for a Prescribed Minimum Benefit (PMB) condition. You can also go to www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates to view more information on Prescribed Minimum Benefits (PMBs).

The prescribed day-to-day medicine benefit on the Classic Smart Plan does not include the following:

CLASSIC SMART PLAN PRESCRIBED DAY-TO-DAY (ACUTE) MEDICINE EXCLUSION LIST

- Medicines for chronic use
- Contraceptives
- Sedatives and hypnotics
- Anti-acne preparations
- Urologicals, including erectile dysfunction drugs
- Vitamins, minerals, essential fatty acids and probiotics
- Vaccines
- Unregulated products including homeopathic products
- Any general Scheme exclusion.

Note: This exclusion list above applies **to prescribed day-to-day (acute) medicine for the Classic Smart Plan**. You need to apply to have chronic medicine covered for your chronic condition. The most up to date Chronic Illness Benefit (CIB) application form is available on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates. This is what you use for normal copy, introductions and paragraphs.

Your cover for over-the-counter day-to-day medicine

This benefit is available on the Essential and Classic Smart Plans

You have cover for over-the-counter medicine (schedule 0–2 medicine, excluding vaccines) when it is obtained from MedXpress or a MedXpress Network Pharmacy.

You must get your over-the-counter medicine at any MedXpress Network Pharmacies

MedXpress Network Pharmacies are our network providers for over-the-counter medicine on the Smart plans. All over-the-counter medicine (schedule 0–2, whether prescribed or not) will accumulate to the over-the-counter medicine limit per plan. Visit www.discovery.co.za or click on **Find a healthcare provider** on the Discovery app to search for a MedXpress Network Pharmacy closest to you.

There is an annual benefit limit for over-the-counter medicine

You are covered for over-the-counter medicine up to R740 a family a year on the **Classic Smart Plan**, and R495 a family a year on the **Essential Smart Plan**.

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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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