

OVERSEAS TREATMENT BENEFIT

DISCOVERY HEALTH MEDICAL SCHEME

2022



Overview

The Overseas Treatment Benefit gives you cover for evidence based and clinically appropriate medical, surgical, dental and other treatment given by and on the authority of a registered member of the medical profession. This benefit applies for both in- and out-of-hospital planned treatment which is not available in South Africa. This benefit is only available to members on the Executive and Comprehensive health plans. Members on the Executive Plan also have additional cover for in-hospital treatment that is available in South Africa but obtained overseas.

What you need to know about the Overseas Treatment Benefit

The Overseas Treatment Benefit gives you cover for planned or elective treatment and procedures up to a limit of R750 000 on the Executive Plan and R500 000 on the Comprehensive plans for each person every year. The Overseas Treatment Benefit covers treatment that is not available in South Africa. The first 80% of the cost of the claim is paid up to the limit for each person, you need to pay the balance of the claim.

Additional funding is also available on the Executive Plan for in-hospital treatment that is available in South Africa from a registered healthcare professional. We will pay up to 100% of the local global fee amount, and an additional 80% of the cost for the balance that exceeds the global fee amount up to R300 000 per person every year. A global fee is a single amount that we calculate based on the average claims experience in South Africa, subject to your specific health plan. Clinical protocols and policies apply, and this means that we only pay medically appropriate claims. Cover will also be subject to the rules of the Scheme and funding policies.

About your cover

- We will cover your overseas treatment up to your available limit, this includes any complications as a result of the treatment or procedure.
- The treatment or procedure must be clinically appropriate and evidence-based for your condition.
- The treatment you receive must be performed by a medically qualified healthcare professional. Your healthcare professional must be registered with the relevant regulatory bodies in the country where you receive treatment.
- You need to notify us in advance of your treatment. We will review your application and provide feedback on the outcome.
- The Overseas Treatment Benefit does not provide cover:
- If the treatment or equivalent treatment is available in South Africa and you choose to have the procedure done overseas (with the exception of the Executive Plan)
- For any treatment while you are in a waiting period
- For treatment that forms part of clinical trials
- For emergency treatment outside of South Africa
- For any treatment that forms part of a general scheme exclusion as set out in the Rules of the Discovery Health Medical Scheme.
- Prescribed Minimum Benefits do not apply beyond the borders of South Africa.

How to apply for the Overseas Treatment Benefit

Contact us before you travel

Contact us on 0860 99 88 77 before you travel. We will send you a form to complete and once it is returned to us, we will review it and confirm the outcome. If we approve your cover, we will also send you a claim form that you will need to complete and send to us when you return.

You will need to pay your claims upfront and claim back from us

Because your healthcare professional will be based overseas, we do not have any agreement to pay them directly. You will need to pay your medical accounts upfront and claim back from us when you return to South Africa. It is therefore important that you keep all of the original and detailed accounts and receipts. Remember to send us a completed claim form and to keep copies of your claims and receipts for your records. You can contact Medical Services Organisation International (MSOI) to facilitate the payment of the international healthcare providers. MSOI will invoice Discovery Health Medical Scheme for the payment of these claims. MSOI will charge a fee for this service which will be paid from your available benefits. Contact MSOI on + 27 11529 6900 for more information.

The Scheme will reimburse these claims up to 80% of the cost for in-and-out of hospital treatment and where such treatment is paid in a foreign currency, the cost will be paid at an exchange rate for such currency as set by the bank at which the Scheme has its account.

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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.



If requested by you, the Scheme can assist with the upfront payment to you of up to 80% of your claim to your overall limit, subject to approval. We will need a proforma invoice specifically for the medical treatment from the healthcare professional who will be performing this service to enable us to assist with the upfront payment of funds to you.

Where to send your claims

You can email your claim form, claims and travel documents to OTB_APPROVEDCLAIMS@discovery.co.za or post them to Discovery Health, PO Box 652919, Benmore, 2010. Please remember to write "Overseas Treatment Benefit" on all your claims and correspondence to us and keep copies of your claims and receipts.

Note: Please submit all correspondence, including claims, in English only.

THE OVERSEAS TREATMENT BENEFIT CHECKLIST:

- Overseas Treatment Benefit application form
- Medical motivation from the medical professional/healthcare provider
- Copies of claims and your proof of payment
- Overseas Treatment Benefit claims form
- Copies of travel documents.



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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