

**HIVCare**



**Discovery HIVCare Programme**  
2011

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## Overview

This document gives you information about the Discovery HIVCare Programme. It explains your cover for HIV-and AIDS-related hospital admissions and HIV medicine. We also give you information on the doctor consultations and tests we cover such as pathology and radiology.

## Some of the commonly used terms we use in this document

There are a number of other terms we refer to in the document that you may not be familiar with. We give you the meaning of these terms:

Terminology	Description
Chronic Drug Amount	A monthly amount we pay up to for a medicine class. This applies to medicine that is not listed on the formulary or medicine list.
Day-to-day benefits	These are the funds available in the Medical Savings Account or Above Threshold Benefit.
Deductible	This is the amount that you must pay upfront to the hospital or day clinic. You must pay this amount from your pocket.
Discovery Health Rate	This is the rate that Discovery Health sets for paying claims from healthcare professionals.
Payment arrangements	We have payment arrangements in place with specific specialists to pay them in full at a higher rate.

## The HIVCare Programme, at a glance

### You have access to clinically sound and cost-effective treatment

We base the Discovery HIVCare protocols on the South African HIV Clinicians' Society guidelines. Approval of HIV-related services is subject to Prescribed Minimum Benefit guidelines and your benefits.

### We deal with each case with complete confidentiality

HIV and AIDS is a sensitive matter, whether one has the condition or not. Our HIV healthcare team respects your right to privacy and will always deal with any HIV- and AIDS-related query or case with complete confidentiality.

### No overall limit for hospitalisation for members who register on the HIVCare Programme except for the Foundation Plan

For members who register on the HIVCare Programme, on all plans, there is no limit to the hospital cover, except for members on the Foundation Plan where the overall hospital limit applies. For members on the Foundation Plan, Prescribed Minimum Benefit cover applies when the overall hospital limit of R325 000 has been reached.

Members who choose not to register on the programme have a sub-limit for the year. Please refer to *Benefits available for your plan type* to see what this limit is and if you need to go to a specific hospital.

In most cases your health plan benefits cover you for much more than the basic level of cover you are entitled to under the Prescribed Minimum Benefits. You can fund some of the expenses from your day-to-day benefits, if available on your plan.

### We cover a specified number of consultations and HIV-specific blood tests for your condition

For members who are registered on the HIVCare programme, we pay four GP consultations and one specialist consultation for the management of HIV.

We also pay HIV-specific blood tests for members who are registered on the HIVCare Programme. These tests are a measure of the extent of the HI virus and are instrumental in managing the patient's response to treatment. The specific tests are listed in the *Benefits available for you plan type* section.

### We cover antiretroviral medicine from our HIV medicine list

Members who meet our terms and conditions for cover have cover for antiretroviral medicine, including supportive medicine and medicine for prevention of mother-to-child transmission, treatment of sexually transmitted infections and HIV-related (or AIDS defining) infections that are on our HIV medicine list (formulary). Our case managers will coordinate HIV medicine applications and monitor the member's use of antiretroviral treatment to ensure the treatment is effective.

For preventive treatment in case of sexual assault, trauma or workman's compensation, any HIV waiting periods do not apply to preventive medicine. Cover is subject to national treatment guidelines and benefit confirmation. Members do not need to register on the HIVCare programme for this preventive treatment.

### We cover nutritional feeds to prevent mother-to-child transmission

Nutritional feeds are covered for babies born from HIV-positive mothers up to six months old from date of birth.

## Getting the most out of your benefits

### Register on the HIVCare Programme to access comprehensive HIV benefits

You need to register on the Discovery HIVCare Programme to access the benefits available on the Discovery HIVCare Programme. Call us on 0860 99 88 77, fax 011 539 3151 or email [DCO\\_HIV\\_CASEMANAGERS@discovery.co.za](mailto:DCO_HIV_CASEMANAGERS@discovery.co.za) to register.

For members who do not register on the HIVCare programme, for HIV-related hospital admissions there is a R35 000 hospital sub-limit for the family for the year on all health plans, except KeyCare, where a sub-limit of R12 000 for the family for the year applies.

We also pay the costs for out-of hospital consultations and blood tests from the available money in your day-to-day benefit, if available on your plan type. If your plan does not have day-to-day benefits or you have run out of money, you will be responsible to pay these from your pocket.

### Use approved medicine on our medicine list

Discovery Health does not cover experimental, unproven or unregistered treatments or practices.

You have full cover if your healthcare provider charges the Discovery Health Medication Rate. For medicine that is not on the list, we will pay up to a set monthly amount (Chronic Drug Amount). You will be responsible to pay any shortfall from your pocket for medicines not on the list or if the pharmacy charges more than the Discovery Health Medication Rate.

### Get your medicine from a healthcare provider who is part of our network

On certain plans, members need to get their approved chronic medicine from any of the pharmacies with whom we have negotiated a payment arrangement for HIV medicine. If you choose to get your medicine from a pharmacy is not in our network, you will be responsible for a co-payment. Please refer to the section *Benefits available for your plan type* to see if this applies your plan type.

### Use a healthcare provider who participates in our payment arrangements

If the GP, specialist or other healthcare provider participates in our payment arrangements, we will pay the account up to the agreed rate.

If you don't use a healthcare provider who participates in our payment arrangements, you will be responsible for any shortfall between what the provider charges and what Discovery Health pays.

Tell us about where you'll be having your treatment and who your treating doctor is and we'll confirm if the healthcare provider participates in one of our payment arrangements. If you choose to have your treatment at a provider who is in one our payment arrangements, there will be no shortfall in payment. Remember that any plan benefits still apply in this case.

Discovery Health MaPS  
(Medical and Provider Search)  
on [www.discovery.co.za](http://www.discovery.co.za) helps  
you find medical services and  
providers where you will be  
covered without a co-payment.

Go to [www.discovery.co.za](http://www.discovery.co.za) for  
more details.

Take your HIV medicine as prescribed and send test results when we ask for them

We will only fund your HIV treatment if Discovery Health has approved it and you remain compliant with your treatment plan. Once you've registered on the HIVCare Programme, you'll need to send us follow-up tests, when we ask for them, for us to monitor your response to the treatment.

#### **Stick to the rules that apply for Prescribed Minimum Benefit cover**

According to the Prescribed Minimum Benefits, in certain circumstances you have the right to get a basic level of cover for a list of medical conditions and treatments.

These benefits include cover for a list of 271 listed conditions, most emergency conditions and 27 listed chronic conditions. Medical schemes must provide cover for the diagnosis, treatment and costs of the ongoing care of these 27 conditions.

HIV infection is classified as a Prescribed Minimum Benefit condition for members who qualify for cover. However, only certain treatment protocols are available for funding from the benefit.

#### **These are the rules that apply to access Prescribed Minimum Benefits**

- Your condition must be part of the list of defined conditions for Prescribed Minimum Benefits. You may need to send us the results of your medical tests and investigations that confirm the diagnosis for your medical condition.
- The treatment you need must match the treatments included as part of the defined benefits for your medical condition.
- You must use a doctor, specialist or other healthcare provider with whom Discovery Health has negotiated a specific payment arrangement. There are some cases where this is not necessary, for example a life-threatening emergency.

More information on our approach to Prescribed Minimum Benefits is available at [www.discovery.co.za](http://www.discovery.co.za)

#### **Your doctor can appeal for additional cover**

We cover certain basic out-of-hospital treatments related to HIV infection as a Prescribed Minimum Benefit. You can ask for additional cover if your condition requires this through an appeals process. Once we have approved the additional cover, we will pay the claims for these treatments in full, if your doctor participates in one of our payment arrangements. You may be responsible to pay part of the claim if your doctor does not participate in one of our payment arrangements.

We pay all other out-of-hospital treatments from the available funds in your day-to-day benefits, if available on your plan type. If your plan does not have day-to-day benefits or you have run out of money, you will be responsible to pay these from your pocket.

## Benefits available for your plan type

### Executive Plan

#### Hospital admissions

If you've registered on the HIVCare Programme, you have unlimited hospital cover for HIV- and AIDS-related admissions. If you haven't registered, there is a R35 000 limit for hospitalisation for the family for the year.

#### GP and specialist consultations

For members who have registered on the HIVCare Programme, we pay four consultations including one specialist's consultation for HIV for each person for the year. We may pay more consultations including paediatricians, if required.

If you haven't registered, we pay the consultation costs from available funds in your Medical Savings Account and Above Threshold Benefit. We pay these claims up to the Discovery Health Rate. You will be responsible to pay any shortfall from your pocket.

#### HIV antiretroviral and HIV-supportive medicine

If your approved medicine is on our HIV medicine list, we cover it in full.

We cover approved medicine not on our HIV medicine list up to a set Chronic Drug Amount (CDA). You will be responsible to pay any shortfall from your pocket.

Members have cover of up to R380 a person a year for the multivitamins and vaccination shown below. Flu vaccinations will be paid from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin (silver) xpressmed	855790008
Vitemin	891442008
Euvax b vial 1ml	713048001

#### HIV-monitoring blood tests

For members registered on the HIVCare Programme, we cover the following blood tests, up to the Discovery Health Rate:

Test	Number of tests we cover for each person a year
CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1

For members not registered on the HIVCare Programme, we pay the costs from the available funds in the Medical Savings Account and Above Threshold Benefit.

#### Terminal care

The Terminal Care Benefit applies to all terminal diseases and not only HIV.

On approval, we cover costs for the basic care and comfort, including care for activities of daily living like feeding and hygiene, etc up to a limit of R25 250 for each person a year.

## Comprehensive Series

### Hospital admissions

If you've registered on the HIVCare Programme, you have unlimited hospital cover for HIV- and AIDS-related admissions. If you haven't registered, there is a R35 000 limit for hospitalisation for the family for the year.

**If you are on the Delta network option:** For planned admissions, you must use a Delta Network Hospital. If you go to a hospital not on the Delta Hospital Network, you need to pay a deductible of R4 150.

### GP and specialist consultations

For members who have registered on the HIVCare Programme, we pay four consultations including one specialist's consultation for HIV for each person for the year. We may pay more consultations including paediatricians, if required.

If you haven't registered, we pay the consultation costs from available funds in your Medical Savings Account and Above Threshold Benefit. We pay these claims up to the Discovery Health Rate. You will be responsible to pay any shortfall from your pocket.

### HIV antiretroviral and HIV-supportive medicine

If your approved medicine is on our HIV medicine list, we cover it in full. We cover approved medicine not on our HIV medicine list up to a set Chronic Drug Amount (CDA). You will be responsible to pay any shortfall from your pocket.

Members have cover of up to R380 a person a year for the multivitamins and vaccination shown below. Flu vaccinations will be paid from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin (silver) xpressmed	855790008
Vitamin	891442008
Euvax b vial 1ml	713048001

### HIV-monitoring blood tests

For members registered on the HIVCare Programme, we cover the following blood tests, up to the Discovery Health Rate:

Test	Number of tests we cover for each person for the year
CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1

For members not registered on the HIVCare Programme, we pay these costs from the available funds in the Medical Savings Account and Above Threshold Benefit.

### Terminal care

The Terminal Care Benefit applies to all terminal diseases and not only HIV.

On approval, we cover costs for the basic care and comfort, including care for activities of daily living like feeding and hygiene, etc up to a limit of R25 250 for each person a year.

## Priority Series

### Hospital admissions

If you've registered on the HIVCare Programme, you have unlimited hospital cover for HIV- and AIDS-related admissions. If you haven't registered, there is a R35 000 limit for hospitalisation for the family for the year.

### GP and specialist consultations

For members who have registered on the HIVCare Programme, we pay four consultations including one specialist's consultation for HIV for each person for the year. We may pay more consultations including paediatricians, if required.

If you haven't registered, we pay the consultation costs from available funds in your Medical Savings Account and limited Above Threshold Benefit. We pay these claims up to the Discovery Health Rate. You will be responsible to pay any shortfall from your pocket.

### HIV antiretroviral and HIV-supportive medicine

If your approved medicine is on our HIV medicine list, we cover it in full. We cover approved medicine not on our HIV medicine list up to a set Chronic Drug Amount (CDA). You will be responsible to pay any shortfall from your pocket.

Members have cover of up to R380 a person a year for the multivitamins and vaccination shown below. Flu vaccinations will be paid from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin (silver) xpressmed	855790008
Vitemin	891442008
Euvax b vial 1ml	713048001

### HIV-monitoring blood tests

For members registered on the HIVCare Programme, we cover the following blood tests, up to the Discovery Health Rate:

Test	Number of tests we cover for each person for the year
CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1

For members not registered on the HIVCare Programme, we pay these costs from the available funds in the Medical Savings Account and limited Above Threshold Benefit.

### Terminal care

The Terminal Care Benefit applies to all terminal diseases and not only HIV.

On approval, we cover costs for the basic care and comfort, including care for activities of daily living like feeding and hygiene, etc up to a limit of R25 250 for each person a year.

## Saver Series

### Hospital admissions

If you've registered on the HIVCare Programme, you have unlimited hospital cover for HIV- and AIDS-related admissions. If you haven't registered, there is a R35 000 limit for hospitalisation for the family for the year.

*If you are on the Delta network option:* For planned admissions, you must use a hospital in the Delta Hospital Network for full cover; otherwise you will have to pay a deductible of R4 150.

*If you are on the Coastal Saver Plans:* For planned admissions, you must use a hospital in one of the four coastal provinces. If you don't go to a coastal hospital, Discovery Health will pay up to a maximum of 70% of the hospital account and you will need to pay the difference.

### GP and specialist consultations

For members who have registered on the HIVCare Programme, we pay four consultations including one specialist's consultation for HIV for each person for the year. We may pay more consultations including paediatricians, if required.

If you haven't registered, we pay the consultation costs from available funds in your Medical Savings Account. We pay these claims up to the Discovery Health Rate. You will be responsible to pay any shortfall from your pocket.

### HIV antiretroviral and HIV-supportive medicine

If your approved medicine is on our HIV medicine list, we cover it in full. We cover approved medicine not on our HIV medicine list up to a set Chronic Drug Amount (CDA). You will be responsible to pay any shortfall from your pocket.

Members have cover of up to R380 a person a year for the multivitamins and vaccination shown below. Flu vaccinations will be paid from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin (silver) xpressmed	855790008
Vitemin	891442008
Euvax b vial 1ml	713048001

### HIV-monitoring blood tests

For members registered on the HIVCare Programme, we cover the following blood tests, up to the Discovery Health Rate:

Test	Number of tests we cover for each person for the year
CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1

For members not registered on the HIVCare Programme, we pay these costs from the available funds in the Medical Savings Account.

### Terminal care

The Terminal Care Benefit applies to all terminal diseases and not only HIV.

On approval, we cover costs for the basic care and comfort, including care for activities of daily living like feeding and hygiene, etc up to a limit of R25 250 for each person a year.

## Core Series

### Hospital admissions

If you've registered on the HIVCare Programme, you have unlimited hospital cover for HIV- and AIDS-related admissions. If you haven't registered, there is a R35 000 limit for hospitalisation for the family for the year.

**If you are on the Delta network option:** For planned admissions, you must use a hospital in the Delta Hospital Network for full cover; otherwise you will have to pay a deductible of R4 150.

**If you are on the Coastal Core Plans:** For planned admissions, you must use a hospital in one of the four coastal provinces. If you don't go to a coastal hospital, Discovery Health will pay up to a maximum of 70% of the hospital account and you will need to pay the difference.

### GP and specialist consultations

For members who have registered on the HIVCare Programme, we pay four consultations including one specialist's consultation for HIV for each person for the year. We may pay more consultations including paediatricians, if required. If you haven't registered, you are responsible for paying these costs.

### HIV antiretroviral and HIV-supportive medicine

If your approved medicine is on our HIV medicine list, we cover it in full. We cover approved medicine not on our HIV medicine list up to a set Chronic Drug Amount (CDA). You will be responsible to pay any shortfall from your pocket.

Members have cover of up to R380 a person a year for the multivitamins and vaccination shown below. Flu vaccinations will be paid from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin (silver) xpressmed	855790008
Vitamin	891442008
Euvax b vial 1ml	713048001

### HIV-monitoring blood tests

For members registered on the HIVCare Programme, we cover the following blood tests, up to the Discovery Health Rate:

Test	Number of tests we cover for each person for the year
CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1

If you haven't registered on the HIVCare Programme, you are responsible for paying these costs.

### Terminal care

The Terminal Care Benefit applies to all terminal diseases and not only HIV.

On approval, we cover costs for the basic care and comfort, including care for activities of daily living like feeding and hygiene, etc up to a limit of R25 250 for each person a year.

## KeyCare Series

### Hospital admissions

If you've registered on the HIVCare Programme, you have unlimited hospital cover for HIV- and AIDS-related admissions to a KeyCare network hospital. If you haven't registered, there is a R12 000 limit for hospitalisation for the family for the year.

### GP and specialist consultations

<b>KeyCare Core Plans</b>	<b>GP consultations</b>	4 for each member registered on the HIV Care Programme
	<b>Specialist consultations</b>	The Scheme covers one specialist visit (this will not pay from the Specialist Benefit limit of R2 100 a year)
<b>KeyCare Plus Plans</b>	<b>GP consultations</b>	Unlimited only at the member's chosen KeyCare network GP
	<b>Specialist consultations</b>	The Scheme covers one specialist visit (this will not pay from the Specialist Benefit limit of R2 100 a year)

### HIV antiretroviral and HIV-supportive medicine

We cover approved HIV antiretroviral medicine and HIV-supportive medicine on our medicine list only.

Members have cover of up to R380 a person a year for the multivitamins and vaccination shown below. Flu vaccinations will be paid from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin (silver) xpressmed	855790008
Vitemin	891442008
Euvax b vial 1ml	713048001

KeyCare members must get medicine from a network pharmacy for medicine to be covered in full.

If you use a pharmacy not in our network, you will be responsible for a 40% co-payment.

### HIV-monitoring blood tests

For members registered on the HIVCare Programme, we cover the following blood tests, up to the Discovery Health Rate:

Test	Number of tests we cover for each person for the year
CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1

If you haven't registered on the HIVCare Programme, you are responsible for paying these costs.

### Terminal care

The Terminal Care Benefit applies to all terminal diseases and not only HIV.

On approval, we cover costs for the basic care and comfort, including care for activities of daily living like feeding and hygiene, etc up to a limit of R18 250 for each person a year.