



Discovery News

for Discovery Health members

D&A
DORMAN &
ASSOCIATES

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This email is written by an independent commentator and not by Discovery Health. Any Discovery Health member is welcome to subscribe. Queries regarding this email can be sent to keith@dorman.co.za.

Discovery Website

www.discovery.co.za

Discovery Client Services

0860 99 88 77

KeyCare Client Services

0860 102 877

Discovery Emergency Number

0860 999 911

2024 Discovery Health Plans

Executive Plan

Classic Comprehensive

Classic Smart

Comprehensive

Classic & Essential Priority

Classic & Classic Delta

Saver and Core

Essential & Essential Delta

Saver and Core

Coastal Saver and Core

Classic, Essential and

Essential Dynamic Smart

KeyCare Plus, Core, Start

and Start Regional

2024 Discovery Rewards

Vitality Active

Vitality Premium

Dorman & Associates cc

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ORG139

Oncology Programme

If you are diagnosed with Cancer, you need to register on the Oncology Programme. You or your treating doctor must submit a copy of the test results confirming your diagnosis. Your cancer specialist then submits your treatment plan for approval. Treatment will only be funded once the treatment plan has been approved.

When submitting claims, all claims must have the correct ICD-10 code particular to your diagnosis. Claims without this code will be processed from your normal day-to-day or hospital benefits, not the oncology benefits.

Approved cancer treatment is covered as follows for a 12-month period from the date of diagnosis. Your cancer specialist will renew cover every 12 months.

- Executive and Classic Comprehensive Plans: the first R500,000 is covered, up to 100% of the Discovery Health Rate.
- Classic Smart Comprehensive: the first R375,000 is covered, up to 100% of the Discovery Health Rate.
- Priority, Saver, Smart and Core plans: the first R250,000 is covered, up to 100% of the Discovery Health Rate.

Once the limits above have been reached, additional treatment required within the 12-month cycle will be covered at 80% of the Discovery Health Rate. If the treatment forms part of the Prescribed Minimum Benefits, it will be covered in full at designated service providers. Executive and Classic Comprehensive plans include the Extended Oncology Benefit, which will cover certain treatments in full after the above limited are reached.

Cover from the Oncology Benefit includes:

- Radiotherapy including targeted therapies and professional fees
- Oncology medicines including chemotherapy, supportive medicine and hormonal therapy and biologics
- PET CT Scans
- Scopes used in the management of your cancer such as bronchoscopy, colonoscopy or gastroscopy

The following additional healthcare services are funded under the Prescribed Minimum Benefits (PMB). These services are available through oncology treatment baskets (staging, active and ongoing) and the supportive formulary:

- Consultations
- Radiology and pathology appropriate for staging, active treatment and ongoing management of your cancer
- Rental of home oxygen
- External medical items such as stoma products
- Formulary for supportive medication for the management of pain, nausea and other side effects

While your cancer specialist's office will handle most, if not all, of the paperwork involved to ensure your treatment is covered, it is your responsibility to check your claim statements to see that the claims are paid from the correct benefits, and query with your specialist if they are not paid correctly.

Saver Plan

Saver plans include Classic Saver, Classic Delta Saver, Essential Saver, Essential Delta Saver and Coastal Saver.

Hospitals:

In a medical emergency, all members can go to the nearest hospital, and once stabilised they will be transferred to the appropriate hospital. For non-emergencies or procedures on the Day Surgery Network list:

- Classic and Essential Saver members can go to any private hospital or day surgery facility in the Day Surgery Network.
- Classic Delta and Essential Delta Saver members must use hospitals within the Delta network or day surgery facility in the Delta Day Surgery Network.
- Coastal Saver members must use hospitals within the 4 coastal provinces or day surgery facility in the Coastal Day Surgery Network.

Healthcare professionals in-hospital are covered at 200% of the Discovery Health Rate for Classic and Classic Delta Saver members, and 100% for Essential, Essential Delta and Coastal members.

Out-of-Hospital:

Day-to-day claims are paid from Savings, which is 20% of the monthly contribution for Classic and Classic Delta Saver members, 10% for Essential and Essential Delta members and 15% for Coastal Saver members.

The Day-to-Day Extender Benefit extends your cover for essential healthcare services from Discovery's network providers on all Saver plans. Classic Saver and Classic Delta Saver also have cover for kids casualty visits.

What is a medical emergency?

Discovery defines an emergency medical condition, also referred to as an emergency, as the sudden and unexpected onset of a health condition that requires immediate medical or surgical treatment. Failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy. An emergency does not necessarily require a hospital admission. Discovery may ask you or your treating provider for additional information to confirm the emergency.

Vitality points for Condition Management

If you are registered on the Chronic Illness Benefit for diabetes, hypertension, hyperlipidaemia or Ischaemic heart disease, you could earn additional Vitality points for managing your condition. You can earn 250 points for each of the following tests or consultations (listed with the number of times per year you can earn them):

- Diabetes: HbA1C test (2), BP test (2), cholesterol test (1), kidney function test (1), electrocardiogram (1), GP consult (2), ophthalmologist consult (1), podiatrist consult (1), dietitian consult (1).
- Hypertension: BP test (1), kidney function test (1), electrocardiogram (1), GP consult (2), ophthalmologist consult (1), urine dipstick analysis (1).
- Hyperlipidaemia: cholesterol test (1), electrocardiogram (1), GP consult (2).
- Ischaemic heart disease: BP test (2), kidney function test (1), electrocardiogram (1), GP consult (2), cardiologist consult (1), urine dipstick analysis (1).

Remember to check for these points. If they have not been awarded automatically when the claim was submitted, then you should manually claim the Vitality points in the Vitality section of the website or on the Discovery app. You can earn points for more than one condition if you are registered for more than one, but the maximum points per year for all condition management points, is 2500 points.

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