



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.

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www.discovery.co.za
Discovery Client Services
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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

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A claim has to include a few things to be valid, as well as being submitted within 4 months.

4 months: Claims must be submitted within 4 months, to be valid. This means your doctor must submit them to you in time for you to submit to medical aid within 4 months. Sometimes, after an audit or some internal review, a provider might send you an invoice that is, for example, a year old, that Discovery will no longer pay as the treatment date is more than 4 months ago. You are well within your rights to refuse to pay the provider at that time, because they did not give you a chance to submit to your medical aid. Simply return the invoice, saying it is not valid as it is more than 4 months old.

Diagnostic and Procedure Codes: The invoice must have both diagnostic codes and procedure or item codes. If a code is missing, Discovery's system will reject the claim. The diagnostic code is particularly important if you are claiming PMB or Chronic benefits, as the authorisation for payment from those benefits is linked to the diagnostic code.

Practice Numbers: Your provider's practice number must be on the invoice. This also applies to medication. Again, with Chronic medication, the claim will be rejected (or paid from Savings instead of Chronic Benefits) if the practice number is incorrect, as authorisation is linked to the practice number. Where a practice includes more than one specialist or GP, with their own practice numbers, make sure the correct practice number is used (usually the one associated with the practice rather than an individual).

Discovery's systems run on codes to make them more efficient. It is up to you, the member, to ensure that you check claims to see that they have been paid from the correct benefit.

Discovery Benefits include Savings and Above Threshold Benefits on certain plans. When your plan has both of these benefits, day-to-day claims are paid from Savings first, then you might have to pay claims while in your Self Payment Gap until you reach your Threshold, and thereafter claims are paid by the Above Threshold Benefit.

Saver plans have Savings only. When you run out of Savings, certain consultations from network providers are paid from the Day-to-day Extender Benefit and thereafter you have no cover for medication or consultations unless you are registered for Chronic or PMB benefits.

Executive, Classic Comprehensive, and Priority plans include Savings, the Day-to-day Extender Benefit, and Above Threshold Benefits. Classic Smart Comprehensive includes Savings, Smart Network GP consultations and Above Threshold Benefit. There might be claims you need to pay for between running out of Savings and getting to your Above Threshold Benefit. Always submit your claims whether you think they will be paid or not, as Discovery is adding them up to get to your Threshold.

Smart (excl Comprehensive) and KeyCare plans have day-to-day cover within their networks, and Core plans do not include day-to-day cover.

All plans also include the Trauma Recovery Extender Benefit for expenses in the year the trauma occurred, and the following year.

Valid Claims

Savings and Above Threshold

Priority Plans

Discovery's Priority plans are Classic Priority and Essential Priority.

Hospitals:

Priority Plan members have unlimited hospital cover in any private hospital approved by Discovery. An upfront payment of R6,650 applies for a defined list of procedures outside of the Day Surgery Network. Certain procedures have an upfront payment no matter what facility is used, of R4,550, R10,600 or R21,800. Members will also pay an upfront amount for Scopes, which is less at a Day Clinic (R4,300) than Hospital (R6,900 or R5,600). For MRI and CT scans, the first R3,670 is paid from day-to-day benefits and the balance from the Hospital Benefit up to 100% of Discovery Rate. For conservative back and neck treatment, members pay the first R4,550 of the account, with the balance paid from the Hospital Benefit, limited to one scan per region per year.

Healthcare professionals in-hospital are covered at 200% of the Discovery Health Rate for Classic Priority members, and 100% for Essential Priority members. If Discovery has a payment agreement with your doctor or specialist, they will be paid in full.

Out-of-Hospital:

Day-to-day claims are paid from Savings, which is 25% of the monthly contribution for Classic Priority members, and 15% for Essential Priority members.

The Day-to-Day Extender Benefit extends your cover for essential healthcare services from Discovery's network providers on both Priority plans, including cover for two kids casualty visits a year.

Vitality: VO₂ Max and Fitness Assessments

VO₂ Max stands for: V: Volume O₂:Oxygen Max: Maximum.

A higher VO₂ Max score means better fitness and longer endurance. Endurance refers to your ability to do exercises at low to moderate intensity for a longer duration. Cardio fitness is tracked by your VO₂ Max, which is the maximum oxygen your heart, lungs, and muscles can use while you exercise.

You can earn up to 10,000 Vitality points depending on your Vitality Cardio Fitness Level, and Discovery uses your VO₂ max readings to calculate your Vitality Cardio Fitness Level. Your VO₂ max reading depends on many different factors, including age, sex, genetics, fitness level and health conditions. This means there is no 'one size fits all' measurement.

If you use Apple, Garmin, or Samsung fitness devices, Discovery will see your VO₂ levels and allocate points when you reach fitness levels automatically. Fitness levels are calculated using your 5 most recent qualifying workouts.

You can also still complete a Vitality Fitness Assessment if you don't have a fitness device that measures your VO₂ max.



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