

# Discovery Health Medical Scheme (DHMS) 2024 Benefit Update



## Saver Plan Series - Optimisation of day-to-day benefits

### Medical Saving Account (MSA) allocations reduced:

Due to the prevailing economic challenges faced by South Africans, DHMS took the decision to optimise affordability for Saver Series members by decreasing the contribution that members can make towards their Medical Savings Account (MSA) for 2024, as follows:

- Classic Saver and Classic Delta Saver MSA will reduce from 25% to 20%.
- Coastal Saver MSA will reduce from 20% to 15%.
- Essential Saver and Essential Delta Saver MSA will reduce from 15% to 10%.

Whilst the reduction in the annual savings allowance has kept the contributions increases below 4%, members need to understand the impact that this reduction will have on their day-to-day benefit entitlement and, ultimately, the increase to their out-of-pocket expenses.

### New Benefits included:

From 2024, qualifying members will be able to access the following day-to-day benefits, that will be fully risk-funded – the cost of these services is currently funded from members' MSA funds:

- Mental health preventative screening and access to Cognitive Behavioural Therapy (CBT).
- Emergency cover through the virtual urgent care platform.

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# Comprehensive Series Plans

## Consolidation of the plan range

There will be a restructuring of the Comprehensive plan range to streamline this series. The five Comprehensive plans will be consolidated into 2 options, namely Classic Comprehensive and Classic Smart Comprehensive.

Members on Classic Delta Comprehensive, Essential Comprehensive and Essential Delta Comprehensive plans in 2023 will be defaulted to Classic Comprehensive or Classic Smart Comprehensive on 1 January 2024 unless an alternative plan is chosen.

**Members will be defaulted to one of the plans based on specific benefits that have been accessed during the 2023 benefit year, and the default strategy will occur as follows:**

- Members who are currently registered for a chronic condition(s) on the Additional Disease List (ADL) and/or oncology benefit and/or Specialised Medicine and Technology Benefit (SMTB) will be defaulted to the Classic Comprehensive option.
- Members not registered on one of the above-mentioned benefits and who used a Smart Network provider will default to the Classic Smart Comprehensive.

Members who don't actively nominate an option for 2024, i.e. that are defaulted as per the strategy above, will have the opportunity to change options until the end of March 2024.

In addition to the above, the following benefit changes will be implemented for the 2024 benefit year:

## Introduction of a fair usage limit applicable to the Above Threshold Benefit (ATB):

From 2024, an overall annual limit will be applicable on both Comprehensive plans. This overall annual limit is referred to as a fair usage limit and is calculated dependant on your plan selection and number of dependants on your membership, as indicated in the table below.

Members on the Comprehensive plans need to review their average ATB spend to understand whether the fair usage limit will cover their expenses – if not, you need to be prepared for increased out-of-pocket expenses or review your option selection for 2024, to ensure you balance your annual contributions against your day-to-day expenses (which should take into account out-of-pocket expenses).

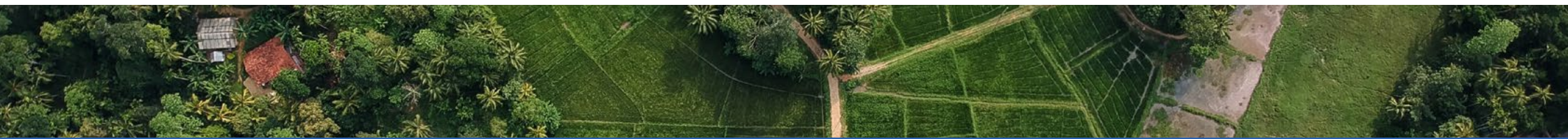
### Comprehensive Series Above Threshold Benefit for 2024

|                             | Principle | Adult Dependant | Child  |
|-----------------------------|-----------|-----------------|--------|
| Classic Comprehensive       | R35 000   | R35 000         | R8 500 |
| Classic Smart Comprehensive | R30 000   | R30 000         | R7 500 |

**97%** of Comprehensive policies will be unaffected by this limit

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## Comprehensive Series Plans (..continued)

### Oncology Innovation Benefit changes:

A defined list of oncology drugs will attract a 50% co-payment on the Oncology Innovation Benefit from 2024. All other drugs that form part of the Oncology Innovation Benefit will continue to attract a 25% co-payment. The list of drugs has not yet been confirmed.

It is important to note that members who have received approval or are currently receiving these drugs will not be impacted by this change – the change is only applicable to members registering for treatment in 2024.

### Classic Smart Comprehensive:

To reduce the impact of the default plan alignment next year, the following benefits have been enhanced on the Classic Smart Comprehensive plan:

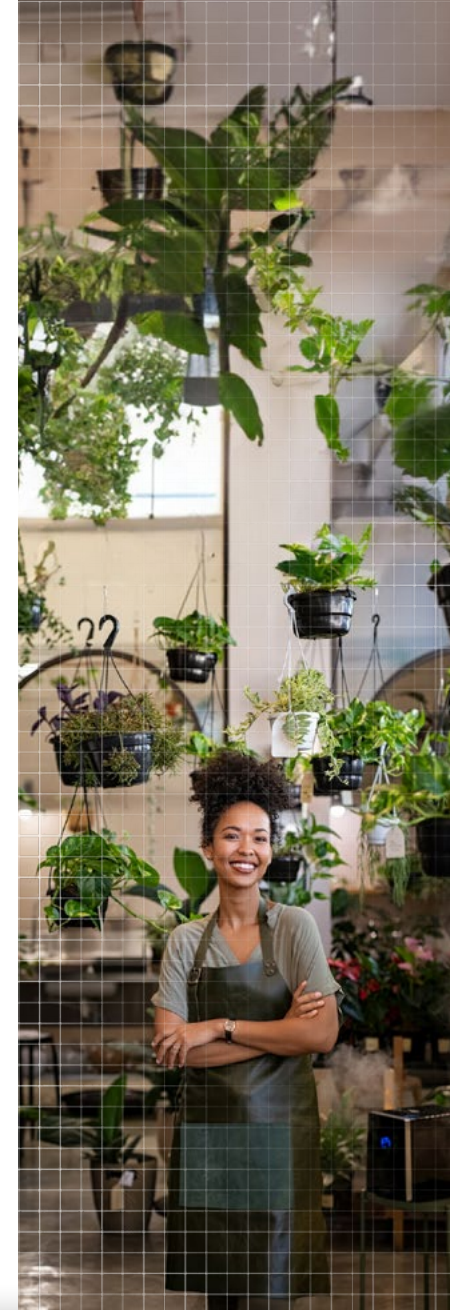
- 15 % MSA will be introduced from 1 January 2024. This can be used to fund the R 65 co-payment applicable to the unlimited network GP consultations.
- An Above Threshold Benefit has also been introduced, with the fair usage limits being applicable as per the table above from 1 January 2024.
- Child dependent contributions have been reduced to align with the Classic Comprehensive contributions.

## Benefit Limits, Thresholds, Co-payments and Deductibles

- Co-payments and deductibles will be increased in line with relevant inflation.
- Thresholds for the Above Threshold Benefit on Executive, Comprehensive and Priority options will be increased in line with plan-specific contribution increases.
- On 1 January 2024, benefit limits will increase in line with relevant inflation, with the exception of :
  - o International Travel Benefit
  - o Oncology Benefit Thresholds
  - o Overseas Treatment Benefit
  - o Specialised Medicine and Technology Benefits
  - o Surgical and appliance items.
- Spinal prosthesis limits will be updated where a non-network supplier is used.

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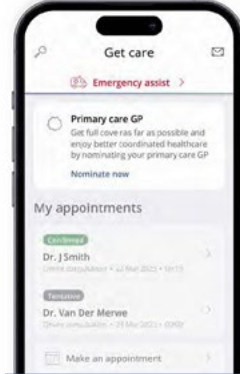
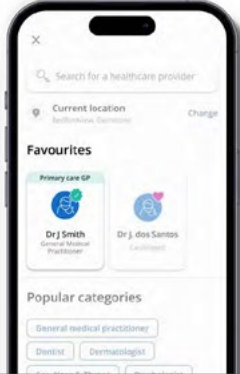
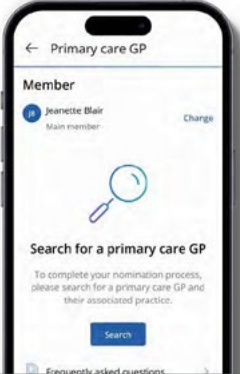
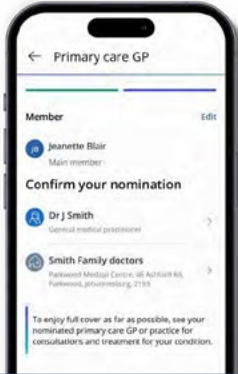
## Changes to the Medication Benefits:

### Chronic Illness Benefit:

Annual formulary changes and Chronic Drug Amount (CDA) updates will be applied from 1 January 2024. In addition, generic reference pricing will be introduced, where a generic alternative exists for Chronic Disease List (CDL) medicine. Medicine on the formulary list will continue to be funded in full, whereas non-formulary medicine will be funded up to the CDA according to the chosen plan type, subject to the Discovery Health Rate (DHR) or Generic Reference Price, whichever is applicable.

In addition, members registered for a Prescribed Minimum Benefit (PMB) chronic condition must nominate a primary care network GP for the management of their chronic illness, to ensure that the consultations linked to their chronic illness is covered in full. If you do not nominate a GP, the consultation will be covered at 80% of the Discovery Rate.

Nomination of a Primary care network GP can be done through the Discovery Health App:

| Navigate to Get Care on the Health App  | Confirm Primary Care GP   | Search for a GP in your area  | Nominate your Primary Care Provider   |
|---|---|---|---|
|  |  |  |  |
| Click on the Primary care GP option on the Get Care tab                             | Members that have visited a network GP can confirm nomination of GP                 | Members that have not visited a network GP can search for a GP in their area        | Select preferred GP and confirm nomination  |

### Specialised Medicine and Technology Benefit:

A Therapeutic Reference Price will be introduced on the Specialised Medicine and Technology Benefit for biologic therapies for all new treatment approvals from 2024 onwards.

### Oncology Medicines:

Generic reference pricing for chemotherapy and supportive oncology medicine will be introduced, where a generic alternative exists. Oncology approved medicine will be paid up to the maximum of the DHR or Generic Reference Price, whichever is applicable, and subject to the Oncology Threshold.

The above changes will be communicated, by Discovery Health, directly to affected members.



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## KeyCare Benefit Changes

In alignment with achieving improved health outcomes, ensuring efficient healthcare referral pathways and improved healthcare coordination, the following benefit changes will be implemented across the KeyCare Series from 1 January 2024.

### Primary GP nomination:

KeyCare Plus members will no longer have cover for secondary GP consultations. All day-to-day healthcare needs will be addressed and coordinated by one nominated primary GP to provide improved health outcomes.

### Out-of-network consultations:

KeyCare Plus, Start and Start Regional members will be replaced with one annual consultation with a network nurse or healthcare provider at a network pharmacy clinic. Members will be referred for a virtual consultation with a GP or an in-person consultation where needed.

### Changing a nominated GP:

KeyCare members have the option to change their nominated GP three times per year, after which approval is needed.

## Change to the Hospital Network:

**The KeyCare Hospital Network has been optimised in 2024, for a few reasons, resulting in the following changes:**

| Province     | Hospital Removed from Network       | Nearest Network Hospital  |
|--------------|-------------------------------------|---|
| Gauteng      | Mediclinic Muelmed                  | Mediclinic Medforum (1km)   |
|              | Louis Pasteur Hospital              | Medclinic Medforum (300m)   |
|              | Arwyp Medical Centre                | Life the Glynwood (19km)  |
| Western Cape | Netcare Kuilsriver Hospital         | Mediclinic Louise Leopoldt (7km)  |
|              | Netcare Christiaan Barnard Hospital | Netcare UCT Private Academic Hospital (6km)<br>Rondebosch Medical Centre (10km) |

In addition, the Netcare St Anne's Hospital, in KZN, has been removed from the full cover network hospital to cardiac referral network status only. The nearest network hospital is Midlands Medical Centre (1.5km)

Please access the Discovery website or App to access the [hospital network list](#).

### Hospital procedure exclusion list:

Tonsillectomies, Myringotomies and Adenoidectomies will be added to the exclusions list, with cover only provided in the case of emergencies or in the event of a Prescribed Minimum Benefit (PMB) treatment.

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## Home-based Hospital Network

Home-based Hospital Network will be introduced as a designated service provider for carefully selected low-acuity conditions for members on KeyCare, Smart and Delta plans.

The designated service providers include Discovery Hospital at Home, Mediclinic at Home and Quro Medical. If the patient and admitting doctor opt out of home-based care, a R 5 000 deductible will apply.

[Refer to the website for criteria.](#)

## New Discovery Health app

The new and improved Discovery app is available to all members with immediate effect. The app contains all past functionalities with the added advantage of more intuitive navigation and new innovations, which will expand over time to create a digital health ecosystem.

The New benefits provided through the New Discovery Health app:

### Virtual Urgent Care

Members have access to a panel of Emergency Room doctors 24/7. By the click of a button, via the 'Speak to a doctor now', the members' medical needs will be assessed. The ER24 doctor will diagnose and treat the member or have an ambulance dispatched. Doctors can also prescribe medication via an e-script.

Receive medical attention in 5 easy steps:

- 1 Access urgent care via the Discovery Health app
- 2 Complete the Symptom checker
- 3 Grant the doctor permission
- 4 Speak to a doctor
- 5 Order medicines and view post consultation notes

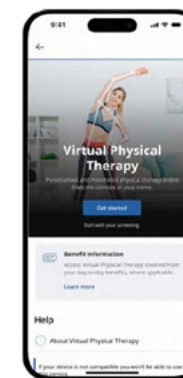
How will this benefit cost be covered?

- Urgent care consultations will be funded from the risk benefits on all plans except for KeyCare Start Regional.
- Non-urgent care will be funded from available day-to-day benefits.

### Virtual Physical Therapy

Professional support for musculoskeletal recovery through evidence-based rehabilitation via video and supported by Artificial Technology (AI). Members can access the following benefits through the "My Health" tab.

The benefit is funded from members' available day-to-day benefits.



### Mental Health Assessment Benefit

DHMS is increasing their focus on early interventions with the introduction of this assessment, available to all members via the 'My Health' tab. Once the assessment is completed, the results and clinical data will be used to evaluate the members' mental health risks and provide risk-funded interventions for at-risk members.

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## Digital therapeutics for depression

DHMS is partnering with Silvercloud to deliver the first ever medical scheme funded digital therapeutics products in SA. The evidence-based mental health therapy platform will be housed on the 'My Health' tab.

This benefit will be funded from risk for those members identified by the mental health assessment as being at-risk and registered on the Mental Health Care Programme.

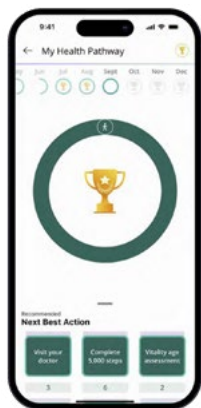
Members who access the platform voluntarily, the costs will be funded from available day-to-day benefits.



## Personal Health Pathways

Each member will be presented with a personalised healthcare pathway through the new Discovery Health app and an intuitive WhatsApp journey. Members will be rewarded and incentivised to stay engaged.

Eligible members will have access to personal health pathways that predict the most important action they can take to improve their health while rewarding them for it.



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