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Wealth



2022 Discovery Health Medical Scheme Benefit Highlights

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Healthcare Consulting

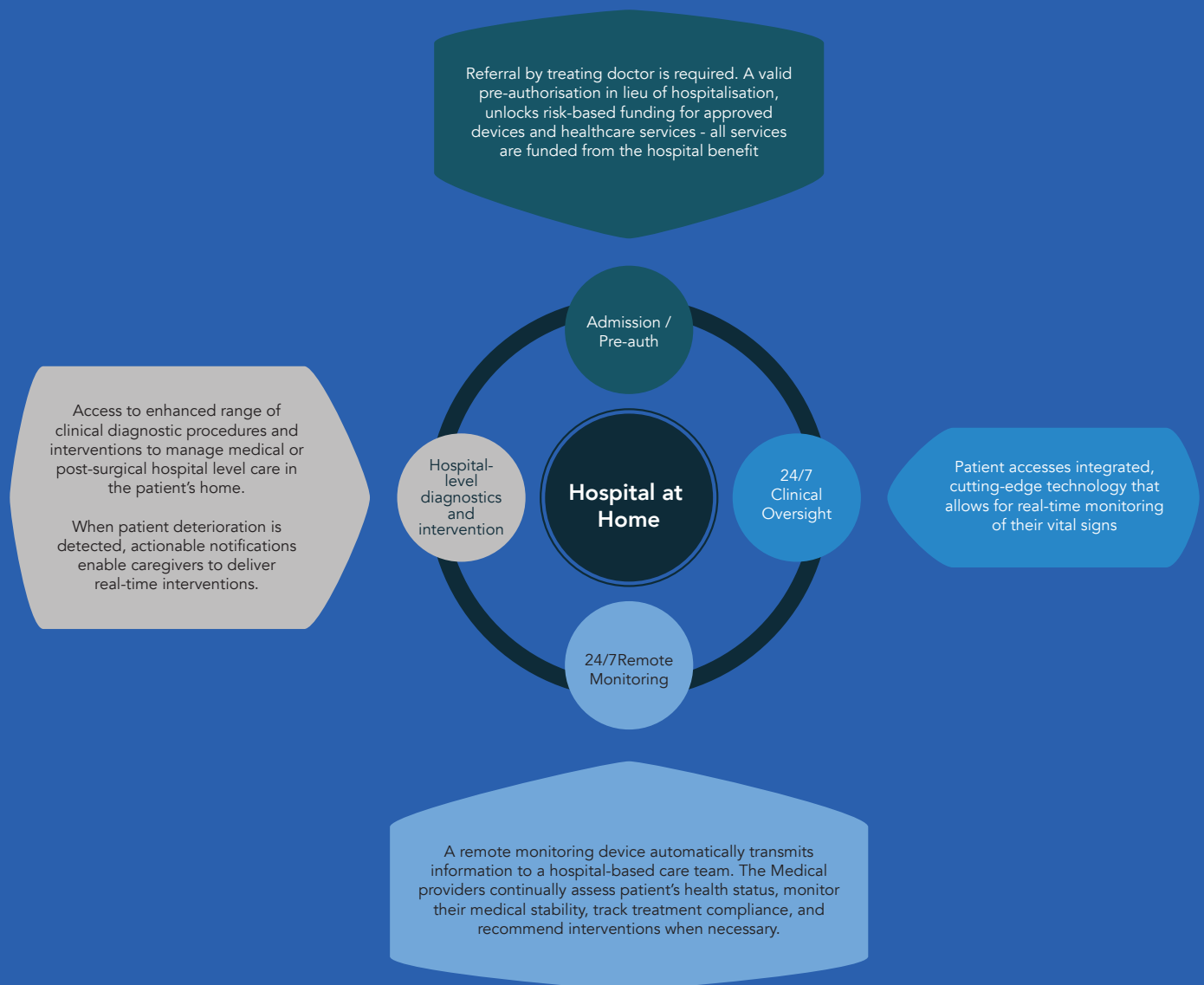
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Discovery Health Medical Scheme (DHMS) Benefits being introduced for 2022

Hospital at Home

With the global increase in digital healthcare adoption and in response to the need to decrease the burden on overwhelmed healthcare systems, DHMS has introduced Hospital at Home. This benefit aims to deliver hospital-level care to patients across South Africa, from the comfort of their own homes.

Qualifying members will have access to hospital-level care delivered in their home for several medical and surgical conditions that would otherwise require admission to the hospital. Supported by additional risk-funded benefits to enhance patient experience.



For an overview of this innovative benefit [watch this video](#) or [click here](#) for the DHMS focus page.

Discovery Digital Patient Communities – powered by myHealthTeams

To enhance the support provided to members living with diabetes and heart disease and those impacted by long-COVID, Discovery Health has partnered with myHealthTeams. This partnership will provide members with access to a digital community of individuals living with the same illness, with the objective of providing support to help manage these conditions.



Social Support

Connects patients living with the same chronic illness to exchange real-world health experiences



Accurate Clinical Information

Active engagement by medical experts to ensure conversations and patient-to-patient exchanges are clinically moderated



Personalised Content

Condition-specific curated content including latest clinical treatments and advances in research



Better Health Outcomes

Empower patients, drives adherence to treatment and therapy, and promotes effective self-management

If you have Diabetes, Heart Disease or Long-Covid, and would like to find out more about this benefit, please [watch this video](#) or [click here](#) for the DHMS focus page



Discovery Pay

Discovery Pay is a sophisticated, integrated payments platform that makes payments faster, smarter and more convenient. Discovery Pay integrates the Discovery healthcare provider networks and Vitality fitness facility networks with the payment infrastructure of Discovery Bank.

All DHMS members can activate Discovery Pay by downloading the Discovery Bank app and get access to additional benefits including Vitality Travel, Vitality Money and Discovery Miles.

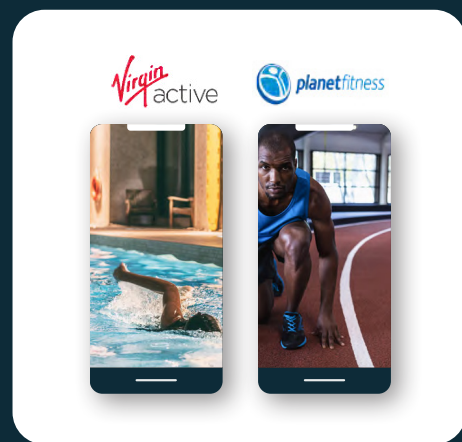
Health Payments

Settle medical bills, integrating all funding sources – DHMS benefits – without the hassles of paperwork



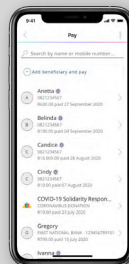
Vitality Payments

Get access to Vitality's network of Pay as you Gym health and fitness partners.
Pay discounted rates - from R75 per visit.



Contact Payments

Avoid having to exchange banking details - pay other Discovery clients using the Contact list and just a cell phone number.



- Make and receive secure payments easily using a cellphone number
- Deposits can be made into a contact's existing South African bank account, no matter who they bank with

Activate Discovery Pay and get 3 free visits per partner gym to use anytime in 2022.

Discovery Pay - Health Payments:

Automatic claim submission

Benefit check & co-payment calculation

Reconciliation of medical scheme and bank payments

Real-time payment to member & doctor at point-of-service

If you are interested in activating the Discovery Pay benefit, please refer to this the Discovery Pay focus page by [clicking here](#).

Benefit Enhancements

Assisted Reproductive Therapy (ART) Benefit: Executive and Comprehensive plan members, who register for the ART benefit will have access to cryopreservation, embryo freezing, and egg donated cycles, in 2022. Please refer to your brochure, for the details pertaining to how DHMS covers costs associated with IVF treatment, the overall annual ART limit, clinical criteria and co-payments applicable.

Palliative Care Offering: The Compassionate Care Benefit and the Advanced Illness Benefit will be merged in 2022, to provide members with a single and holistic benefit. The new Advanced Illness Benefit will provide unlimited cover for palliative and end-of-life care for both oncology and non-oncology patients with advanced illness.

Oncology Benefit: The Innovation benefit has been extended to include Classic Smart Comprehensive, Priority, Saver, Smart and Core plans and provides cover for a sub-set of cancers (colorectal and small cell lung) and precision oncology medicines.

Cover on these options will be at 50% of the Discovery Health Rate, with a 50% co-payment payable by the member, and subject to clinical entry criteria, treatment guidelines and protocols.

Allied Therapeutic and Psychology Extender Benefit: This benefit has been enhanced to provide cover for individuals who have experienced moderate to severe strokes and head injuries. In addition, the 2-year cover period limit has been removed for specific conditions, negating the need to apply for the reinstatement of the benefit.

Trauma Recovery and Extender Benefit: access has been enhanced to include all DHMS plans, with the benefit entry criteria been amended to include high acuity admission in high care or ICU days for specific events and/ or injuries.

In addition, this benefit will also now include up to 6 counselling sessions by a psychologist, social worker or registered counsellor for the year in which the trauma event occurred and the year thereafter. This benefit will extend to all registered beneficiaries on the policy to ensure family members of the patient receive appropriate trauma counselling if needed.

Basic Dental Trauma Benefit: will be extended across all plans, with the exception of the Essential Smart and KeyCare plans, and provides cover for urgent dental care for the partial or complete loss of teeth as a result of a sudden and unanticipated impact injury.

In essence, this benefit will fund approved dental appliances and/or dental prosthesis and the placement thereof for displaced teeth, commencing within 30 days of the injury and/or accident. Please refer to your DHMS benefit brochure for the clinical entry criteria, treatment guidelines and protocols that will apply.

This benefit is subject to approval and an annual benefit limit of R58 000 per person, following the accident or injury.



New Management Care Programmes:

- Dyspepsia (severe heart burn) Management Programme:** To promote the identification and appropriate treatment of dyspepsia, and provide members with options for full cover, this conservative care programme has been introduced to provide access to specific out-of-hospital treatment. Available on all plans, excluding the KeyCare plans.
- Tonsillitis Management Programme:** this conservative care programme has been introduced, for qualifying dependants under the age of 16 years, to provide access to specific out-of-hospital management benefits for tonsillitis on all plans, excluding the KeyCare plans.

For both the above programmes, it is important to note that:

- clinical entry criteria, treatment guidelines and protocols apply
- on completion of the management programme, specific deductibles/co-payment that would normally apply to the applicable endoscopic procedures or surgery, will be waived.

- Anaesthetic Pre-Operative Management Programme:** To improve patient outcomes, DHMS has introduced this management programme for patients undergoing major surgery such as arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy and mastectomy. This will provide cover for appropriate out-of-hospital care to support the necessary pre-operative checks.



Chronic Medication Benefit (CIB):

Management of Prescribed Minimum Benefit (PMB) Chronic conditions – Nominate a Primary Care Doctor

Based on the better expected health outcomes for CIB members, all members registered for a PMB chronic condition(s), will be required to nominate a primary care doctor (plan dependant) for the management of their condition.

CIB members will be covered in full for consultations with their nominated primary care doctor and healthcare services referred by this doctor for the management of their chronic illness(es). Alternatively, DHMS will only cover up to 80% of the Discovery Health rate, for the aforementioned benefits, for those CIB members who opt not to nominate a primary care doctor, or a member voluntarily chooses to make use of a GP other than their nominated GP.

No co-payment will apply in the event of an emergency or involuntary use of a non-DSP.

The process to nominate a GP will commence on 1 January 2022, but the related benefit changes and co-payments will only be implemented from 1 May 2022.

Changes to high-cost chronic medicine of specialised medicine and technology benefit - Chronic Drug Amount and formularies

From 1 January 2022, certain formulary changes and Chronic Drug Amount (CDA) updates will be applied.

Note: DHMS will be communicating directly with members, who are impacted by these CIB changes.

Limits, Co-payments, Deductibles and Thresholds

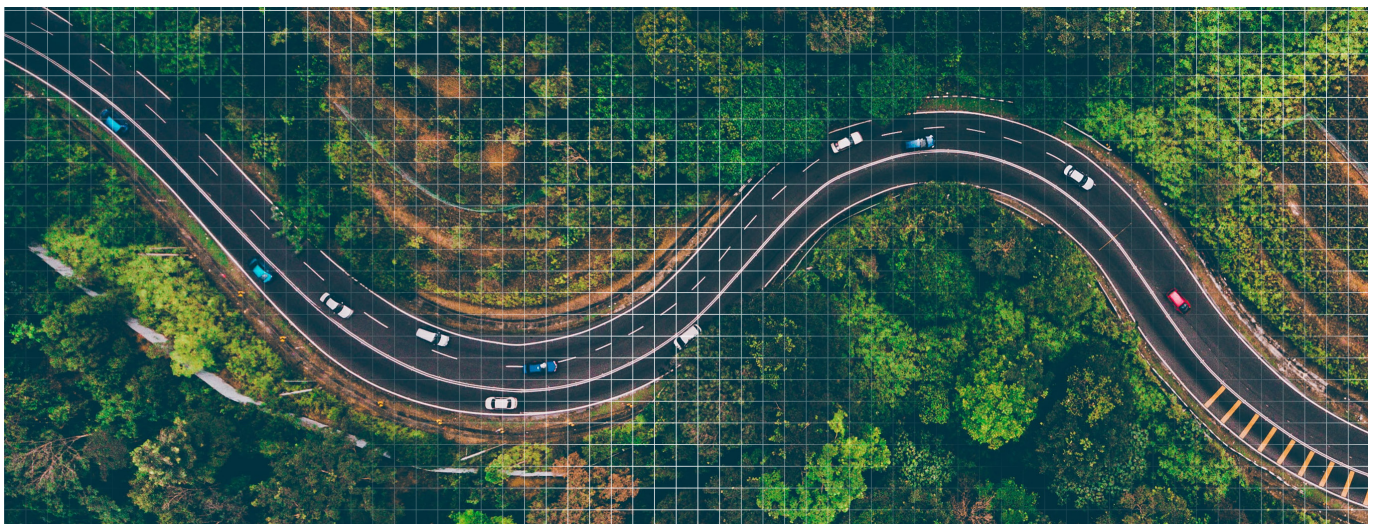
Benefit limits: increased by 4.5%, with the exception of a specific list of benefits, where there is no increase required for 2022 based on expected utilisation, these include:

- | | |
|---|---|
| ✓ Oncology Threshold | ✓ Specialised Medicine and Technology Benefit |
| ✓ Prescribed Medication Benefit | ✓ Allied, Therapeutic and Psychology Benefit |
| ✓ Optometry Benefit | ✓ Dentistry Benefit |
| ✓ Overseas Treatment Benefit | ✓ International Travel Benefit |
| ✓ External Medical items, including hearing aids and the KeyCare mobility benefit | ✓ Certain surgical items |

Co-payments and deductibles: increased by 4.5%

Thresholds: on the Executive, Comprehensive and Priority plan, have been increased by 7.9%.

If you are still wondering why you should remain on DHMS, please refer to their Why Discovery document, by [clicking here](#).



Your healthcare team

Need help or advice? Our in-house team guarantees you access to a consultant from Monday to Friday during normal working hours. Get in touch with us today:

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Disclaimer

This member communication is a summary of the changes announced by the Medical Scheme and is not a replacement for the official benefit brochures and/or Scheme rules when making any decision on retaining or changing your current Scheme plan for the new benefit year.

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