

SCREENING AND PREVENTION BENEFIT

DISCOVERY HEALTH MEDICAL SCHEME
2024





Overview

Preventive screening is important, as you have a better chance of curing illnesses early on. Make sure you spot medical conditions quickly so you can get the best care.

The Screening and Prevention Benefit covers these on all our plans:

- Screening tests
- A pneumococcal vaccine

The Screening and Prevention Benefit also covers a seasonal flu vaccine for:

- Pregnant women
- Members registered for certain chronic conditions
- Registered healthcare professionals
- Members older than 65 years

Note that this benefit covers the vaccine but not the administering of the vaccine. Most providers in our networks administer the vaccine without charging extra for the administering. However, if your provider charges for administering the vaccine, we'll cover the procedure from your day-to-day benefits (not the Screening and Prevention Benefit).

You may have to meet certain conditions to qualify for cover from the Screening and Prevention Benefit for the specific treatment, test or vaccine. If you do qualify for these tests, having them done will not affect your day-to-day benefits.

You may only go for some of the tests and treatments a certain number of times over a specific period. Once you have reached this frequency limit for the tests set out below, we'll pay any added screening and preventive tests and treatments from your day-to-day benefits, if you have any.

A registered healthcare professional or network provider must do your screening tests and flu vaccinations.

The Screening and Prevention Benefit does not cover the cost of any related consultations. We cover consultations from the available money in your day-to-day benefits, where applicable, unless they relate to a Prescribed Minimum Benefit (PMB) diagnosis.

About some of the terms we use in this document

You may not be familiar with some of the terms we refer to in the document. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Above Threshold Benefit (ATB)	Available on the Executive, Comprehensive and Priority plans Once the day-to-day claims you have sent us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate (DHR) or a portion of it. The Executive Plan has an unlimited ATB, and the Comprehensive and Priority plans have a limited ATB.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB), where applicable. Depending on the plan you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the plan you choose.
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of health services.
Emergency medical condition	An emergency medical condition, also called an emergency, is the sudden and, at the time, unexpected onset of a health condition that would cause your bodily functions to be seriously impaired, a bodily organ or part to seriously dysfunction or your life to be threatened if you did not get immediate medical or surgical treatment.



TERMINOLOGY	DESCRIPTION
	An emergency does not always mean you must be admitted to hospital. We may ask you for extra information to confirm the emergency.
ICD-10 code	A clinical code that describes diseases, signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).
Medical Savings Account (MSA)	Available on the Executive, Comprehensive, Priority and Saver plans The Medical Savings Account (MSA) is an amount that we allocate to you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available money in your MSA. You can choose to have your claims paid from the MSA either at the Discovery Health Rate or at cost. Any unused money will carry over to the next year. If you should leave the Scheme or change your plan during the year and you have used more of the money than you have contributed, you will need to pay the difference to us.
Prescribed Minimum Benefits (PMB)	According to the Medical Schemes Act of 1998 (Act no 131 of 1998) and its regulations, all medical schemes have to cover the costs for the diagnosis, treatment and care of: <ul style="list-style-type: none"> • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions. <p>To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:</p> <ul style="list-style-type: none"> • Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions. • The treatment you need must match the treatments in the defined benefits. • You must use designated service providers (DSPs) in our network. This does not apply in emergencies. Even in emergencies, though, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network once your condition has stabilised. If you do not use a DSP, we will pay up to 80% of the Discovery Health Rate (DHR). You must pay the difference between what we pay and the actual cost of your treatment. <p>If your treatment does not meet the above criteria, we will pay according to your plan benefits.</p>
Healthcare provider	A person or business that offers medical services or care to individuals. This can include doctors, nurses, pharmacists, therapists, hospitals, pharmacies, clinics and many more.
Clinical entry criteria	Specific conditions or requirements that someone must meet to get certain medical benefits. These criteria help ensure that the right people can get the necessary screenings, preventive measures and treatment. It can refer to conditions, test results, symptoms, risk and many other measurable factors.

Tests covered by the Screening and Prevention Benefit

We pay for certain screening tests from the Screening and Prevention Benefit. We pay consultations and related costs from your available day-to-day benefits, where applicable, unless they are for a Prescribed Minimum Benefit (PMB) diagnosis.

Once you have reached the frequency limit for the tests set out below, we pay any more screening and preventive tests and treatments from your available day-to-day benefits, where applicable.

We will pay for these healthcare services if you use providers with a valid Board of Healthcare Funders (BHF) registration number, where applicable, and if this healthcare service or product has a valid tariff or NAPPI code, ICD-10 diagnosis code and price.



TEST	COVER
Breast cancer screening	<p>Breast cancer screening, which may include a mammogram and ultrasound of the breast every two years, up to a maximum of the Discovery Health Rate (DHR).</p> <p>Members at high risk for breast cancer can go for a yearly screening. High-risk members who meet our clinical entry criteria can also go for more tests, including:</p> <ul style="list-style-type: none">• A breast MRI scan• BRCA testing (once-off) for those with a genetic risk <p>Members at high risk for breast cancer are those with any of the below:</p> <ul style="list-style-type: none">• A strong family history of breast cancer. This includes first-degree relatives (mother, sister or daughter) and second-degree relatives (aunt, uncle, nieces, nephews, grandparents or grandchildren).• A genetic predisposition to breast cancer (BRCA positive).• A personal history of breast cancer.• Specific ethnicity (such as Ashkenazi Jews of Eastern or Central European descent and Afrikaner women of Dutch descent). <p>You can use the My Breast Cancer Risk Calculator on www.discovery.co.za > Benefits and cover to determine your risk. You should also capture your family history on the Family History Tool.</p>
Pap smear	<p>One Pap smear every three years, up to a maximum of the Discovery Health Rate (DHR). If you are at high risk, you can go for yearly screenings.</p> <p>You are at high risk if you:</p> <ul style="list-style-type: none">• Get an abnormal Pap smear test result• Are registered on the HIV Care Programme. <p>You have cover for a liquid-based cytology Pap smear or a standard Pap smear or an HPV test from the Screening and Prevention Benefit.</p>
Human papilloma virus (HPV) test	<p>The human papilloma virus (HPV) test is an alternative to a Pap smear.</p> <p>You have cover for either a Pap smear or an HPV test from the Screening and Prevention Benefit. There is a frequency limit for each.</p> <p>If you get an abnormal Pap smear test result, you will be considered at high risk and can go for yearly screenings.</p> <p>You can have one HPV test every five years or one HPV test every three years if you are registered on the HIV Care Programme, covered up to a maximum of the Discovery Health Rate (DHR).</p>
Prostate-specific antigen (PSA) test	<p>One per year, up to a maximum of the Discovery Health Rate (DHR).</p>
Seasonal flu vaccine	<p>One seasonal flu vaccine each year, covered up to a maximum of the Discovery Health Rate (DHR), if you are:</p> <ul style="list-style-type: none">• Pregnant• A registered healthcare professional• Older than 65 years• Registered for one of the following chronic conditions:<ul style="list-style-type: none">○ Asthma○ Bronchiectasis○ Cardiac failure



TEST	COVER
	<ul style="list-style-type: none"> ○ Cardiomyopathy ○ Chronic obstructive pulmonary disease (COPD) ○ Chronic renal disease ○ Coronary artery disease ○ Diabetes (types 1 and 2) ○ HIV <p>If you do not meet these criteria, you can still have a flu vaccination, but we'll cover it from the available money in your day-to-day benefits, where applicable.</p>
Pneumococcal vaccine	<p>Up to two pneumococcal vaccine doses per person per lifetime, covered up to a maximum of the Discovery Health Rate (DHR), if you are:</p> <ul style="list-style-type: none"> • Older than 65 years • Registered on the Chronic Illness Benefit for one of the following conditions: <ul style="list-style-type: none"> • Cardiac failure • Cardiomyopathy <p>You have cover for one pneumococcal conjugate vaccine (PCV) dose, followed by one more pneumococcal polysaccharide vaccine (PPSV) dose at least one year later.</p> <p>If you do not meet these criteria, you can still have the pneumococcal vaccine, but we'll cover it from the available money in your day-to-day benefits, where applicable.</p>
HIV blood tests, such as the rapid, ELISA and Western blot	Unlimited number of HIV screening tests, up to a maximum of the Discovery Health Rate (DHR).
Health Check for adults	<p>You have cover up to a maximum of the Discovery Health Rate (DHR) for a Health Check, which is a simple but helpful set of basic health screenings that we cover yearly.</p> <p>A Health Check is done at the point of care and includes some finger-prick tests. The screening tests include assessments of your:</p> <ul style="list-style-type: none"> • Blood glucose • Blood pressure • Cholesterol • Body mass index (BMI) • Weight <p>You can have one Health Check every year at a pharmacy in our Wellness Network.</p> <p>We'll pay any extra tests from your available day-to-day benefits, where applicable.</p>
Health Check for children	<p>We cover the assessment of your child's growth and development. This includes weight, height, body mass index and blood pressure measurements at one of our wellness network pharmacies, up to the Discovery Health Rate (DHR).</p> <p>You can have one test a year at a pharmacy in our Wellness Network. We'll pay any extra tests from your available day-to-day benefits, where applicable.</p>
Health Check for seniors (over 65 years)	<p>If you are 65 years of age or older, you have cover to be screened by a provider in our Wellness Network for your risk of falling, up to a maximum of the Discovery Health Rate (DHR).</p> <p>You may have cover for another falls-risk assessment when referred to a Premier Plus GP, depending on your screening test results and if you meet the Scheme's clinical entry criteria.</p>



TEST	COVER
	You can have one test a year in our defined pharmacy network. We'll pay any extra tests from your available day-to-day benefits, where applicable.
Bowel screening tests	<p>We cover a stool screening test for bowel cancer every two years for members between 45 and 75 years of age. We cover the test up to a maximum of the Discovery Health Rate (DHR). If you are at high risk, you can go for a colonoscopy screening.</p> <p>You are at high risk if you or a first-degree relative of yours have a history of:</p> <ul style="list-style-type: none"> • Colorectal cancer or advanced adenoma before the age of 60 • Polyposis syndromes, such as adenomatous polyposis, familial adenomatous polyposis and sessile serrated adenomatous polyposis • Hereditary nonpolyposis colorectal cancer • Peutz-Jegher syndrome • Previous positive stool screening test for abnormal bowel cells
Mental wellbeing assessment	<p>You have access to one mental wellbeing assessment per year.</p> <p>You can find out more about this benefit on www.discovery.co.za > Medical aid > Find documents and certificates > Care from home benefit guide.</p>

Important things to remember

An appropriately registered healthcare professional who is one of our network providers, where applicable, must do the screening tests and vaccinations and must refer you if needed.

The Screening and Prevention Benefit does not cover the cost of any related consultations. We cover consultations from the available money in your day-to-day benefits, where applicable, unless they relate to a Prescribed Minimum Benefit (PMB) diagnosis.

If your healthcare provider charges more than the Discovery Health Rate (DHR), or if you use a provider who is not one of our Wellness Network providers, you will have to pay the difference between what we pay and what they charge.

The WELLTH Fund

The WELLTH Fund helps you to better understand your health status by giving you up to R10,000's worth of funding for a wide range of proactive healthcare services, based on your individual health needs.

Each member on the policy can use the WELLTH Fund once after they have completed their Health Check at one of the Discovery Wellness Network providers. You can use it for a defined list of screening and prevention healthcare services, up to your benefit limit. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.

The WELLTH Fund is an extra benefit that complements the screening and prevention benefits outlined in this document. You can view more information on www.discovery.co.za under **Medical Aid > Find documents and certificates > WELLTH Fund Benefit Guide.**

What you need to do to find a healthcare provider

- To find a pharmacy in our Wellness Network or a GP in the Premier Plus Network, visit www.discovery.co.za under **Medical aid > Find a healthcare provider**, or click on **Find a healthcare provider** in the Discovery Health app.
- Have the tests done at a registered healthcare professional, and make sure your pathology and radiology tests are referred to the correct provider. You can visit any pathologist or radiologist to have the tests done.



Working to care for and protect you

Our goal is to support you in the times when you need it most.

How to contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66

Go to www.discovery.co.za to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.

PO Box 784262, Sandton 2146. 1 Discovery Place, Sandton 2196.

What to do if you have a complaint

01 | TO TAKE YOUR QUERY FURTHER

If you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations.

02 | TO CONTACT THE PRINCIPAL OFFICER

If you are still not satisfied with the resolution of your complaint after following the process in Step 1, you can escalate your complaint to the Principal Officer of Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by emailing principalofficer@discovery.co.za.

03 | TO LODGE A DISPUTE

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you can lodge a formal dispute. You can find more information about the Scheme's dispute process on the [website](#).

04 | TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You can contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council.

Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.co.za | 0861 123 267 | www.medicalschemes.co.za.

Your privacy is important to us

We hold your privacy in the highest regard. Our unwavering commitment to protecting your personal information and ensuring the security and confidentiality of your data is clearly outlined in our *Privacy Statement*. You can view our latest version on www.discovery.co.za > Medical aid > About Discovery Health Medical Scheme.