

## Cover for pregnancy and childbirth 2022

### Who we are

Retail Medical Scheme (referred to as "the Scheme"), registration number 1176, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as "the Administrator"), is a separate company who is registered as an authorised financial services provider (registration number 1997/013480/07). Discovery Health (Pty) Ltd administers the Scheme.

### Contact us

You can call us on **0860 101 252** or visit [www.discovery.co.za](http://www.discovery.co.za) for more information.

### How we cover pregnancy and childbirth

*The Maternity Benefit covers day-to-day and in-hospital medical expenses for expecting mothers and newborns.*

#### Overview

You have access to comprehensive maternity and post-birth benefits supported by access to 24/7 support, advice and guidance through the My Pregnancy and My Baby programmes on the Scheme app and website.

This document tells you about how the Scheme covers you for pregnancy, childbirth and young children in early childhood. Read further to understand what is included in your benefits and how to get the most out of your maternity benefits.

#### About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. We give you the meaning of these terms.

Terminology	Description
<b>Prescribed Minimum Benefits (PMBs)</b>	A set of conditions for which all medical schemes must provide a basic level of cover. This includes the diagnosis, treatment and costs of the ongoing care for the treatment of these conditions.
<b>Related accounts</b>	Any account, other than the hospital account for in-hospital care. This could include the gynaecologist/obstetrician and anaesthetist's accounts.
<b>Shortfall or co-payment</b>	Retail Medical Scheme pays service providers at a set Scheme Rate. If the charges more than this rate, you will have to pay the difference from your pocket.

## The Maternity Benefit, at a glance

### You get comprehensive maternity and post-birth benefits

You have cover for healthcare services for you and your baby for up to 2 years after birth, from the Maternity Benefit, at the Scheme Rate.

### How to activate your maternity Benefit

The Maternity and post-birth benefits will be effective from the date of activation:

- When you preauthorise your pregnancy and delivery, or
- When you register your baby onto the Scheme, or
- You can visit the scheme website or app to activate the benefit.

You can call us on 0860 101 252 to find out how you are covered and to authorise your hospital admission. When you do, remember to have the following information at hand:

- Date of the admission
- Name or practice number of the hospital or clinic
- Name and practice number of the treating doctors and anaesthetist (if available)
- ICD-10 code from your treating doctor (this is a code that describes your diagnosis (pregnancy))
- RPL code from your treating doctor (this is a procedure code that describes how you plan to deliver your baby).

### During your pregnancy

These healthcare services are covered from the Maternity Benefit, at the Scheme Rate. This cover does not affect your day-to-day benefits. Once you have used up your Maternity Benefit, we pay for out-of-hospital healthcare expenses related to your pregnancy from your available day-to-day benefits. If you do not have day-to-day benefits, or if you have run out of funds, you must pay for these costs yourself.

### Antenatal consultations

You are covered for up to eight midwife, GP or gynaecologist ante-natal consultations during pregnancy, paid up to the Scheme Rate. Any GP or Specialists costs that are charged above the Scheme Rate for these services, will be for your own cost.

### Ultrasound scans and prenatal screening

You are covered for up to:

- two 2D ultrasound scans, including one nuchal translucency test
- 3D and 4D scans are paid up to the rate we pay for 2D scans
- one Non-Invasive Prenatal Test (NIPT), or one T21 Chromosome Test, if you meet the clinical entry criteria.

We pay for Non-Invasive Prenatal Test (NIPT) screening up to 100% of the Scheme Rate from the Maternity Benefit, subject to clinical entry criteria and use of the services of one of our preferred providers, Genesis Genetics (a Next Biosciences company), Lancet Laboratories or Ampath Laboratories. If you use any other provider, you will be responsible for the difference between what is charged, and what we pay. If you do not meet the clinical entry criteria for NIPT, the test will be covered from your available day-to-day benefits, up to 100% of the Scheme Rate.

Any additional costs, such as consultations with a genetic counsellor or any other healthcare provider, and additional tests that might be needed, will be covered according to your available day-to-day benefits.

### Blood tests

You have cover for a defined basket of blood tests per pregnancy from the Maternity Benefit. These tests include:

To confirm pregnancy (bHCG)

HIV (Elisa)

Syphilis (RPR and TPHA)

German Measles (Rubella)

Coombs-Antiglobulin

Glucose

Blood cross-matching (Rh antigen)

Anaemia (Haemoglobin)

Blood group (A, B and O antigen)

## Pre- and postnatal benefits

### Antenatal classes or consultations with a nurse

You are covered for up to five pre- or postnatal classes, up until two years after birth.

## Birth-related benefits

### Your cover for your hospital stay depends on the type of delivery

You have cover for your delivery from the Scheme Risk Benefit, once approved. When we confirm cover, we will give you an authorisation number to use when booking your bed at the hospital.

### We cover home births with a registered midwife

We pay for home births from the Hospital Benefit. We will cover the costs of a registered midwife with a valid practice number only.

## Cover for you and your baby up to two years after birth

### GP and specialist visits

You are covered for one postnatal GP or gynaecologist consultation, paid up to the Scheme Rate, for post-natal complications.

### Follow-up consultation

Your baby is covered for up to two visits with a GP, paediatrician or an ENT from the Maternity Benefit over the two-year period. These claims will be paid up to the Scheme Rate from the Risk benefits.

### Lactation consultation

You are covered for one lactation consultation with a registered nurse or lactation specialist. We pay the claims from the Risk benefits up to the Scheme Rate.

### Nutrition assessment

You are covered for one nutrition assessment with a dietitian. We pay the claims from the Risk benefits up to the Scheme Rate.

### Mental health

You are covered for up to two mental health consultations with a counsellor or psychologist. We pay the claims from the Risk benefits up to the Scheme Rate.

## We also pay for newborn screening from your day-to-day benefits

Newborn screening provides you with the opportunity to have your infants tested for genetic, metabolic and endocrine disorders. You may be referred by a paediatrician for the test. The sample is a single drop of blood from your baby's heel, which will be taken in hospital, after the baby's birth.

We pay for newborn screening up to 100% of the Scheme Rate from your day-to-day benefits, subject to availability.

Any additional costs such as consultations with a genetic counsellor or any other healthcare provider, and additional tests that might be needed, will be covered from your available day-to-day benefits.

**Please note:** If your chosen Option does not provide the specific benefits, or you have run out of day-to-day benefits, you must pay for these costs yourself.

### **We cover medically necessary circumcisions from the Hospital Benefit**

If the procedure is being done in hospital, please preauthorise by calling 0860 101 252. If it is done in the doctor's rooms for specified conditions, you don't need to preauthorise.

Circumcisions that are **not** medically necessary are covered from the available funds in your day-to-day benefits. If you have run out of funds, you must pay these costs yourself.

There are certain items we do not cover:

- Mother and baby packs that hospitals supply
- The bed-booking fee that some hospitals may require you to pay
- Your lodging or boarding fees if your baby needs to stay in hospital for longer and you choose to stay on
- The cost of a birthing pool for water births if you choose to hire a birthing pool from a non-registered practitioner.

## **Getting the most out of your maternity benefits**

### **Tell us about your pregnancy**

It is important to notify us of your pregnancy so that you always know how we cover you for your pregnancy-related healthcare services, whether these are received in- or out-of-hospital.

### **Use healthcare providers who we have a payment arrangement with, for full cover in hospital**

You have full cover for in-hospital claims from healthcare providers who we have a payment arrangement with, and up to 100% of the Scheme Rate (based on your option type) for other healthcare professionals.

To find a healthcare provider we have a payment arrangement with, use the Provider Search (Maps) tool on the scheme website.

## **Adding newborns to Retail Medical Scheme**

### ***Register your baby within 30 days of the birth***

To ensure all medical treatment for your baby is covered from birth, it is advisable to register your baby on the Scheme within 30 days from the date of birth.

Your baby will be registered from their date of birth; however, contributions will only be charged from the first day of the month following the birth.

We allow up to 90 days for the baby to be added from the date of birth, after which we may apply certain conditions to your baby's membership. If the baby is added after 90 days, or within 90 days but not from the date of birth, waiting periods may be applied.

### ***Include your baby's ID number***

It is compulsory to include a newborn's ID number when you add your newborn baby to your membership. Having this identity number will ensure the Scheme keeps up-to-date and complete membership records for you and your family, which is important for delivering the best service.

## Maternity benefits available on your benefit option

### Essential Plus option

These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Scheme Rate. This cover does not affect your day-to-day benefits.

Benefits will be activated when you preauthorise your delivery, or when you register your baby onto the Scheme. You can also activate the benefits by visiting the scheme website or app. These benefits are available per pregnancy, per child, for up to two years after birth. Once these limits are used up, we pay for out-of-hospital healthcare expenses related to your pregnancy from the available funds in your Medical Savings Account. We will also pay for this from your Above Threshold Benefit once you have reached your Annual Threshold, you must pay these costs yourself.

<p><b>Antenatal consultations</b> The Scheme pays for up to 8 consultations at your gynaecologist, GP or midwife covered from the Maternity Benefit. Paid up to the Scheme Rate.</p>	<p><b>Pre- and postnatal care</b> You have cover for up to five pre- or postnatal classes or consultations up until two years' after birth, with a registered nurse subject to a rand limit per benefit cycle, per pregnancy. You are also covered for one lactation consultation with a registered nurse or lactation specialist from the Maternity Benefit, paid up to the Scheme Rate.</p>
<p><b>Prenatal screening</b> You are covered for one nuchal translucency and Non Invasive Prenatal Testing (NIPT) screening or one T21 Chromosome Test <i>subject to clinical entry criteria</i>, from the Maternity Benefit, paid up to the Scheme Rate.</p>	<p><b>Amniocentesis</b> In- or out-of-hospital: Covered from Risk Benefit.</p>
<p><b>Ultrasound scans</b> You are covered for up to two 2D ultrasound scans from the Maternity Benefit, paid up to the Scheme Rate. 3D and 4D scans are paid up to the rate we pay for 2D scans.</p>	<p><b>GP and specialist care after birth</b> Your baby, under the age of two years, is covered for two visits to a GP, paediatrician or an ENT from the Maternity Benefit. Paid up to the Scheme Rate.</p>
<p><b>Blood tests</b> Cover for a defined basket of blood tests per pregnancy, from the Maternity Benefit. Paid up to the Scheme Rate.</p>	<p><b>Other healthcare services</b> You have access to postnatal care, which includes a postnatal consultation, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist. Paid up to the Scheme Rate.</p>

### **Antenatal classes or consultations with a nurse**

Cover for up to five pre- **or** postnatal classes (including online classes) or consultations with a registered nurse from the Maternity Benefit.

Once these have been used, we pay antenatal classes from the available funds in your Medical Savings Account and Above Threshold Benefit, once you reach your limited Annual Threshold, you must pay these costs yourself.

***Medicines for morning sickness, iron supplements and folic acid***

We pay for medicines and supplements that are taken during your pregnancy only from the available funds in your Medical Savings Account. Schedule 0, 1 and 2 medicines and vitamin and mineral supplements do not add up to your Annual Threshold.

***Antiretroviral medicines***

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the Discovery HIV *Care* Programme brochure or call the HIV *Care* team on **0860 101 252**.

***We cover normal deliveries or home births with a registered midwife***

If you choose to have a water birth or normal delivery at home, we will pay for care from a midwife for up to three days (including delivery) from your Risk Benefit. The midwife must be registered with a valid practice number. For a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit. This must be hired from a registered provider who has a valid practice number. If you use a midwife within our network, the birthing pool is included in the agreed rate. If you choose to hire one, you will be responsible to pay for it.

***Hospitalisation for your delivery***

You have cover for hospitalisation for your delivery, if approved. We pay the hospital account from your Risk Benefit up to the Scheme Rate.

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number.

***How we pay the accounts related to the hospitalisation***

We pay all related accounts such as those from your gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Risk Benefit. You can benefit by using healthcare professionals who we have an arrangement with because we will pay their approved procedures in full.

We pay GPs and specialists who we do not have an arrangement with up to 100% of the Scheme Rate. We pay for radiology and pathology and other approved healthcare services up to 100% of the Scheme Rate.

***How we pay for medicines to take home***

We will pay for any prescribed schedule 3 and above medicines you need to take home from the available funds in your Medical Savings Account and Above Threshold Benefit.

***Treatment for neonatal jaundice***

If your baby needs phototherapy for neonatal jaundice, we will pay for the use of the phototherapy lights from the Risk Benefit, as long as you confirm your benefits with us.

**Essential option**

These healthcare services for maternity and early childhood are covered from the Maternity Benefit up to the Scheme Rate. This cover does not affect your day-to-day benefits.

Benefits will be activated when you preauthorise your delivery, or when you register your baby onto the Scheme, or by activating the benefit on the scheme website or app.

These benefits are available per pregnancy per child for up to two years after the birth.

Once these limits are used up, we pay for out-of-hospital healthcare expenses related to your pregnancy from the available funds in your Out-of-Hospital Benefit.

<p><b>Antenatal consultations</b> The Scheme pays for up to 8 consultations at your gynaecologist, GP or midwife from the Maternity Benefit, up to the Scheme Rate.</p>	<p><b>Pre- and postnatal care</b> You have cover for up to five pre- or postnatal classes or consultations up until two years after birth, with a registered nurse subject to a rand limit per benefit cycle, per pregnancy. You are also covered for one lactation consultation with a registered nurse or lactation specialist from the Maternity Benefit, paid up to the Scheme Rate.</p>
<p><b>Prenatal screening</b> You are covered for one nuchal translucency and Non Invasive Prenatal Testing (NIPT) screening or one T21 Chromosome Test <i><b>subject to clinical entry criteria</b></i> from the Maternity Benefit at the Scheme Rate.</p>	<p><b>Amniocentesis</b> In- or out-of-hospital: Covered from Risk Benefit subject to Pre-authorisation.</p>
<p><b>Ultrasound scans</b> You are covered for up to two 2D ultrasound scans from the Maternity Benefit at the Scheme Rate. 3D and 4D scans are paid up to the rate we pay for 2D scans.</p>	<p><b>Other healthcare services</b> You have access to postnatal care, which includes a postnatal consultation, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist. Benefits paid from Risk, up to the Scheme Rate</p>
<p><b>Blood tests</b> Cover from Risk for a defined basket of blood tests per pregnancy from the Maternity Benefit, paid up to the Scheme Rate.</p>	<p><b>GP and specialist care after birth</b> Your baby, under the age of two years, is covered for two visits to a GP, paediatrician or an ENT from the Maternity Benefit, paid up to the Scheme Rate.</p>

### ***Antenatal classes***

Cover for up to five pre- **or** postnatal classes (including online classes) or consultations with a registered nurse from the Maternity Benefit. Once these have been used, we pay from your available Out-of-hospital benefit.

### ***Antiretroviral medicines***

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the Discovery HIVCare Programme brochure or call the HIVCare team on 0860 101 252

### ***We cover normal deliveries or water births at home with a registered midwife***

If you choose to have a water birth or normal delivery at home, we will pay up to three (3) days' midwifery care (including delivery) from your Risk Benefit. The midwife must be registered with a valid practice number.

For a water birth at home, we will pay for the cost of the hire of a birthing pool from your Risk Benefit. This must be hired from a provider who has a registered practice number. If you choose to hire one, you will be responsible to pay for it.

### ***Hospitalisation for your delivery***

You have cover for hospitalisation for your delivery from the Risk Benefit, if approved. We pay the hospital account from your Risk Benefit, up to the Scheme Rate.

### ***How we pay the accounts related to the hospitalisation***

We pay all related accounts such as those from the gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Risk Benefit. You can benefit by using healthcare professionals who we have an arrangement with because we will pay their approved procedures in full.

We pay GPs and specialists who we don't have an arrangement with up to 100% of the Scheme Rate.

We pay for radiology and pathology and other approved healthcare services up to 100% of the Scheme Rate.

### ***How we pay for medicines to take home***

We pay for any prescribed schedule 3 and above medicines you need to take home, from the Out-of-Hospital Benefit, subject to the applicable annual limit.

### ***Treatment for neonatal jaundice***

If your baby needs phototherapy for neonatal jaundice, we will pay for the use of the phototherapy lights from your Risk Benefit as long as you confirm your benefits with us.

## **Complaints process**

You may lodge a complaint or query with the Scheme directly on **0860 101 252** or send the details to [service@discovery.co.za](mailto:service@discovery.co.za)

If the matter remains unresolved, you may address a complaint in writing to the Principal Officer at the Scheme's registered address. Be sure to include the reference number obtained from the Administrator in the letter. Should the matter then not be resolved to your satisfaction, you may lodge a formal dispute by following the Scheme's internal disputes process, as described on the website at [www.discovery.co.za](http://www.discovery.co.za)

You may as a last resort approach the Council for Medical Schemes for assistance: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / **0861 123 267** / [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za). / [www.medicalschemes.co.za](http://www.medicalschemes.co.za).