ANNEXURE E

RETAIL MEDICAL SCHEME

COVER FOR PRESCRIBED MINIMUM BENEFITS

Type	Appointed Designated Service Provider ("DSP")	Reimbursement Rate if the Beneficiary Uses the DSP or involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily Does Not Use the DSP
Chronic Disease List ("CDL") – Out-of-Hospital Consultations	Specialists: Any Specialist participating in the KeyCare Specialist Network and /or all Specialists who have agreed to charge the Premier rate. GPs: Any GP participating in the Discovery Health GP network and /or the member's nominated Premier Plus GP who has contracted with the Scheme.	The Scheme shall pay the costs of PMB's in full.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
CDL – Diagnosis	Specialists: Any Specialist participating in a KeyCare Specialist Network and/or all Specialists who have agreed to charge the Premier rate. GPs Any GP participating in the Discovery Health GP network and /or the member's nominated Premier Plus GP who has contracted with the Scheme.	The Scheme shall pay the costs of PMBs in full, subject to the Scheme's diagnostic basket of care. This is subject to the member making an application to the Scheme.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.

Type	Appointed Designated Service Provider ("DSP")	Reimbursement Rate if the Beneficiary Uses the DSP or involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily Does Not Use the DSP
CDL – Medicine	The Scheme's DSP is defined as any dispensing provider or pharmacy contracted to the Scheme.	For medicine on the Scheme's formulary, the Scheme will pay in full. If the medicine is not listed on the formulary, the Scheme will pay to the maximum of the chronic drug amount as specified per Option, subject to the Scheme Medicine Rate. This is subject to Regulation 15(h) and 15(i).	Up to the maximum of the chronic drug amount as determined by the Scheme. This is subject to Regulations 15H(c) and 15 I(c)
CDL – Pathology	Any provider that has contracted with the Scheme.	The Scheme shall pay the costs of PMBs in full.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
CDL - Radiology	Any provider charging the Scheme Rate.	The Scheme shall pay the costs of PMBs in full.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
Diagnostic Treatment Pairs PMBs ("DTPMB") – Out-of-Hospital Consultations	Specialists: Any specialist participating in the KeyCare Specialist Network and/or Specialists who have agreed to charge the Premier Rate. Subject to Regulation 8(3)(a) and (b).	The Scheme shall pay the costs of PMB's in full.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
	GPs: Any GP participating in the Discovery Health GP Network and/or all specialists who have agreed to charge the Premier Rate, Subject to Regulation 8(3)(a) and (b.)	The Scheme shall pay the costs of PMBs in full.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.

Type	Appointed Designated Service Provider ("DSP")	Reimbursement Rate if the Beneficiary Uses the DSP or involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily Does Not Use the DSP
DTPMB – Diagnosis	Any provider that has contracted with the Scheme and where it is appropriate for such diagnosis to be made by that provider.	The Scheme shall pay the costs of PMBs in full. This is subject to the member making an application to the Scheme.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
DTPMB – In-Hospital Consultations	Specialists: Any specialist participating in the KeyCare Specialist network and/or all specialists who have agreed to charge the Premier Rate. Subject to Regulation 8(3)(a) and (b) GPs: Any GP practicing in a KeyCare Network Hospital and / or any GP participating in the Discovery Health GP network. Subject to Regulation 8(3)(a) and (b).	The Scheme shall pay the costs of PMB's in full.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
DTPMB – Medicine	The Scheme's DSP is defined as any dispensing provider or pharmacy contracted with the Scheme.	For medicine on the Scheme's formulary, the Scheme will pay in full. If the medicine is not listed on the formulary, the Scheme will pay to the maximum of the chronic drug amount as determined by the Scheme, subject to the Scheme Medicine Rate. This is subject to Regulations 15H(c) and 15I(c).	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
DTPMB – Pathology	A defined list of providers that has contracted with the Scheme.	The Scheme shall pay the costs of PMBs in full.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.

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DTPMB - Radiology	Any provider charging the Scheme Rate.	The Scheme shall pay the costs of PMBs in full.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
DTPMB – Hospital Admissions	Any KeyCare Network Hospital. Subject to Regulation 8(3)(a) and (b).	The Scheme shall pay the costs of PMBs in full.	Up to a maximum of the Scheme rate. The co-payment, which the member is liable for is equal to any amount the provider charges above the Scheme Rate.
DTPMB – Mental Illness	Drug and Alcohol abuse – Any facility and/or provider contracted with the Scheme.	The Scheme shall pay the costs of PMBs in full. Up to a maximum of 21 days in-hospital.	Up to a maximum of 80% of the Rate contracted with SANCA for a maximum of 21 days in-hospital. .
	All other conditions: Any hospital with a psychiatric ward in the Scheme's Network of Psychiatric Hospitals, subject to the condition meeting clinical entry criteria and the Scheme's baskets of care.	The Scheme shall pay the costs of PMBs in full subject to the rate contracted with the DSP hospital for a psychiatric ward / facility. Equivalent of up to a maximum of 21 days in-hospital, or 12 or 15 out-of-hospital consultations, for conditions as defined in Annexure A of the Regulations	Up to a maximum of 80% of the contracted rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
DTPMB – Major hip and knee joint replacements	The DSP is defined as a list of hospitals and providers that has contracted with the Scheme.	The Scheme shall pay the costs of PMBs in full.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
DTPMB – Terminal Care	Hospice and any other compassionate care facility.	The Scheme shall pay the costs of PMBs in full.	Up to a maximum of 80% of the rate contracted with Hospice. The co-payment, which the member is liable

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			for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
Oncology: Out-of-hospital treatment	Specialists: Any Premier Rate Oncologist or the State. Subject to Regulation 8(3)(a) and (b). GPs: Any GP participating in the Discovery GP Network who is a SAOC member. The ICD-10 code and procedure code must correspond with the Scheme's basket of care as contemplated in Annexure D.	The Scheme shall pay the costs of PMBs in full. The ICD-10 code and procedure code must correspond with the Scheme's basket of care.	Up to a maximum of 80% of the Scheme Rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
Oncology - Chemotherapy	The DSP is defined as a list of contracted pharmacies and/or providers.	The Scheme shall pay the costs of PMBs in full.	Up to a maximum of 80% of the Scheme Rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
Oncology – Pathology	Any provider that has contracted with the Scheme.	The Scheme shall pay the costs of PMBs in full.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
Oncology - Radiology	Any provider charging the Scheme Rate.	The Scheme shall pay the costs of PMBs in full.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.

HIV – Out-of-Hospital Consultations	Specialists:. Any specialist participating in the KeyCare Specialist network and/or all specialists who have agreed to charge the Premier Rate. GPs: Any GP participating in the Discovery Health GP Network and/or Premier Plus Network GPs.	The Scheme shall pay the costs of PMB's in full. .	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
HIV – Pathology and Radiology	Any provider that has contracted with the Scheme.	The Scheme shall pay the costs of PMBs in full.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
HIV – Medicine	Any dispensing provider or pharmacy contracted to the Scheme. This is subject to Regulations 15H(c) and 15I(c).	For medicine on the Scheme's formulary, the Scheme will pay in full. If the Medicine is not listed on the formulary, the Scheme will pay to the maximum of the chronic drug amount as specified and subject to the Scheme Medicine Rate.	Up to the maximum of the chronic drug amount as specified and determined by the Scheme.
HIV – VCT	Any vendor that has contracted with the Scheme.	The Scheme shall pay the costs of PMBs in full.	Up to a maximum of 80% of the Scheme rate. The co-payment, which the member is liable for is equal to 20% of the Scheme Rate and any amount the provider charges above the Scheme Rate.
Oxygen Rental	Any vendor that has contracted with the Scheme.	The Scheme shall pay the costs of PMBs in full.	Up to a maximum of the Scheme rate. The co-payment, which the member is liable for is equal to any amount the provider charges above the Scheme Rate.

Notes:

1. In accordance with what is stated in clause 15.7 of these Rules, members receiving healthcare services associated with a PMB, outside of the borders of South Africa, will in the first instance pay all medical accounts and thereafter submit the detailed accounts, together with receipts to the Scheme for refund at the appropriate rate laid down in Annexure B.

2. In accordance with what is stated in clause 2.2.1 of Annexure B of the Rules, the beneficiary must authorise all voluntary DTPMB hospital admissions, which admissions include, but are not limited to, Mental Illness admissions, HIV and Oncology admissions, within 48 hours of having to undergo the required elective procedure / treatment. Failure to so authorise may entitle the Scheme to limit its liability in accordance with what is stated in clause 2.2.1 of Annexure B of the Rules.

3. For the approved PMB condition, all ICD-10 codes and procedure codes must accord with the Scheme's baskets of care. The Scheme may have regard to Regulations 15H(c) and 15I(c).

4. The Chronic Disease List includes HIV/AIDS.

5. Beneficiaries will not be required to make any payments not reimbursable by the Scheme in terms of its contracts with DSPs.