

Discovery News

for Discovery Health members

D&A
DORMAN &
ASSOCIATES

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This email is written by an independent commentator and not by Discovery Health. Any Discovery Health member is welcome to subscribe. Queries regarding this email can be sent to keith@dorman.co.za.

Discovery Website

www.discovery.co.za

Discovery Client Services

0860 99 88 77

KeyCare Client Services

0860 102 877

Discovery Emergency Number

0860 999 911

2025 Discovery Health Plans

Executive Plan

Classic Comprehensive

Classic Smart

Comprehensive

Classic & Essential Priority

Classic & Classic Delta

Saver and Core

Essential & Essential Delta

Saver and Core

Coastal Saver and Core

Classic, Essential and

Essential Dynamic and

Active Smart

KeyCare Plus, Core, Start

and Start Regional

2025 Discovery Rewards

Vitality Active

Vitality Premium

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Screening Benefit

Early detection is crucial for certain conditions, and makes managing those conditions easier. Every Discovery Health plan includes the Screening Benefit, paying for certain tests from risk benefits instead of your day-to-day benefits. These tests include:

- Breast Cancer Screening (mammogram and/or ultrasound) every two years.
- Pap smear every three years
- Human Papilloma Virus (HPV) test as an alternative to a Pap smear, every five years.
- Prostate-Specific Antigen (PSA) tests once per year
- Seasonal flu vaccination once per year, of you are pregnant, a registered healthcare professional, older than 65 years or if you are registered for the following Chronic conditions: Asthma, Bronchiectasis, Cardiac Failure, Cardiomyopathy, COPD, Chronic Renal Disease, Coronary Artery Disease, Diabetes (type 1 and 2), and HIV
- Up to two pneumococcal vaccine doses per person per lifetime, for members over age 65 or registered on Chronic benefits for Cardiac Failure or Cardiomyopathy.
- HIV blood tests
- Health Check for adults once a year, incl blood glucose, blood pressure, cholesterol, body mass index and weight assessment.
- Health Check for children once a year, including blood pressure, body mass index and weight assessment.
- Health Check for seniors once a year, including a falls risks assessment.
- Bowel screening stool tests once every two years

High risk members may qualify for more regular scans or tests than listed above.

The Screening Benefit only pays for the test. Consultations and related costs are paid from available day-to-day benefits, unless they relate to a Prescribed Minimum Benefits condition or a Chronic condition you are registered for.

Emergency Cover

What is considered an emergency? It is the sudden and unexpected onset of a health condition that requires immediate medical or surgical treatment. Failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or it would place the person's life in serious jeopardy. An emergency does not necessarily require you to be admitted to a hospital and may be treated in casualty. In order to be paid in full under the Emergency Cover benefit, the event must qualify for, and meet the definition of a Prescribed Minimum Benefit (PMB). Discovery may ask your treating provider to confirm the emergency.

For an emergency event, Discovery pays for:

- The ambulance (or other medical transport)
- Your stay in hospital
- The services that you receive from the doctor who admitted you to the hospital
- The anaesthetist's services
- Services from any other healthcare professional or provider that is approved

You have access to assistance during or after a trauma, through Discovery's Emergency Assist number, 24 hours a day.

Day Surgery Networks

Day Surgery Networks give members cover for a defined list of procedures on all plans. On the Executive plan, you can use any approved facility.

KeyCare Day Surgery Network

KeyCare Core and KeyCare Plus plan members will only be covered for planned day surgery admission if using this network.

KeyCare Start Day Surgery Network

KeyCare Start members will only be covered for planned day surgery admission if using this network.

KeyCare Start Regional Day Surgery Network

KeyCare Start Regional members will only be covered for planned day surgery admission if using this network.

Delta Day Surgery Network

Classic Delta Saver, Essential Delta Saver, Classic Delta Core and Essential Delta Core members will be charged an upfront amount of R10,700 for planned admissions for day surgery, if not using network facilities.

Coastal Day Surgery Network

Coastal Saver and Coastal Core members will be charged an upfront amount of R7,000 for planned admissions for day surgery, if not using network facilities in the four coastal provinces.

Smart Day Surgery Network

Classic Smart, Essential Smart and Classic Smart Comprehensive members will be charged an upfront amount of R12,200 for planned admissions for day surgery, if not using network facilities.

Day Surgery Network on all other plans

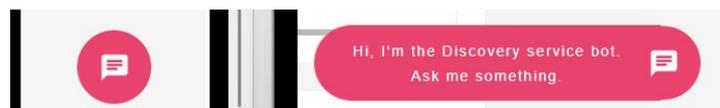
Classic Saver, Essential Saver, Classic Core and Essential Core (excluding Delta and Coastal), Classic Priority, Essential Priority and Classic Comprehensive (excluding Smart) members be charged an upfront amount of R7,000 for planned admissions for day surgery, if not using network facilities.

Vitality: Chronic Management Points

If you are registered on the Chronic programmes for Diabetes, Hyperlipidaemia, Hypertension or Ischemic Heart Disease, certain actions in the year will earn you additional Vitality points. These actions are dependant on the condition you are registered for, but include tests such as blood pressure, HbA1c, urine dipstick, kidney function and cholesterol. They also include consultation with your GP, dietitian or podiatrist.

These actions earn you 250 points each, and some actions can be repeated twice in a year, up to an overall limit of 2500 points per year. These are in addition to normal Vitality points, for example the 1000 points for seeing a dietitian PLUS 250 points for a dietitian consult because you are registered for Diabetes on the Chronic programme.

It is important to note that you need to request these points manually. They do not seem to be allocated automatically when you submit a claim. The easiest way of doing this is through the chat bot on Discovery's website. You would go to www.discovery.co.za, log in with your user name and password, and select the chat bot (see below). If you immediately type in "Vitality" and then when it responds, type in "chat", it will allocate a person to you, and you can have a conversation with that person to request that your chronic management points be allocated. They will ask you when you saw your GP or completed the test, and it is best to wait till the claim has been processed, so that they can see the claim on the claims tracker, to allocate your points.



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