



International Travel Benefit

2017

International travel medical cover

The International Travel Benefit is available on the Executive Plan, Comprehensive, Priority, Saver Smart and Core Series. Members on the KeyCare Series do not have access to the International Travel Benefit.

Overview

This document tells you about Discovery Health Medical Scheme's cover for international travel. The International Travel Benefit offers **medical emergency** cover outside the borders of the Republic of South Africa.

International SOS (Intl.SOS), an international operational support organisation, assists members in medical emergencies while travelling.

The International Travel Benefit, at a glance

You have emergency cover outside the Republic of South Africa for 90 days from departure

The International Travel Benefit covers you for **medical emergency treatment** outside the borders of the Republic of South Africa for 90 days from your date of departure from South Africa.

You must be an active member of the Scheme at the time of the claim and also not be in a three-month general waiting period. Healthcare services related to a condition-specific waiting period are not covered on the International Travel Benefit.

The cover ends on your return home or after 90 days from your date of departure from the Republic of South Africa, whichever happens first. If you are travelling for more than 90 days, you have to arrange additional travel insurance for medical cover through your travel agent before leaving the Republic of South Africa.

We cover your medical emergency treatment up to a limit for each journey

Medical emergency cover is limited to R10 million for each person for each journey for members on the Executive Plan and R5 million for each person for each journey for members on Classic, Essential and Coastal and Smart Plans. This benefit is not available on KeyCare Plans.

You must receive treatment from a qualified healthcare professional

You are covered for the usual, reasonable costs of medical emergency treatment while overseas. The treatment must be from a qualified healthcare professional. Direct payment to overseas health professionals is arranged by Intl.SOS.

You need to pay a co-payment upfront for out of hospital emergency treatment

We cover out-of-hospital, medical emergency claims after you have paid the first €100 or US\$150 for each person, on each journey.

The International Travel Benefit provides cover for emergency treatment only

The benefit does not cover you for elective treatment, **any treatment related to a pre-existing medical or surgical condition** and any treatment received outside of the 90-day period.

Hospital expenses

You need to notify Intl. SOS as soon as possible after your emergency

If you need emergency hospitalisation while travelling **overseas**, notify Intl.SOS as soon as possible after the emergency on **+27 11 541 1222**. If you need assistance in contacting Intl.SOS, you can also contact the international operator of the country you are visiting and request to be connected to Intl.SOS on reverse call charges.

Once connected, Intl.SOS will validate your membership and confirm any waiting periods. Before they authorise the admission and issue a payment guarantee, they will also identify whether the current funding request relates to a medical or surgical condition that existed previously.

Your authorised emergency hospital claim will be paid up to a limit

Discovery Health Medical Scheme will pay the full cost of an authorised emergency hospital claim up to your benefit limit of R5 million (R10 million on Executive Plan) for each journey. If the medical condition necessitates an evacuation and you are fit to travel, Intl.SOS will arrange your return to South Africa. If you are fit to travel and can return but choose not to, all expenses incurred after that date will be for your own account.

Once you reach the 90-day limit, we will not cover any medical costs or travel costs to return to South Africa for treatment.

Out-of-hospital medical expenses

You need to pay a co-payment upfront for out-of-hospital emergency treatment

You need to pay the first €100 or US\$150 of out-of-hospital medical emergency claims for each journey, and Discovery Health Medical Scheme will cover the balance in full.

Your Medical Savings Account and other day-to-day benefits won't be affected in any way. The €100 or US\$150 applies to each person, on each journey and not to each claim. If you are travelling in a country

with a different currency, your claim will be converted to US dollars or euros, whichever is the most appropriate to calculate what you are responsible for, and what we need to pay.

How to claim for out of hospital medical expenses

You can choose between these options:

1. Pay upfront for out-of-hospital medical expenses, and claim back from the Scheme on your return, or
2. If the total cost of your out-of-hospital claims is more than €100 or US\$150 for each person, you can call Intl.SOS while you are still overseas. Intl.SOS will provide you with approval if the claim is related to a medical emergency and will contact your healthcare professionals overseas to make sure they are paid directly.

How to submit claims you have already paid

You need to send us the following:

- ✓ A detailed, original account in English from the healthcare provider
- ✓ The International Travel Benefit (ITB) claim form, completed in full and including:
 - Proof of travel dates in the form of air ticket stubs or passport stamps
 - Proof of payment for all attached claims.

When sending us overseas medical claims, please keep copies for your own records.

Elective claims and claims outside the 90-day travel period

The International Travel Benefit provides cover for emergency medical treatment only; it does not cover elective treatment and treatment received outside of the 90-day period. However, your plan may cover you for elective treatment received while outside of South Africa, as long as the equivalent treatment is readily and freely available in South Africa and it would normally be covered by your plan in terms of the Scheme rules.

If the treatment meets these criteria, you will need to pay for these medical expenses upfront. You can then submit all the claims to us on your return to South Africa. Discovery Health Medical Scheme will reimburse you into the South African bank account we already have on record for you.

We will cover healthcare services related to your treatment according to the South African benchmark equivalent. This is known as a "global fee". A global fee is a single amount that we calculate based on the average claims experience on your specific plan. Clinical protocols apply. This means that we only pay medically appropriate claims. Your cover is subject to the rules of the Discovery Health Medical Scheme, funding rules and clinical policies.

List of healthcare services covered at the South African global fee

The following are not covered by the International Travel Benefit, but may be covered by your plan at a global fee:

- Any non-emergency, planned or elective medical treatment
- Any claims you incur overseas for medical symptoms (however mild these may have been) you experienced before leaving South Africa
- Any acute medical condition or an acute flare-up of a medical condition for which active medical treatment was sought and/or received in South Africa in the 30 days before the date of departure
- Pregnancy or childbirth after the 24th week of pregnancy. If the baby is born outside South Africa, he or she will not be covered by the Scheme until you return to South Africa and register them on Discovery Health Medical Scheme
- Chronic or ongoing dialysis or chemotherapy and any related treatments or illnesses
- Any treatment relating to cancer and/or organ failure within the last 12 months
- Any healthcare services relating to sexually transmitted infections (including HIV) not resulting from sexual assault or occupational or traumatic exposure
- If you intend obtaining medical treatment
- If a terminal prognosis has been given
- If you travel contrary to medical advice
- All dentistry, unless otherwise specified, and optical treatment
- Prescribed Minimum Benefits do not apply beyond South Africa's borders.

Specific claims we do and do not cover

Pre-existing conditions

The International Travel Benefit doesn't cover any claim for treatment of a pre-existing condition where a member is aware of a reason which could give rise to a claim.

The International Travel Benefit doesn't cover optical work

The International Travel Benefit doesn't cover optical treatments, which includes any healthcare service or device used to correct errors of refraction, for example spectacles, frames and contact lenses. However, your plan may cover these healthcare services, up to the optical limit, if you have available day-to-day benefits.

We only cover emergency work on teeth under certain circumstances

The International Travel Benefit doesn't cover most dental treatments. However, the International Travel Benefit will cover you for specific emergency dental work on sound natural teeth.

We only cover the following emergency dental treatments from the International Travel Benefit:

- Temporary caps and fillings for teeth that break
- Re-cementing of crowns and bridges
- Emergency root canal treatment for pain control.

Your plan may cover you for other dentistry from your available day-to-day benefits, as long as you haven't used up any limits that may apply.

We cover you for extreme sport or activities or hazardous pursuits

A hazardous or extreme sport or pursuit is an activity that extends beyond what Discovery Health Medical Scheme considers conventional and puts you at a high risk for illness or injury. Examples include motorsport, mountaineering, rock climbing, scuba diving, skydiving, bungee jumping, BASE jumping, kite surfing and white-water rafting.

The International Travel Benefit covers medical emergency expenses sustained during participation in a hazardous pursuit while overseas. Please note that Discovery Health Medical Scheme does not cover search and rescue operations.

Exclusions

While travelling, the following will not be covered:

- Any healthcare services while you are in a three-month general waiting period, if applicable.
- Healthcare services excluded by your waiting period(s) for a pre-existing condition, if applicable.
- Healthcare services related to any of Discovery Health Medical Scheme's general exclusions. For example, you are not covered for search and/or rescue attempts or efforts, or for any travel to and in a country at war. (Our list of excluded countries change from time to time. Access it at 'Do We Cover' on www.discovery.co.za to familiarise yourself with the full list of exclusions before travelling abroad).
- Any healthcare services, if you are on the KeyCare Series.

Contact us

You can call us on 0860 99 88 77 or visit www.discovery.co.za for more information.

Complaints process

We explain the complaints and dispute process on the website www.discovery.co.za. You may lodge a query or complaint with Discovery Health Medical Scheme by calling 0860 99 88 77, emailing healthinfo@discovery.co.za or by completing an online complaints form. If you are not satisfied with how your complaint was resolved, please use the website to address your complaint to the Principal Officer. If you have received a final decision from us and want to challenge it, you may lodge a formal dispute by following the disputes process detailed on the website.

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may 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.com | 0861 123 267 | www.medicalschemes.com