



 **Discovery**
Health Medical Scheme

HIVCare Programme

2018

HIVCare Programme

The HIVCare Programme, together with your Premier Plus GP, will help you actively manage your condition. The programme gives you and your Premier Plus GP access to various tools to monitor and manage your condition and to ensure you get high-quality coordinated healthcare and the best outcomes.

Overview

This document gives you information about the HIVCare Programme. It explains your cover for hospital admissions related to HIV and AIDS and how we pay for HIV medicine. It also explains how the programme together with your Premier Plus GP will help manage your specific condition. We also give you information on the doctor consultations, laboratory tests and x-rays we cover.

About some of the terms we use in this document

Terminology	Description
Chronic Drug Amount (CDA)	Discovery Health Medical Scheme pays up to a monthly amount for a medicine class subject to the member's plan type. This applies to medicine that is not listed on the formulary or medicine list. The Chronic Drug Amount does not apply to the Smart and KeyCare plans. On these plans you will have to pay for medicine not on the medicine list.
Day-to-day benefits	These are the funds available in the Medical Savings Account and Above Threshold Benefit, if available on your health plan.
Discovery Health Rate (DHR)	This is a rate set by us at which we pay for healthcare services from hospitals, pharmacies and healthcare professionals.
Discovery Health Rate for Medicine	This is the rate at which Discovery Health Medical Scheme will pay for medicine. It is the Single Exit Price of medicine plus the relevant dispensing fee.
HealthID	HealthID is an app that gives your doctor fast, up-to-date access to your health information. Once you have given consent, your doctor can use HealthID to access your medical history, gain insight into the benefits of your health plan, make referrals to other healthcare professionals, study your blood test results, and write electronic prescriptions and referrals. Discovery HealthID is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.
Payment arrangements	The Scheme has entered into payment arrangements with various healthcare professionals and providers that have agreed to be reimbursed at an agreed rate. This ensures full cover with no co-payments.
Premier Plus GP	A Premier Plus GP is a network GP who has contracted with us to provide you with high quality healthcare for your condition.

Terminology	Description
Designated service provider (DSP)	<p>A healthcare provider (for example doctor, specialist, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate. You may view the full list of DSPs on www.discovery.co.za</p>
Prescribed Minimum Benefits (PMBs)	<p>In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> • An emergency medical condition • A defined list of 270 diagnoses • A defined list of 27 chronic conditions. <p>To access Prescribed Minimum Benefits, there are rules 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 conditions • The treatment needed must match the treatments in the defined benefits • You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However even in these cases, 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. <p>If your treatment doesn't meet the above criteria, we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.</p>
Emergency medical condition	<p>An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where 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 would place the person's life in serious jeopardy.</p> <p>An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.</p>
MaPS Advisor	<p>MaPS Advisor is a medical and provider search tool which is available on www.discovery.co.za. The value-added service - MaPS Advisor - is owned by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.</p>

The HIVCare Programme at a glance

You have access to clinically sound and cost-effective treatment

We base the HIVCare Programme protocols on the Southern African HIV Clinicians' Society and the South African Department of Health guidelines. Approval of HIV-related services is subject to Prescribed Minimum Benefit guidelines and your benefits.

We deal with each case with complete confidentiality

HIV and AIDS is a sensitive matter, whether one has the condition or not. Our HIV healthcare team respects your right to privacy and will always deal with any HIV and AIDS related query or case with complete confidentiality.

There is no limit for hospitalisation for members who register on the HIVCare Programme

This applies to all plans. Members must always get approval for their hospital admissions. The Scheme Rules always inform us of how we pay for treatment.

The Scheme covers a specified number of consultations and HIV-specific blood tests

GP and specialist consultations

For members who are registered on the HIVCare Programme, the Scheme pays for:

- Four GP consultations
- One specialist consultation per person each year for the management of HIV.

HIV monitoring blood tests

The Scheme also pays for HIV-specific blood tests for members who are registered on the HIVCare Programme. These tests are a measure of the extent of the HI virus and are instrumental in managing the patient's response to treatment.

If you have registered on the HIVCare Programme, the Scheme pays for these blood tests up to the Discovery Health Rate as follows:

Test	Number of tests we cover for each person a year
CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1
HIV drug resistance test (genotype)	1 (We only cover this test if we have approved funding before the test is done)

HIV drug resistance test

You do not automatically qualify to have this test covered from the Scheme's risk benefits, authorisation for the test is a prerequisite. Authorisation applies for requests for tests done in-hospital and out-of-hospital.

The authorisation process is used to manage risk to ensure that you receive best-practice HIV care, based on clinical evidence, to ensure optimal quality of care and health outcomes. It is important that the authorisation process be followed for every request.

If you have not registered on the HIVCare Programme, the test costs will be paid from your available day-to-day benefits. If you have run out of funds or do not have a plan with day-to-day benefits, you must pay for these costs yourself. If you are on the Classic Comprehensive Zero MSA Plan, you must pay for these costs yourself until you reach the Annual Threshold to have cover for day-to-day medical expenses from your Above Threshold Benefit.

We pay for antiretroviral medicine from our HIV medicine list (formulary) up to the Discovery Health Rate for Medicine

Members who test positive for HIV have cover for antiretroviral medicine that is on our HIV medicine list (formulary). This includes treatment for prevention of mother-to-child transmission, treatment of sexually transmitted infections and HIV-related (or AIDS-defining) infections.

We will fund for supportive medicine when conditions meet our requirements for cover (clinical entry criteria). Our case managers will coordinate HIV medicine applications and monitor the member's use of antiretroviral treatment to ensure the treatment is effective.

For preventive treatment in case of sexual assault, mother-to-child transmission, trauma or workman's compensation, any HIV waiting periods do not apply to preventive medicine.

Cover is subject to national treatment guidelines and benefit confirmation. Members do not need to register on the HIVCare Programme for this preventive treatment. Members may need to complete a separate application form.

We provide cover for nutritional feeds to prevent mother-to-child transmission

We pay for nutritional feeds for babies born to HIV-positive mothers from the date of birth and up to six months. We approve the first month upfront, however the infant needs to be registered on your health policy in order to qualify for the remaining five months. These are paid according to the HIV nutritional and mother to child prevention medicine list (formulary). This formulary can be found on www.discovery.co.za

Getting the most out of your benefits

Register on the HIVCare Programme to access comprehensive HIV benefits

Call us on 0860 99 88 77, fax 011 539 3151 or email HIV_Diseasemanagement@discovery.co.za to register. The HIVCare team will only speak to you, the patient, or your treating doctor about any HIV-related query.

Benefits of using a Premier Plus GP to manage your condition

When you register for our HIVCare Programme and choose a Premier Plus GP to manage your condition, you are covered for the care you need, which includes additional cover for social workers.

You and your Premier Plus GP can track progress on a personalised dashboard displaying your unique management score for your condition. This helps to identify the next steps to optimally manage your condition and stay healthy over time.

Use a healthcare provider who participates in our payment arrangements

You have full cover for GPs who are on the *Premier Plus HIV GP Network* and specialists who have a payment arrangement with us. Discovery Health Medical Scheme will pay the account up to the agreed rate. If you don't use a healthcare provider who we have an arrangement with, you will be responsible for any shortfall between what the provider charges and what Discovery Health Medical Scheme pays.

- If you are on a **Priority, Saver or Core Plan**, you must use a Premier Plus HIV Network GP to manage your condition to avoid a 20% co-payment.
- If you are on a **Smart plan**, you must choose a doctor who is on both the Smart and Premier Plus HIV Network to avoid a 20% co-payment.
- If you are on a **KeyCare plan**, you must choose a doctor who is on both the KeyCare and Premier Plus HIV GP Network to avoid a 20% co-payment.

The MaPS Advisor tool on www.discovery.co.za helps you find medical services and providers where you will be covered without a co-payment.

Use approved medicine on our medicine list

We do not cover experimental, unproven or unregistered treatments or practices.

You have full cover for approved medicine on our HIV medicine list (formulary) if your healthcare provider charges the Discovery Health Rate for Medicines.

For clinically appropriate medicine that is not on the medicine list, we will pay up to a set monthly amount (Chronic Drug Amount). You will be responsible to pay any shortfall from your pocket for medicines not on the list or if the pharmacy charges more than the Discovery Health Rate for Medicines.

The Chronic Drug Amount does not apply to the Smart and KeyCare plans.

Get your HIV medicine from a designated service provider

Discovery MedXpress is currently the designated service provider for HIV medicine. When you need to fill your repeat prescription for your approved HIV medicine, you need to follow the MedXpress process (which can be accessed on www.discovery.co.za or by calling us on 0860 99 88 77) to have your medicines delivered to an address of your choice, or collected from the closest participating network pharmacy.

If you don't use MedXpress for your monthly chronic medicine orders, a 20% co-payment will apply for all approved HIV medicines, which means you will have to pay this amount yourself. The co-payment applies to HIV antiretroviral medicines, HIV supportive medicines (excluding Euvax b flu vaccine and multivitamins) and HIV nutritional and mother-to-child prevention milk formulas.

Members on a Smart plan also have the option to use their selected designated network pharmacy (Clicks or Dis-Chem) for their HIV medicine.

Members on a KeyCare plan also have the option to get their HIV medicine from their dispensing KeyCare GP.

Should more pharmacies be added as designated service providers during 2018, an updated list of designated service providers for HIV medicine will be published on www.discovery.co.za

Take your HIV medicine as prescribed and send test results when we ask for them

We will only pay for your HIV treatment if it has been approved. It is important that you follow your treatment plan. Once you have registered on the HIVCare Programme, you will need to send us the results of the follow-up tests for us to assist you in the ongoing management of your condition.

Prescribed Minimum Benefit cover

HIV is classified as a Prescribed Minimum Benefit condition for members who qualify for cover. However, only certain treatment protocols are available for funding from this benefit.

More information on Prescribed Minimum Benefits is available at www.discovery.co.za

Your doctor can appeal for additional cover

We cover certain out-of-hospital treatments related to HIV infection as a Prescribed Minimum Benefit. You can ask for additional cover, if your condition requires this, through an appeals process which is detailed below. We will review the individual circumstances of the case, however it's important to note that this process doesn't guarantee a positive outcome and neither does it change the way we cover PMBs.

Go to www.discovery.co.za to download the HIV PMB Appeals form or call us on 0860 99 88 77 to request it or for more information on how to start this process.

If your treatment changes, your doctor will need to apply for the new treatment to be covered.

We pay all other out-of-hospital treatments from the available funds in your day-to-day benefits, if available on your plan type. If your plan does not have day-to-day benefits or you have run out of savings, you will be responsible to pay these from your pocket.

To appeal against the funding decision on cover:

1. Download and print HIV PMB Appeals form, available on www.discovery.co.za. Members can also call 0860 99 88 77 to request the form
2. Complete the HIV PMB Appeals form with the assistance of your healthcare professional
3. Send the completed, signed appeal form, along with any additional medical information, by email to HIV_diseasemanagement@discovery.co.za or by fax 011 539 3151
4. If the additional cover is approved, the Scheme will pay the claims for these treatments in full, if we have a payment arrangement with your doctor. You may be responsible to pay part of the claim if we do not have an arrangement with your doctor and he or she charges higher than what Discovery Health Medical Scheme pays.

Benefits available for your plan type

Executive Plan

Hospital admissions

Cover for all costs while you are hospitalised is not automatic. When you know you are going to hospital, you need to tell us beforehand.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone DiscoveryCare on 0860 99 88 77 and follow the prompts to get approval. You can also apply for approval by sending an email to preauthorisation@discovery.co.za

When you contact us, please have specific information about your procedure and admission available, so that we can assist you. This includes the date of admission, your doctor's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and procedure or treatment (RPL) codes.

GP and specialist consultations

If you have registered on the HIVCare Programme, we pay for four GP consultations and one specialist consultation for HIV per person for each year. The Scheme may pay more consultations including those for paediatricians, and should further consultations be clinically necessary.

If you have not registered on the programme, the consultation costs will be paid from your day-to-day benefits, up to the Discovery Health Rate. You must pay any shortfall yourself.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider to get your medicines, we will pay for it in full up to the Discovery Health Rate for Medicine.

If you do not use a designated service provider, you will have to pay a 20% co-payment on your HIV antiretroviral medicines and HIV nutritional and mother-to-child prevention milk formulas. This does not apply to the Euvax b flu vaccine and multivitamins in the HIV basket of care.

We pay approved antiretroviral medicine that is not on our HIV medicine list up to a set monthly amount (HIV Chronic Drug Amount). You will need to pay any shortfall yourself.

You have cover of up to R535 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Mutivitamin	799173002
Multivitamin orange	838500005
Euvax b vial 1ml	713048001

Comprehensive Series

Hospital admissions

Cover for all costs while you are hospitalised is not automatic. When you know you are going to hospital, you need to tell us beforehand.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone DiscoveryCare on 0860 99 88 77 and follow the prompts to get approval. You can also apply for approval by sending an email to preauthorisation@discovery.co.za

When you contact us, please have specific information about your procedure and admission available, so that we can assist you. This includes the date of admission, your doctor's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and procedure or treatment (RPL) codes.

If you are on the Classic Delta or Essential Delta network option: You are covered in full at private hospitals and day-clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R7 650 upfront to the hospital. This does not apply in an emergency.

GP and specialist consultations

If you have registered on the HIVCare Programme, we pay for four GP consultations, including one specialist consultation for HIV per person each year. The Scheme may pay more consultations including those for paediatricians, and should further consultations be clinically necessary.

If you have not registered on the programme, the consultation costs will be paid from your available day-to-day benefits, up to the Discovery Health Rate. You must pay any shortfall yourself.

If you are on the Classic Comprehensive Zero MSA Plan: You must pay for these costs yourself until you reach the Annual Threshold to have cover for day-to-day medical expenses from your Above Threshold Benefit.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider to get your medicines, we will pay for it in full up to the Discovery Health Rate for medicines.

If you do not use our designated service provider, you will have to pay a 20% co-payment on your HIV antiretroviral medicines and HIV nutritional and mother-to-child prevention milk formulas. This does not apply to the Euvax b flu vaccine and multivitamins in the HIV basket of care.

We pay approved antiretroviral medicine that is not on our HIV medicine list up to a set monthly amount (HIV Chronic Drug Amount). You will need to pay any shortfall yourself.

You have cover of up to R535 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccinations per year from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin	799173002
Multivitamin orange	838500005
Euvax b vial 1ml	713048001

Priority Series

Hospital admissions

Cover for all costs while you are hospitalised is not automatic. When you know you are going to hospital, you need to tell us beforehand.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone DiscoveryCare on 0860 99 88 77 and follow the prompts to get approval. You can also apply for approval by sending an email to preauthorisation@discovery.co.za

When you contact us, please have specific information about your procedure and admission available, so that we can assist you. This includes the date of admission, your doctor's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and treatment (RPL) codes.

GP and specialist consultations

If you have registered on the HIVCare Programme, we pay for four GP consultations (with a GP in the Premier Plus HIV GP Network), including one specialist consultation for HIV per person, each year. The Scheme may pay for more consultations including those for paediatricians, should further consultation be clinically necessary.

You must use a Premier Plus HIV Network GP to manage your condition to avoid a 20% co-payment.

If you have not registered on the programme, the consultation costs will be paid from available funds in your Medical Savings Account and limited Above Threshold Benefit, up to the Discovery Health Rate. You will need to pay any shortfall yourself.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider to get your medicines, we will pay for it in full up to the Discovery Health Rate for medicines.

If you do not use our designated service provider, you will have to pay a 20% co-payment on your HIV antiretroviral medicines and HIV nutritional and mother-to-child prevention milk formulas. This does not apply to the Euvax b flu vaccine and multivitamins in the HIV basket of care.

We pay approved antiretroviral medicine that is not on our HIV medicine list up to a set monthly amount (HIV Chronic Drug Amount). You will need to pay any shortfall yourself.

You have cover of up to R535 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccinations per year from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin	799173002
Multivitamin orange	838500005
Euvax b vial 1ml	713048001

Saver Series

Hospital admissions

Cover for all costs while you are hospitalised is not automatic. When you know you are going to hospital, you need to tell us beforehand.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone DiscoveryCare on 0860 99 88 77 and follow the prompts to get approval. You can also apply for approval by sending an email to preauthorisation@discovery.co.za

When you contact us, please have specific information about your procedure and admission available, so that we can assist you. This includes the date of admission, your doctor's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and procedure or treatment (RPL) codes.

If you are on the Classic Delta or Essential Delta network option: You are covered in full at private hospitals and day-clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R7 650 upfront to the hospital. This does not apply in an emergency or unless there is no hospital within reasonable proximity to your ordinary place of business or personal residence.

If you are on the Coastal Saver Plan: You must go to a hospital in one of the four coastal provinces for a planned hospital admission. If you don't use a coastal hospital, the Scheme will pay up to a maximum of 70% of the hospital account and you must pay the difference. This does not apply in an emergency.

GP and specialist consultations

If you have registered on the HIVCare Programme, we pay for four GP consultations (with a GP in the Premier Plus HIV GP Network), including one specialist consultation for HIV per person, each year. The Scheme may pay more consultations including those for paediatricians, and should further consultation be clinically necessary.

You must use a Premier Plus HIV Network GP to manage your condition to avoid a 20% co-payment.

If you have not registered on the programme, the consultation costs will be paid from the available funds in your Medical Savings Account, up to the Discovery Health Rate. You will need to pay any shortfall yourself.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider to get your medicines, we will pay for it in full up to the Discovery Health Rate for medicines.

If you do not use our designated service provider, you will have to pay a 20% co-payment on your HIV antiretroviral medicines and nutritional and mother-to-child prevention milk formulas. This does not apply to the Euvax b flu vaccine and multivitamins in the HIV basket of care.

We pay approved antiretroviral medicine that is not on our HIV [medicine](#) list up to a set monthly amount (HIV Chronic Drug Amount). You will need pay any shortfall yourself. You have cover of up to R R535 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin	799173002
Multivitamin orange	838500005
Euvax b vial 1ml	713048001

Smart Series

Hospital admissions

Cover for all costs while you are hospitalised is not automatic. When you know you are going to hospital, you need to tell us beforehand.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone DiscoveryCare on 0860 99 88 77 and follow the prompts to get approval. You can also apply for approval by sending an email to preauthorisation@discovery.co.za

When you contact us, please have specific information about your procedure and admission available, so that we can assist you. This includes the date of admission, your doctor's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and procedure or treatment (RPL) codes.

You are covered in full at private hospitals and day-clinics in the Smart Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R8 800 upfront to the hospital. This does not apply in an emergency.

GP and specialist consultations

For members who have registered on the HIVCare Programme, we pay for four GP consultations (with a GP in the Premier Plus HIV GP Network), including one specialist consultation for HIV per person, each year. The Scheme may pay for more consultations including those for paediatricians, and should further consultations be clinically necessary.

You must use a GP who is on both the Smart and Premier Plus HIV GP Network to manage your condition to avoid a 20% co-payment.

If you have not registered on the programme, you must pay for these costs.

HIV antiretroviral and HIV supportive medicine

We only cover approved HIV antiretroviral medicine and HIV supportive medicine on our medicine list. If your approved medicine is on our HIV medicine list and you use MedXpress or a designated network pharmacy (Clicks or Dis-Chem) to get your medicines, we will pay for it in full up to the Discovery Health Rate for medicines.

If you do not use a designated service provider, you will have to pay a 20% co-payment on your HIV antiretroviral medicines and HIV nutritional and mother-to-child prevention milk formulas. This does not apply to the Euvax b flu vaccine and multivitamins in the HIV basket of care.

You have cover of up to R535 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit

Unless there is a clinical indication, antiretroviral medicine that is not on our HIV medicine list will be for your own pocket.

Medicine name	NAPPI code
Multivitamin	799173002
Multivitamin orange	838500005
Euvax b vial 1ml	713048001

Core Series

Hospital admissions

Cover for all costs while you are hospitalised is not automatic. When you know you are going to hospital, you need to tell us beforehand.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone DiscoveryCare on 0860 99 88 77 and follow the prompts to get approval. You can also apply for approval by sending an email to preauthorisation@discovery.co.za

When you contact us, please have specific information about your procedure and admission available, so that we can assist you. This includes the date of admission, your doctor's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and procedure or treatment (RPL) codes.

If you are on the Core Delta network option: You are covered in full at private hospitals and day-clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R7 650 upfront to the hospital. This does not apply in an emergency.

If you are on the Coastal Core Plan: You must go to a hospital in one of the four coastal provinces for a planned hospital admission. If you don't use a coastal hospital, the Scheme will pay up to a maximum of 70% of the hospital account and you must pay the difference. This does not apply in an emergency.

GP and specialist consultations

For members who have registered on the HIVCare Programme, we pay for four GP consultations (with a GP in the Premier Plus HIV GP Network), including one specialist consultation for HIV per person, each year. The Scheme may pay for more consultations including those for paediatricians, and should further consultations be clinically necessary.

You must use a Premier Plus HIV Network GP to manage your condition to avoid a 20% co-payment.

If you have not registered on the programme, you must pay for these costs.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider to get your medicines, we will pay for it in full up to the Discovery Health Rate for medicines.

If you do not use our designated service provider, you will have to pay a 20% co-payment on your HIV antiretroviral medicines and HIV nutritional and mother-to-child prevention milk formulas. This does not apply to the Euvax b flu vaccine and multivitamins in the HIV basket of care.

We pay approved antiretroviral medicine that is not on our HIV medicine list up to a set monthly amount (HIV Chronic Drug Amount). You will need to pay any shortfall yourself.

You have cover of up to R535 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit

Medicine name	NAPPI code
Multivitamin	799173002
Multivitamin orange	838500005
Euvax b vial 1ml	713048001

KeyCare Plans

Hospital admissions

Cover for all costs while you are hospitalised is not automatic. When you know you are going to hospital, you need to tell us beforehand.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone DiscoveryCare on 0860 99 88 77 and follow the prompts to get approval. You can also apply for approval by sending an email to preauthorisation@discovery.co.za

When you contact us, please have specific information about your procedure and admission available, so that we can assist you. This includes the date of admission, your doctor's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and procedure or treatment (RPL) codes.

You are covered in full at private hospitals in the KeyCare Full Cover Hospital Network. If you go to any of the private hospitals in the Partial Cover Hospital Network, the Scheme will pay up to a maximum of 70% of the hospital account and you must pay the difference. This does not apply in an emergency.

If you don't go to a KeyCare Network Hospital you will have to pay the account yourself. This does not apply in an emergency.

GP and specialist consultations

For members who have registered on the HIVCare Programme, we pay for four GP consultations (with a GP in the Premier Plus HIV GP Network), including one specialist consultation (this will not pay from the Specialist Benefit limit of R3 860 a year) for HIV per person, each year. The Scheme may pay for more consultations including those for paediatricians, and should further consultations be clinically necessary.

You must use a GP who is on both the KeyCare and Premier Plus HIV GP Network to manage your condition to avoid a 20% co-payment.

If you have not registered on the programme, these costs will fund from the appropriate KeyCare Benefit.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider to get your medicines, we will pay for it in full up to the Discovery Health Rate for medicines.

If you do not use our designated service provider, you will have to pay a 20% co-payment on your HIV antiretroviral medicines and HIV nutritional and mother-to-child prevention milk formulas. You will need to pay this from your pocket. This does not apply to the Euvax b flu vaccine and multivitamins in the HIV basket of care.

You have cover of up to R535 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccinations per year from the Screening and Prevention Benefit

Unless there is a clinical indication, antiretroviral medicine that is not on our HIV medicine list will be for your own pocket.

Medicine name	NAPPI code
Multivitamin	799173002
Multivitamin orange	838500005
Euvax b vial 1ml	713048001

Contact us

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

Complaints process

The following channels are available for your complaints and we encourage you to follow the process:

Step 1 – 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.

Step 2 – 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 are able to escalate your complaint to the Principal Officer of the 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.

Step 3 – To lodge a dispute: If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the website.

Step 4 – To contact the Council for Medical Schemes: 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