International travel cover

2018

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The International Travel Benefit is available on the Executive Plan, Comprehensive, Priority, Saver, Smart and Core Series. The benefit is not available on the KeyCare Series.

Overview

This document tells you about Discovery Health Medical Scheme's ("Scheme") cover for international travel. The International Travel Benefit covers emergency medical costs while you travel outside of South Africa. ER24, through it's international partner, Euro Centre, assists members with 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 emergency medical costs outside the borders of the Republic of South Africa for 90 days from your date of departure from South Africa. The cover ends on your return home or after 90 days from your date of departure from the South Africa, whichever happens first.

The following criteria is important to note:

- You must be an active member of the Scheme in good standing at the time of the claim.
- You must 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.
- You must receive treatment from a qualified healthcare professional. Direct payment to overseas health professionals is arranged by ER24.

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 South Africa.

We may cover you at equivalent local costs for non-emergency treatment received outside of South Africa, as long as the treatment is readily and freely available in South Africa and it would be normally covered by your plan according to the Scheme Rules. More detail is provided later on in the document.

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

Cover for authorised emergency medical costs is limited to $1million for each person per journey for members on the Executive Plan and R5 million for each person per journey for members on Classic, Essential and Coastal and Smart Plans. This benefit is not available on KeyCare Plans.

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

The first US$150 or €100 (European countries) in respect of out-of-hospital emergency treatment per person per journey is payable by yourself. The balance will be covered by the Scheme.

Emergency hospital expenses

You need to notify ER24 as soon as possible after your emergency

If you need emergency hospitalisation while travelling **overseas**, notify ER24 as soon as possible after the emergency on **+27 11 529 6900**. If you need assistance in contacting ER24, you can also contact the international operator of the country you are visiting and request to be connected to ER24 on reverse call charges.

Once connected, ER24 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

We will pay the full cost of an authorised emergency hospital claim up to your benefit limit of $1 million for each person per journey for members on the Executive Plan and R5 million for each person per journey for members on Classic, Essential and Coastal and Smart Plans.

If the medical condition necessitates an evacuation and you are fit to travel, ER24 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.

If you are medical condition needs a hospitalisation and you are unable to return to South Africa, your cover may be extended for such period as is reasonably necessary to enable you to return to South Africa, up to a maximum of 90 days.

Out-of-hospital emergency medical costs

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

You need to pay the first US$150 or €100 (European countries) in respect of out-of-hospital treatment per person per journey. The balance will be covered by the Scheme.

Your Medical Savings Account and other day-to-day benefits will not be used for emergency out-of-hospital treatment covered by the International Travel Benefit.

The US$150 or €100 (European countries) applies to each person, per 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.

Work on teeth under certain circumstances

The International Travel Benefit will only cover you for specific emergency dental work on sound natural teeth which is limited to:

- 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-today benefits, as long as you haven't used up any limits that may apply.

Extreme sport or activities or hazardous pursuits

A hazardous or extreme sport or pursuit is an activity that extends beyond what the 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 or extreme or pursuit while overseas.

How to claim for out-of-hospital emergency medical expenses

You can choose between these options:

1. Pay upfront for out-of-hospital emergency medical expenses, and claim back from the Scheme on your return, or
2. If the total cost of your out-of-hospital emergency claims is more than €100 (European Countries) or US$150 for each person, you can call ER24 while you are still overseas. ER24 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 professional
- ✓ 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.

Non-emergency claims and claims outside the 90 day travel period

We may cover you at the equivalent local costs for non-emergency treatment received outside of South Africa:

- As long as the treatment is routinely available in South Africa from a registered member of the medical profession. "Routinely available" means where the envisaged treatment is capable of being provided in South Africa in that the know-how, skill, expertise, device and/or equipment required for the treatment prevails or exists and suitable clinically appropriate or cost-effective alternative treatment is capable of being provided to satisfactorily treat the member.
- It would be normally covered by your plan according to 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. The Scheme will reimburse you into the South African bank account that 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 in South Africa subject to your specific plan. Clinical protocols apply and this means that we only pay medically appropriate claims. Cover will be subject to the rules of the Scheme, funding rules and clinical protocols and policies.

List of healthcare services not covered by the International Travel Benefit

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

- Pregnancy or childbirth should medical complications or emergencies arise 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 the Scheme
- Situations where:
    - treatment is for a pre-existing conditions where you are aware of a reason which could give rise to any claim
    - you are travelling contrary to medical advise
    - you are travelling with the intention of obtaining medical treatment
- a terminal prognosis has been given Chronic or ongoing renal dialysis or chemotherapy and any related treatments or illnesses
- Any emergency treatment for acute or chronic conditions or an acute flare-up of a medical condition for which active medical treatment was sought and/or received in South Africa in the immediate 30 days before the date of departure
- Any treatment in respect of cancer or organ failure diagnosed and/or treated within the 12 month period immediately preceding the date of departure 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
- 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

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.

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 the Scheme's general exclusions which include search and/or rescue operations 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

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

Step1 – 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