

# HOW WE PAY FOR MEDICINE ON THE SMART PLANS AND CLASSIC SMART COMPREHENSIVE PLAN

DISCOVERY HEALTH MEDICAL SCHEME  
2023





## Overview

On the Smart and Classic Smart Comprehensive plans, you have full cover for approved chronic medicine on our medicine list for all Chronic Disease List (CDL) conditions as well as cover for certain prescribed medicine and over-the-counter medicine, when you use a designated service provider (DSP). Cover depends on the plan you are on. Read further to understand how you are covered and where to get your medicine.

### About some of the terms we use in this document

There may be some terms we refer to in this document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Above Threshold Benefit (ATB)	<b>Available on the Classic Smart Comprehensive Plan</b> Once the day-to-day claims you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate or a portion of it. Members on the Classic Smart Comprehensive Plan have an unlimited Above Threshold Benefit (ATB).
Annual Threshold	<b>Available on the Classic Smart Comprehensive Plan</b> We set the Annual Threshold amount at the beginning of each year. The number and type of dependants (spouse, adult or child) on your plan will determine the amount. The Annual Threshold is an amount that your claims need to add up to before we pay your day-to-day claims from the Above Threshold Benefit (ATB).
Chronic Disease List (CDL)	A defined list of chronic conditions we cover according to the Prescribed Minimum Benefits (PMBs).
Chronic Illness Benefit (CIB)	The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions. You need to apply to have your medicine and treatment covered for your chronic condition.
Co-payment	This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service or if the amount the service provider charges is higher than the rate we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Day-to-day benefits	Cover for defined set of day-to-day medical expenses such as GP consultations, acute and over-the-counter (OTC) medicine, eye and dental check-ups and sports-related injuries, with fixed co-payments and/or limits. Cover depends on the plan you choose.  Members on the Classic Smart Comprehensive Plan also has access to the Above Threshold Benefit (ATB) once their medical expenses add up to the Annual Threshold.
Designated service provider (DSP)	A healthcare provider (for example doctor, specialist, allied healthcare professional, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit <a href="http://www.discovery.co.za">www.discovery.co.za</a> or click on Find a healthcare provider on the Discovery app to view the full list of designated service providers (DSPs).
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
Discovery MedXpress	Discovery MedXpress is a convenient and cost-effective medicine ordering and delivery service for your monthly chronic medicine. You can also choose to collect your medicine in-

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Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. The Discovery app is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.



TERMINOLOGY	DESCRIPTION
	store at a MedXpress Network Pharmacy. Use MedXpress, Clicks or Dis-Chem to enjoy full cover and avoid co-payments when claiming for chronic medicine on the medicine list.
	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: <ul style="list-style-type: none"> <li>• An emergency medical condition</li> <li>• A defined list of 271 diagnoses</li> <li>• A defined list of 27 chronic conditions</li> </ul>
Prescribed Minimum Benefits (PMBs)	To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply: <ul style="list-style-type: none"> <li>• Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions</li> <li>• The treatment needed must match the treatments in the defined benefits</li> <li>• 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. If you do not use a designated service provider (DSP) 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.</li> </ul> <p>If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.</p>
Reference Price	The price the Scheme has set to pay for medicine, relative to a similar medicine on a medicine list (formulary) or the preferentially priced equivalent.

## Your cover for chronic medicine

### The Chronic Illness Benefit (CIB) covers you for all Chronic Disease List (CDL) conditions

You need to apply to have your medicine covered for your Chronic Disease List condition. You get full cover for approved medicine on our chronic medicine list (formulary) if you use a network pharmacy. If you use medicine that is not on our medicine list, we will cover your medicine up to the monthly reference price for the medicine category. The most up to date Chronic Illness Benefit (CIB) application form and Chronic Illness Benefit Guide is available on [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Manage your health plan > Find important documents and certificates.

### You must use our designated service providers (DSPs) for your chronic medicine

You need to get your approved chronic medicine from MedXpress or a MedXpress Network Pharmacy to avoid a 20% co-payment for use of a non-DSP. Visit [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Find a healthcare provider or click on Find a healthcare provider on the Discovery app to search for a MedXpress Network Pharmacy closest to you. If you do not have access to a MedXpress Network Pharmacy, you can also use the MedXpress delivery service for nationwide delivery of chronic medicine.

Discovery MedXpress is a convenient medicine ordering service that provides seamless ordering of prescribed medicine via SMS, the Discovery website and the mobile app. You can get your monthly chronic medicine delivered to your door or collect your medicine in-store at a participating pharmacy at no extra cost to you. Learn more about the benefits of using MedXpress and how to order your medicine [here](#).

For more information on MedXpress, please visit our website on [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Find or order your medicine.

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## Your cover for prescribed day-to-day (acute) medicine

*This benefit is not available on the Essential Smart and Essential Dynamic Smart plans*

### On the Classic Smart Plan and Classic Smart Comprehensive plan, you have cover for prescribed day-to-day medicine

On the Classic Smart Plan, you have cover for affordable generic schedule three (3) and above medicine prescribed by your Smart Network GP, as long as it is obtained from a network pharmacy and not for medicine on the day-to-day medicine exclusion list. Where your Smart GP prescribes non-generic medicine, your pharmacist will suggest cost-efficient generic medicines that are equivalent (have the same effect as the original medicine). You do not have cover for medicine that is prescribed by a specialist or a non-network GP, or if the medicine falls within the exclusion list on page 3 below.

Cover for acute medicine on the Classic Smart Plan is subject to an annual limit of R1 720 per person a year or R2 860 for a family for schedule 3 and above acute medicine prescribed by a Smart Network GP and obtained from a network pharmacy, which is any MedXpress Network Pharmacy.

Cover for acute medicine on the Classic Smart Comprehensive Plan is subject to an annual limit of R2 860 per person a year or R4 600 for a family for schedule 3 and above acute medicine prescribed by a Smart Network GP and obtained from a network pharmacy, which is any MedXpress Network Pharmacy. This is in addition to the benefits available for prescribed medicine once you reach your Annual Threshold.

### You can get your prescribed day-to-day medicine at any MedXpress Network Pharmacy

The MedXpress Pharmacy Network is our designated service provider for prescribed day-to-day medicine on the Classic Smart and Classic Smart Comprehensive plans. You can use any MedXpress Network Pharmacy. Visit [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Find a healthcare provider or click on **Find a healthcare provider** on the Discovery app to search for a MedXpress Network Pharmacy closest to you.

### Your cover for take-home medicine after hospitalisation

To-take-out (TTO) medicine is medicine given to you after you receive a prescription from your treating doctor when you are discharged from hospital. You will need to pay for this medicine unless it forms part of cover for a Prescribed Minimum Benefit (PMB) condition. You can also go to [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Manage your health plan > Find important documents and certificates to view more information on Prescribed Minimum Benefits (PMBs).

## The prescribed day-to-day medicine benefit on the Classic Smart and Classic Smart Comprehensive Plan does not include the following:

#### CLASSIC SMART PLAN PRESCRIBED DAY-TO-DAY (ACUTE) MEDICINE EXCLUSION LIST

- Medicines for chronic use
- Contraceptives
- Sedatives and hypnotics
- Anti-acne preparations
- Urologicals, including erectile dysfunction drugs
- Vitamins, minerals, essential fatty acids and probiotics
- Vaccines
- Unregulated products including homeopathic products
- Any general Scheme exclusion.

**Note:** This exclusion list above applies to prescribed day-to-day (acute) medicine for the Classic Smart Plan and the defined day-to-day medicine benefit for the Classic Smart Comprehensive. You need to apply to have chronic medicine covered for your chronic

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condition. The most up to date Chronic Illness Benefit (CIB) application form is available on [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Manage your health plan > Find important documents and certificates. This is what you use for normal copy, introductions and paragraphs.

## Your cover for over-the-counter day-to-day medicine

*This benefit is available on the Essential and Classic Smart Plans*

You have cover for over-the-counter medicine (schedule 0–2 medicine, excluding vaccines) when it is obtained from MedXpress or a MedXpress Network Pharmacy.

If you are on the Classic Smart Comprehensive Plan, you have cover for over-the-counter medicine (schedule 0-2 medicine, excluding vaccines) when obtained from MedXpress or a MedXpress Network Pharmacy as part of the defined day-to-day medicine benefit, covered in addition to the available benefits once you reach your Annual Threshold.

## You must get your over-the-counter medicine at any MedXpress Network Pharmacies

MedXpress Network Pharmacies are our network providers for over-the-counter medicine on the Smart plans. All over-the-counter medicine (schedule 0–2, whether prescribed or not) will accumulate to the over-the-counter medicine limit per plan. Visit [www.discovery.co.za](http://www.discovery.co.za) or click on **Find a healthcare provider** on the Discovery app to search for a MedXpress Network Pharmacy closest to you.

## There is an annual benefit limit for over-the-counter medicine

You are covered for over-the-counter medicine up to R790 a family a year on the *Classic Smart Plan*, up to R910 on the *Classic Smart Comprehensive Plan* from the defined day-to-day benefits for medicine, and up to R530 a family a year on the *Essential Smart and Essential Dynamic Smart plans*.

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## Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66

Go to [www.discovery.co.za](http://www.discovery.co.za) to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.

PO Box 784262, Sandton, 2146. 1 Discovery Place, Sandton, 2196.

## Complaints process

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints and we encourage you to follow the process:

### 1 | 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](http://www.discovery.co.za). We would also love to hear from you if we have exceeded your expectations.

### 2 | 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](http://www.discovery.co.za) or by emailing [principalofficer@discovery.co.za](mailto:principalofficer@discovery.co.za).

### 3 | 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.

### 4 | 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.co.za](mailto:complaints@medicalschemes.co.za) | 0861 123 267 | [www.medicalschemes.co.za](http://www.medicalschemes.co.za).

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