HIVCare Programme
2016
HIVCare Programme

Overview

This document gives you information about the Discovery HIVCare Programme. It explains your cover for hospital admissions related to HIV and AIDS and how we pay for HIV medicine. We also give you information on the doctor consultations, laboratory tests and x-rays Discovery Health Medical Scheme covers.

About some of the terms we use in this document

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Drug Amount (CDA)</td>
<td>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.</td>
</tr>
<tr>
<td>Day-to-day benefits</td>
<td>These are the funds available in the Medical Savings Account and Above Threshold Benefit, if available on your health plan.</td>
</tr>
<tr>
<td>Discovery Health Rate</td>
<td>This is the rate that Discovery Health Medical Scheme sets for paying claims from healthcare professionals.</td>
</tr>
<tr>
<td>Payment arrangements</td>
<td>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.</td>
</tr>
<tr>
<td>Designated service provider (DSP)</td>
<td>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.</td>
</tr>
<tr>
<td><strong>MaPS Advisor</strong></td>
<td>MaPS Advisor is a medical and provider search tool which is available on the Discovery website.</td>
</tr>
</tbody>
</table>

** The value-added service - MaPS Advisor - is owned by Discovery Health (Pty) Ltd.
The HIVCare Programme at a glance

You have access to clinically sound and cost-effective treatment

We base the Discovery HIVCare 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.

Discovery MedXpress is the designated service provider for HIV medicine

All members who are registered on the HIVCare Programme must use Discovery MedXpress to get their monthly HIV medicine to avoid a 20% non-designated service provider co-payment.

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

Should more pharmacies be added as designated service providers during 2016, this will be communicated to members and an updated list of designated service providers for HIV medicine will be published on www.discovery.co.za

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 the Discovery Health Medical Scheme plans. Members must always get approval for their hospital admissions. The Discovery Health Medical 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, Discovery Health Medical Scheme pays for four GP consultations and one specialist consultation a 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:

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

If you have not registered on the HIVCare Programme, the test costs will be paid from the available funds in your Medical Savings Account and Above Threshold Benefit. 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 medicines**

Members whose condition meets our requirements for cover (clinical entry criteria), have cover for antiretroviral medicines that are on our HIV medicine list (formulary). This includes supportive medicine and medicine for prevention of mother-to-child transmission, treatment of sexually transmitted infections and HIV-related (or AIDS-defining) infections. Our case managers will coordinate HIV medicine applications and monitor the member’s use of antiretroviral medicine 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 will not apply for preventive medicine. Members must preauthorise their treatment. We pay for treatment according to Department of Health and SA HIV Clinicians’ Society treatment guidelines. Except for prevention of mother-to-child transmission of the HI virus, members do not need to register on the HIVCare Programme for this preventive treatment.
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. 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. Discovery Health Medical Scheme's HIVCare team will only speak to you, the patient, or your treating doctor about any HIV-related query.

Use approved medicine on our medicine list

Discovery Health Medical Scheme does 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 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 the Smart Plan also have the option to use their selected designated network pharmacy (Clicks or Dis-Chem) for their HIV medicine.

Should more pharmacies be added as designated service providers during 2016, this will be communicated to members and an updated list of designated service providers for HIV medicine will be published on www.discovery.co.za
Use a healthcare provider who participates in our payment arrangements

You have full cover for healthcare providers we have a payment arrangement with, including GPs and specialists. 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.

The Discovery Health MaPS Advisor tool on www.discovery.co.za helps you find medical services and providers where you will be covered without a co-payment. Go to www.discovery.co.za for more details.

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

We will only pay for your HIV treatment if Discovery Health Medical Scheme has approved it. 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

The Prescribed Minimum Benefits are minimum benefits for specific conditions that the Medical Scheme Act defines that all medical schemes are required to cover, according to clinical guidelines. In terms of the Act and its regulations, all medical schemes must cover the costs related to the diagnosis, treatment and care of any life-threatening emergency medical condition, a defined set of 270 defined diagnoses (Diagnostic Treatment Pairs Prescribed Minimum Benefits or DTPMB), and 27 chronic conditions.

You may need to use a designated service provider (DSP) to have full cover for a Prescribed Minimum Benefit. A designated service provider is a hospital or healthcare provider who has a payment arrangement with Discovery Health Medical Scheme to provide treatment or services at a contracted rate and without any co-payments by you.

All medical schemes in South Africa have to include the Prescribed Minimum Benefits in the health plans they offer to their members. There are, however, certain requirements that a member must meet before he or she can benefit from the Prescribed Minimum Benefits.

These are the requirements that apply to access Prescribed Minimum Benefits

- Your condition must be part of the list of defined conditions for Prescribed Minimum Benefits. You may need to send us the results of your medical tests and investigations that confirm the diagnosis for your medical condition.
- The treatment you need must match the treatments included in the list of defined benefits for your medical condition.
- You must use a doctor, specialist or other healthcare provider who Discovery Health has a payment arrangement with. There are some cases where this is not necessary, for example a life-threatening emergency.

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 our approach to Prescribed Minimum Benefits is available at www.discovery.co.za
Your doctor can appeal for additional cover

Discovery Health Medical Scheme covers certain basic 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 Prescribed Minimum Benefits.

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.

Go to www.discovery.co.za to download the HIV PMB Appeals form or call us on [x] to request it or for more information on how to start this process.

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 DCO_HIV_CASEMANAGERS@discovery.co.za 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 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 a person for each year. The Scheme may pay more consultations including those for paediatricians, and should further consultations be clinically necessary, if needed.

If you have not registered on the programme, the consultation costs will be paid from available funds in your Medical Savings Account and Above Threshold Benefit, 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 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.

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 R480 a person a year for the multivitamins and vaccination shown below. We pay for flu vaccinations from the Screening and Prevention Benefit up to this limit.

<table>
<thead>
<tr>
<th>Medicine name</th>
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<tbody>
<tr>
<td>Mutivitamin</td>
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</tr>
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<td>Multivitamin orange</td>
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<td>Euvax b vial 1ml</td>
<td>713048001</td>
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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 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 R6 450 upfront to the hospital. This does not apply in an emergency.

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**GP and specialist consultations**

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

If you have not registered on the programme, the consultation costs will be paid from the available funds in your Medical Savings Account and Above Threshold Benefit, 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.

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**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 R480 a person a year for the multivitamins and vaccination shown below. We pay for flu vaccinations from the Screening and Prevention Benefit up to this limit.

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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 HIV Care Programme, we pay for four consultations, including one specialist consultation for HIV a person, each year. The Scheme may pay for more consultations including those for paediatricians, should further consultation be clinically necessary, if needed.

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 unless the medicine is a substitute for one which has been ineffective or has caused an adverse reaction, in this instance there will be no co-payment.

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 R480 a person a year for the multivitamins and vaccination shown below. We pay for flu vaccinations from the Screening and Prevention Benefit up to this limit.

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</tr>
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</table>
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 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 R6 450 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 or unless there is no hospital within reasonable proximity to your ordinary place of business or personal residence.

GP and specialist consultations

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

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 R480 a person a year for the multivitamins and vaccination shown below. We pay for flu vaccinations from the Screening and Prevention Benefit up to this limit.

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</table>
**Smart 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 treatment (RPL) codes.

*If you are on the Smart network option: You are covered in full at private hospitals and day-clinics in the Smart Network. For planned admissions at hospitals outside the network, you must pay an amount of R7 500 upfront to the hospital. This does not apply in an emergency.*

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**GP and specialist consultations**

For members who have registered on the HIVCare Programme, we pay for four consultations, including one specialist consultation for HIV a person, each year. The Scheme may pay for more consultations including those for paediatricians, and should further consultations be clinically necessary, if needed.

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

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**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-Che) 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 R480 a person a year for the multivitamins and vaccination shown below. We pay for flu vaccinations from the Screening and Prevention Benefit up to this limit.

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

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### 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 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 R6 450 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 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 or unless there is no hospital within reasonable proximity to your ordinary place of business or personal residence.

#### GP and specialist consultations

For members who have registered on the HIV Care Programme, we pay for four consultations, including one specialist consultation for HIV a person, each year. The Scheme may pay for more consultations including those for paediatricians, and should further consultations be clinically necessary, if needed.

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 medications, 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 R480 a person a year for the multivitamins and vaccination shown below. We pay for flu vaccinations from the Screening and Prevention Benefit up to this limit.

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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 treatment (RPL) codes.

GP and specialist consultations

<table>
<thead>
<tr>
<th>GP consultations</th>
<th>Specialist consultations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KeyCare Core</strong></td>
<td>The Scheme covers one specialist visit (this will not pay from the Specialist Benefit limit of R3 250 a year). The Scheme may pay for more consultations including those for paediatricians and should further consultation be clinically necessary, if needed.</td>
</tr>
<tr>
<td>4 for each member registered on the HIVCare Programme</td>
<td></td>
</tr>
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<thead>
<tr>
<th><strong>KeyCare Plus,</strong> <strong>KeyCare Access and 360° KeyCare Plus</strong></th>
<th>Unlimited only at the member’s chosen KeyCare network GP</th>
</tr>
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<td>The Scheme covers one specialist visit (this will not pay from the Specialist Benefit limit of R3 250 a year). The Scheme may pay for more consultations including those for paediatricians and should further consultation be clinically necessary, if needed.</td>
<td></td>
</tr>
</tbody>
</table>

If you have not registered on the programme, you will need to pay these costs from your pocket.

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 R480 a person a year for the multivitamins and vaccination shown below. We pay for flu vaccinations from the Screening and Prevention Benefit up to this limit.

Unless there is a clinical indication, antiretroviral medicine that is not on our HIV medicine list will be for your own pocket.
<table>
<thead>
<tr>
<th>Medicine name</th>
<th>NAPPI code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multivitamin</td>
<td>799173002</td>
</tr>
<tr>
<td>Multivitamin orange</td>
<td>838500005</td>
</tr>
<tr>
<td>Euvax b vial 1ml</td>
<td>713048001</td>
</tr>
</tbody>
</table>

Contact us

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

Complaints process

You may lodge a complaint or query with Discovery Health Medical Scheme by completing an online complaints form on www.discovery.co.za or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following Discovery Health Medical Scheme's internal disputes process on the Discovery website. Members who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email complaints@medicalschemes.com. Customer Care Centre: 0861 123 267 / website www.medicalschemes.com