



Product
enhancements
in 2016

A smarter healthcare system in 2016

Your health and wellness is at the core of everything we do.

In 2016, we will continue to strengthen the healthcare system through smarter healthcare delivery ensuring better health, better healthcare and lower costs for you. Our enhancements include the new Smart Plan, access to personalised medicine and tailored benefits for children.

You will also enjoy contributions that are on average 14.8% lower than competitors.

Here's to a smart and healthy 2016!

Introducing the new Smart Plan

The Smart Plan is a fully digital experience, where members are guided intuitively to the most appropriate healthcare providers, ensuring better healthcare journeys at the lowest possible cost.

01

Intuitive and accessible healthcare journeys

The Discovery app will guide Smart Plan members through their healthcare journeys, from choosing a healthcare provider to accessing and booking an appointment, or having a video call consultation with participating doctors.

02

Smarter networks

We have partnered with healthcare professionals who, like Smart Plan members, engage with us on the many digital platforms made available to them. These providers will facilitate a smooth transition through the healthcare system for Smart Plan members.

03

Unique and comprehensive benefits

The Smart Plan combines comprehensive cover for in-hospital costs with unique cover for essential day-to-day medical expenses, such as unlimited GP consultations and rich cover for a defined list of acute medicine paid by the Scheme. A fixed co-payment applies to these benefits.



Benefits of the Smart Plan



Comprehensive hospital cover

Smart Plan members have full cover for hospital admissions in the Smart Plan Hospital Network, with no overall limit on hospital cover.

There are 32 private hospitals on the Smart Plan Hospital Network.

Non-emergency admissions outside the Smart Plan Hospital Network are subject to a R7 500 upfront deductible.

Specialists who treat Smart Plan members in hospital, are covered in full if they are on a DHMS payment arrangement. Specialists who are not on a payment arrangement, are covered up to **200% of the Discovery Health Rate**.

We have payment arrangements with **over 90% of specialists** who operate in the Smart Plan Hospital Network.



Full cover for chronic medicine

The Smart Plan provides full cover for all Chronic Disease List conditions as per the prescribed medicine list when using MedXpress, Clicks or Dis-Chem.



Screening and prevention benefits

Members and their children enjoy **extensive screening and prevention benefits** when done at any of our wellness providers. Screenings for adults include preventive tests, screenings and a seasonal flu vaccine (for members registered for certain chronic conditions and members older than 65 years). Screenings for children cover growth assessment tests including health and milestone tracking.



Extra benefits

Members will have access to additional benefits that enhance their cover:

- International second opinion services from Cleveland Clinic
- Trauma Recovery Extender Benefit that covers out-of-hospital claims related to certain traumatic events
- Cover for medical emergencies when travelling outside of South Africa.



Unlimited GP consultations

The Smart Plan provides members with unlimited cover for GP consultations at a GP in the Smart Plan network. A **R50 co-payment applies for each consultation** and the balance of the consultation fee will be covered up to the Discovery Health Rate.

Any other healthcare services will be for the member's account.

The Smart GP Network ensures that **more than 90% of Smart Plan members in major metropolitan areas live within 5km of a network GP**.



Video call GP consultations

Members enjoy **full cover** for video call consultations with participating GPs in the Smart Plan network through the Discovery app. There are **no co-payments** for video call consultations.



Unlimited acute medicine cover

Members enjoy **rich cover** for a defined list of acute medicine prescribed by a Smart Plan network GP, subject to a **co-payment of up to R10 for each item** on the prescription. This is limited to 12 prescriptions a person a year. Prescription medicine must be dispensed at the member's selected network pharmacy – Clicks or Dis-Chem.



Healthy kids 2016

Ensuring good health for children is a primary focus for all parents. That's why providing a complete solution for better health and better healthcare for children is important to us. The following tailored benefits for children will be introduced in 2016:

01

Kid's casualty cover

Children younger than 10 years will now have cover for GP casualty consultations through the Insured Network Benefit (INB).

- Each child will have access to two visits a year from the INB
- The hospital facility fee and any consumables will be covered as part of the GP consultation

This benefit applies to Classic and Executive plans (excluding Classic Core).

04

Kid's electronic health record

The electronic health record will incorporate a child's health and wellness information which will provide a complete and comprehensive health and physical activity overview of the child. Having access to a digitally stored record will provide healthcare professionals with a valuable source of consolidated data.

When you complete your child's health record you will be able to view and track:

02

Kid's video call consultations benefit

Children younger than 10 years will have cover for after-hours video call consultations with participating network paediatricians.

- These consultations will be paid from the member's available day-to-day benefits
- When a member has used up their MSA, video call consultations will be paid from the INB, provided the member uses a network paediatrician

This benefit applies to Classic and Executive plans (excluding Classic Core).

03

Kid's screening benefit

The screening and prevention benefits will be enhanced to accommodate children. This programme will offer age-based screening tests at our wellness providers.

Growth assessment tests covered will include height, weight, head circumference and health and milestone tracking. This benefit is paid from the Hospital Benefit.



Developmental milestones

Self-capture of milestones allows you to keep a lifelong digital record of when important milestones were reached.



Growth chart

The growth chart will include the weight, length and head circumference of your child, which will be recorded at clinic visits or at visits to the healthcare professional. Paediatricians use the chart to detect potential areas of developmental concerns.



Introducing Personalised Medicine

In 2016, you can access new benefits and tools designed to take advantage of advances in the use of genomics in healthcare, including benefits for genetic testing and the Family History Tool.



DNA sequencing

You can access DNA sequencing (exome screening) at the world's lowest price.

The process involves the collection of a DNA sample, sequencing by a contracted genetics laboratory, and customised interpretation and reporting of your exome screening results.

Benefit: We will pay the cost of your test from your available day-to-day benefits, with 50% accumulation towards and paying from your threshold, (where applicable).

Booking: You will be able to book your whole-exome screening by logging on to www.discovery.co.za from 1 January 2016; or you can discuss the option with your doctor.



Non-invasive prenatal testing

The non-invasive prenatal screening test has a low complication rate when testing for chromosome abnormalities, including Down Syndrome before your baby is born.

Benefit: For women facing certain risks in pregnancy, we will pay the cost of the test from your available day-to-day benefits with accumulation, (where applicable).

Booking: The sample must be taken by your gynaecologist.



Newborn screening

Newborn screening provides you with the opportunity to test your newborn to detect genetic, metabolic and endocrine disorders.

Benefit: We will pay the cost of the test from your available day-to-day benefits, without accumulation, (where applicable).

Booking: A paediatrician must refer you for this test. The sample will be taken in hospital after the baby's birth.

Genetic counselling

You also have access to genetic counselling in addition to genetic testing. This counselling is provided by Discovery HomeCare or by genetic counsellors who are healthcare professionals with specialised training in

the areas of medical genetics and counselling. The genetic counselling sessions are provided before, and where required, after genetic testing to help you make informed decisions about your genetic information. They also

explain genetic results and answer questions you may have about genetics. All counselling is paid from your available day-to-day benefits, subject to the benefits available on your plan.

Why should you consider having a genetic test done?

- 01** | If you previously have had a diagnosis of a hereditary condition
- 02** | If you are at risk of developing certain conditions due to a high prevalence in your family
- 03** | Genetic testing can assist healthcare professionals in diagnosing certain conditions
- 04** | If you are pregnant and your baby has an increased risk of chromosome abnormalities
- 05** | To test a newborn baby for certain genetic, metabolic and endocrine disorders

The link to Life Insurance

If you take out a life insurance product, as part of the underwriting process, the life insurer may ask whether you've had a genetic test done in your lifetime. If so, you may be required to make the results of the genetic test available to your life insurer.

Digital tools

The Discovery Health Family History Tool

Discovery Health developed the Family History Tool which allows you to capture your family health history, which is a critical component of personalised medicine. You will be able to access the Family History Tool by logging on to www.discovery.co.za from 1 March 2016.

Additional updates for 2016



Enhancing the quality of life for members with cancer during the advanced stage of their illness

To ensure that members with cancer benefit from optimal palliative care, the current Compassionate Care Benefit structure will be enhanced for all members with cancer in 2016.

The **Advanced Illness Benefit** provides access to:

GPs specialising in end-of-life care who will assist in coordinating and improving the care of members on the Advanced Illness Benefit

- The healthcare provider will facilitate the care through HealthID through a care plan tailored for the member
- All medicine, oxygen and surgical requirements prescribed will be delivered through MedXpress when required

Personalised high-touch experience and a defined home-based care programme through Discovery HomeCare

- Access to personalised care services such as home nursing and pain management for the member
- Access to counselling services for member and family

A dedicated care coordinator who will:

- Assist the member and the family throughout
- Manage the relationship between the member and the multi-disciplinary team on an ongoing basis ensuring the member receives the best of care

Members can discuss their options with their treating doctor or oncologist.



KeyCare Series changes for 2016

Enhancing cover for out-of-network GP visits

The current benefit structure provides for one out-of-network GP visit a person each year. This will increase to four visits a person each year.

Introducing a preauthorisation threshold for KeyCare GP consultations

Members on KeyCare Access and KeyCare Plus have cover for unlimited KeyCare Network GP consultations. After 15 GP visits, preauthorisation will be required to access further benefits.

Cover for treatment and surgery related to knees and shoulders

All non-Prescribed Minimum Benefit surgery and treatment related to knees and shoulders will not be covered on KeyCare.



Preferred suppliers for prosthetic devices used in spinal surgery

In 2016, you will have unlimited cover for devices used in spinal surgery from our preferred suppliers. If you choose to use a prosthesis from a provider not on the list, your devices will be covered up to a defined limit.



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