

2020

COVID-19 INITIATIVES

FREQUENTLY ASKED QUESTIONS

VERSION 1.1

Table of Contents

Financial support for members	3
Pay contributions from a positive Medical Savings Account (MSA)	3
Contribution concession for small and medium-sized businesses	5
The World Health Organisation (WHO) Global Outbreak Benefit	8
COVID-19 screening and testing	8
Support for members who are at-risk of developing COVID-19 complications	11
Other	13
Vitality.....	14

Disclaimer

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Financial support for members

Pay contributions from a positive Medical Savings Account (MSA)

How do I take advantage of this initiative?

For qualifying members that are either individual members or members that are part of small employer groups (less than 10 employees), Discovery has sent an SMS, providing a link to apply to fund contributions from MSA and select the number of months of funding. Advisers can see a list of these clients that qualify to fund their contributions from MSA on FAZ (Your clients → Servicing books → Medical Aid), as well as those that have taken up the offer.

Where an employer group with 10 or more employees has employees that qualify and would like to fund their contributions from their positive MSA, the employer should engage with their CHM and Billing Specialist. Such a process will include engagement with the employer, given the payroll implications, to ensure that the member is not compromised (i.e. ends up with a reduced MSA and the employer still paying the employee net of their medical scheme contribution).

Is this initiative only for individual members, not employer groups?

No, this option is available to all members on DHMS with a positive cash balance in their MSA of at least one month's contributions, irrespective of whether they are an individual member or part of an employer group.

Will this be an ongoing process where we allow members to use their MSA for contributions?

This process is only allowed during the COVID-19 pandemic, with applications for individual members being accepted up to 30 June 2020. Members can fund a maximum of three months of contributions from their MSA. The DHMS Board of Trustees will continue to monitor the COVID-19 outbreak and its impact on Scheme's financial position, and decide whether additional initiatives or extensions to these initiatives are required. Any extension of this initiative would be limited to members with positive cash balances in their MSA.

The Discovery app shows that I have unused funds in my MSA however I cannot access this option. Why?

The Discovery app shows a member's MSA balance. This balance consists of the amount that is allocated at the start of each year as well as any funds that have been carried over from previous years less any funds that have been used during the current year. The amount allocated at the start of each year is given upfront, with the member able to access the full amount from January and contribute to it each month through a portion of their monthly contributions.

Members cannot use this upfront amount to fund their medical scheme contributions. Using this balance could potentially result in an amount owed to the Scheme if the member withdraws from the Scheme or changes to a plan without day-to-day benefits. As this amount would need to be repaid to the Scheme, it would ultimately put additional financial strain on members.

Members with positive cash balances in their MSA of at least one month's contributions qualify for this initiative. Positive cash balance refers to any funds that have been carried over from previous years, as well as the amount contributed each month through a portion of the member's monthly contributions less any funds that have been used during the current year.

Will I still be able to benefit from the Medical Tax Credit if utilising this option?

Taxpayers qualify to claim a Medical Tax Credit (MTC) in respect of contributions paid by them (or deemed to have been paid by them) to a registered medical scheme. Funding contributions from a positive MSA balance meets the above definition thus the member will still benefit from the MTC.

Why has my self-payment gap increased significantly?

The amount used from MSA to fund contributions does not accumulate to cumulative expenses and will increase the self-payment gap for members on Executive, Comprehensive and Priority plans.

Can I use my positive MSA to fund part of my contribution, with the difference deducted from my bank account?

No, members may not elect for partial funding from their MSA balance.

My contribution is deducted by my employer either through a debit order or EFT. Can I elect to fund my contribution from my positive MSA balance? How would this work?

Yes, members can fund their contribution from their positive MSA balance. Should they take up this offer, they will not appear on the employer's billing statement as due, for the selected period. If the employer pays via debit order, their contributions will not be included in that amount to be collected. Should an EFT-paying employer still make payment, Discovery Health will refund it via a

reconciliation process. During this period, these members should inform their employer or HR department to stop contributing for them.

My employer pays contributions on my behalf, how do I make use of the MSA Concession?

Your employer will need to contact your company broker and sign a record of advice acknowledging the changes that need to be made to payroll to facilitate this process. On receipt of the signed record of advice, Discovery will send you an sms informing you that you may go online and activate the MSA Concession option.

Can I also use my MSA to pay for my Vitality membership?

No you cannot use your MSA to pay your Vitality monthly subscriptions.

For the period that your medical scheme contribution is paid from your positive MSA balance, you can opt to have your Vitality policy remain active and not pay a monthly subscription. During this period, you will have access to a limited set of benefits that includes Vitality Active Rewards, up to 75% off your monthly gym fee and half price movies at Ster Kinekor. The full set of Vitality benefits will resume at the end of this period, when your Vitality subscription payment is received.

I opted for cover for one-month of contributions but am still not back at work. How do I extend cover for another month?

Members can use the same link to re-apply for further funding from MSA contributions. For example, if one month was originally selected and two months is subsequently selected, contributions will be funded from positive MSA for three months.

A member may fund their contributions from their positive MSA balance for a maximum of three months. This will be considered cumulatively across requests, not per request.

I opted for cover for three-months of contributions but am now back at work and receiving my salary again. How do I change my choice?

Members will be able to adjust the period selected. We will advise on the process once finalised.

Why is this limited to three-months of contributions? What happens if the national lockdown is extended or happens again in July?

The DHMS Trustees will continue to monitor the COVID-19 outbreak and its impact on Scheme's financial position, and decide whether additional initiatives or extensions to these initiatives are required.

Any extension of this initiative would be limited to members with positive cash balances in their MSA.

I am a member on a [Core, Smart, KeyCare plan] and cannot afford my contributions this month. Why is Discovery Health Medical Scheme assisting Saver members but not [Core, Smart, KeyCare plan] members?

The unused funds accumulated in a MSA belong to the member. Should the member leave the Scheme or select a plan option without day-to-day benefits, the positive balance will be refunded to the member. This initiative allows the member to access their positive balance to pay their contributions without changing their plan option or leaving the Scheme.

Members without MSAs (i.e. members on Core, Smart and KeyCare plans) do not have positive balances, hence this funding options is not available to them.

I am a member on a restricted scheme administered by Discovery Health. Will my scheme make such an option available?

The Trustees of the various schemes are currently considering specific initiatives to assist their members during the COVID-19 outbreak. Further details will be communicated at a later date.

Where can an advisor find details of their members that qualify?

The Financial Adviser Zone provides the full list of an adviser's clients on Discovery Health Medical Scheme, with a COVID-19 Financial Support indicator as to whether they qualify for funding from positive MSA balances.

Will the advisor earn commission on this contribution?

Yes.

An employer group has several employees that would like to access this option. What is the process?

An employer group (with 10 or more employees) can request a list of members with qualifying MSA balances from their company broker. The employer group will then need to sign a record of advice with the company broker acknowledging the changes that need to be made to payroll to facilitate this process. On receipt of the signed record of advice, Discovery will send qualifying employees an sms prompt to go online and activate their MSA Concession option via the Discovery website.

Contribution concession for small and medium-sized businesses

How do I take advantage of this initiative?

Qualifying employers can request a concession with their Corporate Health Manager or Billing Specialist. The employer group will be provided with an application form where they need to confirm they meet the eligibility criteria, select deferment and repayment periods and agree to the Terms and Conditions. This form should be returned to sme_contribution_concession@discovery.co.za. The application form is also available on the Financial Adviser Zone > COVID-19 Business Support > Health.

Advisers can see a list of clients that potentially qualify (based on the number of employees on DHMS and Discovery Primary Care) on FAZ (Your clients → Servicing books → Medical Aid by Employer).

What are the eligibility criteria?

Employers must employ between 10 and 200 employees. This is the total number of employees, and not only the employees on DHMS. In addition, the employer must be an employer on DHMS in good standing, with no suspensions over the past 12 months.

Is this initiative limited to only employer groups that pay their contributions through a payroll deduction?

No. Any employer group that meets the eligibility criteria may apply.

Will Discovery be contacting employers that qualify for this initiative?

No, Discovery will not actively reach out to employer groups. Advisers can encourage employer groups who require assistance and meet the eligibility criteria to apply for the concession. Advisers can see a list of clients that potentially qualify (based on the number of employees on DHMS and Discovery Primary Care) on FAZ (Your clients → Servicing books → Medical Aid by Employer). Qualifying employers can request a concession with their Corporate Health Manager or Billing Specialist

Can our company also defer our Vitality subscriptions or Healthy Company premiums?

Yes, the employer group would need to complete separate application forms as these are agreements between the employer group and Discovery Vitality or between the employer group and Discovery Healthy Company. In such situations, the Vitality subscription payments or Healthy Company premiums will be repaid over a period of up to 12-months after the deferment period (in line with the contribution support offered to small and medium-sized businesses).

Why is this limited to two months? What happens if the national lockdown is extended or happens again in June?

Financial support applications for qualifying SME businesses will be accepted up to 30 June 2020. The DHMS Trustees will continue to monitor the COVID-19 outbreak and its impact on Scheme's financial position, and decide whether additional initiatives or extensions to these initiatives are required.

What happens if one of my employees that benefitted from this concession leaves the company? Will you follow up with them to collect the outstanding amount?

It is the employer's responsibility to repay the contributions that are deferred over this period. This is acknowledged upfront when applying for the concession.

Can I limit this concession to a group of my employees? The salaried staff will be able to pay their April contributions however the wage earners are receiving a reduced salary in April and cannot afford their contribution.

The contribution concession can be applied at a branch level. The eligibility of the group would be determined at the employer level.

Our application was rejected as we do not meet Discovery's credit risk criteria. Why are you not offering assistance to businesses most in need during this time?

We are deeply sympathetic to the situation you are in.

Although DHMS is in a financially robust position as a result of many years of responsible management to maintain statutory solvency levels, the Scheme must prioritise the use of its reserves for additional expected claims related to COVID-19 and to ensure its future sustainability. The Scheme recognises that many of its members are facing unfortunate financial constraints and are potentially distressed as a result of the COVID-19 pandemic, the national lockdown and consequent business interruption. This could impact their ability to pay medical scheme contributions in the coming months. For this reason, the DHMS Board of Trustees have approved that up to R2.3 billion of its reserves (approximately 12% of total reserves) can be used to provide support to cover contributions on an interest-free loan basis to qualifying small- and medium-sized businesses (SME's). This aligns with President Ramaphosa's specific request to support SME's during this time.

Unfortunately the Scheme is not in a position to approve all requests for contribution concessions. On a monthly basis, DHMS collects more than R6 billion in contributions. Providing support to cover contributions to all members would deplete all R19bn of reserves in just three months, rendering the Scheme unable to pay members' claims and sustain itself. Given the anticipated potentially large claims cost for COVID-19 related cases, there is no more important a time than now for the Scheme to remain capitalised and in a strong cash position so as to provide support to members.

Unfortunately, based on the above and the merits of your application, your employer group did not qualify for a concession.

Why are you allowing businesses and not individual members to defer their contributions?

We are deeply sympathetic to the situation you are in.

Although DHMS is in a financially robust position as a result of many years of responsible management to maintain statutory solvency levels, the Scheme must prioritise the use of its reserves for additional expected claims related to COVID-19 and to ensure its future sustainability. The Scheme recognises that many of its members are facing unfortunate financial constraints and are potentially distressed as a result of the COVID-19 pandemic, the national lockdown and consequent business interruption. This could impact their ability to pay medical scheme contributions in the coming months. For this reason, the DHMS Board of Trustees have approved that up to R2.3 billion of its reserves (approximately 12% of total reserves) can be used to provide support to cover contributions on an interest-free loan basis to qualifying small- and medium-sized businesses (SME's). This aligns with President Ramaphosa's specific request to support SME's during this time.

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Why are you allowing small businesses and not large businesses to defer their contributions?

We are deeply sympathetic to the situation you are in.

Although DHMS is in a financially robust position as a result of many years of responsible management to maintain statutory solvency levels, the Scheme must prioritise the use of its reserves for additional expected claims related to COVID-19 and to ensure its future sustainability. The Scheme recognises that many of its members are facing unfortunate financial constraints and are potentially distressed as a result of the COVID-19 pandemic, the national lockdown and consequent business interruption. This could impact their ability to pay medical scheme contributions in the coming months. For this reason, the DHMS Board of Trustees have approved that up to R2.3 billion of its reserves (approximately 12% of total reserves) can be used to provide support to cover contributions on an interest-free loan basis to qualifying small- and medium-sized businesses (SME's). This aligns with President Ramaphosa's specific request to support SME's during this time.

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My employer group did not meet the criteria for the concession but my record shows otherwise. How can I get more details as to why the application was declined?

Please reach out to your allocated Billing Specialist or Corporate Health Manager to discuss the reasons your application was declined.

What happens if the employer group misses a repayment?

The Scheme reserves the right to apply the usual credit control processes and policies which could include suspension and/or withdrawal of their employees' membership.

Will the advisor earn commission while the contributions are deferred?

No. Regulation 28(5) of the Regulations in terms of the Medical Schemes Act stipulates that commission can only be paid "upon receipt by the scheme of the relevant monthly contribution in respect of that member". Thus an advisor will not earn commission for the period that contributions are deferred. We are awaiting guidance from the FSCA and the CMS in this regard, though, and will update advisers of any changes.

I have requested my contributions to be paid out of my MSA and my employer has also had their contributions deferred for two months, when will the contributions be taken out of my MSA?

The funds in your MSA will be allocated to the next bill which is due. The funds will be processed from your savings account within 48 (working) hours of the request having been received by Discovery.

The World Health Organisation (WHO) Global Outbreak Benefit

What is the WHO Global Outbreak?

The WHO Global Outbreak Benefit is available to all members of Discovery Health Medical Scheme during a declared outbreak period. This benefit ensures members have access to screening consultations, testing, and management and appropriate supportive treatment as long as they meet the Scheme's Benefit entry criteria. The WHO Global Outbreak Benefit provides cover for healthcare services related to any outbreak disease as well as a defined basket of care for out-of-hospital healthcare services related to COVID-19.

Is COVID-19 a Prescribed Minimum Benefit (PMB) condition?

The Regulations to the Medical Schemes Act was amended by Government Gazette effective 7 May 2020 to provide for Prescribed Minimum Benefit (PMB) level of care for COVID-19. At the same time, the Council for Medical Schemes issued its PMB Definition Guideline for COVID-19.

What am I covered for?

This benefit offers cover for out-of-hospital management and appropriate supportive treatment of global World Health Organization (WHO) recognised disease outbreaks and out-of-hospital healthcare services related to COVID-19.

The basket of care includes:

- Screening consultations with network GP (either virtual consultations, telephone or face-to-face)
- COVID-19 PCR screening tests if referred by a network GP following completion of the Discovery risk assessment
- Diagnostic and follow up consultations for COVID-19 positive members
- A defined basket of pathology tests for COVID-19 positive members
- A defined basket of x-rays and scans for COVID-19 positive members
- Supportive treatment, including medicine and a home monitoring device to track oxygen saturation levels for at risk members who meet the clinical entry criteria
- Accommodation in accredited isolation facilities

In-hospital treatment related to COVID-19 for approved admissions is covered from the Hospital Benefit based on your chosen health plan and in accordance with PMBs where applicable.

How am I covered for COVID-19?

This benefit, available on all plans, is covered by the Scheme for cases of outbreak diseases and out-of-hospital healthcare services related to COVID-19. These healthcare services are covered from the WHO Global Outbreak Benefit up to a maximum of 100% of the Discovery Health Rate. This cover does not affect your day-to-day benefits. These benefits are available up to the limits set out by the Scheme. You may apply for additional cover from the Scheme, where clinically appropriate. Use of the relevant networks as per chosen health plan will apply for healthcare services paid from the WHO Global Outbreak Benefit. Any recommended treatment and healthcare services that are not included in the basket of care are covered according to the benefits available on your chosen health plan or in accordance with Prescribed Minimum Benefits where applicable.

COVID-19 screening and testing

I think I may have COVID-19. What steps do I need to follow?

Step 1: Complete a risk assessment

If you suspect that you have contracted COVID-19, you must complete the COVID-19 risk assessment available via www.discovery.co.za or by calling us. The assessment is a set of questions which determines if you may be presenting with symptoms suggestive of COVID-19 disease or may have been exposed to COVID-19 infection and need a consultation with a doctor.

Step 2: Consult with a doctor

You are covered for COVID-19 screening consultations, where you have successfully completed and were referred from the screening risk assessment. You can choose to do either access a virtual, telephone or face-to-face screening consultation with a network provider. Based on the outcomes of your screening, you may be referred for testing.

Step 3: Testing:

All DHMS members have access to 2 PCR tests per beneficiary per annum, regardless of the outcome of the test. This includes pre-admission PCR testing for approved hospital admissions, subject to referral by a doctor. Registered healthcare professionals, that are members of DHMS, have access to 4 PCR tests per year.

If I suspect I have contacted COVID-19 and go directly to my doctor or a testing station, without completing the COVID-19 risk assessment or a screening consultation, will DHMS still cover the cost of my test?

If your COVID-19 test is positive and you have not completed the risk assessment, the WHO Global Outbreak Benefit will cover the screening consultation and test up to the Discovery Health Rate if referred by a doctor. If the test results are negative and you did not complete a COVID-19 risk assessment prior to the screening consultation or the COVID-19 test, the cost of the test will be covered from your available day-to-day benefits or for your own expense.

Once I have been classified as at-risk through the risk assessment, how long do I have to consult a doctor?

After completing the risk assessment, if you are “at-risk” you will need to consult a doctor for a screening consultation within 72 hours. The screening can take place the form of a virtual or face-to-face consultation.

I don't have access to the Discovery app or website. How can I complete the risk assessment?

You can access the risk assessment by calling the Discovery call centre on 0860 99 88 77 and following the prompts on the Discovery IVR system.

Is there a limit to how many COVID-19 risk assessments, screening consultations and tests I can take?

There is no limit to the number of risk assessments you can complete. Members have access to two COVID-19 PCR tests per year, funded in full from the WHO Global Outbreak Benefit when referred by the doctor that conducted the screening consultation. Registered healthcare professionals, that are members of DHMS, have access to four PCR tests per year.

What if I have already utilised two COVID-19 PCR tests this year?

If you have already utilised the two COVID-19 PCR tests allocated per annum, you can apply via the OHDTPEM application process for approval beyond the allocated basket of care. Cover is subject to the Scheme's protocols and the treatment meeting the Scheme's entry criteria and guidelines.

Are there network providers I must use for a COVID-19 screening consultation?

Virtual consultations must be booked and facilitated via DrConnect, which can be accessed on the Discovery app or website. Face-to-face consultations must be guided by a member's plan benefits and network requirements. Member on Smart and KeyCare plans must make use of their respective network providers in the case of a face-to-face consultation. Virtual and telephone consultations provide a safe alternative to face-to-face consultations for patients and doctors, and contribute to the important containment measures that will continue to reduce the impact of the outbreak.

How do I access virtual consultations?

- Select 'Start your COVID-19 risk assessment' on the COVID-19 information hub home page, via the Discovery app or website
- You will be prompted to log in using your online account details
- Accept the terms and conditions and complete the risk assessment
- If classified at high risk of contracting COVID-19, you will be advised to conduct a virtual consultation. Select the 'consult virtually with a doctor' button

You will be able to book an appointment or consult directly with a doctor from the COVID-19 Care Team via video, voice or text.

I don't have access to the Discovery App or website. Can I have a telephonic consultation with a GP?

Yes. The IVR journey will prompt you to consult with a GP if your results indicate that you are “at-risk” and that can be via telephone, face-to-face or virtually through DrConnect.

Is there a designated service provider I must use for my screening PCR tests?

No, but funding for the test is subject to the completion of a risk assessment and referral from a screening consultation.

Is any additional documentation required to confirm that my doctor referred me for a COVID-19 test?

No, the pathology lab that conducts the test will automatically confirm the referring provider. Details of the referring doctor must be included on the laboratory test form.

If the hospital requests a test before I get admitted, how will this be covered?

DHMS members will be covered for pre-admission COVID-19 testing for approved hospital admissions. Cover for pre-admission testing is subject to referral by a doctor and accumulates to the PCR test limit of 2 tests per person per year, but no risk assessment needs to be completed. Details of the referring doctor must be included on the laboratory test form.

How will the PCR test be covered for healthcare professionals

Healthcare professionals who are DHMS members will be covered for 4 PCR tests. Healthcare professionals do not need to complete a risk assessment as part of the testing journey.

If I completed a COVID-19 test before 7 May 2020 will the cost of my test be covered?

Prior to the recognition of COVID-19 as a PMB on 7 May 2020, the WHO Global Outbreak Benefit covered the costs of confirmed positive COVID-19 tests. This cover was enhanced to include benefits for screening and testing to ensure that members can consult with a doctor if they are at risk of COVID-19, and that the necessary screening and tests for COVID-19 are covered, regardless of the outcome.

Members who tested negative for COVID-19 between 7 May 2020 and 20 May 2020, when Discovery announced enhancements to the WHO Global Outbreak Benefit, will automatically be reimbursed for their screening consultations and tests referred by a doctor. All testing related claims from 20 May 2020 will be subject to completion of a risk assessment and screening consultation referral. Since the start of the outbreak, DHMS members have had access to cover for COVID-19 related hospital admissions, according to their chosen plan.

Support for members who test positive for COVID-19

If I am diagnosed with COVID-19 what benefits do I have access to?

- Diagnostic and follow up consultations: You have access to a defined basket of diagnosing and follow up consultations if you are diagnosed with COVID-19, up to the Discovery Health Rate.
- Diagnostic and follow up tests: You have access to a defined basket of diagnostic and follow up pathology tests if you are diagnosed with COVID-19, up to the Discovery Health Rate.
- X-rays and scans: You have access to a defined basket of x-rays and scans up to the Discovery Health Rate.
- Supportive medicines list: We pay for defined supportive medicines prescribed by your doctor for symptom management and treatment of COVID-19, up to the Discovery Health Rate.
- In-hospital cover: Your hospital admission is subject to approval and preauthorization. Cover is subject to the Scheme's protocols and the treatment meeting the Scheme's entry criteria and treatment guidelines. In-hospital treatment related to COVID-19 for approved admissions is covered from the Hospital Benefit based on your chosen health plan and in accordance with Prescribed Minimum Benefits (PMB) where applicable.
- Accommodation in accredited isolation facilities.
- A pulse oximeter for at-risk members who meet the clinical entry criteria.

How do I access the isolation facilities?

If you have been diagnosed with or are awaiting test results for COVID-19 and are considered at risk, Discovery Health has partnered with reputable hotels and facilities to offer accommodation at isolation facilities where you can self-isolate. You can check into these hotels and facilities at a discounted rate. You have cover up to a maximum of 14 days of accommodation per person per year and access to medical support during your stay. Daily rates are at a negotiated rate of approximately 60%, and include:

- Three meals
- Cleaning services
- Nursing assistance

The Scheme offers an additional discounted rate of up to a maximum of R400 per day and up to 100% of the Discovery Health Rate for registered healthcare professionals.

Is there a specific network of hospitals to use for treatment of COVID-19 virus or disease?

No, but the use of network or Designated Service Providers, where applicable to your health plan, still applies unless in a case of an emergency. All private hospitals groups in South Africa have indicated that they are ready to care for patients with COVID-19 virus. When receiving treatment in a hospital, the benefits and rules of your health plan will apply – that includes networks, rates and any exclusions. There are also specific state hospitals that have been identified for care in the public healthcare sector.

Support for members who are at-risk of developing COVID-19 complications

What is the definition of “at-risk” of developing COVID-19 complications?

“At risk” refers to the risk of developing complications from COVID-19 that would require critical hospital care, including ICU and ventilation. This includes individuals who are 65 years and older and/or have elevated risk indicators for metabolic syndromes including blood pressure, cholesterol, blood glucose, BMI or any underlying chronic condition.

Why is it important to understand your risk indicators?

The incidence of chronic conditions can increase the risk of COVID-19 related admission by up to 18%, dependent on the number of chronic conditions. Hypertension, diabetes and hypercholesterolemia have the largest impact on COVID-19 related risk with an estimated impact of between 11% – 13% per condition.

What benefits are available for members who are at risk for developing COVID-19 complications?

1. Appropriate risk stratification through screening
2. Proactive engagement with at-risk-members
3. Home monitoring for at-risk COVID-19 positive members

1. APPROPRIATE RISK STRATIFICATION THROUGH SCREENING

If I complete a health check and my health metrics are elevated what should I do?

For members who complete a Vitality Health Check and who have one or more high risk health indicators, DHMS will provide funding for a one consultation with a healthcare professional to confirm the risk, make appropriate diagnoses, and prescribe the necessary treatment. Members on all plans get access to one virtual GP consultation via DrConnect, or a nurse consultation at a network pharmacy clinic with telemedicine capabilities, per annum.

Cover for this additional consultation is subject to use of a network provider.

What qualifies as a metric out of range?

Having one metric out of range post the Vitality Health Check means recording at least one high risk metric from these 4 below:

- BMI: BMI > 30 and waist circumference > 94 cm (men) or > 80cm (women).
- Blood Pressure (BP): Blood pressure systolic \geq 160mmHg or Blood pressure diastolic \geq 100mmHg.
- Total cholesterol: 7.5 mmol/dL and higher.
- Random Blood Glucose: 11 mmol/L and higher.

How will I know about the benefit?

The wellness consultant, who assisted with your Vitality Health Check, will make you aware of the benefit after your health check and an email will be sent, detailing which metric is out of range and confirming access to a consultation to better understand your health.

How long after the health check is the benefit available for?

This benefits is available for 30 days after the completion of the Vitality Health Check.

I have already completed my physical Vitality Health Check, will I still qualify for this benefit?

The virtual consultation benefit will be accessible to members over 18 years of age, that have completed a Vitality Health Check in 2020 and have one or more metrics out of range. An explanatory email will be sent to all eligible members who completed a physical Vitality Health Check in 2020 but before the go-live date.

I have completed my online Vitality Health Check, will I get access to this benefit?

The Virtual Vitality Health Check does not capture metabolic results and therefore does not apply, only results from physically completed Vitality Health Checks can be used to access this benefit.

Do networks apply for the virtual GP consultation?

For the virtual GP consultation, the Pharmacy clinic Network and the Premier Plus GP network only for members that have a Premier Plus GP attached to them applies.

The Discovery Pharmacy clinic Network is a willing provider network. There are currently over 220 retail pharmacies including Dischem, Pharmacy at Spar, Medicare Pharmacy and some independent pharmacies located across South Africa. This network is expected to expand over time. You can locate these pharmacies on the Find a Provider Tool on the Discovery website.

When can I access this benefit?

This benefit will be available from July 2020.

2. PROACTIVE ENGAGEMENT WITH AT-RISK-MEMBERS

I have an existing chronic condition and am reluctant to see my doctor and collect my medication. What additional measures can I take to reduce my risk?

DHMS will proactively reach out to you and facilitate and fund a telephonic consultation with a wellness specialist. This consultation will assess your current state of physical and mental wellbeing, advise you of your risk associated with COVID-19 and provide you any needed assistance in accessing healthcare services including medicine delivery and virtual healthcare.

You get access to one wellness specialist consultation funded from risk per annum.

3. HOME MONITORING FOR AT-RISK COVID-19 POSITIVE MEMBERS

I have an increased risk of developing complications due to COVID-19. If I contract the virus do I have access to any specialised care?

To provide better home monitoring for qualifying at-risk COVID-19 positive members, DHMS will fund a pulse oximeter to measure blood oxygen levels and mitigate against the risks of silent hypoxia.

What is silent hypoxia?

Hypoxia is a condition regularly associated with severe respiratory illnesses, such as pneumonia. It's characterized by a low blood oxygen saturation level, and typically, a person with hypoxia looks like they have hypoxia: they're gasping for air and in terrible pain. Silent hypoxia is hypoxia without the outward symptoms — and it's unusually common amongst COVID-19 patients.

How do I know if I am high-risk and eligible for this benefit?

DHMS has classified high-risk members as those members who are older than 60 years, have defined co-morbidities and conditions such as cancer, diabetes, hypertension, coronary artery disease, HIV etc, and those members who are pregnant. If you are eligible for this benefit, DHMS will proactively reach out to you to inform you of the benefit.

Do I have to go in-store to collect the device?

No. Discovery will contact you to confirm a convenient time to deliver the device to your place of residence. Funding for this device is subject to a limit of one device per family. If you buy your device, and do not receive it via our network provider, cover for the device will be subject to your available day-to-day benefits, or for your own expense.

Can I access this benefit if I have not been diagnosed with COVID-19?

For unconfirmed cases of COVID19 and for non-high risk positive members, funding of a registered oximeter will be from available day-to-day benefits subject to the External Medical Items (EMI) limit, where applicable.

How will I know how to use the device?

Once the device has been received, a wellness consultant will contact you to train you on usage, and provide you with a programme overview and the processes going forward.

How do I monitor and track my oxygen levels?

You will also be covered for two consultations with a Discovery wellness specialist, to track and monitor oxygen-saturation levels and a follow-up virtual consultation with a GP, where necessary.

Other

Am I covered for COVID-19 when travelling abroad?

Am I covered for repatriation?: The International Travel Benefit (ITB) and Africa Evacuation Benefit cover transport or evacuation to the nearest medical facility if you need emergency medical treatment only. Repatriation back to SA will be covered where the Scheme requests you to be repatriated for emergency medical treatment within the 90 days of cover. Where there is no medical need to be repatriated back to SA, the Scheme cannot cover travelling expenses as these are not considered healthcare expenses.

How am I covered outside the 90 day cover period of the ITB?: Outside the 90 days of cover you will have access to cover in accordance with your chosen health plan at the SA equivalent cost for treatment you would have had if it occurred in SA. This includes cover for COVID-19 healthcare services if needed. KeyCare Plans do not offer cover for healthcare services abroad. For more details on your cover, refer to the Cover while travelling abroad guide on www.discovery.co.za under Find documents and your certificates.

What if I am in quarantine or unable to return to SA due to travel restrictions?: If you are in a forced quarantine by law or for medical reasons or are unable to return to SA due to travel restrictions, your cover will be extended beyond the 90 days. For forced quarantine cases, the Scheme will extend your cover by the suggested quarantine period of 14 days, but if you are unable to return to SA due to travel restrictions cover will be extended until such time as the travel restrictions has been lifted.

Can I downgrade my plan and then upgrade to my old plan later this year when I can afford the premiums again?

The Scheme rules allow you to move to a lower plan at any point in time during the year, however you will only be able to upgrade your plan option effective 1 January every year.

Am I covered if I am in a waiting period?

The Scheme resolved to change its approach to underwriting for the duration of the outbreak, specifically with regards to cover for COVID-19. Members of DHMS that are diagnosed with COVID-19 after joining Discovery Health Medical Scheme will have access to the WHO Global Outbreak benefit, even if they are subject to a waiting period at the time of being diagnosed with COVID-19. Members of Discovery Health Medical Scheme that are diagnosed with COVID-19 before joining DHMS will not have access to the WHO Global Outbreak benefit, and will be subject to waiting periods to protect the Scheme and its members against anti-selection.

I am on KeyCare Plus and my salary has decreased / I have been retrenched temporarily during the national lockdown. Can my KeyCare income band be adjusted?

The normal KeyCare Income Verification principles would apply where employers or individual members want to adjust the income band which their contribution is based on. Where an employer group requests an adjustment and submits the payroll file, the adjustment will be approved for two months following which employees will be defaulted back to their original income bands unless the employer confirms with updated proof that the adjusted income bands still apply. Where an individual that is employed requests an adjustment (e.g. retrenched or on a reduced salary), a letter from the employer detailing the period of salary reduction/temporary retrenchment is required, with the income band adjusted for this period unless the employer confirms with updated proof that the adjusted income bands still apply. Where a member is self-employed, a motivation from the member is required.

Vitality

How does the double HealthyCare and HealthyFood cash back work?

Vitality is giving double the regular cash back on HealthyCare items at Clicks or Dis-Chem and HealthyFood items at Pick n Pay or Woolworths. Vitality Health members that have activated the benefit will get up to 20% cash back; completing their Vitality Age will get up to 30% cash back; and completing their Vitality Health Check will get up to 50% cash back. The spend limit (R2,000 for a single member and R4,000 for a family) remains unchanged. This enhanced benefit will apply during the lockdown period. Terms and conditions apply.

Where a Discovery Vitality Health member is also a Discovery Bank client, the member will receive the above boosts paid out together with their normal Vitality Money reward percentage, so they can receive up to 100% cash back on HealthyFood and 75% cash back on HealthyCare, depending on their criteria such as Discovery Bank account type and Vitality Money status. These members will get their rewards paid out to them in Discovery Miles.

Further details around [HealthyFood](#) and [HealthyCare](#) can be found on the website.

How do clients continue to earn Vitality points during this period?

Clients that are getting active can continue to earn physical activity points, with up to 300 points when tracking a workout session with a Vitality-linked fitness device, and up to 100 points when tracking steps on a smartphone. In addition, Virgin Active is offering online workout videos on their website that members can watch and use at home. Engaging for 30 minutes or more each day will be recognised as a gym workout.

In addition, clients can earn 1,500 points when finding out their Vitality Age and up to 12,000 points a year when buying HealthyFood items at Pick n Pay or Woolworths.

Are there any adjustments to the minimum 36-gym visits over a 12-month period?

Yes. For the duration of the stay at home period Vitality will maintain the gym benefit as is for all members. There is nothing that members need to do, as this will happen automatically. After the stay at home period is over the normal rules, terms and conditions will apply again.

Some clients redeemed Discovery Miles for rewards prior to lockdown but haven't had a chance to redeem these rewards.

Can the expiry data be extended or the reward reissued on request?

Yes, Vitality will extend the expiry date of all rewards that expire over the period due to their inability to be redeemed. This is particularly relevant for coffees, given the shorter validity period. As far as possible, this will be processed automatically, otherwise Vitality will process on request.