

2020

DISCOVERY HEALTH MEDICAL SCHEME

FREQUENTLY ASKED QUESTIONS

WHO GLOBAL OUTBREAK BENEFIT

Discovery Health Medical Scheme World Health Organization Global Outbreak Benefit

About the benefit

1. Am I covered for treatment for COVID-19?

Yes. The WHO Global Outbreak Benefit is available to all members of Discovery Health Medical Scheme (DHMS) during a declared outbreak period. Once your diagnosis is confirmed, you are covered for out-of-hospital costs for the related treatment from the Scheme and not from your day-to-day benefits. Cover includes a defined basket of care that comprises the diagnostic test, a consultation and defined supportive treatment and medicine. Your chosen plan network rules, where applicable, will also apply to healthcare services paid from the WHO Global Outbreak Benefit.

In-hospital treatment related to COVID-19 for approved admissions is covered from the Hospital Benefit based on your chosen health plan.

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

Mild presentations of this disease do not form part of the conditions covered as a Prescribed Minimum Benefit (PMB).

Only severe presentations of the COVID-19 requiring hospitalisation e.g. pneumonia and respiratory failure are classified as Prescribed Minimum Benefits (PMB). In such severe cases, related treatment will be covered as part of PMBs.

3. Do I have to pay extra for this benefit?

No, this WHO Global Outbreak Benefit is a new benefit available to all Discovery Health Medical Scheme members, in response to the global outbreak of COVID-19.

4. Do I have to activate the benefit?

No. The benefit is immediately available to members on all plans subject to meeting the applicable benefit entry criteria (listed below). Claims covered as part of the defined basket of care for out-of-hospital treatment for a COVID-19 infection will be identified based on the unique ICD-10 code for the disease and paid by the Scheme. Identification of confirmed cases of COVID-19 may be retrospective as results may only become available after the date of service of the initial test and treatment.

5. What is the clinical entry criteria for this benefit?

The following criteria need to be met before claims will be paid from the WHO Outbreak Benefit

- The disease needs to be a WHO recognised outbreak disease;
- Cover is for **confirmed cases** only;
- Cover is for diseases during a declared outbreak period
- May be subject to use of preferred providers, where applicable;
- Subject to the Scheme's treatment guidelines and protocols.

6. Will I have to pay upfront and submit a claim for it to be paid from this benefit?

This depends on the payment arrangements we have with your healthcare provider. If your healthcare provider submits a claim on your behalf, we will reimburse them directly from your WHO Global Outbreak Benefit once the disease is confirmed. If your claim is submitted before your condition is confirmed, the Scheme will refund you once the diagnosis is confirmed.

If your doctor requires you to pay upfront, you can submit your claim to us:

- Upload your claim at www.discovery.co.za
- Use the Discovery app to upload a photo of your claim or scan a QR code
- Email your claim to claims@discovery.co.za

Make sure that your membership number and your healthcare provider's details including their practice number are clearly visible on the claim.

7. Am I covered for COVID-19 when travelling abroad?

The WHO Global Outbreak Benefit is a separate benefit to the International Travel Benefit (ITB). Claims while traveling abroad will be covered from the ITB, depending on this benefit being available on your chosen health plan. All benefit rules related to cover from the ITB will still apply.

Testing

8. Can I get tested at any time for COVID-19 virus?

There are clear testing guidelines from the World Health Organization and the National Institute for Communicable Diseases and need for testing will be determined by your healthcare professional if you have:

- Acute respiratory illness with sudden onset of at least one of the following: cough, sore throat, shortness of breath or fever [$\geq 38^{\circ}\text{C}$ (measured) or history of fever (subjective)] irrespective of admission status **AND**
- In the 14 days prior to onset of symptoms, met at least one of the following epidemiological criteria:
 - Were in close contact with a confirmed or probable case of SARS-CoV-2 infection;**OR**
 - Had a history of travel to areas with presumed ongoing community transmission of SARS-CoV-2; i.e., Mainland China, South Korea, Singapore, Japan, Iran, Hong Kong, Italy, Vietnam and Taiwan.**OR**
 - Worked in, or attended a health care facility where patients with SARS-CoV-2 infections were being treated**OR**
 - Admitted with severe pneumonia of unknown cause.

9. How do I get tested for COVID-19?

COVID-19 is diagnosed by using a polymerase chain reaction (PCR) molecular testing on a sample from the nose, throat or chest.

If you present with symptoms and meet the criteria for testing, do the following:

- Contact your doctor who will assess your risk and guide the testing process.
- Stay at home and avoid contact with others. Follow preventive practices to prevent the possible transmission and follow your doctor's advice about treating your symptoms while waiting for the tests results.

10. Why do we need a DHMS benefit if government is paying for the test?

As of 09 March 2020, private laboratories have been granted approval to start performing the testing in the private sector. Discovery Health Medical Scheme will pay for tests as part of the DHMS WHO Global Outbreak Benefit, subject to meeting the clinical entry criteria. This cover available to all health plans and will not affect the day-to-day benefits, where applicable.

11. I did my test and it showed that I do not have COVID-19 virus. My doctor also requested an influenza tests and that has not been paid / paid from my Medical Savings Account. Why?

The DHMS WHO Global Outbreak Benefit is available to provide effective and prudent healthcare cover for our members who are diagnosed with COVID-19 virus.

This benefit pays for the influenza test when the diagnosis for COVID-19 virus is confirmed. So, when someone has COVID-19 virus both tests will be paid by the Scheme.

Any additional tests will be paid according to health plan benefits because DHMS WHO Global Outbreak Benefit extends cover in the case of a confirmed diagnosis.

12. How am I covered if the test for COVID-19 is negative?

Prior to the outbreak of COVID-19, members of Discovery Health Medical Scheme did not have insured benefits specifically related to COVID-19. The Scheme, in consultation with the Council for Medical Schemes, deliberately and responsibly defined a set of benefits for members diagnosed with COVID-19. The cover that the WHO Global Outbreak benefit provides relate specifically to diagnostics, consultations and supportive treatment required for members that contract

COVID-19. Members that do not test positively for COVID-19, may still claim from their available day-to-day benefits for the diagnostics.

Members do not have to make any additional contributions to access the WHO Global Outbreak benefit, since the cost of the benefit will be covered from the Scheme's risk pool of funds. DHMS has significant capital reserves which means the scheme is in an outstanding financial position providing peace of mind and assurance during times such as this of severe need. Our models indicate that the cost of the WHO Global Outbreak benefit should not compromise the sustainability of the Scheme, or its ability to look after those diagnosed with COVID-19 (or a future illness classified as a WHO Global Outbreak). The cost of diagnostics is therefore covered for those that test positively for COVID-19, in order to sustain the Scheme and ensure it can care for those diagnosed with COVID-19 during this outbreak.

13. Does the Scheme pay for the time I have to be in quarantine?

No, as self-quarantine is mainly in the home setting. DHMS provides cover for relevant healthcare services which include specific tests and supportive day-to-day treatments, and hospital cover when necessary.

Hospital treatment

14. 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 apply unless in a case of an emergency.

All private hospitals 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.

Contact us

Tel (Members): 0860 99 88 77, Tel (Health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za,
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. 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 or by emailing 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.com
0861 123 267 | www.medicalschemes.com

