

HIV CARE PROGRAMME

DISCOVERY HEALTH MEDICAL SCHEME
2026





Overview

Your health and well-being are at the heart of everything we do. That's why the Discovery HIV Care Programme is designed to offer you the personalised support and care you deserve, every step of the way.

This guide will help you understand how the programme works and the range of benefits it offers: from hospital cover related to HIV and AIDS, to your HIV medicines, supportive treatment, doctor visits, blood tests, and X-rays.

When you join the programme through your chosen Premier Plus GP or any GP in the Discovery Health GP Network, you and your doctor become partners in managing your health proactively. Together, you'll have access to the best possible care to help you stay well and live life fully.

If your doctor is part of the Premier Plus GP Network, you'll also unlock additional benefits designed to make your care journey even more seamless and convenient.

Everything you need to know is in this guide so you can focus on your health, while we focus on supporting you.

About some of the terms we use in this document

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

TERMINOLOGY	DESCRIPTION
Above Threshold Benefit (ATB)	Once the day-to-day claims that you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit, at the Discovery Health Rate or a portion of it. The Comprehensive and Priority plans have a limited Above Threshold Benefit.
Annual Threshold	The Annual Threshold is the amount that your claims must add up to before we pay your day-to-day claims from the limited Above Threshold Benefit. We set the Annual Threshold amount at the beginning of each year. The number and type of dependants (spouse, adult or child) on your plan will determine the amount.
Chronic Disease List (CDL)	This is a defined list of chronic conditions that we cover according to the Prescribed Minimum Benefits.
Chronic Drug Amount (CDA)	The Chronic Drug Amount is the monthly amount that we pay up to for a medicine class. This amount is subject to a member's plan type. It applies to chronic medicine that is not listed on the medicine list (formulary).
Comprehensive cover	This cover exceeds the essential healthcare services and Prescribed Minimum Benefits that are prescribed by the Medical Schemes Act 131 of 1998. Comprehensive cover offers you extra cover and benefits to complement your basic cover. It gives you the flexibility to choose your healthcare options and service providers. Whether you choose full cover or options outside of full cover, we give you the freedom to decide what suits your needs. Our cover is in line with defined clinical best practices. This ensures that you receive treatment that is expected for your condition and that is clinically appropriate. We may review these principles from time to time to stay current with changes in the healthcare landscape. While comprehensive, your cover remains subject to the Scheme's treatment guidelines, protocols and designated service providers. We still prioritise managed care to make sure you get the best outcomes for your health.
Day-to-day benefits	The day-to-day benefits are the available money allocated to your Personal Health Fund, Medical Savings Account, cover from the limited Above Threshold Benefit or defined benefits for day-to-day healthcare services.
Designated service provider (DSP)	This refers to a healthcare professional or provider (for example, a doctor, specialist, allied healthcare professional, pharmacy or hospital) who/that has agreed to provide Discovery Health Medical Scheme members with treatment or services at a contracted rate. To view the



TERMINOLOGY	DESCRIPTION
	full list of designated service providers, visit www.discovery.co.za or click on 'Find a healthcare provider' on the Discovery Health app
Care programme	All Discovery Health Medical Scheme members registered on the Chronic Illness Benefit (CIB) for hypertension and/or hyperlipidaemia and/or ischaemic heart disease and/or HIV, are eligible to enrol on our coordinated care programmes to access enhanced benefits and support.
Discovery Health Rate for medicine	This is the rate that we pay for medicine. It is the Single Exit Price of medicine plus the relevant dispensing fee.
Emergency medical condition	<p>An emergency medical condition may be referred to, simply, as an emergency. It is the sudden and, at the time, unexpected onset of a health condition that requires immediate medical and surgical treatment. Failure to give this medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or it would place the person's life in serious jeopardy.</p> <p>An emergency does not necessarily need you to be admitted to a hospital and you may be treated in casualty only. We may ask you for more information to confirm the emergency</p>
Payment arrangements	The Scheme has payment arrangements with many healthcare professionals and providers. This helps us to cover you in full, with no shortfalls.
Premier Plus GP	A Premier Plus GP is a network GP who has contracted with us to provide you with coordinated care and enrolment on one of our Care programmes for defined chronic conditions
Prescribed Minimum Benefits (PMB)	<p>In terms of the Medical Schemes Act 131 of 1998 and its Regulations, all medical schemes have to cover the cost related to the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions. <p>The Council for Medical Schemes has set the following rules for how to access Prescribed Minimum Benefits:</p> <ul style="list-style-type: none"> • Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions. • The treatment that you need must be provided for in the defined benefits. • You must use designated service providers in our network. This does not apply in emergencies. Where appropriate and in line with the rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a designated service provider, we will pay up to 80% of the Discovery Health Rate. You will be responsible for the difference between what we pay and the actual cost of your treatment. <p>If your treatment doesn't meet the above criteria, we will pay according to your plan benefits</p>
Primary Care doctor	A Primary Care doctor helps you to take care of your general health. You are likely to have better health outcomes when you nominate one doctor to manage your health and coordinate your care. Your Primary Care doctor knows your complete medical history and takes the healthcare approach that is best for you
Reference price	The Reference Price is the set amount that we pay for a medicine category. This applies for medicine that is not listed on the medicine list (formulary).



Our care programmes

If you're registered on the Chronic Illness Benefit for HIV, hypertension, diabetes, high cholesterol or heart disease you have access to more than just medical cover. You can enrol in a coordinated care programme that brings together medical expertise and lifestyle support to help you take control of your health.

The HIV Care Programme is built on a partnership between you and your doctor, with a shared goal: to help you live well with HIV.

By working with a Premier Plus GP, you'll set meaningful health goals, monitor progress together on your personalised HealthID dashboard, and unlock additional benefits to support your care.

Enrolment is simple

Once you've given consent, your Premier Plus GP can enrol you through HealthID. You can give your doctor permission to [access your Electronic Health Record here](#).

- If you're on a KeyCare Plan, your Premier Plus GP must be in the KeyCare GP Network
- If you're on a Smart or Smart Saver Plan, your Premier Plus GP must be in the Smart GP Network

Your added benefits

When you enrol through your Premier Plus GP, you'll also receive:

- One extended GP consultation per year, and
- One consultation with a social worker, fully funded by your Scheme benefits.

To find a Premier Plus GP, go to www.discovery.co.za > Find a healthcare provider, or use the Discovery Health app.

Nominate a primary care GP

If you've been approved for a chronic condition that qualifies for cover under the Prescribed Minimum Benefits (PMBs), it's important to nominate a General Practitioner (GP) from your plan's network to manage your care.

Having one trusted doctor who understands your health history and coordinates your treatment helps ensure the best possible outcomes for your long-term health.

Visits to your nominated network GP for chronic condition management are covered in full. If you visit a GP who is not your nominated GP, or if your chosen GP isn't in the network, a co-payment may apply. This does not apply if you're on the Executive Plan. If you are on the Executive Plan, you can visit any GP in the Discovery Health GP Network.

You and your dependants can update your nominated GP up to three times a year, giving you flexibility to choose the support that best fits your needs [here](#).

Understanding HIV and AIDS

What is HIV?

HIV (Human Immunodeficiency Virus) affects the immune system, making it harder for the body to fight off infections. While there is no cure yet, early diagnosis, ongoing care, and the right treatment mean HIV can be managed like any other chronic condition, allowing you to live a long, healthy life.

What is AIDS?

AIDS (Acquired Immunodeficiency Syndrome) is the most advanced stage of HIV, when the immune system has become severely weakened.

Signs and symptoms of HIV and AIDS

Because symptoms vary from person to person and by stage, the only way to know your HIV status is to get tested by a qualified healthcare provider.



Some early symptoms may include:

- Fever
- Headache
- Rash
- Sore throat

As the condition progresses, symptoms can include:

- Swollen lymph nodes
- Weight loss
- Fever
- Diarrhea
- Cough

With the right care and support, living well with HIV is absolutely possible. And we're here to walk that journey with you.

The HIV Care Programme at a glance

When you're living with HIV, the right care can make all the difference. That's why the Discovery HIV Care Programme is built to give you access to clinically sound, cost-effective treatment that supports both your physical and emotional well-being.

Five key pillars to make your HIV journey a success

1

Protect your family and your partner against HIV and AIDS

If tested positive for HIV, you can protect your family and loved ones against HIV virus by doing the following:

- Not sharing used or unsterilized needles
- Use condoms every time you have sex.
- Continue taking your HIV medicines as prescribed by your doctor.
- If your partner is not on treatment, advise her or him to have a conversation with the Health Care provider about taking PrEP (Pre-Exposure Prophylaxis).

2

See your primary care doctor regularly

Having a doctor who you trust and see regularly will help ensure that your condition is well managed. Your doctor will discuss your medicine and blood test results with you. You should also ask your doctor any questions you may have about your chronic condition.

It is important to select your primary care GP and share this information with us to avoid co-payments. Nominate your primary care GP by using this link and following the instructions provided.

Nominate your primary care provider by using this link; and follow the instructions.

3

Take your medicine

Taking your medicine as prescribed by your doctor will help you live a long and healthy life. Here are some of the benefits of taking your HIV medicine:

- Your viral load will be suppressed, meaning your body has very low levels of the virus (less than 200 copies of HIV per milliliter of blood).
- Your CD4 count will increase which means that your immune system is getting stronger.
- The virus will grow slower. If you skip your doses or don't stick to your medicine routine, you give the virus a chance to grow quicker, meaning you may get sick or infect others.

4

Go for viral load test regularly

Viral load means the amount of virus that the infected person has in their blood. A low viral load shows that an HIV treatment is working, while a high viral load shows that you are not taking your HIV medicine as you should, or the virus is becoming resistant to the medicine. It is important to keep going for viral load testing, as this can help your doctor to identify any potential issues early on. If a viral load test shows that your body is not responding well to the medicine, your doctor can immediately change your treatment. You need to go for viral load testing at least twice a year.

5

Live a healthy lifestyle

Living a healthy lifestyle is very important as it can help you prevent other chronic diseases and long-term illness. How to improve your lifestyle:

- Eating a well balanced diet can strengthen your immune system and help you maintain a healthy weight.
- Regular exercise can help you lower your risk of developing other chronic conditions such as diabetes and cardiovascular disease.

You have access to clinically sound and cost-effective treatment

The programme follows the latest guidance from the Southern African HIV Clinicians' Society and the National Department of Health, ensuring your treatment is medically appropriate and aligned to the Prescribed Minimum Benefit (PMB) rules and your plan benefits.

We deal with each case with complete confidentiality

We understand how personal your health journey is. That's why every conversation you have with our HIV healthcare team is handled with complete confidentiality, and every query is treated with the utmost sensitivity and care.

There is no limit for hospitalisation for members who enrol on the HIV Care Programme

Once you're enrolled in the HIV Care Programme, there is no overall limit on cover for hospitalisation across all plans, as long as your admission is preauthorised.



Refer to the “Benefits available for your plan” section to see what’s included for you according to your chosen plan.

The Scheme covers a defined basket of care for consultations and HIV-specific blood tests

Your cover includes defined benefits for HIV-related consultations and essential blood tests that help track and guide your treatment.

Consultations

If you're registered on the programme, the Scheme covers:

- Four GP visits per year at your nominated GP in the Discovery Health GP Network
- One specialist consultation per person per year

Monitoring blood tests

You'll also have access to HIV-specific blood tests, funded up to the Discovery Health Rate. These tests help your doctor monitor your treatment response and immune system health, ensuring your care stays on track.

Once enrolled, we fund these tests up to the Discovery Health Rate as follows:

TEST	NUMBER OF TESTS WE COVER FOR EACH PERSON A YEAR
CD4 count	4
Viral load	4
Alanine aminotransferase (ALT)	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1
HIV drug resistance test (genotype)	1

Your HIV treatment and prevention benefits

At Discovery Health, we are here to support your health with care that’s clinically sound, deeply personal, and always evolving to meet your needs.

HIV drug resistance test

If your doctor recommends an HIV drug resistance test, please note that:

Preauthorisation is required for this test whether it's done in or out of hospital. This allows us to review your care quickly and helps avoid any unnecessary delays.

If you're not enrolled in the HIV Care Programme, the cost of this test will be funded from your available day-to-day benefits.



If your day-to-day benefits are depleted or your chosen plan does not include day-to-day benefits, you will need to cover the cost of the test yourself.

We pay for antiretroviral medicine from our HIV medicine list (formulary) up to the Discovery Health Rate for medicine

If you test HIV-positive, you are covered for antiretroviral medicine on our approved HIV medicine list (formulary) funded up to the Discovery Health Rate for medicine.

You can view the latest HIV formulary here www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

Our HIV medicine lists also include cover for:

- Prevention of mother-to-child transmission
- Treatment of sexually transmitted infections (STIs)
- HIV-related (AIDS-defining) infections

These formularies are also available on the website www.discovery.co.za under Medical Aid > Find documents and certificates.

Supportive treatment therapy

Where you meet the clinical entry criteria, we'll fund additional supportive medicines to complement your HIV treatment. Our dedicated case managers handle these applications and monitor your progress, giving you the reassurance of knowing someone is always looking out for your health.

How we pay for preventive therapy

You are covered for preventive treatment even if you are not enrolled on the HIV Care Programme in the following situations:

- After sexual assault
- To prevent mother-to-child transmission
- For workplace injuries or trauma

HIV waiting periods are not applicable; coverage is aligned with national treatment guidelines and is subject to benefit confirmation, and a separate application form may be required.

For post-exposure

Visit a network pharmacy immediately for treatment, then call 0860 100 417 to notify our HIV case management team. You'll receive urgent support and guidance every step of the way.

For pre-exposure

To apply for PrEP, complete the form titled 'Request for pre-exposure prophylaxis' which is available on www.discovery.co.za under Medical aid > Find documents and certificates.

Getting the most out of your benefits

How to enrol on the HIV Care Programme

You can enrol directly to access comprehensive HIV benefits or ask your nominated Premier Plus GP or a Discovery Health Network GP to enrol you.

Call us on 0860 99 88 77 or email HIV_Diseasemanagement@discovery.co.za to enrol. For your privacy, the HIV Care team will only speak to you (the patient) or your treating doctor about HIV-related queries.

Use our designated service providers (DSPs) to avoid co-payments

Your health is our priority, and so is protecting you from unexpected costs. That is why we encourage you to use designated service providers (DSPs) for your healthcare needs.

When you use a DSP, your care is covered in full, and you will not need to worry about co-payments. If you choose to see a provider who is not a DSP and they charge more than the Discovery Health Rate, you may need to pay the difference yourself.



Here is how to ensure full cover:

Visit your nominated GP in the Premier Plus GP Network or Discovery Health GP Network. When you use providers who have a payment arrangement with us, we will cover your costs up to the agreed rate.

- If you are on the *Executive Plan*, you can see any GP in the Discovery Health GP network.
- If you are on a *Comprehensive, Priority, Saver or Core Plan*, you must consult with your nominated GP in the Discovery Health GP Network to manage your condition to avoid a 20% co-payment.
- If you are on a *Smart or Smart Saver Plan*, you must consult with your nominated GP in the Discovery Health GP Network who is a Smart Network GP to avoid a 20% co-payment.
- If you are on a *KeyCare Plus, KeyCare Core, or KeyCare Start Plan*, you must consult with your nominated KeyCare or KeyCare Start Network GP to avoid a 20% co-payment.
- If you are on *KeyCare Start Regional Plan*, you must consult with your nominated KeyCare Start Regional Network GP to avoid a 20% co-payment.

Find network providers at www.discovery.co.za under Medical aid > Find a healthcare provider or click on Find a healthcare provider on the Discovery app to find a provider in our network.

Use approved medicine on our medicine list

We're here to make sure you have access to the right treatment, at the right time, and at the right cost. Here's how to make the most of your cover for HIV medicine and treatment.

Your treatment is fully funded when:

- You use medicines listed on our approved HIV formulary
- The provider charges the Discovery Health Rate for medicine
- You get your medicine from a designated service provider (DSP)

We do not cover experimental, unproven, or unregistered treatments.

If your treating provider prescribes a medicine not listed on the formulary:

- We pay up to a set monthly amount (Chronic Drug Amount), or
- A Monthly Reference Price applies (on Smart Saver, Smart, and KeyCare plans)

You will need to cover any shortfall if your medicine costs more or is not covered on the benefit.

Get your HIV medicine from a designated service provider (DSP)

The DSPs for HIV medicine are pharmacies in our HIV pharmacy network.

Visit www.discovery.co.za under Medical aid > Find a healthcare provider or click on Find a healthcare provider on the Discovery Health app to locate a network pharmacy. If you do **not** use a DSP pharmacy for your monthly HIV medicine, a **20% co-payment** will apply.

If you're on a *KeyCare plan* you may also get your HIV medicine from your dispensing KeyCare GP, if available.

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

Once your HIV treatment has been approved, we'll fund it according to your care plan. To keep your cover up to date:

- Take your medicine as prescribed
- Submit follow-up test results when we request them
- If your treatment changes, your nominated Premier Plus GP or Discovery Health Network GP will need to apply for an updated approval

You can also manage your medicine conveniently through the Online Pharmacy on the Discovery Health app from uploading prescriptions to tracking your deliveries.

Prescribed Minimum Benefit (PMB) cover

HIV is classified as a Prescribed Minimum Benefit (PMB) condition. If you qualify, we fund care in line with specified clinical protocols. More information is available in the Prescribed Minimum Benefit Guide at www.discovery.co.za under Medical Aid > Find documents and certificates.



Your treating doctor can request additional cover

We fund certain out-of-hospital HIV-related treatments as PMBs. If you need more treatment, your doctor can apply for additional cover through the appeals process below. We will review your case with care and fairness, though approval is not guaranteed.

Download the HIV PMB Appeals form from our website or call 0860 99 88 77 to request it. The most up-to-date form is available on www.discovery.co.za under Medical Aid > Find documents and certificates.

If not approved as PMBs, we will pay these costs from your available day-to-day benefits (if applicable). If your plan has no day-to-day benefits or you have used them, you will need to pay these costs.

To appeal against the funding decision on cover or to request additional cover

1. Download the HIV PMB Appeals form from our website on www.discovery.co.za under Medical Aid > Find documents and certificates. Members can also call 0860 99 88 77 to request the form.
2. Complete the HIV PMB Appeals form with your doctor's help.
3. Email the signed form and supporting medical documents to, by email to HIV_diseasemanagement@discovery.co.za.

If the additional cover is approved, the Scheme will pay claims for these treatments in full if we have a payment arrangement with your healthcare professional. If your doctor charges above our rate and we do not have an arrangement in place, you may need to pay a portion of the claim.

Enrich your everyday cover

Managing your health may come with additional costs. The [Personal Health Fund](#) helps you stretch your day-to-day benefits further.



It pays to take care of your health

Build your **Personal Health Fund** by **up to R500** every time you complete your recommended health actions on your **Personal Health Pathway**.

Use your fund for eligible day-to-day medical expenses like GP and dentist visits.

[LEARN MORE](#)



EXECUTIVE PLAN

Hospital admissions

When you know you are going to hospital, you need to tell us beforehand and preauthorise your admission.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone Discovery Care on 0860 99 88 77 and follow the prompts to get approval. 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 procedure or treatment (RPL) codes.

GP and specialist consultations

If you have enrolled on the HIV Care Programme, we pay for four GP consultations at a Premier Plus GP or Discovery Health Network GP and one specialist consultation for HIV per person for each year. The Scheme may pay more consultations including those for paediatricians should further consultations be clinically necessary and approved.

If you have not enrolled on the programme, the consultation costs will be paid from the available funds allocated to your Personal Health fund, Medical Savings Account (MSA), or Above Threshold Benefit (ATB), up to the Discovery Health Rate (DHR). If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider (DSP) to get your medicines, we will pay for it in full up to the Discovery Health Rate (DHR) for medicine. If you do not use a designated service provider (DSP), we will fund the claims up to 80% of the Discovery Health Rate and you will have to pay any co-payments on your HIV antiretroviral medicines.

We pay approved antiretroviral medicine that is not on our HIV medicine list up to a set monthly amount (HIV Chronic Drug Amount). Medicine not listed on the supportive medicine list (formulary), will be covered up to a monthly Reference Price. If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.

You have cover of up to R685 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.

MEDICINE NAME	NAPPI CODE
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001
Euvax b vial 1ml	713048001



COMPREHENSIVE SERIES

Hospital admissions

When you know you are going to hospital, you need to tell us beforehand and preauthorise your admission.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone Discovery Care on 0860 99 88 77 and follow the prompts to get approval. 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 procedure or treatment (RPL) codes.

If you are on the Classic Smart Comprehensive plan: You are covered in full at private hospitals in the Smart Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R12,650 upfront to the hospital. This does not apply in an emergency.

GP and specialist consultations

If you have registered on the HIV Care Programme, we pay for four GP consultations at your nominated Premier Plus GP or Discovery Health Network GP, and one specialist consultation for HIV per person for each year. The Scheme may pay more consultations including those for paediatricians should further consultations be clinically necessary and approved.

When you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation in full. If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, we will cover your claims up to 80% of the Discovery Health Rate and you will be responsible for any co-payments. You and your dependants can change your nomination three times every calendar year.

If you have not enrolled on the programme, the consultation costs will be paid from available funds in your Personal Health Fund, Medical Savings Account (MSA) or limited Above Threshold Benefit (ATB), up to the Discovery Health Rate (DHR). If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider (DSP) to get your medicines, we will pay for it in full up to the Discovery Health Rate (DHR) for medicine. If you do not use a designated service provider (DSP), we will fund the claims up to 80% of the Discovery Health Rate and you will have to pay any co-payments on your HIV antiretroviral medicines.

We pay approved antiretroviral medicine that is not on our HIV medicine list up to a set monthly amount (HIV Chronic Drug Amount). Medicine not listed on the supportive medicine list (formulary), will be covered up to a monthly Reference Price. If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.

You have cover of up to R685 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.

MEDICINE NAME	NAPPI CODE
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001
Euvax b vial 1ml	713048001



PRIORITY SERIES

Hospital admissions

When you know you are going to hospital, you need to tell us beforehand and preauthorise your admission.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone Discovery Care on 0860 99 88 77 and follow the prompts to get approval. 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 procedure or treatment (RPL) codes.

GP and specialist consultations

If you have registered on the HIV Care Programme, we pay for four GP consultations at your nominated Premier Plus GP or Discovery Health Network GP, and one specialist consultation for HIV per person for each year. The Scheme may pay more consultations including those for paediatricians should further consultations be clinically necessary and approved.

When you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation in full. If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, we will cover your claims up to 80% of the Discovery Health Rate and you will be responsible for any co-payments. You and your dependants can change your nomination three times every calendar year.

If you have not enrolled on the programme, the consultation costs will be paid from available funds in your Personal Health Fund, Medical Savings Account (MSA) or limited Above Threshold Benefit (ATB), up to the Discovery Health Rate (DHR). If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider (DSP) to get your medicines, we will pay for it in full up to the Discovery Health Rate (DHR) for medicine. If you do not use a designated service provider (DSP), we will fund the claims up to 80% of the Discovery Health Rate and you will have to pay any co-payments on your HIV antiretroviral medicines.

We pay approved antiretroviral medicine that is not on our HIV medicine list up to a set monthly amount (HIV Chronic Drug Amount). Medicine not listed on the supportive medicine list (formulary), will be covered up to a monthly Reference Price. If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.

You have cover of up to R685 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.

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Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001
Euvax b vial 1ml	713048001



SAVER SERIES

Hospital admissions

When you know you are going to hospital, you need to tell us beforehand and preauthorise your admission.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone Discovery Care on 0860 99 88 77 and follow the prompts to get approval. 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 procedure or treatment (RPL) codes.

If you are on the Classic Delta or Essential Delta network option: You are covered in full at approved private hospitals and day-clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R11,100 upfront to the hospital. This does not apply in an emergency.

If you are on the Coastal Saver Plan: You must go to an approved hospital in one of the four coastal provinces for planned hospital admissions. If you don't use a coastal hospital in our network, 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.

GP and specialist consultations

If you have registered on the HIV Care Programme, we pay for four GP consultations at your nominated Premier Plus GP or Discovery Health Network GP, and one specialist consultation for HIV per person for each year. The Scheme may pay more consultations including those for paediatricians should further consultations be clinically necessary and approved.

When you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation in full. If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, we will cover your claims up to 80% of the Discovery Health Rate and you will be responsible for any co-payments. You and your dependants can change your nomination three times every calendar year.

If you have not enrolled on the programme, the consultation costs will be paid from the available funds in your Personal Health Fund or Medical Savings Account (MSA).

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider (DSP) to get your medicines, we will pay for it in full up to the Discovery Health Rate (DHR) for medicine. If you do not use a designated service provider (DSP), we will fund the claims up to 80% of the Discovery Health Rate and you will have to pay any co-payments on your HIV antiretroviral medicines.

We pay approved antiretroviral medicine that is not on our HIV medicine list up to a set monthly amount (HIV Chronic Drug Amount). Medicine not listed on the supportive medicine list (formulary), will be covered up to a monthly Reference Price. If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.

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Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001
Euvax b vial 1ml	713048001



SMART SAVER SERIES

Hospital admissions

When you know you are going to hospital, you need to tell us beforehand and preauthorise your admission.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone Discovery Care on 0860 99 88 77 and follow the prompts to get approval. 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 procedure or treatment (RPL) codes.

You are covered in full at private hospitals and day-clinics in the *Smart Hospital Network*. For planned admissions at hospitals outside the network, you must pay an amount of R12,650 upfront to the hospital. This does not apply in an emergency.

GP and specialist consultations

If you have registered on the HIV Care Programme, we pay for four GP consultations at your nominated Smart Network GP who is a Premier Plus GP or Discovery Health Network GP, and one specialist consultation for HIV per person for each year. The Scheme may pay more consultations including those for paediatricians should further consultations be clinically necessary and approved.

When you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation in full. If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, we will cover your claims up to 80% of the Discovery Health Rate and you will be responsible for any co-payments. You and your dependants can change your nomination three times every calendar year.

If you have not enrolled on the programme, these costs will be funded from the available funds in your Personal Health Fund, Medical Savings Account (MSA) or defined day-to-day benefits, where applicable.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider (DSP) to get your medicine, we will pay for these in full up to the Discovery Health Rate (DHR) for medicine. Medicine not listed on the medicine list, will be covered up to a monthly Reference Price. If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.

If you do not use a designated service provider (DSP), we will fund the claims up to 80% of the Discovery Health Rate and you will have to pay any co-payments on your HIV antiretroviral medicines.

You have cover of up to R685 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.

MEDICINE NAME	NAPPI CODE
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001
Euvax b vial 1ml	713048001



CORE SERIES

Hospital admissions

When you know you are going to hospital, you need to tell us beforehand and preauthorise your admission.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone Discovery Care on 0860 99 88 77 and follow the prompts to get approval. 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 procedure or treatment (RPL) codes.

If you are on the Classic Delta or Essential Delta network option: You are covered in full at approved private hospitals and day-clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R11,100 upfront to the hospital. This does not apply in an emergency.

If you are on the Coastal Core Plan: You must go to an approved hospital in one of the four coastal provinces for a planned hospital admission. If you don't use a coastal hospital in our network, 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.

GP and specialist consultations

If you have registered on the HIV Care Programme, we pay for four GP consultations at your nominated Premier Plus GP or Discovery Health Network GP, and one specialist consultation for HIV per person for each year. The Scheme may pay more consultations including those for paediatricians should further consultations be clinically necessary and approved.

When you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation in full. If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, we will cover your claims up to 80% of the Discovery Health Rate and you will be responsible for any co-payments. You and your dependants can change your nomination three times every calendar year.

If you have not enrolled on the programme, these costs will be funded from your available funds in your Personal Health Fund.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a designated service provider (DSP) to get your medicines, we will pay for it in full up to the Discovery Health Rate (DHR) for medicine. If you do not use a designated service provider (DSP), we will fund the claims up to 80% of the Discovery Health Rate and you will have to pay any co-payments on your HIV antiretroviral medicines.

We pay approved antiretroviral medicine that is not on our HIV medicine list up to a set monthly amount (HIV Chronic Drug Amount). Medicine not listed on the supportive medicine list (formulary), will be covered up to a monthly Reference Price. If your healthcare provider charges more than the Discovery Health Rate (DHR) you will have to pay the difference.

You have cover of up to R685 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.

MEDICINE NAME	NAPPI CODE
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001
Euvax b vial 1ml	713048001



KEYCARE SERIES

Hospital admissions

When you know you are going to hospital, you need to tell us beforehand and preauthorise your admission.

You must preauthorise your admission to hospital at least 48 hours before you go in

Please phone Discovery Care on 0860 99 88 77 and follow the prompts to get approval. 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 procedure or treatment (RPL) codes.

If you are on the KeyCare Plus or KeyCare Core plan: You are covered in full at private hospitals in the KeyCare Full Cover Hospital Network. If you go to any of the private hospitals in the Partial Cover Hospital Network, 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. If you don't go to a KeyCare Network Hospital you will have to pay the account yourself. This does not apply in an emergency.

If you are on the KeyCare Start plan or KeyCare Start Regional Plan: We cover you in full at your chosen KeyCare Start Network hospital or chosen KeyCare Start Regional Network Hospital. If you do not use your chosen hospital in the network, you will have to pay all costs. This does not apply in an emergency.

GP and specialist consultations

For members who have enrolled on the HIV Care Programme, we pay for four GP consultations at your nominated primary care KeyCare, KeyCare Start or KeyCare Start Regional GP, including one specialist consultation for HIV per person, each year. The Scheme may pay for more consultations including those for paediatricians should further consultations be clinically necessary and approved.

When you visit your nominated network GP to manage your chronic condition, the full cost of the consultation is covered as long as your GP has enrolled you in the HIV Care Programme. If you see a non-nominated or non-network GP, we will cover your claims up to 80% of the Discovery Health Rate and you will be responsible for any co-payments. You can change your nomination up to three times per year.

If you have not registered for HIV, these costs will be funded from the available funds in your Personal Health Fund or defined day-to-day benefits, where applicable.

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 (DHR) for medicine.

If you use medicine that is not listed on our medicine list will be covered up to a monthly Reference Price. If you do not use a designated service provider (DSP), we will fund the claims up to 80% of the Discovery Health Rate and you will have to pay any co-payments on your HIV antiretroviral medicines.

You have cover of up to R685 a person a year for the multivitamins and vaccination shown below. We pay for one flu vaccination per year from the Screening and Prevention Benefit.

MEDICINE NAME	NAPPI CODE
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001
Euvax b vial 1ml	713048001



How to contact us

	Members can call us on 0860 99 88 77 Health partners can call us on 0860 44 55 66
	Go to www.discovery.co.za to get help from our chatbot, Ask Discovery.
	You can ask us a question by just saving the number 0860 75 67 56 on your phone and typing 'Hi' to start chatting with us 24/7.
	You can send us a letter to PO Box 784262, Sandton, 2146
	You can visit our offices at 1 Discovery Place, Sandton, 2196

We welcome any feedback about our service

We would love to hear if there's anything we can improve on or if we have exceeded your expectations. Your feedback helps us serve you better. To give us feedback, you can complete our short *Complaints and compliments form* on the right side of the [Complaints, compliments or disputes page](#) under **Contact us**.

What to do if you have a complaint

1. To take your query further

If you have already contacted Discovery Health Medical Scheme and feel that your query has not been resolved, you can take the next step. Please complete our short online *Complaints and compliments form*. It's on the right side of the [Complaints, compliments and disputes page](#) under section 1, Contact us.

2. To contact the principal officer

If you are still not satisfied with the outcome after following the process in Step 1, you can escalate your complaint to the principal officer of Discovery Health Medical Scheme by choosing one of these options:

- Complete our short online *Contact the principal officer form*. You'll find it on the right side of the [Complaints, compliments and disputes page](#) under section 2, Contact us.
- Send an email to principalofficer@discovery.co.za.

3. To lodge a dispute

If you have received a final decision from the principal officer of Discovery Health Medical Scheme and want to challenge it, you can lodge a formal dispute. You can find more information online about the [Scheme's dispute process](#).

4. To contact the Council for Medical Schemes

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You can contact the Council directly at any stage of the complaints process, but we encourage you to follow the steps above before doing so.

The contact details are:

	Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157
	complaints@medicalschemes.co.za
	0861 12 32 67
	www.medicalschemes.co.za

Your privacy matters to us

We take your privacy seriously. We're committed to protecting your personal information and keeping it safe and confidential. You can read our full privacy statement anytime at www.discovery.co.za > **MEDICAL AID** > **About Discovery Health Medical Scheme**.