

Discovery News *for Discovery Health members*

Third Party Authority

Discovery has no legal right to give out your medical information to a third party, without your consent. This includes your medical aid broker, and even your spouse.

For this reason, Discovery has a "Third Party Consent" form, that you can sign in favour of anyone - your broker, your spouse, another family member or a friend. This person can then deal with Discovery on your behalf, regarding claims queries and other information. It works in a similar way to a Power of Attorney, for your medical aid. So just as you need a special bank power of attorney for your bank accounts, you also need a special form for Discovery.

When you complete and submit the form, you are given a reference number. This reference number should be kept somewhere handy, so that if Discovery personnel for some reason cannot see the Third Party Consent on their system, you can refer them to this number to help them locate the authority.

It is advisable to have this form in place, just in case something happens to prevent you from dealing with your medical aid yourself.

Changing your plan during the year

In certain circumstances, you can change your Discovery plan during the year. These are the circumstances where this is allowed:

- When you get married: If you are on separate memberships, and you get married, you can merge the memberships and change your plan to the better of the two plans you were on. You need to give Discovery a marriage certificate, and this merge needs to happen within 3 months of the marriage.
- If you are married and both of you are on separate memberships because your separate employers both give you a subsidy, and if one of the employers stops the subsidy, the member on that plan can move to the plan of the spouse still getting the subsidy, and is allowed to upgrade if the new plan is better than the old plan. A letter from the company who has stopped the subsidy is required for this change.
- If you were employed by a company that only offers subsidies for specific plan types, and you change employment, then you can also upgrade your plan. A letter from the previous employer confirming the subsidy and the change of employment is required.
- If you are an existing member, you change jobs and as a result become a member of an existing group of larger than 10 employees, then you can upgrade your plan.
- An adult dependant on their parents plan may change plan when they change to their own membership.
- If you get divorced and as a result you must get your own medical aid, you can upgrade. You must do this within 3 months of the divorce, and provide a copy of the divorce agreement.

If you make an employment or marital status change, and there is a break in membership, Discovery will see this as a new application, and therefore you can have any plan. But remember, a new application will be underwritten, so not a good idea if you have existing health issues.

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This email is written by an independent commentator and not by Discovery Health. Any Discovery Health member is welcome to subscribe. Queries regarding this email can be sent to ih@ihhealth.co.za.

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www.discovery.co.za

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KeyCare Client Services

0860 102 877

**DISCOVERY
EMERGENCY NUMBER
0860 999 91 1**

DISCOVERY HEALTH PLANS

Executive Plan

Classic and Classic Delta

Comprehensive

Essential and Essential

Delta Comprehensive

Classic & Essential Priority

Classic & Classic Delta

Saver and Core

Essential & Essential Delta

Saver and Core

Coastal Saver and Core

Key Care Plus and Core

DISCOVERY REWARDS

Vitality

KeyFit / Starter

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Council for Medical Schemes
Accreditation # ORG104

HIV Care Programme

When applying to Discovery, you do not have to answer yes to the HIV question if you are HIV positive, as this is confidential information. However, you must declare your HIV status to Discovery within 7 days of your acceptance. This is done by phoning 0860 998877 and is completely confidential (ie this detail is not given to your broker or your employer).

When you confirm your HIV positive status with Discovery, whether at the start of your membership, or when diagnosed, you should join the HIV Care Programme. When you register on the programme, you have cover for medication (including vitamins) and testing from the Chronic Benefit, rather than using up your Savings for these costs.

Vitality Check

Discovery Health members have asked recently why they should have the Vitality Check Cholesterol test, when it is just a finger prick test giving the total Cholesterol, and not an HDL/LDL split. There have also been members who have used Goal Setting, and then wanted a second Vitality test and were not aware that this should be paid for from Savings. This sparked a bit of discussion, and resulted in this short summary:

WHO PAYS FOR WHAT?

- The Vitality check includes 4 tests - Glucose, Cholesterol, BMI (weight assessment) and blood pressure. The cost of one test per year is paid from the Screening Benefit and therefore only costs you the time taken to have the test.
- If you have set goals, and want to have a second (third, or fourth) test, you can do so. If you have Savings available, the cost will be paid from Savings. If you have a plan without Savings, or have run out of Savings, you will need to pay the R125 for the test yourself.
- If you go to Dischem or Clicks, and only have one of the four tests included, then the same charge of R125 will be paid from the Screening Benefit. If you then go back for one of the other tests in this group of four tests, you will need to pay for that test from your own pocket, or from Savings.

IF I'VE ALREADY BEEN TESTED FOR GLUCOSE OR CHOLESTEROL, WHY HAVE THE VITALITY CHECK?

- You can get your Cholesterol and Glucose tested at any Pathologist, and when the claim is submitted to Discovery, you will get your 500 points for having the test. If you then get a copy of the results from your GP or specialist, you can submit these results to Discovery to boost your points from 500 to 3000 if your results are in normal range. These tests at any pathologist would be paid from Savings, or from your own pocket if you have run out of Savings or have a plan without Savings.
- You can get your weight assessed at a Dietician within Discovery's network, as part of the Nutrition Assessment. This costs R275, paid from Savings or from your pocket if you don't have Savings available. You will earn your 1000 points for the weight assessment, and 4000 bonus points (total 5000) if your weight is within the normal range. You also earn 5000 points for completing the Nutrition Assessment.
- If you do both of the above alternatives to the Vitality Check, you do not get your 500 points for having your BP checked, which could increase to 3000 points if your BP is in normal range.
- The choice is therefore yours. Pay for the tests and Nutrition Assessment from Savings or out of your own pocket, and earn up to 16,000 points, or have the Vitality Check paid by the Screening Benefit and earn up to 14,000 points. Or do the Vitality Check and Nutrition Assessment and earn up to 19,000 points. The answer to the question of whether to repeat a test already completed at a Pathologist, is "how badly do you need the additional points to move up the status levels?"

Remember also that having the Vitality Check increases your HealthyFood Savings from 10% to 25%. Is this not worth an hour of your time each January?

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