

Discovery News *for Discovery Health members*

Insured Network Benefit

In our October 2010 newsletter, we wrote that the preferred pathologist for the Insured Network Benefit had been changed from Pathcare to Ampath. This was based on information received from Discovery at the time, which they have now advised was incorrect. The preferred pathologists for the Insured Network Benefit include Pathcare, Ampath and Lancet, and a number of other practices. The Insured Network Benefit works as follows:

GP Consultations

- The Insured Network Benefit covers GP visits on Executive, Comprehensive, Priority and Saver plans when you have run out of Savings, and where applicable have not yet reached your Annual Threshold. On Priority plans you have Insured Network Benefit cover again after you have used the limited Above Threshold Benefit. No cover on KeyCare plans.
- The GP must be part of the Discovery Health GP Network.
- No additional materials or tests will be covered as part of your GP consultation - only the consultation codes 0190, 0191 and 0192 will be covered.
- GP Consultation rates are R350 for Executive, R285 on Comprehensive, Priority and Saver plans.
- The number of consultations paid for differs according to plan and family size. Single members on Classic and Coastal plans have 3 consultations, and Essential plans 2 consultations. Families on Classic and Coastal have 6, and Essential 4.

Pathology

- The Insured Network Benefit covers pathology on Executive, Comprehensive and Priority plans when you have run out of Savings and not yet reached your Annual Threshold. There is no cover on Saver, Core or KeyCare plans.
- You must use one of the listed pathologists (Pathcare, Ampath, Lancet and others), and a full list is available from Discovery.
- Your doctor (GP or specialist) must tick the tests on Discovery's Pathology Request Form and sign the form. Your doctor should have copies of the forms, or you can request one by email from Discovery.
- The Pathology Request Form has two sections - brown (most frequently requested tests) and blue (additional tests). Any test ticked in either section will be paid from the Insured Network Benefit when you have run out of Savings. Any test written in (ie not listed) will need to be paid by you if you have run out of Savings.
- Discovery recommends you always use this form, as sometimes you are not aware that you have run out of Savings. If you have the test and find out later you were in your self payment gap, you cannot request to have the test reprocessed under the Insured Network Benefit if you have not used the correct form.

Remember also that ALL Discovery plans include the Screening Benefit, which pays for the following tests: Vitality Check (Glucose, Cholesterol, BP and weight), Mammogram, Pap Smear, PSA (Prostate), HIV. The Screening Benefit also pays for a Flu vaccination if you are over 65 or registered for certain high risk chronic conditions.

MARCH 2011

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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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

Key Club

Key Club Starter

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Keycare optometry

KeyCare members have cover for one eye test and one pair of glasses (with clear, single vision, bifocal or multifocal lenses and basic frame) or a basic set of contact lenses every 24 months.

The time frame is 24 months from your last date of service, not every second year. Cover is only available at an optometrist in the KeyCare optometry network, currently administered by Isoleso. Members can call Isoleso on 0860 103050 to check their last date of service, and to check whether their optometrist is still on the Isoleso list before making an appointment.

Dental Benefits

The Dental benefit has changed for Comprehensive, Priority and Saver plans in 2011. For dentistry done in-hospital or in a day clinic, you don't need to pre-authorize the procedure, but you will need to pay a co-payment.

A member younger than 13 years would have a co-payment of R1200 in-hospital and R600 at a day clinic. Members age 13 and older have a co-payment of R3000 in-hospital and R2000 at a day clinic.

The co-payments do not apply to severe maxillo-facial and oral surgical admissions, including life threatening emergencies, cancer-related and trauma-related surgery and cleft-palate repair. However, these conditions would need to be pre-authorized where possible.

Dental appliances and orthodontic treatment are limited to R16,000 per person per year on Comprehensive plans, and R10,000 per person per year on Priority plans. On Saver plans, these items are limited to your Savings balance.

Sa-active reporting problems

Sa-active has had some teething problems with their new system. The problem lies in the reporting from sa-active to Vitality, and is currently being worked on.

If you have registered on the new (free) 2011 sa-active site, and you have loaded an event, log back on and check the event. The event should say "approved" and "batched". If this is the case, you have nothing to worry about and as soon as the problem is fixed your detail will be sent through to Vitality to allocate your points.

However, if the event does not show "approved" and/or "batched" then you should probably check with sa-active to see if there is another issue. Please leave at least a week between when you load the event under your name, and when you check to see if it has been approved.

Vitality Costs

A Fitness Assessment will cost you R175 in 2011, and a Nutrition Assessment R260. Both costs can be claimed back from Savings or Above Threshold but must be paid to the network provider upfront. A Vitality Check costs R115 in 2011 and is paid by the Screening Benefit.

Activating the Clicks benefit and the HealthyFood benefit is free. A Ster Kinekor Vitality movie card will cost you R39 once-off, and a replacement card R26.

Smokers and Allen Carr's Easyway cost R350 in 2011, and you can only join once in your lifetime.

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