

Discovery News *for Discovery Health members*

Overlapping claims

Those with plans including Above Threshold Benefits, if at all possible, don't be sick in December!!

Claims submitted in January, for December consultations or medication, will come off your 2013 Savings, but not accumulate to your 2013 Threshold. This instantly creates a Self Payment Gap.

If you were in your Above Threshold Benefit (ATB) by the end of 2012, the claim may be paid in full from the 2012 ATB, or if over 100% of medical aid tariff, only medical aid tariff comes off the 2012 ATB and the balance is paid from 2013 Savings.

If you were still in your Self Payment Gap at the end of 2012, the claim will accumulate to your 2012 Threshold, but will be paid from your 2013 Savings.

Many people submit their December claims in January, because in December they had run out of Savings. There is nothing to stop you doing this, and it is entirely your choice. Just be aware that it will create a Self Payment Gap in the new year.

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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 ihsh@ihshhealth.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

KeyFit / Starter

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Self Payment Gap and Above Threshold

The basics for Executive, Comprehensive and Priority plans:

Claims are paid from Savings. When Savings run out, you might have to pay claims yourself for a bit as you may have a Self Payment Gap. When all of your claims have accumulated to your Threshold, Discovery refunds claims from the Above Threshold Benefit.

Why do I have a Self Payment Gap?

- You are on a plan where your annual Threshold is higher than your annual Savings amount.
- You are claiming for over-the-counter (schedule 0, 1 and 2) medication from your Savings, and these do not accumulate to the Threshold.
- You are claiming for non-generic medication from Savings, and this only accumulates to Threshold at 70% of Discovery Rate.
- You have selected to have your Savings pay out at "cost" and not "Discovery Rate". The cost may be more than the Discovery Rate, and only the Discovery Rate accumulates to Threshold.
- You exceed your annual limits for dentistry or optometry. In this case, the total claim would be paid, but only the amount up to the limit would accumulate to Threshold.
- Lastly, you have last year's claims paid from this year's Savings (see Overlapping Claims above).

What isn't covered from Above Threshold Benefit?

- Over-the-counter medication is not covered by the ATB. Non-Generic medication is only covered at 70% of Discovery Rate.
- Claims for consultations are only paid at the Discovery Rate, so if your practitioner charges more, you need to cover the difference.
- You will have no cover for any benefits where you have reached your annual limits, eg dentistry or optometry.
- If you are on a Priority plan, there is a rand value limit to what you can claim from the Above Threshold Benefit.

Screening and Prevention

Whatever plan you are on, and whether you have a Savings balance or not, you have access to the following tests from the Screening Benefit per calendar year:

- one mammogram (male and female)
- One pap smear (female)
- One prostate-specific antigen (PSA) blood test (male)
- One HIV blood test (eg Rapid, ELISA or Western blot)
- One Vitality Check grouped test from a designated Discovery provider, including finger-prick blood tests for glucose and cholesterol, a blood pressure test and a body mass index or weight assessment.
- A seasonal Flu vaccination if you are over age 65, or registered for one of the following Chronic conditions: Asthma, Bronchiectasis, Cardiac Failure, Cardiomyopathy, COPD, Chronic renal disease, Coronary artery disease, Diabetes type 1 or 2, and HIV.

These tests are available to all members, whether Vitality members or not, although only registered Vitality members will earn points for certain of the tests.

Vitality: Climb up the Status Ladder

The first lot of points is easy to earn:

- Online Vitality Health Review—2000 points
- Online Fitness Assessment—1000 points
- Online Mental Wellbeing questionnaires—2500 points
- Vitality Check—you will earn 2500 points for the tests, and up to a further 11,500 points if your results are within normal range.
- HIV Test—5000 points

Assuming at least one of your Vitality Check results is within normal range, you are now on Bronze Status, with minimal effort. The assessments above will automatically generate goals for you, like increasing your fitness level, learning about healthy eating, or losing weight. Reaching the goals set over a 12 week period will earn you further points. You will also earn 150 points per day per exercise session, if you use Virgin Active, Planet Fitness, or if you use certain Polar heart rate monitors and other devices.

Then there are further tests and assessments to earn points:

- Females earn 2500 points for a Pap Smear from age 18 and 2500 points for a Mammogram from age 40.
- Males earn 2500 points for a Prostate blood test from age 50
- Members earn 2500 for Glaucoma screening from age 40.
- Members earn 3000 points for a Vitality Fitness Assessment at a biokineticist in the network, and this can be increased up to 15,000 points depending on your fitness level.
- Earn 5000 points for a Nutrition Assessment with a dietician in the Dietician network.

If you have children, you can earn the following points:

- From 1000 to 5000 for vaccinations depending on age
- Kids personal health review—2000 points
- Child Health Assessment at a GP in the network—2500 points
- Dental check up—2000 points

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