Discovery
Health Medical Scheme

2021

DISCOVERY HEALTH MEDICAL SCHEME

COVER FOR DIAGNOSTIC ENDOSCOPIES

Overview

Endoscopies – also called scopes – are used to investigate certain medical and surgical conditions like gastric ulcers, reflux, infections and abnormal growths. You can have a scope done in your doctor's rooms, in hospital as part of an approved admission or at a day clinic facility.

This document tells you how we fund scopes. When we refer to scopes and how we cover them, we refer to diagnostic gastrointestinal scopes namely oesophagoscopy, gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy. These are all used to investigate the digestive system. This document also explains how we cover scopes that are done in-hospital, in a day clinic and scopes done in the doctor's rooms, depending on your chosen plan. It is important to call and tell us about your scope as soon as you know about it. This is so you understand, depending on the procedure you're having done and where the scope will be done, whether a co-payment or upfront amount will apply.

Please note that scopes used to investigate other body systems do not form part of this benefit and will be subject to your health plan benefits.

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)	**Available on the Executive, Comprehensive and Priority plans** Once the day-to-day claims 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 (ATB) at the Discovery Health Rate (DHR) or a portion of it. The Executive and Comprehensive plans have an unlimited Above Threshold Benefit (ATB), and the Priority plans have a limited Above Threshold Benefit (ATB).
Co-payment	This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service or if the amount the service provider charges is higher than the rate we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB), where applicable. Depending on the plan you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the plan you choose.
Deductible	This is the amount that you must pay upfront to the hospital or day clinic for specific treatments/procedures or if you use a facility outside of the network. If the upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
Emergency medical condition	An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy. An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.
Medical Savings Account (MSA)	**Available on the Executive, Comprehensive, Priority and Saver plans** The Medical Savings Account (MSA) is an amount that is allocated to you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year. Should you leave the Scheme or change your plan partway through the year and have used more of the funds than what you have contributed, you will need to pay the difference to us.
Prescribed Minimum Benefits (PMBs)	In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of: ▪ An emergency medical condition ▪ A defined list of 270 diagnoses ▪ A defined list of 27 chronic conditions.

TERMINOLOGY	DESCRIPTION
	To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply: ▪ Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions ▪ The treatment needed must match the treatments in the defined benefits ▪ You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However even in these cases, where appropriate and according to 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 (DSP) we will pay up to 80% of the Discovery Health Rate (DHR). You will have to pay the difference between what we pay and the actual cost of your treatment. If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.
Related accounts	Any account other than the hospital account for in-hospital care. This could include the accounts for the admitting doctor, anaesthetist and any approved healthcare expenses like radiology or pathology.

How we cover endoscopies

A co-payment or upfront amount applies for scopes done in-hospital or at a day-clinic

Where scopes are done in-hospital or at a day-clinic, a co-payment will apply to the hospital account. The co-payment will vary depending on the place of service. This co-payment will be paid from your available day-to-day benefits or by you, depending on your plan type. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service. We pay the balance of the hospital account and all the other approved accounts that are related to the procedure from your Hospital Benefit up to the Discovery Health Rate (DHR). You must let us know beforehand and preauthorise your scope.

The scope co-payment or upfront amount does not apply in an emergency and/or for children aged 12 and under. Please refer to the section *Benefits available for your plan type* for more details.

If you have a colonoscopy and gastroscopy performed during the same admission

A higher co-payment or upfront amount will apply if both a gastroscopy and colonoscopy is performed in the same admission. The amount depends on your chosen health plan and where the scope is being done.

If the co-payment amount is higher than the amount charged for the procedure, you will have to pay for the cost of the healthcare service. Please refer to the section *Benefits available for your plan type* for more details.

Make use of one of the doctors on the Scheme's value-based network for scopes done in-hospital

Your co-payment or upfront payment will reduce if you make use of one of the doctors on the Scheme's value-based network.

If the co-payment amount is higher than the amount charged for the procedure, you will have to pay for the cost of the healthcare service. Please refer to the section *Benefits available for your plan type* for more details.

On certain plans you have to have your scope performed at a facility in our Day Surgery Network

On Comprehensive, Priority, Saver, Core and Smart plans, you have to have your scope done in our Day Surgery Network. If your scope is performed outside of our Day Surgery Network, other than in the doctor's rooms, you will have to pay an upfront amount, depending on your chosen plan:

- *Comprehensive, Priority, Saver and Core plans*: R5 700
- *Delta options*: R8 700
- *Classic Smart Comprehensive and Smart plans*: R9 950

Where a co-payment or upfront amount is applicable, and the scope is performed outside of the Day Surgery Network, only the higher of the co-payment or upfront payment will apply. If the upfront amount is higher than the amount charged for the procedure, you will have to pay for the cost of the healthcare service.

In the case of an emergency, no upfront payment applies if you use a facility outside the network. The Day Surgery Network list can change at any time. Please go to www.discovery.co.za > Manage your health plan > Find important documents and certificates > Health Plan Guides > Hospital and GP Networks to see the most up to date list before any planned admissions.

A clinical exceptions process applies to all cases with complex presentations, and those procedures that may require an extended length of stay. You will be transferred to an appropriate facility, where required.

Scopes done in hospital for a defined list of procedures

Where the scope is used as part of a defined list of approved in-hospital procedures, the co-payment or upfront amount on the hospital account will not apply. When you preauthorise your procedure, we will advise you whether you can expect to pay a co-payment, depending on what procedure you are having done. This will depend on the codes given by your doctor. If these codes change, the co-payment or upfront amount may change, so it is important to keep us informed about changes to the codes.

We pay for scopes done in the doctor's rooms in full

No co-payment or upfront amount applies for scopes done in the doctor's rooms. We pay the cost of the scope from your Hospital Benefit up to the Discovery Health Rate (DHR). We will pay healthcare professionals who we have a payment arrangement with in full. If you use a healthcare professional we do not have an agreement with, you will have to pay the difference if they charge more than what we pay.

Even if your scope is performed in the doctor's rooms, you must let us know beforehand and preauthorise your scope. Visit www.discovery.co.za under Medical Aid > Find a doctor or click on **Find a healthcare provider** on the Discovery app to find a provider in our network.

On the KeyCare Plans, we only cover certain scopes

On the KeyCare plans we only cover scopes done on children younger than 12 years old, scopes related to surgery, or when it is covered as a Prescribed Minimum Benefit (PMB) under certain conditions (indicated below). These scopes need to be performed within the KeyCare Day Surgery Network. Scopes that fall outside of these criteria are not covered in hospital or in a day clinic as it is not a benefit covered on KeyCare plans. Scopes done in the doctor's rooms will be covered from your Hospital Benefit.
You still need to authorise your scope with us. If you do not authorise your scope, it will fund from your Specialist Benefit if requested by a specialist as part of your approved specialist visit.

We cover scopes as a Prescribed Minimum Benefit (PMB) under certain conditions

We will pay the claim as a Prescribed Minimum Benefit (PMB) if the scope report confirms a Prescribed Minimum Benefit (PMB) diagnosis. No co-payment will apply in this instance.

You must contact us to preauthorise your scope as soon as possible

When you are having a planned scope, it is important to call us at least 48 hours before the procedure. We cover scopes in hospital, or in a day clinic or in the doctor's rooms, depending on your chosen plan type. When you call us, we will confirm your benefits and tell you how we will pay your accounts.

Benefits available for your plan type

EXECUTIVE PLAN

You need to preauthorise your scope

If you are having a scope done in hospital or at a day clinic, please preauthorise your scope with us beforehand.

How we pay the claims

Admissions for scopes
Depending on where you have your scope done, we pay the following amount from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit up to the Discovery Health Rate (DHR). If you do not have enough funds available in your day-to-day benefits, you will need to pay this amount.

Upfront payments for scope admissions:

Day clinic account	Hospital account
R3 650	R5 300, this co-payment will reduce to R4 250 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission	
R4 450	R6 600, this co-payment will reduce to R5 350 if performed by a doctor who is part of the Scheme's value-based network

You also have cover for up to R2 220 each day in a private ward.

Related accounts for scopes done in hospital

We pay related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit for approved admissions.

Scopes done out-of-hospital

No upfront payment applies

If you are having a scope done in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit. Please call us for preauthorisation before you have your scope done.

The rate we pay specialists and other healthcare professionals in and out–of- hospital

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 300% of the Discovery Health Rate (DHR) for specialists who we do not have an arrangement with and up to 200% of the Discovery Health Rate (DHR) for other healthcare professionals. Radiology and pathology claims are paid up to 100% of the Discovery Health Rate (DHR).

COMPREHENSIVE SERIES

You need to preauthorise your scope

If you are having a scope done in hospital or at a day clinic, please preauthorise your scope with us beforehand.

How we pay the claims

Admissions for scopes

Depending on where you have your scope done, we pay the following amount from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit up to the Discovery Health Rate (DHR). If you do not have enough funds available in your day-to-day benefits, you will need to pay this amount. If you are on the Classic Smart Comprehensive Plan you will have to pay this amount until you reach your Annual Threshold.

Upfront payments for scope admissions:

	Day clinic account	Hospital account
Classic, Essential, Classic Smart and Delta options	R3 650	R5 300, this co-payment will reduce to R4 250 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission		
Classic, Essential, Classic Smart and Delta options	R4 450	R6 600, this co-payment will reduce to R5 350 if performed by a doctor who is part of the Scheme's value-based network

Upfront payments for scopes performed outside of the Day Surgery Network:

- For *Classic and Essential plans*, an upfront payment of R5 700 will apply.
- Where both a gastroscopy and colonoscopy are performed the higher upfront payment of R6 600 will apply.
- For *Delta options*, an upfront payment of R8 700 will apply if you use a facility outside of the Delta Day Surgery Network.
- For *Classic Smart*, an upfront payment of R9 950 will apply if you use a facility outside of the Smart Day Surgery Network.

In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

Related accounts for scopes done in hospital

We pay related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit for approved admissions.

Scopes done out-of-hospital

No upfront payment applies

If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.

In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

The rate we pay specialists and other healthcare professionals in and out-of-hospital

Classic plans:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 200% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have an arrangement with and up to 100% of the Discovery Health Rate (DHR) for radiology and pathology claims.

Essential plan:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 100% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have an arrangement with, including radiology and pathology claims.

PRIORITY SERIES

You need to preauthorise your scope

If you are having a scope done in hospital or at a day clinic, please preauthorise your scope with us beforehand.

How we pay the claims

Admissions for scopes

Depending on where you have your scope done, you will have to pay the following amount, and we will pay the balance of the hospital and related accounts from your Hospital Benefit up to the Discovery Health Rate (DHR).

Upfront payments for scope admissions:

	Day clinic account	Hospital account
Classic and Essential	R3 650	R5 900, this co-payment will reduce to R4 800 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission		
Classic and Essential	R4 450	R7 350, this co-payment will reduce to R6 050 if performed by a doctor who is part of the Scheme's value-based network

Upfront payments for scopes performed outside of the Day Surgery Network:

Where a scope is performed in a **day surgery facility** outside the Day Surgery Network, an upfront payment of R5 700 will apply, except if performed in a **hospital** outside the Day Surgery Network where the upfront payment of R5 900, as stated above, will apply. Where both a gastroscopy and colonoscopy are performed the upfront payment of R7 350 will apply.

In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

Related accounts for scopes done in hospital

We pay related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit for approved admissions.

Scopes done out-of-hospital

No upfront payment applies

If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.

The rate we pay specialists and other healthcare professionals in and out-of-hospital

Classic plan:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 200% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have a payment arrangement with and up to 100% of the Discovery Health Rate (DHR) for radiology and pathology claims.

Essential plan:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 100% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have a payment arrangement with, including radiology and pathology claims.

SAVER SERIES

You need to preauthorise your scope

If you are having a scope done in hospital or at a day clinic, please preauthorise your scope with us beforehand.

How we pay the claims

Admissions for scopes

Depending on where you have your scope done, we pay the following amount from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit up to the Discovery Health Rate (DHR). If you do not have enough funds available in your Medical Savings Account (MSA), you will need to pay this amount.

Upfront payments for scope admissions:

	Day clinic account	Hospital account
Classic, Essential, Coastal and Delta options	R3 650	R6 250, this co-payment will reduce to R5 200 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission		
Classic, Essential, Coastal and Delta options	R4 450	R7 800, this co-payment will reduce to R6 500 if performed by a doctor who is part of the Scheme's value-based network

Upfront payments for scopes performed outside of the Day Surgery Network:

Where a scope is performed in a **day surgery facility** outside of the Day Surgery Network an upfront payment of R5 700 will apply, except if performed in a **hospital** outside the Day Surgery Network where an upfront payment of R6 250 will apply. Where both a gastroscopy and colonoscopy are performed the upfront payment of R7 800 will apply. For *Delta options*, the out-of-network upfront payment of R8 700 will apply.

In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

Related accounts for scopes done in hospital

We pay related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit for approved admissions.

Scopes done out-of-hospital

No upfront payment applies

If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.
We pay the cost of the scope without using your day-to-day benefits as we pay these accounts from your Hospital Benefit.

The rate we pay specialists and other healthcare professionals in and out-of-hospital

Classic plan:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 200% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have a payment arrangement with and up to 100% of the Discovery Health Rate (DHR) for radiology and pathology claims.

Essential and Coastal plans:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 100% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have a payment arrangement with, including radiology and pathology claims.

SMART SERIES

You need to preauthorise your scope

If you are having a scope done in hospital or at a day clinic, please preauthorise your scope with us beforehand.

How we pay the claims

Admissions for scopes

Depending on where you have your scope done, you have to pay the following amount and we pay the balance of the hospital and related accounts from your Hospital Benefit up to the Discovery Health Rate (DHR).

Upfront payments for scope admissions:

	Day clinic account	Hospital account
Classic and Essential plans	R3 650	R6 250, this co-payment will reduce to R5 200 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission		
Classic and Essential plans	R4 450	R7 800, this co-payment will reduce to R6 500 if performed by a doctor who is part of the Scheme's value-based network

Upfront payments for scopes performed outside of the Day Surgery Network:

Where a scope is performed in a **day surgery facility** outside of the Day Surgery Network, an upfront payment of R9 950 will apply.

In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

Related accounts for scopes done in hospital

We pay related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit for approved admissions.

Scopes done out-of-hospital

No upfront payment applies

If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.

The rate we pay specialists and other healthcare professionals in and out-of-hospital

Classic plan:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 200% of the Discovery Health Rate (DHR) for specialists and healthcare professionals and healthcare professionals who we do not have a payment arrangement with and up to 100% of the Discovery Health Rate (DHR) for radiology and pathology claims.

Essential plan:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 100% of the Discovery Health Rate (DHR) for specialists and healthcare professionals who we do not have a payment arrangement with, including radiology and pathology claims.

CORE SERIES

You need to preauthorise your scope

If you are having a scope done in hospital or at a day clinic, please preauthorise your scope with us beforehand.

How we pay the claims

Admissions for scopes

Depending on where you have your scope done, you have to pay the following amount and we pay the balance of the hospital and related accounts from your Hospital Benefit up to the Discovery Health Rate (DHR).

Upfront payments for scope admissions:

	Day clinic account	Hospital account
Classic, Essential, Coastal and Delta options	R3 650	R6 250, this co-payment will reduce to R5 200 if performed by a doctor who is part of the Scheme's value-based network

If both a gastroscopy and colonoscopy are performed in the same admission		
Classic, Essential, Coastal and Delta options	R4 450	R7 800, this co-payment will reduce to R6 500 if performed by a doctor who is part of the Scheme's value-based network

Upfront payments for scopes performed outside of the Day Surgery Network:

Where a scope is performed in a **day surgery facility** outside of the Day Surgery Network, an upfront payment of R5 700 will apply, except if performed in a **hospital** outside the Day Surgery Network where an upfront payment of R6 250 will apply. Where both a gastroscopy and colonoscopy are performed, the upfront payment of R7 800 will apply. For *Delta options*, an upfront payment of R8 700 will apply.

In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

Related accounts for scopes done in hospital

We pay related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit for approved admissions.

Scopes done out-of-hospital

No upfront payment applies

If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. we pay the account from the hospital benefit.

The rate we pay specialists and other healthcare professionals in and out-of-hospital

Classic plan:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 200% of the Discovery Health Rate (DHR) for specialists and other healthcare professional who we do not have a payment arrangement with and up to 100% of the Discovery Health Rate (DHR) for radiology and pathology claims.

Essential and Coastal plans:

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 100% of the Discovery Health Rate (DHR) for specialists and other healthcare professionals who we do not have a payment arrangement with, including radiology and pathology claims.

KEYCARE SERIES

On KeyCare Plans, we only cover scopes in certain instances

On the KeyCare Plans, we only cover scopes done on children younger than 12 years old, scopes related to surgery, or when it is covered as a Prescribed Minimum Benefit (PMB) for certain conditions. You must have these scopes done in our KeyCare Day Surgery Network. If approved, we pay the cost of the scope from your Hospital Benefit. We do not cover scopes done in hospital.

Please contact us on 0860 99 88 77 or go to www.discovery.co.za before you go for the procedure to confirm your benefits.

Scopes done in the doctor's rooms will be covered from your Hospital Benefit. If you do not authorise your scope it will fund from your Specialist Benefit (if requested by a specialist) as part of your approved specialist visit.

Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66
Go to www.discovery.co.za to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.
PO Box 784262, Sandton, 2146. 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.co.za
0861 123 267 | www.medicalschemes.co.za