Discovery
Health Medical Scheme

AFRICA EVACUATION BENEFIT

DISCOVERY HEALTH MEDICAL SCHEME

2022

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

Overview

The Africa Evacuation Benefit is available on all plans except the KeyCare plans.

This benefit covers members working and/or living in certain African countries

The Africa Evacuation Benefit covers you and your dependants for the usual and reasonable emergency and specified non-emergency treatment and medical costs by a qualified and registered healthcare provider, which occurs as a result of an accident or any emergency and immediately precedes a medical evacuation. Cover includes emergency transport and evacuation to an appropriate facility in South Africa or such facility as authorised by the Scheme.

Cover for medical emergency evacuations from a defined list of sub-Saharan countries to South Africa

Once approved by our service provider for international claims, Medical Services Organisation International (MSOI), the Africa Benefit covers medical emergency evacuations from the African country where you or your dependents are or may live, to South Africa. The benefit applies to a defined list of sub-Saharan countries in Africa, as well as the islands of Madagascar, Mauritius, Seychelles, Réunion and the Comoros.

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
Cover	Cover refers to the benefits you have access to and how we pay for these healthcare services such as consultations, medicine and hospitals, on your health plan.
Global Fee	A global fee is a single amount that we calculate based on the average claims experience in South Africa subject to your specific plan. Clinical protocols and policies apply and this means that we will only pay medically appropriate claims. Cover will also be subject to the rules of the Scheme and funding policies.
Member	The reference to member in this document also includes dependants, where applicable.
Waiting period	A waiting period can be general (up to 3 months) or condition-specific (up to 12 months) and means that the member has to wait for a set time before he or she can claim from their chosen plan's cover.

African countries that are covered

The countries listed below are eligible for evacuation cover from the Africa Evacuation Benefit. Countries at war are excluded from cover. For the latest list of countries at war you can log on to www.discovery.co.za and click on Medical Aid > Benefits and Cover.

Angola	Equatorial Guinea	Republic of Congo
Benin	Gabon	Réunion
Botswana	Ghana	Rwanda
Burundi	Kenya	Seychelles
Cameroon	Lesotho	Somalia

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Central African Republic	Madagascar	Swaziland
Comoros	Malawi	Tanzania
Congo	Mauritius	Togo
Democratic Republic of the Congo (DRC)	Mozambique	Uganda
Djibouti	Namibia	Zambia
Eritrea	Nigeria	Zimbabwe
Ethiopia		

How you will be covered

You or your dependant will be evacuated to South Africa, where you will receive medical treatment and healthcare services according to the benefits of your chosen health plan. Medical claims incurred in the African country where you live, immediately before and relating to the emergency evacuation, are also covered by the Scheme.

Cover will be subject to the rules of the Scheme and funding policies. We will only cover your return transport to the African country where you live, if you are not well enough to travel alone and if you need a medical escort. The Africa Benefit only covers evacuations to South Africa due to medical emergencies.

Process for claiming from the Africa Evacuation Benefit

If you need a medical emergency evacuation, you have to call our service provider, Medical Services Organisation International (MSOI) on +27 11 529 6900. If you need help with contacting MSOI in an emergency, you may also contact the international operator of the country you are visiting and ask to be connected to MSOI on reverse call charges. Once MSOI has given the go-ahead for the evacuation after verification of membership, they will also arrange it.

The minimum requirements for evacuation are as follows:

- There must be an airport or runway in good enough condition for aircraft accessibility
- There should be no security risks in accessing the destination at the time of evacuation There should be no Civil Aviation Authority restrictions in respect of airspace.

Services covered at the equivalent local cost

The following services may be covered in accordance with your health plan benefits at the global fee and subject to benefit limits, where applicable:

- Pregnancy or childbirth when travelling contrary to medical advice, or should medical emergencies arise after the 24th week of pregnancy. If the baby is born outside South Africa, they will not be covered until you register them on the Scheme.
- Situations where you or your dependents are aware of a reason which could give rise to any claim.
- Situations where you or your dependents are travelling contrary to medical advice, or with the intention of obtaining medical treatment, or where a terminal prognosis has been given.
- Renal dialysis or chemotherapy as well as healthcare services relating thereto.
- Any emergency treatment for acute or chronic conditions, and complications and or any other treatment that may be required as a consequence thereof, for which treatment or medical advice was received at any time during the 30-day period immediately preceding the date of departure from South Africa.
- Healthcare services in respect of cancer diagnosed and/or treated within the 12-month period immediately before the date of departure from South Africa.
- Healthcare services in respect of organ failure diagnosed and/or treated within the 12-month period immediately before the date of departure from South Africa.

Prescribed Minimum Benefits do not apply beyond the borders of South Africa.

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Cover for other out of hospital, non-emergency or planned treatment

We may cover you for non-emergency or elective treatment if the following conditions are met:

- As long as the treatment is routinely available in South Africa from a registered member of the medical profession. "Routinely available" means where the envisaged treatment is capable of being provided in South Africa in that the know-how, skill, expertise, device and/or equipment required for the treatment prevails or exists and suitable clinically appropriate or cost-effective alternative treatment is capable of being provided to satisfactorily treat the member.
- It would be normally covered by your plan benefits and according to the rules of the Scheme.
- If the treatment meets these criteria, you will need to pay for these medical expenses upfront. You can then submit all the claims to us on your return to South Africa. The Scheme will reimburse you into the South African bank account that we already have on record for you, at the rate equivalent to treatment offered in South Africa and according to the benefits for your plan.

This cover only applies to healthcare services received in the covered African countries.

How to arrange direct payment for in-hospital, non-emergency or elective treatment

You need to contact Medical Services Organisation International (MSOI) for approval before going to hospital for the procedure and give them the following information:

- Your membership number
- Date of planned procedure
- Name and practice number of the hospital
- Name of the treatment or procedure.

MSOI will approve payment after funding approval from the Scheme has been received. They will provide confirmation of the approval to the hospital at the South African global fee, based on:

- The claims experience on your plan type
- The Scheme's clinical policies
- The rules of the Scheme.

Any amount in excess of the approved payment will not be paid by the Scheme and must be settled directly with the healthcare service provider.

What the Africa Evacuation Benefit does not cover

You are not covered for any of the following while living in one of the covered African countries:

- Healthcare services related to a waiting period, if applicable
- Healthcare services related to a pre-existing condition where a member or dependant is aware of a reason which could give rise to a claim
- Healthcare services related to any of Discovery Health Medical Scheme's general scheme exclusions. For example, you are not covered for search and/or rescue attempts or efforts, or for any travel to and within a country at war. For the latest list of countries at war you can log on to www.discovery.co.za and click on Medical Aid > Benefits and Cover > most queried benefits > international travel.
- Any claims incurred if you are on a KeyCare Plan.

Procedure for submitting claims

You can send claims to us by post to PO Box 784262, Sandton 2146 or fax to 0860 329 252. Alternatively, claims may be scanned and emailed to: claims@discovery.co.za.
Please send us the following information:

- A detailed, original invoice/account in English from the healthcare provider
- If the original invoice/account is in another language, please provide the original invoice/account and a translated version of the account
- The invoice needs to include the following information: Patient name and surname, the diagnosis, provider details, date of service, treatment description and cost of treatment
- Confirmation of the diagnosis in a form of a doctor's report/letter in English
- The International Travel claim form, completed in full and including proof of payment in English for all attached claims.

Please send claims to us within four months of the date of service and remember to keep copies for your records. Please mark your claims as "International claim" and put your membership number on each page.

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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

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