

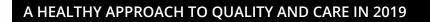




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## **INTRODUCTION** TO YOUR HEALTH PLAN



We at Tsogo Sun Group Medical Scheme work hard on our promise to provide you with the best of care at all times. In delivering on this promise, we always need to balance the cost of healthcare with the benefits we provide to ensure that, as a member of the Tsogo Sun Group Medical Scheme, you continue to enjoy the best of care in 2019.

This year, Tsogo Sun Group Medical Scheme continues to work hard to make sure the care and services you receive make a significant difference in your life and are relevant to your individual needs.

Please continue to read through your brochure and access the website to see what we have in store for you in 2019.





# WHAT MAKES THE TSOGO SUN GROUP MEDICAL SCHEME **COMPETITIVE**



#### A PLAN OPTION TO MEET OUR EMPLOYEES' NEEDS

We offer you two plans to cater for all your medical needs. The Scheme's actuaries and consultants have independently confirmed the richness of our benefit offering. They also place the Scheme above most public medical scheme offerings in respect of competitiveness and value for money.



#### AFFORDABLE AND SUSTAINABLE CONTRIBUTIONS

The Tsogo Sun Group Medical Scheme plans are competitively priced to ensure long-term affordability and value for money. Our annual average contribution increase of 5.85% is significantly lower than the industry average for 2019.



#### MEDICAL COVER WHEREVER YOU ARE

The Tsogo Sun Group Medical Scheme plans provide you with cover for emergency medical evacuations in South Africa. The Discovery Medicopters, supported by ground staff, provide medical support and air evacuation in extreme critical cases. The emergency helicopters operate from Johannesburg, Cape Town and Durban.



#### ACCESS TO ADVANCED MEDICINE AND TECHNOLOGY

Members on the Tsogo Sun Group Medical Scheme plans have additional cover for innovative medical technologies and expensive medicine through the Specialised Medicine and Technology Benefit. Tsogo Sun Group Medical Scheme members have some of the richest cancer benefits of any medical scheme in South Africa.



#### CONTROL OVER YOUR DAY-TO-DAY MEDICAL SPENDING

The Medical Savings Account empowers you to make informed choices about how much you spend on your day-to-day healthcare. Any unused funds are carried over to the next year – unlike traditional plans where unused cover is lost.



#### SCREENING AND PREVENTION BENEFIT

The Tsogo Sun Group Medical Scheme pays for a series of screening tests to ensure you always know your health and can keep yourself healthy. In addition, the Scheme pays for various types of vaccines to prevent high-risk individuals from contracting illnesses that may result in hospitalisation. Please check your Benefit Brochure for more information about these tests and vaccines.



#### TRAUMA RECOVERY EXTENDER BENEFIT

The Trauma Recovery Extender Benefit provides you with additional day-to-day cover, which follows a specified list of traumatic events. The cover applies for the rest of the year in which the trauma takes place, and for the year after your trauma. This benefit is subject to clinical entry criteria and covers expenses such as GP and specialist visits, private nursing, prescribed medicine, radiology and pathology. These specific day-to-day medical expenses, normally paid from your Medical Savings Account, will be covered under this benefit.



#### **DAY-TO-DAY EXTENDER BENEFIT**

The Day-to-Day Extender Benefit extends your day-to-day cover for essential healthcare services. This benefit is aimed at ensuring you always have access to medical cover even when you run out of day-to-day benefits, for example, GP visits, prescribed medicine, pathology tests, antenatal consultations and antenatal scans. We pay for these so you don't have to.



## FULL COVER CHOICE FOR HOSPITALISATION, SPECIALISTS IN HOSPITAL, CHRONIC MEDICINE AND GP CONSULTATIONS

By partnering with Discovery Health, we are able to take advantage of their scale and size which has allowed us to enter into agreements with specialists and GPs to ensure certainty of cover and higher levels of reimbursement for healthcare professionals who we pay in full.



#### THE EXTERNAL MEDICAL ITEMS EXTENDER BENEFIT

This benefit provides access to additional high-end items, in excess of the EMI benefit limit, to high risk members who qualify for extended cover.

## HELPING YOU GET THE MOST OUT OF YOUR COVER



#### MAKE THE FULL COVER CHOICE

On both Tsogo Sun Group Medical Scheme plans, we offer you the choice to be covered in full for hospitalisation, specialists in hospital, chronic medicine and GP consultations. Look out for the Full Cover Choice stamp in this brochure. It shows you when to use our range of online tools that guide you to full cover. We have payment arrangements with certain specialists and GPs. These specialists and GPs agreed to join the Discovery Health specialist network and GP network which you have access to. We will refer to the networks and payment arrangements throughout the brochure.



## FULL COVER CHOICE FOR HOSPITALISATION, SPECIALISTS IN HOSPITAL, CHRONIC MEDICINE AND GP CONSULTATIONS

The Tsogo Sun Group Medical Scheme participates in Discovery Health's network arrangements with specialists and GPs. We offer you access to these networks to ensure you have certainty of cover and higher levels of reimbursements for claims submitted by healthcare professionals. We pay these network providers directly and in full.



#### MATERNITY AND POST-BIRTH BENEFIT

Members on the Comprehensive plan will have access to comprehensive maternity and post-birth risk benefits. Members will be further supported through access to 24/7 support, advice and guidance. These benefits do not affect member's day-to-day benefits and are funded from the risk benefit at the Scheme Rate. The benefit must be activated by the member.

#### **Benefits during Pregnancy**

- Antenatal Consultations: 12 visits to a GP, gynaecologist or midwife
- Ultrasound Scans & Prenatal Screening: Up to 2 ultrasound scans, 1 nuchal translucency or Non-Invasive Prenatal Test (NIPT) covered
- Blood Tests: Defined list of tests per pregnancy
- Antenatal Classes or Consultation with a nurse: Up to 5 pre or post natal classes or consultations with a registered nurse
- Private Ward Cover: up to the Scheme rate.

Essential registered devices: a 25% co-payment e.g. breast pumps and smart thermometers.

## Post-birth Benefits (up to 2 years after birth)

- Antenatal Classes or Consultation with a nurse: 5 pre or post-natal classes or consultations with a registered nurse
- GP & Specialist Consultations: Up to 2 visits with a GP, paediatrician or ENT for baby
- Six Week Consultation: 1 six-week post-birth consultation with a mid-wife, GP or gynaecologist
- Nutrition Assessment: 1 nutrition assessment with a dietician
- Mental Health: 2 mental health consultations with a counsellor or psychologist
- Lactation Consultation: 1 lactation consultation with a registered nurse or lactation specialist.



#### A PREFERRED MEDICINE LIST FOR ACUTE MEDICINE

Full cover for acute medicine extends to include certain cost-effective branded medicine through the introduction of the Preferred Medicine List. The Preferred Medicine List will include both cost-effective branded and generic medicine. We will cover these types of medicine in full when you use a pharmacy in our network. We will cover medicine not on our Preferred Medicine List both branded and generic up to 75% of the Scheme Rate once you reach your Annual Threshold (Comprehensive Plan).

#### This benefit will result in:

- Preservation of your Medical Savings Account.
- Full cover during the Self-payment Gap through the Day-to-Day Extender Benefit (Comprehensive Plan).
- Extended cover in the Above Threshold Benefit (Comprehensive Plan).
- Access to a wider range of acute medicine (Comprehensive Plan).



#### WE PAY NETWORK SPECIALISTS DIRECTLY AND IN FULL

You can benefit by using healthcare professionals participating in the payment arrangements because the Tsogo Sun Group Medical Scheme will cover their approved procedures and consultations in full. Healthcare professionals who participate in the payment arrangements are also designated service providers for Prescribed Minimum Benefits. Remember, we fund claims up to the overall annual limit, except in the case of Prescribed Minimum Benefits where we fund them in full. If you are treated in hospital by a specialist who does not participate in the payment arrangement, the Tsogo Sun Group Medical Scheme will cover up to 300% of the Scheme Rate on the Classic Comprehensive Plan and 200% on the Classic Saver Plan. Please log in to the Discovery Health website (www.discovery.co.za) to find your nearest network specialist.



#### WE PAY GPS IN OUR NETWORK DIRECTLY AND IN FULL

When you see a GP in the GP Network, we will pay for their consultation in full. This is first paid from your Medical Savings Account. If you enter your Self-payment Gap on the Classic Comprehensive Plan, we will pay for the consultation in full from the Day-to-Day Extender Benefit. As a member of the Classic Saver Plan, you have access to a limited number of GP consultations in the network if you use all the funds in your Medical Savings Account.

The Tsogo Sun Group Medical Scheme pays pathology tests prescribed by a network GP in full during the Self-payment Gap if the participating GP uses the Discovery Health pathology form to request the tests. If a participating GP treats you while in hospital, the GP will be paid up to 300% of the Scheme Rate on the Classic Comprehensive Plan and 200% on the Classic Saver Plan. Please log in to the Discovery Health website (<a href="www.discovery.co.za">www.discovery.co.za</a>) to find your nearest participating GP.

## HELPING YOU GET THE MOST OUT OF YOUR COVER



#### WHEN YOU NEED TO GO TO THE DOCTOR - Maps ADVISOR

MaPS Advisor – our Medical and Provider Search Advisor helps you find a healthcare professional who we have an agreement with. These healthcare professionals have agreed to only charge you the Scheme Rate and we pay them in full.





#### MAJOR JOINTS NETWORK

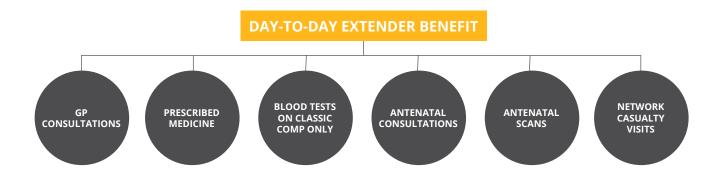
Members of schemes administered by Discovery Health claim over a R1 billion each year for major joint replacements, with high variances in quality of care. To improve the level and consistency of quality, the Tsogo Sun Group Medical Scheme implemented the Major Joints Network – a national network of doctors and hospitals contracted on the quality of outcomes for elective hip and knee replacements.

Members using the Major Joints Network will enjoy guaranteed full cover, while planned admissions outside the network will attract a 20% co-payment on the cost of the episode. This network will not apply to emergency and trauma related surgeries.

## **DAY-TO-DAY EXTENDER BENEFIT**

# THE DAY-TO-DAY EXTENDER BENEFIT EXTENDS YOUR DAY-TO-DAY COVER FOR ESSENTIAL HEALTHCARE SERVICES

This benefit is aimed at ensuring you always have access to medical cover even when you run out of day-to-day benefits. We pay for these so you don't have to. There are some rules to using the benefit so please read carefully.



	CLASSIC COMPREHENSIVE							
What?	GP consultation	Prescribed medicine	Blood tests	Antenatal consultations	Antenatal scans	Emergency casualty visits		
Where?	Network GP	Network pharmacy	Network pathology lab	Network gynaecologist	Network gynaecologist	Network casualty provider		
Limited?	No	Yes	No	No	Yes	Yes		
Limited to what?	-	When in SPG period Preferred medicine list applicable	-	-	Two x 2D scans	Two emergency casualty visits for each child a year (children aged 10 years and younger)		
When does this kick in?	SPG	SPG	SPG	SPG	SPG	SPG		

	CLASSIC SAVER						
What?	GP consultation	Prescribed medicine	Blood tests	Antenatal consultations	Antenatal scans	Emergency casualty visits	
Where?	Network GP	Network pharmacy	No Benefit	Network gynaecologist	Network gynaecologist	Network casualty provider	
Limited?	Yes	Yes	_	Yes	Yes	Yes	
Limited to what?	M: 4 M+: 8	M: 4 (R180) M+: 8 (R180)	-	8	Two x 2D scans	Two emergency casualty visits for each child a year (children aged 10 years and younger)	
When does this kick in?	When MSA is zero	When MSA is zero	-	When MSA is zero	When MSA is zero	When MSA is zero	

### ADVANCED **TECHNOLOGY** AND CONVENIENCE

#### WHEN YOU'RE AT THE DOCTOR - HEALTHID

HealthID, Discovery Health's application for healthcare professionals, is the first of its kind in South Africa. Many doctors will be able to access your health records with your consent, allowing them to provide you with the best of care. Remember that member confidentiality will be protected at all times and can only be accessed with your consent.

#### ONLINE BOOKINGS AND VIRTUAL CONSULTATIONS

You can conveniently use our Discovery app to make real time online bookings and connect with a doctor virtually. These virtual consultations are paid from your available day-to-day benefits.

#### TELEMETRIC GLUCOMETER

The Tsogo Sun Group Medical Scheme funds the iFORA Diamond Mini telemetric glucometer for all members registered for diabetes. These devices provide an efficient and simple user interface for capturing blood glucose readings and insulin medicine levels, and for logging exercise and meals – all in real-time. The data captured through these devices integrates seamlessly with HealthID (an application that doctors can download) to remotely access members' information and identify risks in a timely manner.

All of these benefits taken together allow doctors to spend less time downloading data and more time focusing on the health of patients, making diabetes management easier for members of the Tsogo Sun Group Medical Scheme. This telemetric glucometer is available through MedXpress and Dis-Chem pharmacies.

#### **DISCOVERY MEDXPRESS**

Discovery Health's convenient medicine delivery service, delivers your medicine to your door. By following a few steps, you'll no longer need to go to a pharmacy to collect your medicine. What's more, you'll pay no delivery or administration fees. You'll always be charged at the Tsogo Sun Group Medical Scheme rate or less – minimising co-payments.



#### **SEND US YOUR SCRIPT**

Mark it
'Discovery MedXpress'
and email it to
medxpress@discovery.co.za

Fax to 011 539 1020 or upload it on the website under Order medicine using MedXpress.



## PHONE US TO PLACE YOUR ORDER

0860 100 421 We'll send you SMSs along the way to keep you updated.



#### COLLECTION

- We deliver your medicine to your chosen address
- or your order will be ready for collection within 3 hours (or 6 hours if there is a delay due to stock issues). Collection times will be dependent on operating hours of the particular pharmacy
- This service is available
   Monday Friday within business hours (08:00 to 17:00). Orders placed after 15:00 on a Friday will only be ready for collection on a Saturday morning
  - Hand the pharmacist your original prescription when you collect your medicine for the first time.



#### **REPEAT ORDERS**

There is no need to call us to reorder your repeat medicine, you can reorder on the website under 'Order medicine using MedXpress', through the Discovery app or use the MedXpress SMS reorder service.

## CHRONIC ILLNESS, CANCER AND HIV COVER

#### **CHRONIC ILLNESS BENEFIT (CIB)**

The Chronic Illness Benefit covers approved medicine from a list of 27 chronic conditions (including HIV and AIDS) called the Chronic Disease List conditions. We will pay for your approved chronic medicine in full if it is on our medicine list (formulary). If your approved chronic medicine is not on our medicine list, we will pay your chronic medicine up to a set monthly amount (Chronic Drug Amount) for each medicine category. You will be responsible to pay any shortfall.

If you use a combination of medicine in the same medicine category, where one medicine is on the medicine list and the other is not, we will pay for the medicines up to the one monthly Chronic Drug Amount for that medicine category.

The Chronic Illness Benefit also covers certain procedures, tests and consultations for the diagnosis and ongoing management of the 27 Chronic Disease List conditions (including HIV and AIDS) in line with Prescribed Minimum Benefits, if your condition is approved by the Chronic Illness Benefit.

Medicines for chronic conditions not covered by the Chronic Illness Benefit will be paid from the day-to-day benefits, subject to the Scheme rules and available funds.

You must apply for chronic cover by completing a Chronic Illness Benefit application form with your doctor and submit it for review. You can get the latest application form on the website at <a href="https://www.discovery.co.za">www.discovery.co.za</a> or call **0860 100 421** to receive one.

For a condition to be covered from the Chronic Illness Benefit, there are certain benefit entry criteria that you need to meet.

If necessary, you or your doctor may have to give extra motivation or copies of certain documents to the Scheme to finalise your application.

Remember: If you leave out any information or do not provide the medical test results or documents needed with the application, cover will only start from the date we receive the outstanding documents or information.

## CHRONIC DISEASE LIST CONDITIONS THAT FORM PART OF THE PRESCRIBED MINIMUM BENEFITS ON BOTH PLANS

The cover for chronic medicine is subject to the Scheme medicine list (formulary) or monthly Chronic Drug Amount.

Addison's disease	Chronic renal disease	Epilepsy	Multiple sclerosis
Asthma	Coronary artery disease	Glaucoma	Parkinson's disease
Bipolar mood disorder	Crohn's disease	Haemophilia	Rheumatoid arthritis
Bronchiectasis	Diabetes insipidus	HIV and AIDS	Schizophrenia
Cardiac failure	Diabetes mellitus type 1	Hyperlipidaemia	Systemic lupus erythematosis
Cardiomyopathy	Diabetes mellitus type 2	Hypertension	Ulcerative colitis
Chronic obstructive pulmonary disease (COPD)	Dysrhythmias	Hypothyroidism	

## ADDITIONAL DISEASE LIST (ADL) CONDITIONS WE COVER ON THE CLASSIC COMPREHENSIVE PLAN

There is no medicine list (formulary) for these conditions. We pay for approved medicine for these conditions up to the monthly Chronic Drug Amount.

Ankylosing spondylitis	Gout	Osteopaenia	Sjogren's syndrome
Attention deficit hyperactivity disorder	Huntington's disease	Osteoporosis	Systemic sclerosis
Behcet's disease	Major depression	Paget's disease	Tourette's syndrome
Cystic fibrosis	Motor neurone disease	Panic disorder	Wegener's granulomatosis
Delusional disorder	Muscular dystrophy and other inherited myopathies	Polyarteritis nodosa	
Dermatopolymyositis	Myasthenia gravis	Post-traumatic stress disorder	
Gastro-oesophageal reflux disease	Narcolepsy	Psoriatic arthritis	
Generalised anxiety disorder	Obsessive compulsive disorder	Pulmonary interstitial fibrosis	

#### SMART HEALTH CHOICES MEDICAL ADVICE LINE

This is Discovery's 24-hour advice and counselling line.

Service available:

- Emergency medical advice from qualified medical personnel.
- A link to the poison centre.
- Assessing day-to-day symptoms and access to an accredited international medicine and drug database.
- General health information and counselling.

Call centre number: 0860 999 911 (select the Smart Health Choices Medical Advice Line, option 4).

#### **DISEASE MANAGEMENT PROGRAMMES**

#### **ONCOLOGY PROGRAMME**

The Oncology Programme follows the South African Oncology Consortium guidelines to ensure you have access to the most appropriate level of treatment for the particular stage of your disease. We pay most claims related to treating cancer from the Hospital Benefit, although we pay some from the day-to-day benefits. Refer to the Oncology Benefit brochure on www.discovery.co.za for more information.

Depending on your health plan, the Oncology Programme covers the first R200 000 or R400 000 of your approved cancer treatment over a 12-month cycle in full up to the Scheme Rate. Once your treatment costs go over this amount, the Scheme will pay 80% of the Scheme Rate for all further treatments and you will need to pay the balance yourself. This amount could be more than 20% if your treatment costs are higher than the Scheme Rate.

Bone marrow transplant costs do not add up to the 12-month rolling limit for cancer treatment.

The Scheme covers you for bone marrow donor searches and transplant, subject to protocols. Your cover is subject to review and approval. To register on this programme call **0860 100 421**.

#### **DIABETES***Care* **PROGRAMME**

Discovery Diabetes *Care* is a programme designed to achieve well-coordinated care for members with diabetes, and to provide the information and motivation they need to manage their condition. The programme has four key elements:

- Access to the best GP network to coordinate care
  - The Premier Plus GP Network is a national network of GPs that will provide high quality treatment in the management of patients with chronic conditions.
     Premier Plus GPs have access to HealthID.

- Additional funding for allied healthcare services
  - Enrolment on DiabetesCare unlocks an additional visit to a biokineticist and a dietitian.
- Incentives to motivate a journey to better health
  - Members have the option to join a wellness programme (for an additional fee), and can maintain a healthy lifestyle by enrolling in personalised physical activity and weight-loss programmes. Note: This is not a Tsogo Sun Group Medical Scheme benefit.
- Access to real-time, clinically verified data on their condition

Monthly progress dashboard – Members are motivated and empowered to engage in managing their condition via regular, personalised and insightful updates, delivered through the member dashboard on the web, member app and by email.



To access this benefit, please complete a Chronic Illness Benefit application form and send it to Discovery Health for review. Once registered on the Chronic Illness Benefit, you can register with the Centre for Diabetes and Endocrinology by calling 011 712 6000.



#### **HIV**Care PROGRAMME

The HIVCare Programme provides comprehensive disease management for members living with HIV and AIDS. Members registered on this programme can be assured of utmost confidentiality. They will have access to unlimited hospitalisation and antiretroviral treatment, subject to the formulary and the Chronic Drug Amount (CDA). Members who are not registered are limited to PMB protocols.

To register on this programme call 0860 100 421.

### **SCREENING AND PREVENTION BENEFIT**

#### **SCREENING AND PREVENTION BENEFIT**

The Screening Benefit covers preventive screening tests at a Scheme network provider. It includes the following tests: blood glucose, blood pressure, cholesterol and body mass index. We cover one set of screenings per person per year up to the Scheme rate. In addition it also covers mammograms, Pap smears and HIV screening tests up to the Scheme Rate at a provider that is registered with the Board of Healthcare Funders. This will be covered by the Scheme. Related consultations and costs will be paid from the Medical Savings Account or the Above Threshold Benefit. The Scheme covers one mammogram per member every two years and one Pap smear per member every three years. We also cover all members and their dependants for a seasonal flu vaccine.

If a member meets our clinical entry criteria, they will get access to the following additional tests:

- Rapid HbA1c glucose test.
- Lipogram cholesterol test.
- Breast MRI or mammogram and once-off BRCA testing for breast screening.
- Pap smear for cervical screening.

#### CHILDREN'S ANNUAL DENTAL CHECK-UP

The Scheme will cover the costs of one dental consultation per year if you have used all the funds in your Medical Savings Account and have not yet reached your Above Threshold Benefit. The check-up applies to children under the age of 13 and will be funded to a maximum of the Scheme Rate. Should any additional treatments need to be performed during the consultation, you will have to pay these costs yourself.

#### CHILDREN'S VACCINATIONS

Members with children aged 24 months and younger are encouraged to vaccinate their children against a host of childhood illnesses. These vaccines can be costly and as a result, the Scheme will fund the prescribed list of childhood vaccines for children aged 24 months and younger.

#### CHILD HEALTH ASSESSMENT

Paediatricians in the Discovery Health Premier Rate A and Rate B network and GPs in the Discovery Health GP network perform educational and preventive Child Health Assessments. Take your child to have one of these assessments once a year and we will pay for the consultation.

Note: This range of vaccine benefits cover the cost of the vaccine only and not the consultation fee.

#### CHILDREN'S SCREENING BENEFIT

Age appropriate tests including, but not limited to, growth assessment, blood pressure and health tracking for children between the ages of two years and 18 years will be paid up to a maximum of 100% of the Scheme Rate. This will be one test per year for each qualifying child, which must be performed at a network pharmacy or provider.

#### PNEUMOCOCCAL VACCINATION

Certain high risk individuals such as individuals over the age of 65 and individuals with certain respiratory conditions, may suffer from pneumonia several times during the year and may even be admitted to hospital several times to treat the pneumonia. We want to prevent this and will pay for these eligible members to receive the pneumococcal vaccine. The vaccine will not be paid from your day-to-day benefits.



# PRESCRIBED MINIMUM BENEFITS (PMBs) AND DESIGNATED SERVICE PROVIDERS (DSPs)

#### WHAT ARE PMBs?

Prescribed Minimum Benefits are prescribed by law as a minimum benefit package that each medical scheme member is entitled to. The Council for Medical Scheme's regulations state that medical schemes need to provide cover for certain conditions at designated service providers; even when scheme exclusions, or waiting periods apply, or when the member has reached their limit for a benefit. A designated service provider is a healthcare provider (for example doctor, specialist, pharmacist or hospital) who we have an agreement with, to provide treatment or services at a contracted rate.

#### WHAT WE COVER AS A PRESCRIBED MINIMUM BENEFIT

The Prescribed Minimum Benefits make provision for the cover of the diagnosis, treatment and ongoing care of:

270 diagnoses and their associated treatment

27 chronic conditions and emergency conditions.

#### **HOW WE PAY PMB CLAIMS**

Your cover depends on whether you choose to use Tsogo Sun Group Medical Scheme's designated service providers (DSPs):



Tsogo Sun Group Medical Scheme has selected hospital networks and other service providers as our designated service providers (DSPs). We also have contracts with specific state facilities that are also part of our DSPs. The latest list of hospitals and other service providers is available on <a href="https://www.discovery.co.za">www.discovery.co.za</a>

If you choose to use Tsogo Sun Group Medical Scheme's DSPs, we pay your medical expenses in full, from your Hospital Benefit. If you choose not to use a DSP, we pay for medical expenses incurred while you are admitted to hospital for health professionals (doctors) at up to 80% of the Scheme Rate.

#### **PLEASE NOTE**

If you are involuntarily admitted to a hospital which is not part of the DSP, you will be transferred to a state or relevant network hospital as soon as a bed becomes available, or as soon as you are stable enough to be transferred. However, if you decline to move to a State or relevant network hospital, medical expenses incurred during your admission will be paid up to a maximum of 80% of the Scheme Rate.

This will be calculated from the date that you opted to stay in a hospital that is not part of the Tsogo Sun Group Medical Scheme's DSPs.

## THE TSOGO SUN GROUP MEDICAL SCHEME'S LIST OF DESIGNATED SERVICE PROVIDERS (DSPS)

Hospital All hospitals with whom we have a contract

HIV and AIDS medicine Optipharm

**Drug and alcohol rehabilitation** SANCA, Nishtara Lodge and Ramot

Renal dialysis National Renal Care

General Practitioners Discovery Health GP Network

Specialists Discovery Health Premier A and B Network

Home oxygen Vitalaire

**Emergency services** Discovery 911 and Netcare 911

Terminal care Hospice

Wound care Advanced Wound Care

**Diabetes** Centre for Diabetes and Endocrinology

Pathology All pathology laboratories with who we have a contract with





## ACCESS TO WORLD-CLASS MEDICAL COVER

#### TRAUMA RECOVERY EXTENDER BENEFIT

The Trauma Recovery Extender Benefit provides you with additional day-to-day cover following a specified list of traumatic events. The cover applies for the rest of the year in which the trauma takes place, and for the year after your trauma. The Trauma Recovery Extender Benefit will pay for ongoing intensive day-to-day care for emergencies related to:

- Crime-related trauma
- Near drowning
- Poisoning
- Severe anaphylactic reaction

- Paraplegia
- Quadriplegia
- Severe burns
- Head injuries.

This benefit is subject to clinical entry criteria and covers expenses such as GP and specialist visits, private nursing, prescribed medicine, radiology and pathology.

These day-to-day medical expenses, normally paid from your Medical Savings Account, will be covered under this benefit, except for optometry, dentistry and over-the-counter medicines.

Once members register for the benefit following the trauma event, all claims linked to the event will be funded from the Trauma Recovery Extender Benefit (not your Medical Savings Account) according to the rules of your chosen Plan.

#### THE SPECIALISED MEDICINE AND TECHNOLOGY BENEFIT

This benefit covers a specific list of new and advanced medicine and treatments for members on both the Classic Comprehensive Plan and the Classic Saver Plan. This is a limited benefit and there may be co-payments that you may have to pay, depending on the medical condition and the type of medicine or treatment that is used. You need to apply for authorisation to qualify for the benefit.

#### INTERNATIONAL SECOND OPINION SERVICES

Through your specialist you have access to second opinion services from Cleveland Clinic for life-threatening and life-changing conditions. We cover 50% of the cost of the second opinion service.



### **CLASSIC COMPREHENSIVE PLAN**

#### **HOSPITAL BENEFIT**



- The Hospital Benefit covers hospitalisation in a general ward and related in-hospital accounts if you are admitted to hospital and Tsogo Sun Group Medical Scheme has approved the treatment.
- The Hospital Benefit covers the payment of hospital accounts in full if you
  are in a general ward and related in-hospital accounts (for example, specialists
  and anaesthetists) up to 300% of the Scheme Rate.
- You also have access to specialists participating in the Premier Rate payment arrangement\*\* ensuring you have no co-payment when you consult these specialists.
- Classic Comprehensive members have access to the maternity and post-birth benefit. The maternity benefit includes antenatal consultations and classes, ultrasound scans and prenatal screenings, blood tests, private ward cover and cover for essential registered devices. The post-birth benefit includes GP and specialist visits, a six week post-birth consultation, a nutrition assessment, a lactation consultation and up to two mental health consultations.

Vitality membership is optional. Vitality is not a Tsogo Sun Group Medical Scheme product.

The Classic Comprehensive Plan offers the highest level of coverage of the Tsogo Sun Group Medical Scheme Plans. This Plan offers comprehensive in-hospital cover, chronic illness benefits and a wide range of benefits to cover out-of-hospital expenses.

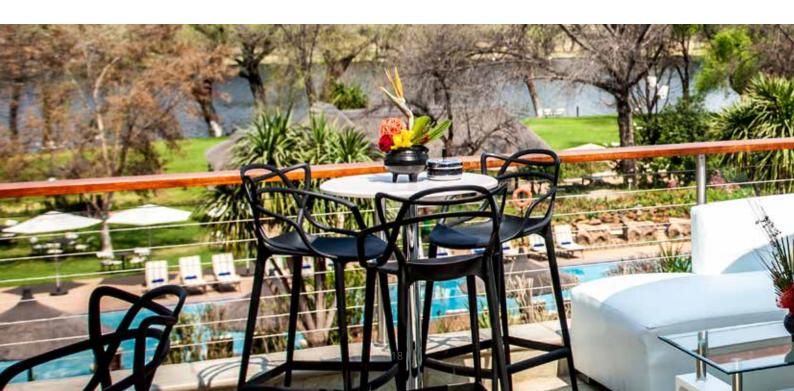
## 2019 CLASSIC COMPREHENSIVE PLAN MONTHLY CONTRIBUTION TOTAL CONTRIBUTION (INCLUDING MEDICAL SAVINGS ACCOUNT)

Income band	Main member	Spouse or adult dependant	Child*
R0 - R5 470	R2 440	R1 584	R404
R5 471 - R10 470	R3 136	R2 036	R572
R10 471 - R26 280	R3 412	R2 216	R636
R26 281+	R3 516	R2 284	R688

A premium calculator is provided for your use on Sunlink (Hotels) and the HR website (Gaming). Please use this calculator to calculate your contribution for your own unique family size.

- \* Maximum of three children will be charged for.
- $^{**}\quad \text{For more information on Premier Rate and GP network please refer to the relevant page in this brochure.}$

Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07, an authorised financial services provider.



#### **DAY-TO-DAY BENEFITS**

- The day-to-day benefits fund out-of-hospital medical expenses such as general practitioners and dentists. These expenses are funded firstly from the Medical Savings Account and thereafter from the Above Threshold Benefit, subject to available funds and limits.
- Healthcare claims at or below the Scheme Rate are paid directly to the provider. If the provider charges more than the Scheme Rate, the claim will be paid to you and you will need to settle the account with the provider.

#### **MEDICAL SAVINGS ACCOUNT (MSA)**

- Your day-to-day medical expenses are first funded through the Medical Savings Account. This is an amount set at approximately 25% of your annual contribution for the year.
- Any remaining funds for the year are carried over to the following year.
- You can make use of the GP network\*\* for consultations.

MONTHLY MEI	DICAL SAVINGS	ACCOUNT CONTRIBUT	TION	ANNUAL MEDIC	AL SAVINGS ACCOUNT A	LLOCATION
Income band	Main member	Spouse or adult dependant	Child*	Main member	Spouse or adult dependant	Child*
R0 - R5 470	R576	R372	R 90	R6 912	R4 464	R1 080
R5 471 - R10 470	R742	R484	R131	R8 904	R5 808	R1 572
R10 471 - R26 280	R744	R485	R153	R8 928	R5 820	R1 836
R26 281+	R746	R487	R159	R8 952	R5 844	R1 908

<sup>\*</sup> Maximum of three children will be charged for.



 $<sup>^{**}\</sup>quad \text{For more information on Premier Rate and GP network, please refer to the relevant page in this brochure.}$ 

#### **SELF-PAYMENT GAP (SPG)**

There will be a gap between the time the Medical Savings Account is depleted and reaching the Annual Threshold. During this time you will have to pay all claims. However, medical expenses during this time will still accumulate to the Annual Threshold at the Scheme Rate (subject to certain criteria) as long as the accounts are submitted to the Scheme.

SELF-PAYMENT GAP						
Income band	Main member	Spouse or adult dependant	Child*			
R0 - R5 470	R4 588	R5 250	R2 429			
R5 471 - R10 470	R2 596	R3 906	R1 937			
R10 471 – R26 280	R2 572	R3 894	R1 673			
R26 281+	R2 548	R3 870	R1 601			

<sup>\*</sup> Maximum of three children will be charged for.

#### **ABOVE THRESHOLD BENEFIT (ATB)**

- The Above Threshold Benefit protects you against any expenses. It provides extra cover once your day-to-day expenses, claimed at the Scheme Rate, have accumulated to a fixed Rand amount called the Annual Threshold.
- Once you have reached your Annual Threshold, the Scheme will pay claims from the Above Threshold Benefit at a maximum of the Scheme Rate, subject to some specific category sub-limits (for example, prescribed medicine).

ANNUAL THRESHOLD FOR 2019					
Main member	Spouse or adult dependant	Child*			
R11 500	R9 714	R3 509			

Maximum of three children will be used to calculate the Annual Threshold value.



## **CLASSIC SAVER PLAN**

#### **HOSPITAL BENEFIT**



Vitality membership is optional. Vitality is not a Tsogo Sun Group Medical Scheme product.

This plan is for members who need a lower level of day-to-day benefits while still having access to a high level of in-hospital benefits and chronic illness benefits.

- The Hospital Benefit covers hospitalisation in a general ward and related in-hospital accounts if you are admitted to hospital and Tsogo Sun Group Medical Scheme has approved the treatment.
- The Hospital Benefit covers the payment of hospital accounts in full if you are in a general ward and related in-hospital accounts (for example, specialists and anaesthetists) up to 200% of the Scheme Rate.
- You also have access to specialists participating in the Premier Rate payment arrangement\*\* ensuring you have no co-payment when you consult these specialists.

2019 CLASSIC SAVER PLAN MONTHLY CONTRIBUTION						
TOTAL CONTRIBUTION (INCLUDING MEDICAL SAVINGS ACCOUNT)						
Income band	Main member	Spouse or adult dependant	Child*			
R0 - R6 610	R1 240	R 804	R188			
R6 611 - R10 470	R1 560	R1 012	R256			
R10 471 - R26 280	R1 840	R1 188	R332			
R26 281+	R1 896	R1 232	R376			

A premium calculator is provided for your use on Sunlink (Hotels) and the HR website (Gaming). Please use this calculator to calculate your contribution for your own unique family size.

- \* Maximum of three children will be charged for.
- \*\* For more information on Premier Rate and GP network, please refer to the relevant page in this brochure.

#### **DAY-TO-DAY BENEFITS**

The day-to-day benefit funds out-of-hospital medical expenses such as general practitioners and dentists. These expenses are funded from the Medical Savings Account subject to available funds.

Healthcare claims at or below the Scheme Rate are paid directly to the provider. If the provider charges more than the Scheme Rate, the claim will be paid to you and you will then need to settle the account with the provider.

#### **MEDICAL SAVINGS ACCOUNT (MSA)**

- Your day-to-day medical expenses are funded through the Medical Savings Account. This is an amount set at approximately 25% of your annual contribution.
- Any remaining funds are carried over to the following year.
- You can make use of the GP network\*\* for consultations.

MONTHLY MEDICAL SAVINGS ACCOUNT CONTRIBUTION						
Income band	Main member	Spouse or adult dependant	Child*			
R0 - R6 610	R309	R201	R46			
R6 611 - R10 470	R385	R249	R64			
R10 471 - R26 280	R455	R293	R80			
R26 281+	R473	R307	R88			

ANNUAL MEDIC	AL SAVINGS ACCOUN	IT ALLOCATION
Main member	Spouse or adult dependant	Child*
R3 708	R2 412	R552
R4 620	R2 988	R768
R5 460	R3 516	R960
R5 676	R3 684	R1 056

- \* Maximum of three children will be charged for.
- For more information on Premier Rate and GP network, please refer to the relevant page in this brochure.

Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07, an authorised financial services provider.

# BENEFIT SUMMARY FOR THE CLASSIC COMPREHENSIVE PLAN AND THE CLASSIC SAVER PLAN IN 2019

No overall hospital limit applies on these plans, however, certain sub-limits apply. Related accounts will be paid at 300% of the Scheme Rate for the Comprehensive Plan and 200% of the Scheme Rate for the Saver Plan. Some healthcare services have limits. Here is a summary:

HOSPITAL BENEFIT	CLASSIC COMPREHENSIVE	CLASSIC SAVER	
	THE LIMIT ON THIS BENEFIT	THE LIMIT ON THIS BENEFIT	
HIV and AIDS related illnesses	Unlimited if registered on the HIV and AIDS management programme If not registered on the HIV and AIDS management programme, subject to PMB protocol		
Cochlear implants, implantable defibrillators and auditory brain implants	R 223 700 per person per benefit		
Internal nerve stimulators	R153 600 per person		
Mental health disorders	Up to a maximum of 300% of the Scheme Rate for related accounts (Classic Comprehensive)  Up to a maximum of 200% of the Scheme rate for related accounts (Classic Saver)		
	Up to a maximum of 100% of the Scheme Rate for hospital account in a networ Up to a maximum of 80% of the Scheme Rate for the hospital account if a nonfacility is used 21 days for admissions or up to 15 out-of-hospital consultations for each persomajor affective disorders, anorexia and bulimia and up to 12 out-of-hospital co for acute stress disorder accompanied by recent significant trauma. 21 days for mental health admissions		
Alcohol and drug rehabilitation	Up to a maximum of 300% of the Scheme rate for related accounts (Classic Comprehensive)	Up to a maximum of 200% of the Scheme rate for related accounts (Classic Saver)	
	21 days per person, PMB protocols apply		
Major maxillo-facial procedures (severe infections, jaw joint replacements, cancer and trauma related surgery, cleft and palate repairs)	No overall limit		
Terminal care benefit	PMB services will be paid from Major Risk Benefits on an unlimited basis		
Advanced Illness Benefit for oncology patients: Defined list of out-of-hospital benefits for patients with advanced oncology conditions only (end of life treatment).	100% of the Scheme Rate. Subject to registration by the treating physician		
Hip joint, knee joint and shoulder joint prosthesis	R41 700 per shoulder joint prosthesis and R41 700 per hip and knee joint prosthesis per person per annum if non-network provider used. Unlimited if network provider is used		
Dialysis	Unlimited. Paid at Scheme Rate. National Renal Care is the provider of choice		
Spinal Benefit: This benefit includes cover for cervical spinal fusion, cervical artificial disk replacement, lumbar spine fusion, lumbar artificial disk replacement, interspinous devices. Clinical protocols apply.	R25 500 for the first level for the prothesis and/or devices, R51 000 for two or more levels for the prothesis and/or devices. Maximum of one procedure each year Unlimited if the member uses the preferred/network provider. Clinical protocols apply		
Circumcisions  Male circumcision for the following reasons: Foreskin trauma, Phimosis, Paraphimosis, Balanoposthitis (balanitis), Circumcision due to birth injury, Congenital hydronephrosis and vesicoureteric reflux, previous failed circumcision, Recurrent urinary tract infections in children	Paid from the hospital benefit if performed in the doctor's rooms If a circumcision is performed for other reasons, for example, religious, cultural, non-medical, the costs will be paid from the available funding in your day-to-day benefit		
Comprehensive Maternity benefits Antenatal consultations Antenatal classes Ultrasound scans and prenatal screening Blood tests Private ward Essential registered devices	Paid from the hospital benefit subject to certain limits: Antenatal consultations are limited to 12 visits. Pre or post natal classes are limited to 5 consultations with a registered nurse. A limit of 2 Ultrasound scans and one nuchal translucency or NIPT are covered. Blood tests are limited to a defined basket. Private ward cover is limited to Scheme rate. Cover on essential registered devices with a co-payment of 25%	No benefit	
Post-birth benefits GP and specialist visits Post natal consultations Six week post-birth consultation Nutrition assessment Mental health consultation Lactation consultation	Paid from the hospital benefit subject to certain limits: Consultations with a GP, paediatrician or an ENT is limited to 2 visits for your baby. Pre or post natal classes are limited to 5 consultations with a registered nurse. A limit of one six-week post-birth consultation with a GP, midwife or gynaecologist is covered. A limit of one nutrition assessment with a dietician is covered. Mental health consultations with a counsellor or psychologist is limited to 2 visits. A limit of one lactation consultation with a nurse or lactation specialist is covered	No benefit	

S S	(PAID FROM MSA/ATB)  Specialists and GPs  Antenatal classes  Virtual paediatrician consultations  Non-PMBs trauma services obtained	REIMBURSED AND ACCUMULATE TO THE ANNUAL THRESHOLD**  100% of the Scheme Rate  100% of the Scheme Rate  Up to a maximum of 100% of the Scheme Rate for children under the age of 10. Once the MSA has been depleted and before the threshold is reached, out-of-hospital consultation codes billed will be paid from Health Care Cover for each qualifying child. Any amount paid from Health Care Cover does not accumulate to threshold	THE LIMIT ON THIS BENEFIT  Paid from MSA/ATB. Unlimited once in ATB  R1 700 per pregnancy Paid from MSA/ATB  Unlimited once in ATB	Limited to funds in the MSA  Limited to funds in the MSA  Limited to funds in the MSA
A C	Antenatal classes  Virtual paediatrician consultations  Non-PMBs trauma	Up to a maximum of 100% of the Scheme Rate for children under the age of 10. Once the MSA has been depleted and before the threshold is reached, out-of-hospital consultation codes billed will be paid from Health Care Cover for each qualifying child. Any amount paid from Health Care Cover does not	once in ATB R1 700 per pregnancy Paid from MSA/ATB	Limited to funds in the MSA
N C	Virtual paediatrician consultations  Non-PMBs trauma	Up to a maximum of 100% of the Scheme Rate for children under the age of 10. Once the MSA has been depleted and before the threshold is reached, out-of-hospital consultation codes billed will be paid from Health Care Cover for each qualifying child. Any amount paid from Health Care Cover does not	Paid from MSA/ATB	
	consultations  (S)  Non-PMBs trauma	Scheme Rate for children under the age of 10. Once the MSA has been depleted and before the threshold is reached, out-of-hospital consultation codes billed will be paid from Health Care Cover for each qualifying child. Any amount paid from Health Care Cover does not	Unlimited once in ATB	Limited to funds in the MSA
Professional Services	from a casualty unit	Up to a maximum of 100% of the Scheme Rate for children under the age of 10. Once the MSA has been depleted and before the Threshold is reached, out-of-hospital consultation, facility fee and consumable codes billed will be paid from Health Care Cover up to a maximum of 100% of the Scheme Rate. Any amount paid from Health Care Cover will not accumulate to threshold	In network: Once MSA has been used up, limited to two visits for each child Not in the network: Limited to funds available in MSA Unlimited once in ATB	In network: Once MSA has been used up, limited to two visits for each child Not in the network: Limited to funds available in MSA
F *	Allied, Therapeutic and Psychology Benefit*  * acousticians, chiropractors, counsellors, dietitians, homeopaths, nurses, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrists, social workers, biokineticist, speech and hearing therapists	nology Benefit* sticians, chiropractors, nsellors, dietitians, homeopaths, ses, occupational therapists, siotherapists, podiatrists, hologists, psychometrists, social kers, biokineticist, speech and		Limited to funds in the MSA
A	Allied, Therapeutic and Psychology Extender Benefit	Clinical Entry Criteria applies Upon application	1 January 2019 Upon application if granted, unlimited benefits for Allied and Therapeutic Healthcare Services paid by the Scheme	No benefit
F	Radiology	100% of the Scheme Rate	Paid from MSA/ATB Unlimited once in ATB	Limited to funds in the MSA
F	Pathology	100% of the Scheme Rate	Paid from MSA/ATB Unlimited once in ATB	Limited to funds in the MSA
C	Over-the-counter medication, including prescribed schedule 0, 1 and 2 medicine and lifestyle-enhancing products	100% of the Scheme Medication Rate and does not accumulate to Annual Threshold	Limited to funds in the MSA Not paid from ATB	Limited to funds in the MSA
Medicine	Prescribed medicine*	Up to a maximum of 100% of the Scheme Rate for medicine on the Preferred Medicine List Up to a maximum of 75% of the Scheme Rate for medicine that is not on the Preferred Medicine List	Single member R28 060 Member + 1 R33 020 Member + 2 R38 360 Member + 3 R43 730 Paid from MSA/ATB	Limited to funds in the MSA
E	External medical items	100% of the Scheme Rate	R58 800 per family Paid from MSA/ATB	Limited to funds in the MSA
H	Hearing aids	100% of the Scheme Rate	R24 700 per family (separate limit to EMI). Paid from MSA/ATB	Limited to funds in the MSA
f a	Optical* (spectacles, frames, contact lenses and refractive eye surgery, for example excimer laser)	100% of the Scheme Rate	R5 790 per person Paid from MSA/ATB. If a network optician is used, a 20% discount may be enjoyed by the member for frames and lenses	Limited to funds in the MSA If a network optician is used, a 20% discount may be enjoyed by the member for frames and lenses
	Optometry consultations	100% of the Scheme Rate	Paid from MSA/ATB Unlimited once in ATB	Limited to funds in the MSA
Appliances a	Mobility and breathing devices for conditions such as: Hemiplegia, paraplegia, quadriplegia, Cerebral Palsy, Parkinson's disease, Multiple Sclerosis, respiratory disorders, Extrapulmonary, pleural or parenchymal respiratory diseases, connective tissue disorders, neonatal congenital defects, Muscular Dystrophy and Chronic Obstructive Pulmonary Disease	Up to a maximum of 100% of the Scheme Rate. Subject to authorisation and the condition meeting the Scheme's entry criteria.	Unlimited	Unlimited

	DAY-TO-DAY BENEFITS (PAID FROM MSA/ATB)	HOW THE CLAIM WILL BE REIMBURSED AND ACCUMULATE TO	CLASSIC COMPREHENSIVE	CLASSIC SAVER	
		THE ANNUAL THRESHOLD**	THE LIMIT ON THIS BENEFIT	THE LIMIT ON THIS BENEFIT	
Dentistry	Dentistry* (this includes in-hospital and out-of-hospital dentistry, and applies to hospital and related accounts)	100% of the Scheme Rate	Treatment in-hospital  If admitted to a hospital or day-case facility: A deductible upfront payment of R6 200 (hospital) or R4 000 (day-case facilities) is payable per admission  The balance of the hospital/day-case facility account will be paid by the Scheme up to 100% of the Scheme Rate. If aged 12 years and younger: a deductible upfront payment of R2 400 (hospital) or R1 100 (day-case facility) is payable by you. Dentist, Anaesthetist and related accounts are paid by the Scheme up to 100% of the Scheme Rate		
De			Treatment out-of-hospital Paid from the MSA/ATB	Treatment out-of-hospital Limited to funds in the MSA	
			Limits (in- and out-of-hospital) Dental devices, appliances, prosthesis and orthodontics (surgical/non-surgical) are limited to R27 300 per beneficiary per year. Paid from MSA/ATB	Limits (in- and out-of-hospital) Dental devices, appliances, prosthesis and orthodontics (surgical/non-surgical) are limited to funds in the MSA	
	Seasonal flu vaccine	100% of the Scheme Rate	Limited to one per beneficiary per year Paid from the Hospital Benefit	Limited to one per beneficiary per year Paid from Hospital Benefit	
	Health Check (includes blood glucose, cholesterol, blood pressure and BMI check)	100% of the Scheme Rate	Limited to one group of tests per beneficiary per annum	Limited to one group of tests per beneficiary per annum	
Preventive Screening	Mammograms	100% of the Scheme Rate	Limited to one per beneficiary every two years Paid from the Hospital Benefit If additional mammograms are required during the course of the year, they will be funded from available day-to-day benefits but if a member meets our clinical entry criteria, they will get access to additional mammogram tests	Limited to one for a beneficiary every two years Paid from the Hospital Benefit If additional mammograms, are required during the course of the year, they will be funded from available day-to-day benefits but if a member meets our clinical entry criteria, they will get access to additional mammogram tests	
	Pap smears	100% of Scheme Rate	Limited to one per beneficiary every three years Paid from the Hospital Benefit. If additional Pap smears are required during the course of the year, they will be funded from available day-to-day benefits but if a member meets our clinical entry criteria, they will get access to additional Pap smears	Limited to one per beneficiary every three years Paid from the Hospital Benefit If additional Pap smears are required during the course of the year, they will be funded form available day-to-day benefits but if a member meets our clinical entry criteria, they will get access to additional Pap smears	
	Prostrate Specific Antigen Check	100% of Scheme Rate	Limited to one per beneficiary per year Paid from the Hospital Benefit. If additional prostrate checks are required during the course of the year, they will be funded from available day-to-day benefits	Limited to one per beneficiary per year Paid from the Hospital Benefit. If additional prostrate checks are require during the course of the year, they will be funded from available day-to-day benefits	
	Children's vaccinations	100% of the Scheme Rate for medicine	Limited to vaccines as prescribed by the Department of Health for children aged 24 months and younger Paid from the Hospital Benefit	Limited to vaccines as prescribed by the Department of Health for children aged 24 months and younger Paid from the Hospital Benefit	
	Child Health Assessment	100% of the Scheme Rate Performed by a Network GP or paediatrician	Applies to children over the age of two and under the age of 18 Limited to one health assessment per year Paid from the Hospital Benefit	Applies to children over the age of two and under the age of 18 Limited to one health assessment per year Paid from the Hospital Benefit	

<sup>\*</sup> Prescribed Medicine, dentistry, mental health, optical benefits and other benefits with limits are pro-rated according to the number of months left in the calendar year when the member joins the Scheme.

Where the claimed amount is less than the Scheme Rate, we will pay and accumulate the claimed amount.

	DAY-TO-DAY BENEFITS (PAID FROM MSA/ATB)	HOW THE CLAIM WILL BE REIMBURSED AND ACCUMULATE TO	CLASSIC COMPREHENSIVE	CLASSIC SAVER	
		THE ANNUAL THRESHOLD**	THE LIMIT ON THIS BENEFIT	THE LIMIT ON THIS BENEFIT	
:	Children's Screening Benefit: Group of age appropriate tests including, but not limited to, growth assessment or milestones only up to age eight, blood pressure and health tracking	Up to a maximum of 100% of the Scheme Rate	For children between the ages of two and 18 years One test for each qualifying beneficiary per year Subject to services performed at a DSP pharmacy or provider only	For children between the ages of two and 18 years One test for each qualifying beneficiary per year Subject to services performed at a DSP pharmacy or provider only	
Preventive Screening (cont.)	HbA1c and Lipogram tests	Up to a maximum of 100% of the Scheme Rate for test cod Subject to meeting the Scheme's clinical entry criteria Note: Consultation paid from MSA or ATB. Where the consultation relates to a PMB the consultation will be paid from Health Care Cover	Unlimited		
Prev	Additional cover for Mammogram, breast MRI, BRCA testing and repeat Pap Smear	Up to a maximum of 100% of the Scheme Rate for test code Subject to meeting the Scheme's clinical entry criteria Note: Consultation paid from MSA or ATB. Where the consultation relates to a PMB the consultation will be paid from Health Care Cover	Unlimited Once off BRCA testing		
Chronic Illness Benefit	Diabetes Management for members registered on the Scheme's Disease Management Programme	Up to 100% of the Scheme Rate for services covered in the Scheme's basket of care if referred by the Scheme's DSP	Basket of care as set by the Scher	ne	
	MRI and CT scans (must be referred by a specialist) In-hospital visits are covered at 100% of the Scheme Rate if	100% of the Scheme Rate	In-hospital Covered at 100% of the Scheme Rate if related to an authorised event	In-hospital Covered at 100% of the Scheme Rate if related to an authorised event	
suo	related to an authorised event		Out-of-hospital First R3 060 of MRI and CT scan code will be paid from the MSA/ATB. The balance of the MRI and CT scan code will be paid from the Hospital Benefit. Also applies to MRI or CT scans done when the member is admitted to hospital for conservative back treatment. Authorisation is required for in-hospital and out-of-hospital events	Out-of-hospital First R3 060 of MRI and CT scan code will be paid from the MSA. The balance of the MRI and CT scan code will be paid from the Hospital Benefit. Also applies to MRI and CT scans done in hospital if the member is admitted for conservative back treatment. Authorisation is required for in-hospital and out-of-hospital events	
Investigations	Pregnancy scans	100% of the Scheme Rate	Two scans per pregnancy (3D and 4D Scans covered as per 2D Scans)	Two scans per pregnancy (3D and 4D Scans covered as per 2D Scans) Limited to funds in the MSA	
	Gastroscopy, colonoscopy, proctoscopy, sigmoidoscopy and cystoscopy	100% of the Scheme Rate	In-hospital First R3 750 of the hospital account is paid from MSA/ ATB. Balance of hospital and related accounts are paid by the Scheme up to the Scheme Rate Subject to preauthorisation	In-hospital First R4 550 of the hospital account is paid from MSA. Balance of hospital and related accounts are paid by the Scheme up to the Scheme Rate Subject to preauthorisation	
			Out-of-hospital If performed out-of-hospital, no co-payments apply All accounts (hospital and related) are paid by the Scheme up to the Scheme Rate. Subject to preauthorisation Paid from MSA/ATB	Out-of-hospital If performed out-of-hospital, no co-payments apply All accounts (hospital and related) paid by the Scheme up to the Scheme Rate. Subject to preauthorisation Limited to funds in the MSA	

<sup>\*</sup> Prescribed medicine, dentistry, mental health, optical benefits and other benefits with limits are pro-rated according to the number of months left in the calendar year when the member joins the Scheme.

<sup>\*\*</sup> Where the claimed amount is less than the Scheme Rate, we will pay and accumulate the claimed amount.

## **KEY** INFORMATION

#### **CONTACT DETAILS**

Service centre: 0860 100 421

Emergency: 0860 999 911 for Discovery 911

For health plan queries: service@discovery.co.za

Oncology and HIV and AIDS programmes: 0860 100 421

Diabetes Programme: 011 712 6000

For Smart Health Choices: 0860 999 911 (option 4)

If you even slightly suspect someone of committing fraud, report all information directly to the Discovery fraud department: forensics@discovery.co.za

Or you may remain anonymous using these contact details:

Toll-free phone: 0800 004 500

SMS 43477 and include the description of the alleged fraud

Toll-free fax: 0800 00 77 88 Email: discovery@tip-offs.com

Post: Freepost DN298, Umhlanga Rocks 4320

#### IMPORTANT TIPS WHEN CLAIMING

When sending claims, please make sure the following details are clear:

- Your membership number.
- The service date.
- Your doctor's details and practice number.
- The amounts charged.
- The relevant consultation, procedure or NAPPI code and diagnostic (ICD-10) codes.
- The name and birth date of the dependant for who the service was done.
- If paid, attach your receipt or make sure the claim says 'paid'.
- Check with your healthcare provider if they have sent your claims to us to avoid duplicates.
- Send your claims within four months, otherwise we will consider them expired and not pay them.
- Remember to always keep copies of your claims for your records.

To see the status of your claim, you can go to www.discovery.co.za

#### **IMPORTANT NOTES:**

- 1. Healthcare practices must be appropriately registered with the Board of Healthcare Funders (BHF) and must have a valid practice number in order for claims to be considered.
- 2. The Scheme Rate is set by the Scheme for reimbursement or it is the rate agreed between the Scheme and the provider.

Discovery Health has been tasked to negotiate certain rates on behalf of the Scheme.

#### **HOW TO CLAIM**

#### **EMAIL AND FAX**

You can fax your claims to us on 0860FAX CLAIMS (0860 329 252), or scan and email your claim to claims@discovery.co.za



#### POST

You can post your claims to the following address: Tsogo Sun Group Medical Scheme – Claims P O Box 652509 Benmore 2010



#### **CLAIM DROP-OFF BOXES**

You can drop off your claims in our claims drop-off boxes situated around the country, in convenient places such as pharmacies and medical practices, as well as most Virgin Active or Planet Fitness gyms.





## **GENERAL** EXCLUSIONS

#### **SCHEME RATE**

This is the amount of money the Scheme pays for a specific type of medical procedure, treatment or consultation. There are, however, certain healthcare professionals with whom the Scheme has negotiated rates. The negotiated tariff replaces the Scheme Rate in those instances.

#### **MEMBER DEBT**

You are given your Medical Savings Account upfront each year but you contribute towards this every month when you pay your contributions (annual allocation divided by 12). You may spend your whole Medical Savings Account early in the year or you may save it. If you resign from your employer and you are no longer eligible to remain on the Tsogo Sun Group Medical Scheme as a member, you will need to be withdrawn and move onto an open-market medical scheme.

If you have spent more of your Medical Savings Account than what you have contributed, the amount that you have overspent will be due back to the Tsogo Sun Group Medical Scheme. We call this member debt. You may also create member debt by taking off one or more of your dependants during the year.

Remember that your Medical Savings Account allocation is based on family size so by reducing your family size you reduce your Medical Savings Account allocation. In the event that you have spent more than what you have contributed, this difference will be due back to the Tsogo Sun Group Medical Scheme.

The Tsogo Sun Group Medical Scheme takes member debt very seriously as it places a burden on the rest of the Scheme. A Member Debt Administrator will be in contact with you if debt is owed to the Tsogo Sun Group Medical Scheme. It is important to note that member debt will be deducted from your salary by your employer's payroll and will be paid over to the Tsogo Sun Group Medical Scheme to settle the debt that is owed.

#### **GENERAL EXCLUSIONS**

Claims will not be paid if they are, according to the Scheme, caused directly or indirectly by the following:

- 1. Healthcare services of a cosmetic nature, for example, otoplasty for bat-ears.
- 2. Healthcare services relating to portwine stains and blepharoplasty (eyelid surgery).
- Healthcare services relating to breast reductions/ enlargements and gynaecomastia.
- 4. Healthcare services relating to obesity.
- 5. Healthcare services relating to frail care.
- 6. Healthcare services relating to infertility.
- 7. Healthcare services relating to wilfully self-inflicted illness or injury.
- 8. Healthcare services relating to alcohol, drug or solvent abuse.
- Healthcare services relating to injuries sustained during participation in a wilful and material violation of the law.
- Healthcare services relating to injuries sustained during a wilful participation in war, terrorist activity, riot, civil commotion, rebellion or insurrection.
- 11. Experimental, unproven or unregistered treatment or practices.

- 12. Healthcare services related to any waiting periods, if applicable.
- 13. Healthcare services relating to any complication that may arise from any exclusion.
- 14. Healthcare services relating to any travel to a country at war.
- 15. Any costs for which a third party is legally responsible.

The Company's subsidy for medical scheme contributions appears in the Company's HR manual. All cover is subject to medical necessity.

This brochure is merely a summary of the Scheme's key benefits and features for 2019, pending approval from the Council for Medical Schemes. Full details will be found in the Scheme Rules.

This brochure gives you a brief outline of the benefits, Tsogo Sun Group Medical Scheme offers. This does not replace the Scheme rules. The registered Scheme rules are legally binding and always take precedence.

### FAIR COLLECTION NOTICE

## YOUR PERSONAL INFORMATION: HOW DOES DISCOVERY OBTAIN, USE, DISCLOSE AND PROCESS IT

We understand that your personal information is important to you and that you may be anxious about disclosing it. Your privacy and the security around your information is just as important to us and therefore we want to make sure you understand how we will process your information. We will always strive to keep your personal information and that of your dependants confidential, whether you supplied it to us directly or whether we have collected it from other sources.

We take this commitment to look after your information seriously and we have implemented a number of processes to make sure it's used in the right way. That is why, if you think we have used your personal information in a way that goes against the law, you can speak to us about it and we promise to look into the matter.

The accuracy of your personal information is also important to us and you can always ask us for details about the information we have on record for you. If you think that we have outdated information, you can ask us to update or correct it.

Apart from you giving us your personal information and those of your dependants, there are other sources from which we may also get information i.e. doctors or other healthcare providers. These sources are bound by their own promise to look after your information and make sure it is used in the right way.

#### THESE ARE SOME OF THE WAYS WE WILL USE YOUR PERSONAL INFORMATION

To service your membership, Discovery Health and Tsogo Sun Group Medical Scheme will use your information in different ways. These include:

- Underwriting or risk assessments.
- Considering a claim for medical expenses.
- Administration of your medical scheme membership.
- Providing managed care services to you or any dependants on your membership.
- Providing relevant information to a contracted third party who requires this information to provide a healthcare service to you or any dependants on your health plan.

Discovery Health may include some of your information in any academic research. Local and international contracted research and survey providers may also use your information. This will always be on an anonymous basis, which means that data about you that is relevant to the research is used but it is not linked to your name or membership. If we want to share your information, for any other reason, we will only do so with your permission.

#### SOME OF THE OTHER SOURCES THAT WE WILL SHARE YOUR PERSONAL INFORMATION WITH

As a member of an employer group we may get or share information relating to your membership with your employer. This will be limited to information that is relevant to your application or information that is required for the ongoing servicing of your membership, but will not include any health information unless you have given us permission to do so. We may also share your personal information with credit bureaus or the credit provider's industry association, including personal information about any judgement or default history.

We may also share your personal information with other third parties, including healthcare professionals if a clinical assessment is needed. Depending on the circumstances this may also be shared with providers outside of the borders of South Africa.

Discovery will use your contact information to notify you of developments on products you already have with us. If you don't want to receive this kind of communication from us, you can ask us to stop this communication.

We may also share your personal information with other businesses in the Discovery Group if you or your dependants already have a relationship with them or if you have applied for a product or benefit. We will only share information that is needed for the administration of your (or your dependant's) products or benefits. So, for example, if you have a Vitality membership, and you need to obtain Vitality points for a mammogram, Tsogo Sun Group Medical Scheme will share the fact that you had a mammogram done on a specific date.

If you have a financial adviser they may also ask us to share your (or your dependants') personal information with them. We will only share information that enables them to provide you with sound advice, such as your plan type and your contact details. We will not share any information about your medical conditions (or that of your dependants) unless you have given us your permission to do so.



## **GLOSSARY** OF TERMS

### GLOSSARY

		Glossary	
Term	Acronym	What	
Above Threshold Benefit	ATB	When members' cumulative expenses equal the Annual Threshold amount, the member enters the Above Threshold Benefit. Once the member enters the Above Threshold Benefit the Scheme covers the cost of certain day-to-day medical expenses	
Body mass index	ВМІ	Formula used to determine whether a person is within an acceptable weight range for hor her body. To calculate BMI divide weight in kilograms by height in centimetres square A healthy BMI is between 18 and 25	
Clinical entry criteria	CEC	Specific medical standards a member's doctor must attest they meet for the member's condition to be covered from the Chronic Illness Benefit and receive sustainable funding for cost-effective treatment	
Co-payment	N/A	This can be funded from your Medical Savings Account, subject to funds available in your Medical Savings Account	
Cost	N/A	When choosing to have your claims paid at cost price, the full amount claimed by the provider will be paid from your Medical Savings Account. Certain providers may charge more than the Scheme Rate	
Deductible	N/A	This is an amount payable upfront at the point of service. A deductible cannot be paid from your MSA	
Designated service provider	DSP	The doctors, specialists, hospitals and pharmacies that the medical scheme has negotiated preferential rates with in offering their benefits for Prescribed Minimum Benefit conditions	
Direct Payment Arrangement	DPA	Discovery Health on behalf of Tsogo Sun Group Medical Scheme implemented payment arrangements in an effort to reduce payment frustration for members and healthcare professionals. Participating doctors agree to charge a set rate, as determined by Discovery Health on behalf of Tsogo Sun Group Medical Scheme. This rate is based on what is affordable to the Scheme as well as appropriate for healthcare professionals	
Emergency medical services	EMS	Ambulance services	
External medical Items	EMI	Medical items used on the exterior of the body such as prosthetic limbs, wheelchairs, crutches, and so on	
In-Hospital	IH	Refers to all related, approved costs etc. during procedures (emergency or elected) which occur during a hospital stay	
Medical Savings Account	MSA	The Medical Savings Account covers the cost of day-to-day expenses such as visits to GPs and dentists, as well as the cost of medication subject to the availability of funds in the Medical Savings Account. The full annual amount is available on 1 January every year, any leftover savings are carried over to the following year	
Out-of-hospital	ОН	Refers to any procedures, claims or benefits which occur without an overnight hospital stay. Also known as 'day-to-day'	
Over-the-counter	отс	Medicine Schedule 0 – 2	
Preferred provider	N/A	A provider chosen by a medical scheme to provide specific services for its member. These services may be furnished at discounted rates. Members must visit these provide to enjoy specific cover.	
Scheme Rate	N/A	This is the rate that the Scheme sets for reimbursing claims	
Scheme Rate for medicine	SMR	This is the single exit price for medicines plus the relevant dispensing fee	
Self-payment Gap	SPG	The Self-payment Gap happens when members on the Tsogo Sun Group Medical Scheme (Classic Comprehensive members only) run out of funds in their Medical Savings Accounts before reaching the Annual Threshold. When a Self-payment Gap is in force, the member is personally responsible for the payment of all day-to-day medical expenses	
Single Exit Price	SEP	The Single Exit Price dictates the selling price of medicine at all pharmacies and healthcare providers	
To-take-out medicine	тто	Medicine for seven days, given to you before you are discharged from hospital	

### **COMPLAINTS AND DISPUTES**

#### WHAT TO DO WHEN YOU HAVE A QUERY OR COMPLAINT THAT REMAINS UNRESOLVED

The Medical Schemes Act 131 of 1998 (the Act) states that members who are aggrieved with the conduct of a medical scheme or want to dispute a decision taken by their medical scheme have the right to contact the Council for Medical Schemes (CMS) for a dispute resolution. The Act also sets out the complaints procedure that must be followed.

Members must first try to resolve the matter with their medical scheme and only contact CMS if they are still in disagreement with the medical scheme.

The Scheme's Dispute Resolution Process requires that you contact the administrator, Discovery Health, through the contact centre on **0860 100 421** and lodge the complaint or dispute.

If the matter remains unresolved or the feedback received is not to your satisfaction, the matter can be escalated in writing to the Principal Officer at the Scheme's registered address.

Members who thereafter are still in dispute with their Scheme can contact the Council for Medical Schemes.

The contact details for the Council of Medical Schemes are as follows:

- Physical address: Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157
- Postal address: Private Bag X34, Hatfield 0028

Phone number: 0861 123 267

Fax number: 012 431 7644

Email: complaints@medicalschemes.com





Call Centre 0860 100 421 | service@discovery.co.za | www.discovery.co.za