

EMERGENCY SERVICES GUIDE

DISCOVERY HEALTH MEDICAL SCHEME 2025

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

Discovery Health Medical Scheme prides itself in providing funding for world-class, comprehensive medical care. In the event of an emergency, we are able to ensure that our members have access to timeous, optimal patient care. Calls are managed by highly qualified emergency personnel who assess each case and initiate the most appropriate air or road evacuations based on protocols and resources available within a specific geographical area.

WHEN YOU HAVE AN EMERGENCY

- You or your family can call the Discovery 911 by dialling 0860 999 911, for any medical emergency 24 hours a day, seven days a week.
- Your call will connect you with highly qualified emergency personnel.
- We will immediately dispatch the most appropriate emergency medical service within your geographic area.

About some of the terms we use in this document

TERMINOLOGY	DESCRIPTION
Chronic Disease List (CDL)	This is a defined list of chronic conditions that we cover according to the Prescribed Minimum Benefits.
Chronic Illness Benefit (CIB)	The Chronic Illness Benefit covers medicine and treatment for a defined list of chronic conditions. You need to apply for the cover first.
Comprehensive cover	This cover exceeds the essential healthcare services and Prescribed Minimum Benefits that are prescribed by the Medical Schemes Act 131 of 1998. Comprehensive cover offers you extra cover and benefits to complement your basic cover. It gives you the flexibility to choose your healthcare options and service providers. Whether you choose full cover or options outside of full cover, we give you the freedom to decide what suits your needs. Our cover is in line with, or goes beyond, defined clinical best practices. This ensures that you receive treatment that is expected for your condition and that is clinically appropriate. We may review these principles from time to time to stay current with changes in the healthcare landscape. While comprehensive, your cover remains subject to the Scheme's treatment guidelines, protocols and designated service providers. We still prioritise managed care to make sure you get the best outcomes for your health.
Cover	Refers to the benefits that you can access on your health plan and how we pay for these healthcare services. The services may include consultations, medicine and hospital visits.
Emergency medical condition	An emergency medical condition may be referred to, simply, as an emergency. It is the sudden and, at the time, unexpected onset of a health condition that requires immediate medical and surgical treatment. Failure to give this medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or it would place the person's life in serious jeopardy. An emergency does not necessarily need you to be admitted to a hospital and you may be treated in casualty only. We may ask you for more information to confirm the emergency.
Member	The reference to member in this document also includes dependants, where applicable.
Prescribed Minimum Benefits (PMBs)	 In terms of the Medical Schemes Act 131 of 1998 and its Regulations, all medical schemes have to cover the cost related to the diagnosis, treatment and care of: An emergency medical condition A defined list of 271 diagnoses A defined list of 27 chronic conditions. The Council for Medical Schemes has set the following rules for how to access Prescribed Minimum Benefits: Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions.

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TERMINOLOGY	DESCRIPTION
	 The treatment that you need must be provided for in the defined benefits. You must use designated service providers in our network. This does not apply in emergencies. Where appropriate and in line with 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, we will pay up to 80% of the Discovery Health Rate. You will be responsible for 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.

Emergency Assist

If you need help in an emergency and are unable to speak, you have access to our cellular phone-based panic alert system on the Discovery Health app. As soon as you push "Emergency Assist" you can select from two options: call me back or call an emergency operator. This service signals an alarm without requiring verbal identification.

If you activate this panic alert, you will be contacted immediately and if there is no response, we will use technology to locate you as long as you have your GPS location services on, and an emergency vehicle will be dispatched to attend to you.

How you are covered by the Scheme during traumatic events

If you have an emergency, you must call the Emergency Assist number on 0860 999 911 where you can request an ambulance service or go straight to hospital. Treatment that you may require following a traumatic event will either be covered as part of the Prescribed Minimum Benefits (PMBs) or by the appropriate medical scheme benefits for example casualty and/or Hospital Benefit, Chronic Illness Benefit (CIB) in the context of an emergency or the Trauma Recovery Extender Benefit.

To apply for out-of-hospital Prescribed Minimum Benefits (PMBs) or cover for a Chronic Disease List (CDL) condition, you must complete a Prescribed Minimum Benefit or a Chronic Illness Benefit application form. Up to date forms are always available on <u>www.discovery.co.za</u> under Medical Aid > Find documents and certificates.

To qualify for the Trauma Recovery Extender Benefit, you must be a member of Discovery Health Medical Scheme when the traumatic event occurs. Cover depends on clinical entry criteria. Up to date benefit guides are always available on www.discovery.co.za under Medical Aid > Find documents and certificates.

Dedicated support and benefits for trauma related to gender-based violence

Our dedicated team will assist you to facilitate, guide and understand which healthcare services you will need during this time and will make sure that you get access to the appropriate medical scheme benefits, by calling 0860 999 911 and selecting the option for gender-based violence. If required, you may also have access to additional benefits paid for by the Scheme, where medically appropriate, depending on your unique case. Our dedicated team will offer confidential support and advice to you and your family throughout your traumatic event.

You can refer to the website at <u>www.discovery.co.za</u> to find out more about how you are covered during traumatic event, or you can refer to your health plan guide under Medical Aid > Find documents and certificates.



Working to care for and protect you

Our goal is to provide support for you in the times when you need it most.

How to contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66 Go to <u>www.discovery.co.za</u> 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.

What to do if you have a complaint

01 | 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 <u>www.discovery.co.za</u>. We would also love to hear from you if we have exceeded your expectations.

02 | 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 <u>www.discovery.co.za</u> or by emailing <u>principalofficer@discovery.co.za</u>.

03 | 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 <u>website</u>.

04 | 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.

Your privacy is important to us

We hold your privacy in the highest regard. Our unwavering commitment to protecting your personal information and ensuring the security and confidentiality of your data is clearly outlined in our Privacy Statement. You can view our latest version on <u>www.discovery.co.za</u> > Medical aid > About Discovery Health Medical Scheme.