

# COVER FOR DIAGNOSTIC ENDOSCOPIES

DISCOVERY HEALTH MEDICAL SCHEME  
2025





## Overview

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

This document tells you how we fund scopes. When we refer to scopes and how we cover them, we refer to diagnostic gastrointestinal scopes namely oesophagoscopy, gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy. These are all used to investigate the digestive system. This document explains how we cover scopes that are done in-hospital, in a day clinic and scopes done in the doctor’s rooms, depending on your chosen plan. It is important to call and tell us about your scope and get preauthorisation as soon as you know about it. This is also so you understand your cover and whether a co-payment or upfront amount may apply. Cover is subject to the Scheme’s clinical criteria, treatment guidelines, protocols and networks (where applicable).

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

## About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Above Threshold Benefit (ATB)	<b>Available on the Executive, Comprehensive and Priority plans</b> Once the day-to-day claims you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit (ATB) at the Discovery Health Rate (DHR) or a portion of it. The Executive Plan has an unlimited Above Threshold Benefit (ATB), and the Comprehensive and Priority plans have a limited Above Threshold Benefit (ATB).
Co-payment	This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service or if the amount the service provider charges is higher than the rate we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB), where applicable. Depending on the plan you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the plan you choose.
Deductible	This is the amount that you must pay upfront to the hospital, day clinic, or provider for specific treatments/procedures or if you use a facility outside of the network. If the upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Scopes intervals	The period of time between the initial and follow up scope, according to the Scheme’s clinical criteria, treatment guidelines and protocols.
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
Emergency medical condition	An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person’s life in serious jeopardy.  An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.



TERMINOLOGY	DESCRIPTION
Medical Savings Account (MSA)	<p><b>Available on the Executive, Comprehensive, Priority and Saver plans</b></p> <p>The Medical Savings Account (MSA) is an amount that is allocated to you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to your MSA. You can choose to have your claims paid from the MSA either at the Discovery Health Rate, or at cost. Any unused funds will carry over to the next year. Should you leave the Scheme or change your plan during the year and have used more of the funds than what you have contributed, you will need to pay the difference to us.</p>
Prescribed Minimum Benefits (PMBs)	<p>In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> <li>• An emergency medical condition</li> <li>• A defined list of 271 diagnoses</li> <li>• A defined list of 27 chronic conditions</li> </ul> <p>To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:</p> <ul style="list-style-type: none"> <li>• Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions</li> <li>• The treatment needed must match the treatments in the defined benefits</li> <li>• You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a designated service provider (DSP) we will pay up to 80% of the Discovery Health Rate (DHR). You will have to pay the difference between what we pay and the actual cost of your treatment.</li> </ul> <p>If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.</p>
Related accounts	Any account other than the hospital account for in-hospital care. This could include the accounts for the admitting doctor, anaesthetist and any approved healthcare expenses like radiology or pathology.

## How we cover endoscopies

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

The Scheme will cover scopes during an emergency, where indicated and approved for dyspepsia, and for children aged 12 and under without any co-payment or upfront payment. Please refer to the section [Benefits available for your plan type](#) for more details.

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

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

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



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

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

On the Comprehensive, Priority, Saver, Core and Smart plans, you should have your scope done in our Day Surgery Network. If your scope is performed outside of our Day Surgery Network, other than in the doctor's rooms, you will have to pay an upfront amount, depending on your chosen plan. You can read more about the deductibles that maybe apply according to your plan in the ["Benefits of your health plan"](#) section.

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

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

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

### Scopes done in hospital for a defined list of procedures

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

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

No co-payment or deductible applies if you have your scope done at an in-rooms network provider. If you have your scope done in the doctor's rooms at any other provider, a co-payment or deductible will apply. For a single scope, the co-payment or deductible is R1,750 and for a bidirectional scope, the co-payment or deductible is R3,000. Please refer to the section [Benefits available for your plan type](#) for more details.

We pay the cost of scopes done in the doctor's rooms from your Hospital Benefit up to the Discovery Health Rate (DHR). If you use a provider that is not in the network, you will have to pay the difference if they charge more than what we pay.

### When no co-payment applies

There are some instances where no co-payment will apply:

- Scopes performed as part of a confirmed Prescribed Minimum Benefit
- Where indicated and approved for dyspepsia. You can find more information on the Dyspepsia Conservative Care Programme [here](#)
- Where a patient is aged 12 or younger
- For in-rooms scopes performed at a network provider.

### On the KeyCare Plans, we only cover certain scopes

On the KeyCare plans we only cover scopes done on children aged 12 and under, scopes related to surgery, or when it is covered as a Prescribed Minimum Benefit (PMB) under certain conditions (indicated below). These scopes need to be performed within the KeyCare Day Surgery Network. Scopes that fall outside of these criteria are not covered in hospital or in a day clinic as it is not a benefit covered on the KeyCare plans. Scopes done in the doctor's rooms will be covered from your Hospital Benefit.

You still need to authorise your scope with us. If you do not authorise your scope, it will fund from your Specialist Benefit if requested by a specialist as part of your approved specialist visit.



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

We will pay the claim as a Prescribed Minimum Benefit (PMB) if the scope report confirms a Prescribed Minimum Benefit (PMB) diagnosis. No co-payment will apply in this instance. We will pay the claim as a Prescribed Minimum Benefit (PMB) if it meets the Scheme's criteria. You or your doctor must send us the report confirming the diagnosis.

If the scope does not result in confirmation of a Prescribed Minimum Benefit (PMB) diagnosis, you will be required to pay the co-payment.

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

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

## Benefits available for your plan type

EXECUTIVE PLAN									
<p><b>You need to preauthorise your scope</b> Please preauthorise your scope with us beforehand.</p> <p><b>How we pay the claims</b></p> <p><b>Admissions for scopes</b> Depending on where you have your scope done, we pay the following amount from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit up to the Discovery Health Rate (DHR). If you do not have enough funds available in your day-to-day benefits, you will need to pay this amount.</p> <p><b>Upfront payments for scope admissions:</b></p> <table border="1"> <thead> <tr> <th>DAY CLINIC ACCOUNT</th> <th>HOSPITAL ACCOUNT</th> </tr> </thead> <tbody> <tr> <td>R4,500</td> <td>R6,550, this co-payment will reduce to R5,250 if performed by a doctor who is part of the Scheme's value-based network</td> </tr> <tr> <td colspan="2">If both a gastroscopy and colonoscopy are performed in the same admission</td> </tr> <tr> <td>R5,500</td> <td>R8,100, this co-payment will reduce to R6,600 if performed by a doctor who is part of the Scheme's value-based network</td> </tr> </tbody> </table>		DAY CLINIC ACCOUNT	HOSPITAL ACCOUNT	R4,500	R6,550, this co-payment will reduce to R5,250 if performed by a doctor who is part of the Scheme's value-based network	If both a gastroscopy and colonoscopy are performed in the same admission		R5,500	R8,100, this co-payment will reduce to R6,600 if performed by a doctor who is part of the Scheme's value-based network
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<p>You also have cover for up to R2,700 each day in a private ward.</p> <p><b>Related accounts for scopes done in hospital</b> We pay related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit for approved admissions.</p> <p><b>Scopes done in the doctor's rooms</b> No co-payment applies if you have your scope done at an in-rooms network provider. We will pay the cost of the scope from your Hospital Benefit up to 300% of the Discovery Health Rate (DHR).</p> <p>If you have your scope done in the doctor's rooms at any other provider, a co-payment will be paid from your available day-to-day benefits. For a single scope, we will pay the first R1,750 from the available funds in your Medical Savings Account (MSA) or Above Threshold Benefit (ATB). For bidirectional scopes, a co-payment of R3,000 applies. If you do not have enough funds available in your day-to-day benefits, you will need to pay this amount. We pay the balance of the account from your Hospital Benefit up to 300% of the Discovery Health Rate (DHR). If the provider charges more than what we pay, you will have to pay the difference.</p>									

**No upfront payment applies**

If you are having a scope done in the doctor's rooms at a network provider, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is aged 12 and under you will not have to pay any amount upfront. We pay these accounts from the Hospital Benefit. Please call us for preauthorisation before you have your scope done.

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

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

**COMPREHENSIVE SERIES****You need to preauthorise your scope**

Please preauthorise your scope with us beforehand.

**How we pay the claims****Admissions for scopes**

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

**Upfront payments for scope admissions:**

DAY CLINIC ACCOUNT		HOSPITAL ACCOUNT
Classic and Classic Smart options	R4,500	R6,550, this co-payment will reduce to R5,250 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission		
Classic and Classic Smart options	R5,500	R8,100, this co-payment will reduce to R6,600 if performed by a doctor who is part of the Scheme's value-based network

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

For the *Classic Comprehensive plan*, an upfront payment of R7,000 will apply.

Where both a gastroscopy and colonoscopy are performed the higher upfront payment of R8,100 will apply.

For the *Classic Smart Comprehensive*, an upfront payment of R12,200 will apply if you use a facility outside of the Smart Day Surgery Network. In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

**Related accounts for scopes done in hospital**

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

**Scopes done in the doctor's rooms**

No co-payment applies if you have your scope done at an in-rooms network provider. We will pay the cost of the scope from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR).

If you have your scope done in the doctor's rooms at any other provider, a co-payment will be paid from your available day-to-day benefits. For a single scope, we will pay the first R1,750 from the available funds in your Medical Savings Account (MSA) or Limited Above Threshold Benefit (ATB). For bidirectional scopes, a co-payment of R3,000 applies. If you do not have enough funds available in your day-to-day benefits, you will need to pay this amount. We pay the balance of the account from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR). If the provider charges more than what we pay, you will have to pay the difference.

**No upfront payment applies**

If scopes are performed in the doctor's rooms at a network provider, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is aged 12 and younger you will not have to pay any amount upfront. We pay these accounts from the Hospital Benefit. Please call us for preauthorisation before you have your scope done.

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

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

**PRIORITY SERIES****You need to preauthorise your scope**

Please preauthorise your scope with us beforehand.

**How we pay the claims****Admissions for scopes**

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

**Upfront payments for scope admissions:**

	DAY CLINIC ACCOUNT	HOSPITAL ACCOUNT
Classic and Essential options	R4,500	R7,250, this co-payment will reduce to R5,850 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission		
Classic and Essential options	R5,500	R9,100, this co-payment will reduce to R7,400 if performed by a doctor who is part of the Scheme's value-based network



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

Where a scope is performed in a day clinic outside the Day Surgery Network, an upfront payment of R7,000 will apply, except if performed in a hospital outside the Day Surgery Network where the upfront payment of R7,250 will apply.

Where both a gastroscopy and colonoscopy are performed the upfront payment of R9,100 will apply. In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

### **Related accounts for scopes done in hospital**

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

### **Scopes done in the doctor's rooms**

No deductible applies if you have your scope done at an in-rooms network provider. We will pay the cost of the scope from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic Plan and up to 100% of the DHR on the Essential Plan.

If you have your scope done in the doctor's rooms at any other provider, you will have to pay a deductible upfront to the provider. For a single scope, you have to pay the first R1,750. For bidirectional scopes, a deductible of R3,000 applies. We pay the balance of the account from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic Plan and up to 100% of the DHR on the Essential Plan. If the provider charges more than what we pay, you will have to pay the difference.

### **No upfront payment applies**

If scopes are performed in the doctor's rooms at a network provider, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is aged 12 and under you will not have to pay any amount upfront. We pay these accounts from the Hospital Benefit. Please call us for preauthorisation before you have your scope done.

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

#### *Classic plan:*

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

#### *Essential plan:*

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

## **SAVER SERIES**

### **You need to preauthorise your scope**

Please preauthorise your scope with us beforehand

### **How we pay the claims**

#### **Admissions for scopes**

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





## SAVER SERIES

### Upfront payments for scope admissions:

	DAY CLINIC ACCOUNT	HOSPITAL ACCOUNT
Classic, Essential, Coastal and Delta options	R4,500	R7,700, this co-payment will reduce to R6,400 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission		
Classic, Essential, Coastal and Delta options	R5,500	R9,600, this co-payment will reduce to R7,950 if performed by a doctor who is part of the Scheme's value-based network

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

Where a scope is performed in a day clinic outside of the Day Surgery Network an upfront payment of R7,000 will apply, except if performed in a hospital outside the Day Surgery Network where an upfront payment of R7,700 will apply. Where both a gastroscopy and colonoscopy are performed the upfront payment of R9,600 will apply.

For Delta options, the out-of-network upfront payment of R10,700 will apply. In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

### Related accounts for scopes done in hospital

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

### Scopes done in the doctor's rooms

No co-payment applies if you have your scope done at an in-rooms network provider. We will pay the cost of the scope from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic plans and up to 100% of the DHR on the Essential and Coastal plans.

If you have your scope done in the doctor's rooms at any other provider, a co-payment will be paid from your available day-to-day benefits. For a single scope, we will pay the first R1,750 from the available funds in your Medical Savings Account (MSA). For bidirectional scopes, a co-payment of R3,000 applies. If you do not have enough funds available in your day-to-day benefits, you will need to pay this amount. We pay the balance of the account from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic plans and up to 100% of the DHR on the Essential and Coastal plans. If the provider charges more than what we pay, you will have to pay the difference.

### No upfront payment applies

If scopes are performed in the doctor's rooms at a network provider, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is aged 12 and under you will not have to pay any amount upfront. We pay these accounts from the Hospital Benefit. Please call us for preauthorisation before you have your scope done.

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

#### *Classic plans:*

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



## SAVER SERIES

### *Essential and Coastal plans:*

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

## SMART SERIES

### **You need to preauthorise your scope**

Please preauthorise your scope with us beforehand

### **How we pay the claims**

#### **Admissions for scopes**

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

#### **Upfront payments for scope admissions:**

	DAY CLINIC ACCOUNT	HOSPITAL ACCOUNT
Classic, Essential, Essential Dynamic, and Active plans	R4,500	R7,700, this co-payment will reduce to R6,400 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission		
Classic, Essential, Essential Dynamic, and Active plans	R5,500	R9,600, this co-payment will reduce to R7,950 if performed by a doctor who is part of the Scheme's value-based network

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

Where a scope is performed outside of the Day Surgery Network, an upfront payment of R12,200 will apply to the Classic and Essential plans and an upfront payment of R14,750 will apply to the Essential Dynamic and Active Smart plans. In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

#### **Related accounts for scopes done in hospital**

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

#### **Scopes done in the doctor's rooms**

No co-payment applies if you have your scope done at an in-rooms network provider. We will pay the cost of the scope from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic Plan and up to 100% of the DHR on the Essential and Active plans.

If you have your scope done in the doctor's rooms at any other provider, you will have to pay a co-payment on the account. For a single scope, you have to pay the first R1,750. For bidirectional scopes, a co-payment of R3,000 applies. We pay the balance of the account from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic Plan and up to 100% of the DHR on the Essential and Active plans. If the provider charges more than what we pay, you will have to pay the difference.



## SMART SERIES

### No upfront payment applies

If scopes are performed in the doctor's rooms at a network provider, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is aged 12 or younger you will not have to pay any amount upfront. We pay these accounts from the Hospital Benefit. Please call us for preauthorisation before you have your scope done.

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

#### *Classic plan:*

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

#### *Essential, Essential Dynamic, and Active plans:*

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

## CORE SERIES

### You need to preauthorise your scope

Please preauthorise your scope with us beforehand.

### How we pay the claims

#### Admissions for scopes

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

#### Upfront payments for scope admissions:

	DAY CLINIC ACCOUNT	HOSPITAL ACCOUNT
Classic, Essential, Coastal and Delta options	R4,500	R7,700, this co-payment will reduce to R6,400 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission		
Classic, Essential, Coastal and Delta options	R5,500	R9,600, this co-payment will reduce to R7,950 if performed by a doctor who is part of the Scheme's value-based network



## CORE SERIES

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

Where a scope is performed in a day clinic outside of the Day Surgery Network, an upfront payment of R7,000 will apply, except if performed in a hospital outside the Day Surgery Network where an upfront payment of R7,700 will apply. Where both a gastroscopy and colonoscopy are performed, the upfront payment of R9,600 will apply. For Delta options, an upfront payment of R10,700 will apply. In the case of an emergency, no out-of-network penalty applies if you use a facility outside of the network.

### **Related accounts for scopes done in hospital**

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

### **Scopes done in the doctor's rooms**

No co-payment applies if you have your scope done at an in-rooms network provider. We will pay the cost of the scope from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic plans and up to 100% of the DHR on the Essential and Coastal plans. If you have your scope done in the doctor's rooms at any other provider, you will have to pay a co-payment on the account. For a single scope, you have to pay the first R1,750 to the provider. For bidirectional scopes, a co-payment of R3,000 applies. We pay the balance of the account from your Hospital Benefit up to 200% of the Discovery Health Rate (DHR) on the Classic plans and up to 100% of the DHR on the Essential and Coastal plans. If the provider charges more than what we pay, you will have to pay the difference.

### **No upfront payment applies**

If scopes are performed in the doctor's rooms at a network provider, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is aged 12 or younger you will not have to pay any amount upfront. We pay these accounts from the hospital benefit. Please call us for preauthorisation before you have your scope done.

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

#### *Classic plans:*

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

#### *Essential and Coastal plans:*

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

## KEYCARE SERIES

### **On KeyCare Plans, we only cover scopes in certain instances**

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

Please contact us on 0860 99 88 77 or go to [www.discovery.co.za](http://www.discovery.co.za) before you go for the procedure to confirm your benefits. Scopes done in the doctor's rooms will be covered from your Hospital Benefit. If you do not authorise your scope it will fund from your Specialist Benefit (if requested by a specialist) as part of your approved specialist visit.



## 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 [www.discovery.co.za](http://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.

### 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 [www.discovery.co.za](http://www.discovery.co.za). 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 [www.discovery.co.za](http://www.discovery.co.za) or by emailing [principalofficer@discovery.co.za](mailto:principalofficer@discovery.co.za).

#### 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 [website](#).

#### 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](mailto:complaints@medicalschemes.co.za) | 0861 123 267 | [www.medicalschemes.co.za](http://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 [www.discovery.co.za](http://www.discovery.co.za) > Medical aid > About Discovery Health Medical Scheme.