

# **FINANCIAL ADVISER GUIDE FOR EMPLOYER GROUPS WITH FEWER THAN 35 EMPLOYEES**

DISCOVERY HEALTH MEDICAL SCHEME  
2024





## New applications for scheme membership

This guide applies to memberships of Discovery Health Medical Scheme.

### Check the new applications before submitting them to avoid errors and delays

To avoid delays, it is important that you check the applications to make sure the information has been filled in correctly, before sending them to Discovery Health Medical Scheme.

The application form must be completed in black ink.

#### **Check that this information is on the application**

- Date on which the member wants to join the Scheme – it must always be the first day of a month.
- Full names of main member and dependants.
- ID numbers and dates of birth for the main member and their spouse.
- Relationship of dependants to the main member.
- Dates of birth for all the dependants.
- Physical or postal address and contact details for the main member.
- Date of employment for the main member.
- Income details.
- Occupation details.
- Main member's physical signature, with the date filled in, on the application (without it, we cannot process the application).

### How to submit applications

1. Submit the application online through the Adviser 360.
2. Submit a paper application to [application@discovery.co.za](mailto:application@discovery.co.za)
3. Bulk upload it for employer groups where more than 10 employees will join with group underwriting.
4. Contact your business consultant to help with the application.

### Factors that will delay the application process

The application process may be delayed when:

- The application forms are unclear or there are pages missing.
- The main member has not signed the application form.
- Any of the following details are missing or incomplete:
  - Proof for special dependants
  - Date
  - Surname and first name
  - Title and initials
  - ID numbers and dates of birth
  - Contact numbers and postal addresses
  - Titles and initials
  - Claims payment details
  - Plan details
  - Previous medical aid cover
  - Start date (date of commencement)
  - Employer billing or branch name and numbers
  - Proof of spouse's income

The turnaround time we aim for, from the time we receive the application to the printing of the welcome pack, is four and a half business days.

## Underwriting



## How group underwriting works

- Group **underwriting** takes place according to the **size** of the company against the average age and pensioner ratio of the main members joining the Scheme for groups of **10 main members** or more. A group must meet set criteria before we can grant a group concession.
- Only members who have an employee-employer **relationship** with the group can join a group employer.
- Employers have the **option** of making membership of the Scheme **compulsory** or **non-compulsory**:
  - A **compulsory group** is where all employees of the company must join Discovery Health Medical Scheme as a condition of their employment. However, if some employees are already members of their spouse's medical scheme, this rule will not apply to them. Employers who make membership compulsory may also call for only a section of the workforce to join Discovery Health Medical Scheme. This is called a defined compulsory nature, for example:
    - Membership may be compulsory for administration employees only, or
    - Membership may be compulsory for all employees earning more than a certain amount, like R10,000.
  - A **non-compulsory group** is where the employees of the company can choose whether they want to apply for membership. We revert non-compulsory groups to an individual employer on the Discovery Health employer system once the period we agreed on, ends.

## How we will apply waiting periods

We can apply waiting periods to members who have never belonged to a medical scheme or have had a break in membership of more than 90 days before joining Discovery Health Medical Scheme. If we apply waiting periods for these reasons, members will not have access to the Prescribed Minimum Benefits during their waiting periods. This means that they will also not have cover for emergency admissions.

Members who had a break in cover of less than 90 days before joining Discovery Health Medical Scheme may have access to Prescribed Minimum Benefits during waiting periods. In all instances, the Discovery Health Medical Scheme rules prevail. Please consult the Scheme rules on [www.discovery.co.za](http://www.discovery.co.za).

To access the underwriting policies and protocols guide for more information, log in to the Adviser 360.

## Billing

### Administration guidelines for employer groups

An employer group that has fewer than 35 members does not have a billing specialist allocated to them. We will send them billing statements once a month.

We need advance notice of all administrative changes. For example, if we receive a notification today, the change will only take place on the first of next month.

You can get information on and ask for administration changes on the following by emailing [administration@discovery.co.za](mailto:administration@discovery.co.za):

- Payment queries
- Client list requests
- Withdrawals (members and dependants)
- Plan downgrades
- Changes to their date of entry
- Transfers\*
- Reinstatements\*
- Continuations\*

\* You must submit the applicable form with these requests.

We need the following information on the email:

- The member's name and membership number (the nine-digit number), preferably in the subject line.
- Employer and branch number, if applicable.
- Effective date of change.

Once you have sent the email, you will get a notice of receipt with a reference number. We will respond to your query within eight working hours.



## Who qualifies to be child dependants

According to the rules of Discovery Health Medical Scheme, a person who is 21 years old or older cannot pay child dependant contributions. When a child dependant turns 21 years old, they may only stay a dependant on a Discovery Health Medical Scheme membership if they pay contributions as an adult dependant.

What happens when a dependant turns 21:

1. If the **dependant is financially dependent** on the main member, they may stay on the membership as an adult dependant. The contributions for a child and adult dependant are different. This means that the medical scheme contribution will change. We will change the contributions from the first of the following month.
2. If the **dependant is not financially dependent**, they may join Discovery Health Medical Scheme as a main member on their own membership.

## When we allow plan changes

- We allow plan downgrades throughout the year, depending on approval, but these downgrades may not be backdated.
- The plan change cannot be allowed, while the main member or any of the dependants are in hospital.
- The plan change cannot be allowed, if we have been notified of any future admissions into hospital.

We allow **plan upgrades** only during the year-end revision process or under exceptional circumstances. For example, when a member who is on a coastal network plan moves inland, or when a member on another network plan moves more than 50 km from a suitable network provider.

For further information, refer to the communication called *Upgrading your health plan* on [www.discovery.co.za](http://www.discovery.co.za).

## Withdrawal of a dependant or the full membership

**Please note:** We need advance notice of the withdrawal.

When a member wants to withdraw, we need the following:

- Their reason for the withdrawal.
- The effective date of the withdrawal.

If the member is on a plan with a Medical Savings Account and has a positive accrued balance after the withdrawal, we will pay this to the member on the fifth month after their date of withdrawal.

**Remember:** If a member resigns from the company and they would like to stay a member of Discovery Health Medical Scheme, they can complete the *Transfer to individual capacity* form. They can then continue membership as a main member on their own membership, depending on the Scheme's rules.

## What a benefit or claim-related amount owing is and how it occurs

Administrative changes can result in a benefit or claim-related amount owing, such as when:

- A main member or a dependant are withdrawn.
- The plan is downgraded.
- The date of entry is changed.
- A claim gets reversed that was initially paid.

## Here is an example of how this could happen

A member selects a plan with a yearly allocated Medical Savings Account (MSA) of R9,600. The full R9,600 is available upfront while the member pays R800 per month towards it. He uses the benefits and by June he has claimed R6,000 from his allocated Medical Savings Account. He chooses to downgrade his plan at the end of June.

### Let's look at the status of his Medical Savings Account at June

Amount he has contributed towards his MSA R800 x 6 months	R4,800
Less: claims paid	R6,000



Equals: amount owed to the Scheme

R1,200

The member used more money than he contributed to his Medical Savings Account during the six months. Since we allocate the Medical Savings Account (prorated) at the beginning of the year for the full year, he now owes this money to Discovery Health Medical Scheme.

We would need to arrange with the member to settle this amount owing.

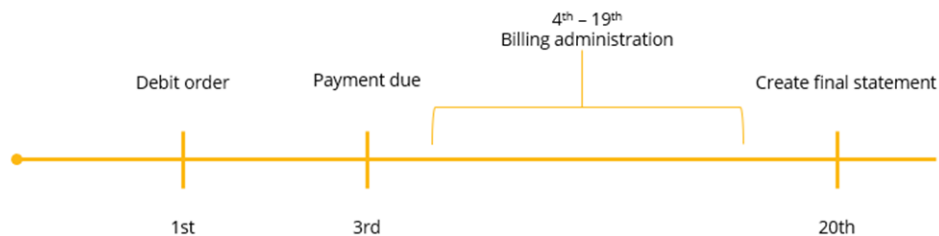
## Paying employees' membership fees

### Employers paying by debit order

There are benefits for your clients to pay their employees' medical scheme contributions with debit orders:

- We deduct the correct amount and your clients don't risk being suspended for late payment or short payment.
- We allocate the payment automatically – no need to give us proof of payment.
- We automatically reconcile the account at member level.

Here is an example of an employer with a statement date of the 20th of the month:



### Billing method – in advance or arrears

- The billing method specifies whether the employer pays the contributions in advance or arrears.
- Employers with 15 employees or fewer will have an advance billing method.
- Employers can switch their billing method from advance to arrears if they employ more than 35 members.
- When a member transfers to their own capacity, the member may continue on the billing method they were on before the transfer.
- If a member is on **advance payment** and transfers to an employer that is on arrears payment, the member will adopt the payment method of their new employer.
- If a member is on **arrears payment** and transfers to an employer that is on advance payment, the member will adopt the payment method of their new employer.

### Banking details for manual payments

If the employer needs to pay their employees' medical scheme contributions manually, they must use the following account details:

FNB

Discovery Health Medical Scheme FNB Corporate Account Services Johannesburg

Branch code: 255005

Account number: 58861132950

Type of account: Cheque

### Using the reference number is essential

Your clients must always use the 18-digit reference number that appears on the billing statement, when paying. We cannot allocate the payments without this reference number and this can result in suspension of the employees' medical cover.

## 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).

## What to do if you have a complaint

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.