

# HOW WE PAY FOR MEDICINE ON THE SMART PLANS

DISCOVERY HEALTH MEDICAL SCHEME  
2025





## Overview

On the Smart plans, you have full cover for approved chronic medicine on our medicine list for all Chronic Disease List (CDL) conditions as well as cover for certain prescribed medicine and over-the-counter medicine, when you use a designated service provider (DSP). Cover depends on the plan you are on. Read further to understand how you are covered and where to get your medicine.

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

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

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.
Co-payment	This is an amount that you have to pay towards a healthcare service. The amount can vary, depending on the type of healthcare service, the place of service and whether the amount that the service provider charges is higher than the rate that 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	The day-to-day benefits are the available money allocated to the Medical Savings Account, cover from the limited Above Threshold Benefit or defined benefits for day-to-day healthcare services. Cover depends on the plan you choose.
Designated service provider (DSP)	This refers to a healthcare professional or provider (for example, a doctor, specialist, allied healthcare professional, pharmacy or hospital) who/that has agreed to provide Discovery Health Medical Scheme members with treatment or services at a contracted rate. To view the full list of designated service providers, visit <a href="http://www.discovery.co.za">www.discovery.co.za</a> or click on 'Find a healthcare provider' on the Discovery Health app.
Discovery Health Rate (DHR)	This is the rate that we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant healthcare services.
Prescribed Minimum Benefits (PMBs)	<p>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:</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>The Council for Medical Schemes has set the following rules for how to access Prescribed Minimum Benefits:</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 conditions.</li> <li>• The treatment that you need must be provided for in the defined benefits.</li> <li>• 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.</li> </ul> <p>If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.</p>
Reference Price	The Reference Price is the set amount that we pay for a medicine category. This applies for medicine that is not listed on the medicine list (formulary).



## Your cover for chronic medicine

### The Chronic Illness Benefit (CIB) covers you for all Chronic Disease List (CDL) conditions

You need to apply to have your medicine covered for your Chronic Disease List condition. You get full cover for approved medicine on our chronic medicine list (formulary) if you use a network pharmacy. If you use medicine that is not on our medicine list, we will cover your medicine up to the monthly reference price for the medicine category. The most up to date Chronic Illness Benefit (CIB) application form and Chronic Illness Benefit Guide is available on [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Find documents and certificates.

### You must use our designated service providers (DSPs) for your chronic medicine

The designated service providers (DSPs) for chronic medicine are pharmacies in our pharmacy network. Visit [www.discovery.co.za](http://www.discovery.co.za) under Medical aid > Find a healthcare provider or click on Find a healthcare provider on the Discovery Health app to find a pharmacy in our network. If you don't use a designated service provider (DSP) for your monthly chronic medicine orders, a 20% co-payment will apply, which means you will have to pay this amount.

## Your cover for prescribed day-to-day (acute) medicine

This benefit is not available on the Essential Smart, Essential Dynamic Smart and Active Smart plans.

### On the Classic Smart Plan you have cover for prescribed day-to-day medicine

On the Classic Smart Plan, you have cover for affordable generic schedule three (3) and above medicine prescribed by your Smart Network GP, as long as it is obtained from a network pharmacy and not for medicine on the day-to-day medicine exclusion list. Where your Smart GP prescribes non-generic medicine, your pharmacist will suggest cost-efficient generic medicines that are equivalent (have the same effect as the original medicine). You do not have cover for medicine that is prescribed by a specialist or a non-network GP, or if the medicine falls within the exclusion list on page 3 below.

Cover for acute medicine on the Classic Smart Plan is subject to an annual limit of R1,905 per person a year or R3,180 for a family for schedule 3 and above acute medicine prescribed by a Smart Network GP and obtained from a network pharmacy, which is any MedXpress Network Pharmacy.

### You can get your prescribed day-to-day medicine at any MedXpress Network Pharmacy

The MedXpress Pharmacy Network is our designated service provider for prescribed day-to-day medicine on the Classic Smart Plan. You can use any MedXpress Network Pharmacy. Visit [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Find a healthcare provider or click on Find a healthcare provider on the Discovery Health app to search for a MedXpress Network Pharmacy closest to you.

### Your cover for take-home medicine after hospitalisation

To-take-out (TTO) medicine is medicine given to you after you receive a prescription from your treating doctor when you are discharged from hospital. You will need to pay for this medicine unless it forms part of cover for a Prescribed Minimum Benefit (PMB) condition. You can also go to [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Find documents and certificates to view more information on Prescribed Minimum Benefits (PMBs).

## The prescribed day-to-day medicine benefit on the Classic Smart Plan does not include the following:

#### CLASSIC SMART PLAN PRESCRIBED DAY-TO-DAY (ACUTE) MEDICINE EXCLUSION LIST

- Medicines for chronic use
- Contraceptives
- Sedatives and hypnotics
- Anti-acne preparations
- Urologicals, including erectile dysfunction drugs
- Vitamins, minerals, essential fatty acids and probiotics
- Vaccines



## CLASSIC SMART PLAN PRESCRIBED DAY-TO-DAY (ACUTE) MEDICINE EXCLUSION LIST

- Unregulated products including homeopathic products
- Any general Scheme exclusion.

The above items may pay from the available balance in your Personal Health Fund with the exception of unregulated products including homeopathic products and any general Scheme exclusion.

**Note:** This exclusion list above applies to prescribed day-to-day (acute) medicine for the Classic Smart Plan. You need to apply to have chronic medicine covered for your chronic condition. The most up to date Chronic Illness Benefit (CIB) application form is available on [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Find documents and certificates. This is what you use for normal copy, introductions and paragraphs.

### Your cover for over-the-counter day-to-day medicine

#### This benefit is available on the Essential, Active, and Classic Smart Plans

You have cover for over-the-counter medicine (schedule 0–2 medicine, excluding vaccines) when it is obtained from a MedXpress Network Pharmacy.

#### You must get your over-the-counter medicine at any MedXpress Network Pharmacies

MedXpress Network Pharmacies are our network providers for over-the-counter medicine on the Smart plans. All over-the-counter medicine (schedule 0–2, whether prescribed or not) will accumulate to the over-the-counter medicine limit per plan. Visit [www.discovery.co.za](http://www.discovery.co.za) or click on Find a healthcare provider on the Discovery Health app to search for a MedXpress Network Pharmacy closest to you.

#### There is an annual benefit limit for over-the-counter medicine

You are covered for over-the-counter medicine up to R875 a family a year on the *Classic Smart Plan*, and up to R585 a family a year on the *Essential Smart and Essential Dynamic Smart plans* and up to R535 a family a year on the *Active Smart plan*.



## 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.