

YOUR HEALTH COMPASS



Health Product Changes 2021

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Discovery Health Medical Scheme (DHMS) Benefit Changes 2021

Infertility and Assisted Reproductive Therapy benefit

In 2021 DHMS is introducing a benefit to provide for Assisted Reproductive Technologies (ART) such as In Vitro Fertilisation (IVF), Intra-Uterine Insemination (IUI), Frozen Embryo Transfer (FET) and Intracytoplasmic Sperm Injection (ICSI).

Executive and Comprehensive plan members who have been members of these plans for at least two years and who are females between the ages of 25 and 42 years old, will have access to the benefits.

The benefits will include cover for:

- Up to two cycles of ART if the applicant meets the scheme's benefit and clinical entry criteria.
- A defined basket of care including consultations, ultrasounds, oocyte retrieval, embryo transfers, admission costs including lab fees, medication and embryo and sperm storage.
- An overall limit of R110 000 per person per year at the Discovery Health rate.
- Benefits accessible at Southern African Society of Reproductive Medicine and Gynaecological Endoscopy (SASREG) accredited centres only and subject to clinical pathways and protocols.

Centres of Excellence

Two new initiatives to improve outcomes for colorectal cancer surgery and spinal care will be introduced for 2021:

1. Colorectal cancer surgery

- Colorectal cancer surgery network will be applicable to all DHMS plans.
- Includes hospitals where surgeons routinely perform colorectal surgery with improved clinical outcomes.
- Service providers are contracted to the network based on the clinical outcomes to ensure quality of care for members.
- Members enjoy full cover for surgery in the network.
- A clinical exceptions process will apply to approved and clinically appropriate surgeries to be performed outside of the network.
- Colorectal cancer surgery network list will be available in January 2021.

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2. Spinal care programme and spinal surgery network

Spinal care programme

- This is a co-ordinated out-of-hospital conservative treatment programme for back pain:
- Must be referred by a spinal surgeon.
- Includes a network of physiotherapists trained in the management of back pain.
- Supported by a panel of specialist surgeons.
- Up to six face-to-face consultations with a registered allied healthcare professional.
- Two of the consultations may be virtual.
- Only available to members on Executive, Comprehensive, Priority, Saver, Classic Smart and Core Plans.

Spinal surgery network

- Provides members with full cover for approved spinal surgery admissions.
- The network consists of hospitals, surgeons, anaesthetists and allied healthcare professionals contracted to the network on clinical and is only available in January 2021.
- Members enjoy full cover for surgery in the network. Planned admissions outside of the network attract a 20% co-payment.

Connected Care

Enables a range of appropriate home-based healthcare services, funded by Discovery Health Medical Scheme.

1. Connected Care for members at home:

- 24/7 virtual consultation experience through a Connected Care GP network by bringing it closer to a face-to-face doctor visit.
- Links the latest diagnostic point of care technology.
- E-scripting and medicine delivery from the access of your home.
- Automatic updates to electronic health records.
- Services are accessed through TytoCare Homekit tool as per the cost table below:

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	Price for the Tyto Homekit (Includes device and first year's user fee, including Vat)
Discovery Health Medical Scheme members	R6 284*
Other Discovery clients	R6 284*
Non-Discovery clients	R7 855

* Excludes dispensing fee for DHMS members who claim from scheme benefits.

Qualifying members

Risk-based cover up to 75% of the Discovery Health rate for the cost of the device and the first-year annual user fee. The member will be responsible for the balance of 25% as a deductible (members registered on the Discovery Gap cover Comprehensive may claim for the 25% deductible).

Effective 1 January 2021, qualifying members on all plans, with the exception of Core and Keycare plans who:

- Have activated their maternity and early childhood benefits via the MyBaby or My Pregnancy programme, and up until the youngest child on the plan turns six
- Are confirmed Covid-19 positive members who are high risk

Non-qualifying members

- Members may - effective 30 September 2020 - purchase the Tyto Homekit from the available day-to-day benefit (medical savings account and or above threshold benefit) with accumulation to the external medical items limit.
- Subsequent annual user fees will be covered from medical savings account at 100% of the Discovery Health rate and only 75% will accumulate towards the above threshold benefit for the TytoHome annual user fee.

A frequency limit applies where one kit per policy can be claimed every five years.

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2. Connected Care for members with chronic conditions:

In 2021 the Diabetes Care, Cardiac Care and Mental Health programmes will be enhanced through the Connected Care platform. Through Connected Care, members will have access to digital condition-specific clinical content, integration with remote health monitoring devices appropriate for their condition, and personalised health coaching.

Qualifying members on the Diabetes Care and Cardio Care programme get access to 100% funding up to the annual limit for remote monitoring devices and supporting apps to self-monitor their conditions from home.

- The devices are directly linked to the member's healthcare provider's clinical dashboard.
- Qualifying members will also get access to consultations with a wellness specialist to support lifestyle changes, navigate members to educational content and advise members on scheme benefits.
- Members who require additional clinical support will have access to consultations with a healthcare professional or diabetes nurse educator.

Changes in health metric readings or signs of non-medicine adherence are automatically triggered to the treating doctor.

3. Connected Care for acute care at home:

Connected Hospital Care enables home-based care in the following instances:

- Home-based care for members that are at risk of readmission after hospitalisation
- Home-based care for members who are discharged early from hospital
- Home-based end-of-life care
- Home-based acute care for members in lieu of hospitalisation

Connected Care for acute care at home programme will be subject to clinical criteria and facilitated by a dedicated care team which will include:

- Doctors and nurses who will provide 24-hour clinical support.
- Remote monitoring of the member's condition using smart health devices, supported by appropriate medical scheme benefits.

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Other changes

Hospital networks

In 2021 new hospitals will be replaced with region-specific substitutions for the Delta, Smart and Keycare hospital networks. The hospital network list will be available end of October 2020.

Changes to the chronic illness benefit

From 1 January 2021, certain formulary changes and chronic drug amount updates will be applied. DHMS will communicate directly with impacted members. These members will have until the end of 2020 to make changes to their treatment to avoid or reduce co-payments.

Co-payments, deductibles and thresholds

Co-payments and deductibles will be increased by between 3.5% and 4%:

- A reduced co-payment on all plans (except for Keycare) for scopes performed in day clinics.
- A co-payment of between R5 300 and R6 250, depending on the chosen plan, will be applied for scopes performed in acute hospitals.
- Co-payments of between R3 750 and R4 550 for in-patient gastrointestinal scopes applies to all plans except Keycare plans where endoscopic procedures are only covered as PMBs.
- Co-payments will not apply for scans and scopes relating to prescribed minimum benefits (PMB).
- Smart non-network deductible has increased by 3 % from R9 650 to R9 950 for 2021.
- Delta non-network deductible has increased by 3.4 % from R8 400 to R8 700 for 2021.

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The threshold amounts have increased by 4%:

Plan	2020			2021		
	Main member	Adult	Child	Main member	Adult	Child
Executive	R25 300	R25 300	R4 800	R26 300	R26 300	R5 000
Comprehensive	R20 850	R20 850	R4 000	R21 700	R21 700	R4 150
Classic Smart Comprehensive	R23 900	R23 900	R800	R24 850	R24 850	R850
Priority	R16 900	R12 700	R5 600	R17 550	R13 200	R5 850

The Priority above threshold benefit limit will increase on average by 3.7% as follows:

2020			2021		
Main member	Adult	Child	Main member	Adult	Child
R14 300	R10 200	R5 000	R14 850	R10 600	R5 200

Benefit limits will be increased by 3.0%.

There will, however, be no increase to the following benefits:

- Oncology threshold
- Specialised medicine and technology benefit
- International travel benefit
- Overseas treatment benefit
- Keycare mobility benefit

Diabetes Care programme

From 2021 the following changes will be introduced:

- The Premier Plus GP network will become the Designated Service Provider (DSP) for members on the Comprehensive plans
- The Premier Plus GP that the member chose to enrol them for Diabetes Care will then become the member's DSP for the ongoing management of diabetes, as well as cardiovascular conditions.

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Mental Health benefit enhancements

Members will have access to:

- **Relapse prevention programme:** this programme will provide clinical support and benefits for members that are at risk of a recurrence of a major depressive episode.
- **Enhanced out-patient care:** manages the transition from in-hospital to out-of-hospital care for major depression, including additional mental healthcare services for an extended period.
- **Free access to personal health goals:** for members who are at risk of, or diagnosed with major depression will get free access to Vitality Active Rewards Personal Health Goals.

Shari'ah compliant arrangement

Members of DHMS can now elect to have their claims and contributions on any one of the DHMS plans, managed according to the Shari'ah principles.

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Vitality Benefit Changes 2021

Vitality limited offer

Until 1 January 2021, clients can join Vitality and experience the benefits of Vitality free for three months. Policies must have an activation date of 1 November 2020 to 1 January 2021.

Vitality points update

Due to the impact of the Covid-19 restrictions, Vitality will be crediting members for their affected Vitality activities in 2020, based on their participation in 2019. This will apply to the following:

- Vitality health check and all related screenings
- Vitality fitness assessment
- Physical activity points earned between 1 January 2020 and 30 September 2020 will be allocated by the end of October

In 2021, there will be no adjustments to the underlying points-earned activities, or to the number of points required to achieve a new Vitality status.

The Vitality programme has introduced new fitness benefits and additional ways to earn Vitality points.

Gear up with Nike

- Save up to 75% upfront on a pair of Nike shoes or Nike sports wear
- Discount applies to the first R2 000 of the retail price for shoes and R1 000 for sportswear
- Available at Sportsmans Warehouse, Totalsports and Nike stores nationwide
- The benefit goes live first quarter of 2021

New partners on HealthyDining

Vitality is now extending the HealthyDining benefit to include fresh and frozen meal kits and ready-made meals from a range of exciting new partners namely:

- Frozen For You
- We are Food
- Daily Dish
- Ucook

The benefit can be activated online on the Discovery app from 1 January 2021.

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Vitality-enabled fitness facilities

Track workouts and access discounted sessions online and at over 300 facilities.

Running and Cycling Club

Be a part of the Team Vitality community on Strava, a running and cycling platform with over 50 million users.

Premier Health Club

From 1 January 2021 Vitality members can save up to 75% on club and local membership and 50% on Premier and national membership at over 130 Virgin Active and Planet Fitness facilities across South Africa.

Apple Watch

Get a fully funded Apple Watch Series 6, or SE through Vitality Active Rewards.

You can earn Discovery Miles in the following ways:

1. Get active and drive well

- Achieve weekly goals on VitalityActive
- Play the game board and earn miles

2. Make healthier choices at leading retailers and dining outlets

- Get up to 75% back on HealthyFood items at Pick n Pay or Woolworths
- Get up to 50% back on personal care items at Clicks or Dischem
- Get up to 25% back on healthier meal choices plus 50% back on kid's healthy meals with HealthyDining

3. Fuel prices and Uber rides

- 20% back on fuel and Uber trips

More places to use Discovery Miles

- **Vitality mall:** coffees, smoothies, snacks, movies and shopping rewards by using the Discovery app
- **Online:** purchases from online partners
- **Prepaid:** airtime, data and sms bundles, as well as prepaid water and electricity using the Discovery Bank app
- **Travel:** booking of flights and accommodation using kulula.com
- **In Store:** pay for purchases for in-store partners by generating a QR code in the Discovery Bank app

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Discovery prepaid healthcare services

Discovery Prepaid Health is a digital vouchering solution for purchasing and sharing a variety of accessible healthcare services at a discounted rate supported by a wide distribution network and a free-to-use digital platform.

Members can purchase vouchers according to their needs, the range is:

- R50 voucher for prepaid medicine
- R150 – R200 voucher for nurse consult and medication
- R250 – R300 voucher for virtual consultation plus medication
- R300 – R350 voucher for GP consultation plus medication

Registration:

- Online registration for non-Discovery clients
- No registration required for Discovery clients
- Top up your Discovery Prepaid Health balance using vouchers available from leading retailers, Discovery bank or Discovery Miles
- Select a healthcare service according to your needs
- Simple digital payment process at pharmacies or GP practices
- You can also send a prepaid voucher to someone else by purchasing a voucher or service

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DHMS Contribution Changes 2021

Contribution freeze for the first 6 months of 2021.

Contributions across all the DHMS plans will be frozen for the first six months of 2021. The contribution increase for July 2021 will be announced during the second quarter of 2021, with a maximum applicable increase of CPI+2% or 5.9%, across the scheme.

Discovery Health Medical Scheme 2021 CONTRIBUTIONS

Series	Plan	Contributions			Contributions to Medical Savings Account			Total contributions		
		Main member	Adult	Child**	Main member	Adult	Child**	Main member	Adult	Child**
Executive	Executive Plan	5 443	5 443	1 039	1 814	1 814	346	7 257	7 257	1 385
Comprehensive	Classic Comprehensive	4 466	4 225	891	1 488	1 408	297	5 954	5 633	1 188
	Classic Delta Comprehensive	4 022	3 808	802	1 340	1 269	267	5 362	5 077	1 069
	Essential Comprehensive	4 253	4 022	857	750	709	151	5 003	4 731	1 008
	Essential Delta Comprehensive	3 831	3 619	769	676	638	135	4 507	4 257	904
	Classic Smart Comprehensive	4 327	3 994	1 378	No Medical Savings Account			4 327	3 994	1 378
Priority	Classic Priority	2 861	2 256	1 145	953	752	381	3 814	3 008	1 526
	Essential Priority	2 787	2 191	1 114	491	386	196	3 278	2 577	1 310
Saver	Classic Saver	2 468	1 947	989	822	649	329	3 290	2 596	1 318
	Classic Delta Saver	1 971	1 557	792	657	519	264	2 628	2 076	1 056
	Essential Saver	2 223	1 667	891	392	294	157	2 615	1 961	1 048
	Essential Delta Saver	1 773	1 339	712	312	236	125	2 085	1 575	837
	Coastal Saver	2 087	1 570	843	521	392	210	2 608	1 962	1 053
Smart	Classic Smart	1 954	1 542	781	No Medical Savings Account			1 954	1 542	781
	Essential Smart	1 400	1 400	1 400				1 400	1 400	1 400

Series	Plan	Contributions			Contributions to Medical Savings Account			Total contributions		
		Main member	Adult	Child**	Main member	Adult	Child**	Main member	Adult	Child**
Core	Classic Core	2 449	1 931	980	No Medical Savings Account			2 449	1 931	980
	Classic Delta Core	1 960	1 545	784		1 960	1 545	784		
	Essential Core	2 104	1 577	846		2 104	1 577	846		
	Essential Delta Core	1 681	1 265	675		1 681	1 265	675		
	Coastal Core	1 946	1 462	774		1 946	1 462	774		
KeyCare*	KeyCare Plus 0 - 8 550	1 207	1 207	439	No Medical Savings Account			1 207	1 207	439
	KeyCare Plus 8 551 - 13 800	1 659	1 659	468		1 659	1 659	468		
	KeyCare Plus 13 801+	2 450	2 450	656		2 450	2 450	656		
	KeyCare Core 0 - 8 550	949	949	245	No Medical Savings Account			949	949	245
	KeyCare Core 8 551 - 13 800	1 183	1 183	292		1 183	1 183	292		
	KeyCare Core 13 801+	1 809	1 809	410		1 809	1 809	410		
	KeyCare Start 0 - 9 150	914	914	550		914	914	550		
	KeyCare Start 9 151 - 13 800	1 538	1 538	601	No Medical Savings Account			1 538	1 538	601
KeyCare Start 13 801+	2 394	2 394	650	2 394		2 394	650			

* Discovery Health Medical Scheme, registration number 1125, is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes. The information included in this brochure is awaiting formal approval from the Council for Medical Schemes. In all instances, Discovery Health Medical Scheme Rules prevail. Please consult the Scheme Rules on www.discovery.co.za. When reference is made to 'we' in the context of benefits, members, payments or cover, in this brochure this is reference to Discovery Health Medical Scheme.

** We count a maximum of three children when we work out the monthly contribution and annual Medical Savings Account.

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DHMS Annual MSA and Thresholds

Annual

MEDICAL SAVINGS ACCOUNT

Series	Plan	Main member	Adult	Child*
Executive	Executive Plan	21 768	21 768	4 152
Comprehensive	Classic Comprehensive	17 856	16 896	3 564
	Classic Delta Comprehensive	16 080	15 228	3 204
	Essential Comprehensive	9 000	8 508	1 812
	Essential Delta Comprehensive	8 112	7 656	1 620
Priority	Classic Priority	11 436	9 024	4 572
	Essential Priority	5 892	4 632	2 352
Saver	Classic Saver	9 864	7 788	3 948
	Classic Delta Saver	7 884	6 228	3 168
	Essential Saver	4 704	3 528	1 884
	Essential Delta Saver	3 744	2 832	1 500
	Coastal Saver	6 252	4 704	2 520

* We count a maximum of three children when we work out the annual Medical Savings Account.
If you join the medical scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

ATB threshold will increase by 4% from Jan 2021. An additional MSA amount will be allocated in July 2021 but Thresholds will not be adjusted again in July. Members that have already reached their above threshold benefit before 1 July 2021 will stay in the above threshold benefit. The additional MSA amount will be carried over to the next year or can be used for non-accumulative healthcare expenses.

Annual THRESHOLD AMOUNTS

ANNUAL THRESHOLD

	Main member	Adult	Child*
Executive	26 300	26 300	5 000
Classic, Essential and Delta Comprehensive	21 700	21 700	4 150
Classic Smart Comprehensive	24 850	24 850	850
Priority	17 550	13 200	5 850

ABOVE THRESHOLD BENEFIT LIMITS

	Main member	Adult	Child*
Executive	unlimited		
Comprehensive			
Priority	14 850	10 600	5 200

* We count a maximum of three children when we work out the Annual Threshold and Above Threshold Benefit limit.
If you join the medical scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

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Medihelp Benefit Changes 2021

Hospital changes

- Refractive surgery is included on Prime 3 (network and non-network) up to R12 000 and on Elite up to R20 000. Benefits will be available per family per year for beneficiaries between the ages of 18-50 years, subject to plan limits and rules.
- In-hospital dental procedure increases from age 5 to 7.
- New Palliative home care benefit added for critical care members up to R26 000.
- Increased specialist provider network.
- A back treatment programme for all qualifying beneficiaries at DBC clinics on all options – this programme will also be a prerequisite for all spinal column surgery in 2021 due to the success of the programme. A deductible will be introduced for spinal column surgery on Necesses of R15 000. On the other plans, an annual increase of the deductible will apply.

Network hospitals have been removed from the network plans

The following hospitals have been removed from the network plans:

- Pretoria East
- Netcare Akasia
- Netcare Christiaan Barnard
- Netcare Kuilsrivier
- Netcare Park Lane
- Mediclinic Durbanville
- Life Vincent Palotti
- Life The Crompton.

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Co-payments		Prime 1	Prime 2	Unify	Necesse	Prime 3	Elite	Plus
Endoscopic procedures	In the Day hospital network	R4 200 per admission	R4 050 per admission	R4 050 per admission	R4 500 per admission	R3 350 per admission	R2 200 per admission	No deductible
		On all scopes				On the four scopes (Gastroscopy, colonoscopy, arthroscopy & sigmoidoscopy)		
	In hospital	Co-payment per admission + further 35% co-payment if not performed in the day surgery network						
	In the Dr's rooms	No co-payment - will be paid from the core benefits						
Spinal surgery	Conservative back treatment at DBC clinics is a prerequisite for spinal surgery	R15 000 per admission	R10 850 per admission	R10 850 per admission	R15 000 per admission	R9 500 per admission	R8 100 per admission	No deductible
Specialised radiology		R2 600 per examination in and out of hospital	R2 500 per examination in and out of hospital	R2 500 per examination in and out of hospital	No co-payment (limited to a benefit of R17 100 per family per year)	R2 000 per examination in hospital & R1 650 out of hospital	R1 500 per examination in hospital & R1 200 out of hospital	No deductible
Dental procedures in hospital	2021: Kids 0 - 7 years & removal of impacted teeth (day surgery network apply)	R3 430 per admission	R3 430 per admission	R3 430 per admission	35% for out-of-network services	R1 500 per admission	R935 per admission	No deductible
Prostatectomy	Conventional /laparoscopic	R6 500 co-payment per procedure	R6 000 co-payment per procedure	R6 000 co-payment per procedure	R6 700 co-payment per procedure	No deductible	No deductible	No deductible
	Da Vinci robotic	x	x	x	x	R115 300 per beneficiary	R 115 300 per beneficiary	R115 300 per beneficiary
Hysterectomy and endometrial ablation		R6 500 co-payment per procedure	R6 000 co-payment per procedure	R6 000 co-payment per procedure	R6 700 co-payment per procedure	No deductible	No deductible	No deductible

Day-to-day changes

- Savings added to Prime 2, Prime 3 and Elite options.
- Added insured benefits for members over the age of 50 now added to Unify and Necesses options.
- New preventative benefits on all plans.
- All plans will now cover for mammogram testing requested by the doctor, at every 2-year cycle, for women between the ages of 40 – 75 years.
- A pap smear requested by the doctor, at every 3-year cycle, for women over the age of 21 years is now covered on all plans.
- New contraceptive benefit per beneficiary.

GP referral requires for specialist visits on all network plans

Op Prime 1 Network, Prime 2 Network and Prime 3 Network members will have to obtain a referral form their network GP prior to going to see a specialist.

If a member has however visited a specialist mentioned below in the previous 12 months, the member will not require a referral from their network GP because the scheme will regard it as a recurring existing patient visit.

- Nephrologist
- Endocrinologist
- Pulmonologist
- Rheumatologist
- Neurologist
- Cardiologist

Summary of further enhancements

Plan type	MSA allocation	Insured day-to-day benefit	Contraceptives	Palliative care
Elite	10% MSA used first before benefits covered from risk	N/A	R150 per month up to R1 800 per year (women up to 50 years of age)	R26 000 per family
Unify	25%	R1 100 per year for children 2 – 12 years once savings have run out	R135 per month up to R1 620 per year (women up to 50 years of age)	R22 000 per family
Prime 1 (Network/ non-network)	N/A	Up to R2 500 per year once savings have run out	R125 per month up to R1 500 per year (women up to 50 years of age)	R20 000 per family
Prime 2 (Network/ non-network)	15%	Up to R2 500 per year once savings have run out	R135 per month up to R1 620 per year (women up to 50 years of age)	R22 000 per family
Prime 3	10% MSA used first before benefits covered from risk	Up to R11 000 per year once savings have run out	R145 per month up to R1 740 per year (women up to 50 years of age)	R24 000 per family

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Maternity benefits

- Enhanced maternity benefits on Necesses and Unify – 10 antenatal consultations and two 2D scans.
- Pregnancy supplements on the Plus, Elite and Prime 3 options are paid from risk, subject to a formulary.
- Pregnancy supplements on Prime 1 and 2, and the Unify option are paid from day-to-day benefits (available MSA).

Health Print benefits and discounts

- Up to 20% discount for pregnant moms on HealthPrint partners and up to 30% for 4D scans for pregnant moms and additional value from partners.
- Up to 20% discount on all Hiit Studio membership packages (online classes included).

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Medihelp Contributions 2021

Medihelp announced an increase of 5.8% across all options.

What will you pay monthly?

	Prime1 Hospital plan		Prime2 Savings		Unify Savings	Prime3 Comprehensive		Elite Comprehensive
	Network	Non-network	Network	Non-network		Network	Non-network	
Principal member	R1 722	R2 202	R2 286 (R342 savings contribution included per month and R4 104 per year)	R2 934 (R438 savings contribution included per month and R5 256 per year)	R2 748 (R684 savings contribution included per month and R8 208 per year)	R3 138 (R312 savings contribution included per month and R3 744 per year)	R3 828 (R384 savings contribution included per month and R4 608 per year)	R5 610 (R564 savings contribution included per month and R6 768 per year)
Dependant	R1 416	R1 818	R1 884 (R282 savings contribution included per month and R3 384 per year)	R2 412 (R360 savings contribution included per month and R4 320 per year)	R2 256 (R564 savings contribution included per month and R6 768 per year)	R2 652 (R264 savings contribution included per month and R3 168 per year)	R3 240 (R324 savings contribution included per month and R3 888 per year)	R5 244 (R522 savings contribution included per month and R6 264 per year)
Child dependant <26 years*	R522	R672	R684 (R102 savings contribution included per month and R1 224 per year)	R882 (R132 savings contribution included per month and R1 584 per year)	R828 (R204 savings contribution included per month and R2 448 per year)	R912 (R90 savings contribution included per month and R1 080 per year)	R1 116 (R14 savings contribution included per month and R1 368 per year)	R1 524 (R150 savings contribution included per month and R1 800 per year)
	R3 138	R4 020	R4 170 (R624 savings contribution included per month and R7 488 per year)	R5 346 (R798 savings contribution included per month and R9 576 per year)	R5 004 (R1 248 savings contribution included per month and R14 976 per year)	R5 790 (R576 savings contribution included per month and R6 912 per year)	R7 068 (R708 savings contribution included per month and R8 496 per year)	R10 854 (R1 086 savings contribution included per month and R13 032 per year)
	R2 244	R2 874	R2 970 (R444 savings contribution included per month and R5 328 per year)	R3 816 (R570 savings contribution included per month and R6 840 per year)	R3 576 (R888 savings contribution included per month and R10 656 per year)	R4 050 (R402 savings contribution included per month and R4 824 per year)	R4 944 (R498 savings contribution included per month and R5 976 per year)	R7 134 (R714 savings contribution included per month and R8 568 per year)
	R2 766	R3 546	R3 654 (R546 savings contribution included per month and R6 552 per year)	R4 698 (R702 savings contribution included per month and R8 424 per year)	R4 404 (R1 092 savings contribution included per month and R13 104 per year)	R4 962 (R492 savings contribution included per month and R5 904 per year)	R6 060 (R612 savings contribution included per month and R7 344 per year)	R8 658 (R864 savings contribution included per month and R10 368 per year)
	R3 660	R4 692	R4 854 (R726 savings contribution included per month and R8 712 per year)	R6 228 (R930 savings contribution included per month and R11 160 per year)	R5 832 (R1 452 savings contribution included per month and R17 424 per year)	R6 702 (R666 savings contribution included per month and R7 992 per year)	R8 184 (R822 savings contribution included per month and R9 864 per year)	R12 378 (R1 236 savings contribution included per month and R14 832 per year)
	R4 182	R5 384	R5 538 (R828 savings contribution included per month and R9 936 per year)	R7 110 (R1 062 savings contribution included per month and R12 744 per year)	R6 660 (R1 656 savings contribution included per month and R19 872 per year)	R7 614 (R756 savings contribution included per month and R9 072 per year)	R9 300 (R936 savings contribution included per month and R11 232 per year)	R13 902 (R1 386 savings contribution included per month and R16 632 per year)
	R4 182	R5 364	R5 538 (R828 savings contribution included per month and R9 936 per year)	R7 110 (R1 062 savings contribution included per month and R12 744 per year)	R8 316 (R2 064 savings contribution included per month and R24 768 per year)	R7 614 (R756 savings contribution included per month and R9 072 per year)	R9 300 (R936 savings contribution included per month and R11 232 per year)	R16 950 (R1 686 savings contribution included per month and R20 232 per year)

Important: This table provides a guideline for contributions based on your family's composition. On Prime 2, Unify, Prime 3 and Elite a credit facility equaling the monthly contribution to the personal medical savings account multiplied by 12 months will be available at the beginning of each financial year. If you join Medihelp after January, your savings amount and benefits will be calculated based on the remaining months of a year. Please note that late-joiner penalties and employer subsidies were not taken into consideration. You are advised to obtain a detailed quotation from your accredited adviser based on your information.

* Pay child dependant rates for children younger than 26 years. On Prime 1, 2 and 3 you only pay for the youngest two children younger than 18 years.

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YOUR HEALTH COMPASS



Health Product Changes 2021

Momentum Ocsacare changes 2021

momentum

OCSACare

2021

Day-to-day Benefits

Gold Benefits

GP visits		Unlimited GP visits at a Network GP per member per year
GP in room procedures		Minor medical procedures performed as part of a Network GP consult in rooms, such as stitching of wounds and nebulisation
Hello Doctor		Unlimited access to telephonic consultations and online/mobile health information via Hello Doctor
Specialist benefit		Up to 2 visits, limited to R1 000 per visit and up to R2 000 per member/family per year Members may consult any specialist, subject to a Network GP referral and pre-authorisation The specialist may refer the member for pathology and radiology according to the OCSACare pathology and radiology lists Members need to pay any shortfalls Waiting periods may apply
Acute medication		Provided in accordance with the Network prescribed acute medication formulary Rules and protocols apply
Chronic benefit		Unlimited when provided in accordance with the Network prescribed chronic medication formulary Unlimited pathology and radiology related to the chronic condition monitoring, according to the OCSACare pathology and radiology lists 26 Chronic conditions are covered: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Dysrhythmias, Cardiac Failure, Cardiomyopathy, Chronic Obstructive Pulmonary Disease, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Type 1, Diabetes Mellitus Type 2, Epilepsy, Glaucoma, Haemophilia, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus and Ulcerative Colitis Pre-authorisation is required Waiting periods may apply
HIV benefit		Antiretroviral medication provided in accordance with the Network prescribed HIV medication formulary Post-exposure prophylaxis (PEP) medication provided in accordance with the Network prescribed HIV medication formulary, to prevent HIV infection in the event of accidental exposure to blood or fluids from an infected person, or by any other means Pathology related to condition monitoring according to the applicable OCSACare pathology list Pre-authorisation is required Waiting periods may apply
Basic pathology		Unlimited when members visit their Network GP, and are referred by their Network GP, according to the OCSACare pathology list
Basic radiology		Unlimited cover for black and white x-rays when members visit their Network GP, and are referred by their Network GP, according to the OCSACare radiology list
Basic and emergency dentistry		Covered at any dentist on the Dental Network Basic dentistry such as fillings, extractions, infection control, cleaning and polishing of teeth Specialised dentistry such as bridges, crowns, surgical extractions, implants, root canals, gold fillings, dentures and braces are not covered Provided in accordance with the Dental Network protocols and approved OCSACare dentistry list Waiting periods may apply

Gold Benefits

Gold Benefits (continued)

Basic optometry		Covered at any optometrist on the Optical Network Benefit available every 2 years 1 Eye test and 1 pair of clear standard single vision lenses, or 1 pair of bi-focal lenses, with a standard frame Sunglasses, tinted lenses, hard coating and contact lenses are not covered Provided in accordance with the Optical Network protocols and approved OCSACare optometry list Waiting periods may apply
Maternity benefit		Antenatal GP visits at a Network GP 2 2D foetal growth scans per member per pregnancy Antenatal vitamins provided in accordance with the Network prescribed acute medication formulary Antenatal pathology tests when members visit their Network GP, and are referred by their Network GP, according to the OCSACare antenatal pathology list
Flu vaccination		1 Flu vaccination per member per year at any pharmacy clinic, preferably a Dis-Chem, Clicks, MediRite or Pick n Pay pharmacy clinic
Health assessment		1 Health assessment (blood pressure test, cholesterol and blood sugar finger prick tests, height, weight and waist circumference measurements) per member per year at a pharmacy clinic, preferably a Dis-Chem, Clicks, MediRite or Pick n Pay pharmacy clinic
(EAP) Employee Assistance Programme		Counselling and support services for adults, teenagers and children Trauma and critical incidence counselling services Legal assist, credit health and debt management services Managerial support services Telephonic services and onsite trauma support services
Road accident claims		Advice for road accident claims (via EAP services)
Workman's compensation claims		Advice for injury on duty claims (via EAP services)
Multiply Starter		Multiply Starter is free and offers rewards from a range of partners Members get great discounts and cashbacks on big brands like Dis-Chem, Makro, NuMetro, Intercape and Mango Airlines, as well as on the Multiply online shop

Momentum OCSACare members have access to benefits at Momentum CareCross Network GPs, dentists and optometrists.

Important notice

Stellenbosch University offers the Ocsacare occupational care product and this product offers basic cover for GP visits, chronic and acute medication and basic optometry and dentistry.

Cover is only for the employee and all the benefits are provided by providers within a network.

Employees who currently participate on Ocsacare will notice that no changes have been made to the product for 2021 and this is because Momentum have advised SU that they will be merging the product into Momentum Health4Me during 2021.

SU is currently busy discussing this matter with Momentum in order to develop a process that allow for a seamless transfer from Ocsacare to Health4Me in the near future.

SU will communicate directly with the Ocsacare members during November 2020 in order to provide more information with regards to the move.

The Ocsacare product therefore no longer accepts new members.

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YOUR HEALTH COMPASS



Health Product Changes 2021

Admed Gap 2021 Product Changes

Contribution increases:

The contribution increase is based on the company's claims history, the age profile of the group, medical inflation and on the 2021 product design changes:

Existing Admed Members and New Applicants	2020	2021	Increase Amount	% increase
Supreme Gap	R262	R279	R17	6.5%
Primary Gap	R210	R223	R13	6.2%

Summary of benefit changes for 2021

Below is a summary of the Admed Gap product changes for 2021:

- Overall Annual Limit increased from R165 000 to R173 000 per insured per annum
- Increased casualty benefit visits from 3 to 4 visits per family
- Internal prosthesis benefit now includes a sublimit of R6 000 for stents and pacemakers

Benefit	2020	2021
Casualty Benefit	R10 000 per family per annum, limited to 3 visits per family per year	R15 000 per family per annum limited to 4 visits per family per year
Premium Waiver	R30 000 per annum	R36 000 per annum
Internal prosthesis	R30 000 per event	R30 000 per event, with a sub limit of R6 000 for stents and pacemakers

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YOUR HEALTH COMPASS



Health Product Changes 2021

How we can help

At Alexander Forbes Health our aim is to secure your financial wellbeing for a lifetime. With the rising costs of medical scheme contributions, you may need some assistance in selecting a plan that is both affordable to you and meets your specific health care requirements.

There are several ways we can assist you in better understand your choices and or selecting your plan for next year. You are welcome to use any, or all, of the following tools that we have made available to you:

- **Pre-Recorded Presentations**

You can watch a pre-recorded presentation, sponsored by Alexander Forbes Health, on the product provider's changes for 2021.

Please click on the link below:

DHMS: www.corpcam.com/AFHealth2021DiscoveryMedicalVitality

Medihelp: www.corpcam.com/AFHealth2021Medihelp

Admed Primary: www.corpcam.com/AFHealth2021AdmedPrimary

Admed Supreme: www.corpcam.com/AFHealth2021AdmedSupreme

- **Generic DHMS Presentations**

Alexander Forbes Health in conjunction with DHMS will be hosting live webinars on the Microsoft Teams platform twice a week from 17 to 26 November 2020.

Click on the link below to register for an event.

https://kfta.app.alexanderforbes.co.za/TotalAgility/Forms/digital/DB_AFHDEWeb.form

Dates/timeslots for these events are as follows:

- 17 November DHMS Webinar: 09:00
- 19 November DHMS Webinar: 14:00
- 24 November DHMS Webinar: 14:00
- 26 November DHMS Webinar: 09:00

- **Comparison of Benefit plans and contributions**

You can access a **benefit calculator section** on the intranet site we have made available to your company:

SU site: <https://www.afhealth.co.za/stellenboschuniversity/Pages/default.aspx>

- **Assistance from an Alexander Forbes Health Consultant**

Your **Alexander Forbes Health consultants, Marie-Louise du Toit and Riaan Oosthuizen**, will be available to help you make the right choice so you and your family can enjoy good health.

Members can click on the link below to book a virtual or telephonic 30-minute consultation session with either of the consultants:

<https://outlook.office365.com/owa/calendar/HealthConsultingHelpdeskServiceCalls@aforbes.onmicrosoft.com/bookings/s/MroOcD7v6kOv75mh681j1w2>

All the information regarding medical aid plans for 2021 will be available on the SU website from 16 November 2020 (<http://www.sun.ac.za/english/human-resources/hr-documents/policies-procedures>)

Marie-Louise du Toit

Tel: (021) 808 4827 or
dutoitmar@aforbes.com

Riaan Oosthuizen

Tel: (021) 809 3638 or
oosthuizenr@aforbes.com

Your Alexander Forbes Health consultant will also host information sessions via the Microsoft Teams platform on the 2021 schemes.

Date	Time	Link
23 Nov 2020	09:00 - 11:00	MS Teams link: Click here to join the meeting
24 Nov 2020	14:00 - 16:00	MS Teams link: Click here to join the meeting
25 Nov 2020	09:00 - 11:00	MS Teams link: Click here to join the meeting
26 Nov 2020	14:00 - 16:00	MS Teams link: Click here to join the meeting
27 Nov 2020	14:00 - 16:00	MS Teams link: Click here to join the meeting
30 Nov 2020	14:00- 16:00	MS Teams link: Click here to join the meeting

We strongly advise that members attend one of the information sessions, as important aspects of the various DHMS and Medihelp plans will be discussed.

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YOUR HEALTH COMPASS



Health Product Changes 2021

Change your plan or scheme for 2021

Members who wish to make a plan change for 2021 will be given the opportunity to make these changes online via the Human Resources link on the University's website. Members will be able to make these changes online from **16 November 2020 until 14h30 on 8 December 2020**.

HOW TO CHANGE YOUR PLAN OR CHANGE YOUR SCHEME FOR 2021 ON THE WEBSITE

Visit the SU webpage at <http://www.sun.ac.za>

Click Language preference 'English'

Choose 'My.Sun'

Choose 'SUN-e-HR'

Enter your **Username and Password**

Click on 'SUN Employee Self Service'

Click on 'Remuneration and Banking'

At 'External Links' choose 'Medical Aid Choice 2021'

Click on 'Choose Medical Aid for 01 Jan 2021'

You will only be allowed to structure your medical scheme plan

CHOOSE YOUR OPTION FOR 2021 NOW

- The option to select your option will be under **Struktureringsvoordele / Structuring Benefits**
- When clicking on the down arrow , all the options will appear. **Click on your chosen option for 2021.**
- Once you have made your choice, your MSA and Threshold (if applicable) will automatically appear.

CONFIRM YOUR CHOICE BY CLICKING ON

Once you have clicked on you will receive an e-mail confirming the option choice that you have made for 2021. If you do not receive an e-mail it means that your choice has not been stored in your package structuring and we request that you send an urgent e-mail to dutoitmar@forbes.com confirming your option choice for 2021.

The closing date for plan choices is 8 December 2020 at 14h30.

Should you wish to between the schemes, i.e. DHMS to Medihelp or vice versa, please contact Marie-Louise du Toit or 021 808 4827 or dutoitmar@forbes.com

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