

FREQUENTLY ASKED QUESTIONS:

ON MEDICAL SAVINGS, SELF-PAYMENT GAP AND THE ABOVE THRESHOLD BENEFIT

WHAT IS A MEDICAL SAVINGS ACCOUNT?

The Medical Savings Account (MSA) is an amount that gets set aside for you at the beginning of the year or when you join Discovery Health Medical Scheme. You pay back this amount monthly as part of your medical scheme contribution. Members on the Executive, Comprehensive, Priority and Saver plans get a Medical Savings Account. We pay for day-to-day medical expenses like GP visits, radiology and pathology from the Medical Savings Account, as long as you have money available. Any money remaining in the Medical Savings Account at the end of the year will carry over to the next year.

If you leave the Scheme or downgrade your health plan before the year is up, you may owe the Scheme the portion of the Medical Savings Account you have used but have not yet paid back.

REIMBURSEMENT RATE

The money in your Medical Savings Account is yours to use for your non-hospital expenses (day-to-day expenses). Claims are paid from this account subject to the availability of funds. Discovery pays your non-hospital claims at one of two rates:

Cost:

Discovery pays your claims in full at the claimed amount. Discovery pays medicine claims up to a maximum of the Discovery Health Rate for medicines. Discovery adds up claims to the Annual Threshold up to the Discovery Health Rate and not Cost. This can increase your Self-payment Gap. If the provider charges more than the Discovery Health Rate and is not part of a direct payment arrangement, Discovery will pay you.

Discovery Health Rate:

Discovery pays your claims up to the Discovery Health Rate. If your healthcare professional charges a rate higher than the Discovery Health Rate, Discovery Health will refund you at the Discovery Health Rate, and you will be responsible to pay the difference.

WHAT IS A SELF-PAYMENT GAP?

The Self-payment Gap (SPG) is a temporary gap in cover when you run out of funds in your Medical Savings Account (MSA) but have not yet reached your Annual Threshold. You will have to pay for day-to-day claims from your own pocket during this period. You must still submit claims to us so that we know when to start paying from your Above Threshold Benefit.

A Self-payment Gap happens if:

Your Medical Savings Account amount is smaller than your Annual Threshold.

You claim for over-the-counter medicine, which we don't add up to your Annual Threshold.

Your Medical Savings Account pays out claims at Cost.

You apply for a special payment from your Medical Savings Account.

You exceed certain yearly limits, for example dentistry and optical limits.

You or your healthcare professional submits claims from last year, and we pay these claims from the available funds in your Medical Savings Account for this year. (Claims from a previous year don't add up to your Annual Threshold.)

WHAT IS THE ABOVE THRESHOLD BENEFIT?

The Above Threshold Benefit (ATB) is a 'safety net' included on Discovery Health Medical Scheme's Executive, Comprehensive and Priority Plans. The day-to-day claims that you submit to Discovery Health Medical Scheme are added up at the Discovery Health Rate depending on the limits for any specific treatment and conditions. Once the claims add up to a certain amount, known as the Annual Threshold, your claims start paying from the Above Threshold Benefit. You may run out of money in the Medical Savings Account before we start paying from the Above Threshold Benefit which will then result in a Self-payment Gap.

Please note: Discovery does not pay certain claims, for example over-the-counter medicine, from the Above Threshold Benefit.

How it works

Discovery adds up the Discovery Health Rate of the day-to-day claims that you send us. When your day-to-day claims reach a fixed rand amount – known as the Annual Threshold – we pay claims from the Above Threshold Benefit.

Discovery sets the Annual Threshold amount at the beginning of each year. The number and type of dependants (adult or spouse or child) on your plan will also determine the amount. The overall Above Threshold Benefit limit on the Priority Plan is a combined limit, and does not apply to each member separately.

Limits and exclusions

- Certain claims, such as those for Schedule 0, 1 or 2 medicine, are not paid for once in the ATB.
- When you enter your ATB, your medical expenses are covered at the applicable Discovery Health Rates according to your plan type, subject to certain annual limits.
- Remember, the annual limits apply to claims from the ATB and MSA. You can read more about this in your health plan guide.



For more information about this benefit, please call Discovery at 0860 99 88 77 or speak to your PSG consultant.

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