

1 April 2018

Dear Pharmacist

Discovery Health standard rates and networks for 2018

We want to extend an open invitation to pharmacies that have not yet joined our preferred provider pharmacy networks. If you want to join the Discovery Health networks and have not done so yet, please fill in the agreement included in this document and send it to us.

How to join the Discovery Health DSP pharmacy networks

Complete the agreement, sign it and email it back to us at provider_administration@discovery.co.za and we will register you accordingly.

To avoid charging unnecessary co-payments for medical scheme members, please ensure you confirm your chosen network rate with your software vendor well in time.

New schemes participating in Discovery Health pharmacy networks

For your convenience, we have attached a comprehensive summary of the rates applicable to each scheme we administer.

Cancelling or changing your DSP network agreement

Participating in a Discovery Health pharmacy network is voluntary. If you choose to withdraw your participation, send us an email at provider_administration@discovery.co.za with your request, together with your BHF practice number. We will end your participation in the Discovery Health pharmacy network according to the contract specifications. You will also have to instruct your software vendor of the change in writing.

Participating in the Discovery Health Performance-based Remuneration Network

Make sure you also enrol on the Performance-based Remuneration (PBR) Network offered by Discovery Health Medical Scheme and earn an additional dispensing fee when adhering to the required compliance levels. You will find the document 'Invitation to join Performance Based Remuneration' included here within.

Complete, sign and return the agreement and we will register you accordingly


Visit our website for more information that you require

All our formularies, application forms and previous communications to pharmacies are available on the following path: <https://www.discovery.co.za/portal/individual/propbm-communicu>

Thank you for your commitment to working with us to ensure the members of the medical schemes we administer can continue to have access to affordable medicine and quality service.

Please feel free to email us at healthpartnerinfo@discovery.co.za if you have any further questions about this.

Regards

A handwritten signature in black ink, appearing to read 'Suzanne Van Der Walt'.

Suzanne Van Der Walt
Contract manager
Discovery Health

Application to join the Performance Based Remuneration (PBR) pharmacy network for independently owned pharmacies



Please complete and send the form by fax to 011 539 2784 or email to provider_administration@discovery.co.za AND a copy to your software vendor at: helpdesk@computassist.co.za OR price.medaid@ucsts.com OR helpdesk@propharm.co.za OR helpdesk@compharm.co.za OR kcatsicas@easyrx.co.za OR comcaps@telkomsa.net OR pharmasoft@medbel.co.za OR jack@touchpoint.co.za OR info@djla.co.za

| | | | | | | |
|--|--|---------------------------------------|--|-------------------------------------|---|---------------------------------------|
| Owner name and surname | | ID number | | | | |
| PMA: Please tick appropriate block | | ComputAssist <input type="checkbox"/> | UCS TS/Unisol <input type="checkbox"/> | ProPharm <input type="checkbox"/> | ComPharm <input type="checkbox"/> | Scriptmaster <input type="checkbox"/> |
| | | EasyRx <input type="checkbox"/> | Techknowledge <input type="checkbox"/> | Pharmasoft <input type="checkbox"/> | Touchpoint <input type="checkbox"/> | |
| Pharmacy details | | | | | | |
| Name of pharmacy | | | BHF billing practice number | | | |
| Physical address | | | | | | |
| Building name and number | | | | | | |
| Street name and number | | | | | | |
| Suburb | | | Province | Code | | |
| Contact details | | | | | | |
| Dispensary email address for PBR reports and compliance information | | | | | | |
| <p>Provisions for participation in network <i>The pharmacy described above will hereinafter be referred to as "the pharmacy"</i></p> <p>The pharmacy has been invited by Discovery Health and declares herewith its intent to join the Performance Based Remuneration pharmacy network on the terms and conditions referred below. The pharmacy agrees:</p> <ul style="list-style-type: none"> To act at all times in accordance with existing medicine and pharmacy legislation, standards and codes of conduct. That these terms and conditions must be read together with the attached non-exclusive independent community pharmacy Network DSP agreement that describes the existing standard dispensing fees and provisions. Participation in the standard network is a requirement for PBR. That no rate changes on the pharmacy's system are required since the variable PBR dispensing fees will be retrospectively applied to Chronic Illness Benefit (CIB) claims only and only if and when the pharmacy qualifies by reaching or exceeding the compliance threshold set out below. That this agreement currently only applies to Discovery Health Medical Scheme and in future will apply to any one of the current and/or future willing schemes administered by Discovery Health (Pty) Ltd at any given time during the term of the agreement. That the details set out in this form can be used by Discovery Health and its staff members for operational purposes. To join the PBR network as a DSP from the first day of the current month if the signed agreement is received before or on the 15th day of the month or to join from the first day of the next month if the signed agreement is received after the 15th day of the applicable month. That the pharmacy will take responsibility to inform the pharmacy's software vendor by emailing this signed agreement so that the benchmark price and benchmark products can be displayed on the screen in the pharmacy. That the pharmacy will be measured on a monthly basis on their individual formulary compliance performance which is measured as the percentage PBR formulary and benchmark items dispensed out of all chronic paid medicine claims during a calendar month, taking into consideration the PBR exclusion rules. That the participating pharmacy will continue to charge at their existing standard dispensing fee rate. However, once the pharmacy's individual compliance performance has reached or exceeded the compliance threshold for the previous calendar month, the pharmacy will qualify for the PBR variable dispensing fee to apply for the next month. That the compliance threshold that the independent community pharmacy needs to reach or exceed for Chronic Illness Benefit claims for the pharmacy to qualify and the applicable PBR variable dispensing fee to apply, is 51% from 1 January 2018. Discovery reserves the right to review and increase the threshold twice a year after formulary updates again from 2019. When complying with the 51% across six months, the pharmacy will participate in MedXpress DSP network as long as the pharmacy maintains the required criteria. That for a qualifying pharmacy that has reached or exceeded the compliance threshold, the retrospective PBR payment report is compiled on a three-monthly basis. The PBR payment report comprises of the Chronic Illness Benefit claim lines submitted by qualifying pharmacies during the report period (full calendar months only). Whereby the difference between the paid dispensing fee and PBR variable dispensing fee is calculated for formulary and benchmark items paid from CIB. The difference is to be settled every three months, within the next month from PBR payment cycle end. <ul style="list-style-type: none"> Benchmark dispensing fee: 46.40% capped R98.86 with a minimum of R7.15 (VAT inclusive) Non-benchmark dispensing fee: 30.26% capped R45.39 (VAT inclusive) That qualifying pharmacies that maintain their compliance will participate in MedXpress after 6 months for as long as they comply with the criteria. That when the participating pharmacy falls back to below the required PBR compliance threshold for the calendar month, the pharmacy will no longer qualify for the PBR report and the applicable PBR variable dispensing fees will therefore not apply for the next month. The standard dispensing fee will then apply until the pharmacy qualifies again during any future calendar month where after the PBR variable dispensing fee will apply the following month. That claims for KeyCare and Delta network options, claims received from courier pharmacies, corporate hospital pharmacies on higher rate, pharmacies not contracted to PBR, pharmacies not contracted as a non-exclusive DSP and claims paid from all other benefits other than the Chronic Illness Benefit, including but not limited to acute benefits, HIV, Specialised Medicine and Technology Benefit, oncology benefits and Additional Disease List claims will be excluded from the PBR variable dispensing fees. The chosen standard dispensing fee of as per the non-exclusive independent pharmacy network DSP agreement will then apply. To the confidential nature of all information provided to the pharmacies relating to PBR or otherwise and which, even if not marked as confidential, by its nature or contents is identifiable as, or could reasonably be expected to be confidential and/or proprietary and which will only be used for the purposes of insight relating to the agreement. It shall not under any circumstances disclose, exchange or distribute the contents thereof to any third party other than employees of the pharmacy who "need to know" for the purposes of providing the service and who are under same the obligation as the pharmacy to exercise the same degree of care in protecting the confidential information. | | | | | | |
| Name | | | Signature | | Date | |
| | | | | | Effective from the 1 st day of calendar month Network Participation: 434 & 954 OR 662 & 954 | |
| If the pharmacy or Discovery Health want to terminate this PBR agreement, each party is required to give each other one calendar month's written notice. Please send termination request and BHF number to: provider_administration@discovery.co.za . Once terminated, the chosen standard network dispensing fee applies to all CIB claims. | | | | | | |

Appointment as non-executive independent community pharmacy network designated service provider (DSP)



Please complete and send the form by fax to 011 539 2784 or email provider_administration@discovery.co.za

| Pharmacy owner details | | | |
|-----------------------------|--|------------|------------|
| Owner name and surname | | | ID number |
| Pharmacy details | | Pharmacy 1 | Pharmacy 2 |
| Name of pharmacy | | | |
| BHF billing pharmacy number | | | |
| Physical address | | | |
| Building name and number | | | |
| Street name and number | | | |
| Suburb | | | |
| Province | | | |
| Postal code | | | |
| Postal address | | | |
| PO Box | | | |
| Suburb | | | |
| City | | | |
| Postal code | | | |
| Contact details | | | |
| Dispensary email | | | |
| Email: Payment bureau | | | |

Provisions for participation: (the pharmacies described above will jointly hereinafter be referred to as the "pharmacy")

- This contract replaces any previous community pharmacy network agreement.
- The pharmacy agrees to act in accordance with all medicine and pharmacy legislative requirements related to the procurement and dispensing of scheduled medicine and will ensure that the pharmacy and responsible pharmacists are registered and remain registered with the South African Pharmacy Council.
- The pharmacy agrees to subsequent rate increases and other changes as applied, unless the agreement is terminated.
- The pharmacy agrees that it will not charge members of the medical schemes administered by Discovery Health (Pty) Ltd and their registered dependants, fees that are higher than the rates described below and agreed to by the pharmacy.
- The parties agree that if the pharmacy fails to comply with this agreement, the pharmacy will be suspended from all pharmacy networks.
- The pharmacy agrees that for those pharmacies participating in the Discovery Health Performance Based Remuneration dispensing fee model (PBR), the tariffs are subject to change as negotiated per the PBR dispensing fee model for authorised Chronic Illness Benefit items for the PBR variable dispensing fee to apply. The pharmacy undertakes to give preference to generic items on the Discovery Health formularies and will automatically participate in the MedXpress DSP network when reaching the required MedXpress criteria over six a month period and will be terminated if not maintaining the required MedXpress criteria as set out in the PBR and MedXpress FAQ document
- The pharmacy confirms that all the pharmacies described above are independently owned, and are stock-keeping pharmacies situated in close proximity to or within the community that is served, where the majority of members visit the pharmacy to discuss their medicine needs and receive their prescribed medicines.
- The pharmacy agrees to Discovery Health making the details set out in this form available on www.discovery.co.za and to Discovery Health call centre consultants who will communicate these details to members as and when requested.
- The pharmacy undertakes to obtain explicit approval from Discovery Health to use its brand or logo, which may be subject to further terms and conditions.
- The pharmacy accepts responsibility to arrange the chosen rates as below with their appropriate software vendor.
- The parties agree that the pharmacy is subject to audits and if the pharmacy is suspected of fraudulent behaviour, the member will be directly reimbursed instead of the pharmacy pending the outcome of the investigation.

| | | Community Pharmacies: Available preferred provider network rates for SEP item | Office use: |
|-----------------------------|--|--|-------------|
| 1. <input type="checkbox"/> | | Join by subscribing to three networks and applicable rates by ticking the block. | |
| 2. <input type="checkbox"/> | | 1. KeyCare plans & Bankmed PMB and Basic plans 18.40% capped R18.40 with a R7.00 floor price (VAT incl.) | 435 |
| | | 2. Delta plans 29.90% capped R29.90 (VAT incl.) Acute medicines only | 990 |
| | | Rates for the balance of plans excluding KeyCare and Delta plans for SEP items | |
| | | (Please tick one of the two options, either 3 or 4) | |
| 3. <input type="checkbox"/> | | 3. Community pharmacy network rate of: 36.32% capped R59.92 (VAT incl.) | 434 & 992 |
| 4. <input type="checkbox"/> | | 4. Corporate network rate of: 31.05% capped R31.05 (VAT incl.) and Insured Benefit | 662 |
| | | Non-SEP and surgical rates will remain at 36.32% capped R59.92 (VAT incl.) for all plans. | |
| 5. <input type="checkbox"/> | | Courier pharmacies: Preferred provider network rate for SEP items: 29.90% capped R29.90 (VAT incl.) | 700 |
| | | <i>Not legible for PBR</i> | |

Please tick: This pharmacy is a Courier Independently owned pharmacy within a hospital Community pharmacy

Effective date: 2 0 Y Y M M D D Date signed: 2 0 Y Y M M D D Your signature:

The pharmacy confirm that above information is correct. This pharmacy and all healthcare providers agree to take part in the Discovery Health preferred provider pharmacy network described in this application form. If the pharmacy or Discovery Health want to terminate or change this agreement, each party is required to give each other one calendar month's written notice. Please send termination/change request and the applicable BHF number(s) to: provider_administration@discovery.co.za

Standard Discovery Health pharmacy networks and scheme rates for pharmacies from 1 April 2018

The following standard network rates apply except where a separate contract with different rates has been signed with an individual pharmacy/group.

| Medical scheme | Option or plan | Destination code | Contracted | Contracted | Contracted | Not contracted |
|---|--|------------------|---|---|---|--|
| | | | Independent community pharmacy network rates and codes (VAT incl.) | Discounted corporate network rates and codes. (VAT incl.) | Courier network rates and codes (VAT incl.) | Non-network rates and codes (VAT incl.) |
| | | | Reason code 476 <i>Paid at agreed dispensing fee. Confirm price diff.</i> | Reason code 476 <i>Paid at agreed dispensing fee. Confirm price diff.</i> | Reason code 476 <i>Paid at agreed dispensing fee. Confirm price diff.</i> | Reason code 592 <i>Non-network provider. Member to pay the balance</i> |
| | Non-SEP and surgical network | | 36.32% capped R59.92 | 36.32% capped R59.92 [@] | 36.32% capped R59.92 | 29.90% capped R29.90 |
| Discovery Health Medical Scheme | Executive and Comprehensive | DHEA0000 | DISCK 36.32% capped R59.92 | DISCK 31.05% capped R31.05 | DISCK 29.90% capped R29.90 | DISCK 29.90% capped R29.90 |
| | Priority, Saver and Core** | DHEA0000 | DISCK2 36.32% capped R59.92 | DISCK2 31.05% capped R31.05 | DISCK2 29.90% capped R29.90 | DISCK2 29.90% capped R29.90 |
| | Classic Delta Saver and Core** | DHEA0000 | DISCD26A 29.90% capped R29.90 | DISCKD20 23.00% capped R23.00 | DISCKD 29.90% capped R29.90 | DISCKD 29.90% capped R29.90 |
| | Essential Smart Plan | DHEA0000 | DISCSMTE- Chronic (DSP: Clicks and Dis-Chem) 31.05% capped R31.05 Acute – Reject (No MSA for Essential) | | DSP: Clicks and Dis-Chem DISCSMTE Chronic 29.90% capped R29.90 | DISCSMTE Acute: rejects Chronic: 31.05% capped R31.05 with |
| | Classic Smart Plan (Previously Smart Plan) | DHEA0000 | DISCSMTA – Acute (capitation fee) DSP: Clicks and Dis-Chem pharmacies) | | DSP: Clicks and Dis-Chem DISCSMTA Chronic | DISCSMTA Acute – Reject. |
| DISCSMTC – Chronic (DSP: Clicks and Dis-Chem pharmacies) | | | DSP: Clicks and Dis-Chem DISCSMTC Chronic | DISCSMTC Chronic – 20% co-payment | | |

| Medical scheme | Option or plan | Destination code | Contracted Independent community pharmacy network rates and codes (VAT incl.) | Contracted Discounted corporate network rates and codes. (VAT incl.) | Contracted Courier network rates and codes (VAT incl.) | Not contracted Non-network rates and codes (VAT incl.) |
|---------------------------------|---|------------------|---|--|--|--|
| Discovery Health Medical Scheme | Classic Delta** Comprehensive | DHEA0000 | DISC26A 29.90% capped R29.90 | DISCD20 23.00% capped R23.00 | DISCKD1 29.90% capped R29.90 | DISCKD1 29.90% capped R29.90 |
| | Discovery KeyCare | DHEA0000 | DISCK16A 18.40% capped R18.40 with a R7.00 floor price | DISCKK16 18.40% capped R18.40 | DISCKK 29.90% capped R29.90* | DISCKK 29.90% capped R29.90* |
| Discovery Health | Discovery PrimaryCare | DPCA0003 | DISCKPA – Acute DISCKPC – Capitation fee. Clicks pharmacies only | | | |
| Anglovaal Group Medical Scheme | | DIAV0000 | DISCKAV 36.32% capped R59.92 | DISCKAV 31.05% capped R31.05 | DISCKAV 29.90% capped R29.90 | DISCKAV 29.90% capped R29.90 |
| Bankmed | Core Saver, Plus Comprehensive, Traditional | | Medicine switching goes through MediKredit | | | |
| | Basic Plan | BPPL0001 | BANKM16A 18.40% capped R18.40 with a R7.00 floor price | BANKM16 18.40% capped R18.40 | BANKMDP 29.90% capped R29.90* | BANKMDP 29.90% capped R29.90* |
| | Essential Plan | BPPL0001 | BANKM16A 18.40% capped R18.40 with a R7.00 floor price | BANKM16 18.40% capped R18.40 | BANKMDP 29.90% capped R29.90* | BANKMDP 29.90% capped R29.90* |
| LA Heath Medical Scheme | LA KeyPlus | LHEA0001 | DISCK16A 18.40% capped R18.40 with a R7.00 floor price | DISCKK16 18.40% capped R18.40 | DISCKLH 29.90% capped R29.90* | DISCKLH 29.90% capped R29.90* |
| | LA Active and LA Focus | LHEA0001 | DISCKLA 36.32% capped R59.92 | DISCKLA 31.05% capped R31.05 | DISCKLA 29.90% capped R29.90 | DISCKLA 29.90% capped R29.90 |
| | LA Core and LA Comprehensive | LHEA0001 | DISCKLC 36.32% capped R59.92 | DISCKLC 31.05% capped R31.05 | DISCKLC 29.90% capped R29.90 | DISCKLC 29.90% capped R29.90 |

| Medical scheme | Option or plan | Destination code | Contracted Independent community pharmacy network rates and codes (VAT incl.) | Contracted Discounted corporate network rates and codes. (VAT incl.) | Contracted Courier network rates and codes (VAT incl.) | Not contracted Non-network rates and codes (VAT incl.) |
|-------------------------------------|-------------------------|------------------|---|--|--|--|
| Lonmin Medical Scheme | DPCN | LMSC0001 | DISCK16A 36.32% capped R59.92 | DISCKK16 31.05% capped R31.05 | DISCKLN 29.90% capped R29.90 | DISCKLN 29.90% capped R29.90 |
| MMED Option of Naspers Medical Fund | | MMSC0001 | DISCKMED 36.32% capped R59.92 | DISCKMED 31.05% capped R31.05 | DISCKMED 29.90% capped R29.90 | DISCKMED 29.90% capped R29.90 |
| Quantum Medical Aid Society | KeyCare | QMAS0002 | DISCK16A 18.40% capped R18.40 with a R7.00 floor price. | DISCKK16 18.40% capped R18.40 | DISCKQK 18.40% capped R18.40* | DISCKQK 18.40% capped R18.40* |
| | Essential Saver | QMAS0002 | DISCKQMA 36.32% capped R59.92 | DISCKQMA 31.05% capped R31.05 | DISCKQMA 29.90% capped R29.90 | DISCKQMA 29.90% capped R29.90 |
| | Essential Comprehensive | QMAS0002 | DISCKQMA 36.32% capped R59.92 | DISCKQMA 31.05% capped R31.05 | DISCKQMA 29.90% capped R29.90 | DISCKQMA 29.90% capped R29.90 |
| TFG Medical Aid Scheme | Plan A | BKAL0000 | DISCKTFC 36.32% capped R59.92 | DISCKTFC 31.05% capped R31.05 | DISCKTFC 29.90% capped R29.90 | DISCKTFC 29.90% capped R29.90 |
| | Plan B | BKAL0000 | DISCKTFG 36.32% capped R59.92 | DISCKTFG 31.05% capped R31.05 | DISCKTFG 29.90% capped R29.90 | DISCKTFG 29.90% capped R29.90 |
| Remedi Medical Aid Scheme | Classic | MSRM0000 | DISCKREA – Acute 36.32% capped R59.92 | DISCKREA – Acute 31.05% capped R31.05 | DISCKREA – Acute 29.90% capped R29.90 | DISCKREA – Acute 29.90% capped R29.90 |
| | | | DISCKREM – Chronic 36.32% capped R59.92 | DISCKREM – Chronic 31.05% capped R31.05 | DISCKREM – Chronic 29.90% capped R29.90 | DISCKREM – Chronic 23.00% capped R23.00 |
| | Comprehensive | MSRM0000 | DISCKREA – Acute 36.32% capped R59.92 | DISCKREA – Acute 31.05% capped R31.05 | DISCKREA – Acute 29.90% capped R29.90 | DISCKREA – Acute 29.90% capped R29.90 |
| | | | DISCKREC – Chronic 36.32% capped R59.92 | DISCKREC – Chronic 31.05% capped R31.05 | DISCKREC – Chronic 29.90% capped R29.90 | DISCKREC – Chronic 23.00% capped R23.00 |

| Medical scheme | Option or plan | Destination code | Contracted Independent community pharmacy network rates and codes (VAT incl.) | Contracted Discounted corporate network rates and codes. (VAT incl.) | Contracted Courier network rates and codes (VAT incl.) | Not contracted Non-network rates and codes (VAT incl.) |
|--|-----------------------|------------------|--|---|---|--|
| | Standard | MSRM0000 | DISCKREA – Acute 36.32% capped R59.92 | DISCKREA – Acute 31.05% capped R31.05 | DISCKREA – Acute 29.90% capped R29.90 | DISCKREA – Acute 29.90% capped R29.90 |
| | | | DISCKREM – Chronic 36.32% capped R59.92 | DISCKREM – Chronic 31.05% capped R31.05 | DISCKREM – Chronic 29.90% capped R29.90 | DISCKREM – Chronic 23.00% capped R23.00 |
| Netcare Medical Scheme | | NPMS0000 | This scheme does not participate in Discovery Health networks. NETAC: Acute, chronic and non-SEP – 32.20% capped R32.20 The DSP is Netcare Retail Pharmacies and pharmacies located inside Medicross facilities. | | | NETAC Acute and non-SEP 32..20% capped R32.20 Chronic - Reject |
| Retail Medical Scheme | Essential | RMSC0001 | This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply. | This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply. | This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply. | DISCKRMA – Acute and non-SEP DISCKRMP – Chronic 23.00% capped R23.00 |
| | Essential Plus | RMSC0001 | | | | DISCKRMA – Acute and non-SEP DISCKRMP – Chronic 23.00% capped R23.00 |
| Tsogo Sun Group Medical Scheme | Classic Saver | | DISCKTMS 36.32% capped R59.92 | DISCKTMS 31.05% capped R31.05 | DISCKTMS 29.90% capped R29.90 | DISCKTMS 29.90% capped R29.90 |
| | Classic Comprehensive | TSGM0001 | DISCKTMS 36.32% capped R59.92 | DISCKTMS 31.05% capped R31.05 | DISCKTMS 29.90% capped R29.90 | DISCKTMS 29.90% capped R29.90 |
| University of KwaZulu-Natal Medical Scheme | Standard | MSAV0000 | DISCKUKZ 36.32% capped R59.92 | DISCKUKZ 31.05% capped R31.05 | DISCKUKZ 29.90% capped R29.90 | DISCKUKZ 29.90% capped R29.90 |

| Medical scheme | Option or plan | Destination code | Contracted Independent community pharmacy network rates and codes (VAT incl.) | Contracted Discounted corporate network rates and codes. (VAT incl.) | Contracted Courier network rates and codes (VAT incl.) | Not contracted Non-network rates and codes (VAT incl.) |
|-----------------------------------|--|------------------|---|---|--|--|
| BMW Employees Medical Aid Society | | | DISCKBMW 36.32% capped R59.92 | DISCKBMW 31.05% capped R31.05 | DISCKBMW 29.90% capped R29.90 | DISCKBMW 29.90% capped R29.90 |
| Anglo Medical Scheme | | | Medicine switching goes through MediKredit | | | |
| Glencore Medical Scheme | | XTRA0001 | GLCAC 36.32% capped R59.92 | GLCAC 31.05% capped R31.05 | GLCAC 29.90% capped R29.90 | ACUTE: GLCNA 34.50% capped R37.95 |
| | | | | | | CHRONIC GLCNC: 29.90% capped R29.90 |
| Malcor Medical Aid Scheme | Plan A | NMMD0000 | This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply. MMAP applies. R29.90% capped R29.90 | This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply. MMAP applies. Dis-Chem is the DSP. Acute: 28.75% capped R28.75 Chronic/HIV/Oncology: 26.45% capped R26.45 | This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply. MMAP applies. R29.90 capped R29.90 | DISCKMLA – Acute and non-SEP 29.90% capped R29.90 DISCKMLC – Chronic 29.90% capped R29.90 |
| | Plan B | NMMD0000 | | | | DISCKMLA – Acute and non-SEP 29.90% capped R29.90 DISCKMLC – Chronic 29.90% capped R29.90 |
| | Plan C | NMMD0000 | | | | DISCKMLA – Acute and non-SEP 29.90% capped R29.90 DISCKMLB – Chronic 29.90% capped R29.90 |
| SAB Medical Aid (SABMAS) | Medicine switching goes through MediKredit | | | | | |

| Medical scheme | Option or plan | Destination code | Contracted Independent community pharmacy network rates and codes (VAT incl.) | Contracted Discounted corporate network rates and codes. (VAT incl.) | Contracted Courier network rates and codes (VAT incl.) | Not contracted Non-network rates and codes (VAT incl.) |
|-----------------------------------|----------------|------------------|---|---|---|--|
| Engen Medical Benefit Fund (EMBF) | | BKAI0000 | This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply. | This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply. | This scheme does not participate in Discovery Health network arrangements. Non-network codes and rates apply. Scriptwise is the Preferred Provider with a rate of 36.80% capped R36.80 (VAT inclusive) | DISCKEMB- Chronic 29.90% capped R29.90 |

Please take note:

- These SEP, Non-SEP and surgery network rates apply to all medicine benefits (acute and chronic, oncology and HIV) as network rates except where separately mentioned
- *Exclusive courier pharmacy arrangements apply to our KeyCare plans, other courier pharmacies may not participate in this network.
- **Ordering through MedXpress and MedXpress network pharmacies (previously MedXpress Status pharmacies) are the DSP for all chronic medicines for the DHMS Delta network options and Core plans. A non-DSP co-payment of 20% on chronic medicine applies to all other pharmacies.
- Independent pharmacies may downgrade to discounted corporate network rates by choice.
- @The Dis-Chem and Clicks Retail rates for non-SEP and surgicals are 31.05% capped R31.05 (VAT inclusive).
- Performance Based Remuneration only applies to Discovery Health Medical Scheme.
- Retail Essential Comprehensive option and UKZN KeyPlus Plan have been de-registered

Discovery Health clinic rates applicable from 1 April 2018

- Registration on the Vitality Wellness network is required

| Pharmacy codes | Procedure | Procedure code | Payment | 15% VAT inclusive |
|----------------|--|----------------|-----------------------|-------------------|
| 098000-001 | Blood glucose | 0012 | Cash | R 58.30 |
| 098001-001 | Blood cholesterol | 0013 | Cash | R 90.10 |
| 098002-001 | Blood pressure | 0015 | Cash | R 26.50 |
| 000160-001 | HIV pre-counselling | 0016 | Risk | R 97.30 |
| 000170-001 | HIV post-counselling | 0017 | Risk | R 70.60 |
| 002100-001 | Administration of subcutaneous or intramuscular injections | 0021 | MSA | R 63.90 |
| 002201-001 | Administration of a vaccine | 0022 | MSA | R 41.80 |
| 098003-001 | Weigh-in | WEIGH | Cash | R 31.80 |
| 098004-001 | Non-smoker's declaration | SMOKE | Cash | R 31.80 |
| 001055-001 | Kids Vitality Health Check | VKIDS | 2-17 yrs | R 73.60 |
| 705255-001 | Vitality Health Check | VHC | Risk | R191.80 |
| 001093-001 | Enhanced Vitality Check | EVHC | Risk | R 267.30 |
| 001091-001 | HbA1c | HbA1c | MSA with accumulation | R 158.90 |
| 001092-001 | LGRAM – Lipogram | LGRAM | MSA with accumulation | R 158.90 |

Bankmed rates applicable from 1 April 2018

| Pharmacy codes | Procedure | 15% VAT inclusive |
|----------------|--|-------------------|
| 0012 | Blood glucose screening | R 59.00 |
| 0013 | Blood cholesterol screening | R 98.30 |
| 0015 | Blood pressure monitoring | R 59.00 |
| 0021 | Administration of an intramuscular or subcutaneous injection | R 79.00 |

| Nursing codes | Code description | 15% VAT inclusive |
|---------------|--|-------------------|
| 80001 | Initial assessment & preparation of treatment plan (minimum of 30 Minutes) | R 148.30 |
| 80002 | Initial assessment & preparation on treatment plan (minimum of 1 hour) | R 204.50 |
| 88001 | Consultation (minimum 30 minutes) | R 335.20 |
| 88002 | Prolonged consultation after 30 minutes | R 469.30 |
| 88005 | Individual consultation – 5 to 15 minutes | R 89.50 |
| 88006 | Individual consultation | R 201.10 |
| 88014 | Emergency consultation/visit (all hours) | R 110.90 |
| 88450 | Consultation – Well Baby clinic | R 69.20 |
| 99400 | Consultation linked to Pap smear | R 448.90 |
| 7111 | Prostate specific antigen (PSA) test | R 91.60 |