



Optical Benefit

2017

Overview

The Optical Benefit covers healthcare services in respect of eyes, vision, visual systems and the processing of visual information.

This document explains the Benefit for 2017; and gives details on how the benefit works for you on your specific plan.

About some of the terms we use in this document

There are a few terms used in the document that you may not be familiar with. We give you the meaning of these terms.

Terminology	Description
Day-to-day benefits	These are the funds available in the Medical Savings Account or the Above Threshold Benefit.
Discovery Health Rate	This is the rate Discovery Health sets for paying healthcare professionals' accounts.

Optometry Benefit on your plan

Executive Plan

There is a limit of R6 800 per person for the year. This is not a separate benefit; limits apply to claims paid from your MSA, your own pocket (if you are in a Self-payment gap) and Above Threshold Benefit. We pay up to 100% of the Discovery Health Rate for the optometrist.

If you join the Scheme after January, you won't get the full R6 800 because it is calculated by counting the remaining months of the year.

The optical cover includes cover for lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, like excimer laser.

Comprehensive Plan

There is a limit of R4 600 per person for the year. This is not a separate benefit; limits apply to claims paid from your MSA, your own pocket (if you are in a Self-payment gap) and Above Threshold Benefit. We pay up to 100% of the Discovery Health Rate for the optometrist.

If you join the Scheme after January, you won't get the full R4 600 because it is calculated by counting the remaining months of the year.

The optical cover includes cover for lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, like excimer laser.

Priority Series

There is a limit of R4 200 per person for the year. This is not a separate benefit; limits apply to claims paid from your MSA, your own pocket (if you are in a Self-payment gap) and Above Threshold Benefit. We pay up to 100% of the Discovery Health Rate for the optometrist.

If you join the Scheme after January, you won't get the full R4 200 because it is calculated by counting the remaining months of the year.

The optical cover includes cover for lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, like excimer laser.

Saver Series

We pay for your optical benefit from your available funds in your Medical Savings Account up to 100% of the Discovery Health Rate.

Smart Series

Classic Plan:

One eye test per member per year at any Mellins optometrist with a R50 payment for the test.

Frames and lenses:

You will be responsible to pay for your own account because this plan does not offer additional day-to-day benefits for this healthcare service.

Essential Plan:

One eye test per member per year at any Mellins optometrist with a R100 payment for the test.

Frames and lenses:

You will be responsible to pay for your own account because this plan does not offer additional day-to-day benefits for this healthcare service.

You can find Mellins optometrists on www.discovery.co.za

Core Series

You will be responsible to pay for you own account because this plan does not offer day-to-day benefits for the optical benefit.

KeyCare Plus And KeyCare Core Plans

On KeyCare Plus and KeyCare Access you are covered for:

- One eye test
- One pair of white singlevision- bifocal or multifocal lenses, or
- Basic contact lenses (clear contact lenses with no added colour, tints or designs).

This cover is only available every two benefit years (24 months from last date of service) when making use of a network optometrist who is part of the Iso Leso Optics group. You can find optometrists in the Iso Leso Optics group on www.discovery.co.za

You can get a discount

You can get a 20% discount on your frames and eyeglass lenses when you visit an optometrist in the Discovery Health Optometry Network*. The discount is immediate at point of sale as a value added benefit.

The discount is available on the following Discovery Health Medical Scheme plans (excluding KeyCare):

- Executive Plan
- All plans in the Comprehensive Series
- All plans in the Priority Series
- All plans in the Saver Series
- All plans in the Smart Series
- All plans in the Core Series

The discount is only applicable to hardware items such as frames, eyeglass lenses and their add-ons.

The discount is not available for contact lenses and professional services like eye examination fees.

*Visit www.discovery.co.za to find a participating optometrist in the network.

How the discount is calculated

The 20% discount is calculated on the Optical Assistant Rate, which will be the Discovery Health "in-network" rate.

Example: R1 000 = Optical assistant Private Rate, Discovery Health rate would be R1 000 – 20% = R800

The Optical Assistant Rate is a guide optometrists use for billing purposes.

What to do when you pay cash

For cash payments, you get the discount immediately and you pay the amount after the 20% discount. Once you have paid, you must submit the proof of payment to us and we will pay the claimed amount as shown on the invoice.

Contact us

You can call us on 0860 99 88 77 or visit www.discovery.co.za for more information.

Complaints process

We explain the complaints and dispute process on the website www.discovery.co.za. You may lodge a query or complaint with Discovery Health Medical Scheme by calling 0860 99 88 77, emailing healthinfo@discovery.co.za or by completing an online complaints form. If you are not satisfied with how your complaint was resolved, please use the website to address your complaint to the Principal Officer. If you have received a final decision from us and want to challenge it, you may lodge a formal dispute by following the disputes process detailed on the website.

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.com | 0861 123 267 | www.medicalschemes.com