December 2025

# RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

The CMS hereby publishes summaries of rulings recently issued by the Complaints Adjudication Unit in respect of complaints lodged against regulated entities, in terms of Section 47 of the Medical Schemes Act.

These rulings are published solely for information purposes and may not be taken to be precedent setting in any way. Decisions articulated in these rulings may still be appealed in terms of Section 48 of the Medical Schemes Act. The CMS reserves the right to modify or remove any information published herein, without prior notice.

The contents of these rulings do not constitute legal or medical advice and may not be taken out of context. The findings and any opinions expressed in these rulings are based on the specific facts of each complaint, the evidence submitted, and applicable legal provisions.

The CMS does not assume liability or accept responsibility for any claims for damages or any errors, omissions, arising out of use, misunderstanding or misinterpretation, or with regard to the accuracy or sufficiency of the information contained in these publications.

Identifiable personal information of the complainants and any associated individuals have been redacted for their protection.

C obo B v Discovery Health Medical Scheme

Short-payment related to benefit limits

This complaint was lodged by Mr. C ("the Complainant") obo Ms. B ("the member") against Discovery Health Medical Scheme ("the Scheme"). The dispute concerns the Scheme's decision regarding benefits payable towards the member's hearing aids. According to the complainant, he received an enquiry from the member, about the available benefits for hearing aids under her benefit option.

He indicated that he contacted the Scheme to confirm the member's available hearing aid benefits. According to the complainant the Scheme advised that the member had R17 334.32 in her savings account and a self-payment gap of R700 before accessing an above-threshold benefit of R35 000, with a sub-limit of R29 850 for hearing aids. The representative allegedly confirmed that the total benefit available would be R17 334 plus R29 850, less the R700 gap totalling R46 484 payable towards the hearing aids. The complainant conveyed this information to the member who then self-funded her hearing aid claim of R52 000 and submitted the claim to the Scheme for a refund. The Scheme reportedly only refunded the member R29 850 of the claimed amount. The complainant disputed the refund based on the information which he reportedly received from the Scheme.

In response to the complaint, the Scheme submitted that the member is covered on the Classic Comprehensive plan. Further that members on this option have access to a Medical Savings Account (MSA) for day-to-day expenses, followed by a Self-Payment Gap (SPG) where members must self-fund claims. These claims must still be submitted to the Scheme so that the SPG can be closed and members may access the limited Above Threshold Benefit (ATB). Once in the ATB, the Scheme again funds day-to-day expenses at the Scheme rate. The Scheme averred that members on the Classic Comprehensive option have access to cover for hearing aids funded from the available day-to-day benefits (MSA/SPG/ATB), subject to an annual limit. For the 2024 benefit year, the annual limit for hearing aids on this plan was R29 850.The Scheme stated that the complainant misunderstood this explanation to mean that it would fund R17 334.32 from the MSA, R29 850 from the ATB, less the R700.03 SPG totalling R47 184.32. The Scheme maintained that its

representative corrected the complainant on more than one occasion, clarifying that the annual limit of R29 850 applies in total to both the MSA and ATB combined. The Scheme concluded that the member remains liable for the shortfall on the hearing aid claim, which arose because the total cost exceeded the available benefit limit.

During the Council for Medical Schemes (CMS) investigation of this complaint the call recording, together with the registered scheme rules were considered. We found that although the representative initially appeared to agree with the complainant's suggested calculation of R17 000 plus R29 000, the later explanations confirmed that the R29 850 cap applied overall, regardless of whether the claim was funded from MSA or ATB.

The Registrar found that the Scheme applied its registered Rules for 2024 correctly in processing the claim for hearing aids. The call recording confirms that although the initial discussion may have led to a misunderstanding, the Scheme's representative subsequently clarified that the overall annual limit for hearing aids is R29 850, as prescribed in the Rules. The complaint was therefore dismissed.