



 **Discovery**  
Health

**Discovery Health**  
2011

# Why choose Discovery Health?



## Introducing Discovery Health's range of options

Discovery Health offers a range of options to meet the individual needs of our members.

For detailed information, look at the benefit schedules in this brochure, visit [www.discovery.co.za](http://www.discovery.co.za) or speak to your financial adviser.



### Unequaled financial security

The Discovery Health Medical Scheme enjoys an AA+ rating for its claims paying ability from independent rating agency, Global Credit Ratings – the only scheme in South Africa to have achieved the industry ceiling. The medical scheme has R7 billion in reserves, giving Discovery Health members complete peace of mind that sufficient funds are available to pay their claims.

### A wide spectrum of plan options to meet different needs

We offer you a number of different plan options to cater for all individuals' needs – from the high end of the market through the Executive Plan to the KeyCare Series, our plans for the low-income market.

### Affordable contributions and sustainable contribution increases

The Discovery Health Plans are priced competitively to ensure long-term affordability and value for money. Discovery Health's annual contribution increases are stable and our track record shows they are consistently lower than the industry average.

### Extensive medical cover and support in South Africa, Africa and abroad

Most Discovery Health Plans provide cover for emergency medical evacuations in sub-Saharan Africa and for medical emergencies when travelling internationally. Discovery Health has invested in healthcare infrastructure that benefits all South Africans. The Discovery Medicopters, supported by ground staff, provide medical support and air evacuation in extreme critical cases. The emergency helicopters operate from Johannesburg, Cape Town and Durban.

### Flexible, comprehensive cover for chronic conditions

All Discovery Health Plans offer full cover for approved medicines for a defined list of chronic conditions. The Executive and Comprehensive Plans cover additional conditions. All Discovery Health members have access to our HIVCare, Oncology and renal programmes.

### The Medical Savings Account gives members control of their day-to-day medical spending

Medical Savings Accounts empower you to make informed choices about how much you spend on your day-to-day healthcare. Any unused funds get carried over to the next year – unlike traditional plans where unused cover is lost.

### Unique benefits ensure you have access to the healthcare you need

The Screening and Prevention Benefit covers a range of preventive healthcare services to keep you healthy. The Trauma Recovery Extender Benefit covers out-of-hospital claims for your recovery after certain traumatic events.

We further extend your day-to-day cover if your Medical Savings Account runs out through the Insured Network Benefit. The benefit covers the full cost of your GP consultation fees if you go to a GP in the Discovery Health network (this benefit is available on all plans except the Core and KeyCare Series). If you are on an Executive, Comprehensive or Priority Plan, it also covers pathology at our network providers if your doctor requests the tests using the Discovery Health pathology form.

### Guaranteed full cover options for medical specialists

Discovery Health's scale and size has allowed us to enter into payment arrangements with specialist groups to ensure certainty of cover and higher levels of reimbursement for healthcare professionals. Over 87% of our members' interactions with specialists happen within a payment arrangement, where members are guaranteed no out-of-pocket payments and specialists are paid directly.

### Access to the latest treatments, medicines and technologies

Members on Discovery Health's Executive and Comprehensive Plans have additional cover for certain innovative medical technologies and expensive medicines through the Specialised Medicine and Technology Benefit. You have access to the Overseas Treatment Benefit, where you may seek evidence-based treatment not available in South Africa at a registered healthcare professional.

# Discovery Health at a glance

Discovery Health offers a range of options to cater for all our members' needs – from the Executive Plan, our plan for the high-income end of the market, to the KeyCare Series, our plans for the low-income market. Each plan offers cover ranging from hospitalisation to cover for chronic medicine, with many plans offering day-to-day cover through the Medical Savings Account and Above Threshold Benefit.

## Hospital cover

There are no overall limits for hospital cover on any Discovery Health Plan. You can go to any private hospital on most plans. The Delta network options, the Coastal and KeyCare Plans offer hospital cover in a defined network of hospitals.

By using a specialist participating in one of our payment arrangements, appropriate to your plan, we cover you in full for the approved procedure in-hospital at the rate we agreed with them.

Traumatic events can result in extremely high costs after you leave the hospital. We cover certain out-of-hospital medical expenses for the rest of the year in which the trauma takes place, and for the following year, from the Trauma Recovery Extender Benefit. This benefit is available on all plans except Core Series.

## Cover for chronic medicine

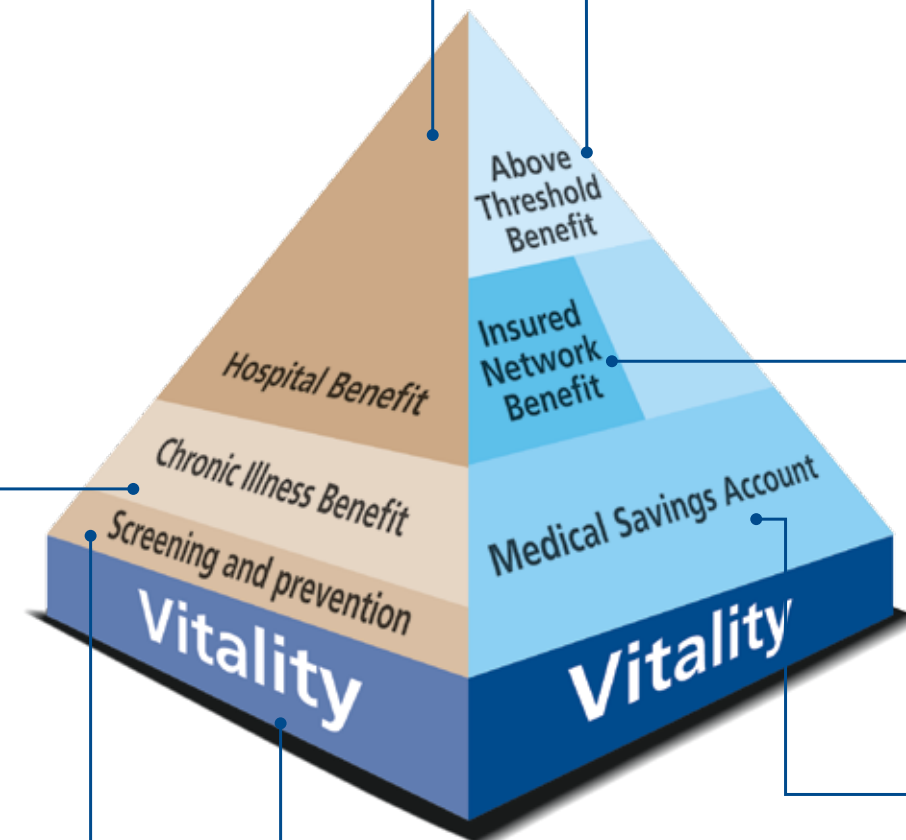
All Discovery Health Plans cover approved medicine for the Prescribed Minimum Benefit conditions under the Chronic Illness Benefit. We pay your approved chronic medicines that are on Discovery Health's medicine list in full or up to a set monthly rand amount for medicines not on the medicine list.

The Executive and Comprehensive Plans offer cover for additional conditions. We pay your approved medicine for these conditions up to a monthly rand amount.

## Early detection through the Screening and Prevention Benefit

The Screening and Prevention Benefit covers blood glucose, blood pressure, cholesterol and body mass index measurements at a Discovery Wellness Network provider.

The Screening and Prevention Benefit also pays for a mammogram, Pap smear, prostate specific antigens (PSA) and HIV screening tests. If you are 65 years or older or are registered for certain chronic conditions, we also cover a seasonal flu vaccine from this benefit.



## Extended day-to-day cover through the Above Threshold Benefit

The Executive, Comprehensive and Priority Plans include an Above Threshold Benefit that gives further day-to-day cover when your Medical Savings Account runs out and once your day-to-day claims add up to a set rand amount.

On the Executive and Comprehensive Plans, the Above Threshold Benefit is unlimited. On the Priority Plans, the Above Threshold Benefit has an overall limit.

## Insured Network Benefit covers GPs and pathology

If you have spent your annual Medical Savings Account deposit, you are still covered for GP consultation fees if you go to a GP in the Discovery Health GP network. This benefit is available on all plans except the Core and KeyCare Series.

On the Executive, Comprehensive and Priority Plans, this benefit also covers pathology tests at our network providers if your GP or specialist requests them using the Discovery Health pathology form.

## Empowering you to manage your day-to-day healthcare costs through the Medical Savings Account

We pay your day-to-day medical expenses from your Medical Savings Account on Executive, Comprehensive, Priority and Saver Plans. Any unused funds get carried over to the next year – unlike traditional plans where unused cover is lost.

## International Travel Benefit

The International Travel Benefit covers you if you have emergency medical expenses when travelling outside South Africa. The International Travel Benefit provides cover of up to R10 million on the Executive Plan and up to R5 million on other plans for a maximum of 90 days from the date of departure from South Africa. You pay the first \$150 or €100 of out-of-hospital emergency claims. This benefit is available on all plans, except the KeyCare Series.

## The Africa Benefit

You have cover for emergency, medically appropriate evacuations from certain sub-Saharan African countries back to South Africa. This benefit is available on all plans, except the KeyCare Series.

## Discovery Vitality offers a science-based programme with a personalised approach to wellness

Vitality empowers you to improve your health and stay healthy by giving you the knowledge, tools and motivation to meet your health goals. And the healthier you get, the more Vitality rewards you. It has been clinically proven that Vitality makes its members healthier, so the more they interact with Vitality, the healthier they become.

# You have a **basic level of cover** for serious medical conditions

According to the Prescribed Minimum Benefits, in certain circumstances you have the right to get a basic level of cover for a list of medical conditions and treatments. These benefits include cover for a list of 271 listed conditions, most emergency conditions and 27 listed chronic conditions that include HIV and AIDS. Medical schemes must provide cover for the diagnosis, treatment and costs of the ongoing care of these conditions.

To access Prescribed Minimum Benefits, there are certain rules that apply:

- Your medical condition must be part of the list of defined conditions for Prescribed Minimum Benefits
- The results of your medical tests and investigations must match the requirements for diagnosis of your medical condition
- The treatment you need must match the treatments listed in the Prescribed Minimum Benefits as appropriate for your medical condition
- You must use a doctor, specialist or other healthcare provider in the Discovery Health network. This does not apply in life-threatening emergencies. However, even in these cases, you must get to a healthcare provider in the Discovery network as soon as possible – otherwise you may be responsible to pay part of the treatment costs yourself.

More information on our approach to Prescribed Minimum Benefits is available on [www.discovery.co.za](http://www.discovery.co.za)

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## General exclusions

The Discovery Health Medical Scheme has certain exclusions. Discovery Health will not pay for healthcare services related to the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits:

1. Cosmetic procedures and treatments
2. Otoplasty for bat-ears, portwine stains and blepharoplasty (eyelid surgery)
3. Breast reductions or enlargements and gynaecomastia
4. Obesity
5. Frail care
6. Infertility
7. Wilfully self-inflicted illness or injury
8. Alcohol, drug or solvent abuse
9. Wilful and material violation of the law or during a period of imprisonment
10. Wilful participation in war, terrorist activity, riot, civil commotion, rebellion or uprising
11. Injuries sustained or healthcare services arising during travel to or in a country at war
12. Experimental, unproven or unregistered treatments or practices
13. Search and rescue
14. Any costs for which a third party is legally responsible

We also do not cover the complications or the direct or indirect expenses that arise from any of the exclusions listed above.

If we apply waiting periods because you have never belonged to a medical scheme or have had a break in membership of more than 90 days before joining Discovery Health, you will not have access to the Prescribed Minimum Benefits during your waiting periods. This includes cover for emergency admissions.

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This brochure and its contents is only a summary of the key benefits and features of the Discovery Health Medical Scheme Plans, pending formal approval from the Council for Medical Schemes. Full details will be found in the Discovery Health Medical Scheme Rules. For a copy of the rules, email [compliance@discovery.co.za](mailto:compliance@discovery.co.za). Discovery Health Medical Scheme is administered by Discovery Health (Pty) Ltd. Registration number 1997/013480/07, an authorised financial services provider.



# Discovery Health Plan StarRater

The Discovery Health Plan StarRater is designed to assist you in choosing the right plan for your needs. The StarRater allows you to compare the main benefit categories of in-hospital, day-to-day, chronic and oncology cover provided on each of the Discovery Health Plans. By using the StarRater, you can see at a glance how your Discovery Health Plan rates against other plans and make an informed decision about your healthcare cover for 2011.

Series	Plan	In-hospital cover	Out-of-hospital cover	Chronic and oncology cover
Executive	Executive Plan	★ ★ ★ ★ ★ ★	★ ★ ★ ★ ★	★ ★ ★ ★ ★
Comprehensive	Classic Comprehensive	★ ★ ★ ★ ★	★ ★ ★ ★ ★	★ ★ ★ ★ ★
	Essential Comprehensive	★ ★ ★ ★ ★ (circled)	★ ★ ★ ★	★ ★ ★ ★ ★
	Classic Delta Comprehensive network option	★ ★ ★ ★ ★ (circled)	★ ★ ★ ★ ★	★ ★ ★ ★ ★
	Essential Delta Comprehensive network option	★ ★ ★ ★ (circled) ★ (circled)	★ ★ ★ ★	★ ★ ★ ★ ★
Priority	Classic Priority	★ ★ ★ ★ ★	★ ★ ★ ★	★ ★ ★
	Essential Priority	★ ★ ★ ★ ★ (circled)	★ ★ ★	★ ★ ★
Saver	Classic Saver	★ ★ ★ ★ ★	★ ★ ★	★ ★ ★
	Essential Saver	★ ★ ★ ★ ★ (circled)	★ ★	★ ★ ★
	Coastal Saver	★ ★ ★ ★ (circled) ★ (circled)	★ ★ ★	★ ★ ★
	Classic Delta Saver network option	★ ★ ★ ★ ★ (circled)	★ ★ ★	★ ★ ★ (circled)
	Essential Delta Saver network option	★ ★ ★ ★ (circled) ★ (circled)	★ ★	★ ★ ★ (circled)
Core	Classic Core	★ ★ ★ ★ ★		★ ★ ★
	Essential Core	★ ★ ★ ★ ★ (circled)		★ ★ ★
	Coastal Core	★ ★ ★ ★ (circled) ★ (circled)		★ ★ ★
	Classic Delta Core network option	★ ★ ★ ★ ★ (circled)		★ ★ ★ (circled)
	Essential Delta Core network option	★ ★ ★ ★ (circled) ★ (circled)		★ ★ ★ (circled)
KeyCare	KeyCare Plus	(★) (★) (★) (★) (★)	(★) (★)	(★) (★) (★)
	KeyCare Core	(★) (★) (★) (★) (★)		(★) (★) (★)

## Discovery Health Plan StarRater key

In-hospital cover	★	The blue star indicates that you have cover in any hospital. The number of stars refers to the level of cover you have in hospital.
	★ (circled)	A circled star indicates that to get five-star cover in hospital, you need to use a provider in one of Discovery's networks or payment arrangements – either a network hospital or a doctor participating in our direct payments arrangements, or both.
Out-of-hospital cover	<b>All plans except KeyCare</b> To show the level of cover each plan offers for out-of-hospital and day-to-day benefits, we've added together the star-ratings for each of the following:	
	★	A Medical Savings Account equal to 15% of your total medical scheme contribution.
	★★	A Medical Savings Account equal to 25% of your total medical scheme contribution.
	★	An additional star if the plan offers the Insured Network Benefit to extend your day-to-day cover.
	★	An additional star if the plan offers a limited Above Threshold Benefit.
	★★	Two additional stars if the plan offers an unlimited Above Threshold Benefit.
	<b>KeyCare Plus</b>	
(★) (★)	Your plan offers cover in a network for certain day-to-day healthcare costs.	
Chronic illness Benefit and oncology	(★) (★) (★)	You have cover for the conditions listed in the Prescribed Minimum Benefits, but you must use our designated service provider to get your approved chronic medicines, or you will have a co-payment. You have full cover for medicines on our list – if you choose a different medicine, you have cover up to a monthly rand amount, except on KeyCare. You must use our designated service provider for cancer treatment.
	★★★	You have cover for the conditions listed in the Prescribed Minimum Benefits – you can get your approved chronic medicine from any provider. You have full cover for medicines on our list – if you choose a different medicine, you have cover up to a monthly rand amount. If one of the three stars is circled, you must get your approved medicine from our designated service provider or you will have a co-payment.
	★★★★★	You have cover for the conditions listed in the Prescribed Minimum Benefits, as well as for conditions on an additional disease list. You have full cover for medicines on our list – if you choose a different medicine, you have cover up to a higher monthly rand amount than on other plans. You also have higher cover for cancer treatment.

# Discovery Health members have access to a range of tools to help them get the most out of their Discovery Health Plan

## Discovery Health MaPS

Discovery Health MaPS (Medical and Provider Search) helps you find medical services and providers where you will be covered without a co-payment.

MaPS allows you to search for specific types of medical services located close to you. When you select a province, city and provider type, MaPS will return a list of medical services filtered according to options you selected.



## Electronic Health Record

The Electronic Health Record is Discovery Health's electronic solution to the storage of your health records. We store your medical information in a central place and you can access it from any location that has web access.

Your health records are confidential, which is why only you can access them – unless you give your consent to allow emergency staff or your doctor access to them.



## Access to the latest service tools

Our website offers you a full service offering to manage all your interactions with us. Some features you can access are daily claims notices, a real-time view of your benefits and up-to-date product information.

The website hosts a number of tools that help you make the most of your benefits and cover.

For example, Do We Cover brings you Discovery Health's latest coverage policies in an easy to use format. We update the policies regularly to ensure our funding policies remain current. You always have accurate information at your fingertips.

# Helping to make more South Africans healthier

Discovery Health is about helping our members be healthier and protecting the quality of their lives. In the same way that we are responsible to you, we have an important role to play in South Africa's healthcare industry. We are able to use our expertise and resources to contribute to the health and lives of many more South Africans. Through our work with the Department of Health and support for community health projects, we are helping to develop the healthcare system for South Africa.



The Discovery Foundation makes grants and scholarships to medical specialists to enable them to do medical research in areas of need, and further their studies. We hope to help train another 300 specialists who will benefit not only our public sector, but also the private sector with their skills and expertise. Since 2006, we have supported 98 specialists with further training and research and made grants to the value of R52 million.

Visit [www.discovery.co.za](http://www.discovery.co.za)

The **Executive Plan** offers you the most extensive cover for in-hospital and day-to-day healthcare expenses



## You have access to unique benefits

- Cover of up to R1 050 each day in a **private ward**
- Cover for innovative medical technologies and expensive medicines with the **Specialised Medicine and Technology Benefit**, including cover for evidence-based treatment not available in South Africa up to a limit and with a co-payment
- Emergency response services nationwide with **Discovery 911**
- Cover for up to 90 days for **medical emergencies** when you travel **overseas**, up to R10 million for each person
- **Evacuation benefits** for medical emergencies when travelling or working in certain sub-Saharan African countries through the **Africa Evacuation Benefit**
- The **Insured Network Benefit** ensures that you are always covered for consultations at a GP in our network and pathology at our network providers, without any gaps.



## Your cover in hospital

We cover you in any private hospital for emergency and planned hospital admissions that you have authorised with us.

### Emergency cover when you need it most

In an emergency, go straight to hospital but call us or get someone to call us within 12 hours.

If you need medically-equipped transport in a medical emergency, call 0860 999 911. This line is managed by highly qualified emergency personnel who will send the most appropriate air or road emergency evacuation transport.

### Cover for planned hospital admissions

Please call us 48 hours before you go to hospital to confirm your admission.

### Private ward cover

You have cover of up to R1 050 each day in a private ward for any approved admission.

### No overall hospital limit

There is no overall hospital limit on the Executive Plan. Limits, clinical guidelines and policies apply to some healthcare services and procedures.

*We cover you in any private hospital – and there's no overall limit*

## Your cover for healthcare professionals in hospital

We pay your admitting doctor, anaesthetist and other related accounts from the Medical Savings Account. Once you reach your Annual Threshold, we pay these accounts from the Above Threshold Benefit. A related account is the account for your admitting doctor, anaesthetist and any approved expense you incur during your hospital admission, other than the hospital account.

*You have cover up to 300% of the Discovery Health Rate for specialists. If your specialist charges our agreed rate, we pay the account directly and in full*

### Full cover for specialists participating in our payment arrangements

You can benefit by using healthcare professionals participating in our payment arrangements because we will cover their approved procedures in full. Healthcare professionals who participate in our payment arrangements are also the designated service providers for Prescribed Minimum Benefits.

### You may have a co-payment if you use other specialists

If you are treated in hospital by a specialist who does not participate in one of our payment arrangements, we cover you up to 300% of the Discovery Health Rate.

### Other healthcare professionals

We cover GPs, radiology, pathology and other healthcare services up to 100% of the Discovery Health Rate.

## Your cover for investigations in hospital

### Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) and MRI or CT scans

We pay the hospital account from your Hospital Benefit and all related accounts from the Medical Savings Account or Above Threshold Benefit if performed during an approved admission. We pay up to 300% of the Discovery Health Rate for specialists and up to 100% of the Discovery Health Rate for other healthcare services, including radiology.

## Unlimited healthcare services in hospital

### Most of your in-hospital healthcare services have no overall limit. These include:

- GPs
- Pathology
- Allied healthcare professionals, for example physiotherapists
- Specialists
- Radiology
- HIV cover if you are registered on the HIVCare Programme

## Limited healthcare services in hospital

Only the following healthcare services have an annual limit:

Dentistry*	There is an overall limit of R28 000 for each person. We pay the hospital account from the Hospital Benefit. We pay all related accounts from the Medical Savings Account and Above Threshold Benefit.
Cochlear implants, auditory brain implants and processors	R133 000 for each person for each benefit
Internal nerve stimulators	R101 000 for each person
Hip, knee and shoulder joint prostheses	There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R33 000 will apply to each prosthesis.
Prosthetic devices used in spinal surgery	R21 000 for the first level, R42 000 for two or more levels, limited to one procedure for each person
Mental health benefit	21 days for each person
Alcohol and drug rehabilitation	21 days for each person
Terminal care benefit	R25 250 for each person

\* This limit applies to the hospital account and all accounts related to the admission to hospital. A related account is the account for your admitting doctor, anaesthetist and any approved expense you incur during your hospital admission, other than the hospital account. We pro-rate this benefit according to when you join the medical scheme.

## DiscoveryCare looks after you in times of need

### Your cover for chronic conditions

You have extensive and flexible cover for a comprehensive list of chronic conditions. You have full cover for approved medicine on Discovery Health's medicine list or up to a set monthly amount for medicine not on our list.

The medicine list for the Executive Plan has more medicines on it than other plans. If you choose to use medicines that are not on the medicine list, you have a higher set monthly amount available to you than on other plans.

We pay medicine up to a maximum of the Discovery Health Medication Rate. We need to approve your chronic condition before it is covered from the Chronic Illness Benefit.

*Our Chronic Illness Benefit provides cover for a comprehensive list of chronic conditions. We cover chronic medicines on our list in full. If your chronic medicine isn't on our list, you have cover up to a set monthly amount – higher than other plans*

*You can get extra cover for cutting-edge treatments, if you need it*

### Your cover for medical technology and expensive medicine

You have additional cover for a defined list of the latest treatments through the Specialised Medicine and Technology Benefit, up to R200 000 for each person each year. Please call us to see whether your treatment qualifies.

You have access to the Overseas Treatment Benefit where you are covered when you travel overseas to seek evidence-based healthcare not available in South Africa at a registered healthcare professional, up to a limit of R500 000 for each person each year. You will need to pay and claim back from us when you return to South Africa.

Entry criteria and a co-payment of up to 20% applies to both benefits.

### Your cover for cancer treatment

DiscoveryCare's Oncology Programme covers the first R400 000 of your approved cancer treatment over a 12-month cycle, in full. Cover is unlimited once your cancer treatment costs go over this amount but you will need to pay 20% of the costs of all further treatment from your pocket.

Radiology and pathology approved for your cancer treatment is also covered. Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. Please call us to register on the Oncology Programme.

We cover chemotherapy and any oncology-related medicines up to 100% of the Discovery Health Medication Rate. Consultations, radiotherapy, radiology, pathology and scans are paid up to 100% of the Discovery Health Rate. You may be responsible for a co-payment if your healthcare provider charges more than the applicable Discovery Health Rate.

*Our Oncology Programme offers comprehensive cancer treatment*

## Your cover for day-to-day medical expenses

*With the Medical Savings Account, you control your day-to-day medical expenses*

We pay for your day-to-day medical expenses like GP visits, radiology and pathology from your Medical Savings Account, at the cost incurred, as long as you have money available. You may need to pay for some of your day-to-day medical expenses if you have run out of money in your Medical Savings Account before your claims add up to the Annual Threshold.

Once your claims add up to the Annual Threshold, we pay the rest of your claims from the Above Threshold Benefit.

### Extending your day-to-day cover

Discovery Health pays claims for some day-to-day expenses to make your Medical Savings Account last longer:

- The Screening and Prevention Benefit covers a range of healthcare services, including the following tests at a Discovery Wellness Network provider: blood glucose, blood pressure, cholesterol and body mass index. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.
- We will cover out-of-hospital claims for your recovery after certain traumatic events from the Trauma Recovery Extender Benefit. This cover applies for the rest of the year in which the trauma takes place, as well as the year after your trauma.

*We cover health checks and preventive treatments so that your day-to-day benefits last longer*

*We cover certain GP visits and pathology test, even if you use up your Medical Savings Account*

### The Insured Network Benefit ensures you have no gaps in cover for GPs and pathology in our network

We further extend your day-to-day cover through the Insured Network Benefit. When you have spent your annual Medical Savings Account deposit:

- We cover the full cost of your consultation fees if you go to a GP in our network. We pay the claim directly to the GP.
- We cover pathology at our network providers if your GP or specialist requests the appropriate tests using the Discovery Health pathology form.

## The Above Threshold Benefit offers extra day-to-day cover

The Executive Plan includes an Above Threshold Benefit that gives you further day-to-day cover when your Medical Savings Account runs out and when your day-to-day claims add up to a set rand amount. On the Executive Plan, the Above Threshold Benefit is unlimited.

For you to get to your Above Threshold Benefit, we add your claims up to your Annual Threshold. Here are the amounts that we add up:

- For Premier Rate specialists, we add up the Premier Rate. For non-participating specialists, we add up to 300% of the Discovery Health Rate.
- For GPs and all other healthcare services, we add up the Discovery Health Rate.
- For generic medicine, we add up 100% of the Discovery Health Medication Rate. For non-generic medicines, we add up 90% of the Discovery Health Medication Rate. Over-the-counter medicines do not add up to your Annual Threshold.

*With the Above Threshold Benefit, you have added cover when your expenses reach a set rand amount*

We add up the amount to the benefit limit available.

## No annual limit on these day-to-day healthcare services

We pay for these healthcare services from your Medical Savings Account with no annual limit:

- GPs who we pay at a higher rate on the Executive Plan
- Specialists
- Allied healthcare professionals, for example physiotherapists
- Radiology and pathology
- Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)
- MRI and CT scans

## Limits on some day-to-day healthcare services

Some of your day-to-day benefits have limits. These limits apply to claims paid from your Medical Savings Account and Above Threshold Benefit.


Professional services	
Mental health benefit* (including psychologists and psychiatrists)	You have R16 200 for your family
Private nursing	You have R6 650 for your family
Antenatal classes	You have R900 for your family
Dentistry*	You have an overall limit of R28 000 for each person
Medicine	
Prescribed medicine* (schedule 3 and above)	Single member: R20 800 Member with one dependant: R24 300 Member with two dependants: R27 850 Member with three or more dependants: R31 400
Over-the-counter medicine, including prescribed schedule 0, 1 and 2 medicine and lifestyle-enhancing products	We pay these claims from available funds in your Medical Savings Account
Appliances and equipment	
External medical items	You have R43 250 for your family
Hearing aids	You have R15 800 for your family
Optical* (includes cover for spectacles, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, for example excimer laser)	You have R4 100 for each person

\* We pro-rate this benefit according to when you join the medical scheme.

## General exclusions

Discovery Health does not cover certain healthcare services. You can find a full list of these exclusions in this brochure or more information on your benefits on [www.discovery.co.za](http://www.discovery.co.za)

This brochure is only a summary of the key benefits and features of the Discovery Health Medical Scheme Plans, pending formal approval from the Council for Medical Schemes. Full details will be found in the Discovery Health Scheme Rules. For a copy of the rules, email [compliance@discovery.co.za](mailto:compliance@discovery.co.za). Discovery Health Medical Scheme is administered by Discovery Health (Pty) Ltd, Registration number 1997/013480/07, an authorised financial services provider.



The **Comprehensive Plans** offer you extensive cover in hospital and comprehensive day-to-day benefits

## You have access to unique benefits

- Cover for innovative medical technologies and expensive medicines with the **Specialised Medicine and Technology Benefit**, including cover for evidence-based treatment not available in South Africa up to a limit and with a co-payment
- You can select the **Delta network options** for a reduction in contributions if you use a hospital in the Delta Hospital Network
- Emergency response services nationwide with **Discovery 911**
- Cover for up to 90 days for **medical emergencies** when you travel **overseas**, up to R5 million for each person
- **Evacuation benefits** for medical emergencies when travelling or working in certain sub-Saharan African countries through the **Africa Evacuation Benefit**
- The **Insured Network Benefit** ensures that you are always covered for consultations at a GP in our network and pathology at our network providers, without any gaps.



## Your cover in hospital

We cover you in any private hospital for emergency and planned hospital admissions that you have authorised with us.

### Emergency cover when you need it most

In an emergency, go straight to hospital but call us or get someone to call us within 12 hours.

If you need medically-equipped transport in a medical emergency, call 0860 999 911. This line is managed by highly qualified emergency personnel who will send the most appropriate air or road emergency evacuation transport.

### Cover for planned hospital admissions

Please call us 48 hours before you go to hospital to confirm your admission.

### You must use a network hospital on the Delta network options

On the Classic and Essential Delta Comprehensive network options, you are covered in full at hospitals in the Delta Hospital Network. For planned admissions at any other private hospital, you must pay a deductible of R4 150.

### No overall hospital limit

There is no overall hospital limit on the Comprehensive Series. Limits, clinical guidelines and policies apply to some healthcare services and procedures.

*We cover you in any private hospital – and there's no overall limit*

## Your cover for healthcare professionals in hospital

### Full cover for specialists participating in our payment arrangements

You can benefit by using healthcare professionals participating in our payment arrangements because we will cover their approved procedures in full. If you are a Classic Comprehensive Plan member, you benefit from access to the broadest range of specialists who we pay in full, which represents over 87% of specialist interactions. Healthcare professionals who participate in our payment arrangements, appropriate to your plan, are also the designated service providers for Prescribed Minimum Benefits.

*If your specialist charges our agreed rate, we pay their account directly and in full*

### You may have a co-payment if you use other specialists

If you are treated in hospital by a specialist who does not participate in one of our payment arrangements, we cover you up to 200% of the Discovery Health Rate on the Classic Comprehensive Plan and up to 100% of the Discovery Health Rate on the Essential Comprehensive Plan.

### Other healthcare professionals

We cover GPs and other healthcare services up to 200% of the Discovery Health Rate on the Classic Comprehensive Plan and up to 100% of the the Discovery Health Rate on the Essential Comprehensive Plan.

We cover radiology and pathology up to 100% of the Discovery Health Rate on all plans.

## Your cover for investigations in hospital

### Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)

We pay the first R1 900 of your hospital account from your day-to-day benefits. We pay the balance of the hospital account and your related accounts from your Hospital Benefit. A related account is the account for your admitting doctor, anaesthetist and any approved expense you incur during your hospital admission, other than the hospital account.

### MRI and CT scans

If you are in hospital as part of an approved hospital admission, we cover your MRI or CT scan up to 100% of the Discovery Health Rate from your Hospital Benefit.

If you are admitted for conservative back or neck treatment, we pay the first R2 100 of the scan code from your day-to-day benefits. We pay the balance from your Hospital Benefit up to 100% of the Discovery Health Rate.

## Your cover for dental treatment in hospital

You need to pay a portion (deductible) of your hospital or day clinic account upfront for dental admissions. This amount varies depending on the member's age and the place of treatment.

	Hospital	Day clinic
Members younger than 13 years	R1 200	R600
Members 13 years and older	R3 000	R2 000

We pay the balance of the hospital account from the Hospital Benefit up to 100% of the Discovery Health Rate.

We pay the related accounts, which include the dental surgeon and anaesthetist's accounts, from the Hospital Benefit up to 100% of the Discovery Health Rate.

### No overall dental limit

There is no overall limit for dental treatment. However, all dental devices, appliances and orthodontic treatments (including the related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate from your day-to-day benefits, up to an annual sub-limit of R16 000 a person. We pro-rate this benefit according to when you join the medical scheme.

### Severe dental and oral surgery

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no deductible and no overall limits. This benefit is subject to authorisation and the Scheme's clinical entry criteria.

## Unlimited healthcare services in hospital

### Most of your in-hospital healthcare services have no overall limit. These include:

- GPs
- Pathology
- Allied healthcare professionals, for example physiotherapists
- Specialists
- Radiology
- HIV cover if you are registered on the HIVCare Programme

## Limited healthcare services in hospital

Only the following healthcare services have an annual limit:

Dental devices, appliances and orthodontic treatment* (including orthognathic surgery)	R16 000 a person for the year from your day-to-day benefits
Cochlear implants, auditory brain implants and processors	R133 000 for each person for each benefit
Internal nerve stimulators	R101 000 for each person
Hip, knee and shoulder joint prostheses	There is no overall limit if you get your prosthesis from a preferred supplier. If you choose not to, a limit of R33 000 will apply to each prosthesis.
Prosthetic devices used in spinal surgery	R21 000 for the first level, R42 000 for two or more levels, limited to one procedure for each person
Mental health benefit	21 days for each person
Alcohol and drug rehabilitation	21 days for each person
Terminal care benefit	R25 250 for each person

\* We pro-rate this benefit according to when you join the medical scheme.

## DiscoveryCare looks after you in times of need

### Your cover for chronic conditions

You have extensive and flexible cover for a comprehensive list of chronic conditions. You have full cover for approved medicine on Discovery Health's medicine list or up to a set monthly amount for medicine not on our list.

The medicine list for Comprehensive Plans has more medicines on it than most other plans. If you choose to use medicines that are not on the medicine list, you have a higher set monthly amount available to you than on most other plans.

We pay medicine up to a maximum of the Discovery Health Medication Rate. We need to approve your chronic condition before it is covered from the Chronic Illness Benefit.

*Our Chronic Illness Benefit provides cover for a comprehensive list of chronic conditions. We cover chronic medicines on our list in full. If your chronic medicine isn't on the list, you have cover up to a set monthly amount – higher than other plans*

*You can get extra cover for cutting-edge treatments, if you need it*

### Your cover for medical technology and expensive medicine

You have additional cover for a defined list of the latest treatments through the Specialised Medicine and Technology Benefit, up to R200 000 for each person each year. Please call us to see whether your treatment qualifies.

You have access to the Overseas Treatment Benefit, where you are covered when you travel to seek evidence-based healthcare not available in South Africa at a registered healthcare professional, up to a limit of R500 000 for each person each year. You will need to pay and claim back from us when you return to South Africa.

Entry criteria and co-payment of up to 20% applies to both benefits.

### Your cover for cancer treatment

DiscoveryCare's Oncology Programme covers the first R400 000 of your approved cancer treatment over a 12-month cycle, in full. Cover is unlimited once your cancer treatment costs go over this amount, but you will need to pay 20% of the costs of all further treatment from your pocket.

Radiology and pathology approved for your cancer treatment is also covered. Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. Please call us to register on the Oncology Programme.

We cover chemotherapy and any oncology-related medicines up to the Discovery Health Medication Rate. Consultations, radiotherapy, radiology, pathology and scans are paid up to 100% of the Discovery Health Rate. You may be responsible for a co-payment if your healthcare provider charges more than the applicable Discovery Health Rate.

*Our Oncology Programme offers comprehensive cancer treatment*

## Your cover for day-to-day medical expenses

*With the Medical Savings Account, you control your day-to-day medical expenses*

We pay for your day-to-day medical expenses like GP visits, radiology and pathology from your Medical Savings Account, as long as you have money available. You may need to pay for your day-to-day medical expenses if you have run out of money in your Medical Savings Account before your claims add up to the Annual Threshold.

Once your claims add up to the Annual Threshold, we pay the rest of your claims from the Above Threshold Benefit at the Discovery Health Rate.

### Extending your day-to-day cover

Discovery Health pays claims for some day-to-day expenses to make your Medical Savings Account last longer:

- The Screening and Prevention Benefit covers a range of healthcare services, including the following tests at a Discovery Wellness Network provider: blood glucose, blood pressure, cholesterol and body mass index. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.
- We will cover out-of-hospital claims for your recovery after certain traumatic events from the Trauma Recovery Extender Benefit. The cover applies for the rest of the year in which the trauma takes place, as well as the year after your trauma.
- We will pay for scopes done in your doctor's rooms (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) without using your day-to-day benefits as we pay these accounts from the Hospital Benefit. We pay up to 200% of the Discovery Health Rate if you are on a Classic Comprehensive Plan and up to 100% of the Discovery Health Rate if you are on an Essential Comprehensive Plan. Please call us before you have a scope in your doctor's rooms to confirm your benefits.

*We cover health checks and preventive treatments so that your day-to-day benefits last longer*

*We cover certain GP visits and pathology tests, even if you use up your Medical Savings Account*

### The Insured Network Benefit ensures that you have no gaps in cover for GPs and pathology in our network

We further extend your day-to-day cover through the Insured Network Benefit. When you have spent your annual Medical Savings Account deposit:

- We cover the full cost of your consultation fees if you go to a GP in our network. We pay the claim directly to the GP.
- We cover pathology at our network providers if your GP or specialist requests the appropriate tests using the Discovery Health pathology form.

## The Above Threshold Benefit offers extra day-to-day cover

The Comprehensive Series includes an Above Threshold Benefit that gives you further day-to-day cover when your Medical Savings Account runs out and when your day-to-day claims add up to a set rand amount. On the Comprehensive Series, the Above Threshold Benefit is unlimited.

For you to get to your Above Threshold Benefit, we add your claims up to your Annual Threshold. Here are the amounts that we add up:

- For Premier Rate specialists, we add up the Premier Rate. For non-participating specialists, we add up 100% of the Discovery Health Rate.
- For GPs and all other healthcare services, we add up the Discovery Health Rate.
- For generic medicine, we add up 100% of the Discovery Health Medication Rate. For non-generic medicines, we add up 75% of the Discovery Health Medication Rate. Over-the-counter medicines do not add up to your Annual Threshold.

*With the Above Threshold Benefit, you have added cover when your expenses reach a set rand amount*

We add up the amount to the benefit limit available.

## No annual limit on these day-to-day healthcare services

We pay for these healthcare services from your Medical Savings Account or Above Threshold Benefit with no annual limit:

- GPs
- Allied healthcare professionals, for example physiotherapists
- Pathology
- Radiology
- Specialists
- We pay the first R2 100 of your MRI or CT scan code from your day-to-day benefits. We cover the balance from your Hospital Benefit up to the Discovery Health Rate.

## Limits on some day-to-day healthcare services

Some of your day-to-day benefits have limits. These limits apply to claims paid from your Medical Savings Account and Above Threshold Benefit.


	Classic	Essential
<b>Professional services</b>		
Mental health benefit* (including psychologists and psychiatrists)	You have R16 200 for your family	You have R14 000 for your family
Private nursing	You have R6 650 for your family	
Antenatal classes	You have R900 for your family	
Dental devices, appliances and orthodontic treatment*	You have R16 000 a person	
<b>Medicine</b>		
Prescribed medicine (schedule 3 and above)*	Single member: R16 900 Member with one dependant: R19 850 Member with two dependants: R23 050 Member with three or more dependants: R26 300	Single member: R10 950 Member with one dependant: R13 250 Member with two dependants: R15 950 Member with three or more dependants: R17 450
Over-the-counter medicine, including prescribed schedule 0, 1 and 2 medicine and lifestyle-enhancing products	We pay these claims from available funds in your Medical Savings Account	
<b>Appliances and equipment</b>		
External medical items	You have R43 250 for your family	You have R28 750 for your family
Hearing aids	You have R15 800 for your family	You have R12 800 for your family
Optical* (includes cover for spectacles, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, for example excimer laser)	You have R2 800 for each person	

\* We pro-rate this benefit according to when you join the medical scheme.

## General exclusions

Discovery Health does not cover certain healthcare services. You can find a full list of these exclusions in this brochure or more information on your benefits on [www.discovery.co.za](http://www.discovery.co.za)

This brochure is only a summary of the key benefits and features of the Discovery Health Medical Scheme Plans, pending formal approval from the Council for Medical Schemes. Full details will be found in the Discovery Health Scheme Rules. For a copy of the rules, email [compliance@discovery.co.za](mailto:compliance@discovery.co.za). Discovery Health Medical Scheme is administered by Discovery Health (Pty) Ltd, Registration number 1997/013480/07, an authorised financial services provider.



The **Priority Plans** offer you cost-effective cover in hospital as well as day-to-day benefits

## You have access to unique benefits

- Emergency response services nationwide with **Discovery 911**
- Cover for up to 90 days for **medical emergencies** when you travel **overseas**, up to R5 million for each person
- **Evacuation benefits** for medical emergencies when travelling or working in certain sub-Saharan African countries through the **Africa Evacuation Benefit**
- The **Insured Network Benefit** ensures that you are always covered for consultations at a GP in our network and pathology at our network providers, without any gaps.



## Your cover in hospital

We cover you in any private hospital for emergency and planned hospital admissions that you have authorised with us.

### Emergency cover when you need it most

In an emergency, go straight to hospital but call us or get someone to call us within 12 hours.

If you need medically-equipped transport in a medical emergency, call 0860 999 911. This line is managed by highly qualified emergency personnel who will send the most appropriate air or road emergency evacuation transport.

*We cover you in any private hospital – and there's no overall limit*

### Cover for planned hospital admissions

Please call us 48 hours before you go to hospital to confirm your admission.

### No overall limit

There is no overall hospital limit on the Priority Series. Limits, clinical guidelines and policies apply to some healthcare services and procedures.

## Deductibles for in-hospital procedures

You need to pay an amount upfront (a deductible) to the hospital when you are admitted for one of the following procedures:

Conservative back and neck treatment, myringotomy (grommets), tonsillectomy, adenoidectomy	R1 600
Cystourethroscopy, colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy	R2 150
Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation	R3 900
Nissen fundoplication (reflux surgery), spinal (back and neck) surgery, joint replacements	R7 900

If the procedure can be done out of hospital, for example in the doctor's rooms and you don't go to hospital, you won't have to pay a deductible. Please call us beforehand to confirm your benefits.

## Your cover for healthcare professionals in hospital

### Full cover for specialists participating in our payment arrangements

You can benefit by using healthcare professionals participating in our payment arrangements because we will cover their approved procedures in full. If you are a Classic Priority Plan member, you benefit from access to the broadest range of specialists who we pay in full, which represents over 87% of specialist interactions. Healthcare professionals who participate in our payment arrangements, appropriate to your plan, are also the designated service providers for Prescribed Minimum Benefits.

*If your specialist charges our agreed rate, we pay the account directly and in full*

### You may have a co-payment if you use other specialists

If you are treated in hospital by a specialist who does not participate in one of our payment arrangements, we cover you up to 200% of the Discovery Health Rate on the Classic Priority Plan and up to 100% of the Discovery Health Rate on the Essential Priority Plan.

### Other healthcare professionals

We cover GPs and other healthcare services up to 200% of the Discovery Health Rate on the Classic Priority Plan and up to 100% of the Discovery Health Rate on the Essential Priority Plan.

We cover radiology and pathology up to 100% of the Discovery Health Rate on all plans.

## Your cover for investigations in hospital

### MRI and CT scans

If your MRI or CT scan is done as part of an approved hospital admission, we pay it up to 100% of the Discovery Health Rate from your Hospital Benefit.

If you are admitted for conservative back or neck treatment, you will need to pay the first R1 600 of the hospital account, and the first R2 100 of the scan code is paid from your day-to-day benefits. We pay the balance from your Hospital Benefit up to 100% of the Discovery Health Rate.

## Your cover for dental treatment in hospital

You need to pay a portion (deductible) of your hospital or day clinic account upfront for dental admissions. This amount varies depending on the member's age and the place of treatment.

	Hospital	Day clinic
Members younger than 13 years	R1 200	R600
Members 13 years and older	R3 000	R2 000

We pay the balance of the hospital account from the Hospital Benefit, up to 100% of the Discovery Health Rate.

We pay the related accounts, which include the dental surgeon and anaesthetist's accounts, from the Hospital Benefit up to 100% of the Discovery Health Rate.

### No overall dental limit

There is no overall limit for dental treatment. However, all dental devices, appliances and orthodontic treatments (including the related accounts for orthognathic surgery) are paid up to 100% of the Discovery Health Rate from your day-to-day benefits, up to an annual sub-limit of R10 000 a person. We pro-rate this benefit according to when you join the medical scheme. The overall Above Threshold Benefit limit applies.

### Severe dental and oral surgery

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures with no deductible and no overall limits. This benefit is subject to authorisation and the Scheme's clinical entry criteria.

## Unlimited healthcare services in hospital

Most of your in-hospital healthcare services have no overall limit. These include:

- GPs
- Pathology
- Allied healthcare professionals, for example physiotherapists
- Specialists
- Radiology
- HIV cover if you are registered on the HIVCare Programme

## Limited healthcare services in hospital

Only the following healthcare services have an annual limit:

Dental devices, appliances and orthodontic treatment* (including orthognathic surgery)	R10 000 for each person from your day-to-day benefits
Cochlear implants, auditory brain implants and processors	R133 000 for each person for each benefit
Internal nerve stimulators	R101 000 for each person
Hip, knee and shoulder joint prostheses	There is no overall limit if you get your prosthesis from a preferred supplier. If you choose not to, a limit of R33 000 will apply to each prosthesis.
Prosthetic devices used in spinal surgery	R21 000 for the first level, R42 000 for two or more levels, limited to one procedure for each person
Mental health benefit	21 days for each person
Alcohol and drug rehabilitation	21 days for each person
Terminal care benefit	R25 250 for each person
Chronic dialysis	We cover these expenses in full if we have approved your treatment plan and you use a provider in our network. If you go elsewhere, you will be responsible for a co-payment.

\*We pro-rate this benefit according to when you join the medical scheme.

## DiscoveryCare looks after you in times of need

### Your cover for chronic conditions

You have flexible cover for a list of chronic conditions. You have full cover for approved medicine on Discovery Health's medicine list or up to a set monthly amount for medicine not on our list.

We pay medicine up to a maximum of the Discovery Health Medication Rate. We need to approve your chronic condition before it is covered from the Chronic Illness Benefit.

*Our Chronic Illness Benefit provides cover for a list of chronic conditions. We cover chronic medicines on our list in full. If your chronic medicine isn't on the list, you have cover up to a set monthly amount*

### Your cover for cancer treatment

DiscoveryCare's Oncology Programme covers the first R200 000 of your approved cancer treatment over a 12-month cycle in full. Cover is unlimited once your cancer treatment costs go over this amount but you will need to pay 20% of the costs of all further treatment from your pocket.

Radiology and pathology approved for your cancer treatment is also covered. Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. Please call us to register on the Oncology Programme.

We cover chemotherapy and any oncology-related medicines up to the Discovery Health Medication Rate. Consultations, radiotherapy, radiology, pathology and scans are paid up to the Discovery Health Rate. You may be responsible for a co-payment if your healthcare provider charges more than the applicable Discovery Health Rate.

## Your cover for day-to-day medical expenses

*With the Medical Savings Account, you control your day-to-day medical expenses*

We pay for your day-to-day medical expenses like GP visits, radiology and pathology from your Medical Savings Account, as long as you have money available. You may need to pay for your day-to-day medical expenses if you have run out of money in your Medical Savings Account before your claims add up to the Annual Threshold.

Once your claims add up to the Annual Threshold, we pay the rest of your claims from the Above Threshold Benefit at the Discovery Health Rate. Your Above Threshold Benefit has an overall limit. Once this limit is reached, we will cover GP consultants and pathology through the Insured Network Benefit.

### Extending your day-to-day cover

Discovery Health pays claims for some day-to-day expenses to make your Medical Savings Account last longer:

- The Screening and Prevention Benefit covers a range of healthcare services, including the following tests at a Discovery Wellness Network provider: blood glucose, blood pressure, cholesterol and body mass index. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.
- We will cover out-of-hospital claims for your recovery after certain traumatic events from the Trauma Recovery Extender Benefit. The cover applies for the rest of the year in which the trauma takes place, as well as for the year after your trauma.
- For scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) that are done out of hospital, the deductible does not apply. We pay up to 200% of the Discovery Health Rate if you are on a Classic Priority Plan. We pay up to 100% of the Discovery Health Rate if you are on an Essential Priority Plan. Please call us before you have a scope in your doctor's rooms to confirm your benefits.

*We cover health checks and preventive treatments so that your day-to-day benefits last longer*

*We cover certain GP visits and pathology tests, even if you use up your Medical Savings Account*

### The Insured Network Benefit ensures you have no gaps in cover for GPs and pathology in a network

We further extend your day-to-day cover through the Insured Network Benefit. When you have spent your annual Medical Savings Account deposit:

- We cover the full cost of your consultation fees if you go to a GP in our network. We pay the claim directly to the GP.
- We cover pathology at our network providers if your GP or specialist requests the appropriate tests using the Discovery Health pathology form.

### The Above Threshold Benefit offers extra day-to-day cover

The Priority Series includes an Above Threshold Benefit that gives you further day-to-day cover when your Medical Savings Account runs out and when your day-to-day claims add up to a set rand amount. On the Priority Series, the Above Threshold Benefit has an overall limit.

For you to get to your Above Threshold Benefit, we add your claims up to your Annual Threshold. Here are the amounts that we add up:

*With the limited Above Threshold Benefit, you have added cover when your expenses reach a set rand amount*

- For Premier Rate specialists, we add up the Premier Rate. For non-participating specialists, we add up 100% of the Discovery Health Rate.
- For generic medicine, we add up 100% of the Discovery Health Medication Rate. For non-generic medicines, we add up 75% of the Discovery Health Medication Rate. Over-the-counter medicines do not add up to your Annual Threshold.
- We add up 100% of the Discovery Health Rate for all other health services.

We add up the amount to the benefit limit available.

### No annual benefit limit on these day-to-day healthcare services

We pay for these healthcare services from your Medical Savings Account with no annual benefit limit. The overall Above Threshold Benefit limit applies.

- GPs
- Specialists
- Allied healthcare professionals, for example physiotherapists
- Pathology
- Radiology
- We will pay the first R2 100 of your MRI or CT scan code from your day-to-day benefits. We cover the balance from your Hospital Benefit up to 100% of the Discovery Health Rate

### Limits on some day-to-day healthcare services

All day-to-day benefits will be paid up to the limited Above Threshold Benefit or up to the limit that applies below, whichever you reach first.


	Classic	Essential
<b>Professional services</b>		
Mental health benefit* (including psychologists and psychiatrists)	You have R14 000 for your family	You have R12 000 for your family
Private nursing	You have R6 650 for your family	
Antenatal classes	You have R900 for your family	
Dental devices, appliances and orthodontic treatment*	You have R10 000 a person	
<b>Medicine</b>		
Prescribed medicine* (schedule 3 and above)	Single member: R10 950 Member with one dependant: R13 250 Member with two dependants: R15 950 Member with three or more dependants: R17 450	Single member: R7 800 Member with one dependant: R9 200 Member with two dependants: R10 950 Member with three or more dependants: R13 250
Over-the-counter medicine, including prescribed schedule 0, 1 and 2 medicine and lifestyle-enhancing products	We pay these claims from available funds in your Medical Savings Account	
<b>Appliances and equipment</b>		
External medical items	You have R28 750 for your family	You have R19 500 for your family
Hearing aids	You have R12 800 for your family	You have R9 100 for your family
Optical* (includes cover for spectacles, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, for example excimer laser)	You have R2 600 for each person	

\* We pro-rate this benefit according to when you join the medical scheme.

## General exclusions

Discovery Health does not cover certain healthcare services. You can find a full list of these exclusions in this brochure or more information on your benefits on [www.discovery.co.za](http://www.discovery.co.za)

This brochure is only a summary of the key benefits and features of the Discovery Health Medical Scheme Plans, pending formal approval from the Council for Medical Schemes. Full details will be found in the Discovery Health Scheme Rules. For compliance queries, email [compliance@discovery.co.za](mailto:compliance@discovery.co.za). Discovery Health Medical Scheme is administered by Discovery Health (Pty) Ltd, Registration number 1997/013480/07, an authorised financial services provider.



The **Saver Plans** offer you extensive in-hospital cover and a savings account for day-to-day benefits

## You have access to unique benefits

- You can select the **Delta network options** for a significant reduction in contributions if you use a hospital in the Delta Hospital Network
- Emergency response services nationwide with **Discovery 911**
- Cover for up to 90 days for **medical emergencies** when you travel **overseas**, up to R5 million for each person
- **Evacuation benefits** for medical emergencies when travelling or working in certain sub-Saharan African countries through the **Africa Evacuation Benefit**
- The **Insured Network Benefit** covers consultations at a GP in our network.



## Your cover in hospital

We cover you in any private hospital for emergency and planned hospital admissions that you have authorised with us.

### Emergency cover when you need it most

In an emergency, go straight to hospital but call us or get someone to call us within 12 hours.

If you need medically-equipped transport in a medical emergency, call 0860 999 911. This line is managed by highly qualified emergency personnel who will send the most appropriate air or road emergency evacuation transport.

### Cover for planned hospital admissions

Please call us 48 hours before you go to hospital to confirm your admission.

### You must use a network hospital on the Delta network and Coastal options

*We cover you in any private hospital – and there's no overall limit*

#### Delta network options

On the Classic and Essential Delta Saver network options, you are covered in full at hospitals in the Delta Hospital Network. For planned admissions at any other private hospital, you must pay a deductible of R4 150.

#### Coastal

On the Coastal Saver Plan you must go to a hospital in one of the four coastal provinces for a planned hospital admission. If you don't use these hospitals, Discovery Health will pay up to a maximum of 70% of the hospital account and you will need to pay the difference.

### No overall hospital limit

There is no overall hospital limit on the Saver Series. Limits, clinical guidelines and policies apply to some healthcare services and procedures.

## Your cover for healthcare professionals in hospital

### Full cover for specialists participating in our payment arrangements

You can benefit by using healthcare professionals participating in our payment arrangements because we will cover their approved procedures in full. If you have a Classic Saver Plan, you benefit from access to the broadest range of specialists who we pay in full, which represents over 87% of specialist interactions. Healthcare professionals who participate in our payment arrangements, appropriate to your plan, are also the designated service providers for Prescribed Minimum Benefits.

*If your specialist charges our agreed rate, we pay the account directly and in full*

### You may have a co-payment if you use other specialists

If you are treated in hospital by a specialist who does not participate in one of our payment arrangements, we cover you up to 200% of the Discovery Health Rate on the Classic Saver Plan and up to 100% of the Discovery Health Rate on the Essential and Coastal Saver Plans.

### Other healthcare professionals

We cover GPs and other healthcare services up to 200% of the Discovery Health Rate on the Classic Saver Plan and up to 100% of the Discovery Health Rate on the Essential and Coastal Saver Plans.

We cover radiology and pathology up to 100% of the Discovery Health Rate on all plans.

## Your cover for investigations in hospital

### Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)

We pay the first R2 375 of your hospital account from your day-to-day benefits. We pay the balance of the hospital account and your related accounts from your Hospital Benefit. A related account is the account for your admitting doctor, anaesthetist and any approved expense you incur during your hospital admission, other than the hospital account.

### MRI and CT scans

If your MRI or CT scan is done as part of an approved hospital admission, we pay it up to 100% of the Discovery Health Rate from your Hospital Benefit.

If you are admitted for conservative back or neck treatment, we pay the first R2 100 of the scan code from your day-to-day benefits. We pay the balance from your Hospital Benefit up to 100% of the Discovery Health Rate.

## Your cover for dental treatment in hospital

You need to pay a portion (deductible) of your hospital or day clinic account upfront for dental admissions. This amount varies depending on the member's age and the place of treatment.

	Hospital	Day clinic
Members younger than 13 years	R1 200	R600
Members 13 years and older	R3 000	R2 000

We pay the balance of the hospital account from the Hospital Benefit up to 100% of the Discovery Health Rate.

We pay the related accounts, which include the dental surgeon and anaesthetist's accounts, from the Hospital Benefit up to 100% of the Discovery Health Rate.

### No overall dental limit

There is no overall limit for dental treatment. We will pay the costs of all dental devices, appliances and orthodontic treatment (including the related accounts for orthognathic surgery) from your Medical Savings Account up to 100% of the Discovery Health Rate, as long as you have money available.

### Severe dental and oral surgery

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures with no deductible and no overall limits. This benefit is subject to authorisation and the Scheme's clinical entry criteria.

## Unlimited healthcare services in hospital

### Most of your in-hospital healthcare services have no overall limit. These include:

- GPs
- Pathology
- Allied healthcare professionals, for example physiotherapists
- Specialists
- Radiology
- HIV cover if you are registered on the HIVCare Programme

## Limited healthcare services in hospital

Only the following healthcare services have an annual limit:

Cochlear implants, auditory brain implants and processors	R133 000 for each person for each benefit
Internal nerve stimulators	R101 000 for each person
Hip, knee and shoulder joint prostheses	There is no overall limit if you get your prosthesis from our preferred supplier. If you choose not to, a limit of R33 000 will apply to each prosthesis.
Prosthetic devices used in spinal surgery	R21 000 for the first level, R42 000 for two or more levels, limited to one procedure for each person
Mental health benefit	21 days for each person
Alcohol and drug rehabilitation	21 days for each person
Terminal care benefit	R25 250 for each person
Chronic dialysis	We cover these expenses in full if we have approved your treatment plan and you use a provider in our network. If you go elsewhere, you will be responsible for a co-payment.

## DiscoveryCare looks after you in times of need

### Your cover for chronic conditions

You have flexible cover for a list of chronic conditions. You have full cover for approved medicine on Discovery Health's medicine list or up to a set monthly amount for medicine not on our list.

We pay medicine up to a maximum of the Discovery Health Medication Rate. We need to approve your chronic condition before it is covered from the Chronic Illness Benefit.

### Delta network options

You have cover with no additional co-payment for approved chronic medicine if you use a Delta network pharmacy. If you don't use a Delta network pharmacy, a 25% co-payment applies.

### Your cover for cancer treatment

The DiscoveryCare Oncology Programme covers the first R200 000 of your approved cancer treatment over a 12-month cycle in full. Cover is unlimited once your cancer treatment costs go over this amount but you will need to pay 20% of the costs of all further treatment from your pocket. Radiology and pathology approved for your cancer treatment is also covered. Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. Please call us to register on the Oncology Programme.

We cover chemotherapy and any oncology-related medicines up to the Discovery Health Medication Rate. Consultations, radiotherapy, radiology, pathology and scans are paid up to 100% of the Discovery Health Rate. You may be responsible for a co-payment if your healthcare provider charges more than the applicable Discovery Health Rate.

*Our Chronic Illness Benefit provides cover for a list of chronic conditions. We cover chronic medicines on our list in full. If your chronic medicine isn't on the list, you have cover up to a set monthly amount*

## Your cover for day-to-day medical expenses

*With the Medical Savings Account, you control your day-to-day medical expenses*

We pay for your day-to-day medical expenses like GP visits, radiology and pathology from your Medical Savings Account, as long as you have money available. You need to pay for your day-to-day expenses if you have run out of money in your Medical Savings Account.

### Extending your day-to-day cover

Discovery Health pays claims for some day-to-day expenses to make your Medical Savings Account last longer:

- The Screening and Prevention Benefit covers a range of healthcare services, including the following tests at a Discovery Wellness Network provider: blood glucose, blood pressure, cholesterol and body mass index. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.
- We will cover out-of-hospital claims for your recovery after certain traumatic events from the Trauma Recovery Extender Benefit. The cover applies for the rest of the year in which the trauma takes place, as well as for the year after your trauma.
- We also cover scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) done in your doctor's room. Discovery Health pays for these claims without using your Medical Savings Account as we pay these accounts from the Hospital Benefit. We pay up to 200% of the Discovery Health Rate if you are on a Classic Saver Plan and up to 100% of the Discovery Health Rate if you are on an Essential or Coastal Saver Plan. Please call us before you have a scope in your doctor's rooms to confirm your benefits.

*We cover health checks and preventive treatments so that your day-to-day benefits last longer*

*We cover a set number of GP visits, even if you use up your Medical Savings Account*

### The Insured Network Benefit ensures you have more cover for GPs in our network

We further extend your day-to-day cover through the Insured Network Benefit by paying for GP consultation fees when you have spent your annual Medical Savings Account deposit.

We cover the cost of your consultations if you go to a GP in our network. The maximum number of consultations that we cover for a single member and a family each year depends on your plan type:

Plan	Single member	Family
Classic and Coastal Plans	3 consultations	6 consultations
Essential Plan	2 consultations	4 consultations


## Your cover for day-to-day healthcare services is limited to the money in your Medical Savings Account

We pay for these healthcare services from your Medical Savings Account:

- GPs
- Specialists
- Allied healthcare professionals, for example physiotherapists
- Radiology
- Pathology
- Dentistry
- Mental health benefit (including psychologists and psychiatrists)
- Private nursing
- Prescribed and over-the-counter medicine
- External medical items
- Hearing aids
- Optical care
- We will pay the first R2 100 of your MRI or CT scan code from your Medical Savings Account. We cover the balance from your Hospital Benefit up to the Discovery Health Rate.

## General exclusions

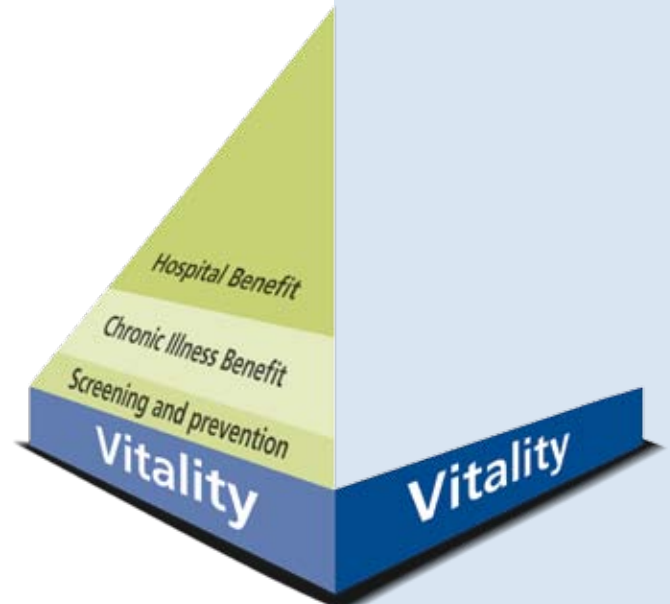
Discovery Health does not cover certain healthcare services. You can find a full list of these exclusions in this brochure or more information on your benefits on [www.discovery.co.za](http://www.discovery.co.za)



The **Core Plans**  
offer you cover  
in hospital

## You have access to unique benefits

- You can select the **Delta network options** for a significant reduction in contributions if you use a hospital in the Delta Hospital Network
- Emergency response services nationwide with **Discovery 911**
- Cover for up to 90 days for **medical emergencies** when you travel **overseas**, up to R5 million for each person
- **Evacuation benefits** for medical emergencies when travelling or working in certain sub-Saharan African countries through the **Africa Evacuation Benefit**.



## Your cover in hospital

We cover you in any private hospital for emergency and planned hospital admissions that you have authorised with us.

### Emergency cover when you need it most

In an emergency, go straight to hospital but call us or get someone to call us within 12 hours.

If you need medically-equipped transport in a medical emergency, call 0860 999 911. This line is managed by highly qualified emergency personnel who will send the most appropriate air or road emergency evacuation transport.

### Cover for planned hospital admissions

Please call us 48 hours before you go to hospital to confirm your admission.

### You must use a network hospital on the Delta network and Coastal options

#### Delta network options

On the Classic and Essential Delta Core network options, you are covered in full at hospitals in the Delta Hospital Network. For planned admissions at any other private hospital, you must pay a deductible of R4 150.

#### Coastal

On the Coastal Core Plan you must go to a hospital in one of the four coastal provinces for a planned hospital admission. If you don't use these hospitals, Discovery Health will pay up to a maximum of 70% of the hospital account and you will need to pay the difference.

*We cover you in any private hospital – and there's no overall limit*

### No overall hospital limit

There is no overall hospital limit on the Core Series. Limits, clinical guidelines and policies apply to some healthcare services and procedures.

## Your cover for healthcare professionals in hospital

### Full cover for specialists participating in our payment arrangements

You can benefit by using healthcare professionals participating in our payment arrangements because we will cover their approved procedures in full.

If you are a Classic Core Plan member, you benefit from access to the broadest range of specialists who we pay in full, which represents over 87% of specialist interactions. Healthcare professionals who participate in our payment arrangements, appropriate to your plan, are also the designated service providers for Prescribed Minimum Benefits.

*If your specialist charges our agreed rate, we pay the account directly and in full*

### You may have a co-payment if you use other specialists

If you are treated in hospital by a specialist who does not participate in one of our payment arrangements, we cover you up to a maximum of 200% of the Discovery Health Rate on the Classic Core Plan and at 100% of the Discovery Health Rate on the Essential and Coastal Core Plans.

### Other healthcare professionals

We cover GPs and other healthcare services up to 200% of the Discovery Health Rate on the Classic Core Plan and up to 100% of the Discovery Health Rate on Essential and Coastal Core Plans.

We cover radiology and pathology up to 100% of the Discovery Health Rate on all plans.

## Your cover for investigations in hospital

### Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)

You pay the first R2 375 of your hospital account. We pay the balance of the hospital account and your related accounts from your Hospital Benefit. A related account is the account for your admitting doctor, anaesthetist and any approved expense you incur during your hospital admission, other than the hospital account.

### MRI and CT scans

If your MRI or CT scan is done as part of an approved admission, we pay it from your Hospital Benefit. If you are admitted for conservative back or neck treatment or the scan is unrelated to your admission, we do not pay for it.

## Your cover for dental treatment in hospital

You need to pay a portion (deductible) of your hospital or day clinic account upfront for dental admissions. This amount varies depending on the member's age and the place of treatment.

	Hospital	Day clinic
Members younger than 13 years	R1 200	R600
Members 13 years and older	R3 000	R2 000

We pay the balance of the hospital account from the Hospital Benefit up to 100% of the Discovery Health Rate.

We pay the related accounts, which include the dental surgeon and anaesthetist's account, from the Hospital Benefit up to 100% of the Discovery Health Rate.

### Dental devices, appliances and orthodontic treatment

You are responsible for paying the costs of all dental devices, appliances and orthodontic treatment (including the related accounts for orthognathic surgery).

### Severe dental and oral surgery

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures with no deductibles and no overall limits. This benefit is subject to authorisation and the Scheme's clinical entry criteria.

## Unlimited healthcare services in hospital

**Most of your in-hospital healthcare services have no overall limit. These include:**

- GPs
- Pathology
- Allied healthcare professionals, for example physiotherapists
- Specialists
- Radiology
- HIV cover if you are registered on the HIVCare Programme

## Limited healthcare services in hospital

Only the following healthcare services have an annual limit:

Cochlear implants, auditory brain implants and processors	R133 000 for each person for each benefit
Internal nerve stimulators	R101 000 for each person
Hip, knee and shoulder joint prostheses	There is no overall limit if you get your prosthesis from a preferred supplier. If you choose not to, a limit of R33 000 will apply to each prosthesis.
Prosthetic devices used in spinal surgery	R21 000 for the first level, R42 000 for two or more levels, limited to one procedure for each person each year
Mental health benefit	21 days for each person
Alcohol and drug rehabilitation	21 days for each person
Terminal care benefit	R25 250 for each person
Chronic dialysis	We cover these expenses in full if we have approved your treatment plan and you use a provider in our network. If you go elsewhere, you will be responsible for a co-payment.

## DiscoveryCare looks after you in times of need

### Your cover for chronic conditions

You have flexible cover for a list of chronic conditions. You have full cover for approved medicine on Discovery Health's medicine list or up to a set monthly amount for medicine not on our list.

We pay medicine up to a maximum of the Discovery Health Medication Rate. We need to approve your chronic condition before it is covered from the Chronic Illness Benefit.

*Our Chronic Illness Benefit provides cover for a list of chronic conditions. We cover chronic medicines on our list in full. If your chronic medicine isn't on the list, you have cover up to a set monthly amount*

### Delta network options

You have cover with no additional co-payment for approved chronic medicine if you use a Delta network pharmacy. If you don't use a Delta network pharmacy, a 25% co-payment applies.

*Our Oncology Programme covers cancer treatment*

### Your cover for cancer treatment

The DiscoveryCare Oncology Programme covers the first R200 000 of your approved cancer treatment over a 12-month cycle in full. Cover is unlimited once your cancer treatment costs go over this amount but you will need to pay 20% of the costs of all further treatment from your pocket.

Radiology and pathology approved for your cancer treatment is also covered. Cancer treatment that falls within the Prescribed Minimum Benefit is always covered in full, with no co-payment. Please call us to register on the Oncology Programme.

We cover chemotherapy and any oncology-related medicines up to the Discovery Health Medication Rate. Consultations, radiotherapy, radiology, pathology and scans are paid up to 100% of the Discovery Health Rate. You may be responsible for a co-payment if your healthcare provider charges more than the applicable Discovery Health Rate.

## Your cover for day-to-day medical expenses


You have access to the following day-to-day benefits:

- The Screening and Prevention Benefit covers a range of healthcare services, including the following tests at a Discovery Wellness Network provider: blood glucose, blood pressure, cholesterol and body mass index. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.
- We also cover scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) if done in your doctor's rooms from the Hospital Benefit. We pay up to 200% of the Discovery Health Rate if you are on a Classic Core Plan and up to 100% of the Discovery Health Rate if you are on an Essential or Coastal Core Plan. Please call us before you have a scope in your doctor's rooms to confirm your benefits.

*We cover health checks and preventive treatments*

## General exclusions

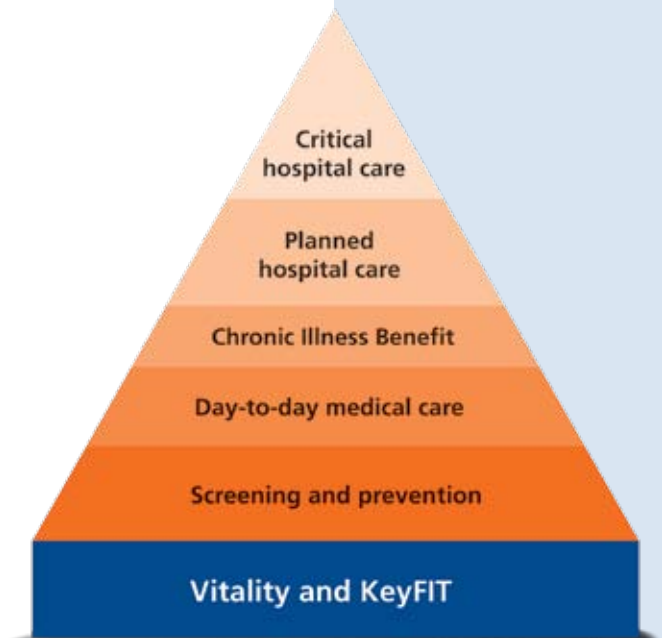
Discovery Health does not cover certain healthcare services. You can find a full list of these exclusions in this brochure or more information on your benefits on [www.discovery.co.za](http://www.discovery.co.za)



The **KeyCare Plans** offer you affordable cover in the KeyCare network of hospitals and doctors

## You have access to unique benefits

- Emergency response services nationwide with **Discovery 911**
- Cover when you need to see a **specialist**
- Cover for specific **antenatal services** when you see a **gynaecologist** during your pregnancy
- Cover for specific **preventive screening tests** and **flu vaccines**.



## Your cover in hospital

We cover you in a private hospital for emergency and planned hospital admissions that you have authorised with us.

### Emergency cover when you need it most

In an emergency, go straight to hospital but call us or get someone to call us within 12 hours.

If you need medically-equipped transport in a medical emergency, call 0860 999 911. This line is managed by highly qualified emergency personnel who will send the most appropriate air or road emergency evacuation transport.

### Cover for planned hospital admissions

For planned hospital admissions, you have cover in a private hospital in the KeyCare Hospital Network. Please call us 48 hours before you go to hospital to confirm your admission. You will not have cover if you do not call us.

The procedures listed below will only be covered in our network of day-case facilities:

Colonoscopy	Adenoidectomy	Cystourethroscopy
Gastrosocopy	Myringotomy	Prostate biopsy
Oesophagoscopy	Myringotomy with intubation (grommets)	Vasectomy
Proctoscopy	Tonsillectomy	
Sigmoidoscopy		

*We cover you in a private hospital in the KeyCare network – and there's no overall limit*

### No overall limit

There is no overall hospital limit on your hospital cover. Limits, clinical policies and guidelines apply to some healthcare services and procedures.

## Your cover for healthcare professionals in hospital

### Full cover for specialists participating in our payment arrangement

You can benefit by using healthcare professionals participating in the KeyCare payment arrangement because we will cover their approved procedures in full. Healthcare professionals who participate in our payment arrangement are also the designated service providers for Prescribed Minimum Benefits.

*If your specialist charges our agreed rate, we pay the account directly and in full*

### You may have a co-payment if you use other specialists

If you are treated in-hospital by a specialist who does not participate in our payment arrangement, we cover you up to 100% the Discovery Health Rate. If the specialist charges more than the Discovery Health Rate, you must pay the difference.

### Other healthcare professionals

We cover GPs, radiology, pathology and other healthcare services up to 100% of the Discovery Health Rate.

## Your cover for investigations in hospital

### Scopes (gastrosocopy, colonoscopy, sigmoidoscopy and proctoscopy)

We will cover your scope in our network of day-case facilities up to 100% of the Discovery Health Rate. Please phone us before going for a scope to confirm your cover.

### MRI and CT scans

If your scan is related to an approved hospital admission we pay it from your Hospital Benefit. If it is not related to an approved hospital admission we pay it from your Specialist Benefit up to R2 100 for each person. We do not pay for MRI or CT scans that are related to conservative back or neck treatment.

## Unlimited healthcare services in hospital

**Most of your in-hospital healthcare services have no overall limit. These include:**

- GPs
- Pathology
- Allied healthcare professionals, for example physiotherapists
- Specialists
- Radiology
- HIV cover if you are registered on the HIVCare Programme

## Limited healthcare services in hospital

Mental health benefit	21 days for each person
Alcohol and drug rehabilitation	21 days for each person
Terminal care benefit	R18 250 for each person
Chronic dialysis	We cover these expenses in full as long as we have approved your treatment plan and you meet the Scheme's clinical entry criteria. You are only covered if you use a provider in our network.

## DiscoveryCare looks after you in times of need

### Your cover for chronic conditions

You have cover for a list of chronic conditions as long as your medicine is on the KeyCare medicine list and you get your approved medicine from one of our network pharmacies or from your chosen GP. If you get your medicine anywhere else, you will need to pay 40% of the Discovery Health Medication Rate.

On the KeyCare Plus Plan your chosen GP must prescribe the medicine. We need to approve your chronic condition before we pay for it from the Chronic Illness Benefit.

### Your cover for cancer treatment

We cover your cancer treatment if it is a Prescribed Minimum Benefit and if you go to a cancer specialist in our network. Please call us to register on the Oncology Programme.

*Our Chronic Illness Benefit provides cover for a list of chronic conditions. We cover chronic medicines on our list in full*

## Your cover for day-to-day medical expenses (available on KeyCare Plus only)

### Cover for GP visits

When joining KeyCare Plus, you choose a GP from the KeyCare GP network. When you go to your chosen GP, we will cover your consultations and some minor procedures.

We will cover you for one out-of-network visit for each person; this includes a GP visit, with selected blood tests and x-rays and acute medicines (they must be on the KeyCare acute medicine list).

### Radiology

We pay for selected basic x-rays at a radiology facility in our network, if requested by your chosen KeyCare network GP.

### Pathology

We pay for selected pathology, if requested by your chosen KeyCare network GP.

### Acute medicines

We pay for medicines on the KeyCare acute medicine list when they are prescribed by your chosen KeyCare network GP.

### Cover for dentistry

We cover selected basic dentistry (consultations, fillings and extractions) at a dentist within the KeyCare dentist network.

### Cover for eye care

We cover one eye test and one pair of clear single-vision, bifocal or multi-focal lenses with a basic frame or a basic set of contact lenses for each person 24 months from your last claim, at an optometrist within the KeyCare optometry network.

### Casualty visits

If you go to one of our preferred casualty units in the KeyCare network of hospitals, you pay the first R110 of the consultation.

If you go to other casualty units in the KeyCare network of hospitals you will have to pay the first R250 of the consultation.

Please remember to call us to confirm your benefits.

### Trauma Recovery Extender Benefit

We will cover specific out-of-hospital claims for your recovery after certain traumatic events. Your cover applies for the rest of the year in which the trauma takes place, as well as the year after your trauma.

### Mobility Devices Benefit

We cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg calipers, crutches and walkers on the KeyCare mobility list, from a network provider. There is an overall limit of R3 500 for each family.

### Cover for allied and alternative healthcare professionals

We do not cover allied and alternative healthcare professionals, for example physiotherapists, psychologists, speech therapists, audiologists and chiropractors

*We have networks of GPs, radiologists, dentists and optometrists all over South Africa to make sure that KeyCare Plus members have access to quality day-to-day healthcare services*

## Your cover for additional benefits

All KeyCare members have cover for the following benefits out of hospital:

### Specialist Benefit

Your GP must call us before your consultation with the specialist to get a valid reference number. You are covered up to R2 100 for each person.

### Antenatal Benefit

The Antenatal Benefit covers you at 100% of the Discovery Health Rate for the following healthcare services while you are pregnant:

- four visits to a gynaecologist in a KeyCare Network Hospital
- one routine scan (between 10 and 20 weeks)
- selected antenatal blood tests requested by your gynaecologist or GP.

*You have access to expert care for antenatal treatment and specialist visits when your GP feels you need to see one*

*We cover health checks and preventive treatments*

### Screening and Prevention Benefit

If you go for certain preventive screening tests, we will cover the claim. The screening tests include: blood glucose, blood pressure, cholesterol and body mass index at a Discovery Wellness Network provider. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.

## Exclusions on the KeyCare Plans

Discovery Health does not cover certain healthcare services. You can find a full list of these exclusions in this brochure or more information on your benefits on [www.discovery.co.za](http://www.discovery.co.za). In addition to the general Discovery Health Medical Scheme exclusions that apply on all plans, KeyCare Plans have the following exclusions, except as set out in the Prescribed Minimum Benefits:

1. Hospital admissions related to:
  - dentistry
  - obesity
  - skin disorders
  - investigations and diagnostic work-up
  - functional nasal surgery
  - elective caesarean section, except if medically necessary
  - surgery for oesophageal reflux and hiatus hernia
  - back and neck treatment or surgery
  - joint replacements, including but not limited to hips, knees, shoulders and elbows
  - cochlear implants, auditory brain implants and internal nerve stimulators – this includes procedures, devices and processors
  - healthcare services that should be done out of hospital and for which an admission to hospital is not necessary.
2. Brachytherapy for prostate cancer
3. Refractive eye surgery
4. Non-cancerous breast conditions
5. Healthcare services outside South Africa

We also do not cover the cost of treatment for any complications or the direct or indirect expenses related to these excluded conditions and treatments.

If we apply waiting periods because you have never belonged to a medical scheme or have had a break in membership of more than 90 days before joining Discovery Health, you will not have access to the Prescribed Minimum Benefits during your waiting periods. This includes emergency admissions.

Series	Plan	Contributions			Contributions to Medical Savings Account			Total contributions		
		Main member	Adult	Child*	Main member	Adult	Child*	Main member	Adult	Child*
Executive	Executive	2 317	2 317	440	772	772	146	3 089	3 089	586
Comprehensive	Classic Comprehensive	1 900	1 797	380	633	599	126	2 533	2 396	506
	Classic Delta Comprehensive network option	1 711	1 618	341	570	539	113	2 281	2 157	454
	Essential Comprehensive	1 810	1 711	362	319	301	63	2 129	2 012	425
	Essential Delta Comprehensive network option	1 629	1 540	326	287	271	57	1 916	1 811	383
Priority	Classic Priority	1 274	1 003	510	424	334	170	1 698	1 337	680
	Essential Priority	1 241	975	495	219	172	87	1 460	1 147	582
Saver	Classic Saver	1 137	895	455	379	298	151	1 516	1 193	606
	Classic Delta Saver network option	909	715	364	303	238	121	1 212	953	485
	Essential Saver	1 024	767	409	180	135	72	1 204	902	481
	Essential Delta Saver network option	819	614	327	144	108	57	963	722	384
	Coastal Saver	879	658	354	293	219	118	1 172	877	472
Core	Classic Core	1 128	888	451	No Medical Savings Account			1 128	888	451
	Classic Delta Core network option	903	710	361	No Medical Savings Account			903	710	361
	Essential Core	969	726	388	No Medical Savings Account			969	726	388
	Essential Delta Core network option	775	581	311	No Medical Savings Account			775	581	311
	Coastal Core	819	614	327	No Medical Savings Account			819	614	327
KeyCare	KeyCare Plus (8 301+)	1 112	1 112	297	No Medical Savings Account			1 112	1 112	297
	KeyCare Plus (6 251 – 8 300)	747	747	208	No Medical Savings Account			747	747	208
	KeyCare Plus (3 901 - 6 250)	533	533	155	No Medical Savings Account			533	533	155
	KeyCare Plus (0 – 3 900)	445	445	119	No Medical Savings Account			445	445	119
	KeyCare Core (8 301+)	821	821	185	No Medical Savings Account			821	821	185
	KeyCare Core (6 251 – 8 300)	531	531	133	No Medical Savings Account			531	531	133
	KeyCare Core (0 – 6 250)	427	427	107	No Medical Savings Account			427	427	107

\* We count a maximum of three children when we work out the monthly contribution.

### Annual Medical Savings Account amounts

Series	Plan	Main member	Adult	Child*
Executive	Executive (25%)	9 264	9 264	1 752
Comprehensive	Classic Comprehensive (25%)	7 596	7 188	1 512
	Classic Delta Comprehensive network option (25%)	6 840	6 468	1 356
	Essential Comprehensive (15%)	3 828	3 612	756
	Essential Delta Comprehensive network option (15%)	3 444	3 252	684
Priority	Classic Priority (25%)	5 088	4 008	2 040
	Essential Priority (15%)	2 628	2 064	1 044
Saver	Classic Saver (25%)	4 548	3 576	1 812
	Classic Delta Saver network option (25%)	3 636	2 856	1 452
	Essential Saver (15%)	2 160	1 620	864
	Essential Delta Saver network option (15%)	1 728	1 296	684
	Coastal Saver (25%)	3 516	2 628	1 416

Medical Savings Account amounts are calculated as a percentage of total contributions  
\* We count a maximum of three children when we work out the monthly contributions

### Annual Thresholds

#### Executive Plan and Comprehensive Series

	Executive Plan	Comprehensive Series
Main member	9 260	8 450
Each adult	9 260	8 450
Each child*	1 750	1 600

#### Priority Series

	Annual Threshold	Above Threshold Benefit limit
Main member	7 450	6 350
Each adult	5 600	4 500
Each child*	2 450	2 200

\* We count a maximum of three children when we calculate the Annual Threshold and Above Threshold Benefit limit. We pro-rate this benefit according to when you join the medical scheme.

### Vitality and KeyFIT monthly contributions

	Single member	Member with one dependant	Member with two or more dependants
Vitality contributions	125	145	153
KeyFIT contributions	27	33	42
Vitality and KeyFIT contributions	133	158	177

KeyClub Starter Benefit: R5 000 funeral cover for R1 a month.



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[www.discovery.co.za](http://www.discovery.co.za)