

2019

DISCOVERY HEALTH MEDICAL SCHEME
HEALTH PLAN GUIDE



For complete peace of mind

The benefits explained in this brochure are provided by Discovery Health Medical Scheme, registration number 1125, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. This brochure is only a summary of the key benefits and features of Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical Schemes. In all instances, Discovery Health Medical Scheme Rules prevail. Please consult the Scheme Rules on www.discovery.co.za. When reference is made in this brochure to “we” in the context of benefits, members, payments or cover, this refers to Discovery Health Medical Scheme. We are continuously improving our communication to you. The latest version of this guide as well as detailed benefit information is available on www.discovery.co.za.

Discovery Health Medical Scheme Join SA’s leading medical aid

Discovery Health Medical Scheme gives you complete peace of mind that your healthcare is in good hands at every stage of your health journey

01

Widest range of plans to choose from

Choose from 23 health plan options designed to suit your individual health and financial needs

02

Rich benefits tailored to your health needs

Unmatched benefits with unlimited private hospital cover and full cover in our networks

03

Real value through affordable contributions

Contributions are on average 16.4% lower than other South African medical aids

04

Highest financial stability rating

Our industry-leading financial stability means you can have complete peace of mind

05

Access to the most advanced digital health technology

Seamless support is just one click away for you at every step of your healthcare journey

06

Get rewarded for being healthy

You have access to the world’s leading science-based wellness programme, Vitality

Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07, an authorised financial services provider. Reference to the lower cost analysis is a comparison of our contributions with those of open scheme competitors, based on an internal analysis of publicly available marketing material.

A world of digital support is one click away

Manage your health plan anywhere, anytime, in the palm of your hand



Ask Discovery

- Our chat bot powered by artificial intelligence is available 24/7 to provide instant answers online
- If you need an important document or need to know about your benefits, start a conversation by saying Hello, and Ask Discovery will process your request or answer your question



Manage your health

Proactive support

- Understand your health risks with MyFamilyHistory and access progress dashboards for specific chronic conditions
- Unlock additional benefits when you are pregnant and after your baby is born



Download key documents

Hassle free admin

- Download your tax certificates and international travel documents when you need them
- View information on hospital procedures for your authorised hospital admissions



Easily find doctors and hospitals

Get the best care

- Fully interactive, real time technology that helps you find doctors and hospitals, on our networks, near you
- Give your doctor consent to view your health records before your consultation
- Choose a doctor that suits your needs, view the doctor's practice information to schedule your appointment
- Book a follow-up video consultation with your doctor at your convenience



Doctor advice on your device

Anywhere anytime

- When it's simply not possible to see your doctor, get trusted advice from doctors on the Discovery App at no additional cost



Manage benefits and track claims

Real time, on the go

- Submit and track your claims and benefits real time
- KeyCare members can also confirm plan benefits by simply dialling *120*DISCO# or *120*34726#



Track your health

Get rewarded for managing your health

- Follow personalised health checks, recommended for you, to help you track and manage your health
- You will also get tips on how you can improve your weight, nutrition and exercise levels and get rewarded along the way



Your medicine comes to you

No queues, no fuss

- Order your medicine on the Discovery app from MedXpress and have it delivered to your door, or collect at a network pharmacy near you



Never forget to take your medicine

Get reminders on your phone

- Stay on track with your prescribed medicine
- Get monthly reminders to refill your prescription

Download the Discovery app or visit www.discovery.co.za

Benefits tailored to the plan you choose

Hospital Benefit

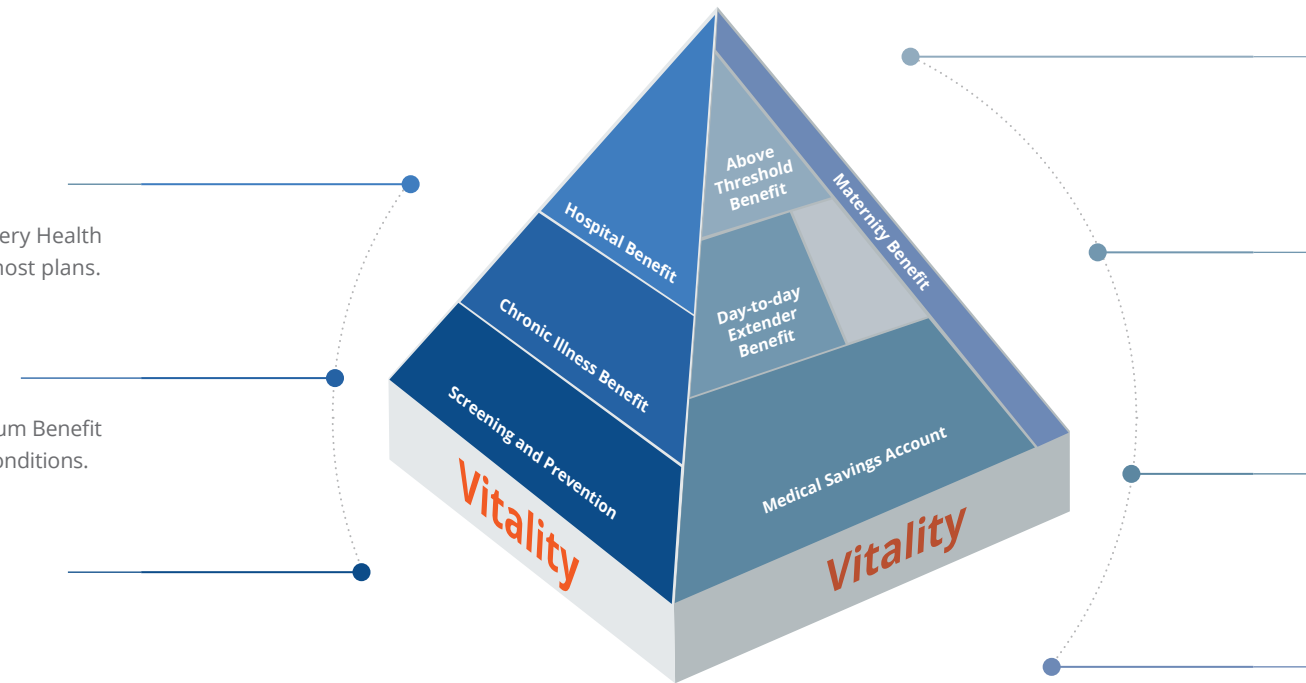
There is no overall limit for hospital cover on any of the Discovery Health Medical Scheme plans. You can go to any private hospital on most plans.

Chronic Illness Benefit (CIB)

All our plans cover approved medicine for the Prescribed Minimum Benefit Chronic Disease List conditions. Certain plans cover additional conditions.

Screening and Prevention

Screening and prevention benefits cover vital tests to detect early warning signs of serious illness.



Above Threshold Benefit (ATB)

Certain plans have an Above Threshold Benefit (ATB) that gives you further day-to-day cover once you have reached your Annual Threshold.

Day-to-day Extender Benefit (DEB)

On selected plans, when you have spent your annual Medical Savings Account (MSA) allocation, the Day-to-day Extender Benefit (DEB) extends your day-to-day cover for essential healthcare services in our network.

Maternity Benefit

You get comprehensive benefits for maternity and early childhood that cover certain healthcare services before and after birth.

Medical Savings Account (MSA)

On selected plans, we pay your day-to-day medical expenses from the available funds allocated to your Medical Savings Account (MSA). This empowers you to manage your spend.

Use our networks to get full cover



Hospitals

If you have chosen a plan with a hospital network, make sure you use a hospital in that network to get full cover.



Day surgery network

Full cover for a defined list of procedures in our day surgery network.

PG 12 FOR MORE ON THE DAY SURGERY NETWORK



Doctors

You have full cover for GPs and specialists who we have payment arrangements with.



Medicine

Use MedXpress, or a MedXpress network pharmacy to enjoy full cover and avoid co-payments when claiming for chronic medicine on the medicine list.

PG 15 FOR MORE ON MEDXPRESS AND MEDXPRESS NETWORK PHARMACIES

You have unlimited hospital cover

All Discovery Health Medical Scheme plans offer unlimited hospital cover. Your hospital cover includes the account from the hospital and the accounts from your admitting doctor, anaesthetist and any other approved healthcare professional.

What is the Discovery Health Rate (DHR)?

This is a rate set by us. We pay for healthcare services from hospitals, pharmacies and healthcare professionals at this rate.

Unlimited cover in private hospitals

For any planned or non-emergency admission, you need to contact us to confirm your admission.

Some of our plans offer cover for planned admissions in a defined network. These plans include Delta options, Coastal, Smart and KeyCare plans.

For planned admissions at hospitals outside these networks, you either have to pay the full amount or a portion of the hospital account.

Some of our plans offer full cover for a defined list of procedures in our day surgery network. An upfront payment will apply if you choose to have these procedures performed outside the network facilities.

PG 12 FOR THE DEFINED LIST OF PROCEDURES

How we cover your hospital and related accounts

We cover your hospital account from your Hospital Benefit.

Doctors, specialists and other healthcare professionals we have a payment arrangement with are covered in full for approved procedures in hospital. You benefit from access to the broadest range of specialists, which represent over 90% of our members' specialist interactions. If you use healthcare professionals that we don't have payment arrangements with, we will pay at the rate applicable to your chosen plan and you may have a co-payment.

Prescribed Minimum Benefit (PMB) conditions

In terms of the Medical Schemes Act 131 of 1998 and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- An emergency medical condition
- A defined list of 270 diagnoses
- A defined list of 27 chronic conditions.

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

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions.
- The treatment needed must match the treatments in the defined benefits.
- You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However, even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network once your condition has stabilised.

If your treatment doesn't meet the above criteria, we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.

Emergencies are covered in full

If you have an emergency, you can go straight to hospital. If you need medically equipped transport, call Discovery 911 on 0860 999 911.

What is an emergency?

An emergency medical condition, also referred to as an emergency, is the sudden and unexpected onset of a health condition that requires immediate medical and surgical treatment. Failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.

An emergency does not necessarily require a hospital admission. We may ask you or your treating provider for additional information to confirm the emergency.

You have cover for a defined list of procedures in our day surgery network

On all plans, excluding Executive and Comprehensive plans, we cover the following procedures in our day surgery network

Biopsies: Skin*, subcutaneous tissue, soft tissue, muscle, bone, lymph, eye, mouth, throat, breast, cervix, vulva, prostate, penis, testes

Breast*: Mastectomy for gynaecomastia, lumpectomy

Ear, Nose and Throat

- Tonsillectomy and/or adenoidectomy
- Excision of throat lesions and/or nasal polyps*
- Repair nasal turbinates*, nasal septum*, ear fistula
- Simple procedures for nose bleed
- Sinus procedures*
- Scopes (nasal endoscopy*, laryngoscopy)
- Middle ear procedures (tympanoplasty, mastoidectomy, myringoplasty, stapedectomy, myringotomy and/or grommets)
- Cochlear implant*

Eye

- Corneal transplant*
- Cataract surgery
- Treatment of glaucoma
- Other eye procedures (eyeball, cornea, conjunctiva, sclera, eyelid, iris, lacrimal duct/gland, retina, ocular muscles refractive eye surgery*)

Gastrointestinal

- Gastrointestinal scopes* (oesophagoscopy, gastroscopy, colonoscopy, sigmoidoscopy, proctoscopy, anoscopy, Endoscopic Retrograde Cholangiopancreatography*)
- Diagnostic laparoscopy
- Anorectal procedures (treatment of haemorrhoids, fissure, fistula)
- Laparoscopic cholecystectomy
- Hernia repair*
- Excision and/or repair of mouth, lip, tongue

Gynaecological

- Colposcopy and/or treatment of cervical lesions
- D&C (dilatation and curettage)
- Endometrial ablation
- Hysteroscopy
- Sterilisation
- Removal of fallopian tube(s)
- Laparoscopic gynaecological procedures

Incision and Drainage of abscess and/or cyst: skin*, subcutaneous tissue, soft tissue, bone, bursa, mouth, tonsil, pilonidal, ovary, Bartholin's gland, vagina

Nerve and Lymph: Excision and/or repair of nerve lesions, nerve tumours, lymph nodes

Orthopaedic

- Joint procedures* (arthrocentesis, arthroscopy, arthrotomy, arthrodesis, minor joint arthroplasty, manipulation under anaesthesia)
- Amputation of digit
- Bone procedures* (ostectomy, osteotomy, excision of bone lesions and/or infection)
- Tendon and/or ligament repair, muscle debridement, fascia procedures
- Repair bunion or toe deformity*
- Treatment of closed fractures and/or dislocations, removal of pins and plates

Removal of foreign body

Skin: Debridement, removal of lesions*, wound repair

Urological

- Cystoscopy
- Removal of ureteral stones
- Repair of bladder prolapse
- Male genital procedures (circumcision, repair of penis, exploration of testes and scrotum, vasectomy)

Vascular: Treatment of varicose veins*

You have cover for chronic conditions

Get the best care and support for your chronic conditions

Prescribed Minimum Benefit (PMB) conditions

You have access to treatment for a list of medical conditions under the Prescribed Minimum Benefits (PMBs). The PMBs cover the 27 chronic conditions on the Chronic Disease List (CDL).

Our plans offer benefits that are richer than the PMBs. Cover depends on the plan you choose. To access PMBs, certain rules apply.

PG 14 FOR A LIST OF CONDITIONS

Chronic Illness Benefit (CIB)

The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions. You need to apply to have your medicine covered for your chronic condition.

Medicine cover for the Chronic Disease List

You get full cover if you use a network provider for approved chronic medicine on our medicine list. For medicine not on our list, we cover you up to a set monthly rand amount called the Chronic Drug Amount (CDA), or the cost of the lowest formulary listed drug on the Smart and KeyCare plans. Medicine on KeyCare Start is covered in a state facility.

Medicine cover for the Additional Disease List

The Executive and Comprehensive plans offer cover for medicine on the Additional Disease List (ADL). You are covered up to the set monthly CDA for your medicine. No medicine list applies.

Extended chronic medicine list

Members on the Executive Plan also have full cover for an exclusive list of brand medicines.

How we pay for medicine

We pay for medicine up to a maximum of the Discovery Health Rate (DHR). The DHR for medicine is the price of the medicine and the fee for dispensing it.

* THIS MAY NOT BE A COVERED BENEFIT ON KEYCARE AND ESSENTIAL SMART PLANS, SEE PG 91
1 2 SEE PG 47, 57, 67 AND 77 FOR THE UPFRONT PAYMENT AMOUNTS FOR ADMISSIONS TO A FACILITY OUTSIDE OF THE NETWORK

Chronic conditions covered on all plans

Chronic Disease List (CDL) conditions

Additional chronic conditions covered on Executive and Comprehensive plans

Additional Disease List (ADL) conditions

Addison's disease, asthma	A	Ankylosing spondylitis
Bipolar mood disorder, bronchiectasis	B	Behçet's disease
Cardiac failure, cardiomyopathy, chronic obstructive pulmonary disease, chronic renal disease, coronary artery disease, Crohn's disease	C	Cystic fibrosis
Diabetes insipidus, diabetes Type 1, diabetes Type 2, dysrhythmia	D	Delusional disorder, dermatopolymyositis
Epilepsy	E	
Glaucoma	G	Generalised anxiety disorder
Haemophilia, HIV, hyperlipidaemia, hypertension, hypothyroidism	H	Huntington's disease
	I	Isolated growth hormone deficiency
Multiple sclerosis	M	Major depression, muscular dystrophy and other inherited myopathies, myasthenia gravis, motor neuron disease
	O	Obsessive compulsive disorder, osteoporosis
Parkinson's disease	P	Paget's disease, panic disorder, polyarteritis nodosa, post-traumatic stress disorder, psoriatic arthritis, pulmonary intestinal fibrosis
Rheumatoid arthritis	R	
Schizophrenia, systemic lupus erythematosus	S	Sjögren's syndrome, systemic sclerosis
Ulcerative colitis	U	
	W	Wegener's granulomatosis

Where to get your medicine

Avoid co-payments by using MedXpress and MedXpress Network Pharmacies

What is MedXpress?

A convenient medicine ordering service

- Quick, convenient and free delivery when ordering your medicine through MedXpress
- Use MedXpress to get full cover with no co-payments for medicine on our medicine list
- Order your medicine online and have it delivered to your door or
- Order your medicine online and collect instore at a MedXpress Network Pharmacy or
- Fill a prescription as usual at any MedXpress Network Pharmacy
- Reorder your chronic medicine when it's convenient for you.

MedXpress and MedXpress Network Pharmacies

Avoid a 20% co-payment on your chronic medicine by using these Designated Service Providers (DSPs):

- **Priority, Saver and Core plans**
MedXpress or MedXpress Network Pharmacies
- **Smart plans**
MedXpress, Clicks or Dis-Chem. MedXpress Network Pharmacies do not apply for Smart Series members
- **KeyCare Plus and KeyCare Core plans**
You must use a network pharmacy or your allocated GP.




Executive and Comprehensive plans

You can use any of the pharmacies in our pharmacy network. You have over 2 500 pharmacies to choose from

KeyCare Start

You must use a state facility

How to order

-  Discovery app
- or
-  www.discovery.co.za
- or
-  medxpress@discovery.co.za

You have access to condition-specific care programmes through your Premier Plus GP

Our condition-specific care programmes together, with your Premier Plus GP, help you manage specific conditions

Premier Plus GP

A Premier Plus GP is a network GP who has contracted with us to provide you with quality healthcare for your condition. You have to be registered on these condition-specific care programmes to unlock additional benefits and services. You and your GP can track progress on a personalised dashboard to identify the next steps to optimally manage your condition and stay healthy over time.



HIV Care programme

If you are registered on the HIV programme, you are covered for the care you need, which includes additional cover for social workers. You can be assured of confidentiality at all times. You have to see a Premier Plus GP to avoid a 20% co-payment (excluding Executive and Comprehensive plans). You need to get your medicine from a designated service provider (DSP) to avoid a 20% co-payment.

Cardio Care programme



If you are registered on the Chronic Illness Benefit for hypertension, hyperlipidaemia and ischaemic heart disease you have access to a defined basket of care and an annual cardiovascular assessment, if referred by your Premier Plus GP and enrolled on the Cardio Care programme.



Diabetes Care programme

If you are registered on the Chronic Illness Benefit for diabetes, you can join the Diabetes Care programme. The programme unlocks cover for additional consultations with dietitians and biokineticists. You also have access to a nurse educator to help you with the day-to-day management of your condition. You have to see a Premier Plus GP to avoid a 20% co-payment (excluding Executive and Comprehensive plans).



Mental Health Care programme

If you meet the Scheme's clinical entry criteria you have access to defined cover for the management of episodes of major depression. Enrollment on the programme unlocks cover for prescribed medicine, and additional GP consultations to allow for effective evaluation, tracking and monitoring of treatment.

Track your health

Get healthier with goals tailored to your specific health needs

If you are at risk of developing or diagnosed with cardiovascular disease or diabetes, we will provide you with tailored goals you need to take to help you manage your health and track your progress.

Health checks

Tailored recommendations about general screening tests, as well as additional tests you may need to complete based on your age, gender and health profile

Clinical entry criteria may apply to some of these tests.

SEE PG 20 FOR A LIST OF SCREENING TESTS THAT ARE COVERED BY THE SCHEME

Medicine tracker

Reminders and prompts to keep you on track with taking medicine on time and as prescribed

Exercise goals

You will get personalised weekly exercise goals to help you get healthy

HealthyFood

Get recommendations on which foods to buy more or less of based on your food purchasing behaviour

Weight management

A tailored weight loss journey designed to help you achieve or maintain your recommended weight goal



You will get rewarded for achieving each of your recommended personalised goals



Download the Discovery app to track your health

You have unlimited cover for cancer

Oncology Benefit

If you are diagnosed with cancer and once we have approved your cancer treatment, you are covered by the Oncology Care Programme. We cover your approved cancer treatment over a 12-month cycle.

On Executive and Comprehensive plans we cover the first R400 000.
On Priority, Saver, Smart and Core plans we cover the first R200 000.

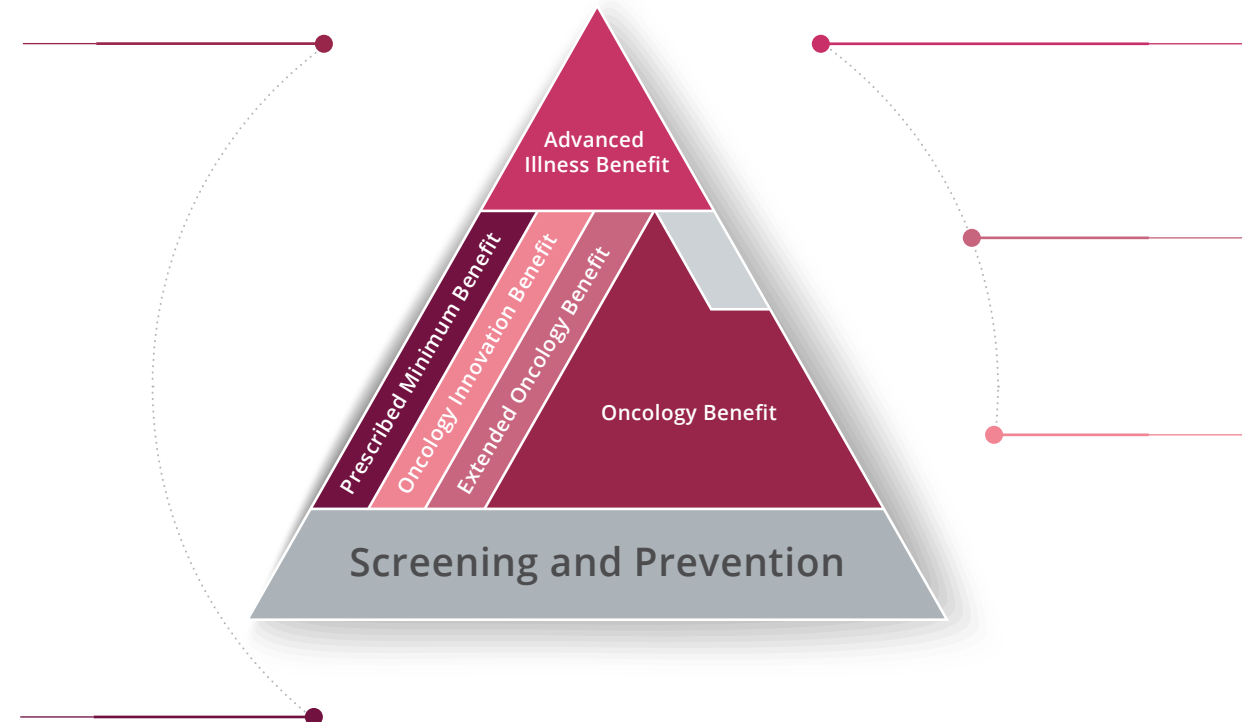
If your treatment costs more than the cover amount, we will cover up to 80% of the subsequent additional costs, except if the treatment forms part of the extended cover offered on the Comprehensive and Executive plans, which we will cover in full.

On Essential Smart we cover cancer treatment in our network.

All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). You might have a co-payment if your healthcare professional charges above this rate.

Prescribed Minimum Benefits (PMB)

Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full. On the KeyCare plans we cover cancer treatment in our network, or in a state facility if you are on KeyCare Start. If you choose to use any other provider, we will only cover up to 80% of the DHR.



Advanced Illness Benefit

Members with cancer have access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home.

Extended Oncology Benefit

On the Executive and Comprehensive plans you also have extended cover in full for a defined list of cancers and treatments that meet the Scheme's criteria.

Oncology Innovation Benefit

On the Executive and Comprehensive Plans you have cover for a defined list of innovative cancer medicines that meet the Scheme's criteria. You will need to pay 25% of the cost of these treatments.

You need to get your approved oncology medicine on our medicine list from a Designated Service Provider (DSP) to avoid a 20% co-payment. Speak to your treating doctor to confirm that they are using our DSPs for your medicine and treatment received in rooms or at a treatment facility.

You get screening and prevention benefits

Preventive screening is important to ensure that medical conditions are detected early

As a Discovery Health Medical Scheme member, you have access to screening and prevention benefits at any one of our wellness providers



Screening for adults

The Screening and Prevention Benefit covers certain tests such as blood glucose, blood pressure, cholesterol, body mass index and HIV screening at one of our wellness providers.

We also cover a mammogram every two years, a Pap smear once every three years and a PSA test (prostate screening) each year.



Screening for kids

This benefit covers growth assessment tests, including height, weight, head circumference and health and milestone tracking at any one of our wellness providers.



How we pay

These tests and consultations do not affect your day-to-day benefits as they are paid from the Screening and Prevention Benefit. Consultations that do not form part of PMBs will be paid from your available day-to-day benefits.

You may qualify for the following additional tests:

- Defined diabetes and cholesterol screening tests
- Breast MRI or mammogram and once-off BRCA testing for breast screening
- Pap smear for cervical screening
- Seasonal flu vaccine for members:
 - during pregnancy
 - 65 years or older
 - registered for certain chronic conditions

*Clinical entry criteria may apply to some of these tests.
Visit www.discovery.co.za to find out more.*

You get cover for day-to-day medical expenses

Medical Savings Account (MSA)

Available on the Executive, Comprehensive, Priority and Saver plans

We pay your day-to-day medical expenses such as GP and specialist consultations, medicine, except for registered and approved chronic medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year.

On the Executive, Comprehensive and Priority plans, when you run out of MSA, you will have to pay for some healthcare expenses from your pocket before you reach your Annual Threshold. This is called the Self-Payment Gap (SPG).

When you are in your Self-Payment Gap (SPG) you must still send your claims to us so that we know when to start paying from your Above Threshold Benefit (ATB)

Day-to-day Extender Benefit (DEB)

Use a network GP on HealthID who meets the digital criteria to access the Day-to-day Extender Benefit (DEB), and get full cover for GP consultation fees. Depending on the plan you choose, you also have cover for two kids casualty visits, for each child under the age of 10 years.

Above Threshold Benefit (ATB)

Available on the Executive, Comprehensive and Priority plans

Once the claims you have sent to us add up to the Annual Threshold, we pay the rest of your claims from the Above Threshold Benefit (ATB), at the DHR or a portion of it. The Executive and Comprehensive plans have an unlimited ATB, and the Priority plans have a limited ATB.

Cover for day-to-day expenses on other plans

The Smart plans offer unlimited cover for GP consultations and other day-to-day benefits with fixed co-payments in the Smart Network.

The KeyCare Plus and Start plans offer primary care cover through your chosen GP.

On Core and KeyCare Core plans, you will have to pay for any day-to-day expenses.

Maternity and early childhood benefits

All plans offer comprehensive healthcare services for maternity and early childhood paid for by the Scheme. These benefits will not affect your day-to-day benefits and depend on the plan you choose.

You also have additional benefits that enhance your cover



International second opinion services

Through your specialist, you have access to second opinion services from Cleveland Clinic for life-threatening and life-changing conditions. We cover 100% on the Executive Plan and 50% on other plans for the cost of the second opinion service.



International travel

You have cover for emergency medical costs of up to US\$1 million on the Executive Plan and R5 million on other plans for each person on each journey while you travel outside of South Africa. This cover is for a period of 90 days from your departure from South Africa. We may cover you at equivalent local costs for elective treatment received outside of South Africa, as long as the treatment is readily and freely available in South Africa and it would normally be covered by your plan according to the Scheme Rules. Pre-existing conditions are excluded. Not available on KeyCare plans.



Africa evacuation cover

You have cover for emergency medical evacuations from certain sub-Saharan African countries back to South Africa. Pre-existing conditions are excluded. Not available on KeyCare plans.



Overseas treatment

You have cover for treatment not available in South Africa. The treatment must be at a registered healthcare professional and is paid up to a limit of R750 000 on the Executive Plan and R500 000 on the Comprehensive plans for each person. If you are on the Executive Plan, you also have cover up to R300 000 at a registered healthcare provider for in-hospital treatment that is available in South Africa.

You will need to pay and claim back from us when you return to South Africa.

A co-payment of 20% applies. Only available on Executive and Comprehensive plans.



Claims related to traumatic events

The Trauma Recovery Extender Benefit extends your cover for out-of-hospital claims related to certain traumatic events. Claims are paid from the Trauma Recovery Extender Benefit for the rest of the year in which the trauma occurred, as well as the year after the event occurred. You need to apply for this benefit. The benefit does not apply to Classic Zero MSA, Essential Smart, Core and KeyCare Core plans.



Home-based care

Discovery HomeCare is a unique home-based service that offers you quality care in the comfort of your own home when recommended by your doctor as an alternative to a hospital stay when appropriate, with minimum disruption to your normal routine and family life. Cover includes postnatal care, end-of-life care, IV infusions (drips) and wound care. These services are paid from the Hospital Benefit, subject to approval. Discovery HomeCare is the designated service provider (DSP) for administration of defined intravenous infusions. Avoid a 20% co-payment by using Discovery HomeCare for these infusions.



Compassionate Care

The CompassionateCare Benefit gives you access to holistic home-based end-of-life care up to R44 050 on KeyCare plans and R62 200 on all other plans for each person in their lifetime.



Specialised medicine and technology

You have 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.

A co-payment of up to 20% applies. Only available on Executive and Comprehensive plans.



Frames and lenses

Your cover for eye care depends on the plan you choose. Enjoy savings of 20% for frames and lenses at an optometrist in the network. Your discount is immediate at the point of sale. Not available on KeyCare plans.



Additional benefits for allied, therapeutic, psychology services and external medical items

You have access to unlimited, clinically appropriate cover for biokineticists, acousticians, physiotherapists or chiropractors, psychologists, occupational therapists, speech and language therapists and external medical items, for a defined list of conditions.

You need to apply for these benefits. Only available on Executive and Comprehensive plans.



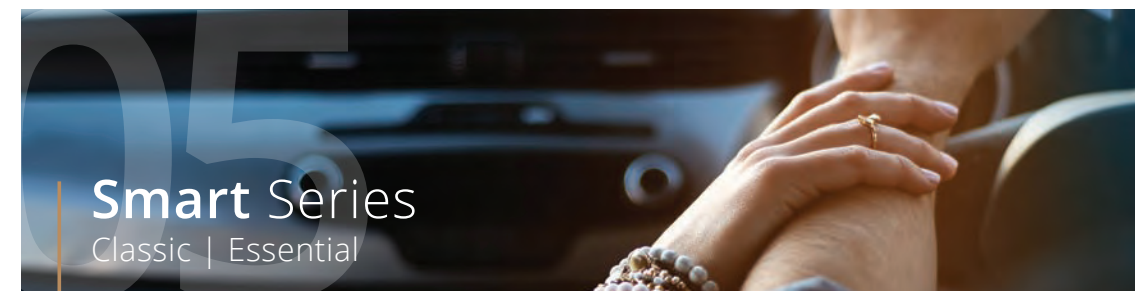
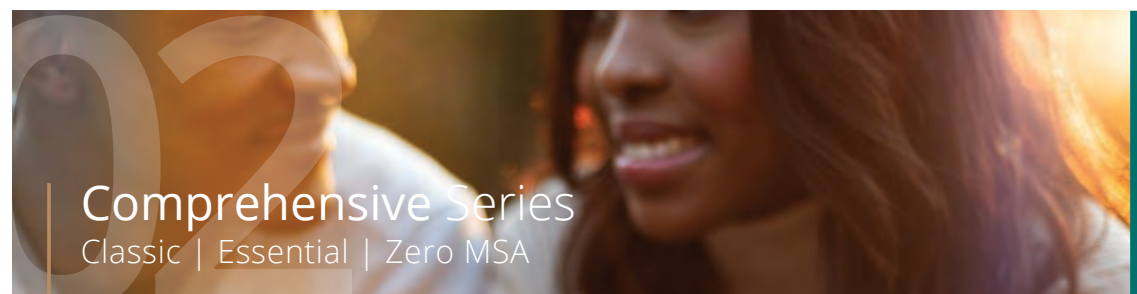
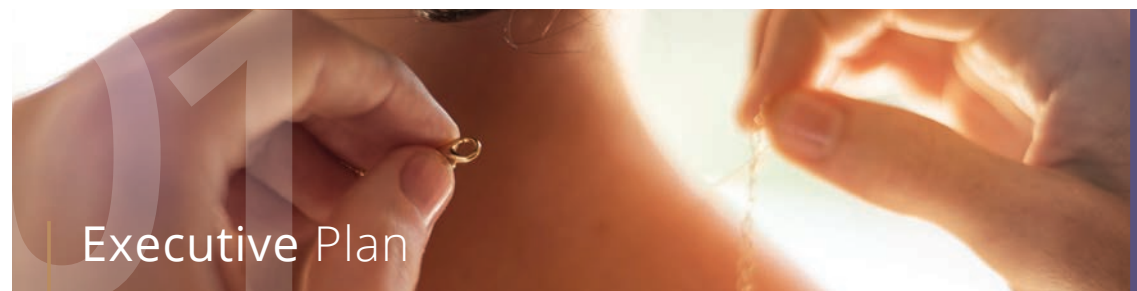
Non-invasive prenatal testing and newborn screening

For expecting mothers who meet the Scheme's clinical entry criteria, we will cover non-invasive prenatal screening from your available maternity benefits at the agreed rate.

You can also use your Medical Savings Account (MSA) for newborn screening to detect metabolic disorders. On the Smart, Core and KeyCare plans you need to pay for the tests.

Discovery Health Medical Scheme plan range

You can choose from 23 plans that are designed to meet your healthcare needs at every stage of your health journey.



Executive Plan

Key benefits

Unlimited cover in any private hospital, including private ward cover



Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood

Guaranteed full cover in hospital for specialists who we have a payment arrangement with, and up to 300% of the Discovery Health Rate (DHR) for other specialists



Additional cover through the Day-to-day Extender Benefit (DEB) for GP consultation fees and kids casualty visits when your Medical Savings Account (MSA) runs out



The highest savings account and an unlimited Above Threshold Benefit (ATB) for your day-to-day healthcare needs

Full cover for chronic medicine on our formulary for all Chronic Disease List (CDL) conditions plus some additional chronic conditions, as well as access to an exclusive list of brand medicines



The Global Treatment Platform gives you access to specialised, advanced medical care in South Africa and abroad. Access to full cover for second opinion services. Cover of up to US\$1 million for medical emergencies when travelling outside of South Africa

Executive Plan

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

There is no overall limit for your hospital cover. This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts).

Hospital cover	
Hospital account	Covered in full at the rate agreed with the hospital. We cover up to R1 970 a day in a private ward.
Related accounts	
Specialists we have a payment arrangement with	Full cover
Specialists we don't have a payment arrangement with	300% of the DHR
GPs and other healthcare professionals	200% of the DHR
Radiology and pathology	100% of the DHR
MRI and CT scans	If related to your admission, we pay up to 100% of the DHR from the Hospital Benefit. If not related to your admission, or if for conservative back and neck treatment, we pay from your day-to-day benefits.
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	We pay the hospital and related accounts from the Hospital Benefit. If it is done in the doctor's rooms, we pay the account from your Hospital Benefit.

Healthcare services with an annual limit



Cochlear implants, auditory brain implants and processors

R223 700 for each person for each benefit



Internal nerve stimulators

R153 600 for each person



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 R41 700 applies to each prosthesis.



Major joints surgery

We cover planned hip and knee joint replacements in full when you use a provider in our network. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR) for the hospital account. A limit of R30 000 applies to each prosthesis for each admission. This network will not apply to emergency and trauma-related surgeries.



Alcohol and drug rehabilitation

21 days for each person



Prosthetic devices used in spinal surgery

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R25 500 applies for the first level and R51 000 for two or more levels, limited to one procedure for each person each year.



Mental health

21 days for admissions or up to 15 out-of-hospital consultations for each person for major affective disorders, anorexia and bulimia and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma.

21 days for all other mental health admissions.

All mental health admissions are covered in full at a network facility. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR) for the hospital account.

Cover for dental treatment in hospital



Severe dental and oral surgery

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.



Other dental treatment in hospital

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

We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the DHR. We pay the related accounts, which include the dentist and other related accounts, from your Hospital Benefit, up to 100% of the DHR. We pay specialists up to 300% of the DHR.

For members 13 years and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment, from your available day-to-day benefits.



Dental limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate (DHR) and up to 300% of the DHR for anaethetists. We pay these claims from your day-to-day benefits, up to an annual limit of R27 300 a person. If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

Amount you need to pay upfront for dental treatment

Hospital



Younger than 13	R2 400
13 and older	R6 200

Day clinic



Younger than 13	R1 100
13 and older	R4 000

Maternity benefits

Cover for maternity and early childhood

These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate. This cover does not affect your day-to-day benefits. Benefits will be activated once your pregnancy profile is created in the Discovery app, on our website at www.discovery.co.za, when you preauthorise your delivery or when you register your baby on the Scheme. These benefits are available per pregnancy per child, up to two years after birth.



Antenatal consultations

You are covered for up to 12 consultations with your gynaecologist, GP or midwife.



Ultrasound scans and prenatal screening

You are covered for up to two 2D ultrasound scans, including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans. You are also covered for one Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria.



Essential registered devices

You have cover of up to R5 000 for essential registered devices, for example breast pumps and smart thermometers. You are responsible for a 25% co-payment.



Private ward

You are covered for your delivery from the Hospital Benefit. In addition, you have private ward cover up to R1 970 for your approved hospital stay for the delivery.



Pre- and postnatal care

You have cover for up to five pre- or postnatal classes or consultations, up until two years after birth, with a registered nurse. You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist.



Blood tests

You get cover for a defined basket of blood tests per pregnancy.



GP and specialist care after birth

Your baby under the age of two years is covered for two visits to a GP, paediatrician or an ear, nose and throat specialist.



Other healthcare services

You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care, which includes a postnatal consultation, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

Day-to-day cover





We cover your day-to-day healthcare expenses from your Medical Savings Account (MSA), Day-to-day Extender Benefit (DEB) or Above Threshold Benefit (ATB)





When you claim, we add up the following amounts to get to the Annual Threshold

Specialists we have a payment arrangement with	Up to the agreed rate
Specialists we don't have a payment arrangement with	300% of the DHR
GPs and all other healthcare professionals	100% of the DHR
Preferred medicine	100% of the DHR
Non-preferred medicine	90% of the DHR

We also pay these amounts when you reach your Above Threshold Benefit (ATB). Over-the-counter medicine, vaccines, immunisations and lifestyle-enhancing products do not add up to your Annual Threshold and are not paid from your ATB. We add up the amount to the benefit limit available. If the claimed amount is less than the Discovery Health Rate (DHR), we will pay and add the claimed amount to the Annual Threshold. Claims paid from your Day-to-day Extender Benefit (DEB) will not accumulate to the Annual Threshold.

Some day-to-day healthcare services have limits. These are not separate benefits. Limits apply to claims paid from your Medical Savings Account (MSA), DEB (where applicable), claims paid from your pocket and ATB.

	 Single member	 One dependant	 Two dependants	 Three or more dependants
Professional services				
Allied, therapeutic and psychology healthcare services* (acousticians, biokineticists, chiropractors, counsellors, dietitians, homeopaths, nurses, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrists, social workers, speech and language therapists, and audiologists)	R23 300	R28 000	R32 750	R39 300
Dental appliances and orthodontic treatment*	R27 300 for each person			
Antenatal classes	R1 750 for your family			




Medicine	 Single member	 One dependant	 Two dependants	 Three or more dependants
Prescribed medicine* (schedule 3 and above)	R38 900	R45 600	R52 200	R58 900
Over-the-counter medicine, vaccines, immunisations and lifestyle-enhancing products	We pay these claims from the available funds in your Medical Savings Account (MSA). These claims do not add up to the Annual Threshold and are not paid from the Above Threshold Benefit (ATB).			

Appliances and equipment

Optical* (this limit covers lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R8 000 for each person
External medical items* (like wheelchairs, crutches and prostheses)	R58 800 for your family
Hearing aids	R24 700 for your family

* If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

Contributions, MSA and Annual Threshold amount

	 Main member	 Adult	 Child*
Contributions	R6 541	R6 541	R1 248
Annual Medical Savings Account amounts**	R19 620	R19 620	R3 744
Annual Threshold amounts**	R22 800	R22 800	R4 300

* We count a maximum of three children when we calculate the monthly contributions, annual Medical Savings Account and Annual Threshold.

** If you join the Scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

Comprehensive Series

Key benefits

Unlimited private hospital cover



Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood

Guaranteed full cover in hospital for specialists who we have a payment arrangement with, up to 200% of the Discovery Health Rate (DHR) on Classic plans and up to 100% of the DHR on Essential plans for other healthcare professionals



Additional cover through the Day-to-day Extender Benefit (DEB) for GP consultation fees and kids casualty visits when your Medical Savings Account (MSA) runs out



A high savings account and an unlimited Above Threshold Benefit (ATB) for your day-to-day healthcare needs



Access to specialised, advanced medical care in South Africa and abroad

Full cover for chronic medicine on our formulary for all Chronic Disease List (CDL) conditions



Cover for medical emergencies when travelling

Vitality is not part of Discovery Health Medical Scheme. Vitality is a separate wellness product, sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07, an authorised financial services provider.

Comprehensive Series

The Comprehensive Series has five health plan options

The five plan options have differences in benefits, as indicated below.
All other benefits not mentioned in the table are the same across all plan options.

	Classic	Classic Delta	Essential	Essential Delta	Classic Zero MSA
Hospital cover					
Hospital network	Any private hospital	Private hospitals in the Delta Network	Any private hospital	Private hospitals in the Delta Network	Any private hospital
Cover for specialists, GPs and other healthcare professionals	200% of the Discovery Health Rate (DHR)		100% of the Discovery Health Rate (DHR)		200% of DHR
MRI and CT scans If not related to your admission or if for conservative back or neck treatment	We pay the first R2 900 from your day-to-day benefits and the balance from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR)				Covered at 100% of the DHR once you reach your Annual Threshold
Day-to-day benefits					
Medical Savings Account (MSA)	25% of your monthly contribution goes into your Medical Savings Account (MSA)		15% of your monthly contribution goes into your Medical Savings Account (MSA)		Not available on this plan
Day-to-day Extender Benefit (DEB)	<ul style="list-style-type: none">Face-to-face and video GP consultationsKids casualty visits		Face-to-face and video GP consultations		Not available on this plan
MRI and CT scans	We pay the first R2 900 from your day to-day benefits and the balance from your Hospital Benefit (for conservative back and neck scans, specific rules apply)				Covered once you reach your Annual Threshold
Trauma Recovery Extender Benefit	Extends your cover for out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma				Not available on this plan

Hospital cover


We cover you in hospital for emergency and planned hospital admissions


There is no overall limit for your hospital cover. This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts).


Hospital cover	
Hospital account	Covered in full at the rate agreed with the hospital
On the Delta options, an upfront payment applies for admissions to hospitals outside of the Delta Hospital Network	R7 650
Related accounts	
Specialists we have a payment arrangement with	Full cover
Specialists we don't have a payment arrangement with and other healthcare professionals	Classic 200% of the Discovery Health Rate (DHR) Essential 100% of the Discovery Health Rate (DHR)
Radiology and pathology	100% of the Discovery Health Rate (DHR)
MRI and CT scans	If related to your admission, we pay up to 100% of the Discovery Health Rate (DHR) from the Hospital Benefit. If not related to your admission or if for conservative back and neck treatment, we pay the first R2 900 of the scan from your day-to-day benefits and the balance of the scan from the Hospital Benefit, up to 100% of the DHR. On Classic Zero MSA, you are covered once you reach your Annual Threshold.
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	We pay the first R3 750 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit. If done in the doctor's rooms, you won't have to pay an amount upfront. We pay the account from the Hospital Benefit.

Hospital cover


Healthcare services with an annual limit


 **Cochlear implants, auditory brain implants and processors**
R223 700 for each person for each benefit


 **Internal nerve stimulators**
R153 600 for each person

 **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 R41 700 applies to each prosthesis.


 **Major joints surgery**
We cover planned hip and knee joint replacements in full when you use a provider in our network. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR) for the hospital account. A limit of R30 000 applies to each prosthesis for each admission. This network will not apply to emergency and trauma-related surgeries.


 **Alcohol and drug rehabilitation**
21 days for each person

 **Prosthetic devices used in spinal surgery**
There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R25 500 applies for the first level and R51 000 for two or more levels, limited to one procedure for each person each year.

 **Mental health**
21 days for admissions or up to 15 out-of-hospital consultations for each person for major affective disorders, anorexia and bulimia and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma.
21 days for all other mental health admissions.
All mental health admissions are covered in full at a network facility. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR) for the hospital account.


Cover for dental treatment in hospital

 **Severe dental and oral surgery**
The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.



 **Other dental treatment in hospital**
You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment.

We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the DHR. We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). On Classic plans, we pay anaesthetists up to 200% of the DHR.

For members 13 years and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment, from your available day-to-day benefits.

 **Dental limit**
There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate (DHR) and up to 200% of the DHR for anaesthetists on Classic plans. We pay these claims from your day-to-day benefits, up to an annual limit of R27 300 a person. If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.


Amount you need to pay upfront for dental treatment

Hospital		
	Younger than 13	R2 400
	13 and older	R6 200
Day clinic		
	Younger than 13	R1 100
	13 and older	R4 000

Maternity benefits


Cover for maternity and early childhood

These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate. This cover does not affect your day-to-day benefits. Benefits will be activated once your pregnancy profile is created in the Discovery app, on our website at www.discovery.co.za, when you preauthorise your delivery or when you register your baby on the Scheme. These benefits are available per pregnancy per child, up to two years after birth.




Antenatal consultations

You are covered for up to 12 consultations with your gynaecologist, GP or midwife.



Ultrasound scans and prenatal screening

You are covered for up to two 2D ultrasound scans, including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans. You are also covered for one Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria.




Blood tests

You get cover for a defined basket of blood tests per pregnancy.




Private ward

You are covered for your delivery from the Hospital Benefit. In addition, you have private ward cover up to R1 970 per day for your approved hospital stay for the delivery.




Pre- and postnatal care

You have cover for up to five pre- or postnatal classes or consultations, up until two years after birth, with a registered nurse. You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist.




Essential registered devices

You have cover of up to R5 000 for essential registered devices, for example breast pumps and smart thermometers. You are responsible for a 25% co-payment.



GP and specialist care after birth

Your baby under the age of two years is covered for two visits to a GP, paediatrician or an ear, nose and throat specialist.



Other healthcare services

You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care, which includes a postnatal consultation, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

Day-to-day cover





We cover your day-to-day healthcare expenses from your Medical Savings Account (MSA), Day-to-day Extender Benefit (DEB) or Above Threshold Benefit (ATB)

When you claim, we add up the following amounts to get to the Annual Threshold





Specialists we have a payment arrangement with	Up to the agreed rate
Specialists we don't have a payment arrangement with	100% of the DHR
GPs and all other healthcare services	100% of the DHR
Preferred medicine	100% of the DHR
Non-preferred medicine	75% of the DHR

We also pay these amounts when you reach your Above Threshold Benefit (ATB). Over-the-counter medicine, vaccines, immunisations and lifestyle-enhancing products do not add up to your Annual Threshold and are not paid from your ATB. We add up the amount to the benefit limit available. If the claimed amount is less than the DHR, we will pay and add the claimed amount to the Annual Threshold. Claims paid from your Day-to-day Extender Benefit (DEB) will not accumulate to the Annual Threshold.

Some day-to-day healthcare services have limits. These are not separate benefits. Limits apply to claims paid from your MSA, DEB (where applicable), claims paid from your pocket and ATB.




Professional services	 Single member	 One dependant	 Two dependants	 Three or more dependants
Allied, therapeutic and psychology healthcare services* (acousticians, biokineticists, chiropractors, counsellors, dietitians, homeopaths, nurses, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrists, social workers, speech and language therapists, and audiologists)				
Classic	R18 600	R25 250	R30 800	R35 700
Essential	R11 200	R15 850	R20 550	R24 250
Dental appliances and orthodontic treatment*	R27 300 for each person			
Antenatal classes	R1 750 for your family			

* If you join the Scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

Medicine	 Single member	 One dependant	 Two dependants	 Three or more dependants
Prescribed medicine* (schedule 3 and above)				
Classic	R31 700	R37 250	R43 200	R49 300
Essential	R20 400	R24 800	R29 900	R32 600
Over-the-counter medicine, vaccines, immunisations and lifestyle-enhancing products	We pay these claims from the available funds in your Medical Savings Account. These claims do not add up to the Annual Threshold and are not paid from the Above Threshold Benefit (ATB).			
Appliances and equipment				
Optical* (this limit covers lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R5 500 for each person			
External medical items* (like wheelchairs, crutches and prostheses)	Classic	R58 800 for your family		
	Essential	R39 400 for your family		
Hearing aids	Classic	R24 700 for your family		
	Essential	R19 800 for your family		

* If you join the Scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

Contributions, MSA and Annual Threshold amounts

		 Main member	 Adult	 Child*
Contributions	Classic	R5 368	R5 077	R1 070
	Classic Delta	R4 834	R4 577	R962
	Classic Zero MSA	R4 026	R3 808	R803
	Essential	R4 509	R4 265	R908
	Essential Delta	R4 062	R3 837	R815
Annual Medical Savings Account amounts**				
	Classic	R16 104	R15 228	R3 204
	Classic Delta	R14 496	R13 728	R2 880
	Classic Zero MSA	No Medical Savings Account		
	Essential	R8 112	R7 668	R1 632
	Essential Delta	R7 308	R6 900	R1 464
Annual Threshold amounts**				
	All plans	R18 800	R18 800	R3 600

* We count a maximum of three children when we calculate the monthly contributions, annual Medical Savings Account and Annual Threshold.

** If you join the Scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

Priority Series

Key benefits

Unlimited cover in any private hospital



Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood

Guaranteed full cover in hospital for specialists who we have a payment arrangement with, and up to 200% of the DHR on the Classic Plan and up to 100% of the DHR on the Essential Plan for other healthcare professionals



Additional cover through the Day-to-day Extender Benefit (DEB) for GP consultation fees and kids casualty visits when your Medical Savings Account (MSA) runs out



A savings account and limited Above Threshold Benefit (ATB) for your day-to-day healthcare needs

Full cover for chronic medicine on our formulary for all Chronic Disease List conditions when you use MedXpress or a MedXpress network pharmacy



Cover for medical emergencies when travelling

Vitality is not part of Discovery Health Medical Scheme. Vitality is a separate wellness product, sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07, an authorised financial services provider. MedXpress is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

Priority Series

The Priority Series has two health plan options

The two plan options have differences in benefits, as indicated below.
All other benefits not mentioned in the table are the same across both plan options.

	Classic	Essential
Hospital cover		
Cover for healthcare professionals in hospital	200% of the Discovery Health Rate (DHR)	100% of the Discovery Health Rate (DHR)
Day-to-day benefits		
Medical Savings Account (MSA)	25% of your monthly contribution goes into your Medical Savings Account (MSA)	15% of your monthly contribution goes into your Medical Savings Account (MSA)
Day-to-day Extender Benefit (DEB) Provides access to certain healthcare services once your yearly allocated Medical Savings Account (MSA) is used up	<ul style="list-style-type: none">Face-to-face and video GP consultationsKids casualty visits	<ul style="list-style-type: none">Face-to-face and video GP consultations

Hospital cover


We cover you in hospital for emergency and planned hospital admissions


There is no overall limit for your hospital cover. This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts).


Hospital cover			
Hospital account		Covered in full at the rate agreed with the hospital	
An upfront payment applies for a defined list of procedures when performed outside of our day surgery network		R5 000	
Upfront payments for in-hospital procedures:			
You need to pay an amount upfront to the hospital when one of the procedures listed below is performed during a hospital admission:			
Conservative back and neck treatment, adenoidectomy, myringotomy (grommets), tonsillectomy	R3 350	Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation	R7 950
Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, cystoscopy	R4 250	Nissen fundoplication (reflux surgery), spinal surgery (back and neck), joint replacements	R16 350
If the procedure can be done out of hospital, for example in the doctor's rooms, you won't have to pay an amount upfront to the hospital. If any of these procedures form part of the defined list of procedures, the higher of the upfront amounts payable will be applicable if performed outside of the day surgery network.			
MRI and CT scans		If related to your admission, we pay 100% of the DHR from the Hospital Benefit. If not related to your admission or for conservative back and neck treatment, you have to pay the first R3 350 of the hospital account and we pay the first R2 900 of the scan from your day-to-day benefits. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR.	
Related accounts			
Specialists we have a payment arrangement with		Full cover	
Specialists we don't have a payment arrangement with and other healthcare professionals		Classic 200% of the Discovery Health Rate (DHR) Essential 100% of the Discovery Health Rate (DHR)	
Radiology and pathology		100% of the Discovery Health Rate (DHR)	

Hospital cover


Healthcare services with an annual limit


 **Cochlear implants, auditory brain implants and processors**
R223 700 for each person for each benefit


 **Internal nerve stimulators**
R153 600 for each person

 **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 R41 700 applies to each prosthesis.


 **Major joints surgery**
We cover planned hip and knee joint replacements in full when you use a provider in our network. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR) for the hospital account. A limit of R30 000 applies to each prosthesis for each admission. This network will not apply to emergency and trauma-related surgeries.

 **Alcohol and drug rehabilitation**
21 days for each person

 **Spinal surgery**
There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R25 500 applies for the first level and R51 000 for two or more levels, limited to one procedure for each person each year.


 **Mental health**
21 days for admissions or up to 15 out-of-hospital consultations for each person for major affective disorders, anorexia and bulimia, and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma.


21 days for all other mental health admissions. All mental health admissions are covered in full at a network facility. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR) for the hospital account.

 **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, we will pay up to 80% of the Discovery Health Rate (DHR).


Cover for treatment in hospital

 **Severe dental and oral surgery**
The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. Certain procedures are covered in our day surgery network. This benefit is subject to authorisation and the Scheme's rules.

 **Other dental treatment in hospital**
You need to pay a portion of your hospital or day-clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment.



We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the DHR. On the Classic Plan, we pay anaesthetists up to 200% of the DHR.

For members 13 years and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment from your available day-to-day benefits.

 **Dental limit**
There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate (DHR) and up to 200% of the DHR for anaesthetists on the Classic plan. We pay these claims from your day-to-day benefits, up to an annual limit of R17 000 per person.

If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year. The overall Above Threshold Benefit (ATB) limit applies.


Amount you need to pay upfront for dental treatment

Hospital		
	Younger than 13	R2 400
	13 and older	R6 200
Day clinic		
	Younger than 13	R1 100
	13 and older	R4 000


Maternity benefits

Cover for maternity and early childhood


These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate. This cover does not affect your day-to-day benefits. Benefits will be activated once your pregnancy profile is created in the Discovery app, on our website at www.discovery.co.za, when you preauthorise your delivery or when you register your baby on the Scheme. These benefits are available per pregnancy per child, up to two years after birth.

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Antenatal consultations


You are covered for up to eight consultations with your gynaecologist, GP or midwife.
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Ultrasound scans and prenatal screening


You are covered for up to two 2D ultrasound scans, including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans. You are also covered for one Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria.
- 

Blood tests


You get cover for a defined basket of blood tests per pregnancy.

- 

Pre- and postnatal care

You have cover for up to five pre- or postnatal classes or consultations, up until two years after birth, with a registered nurse. You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist.
- 

GP and specialist care after birth

Your baby under the age of two years is covered for two visits to a GP, paediatrician or an ear, nose and throat specialist.
- 

Other healthcare services

You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care, which includes a postnatal consultation, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

Day-to-day cover





We cover your day-to-day healthcare expenses from your Medical Savings Account (MSA), Day-to-day Extender Benefit (DEB) or limited Above Threshold Benefit (ATB)





When you claim, we add up the following amounts to get to the Annual Threshold

Specialists we have a payment arrangement with	Up to the agreed rate
Specialists we don't have a payment arrangement with	100% of the DHR
GPs and all other healthcare professionals	100% of the DHR
Preferred medicine	100% of the DHR
Non-preferred medicine	75% of the DHR

We also pay these amounts when you reach your Above Threshold Benefit (ATB). Over-the-counter medicine, vaccines, immunisations and lifestyle-enhancing products do not add up to your Annual Threshold and are not paid from your ATB. We add up the amount to the benefit limit available. If the claimed amount is less than the Discovery Health Rate (DHR), we will pay and add the claimed amount to the Annual Threshold. Claims paid from your Day-to-day Extender Benefit (DEB) will not accumulate to the Annual Threshold.




Some day-to-day healthcare services have limits. These are not separate benefits. Limits apply to claims paid from your MSA, DEB (where applicable), claims paid from your pocket and limited ATB. We pay day-to-day benefits up to the ATB limit or up to the limit that applies below, whichever you reach first.

Professional services	 Single member	 One dependant	 Two dependants	 Three or more dependants
Allied, therapeutic and psychology healthcare services* (acousticians, biokineticists, chiropractors, counsellors, dietitians, homeopaths, nurses, physiotherapists, podiatrists, psychometrists, social workers, speech and language therapists and audiologists)				
Classic	R11 100	R15 700	R20 350	R24 000
Essential	R7 350	R11 100	R13 800	R16 650
Dental appliances and orthodontic treatment*	R17 000 for each person			
Antenatal classes	R1 750 for your family			

Medicine	 Single member	 One dependant	 Two dependants	 Three or more dependants
Prescribed medicine* (schedule 3 and above)				
Classic	R20 250	R24 600	R29 600	R32 300
Essential	R14 400	R17 000	R20 200	R24 550
Over-the-counter medicine, vaccines, immunisations and lifestyle-enhancing products	We pay these claims from the available funds in your Medical Savings Account (MSA). These claims do not add up to the Annual Threshold and are not paid from the limited Above Threshold Benefit (ATB).			
Appliances and equipment				
Optical* (includes cover for lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R5 000 for each person			
External medical items* (like wheelchairs, crutches and prostheses)	Classic	R39 400 for your family		
	Essential	R26 450 for your family		
Hearing aids	Classic	R19 800 for your family		
	Essential	R14 100 for your family		

* If you join the Scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

Contributions, MSA and Annual Threshold amounts

		 Main member	 Adult	 Child*
Contributions	Classic	R3 501	R2 761	R1 401
	Essential	R3 010	R2 365	R1 202
Annual Medical Savings Account amounts**				
	Classic	R10 500	R8 280	R4 200
	Essential	R5 412	R4 248	R2 160
Annual Threshold amounts**				
	All plans	R15 800	R11 800	R5 200
Limited Above Threshold Benefit amount**				
	All plans	R13 400	R9 550	R4 600

* We count a maximum of three children when we calculate the monthly contributions, annual Medical Savings Account, Annual Threshold and Limited Above Threshold amounts.

** If you join the Scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

Saver Series

Key benefits

Unlimited private hospital cover



Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood

Guaranteed full cover in hospital for specialists who we have a payment arrangement with, and up to 200% of the Discovery Health Rate (DHR) on Classic plans and up to 100% of the DHR on Essential and Coastal plans for other healthcare professionals



Additional cover through the Day-to-day Extender Benefit (DEB) for GP consultation fees and kids casualty visits when your Medical Savings Account (MSA) runs out



A savings account for your day-to-day healthcare needs

Full cover for chronic medicine on our formulary for all Chronic Disease List conditions when you use MedXpress or a MedXpress network pharmacy



Cover for medical emergencies when travelling

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Saver Series

The Saver Series has five health plan options

The five plan options have differences in benefits, as indicated below.
All other benefits not mentioned in the table are the same across all five plan options.

	Classic	Classic Delta	Essential	Essential Delta	Coastal
Hospital cover					
Hospital network	Any private hospital	Private hospitals in the Delta Network	Any private hospital	Private hospitals in the Delta Network	Any private hospital in the four coastal provinces
Defined list of procedures in a day surgery network	Private day surgery facility in the defined list of network facilities	Private day surgery facility in the defined list of Delta network facilities	Private day surgery facility in the defined list of network facilities	Private day surgery facility in the defined list of Delta network facilities	Private day surgery facility in the defined list of Coastal network facilities
Cover for healthcare professionals in hospital	200% of the Discovery Health Rate (DHR)		100% of the Discovery Health Rate (DHR)		
Day-to-day benefits					
Medical Savings Account (MSA)	25% of your monthly contribution goes into your Medical Savings Account (MSA)		15% of your monthly contribution goes into your Medical Savings Account (MSA)		20% of your monthly contribution goes into your Medical Savings Account (MSA)
Day-to-day Extender Benefit (DEB) Provides access to certain healthcare services once your yearly allocated MSA is used up	<ul style="list-style-type: none">Face-to-face and video GP consultationsKids casualty visits		Face-to-face and video GP consultations, subject to certain limits		

Hospital cover


We cover you in hospital for emergency and planned hospital admissions


There is no overall limit for your hospital cover. This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts).


Hospital cover	
Hospital account	Covered in full at the rate agreed with the hospital
On the Delta options, an upfront payment applies for admissions to hospitals outside of the Delta Hospital Network.	R7 650
An upfront payment applies for a defined list of procedures performed outside of the day surgery network.	Delta: R7 650 Saver and Coastal: R5 000
On the Coastal Plan, you must go to a hospital in one of the four coastal provinces for a planned admission. If you use a hospital outside of the coastal region, we will pay up to a maximum of the 70% of the Discovery Health Rate (DHR) for the hospital account.	
Related accounts	
Specialists we have a payment arrangement with	Full cover
Specialists we don't have a payment arrangement with and other healthcare professionals	Classic 200% of the Discovery Health Rate (DHR) Essential and Coastal 100% of the Discovery Health Rate (DHR)
Radiology and pathology	100% of the Discovery Health Rate (DHR)
MRI and CT scans	If related to your admission, we pay up to 100% of the DHR from the Hospital Benefit. If not related to your admission or if for conservative back and neck treatment, we pay the first R2 900 of the scan from your day-to-day benefits and the balance of the scan from the Hospital Benefit, up to 100% of the DHR.
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	We pay the first R4 550 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit. If done in the doctor's rooms, you won't have to pay an amount upfront. We pay the account from the Hospital Benefit. If performed outside of the defined list of network facilities, an upfront payment of R7 650 will apply on the Delta options and R5 000 on the Saver and Coastal options.

Hospital cover


Healthcare services with an annual limit


 **Cochlear implants, auditory brain implants and processors**
R223 700 for each person for each benefit


 **Internal nerve stimulators**
R153 600 for each person

 **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 R41 700 applies to each prosthesis.


 **Major joints surgery**
We cover planned hip and knee joint replacements in full when you use a provider in our network. If you go elsewhere, we will pay up to 80% of the DHR for the hospital account. A limit of R30 000 applies to each prosthesis for each admission. This network will not apply to emergency and trauma-related surgeries.

 **Alcohol and drug rehabilitation**
21 days for each person


 **Spinal surgery**
There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R25 500 applies for the first level and R51 000 for two or more levels, limited to one procedure for each person each year.


 **Mental health**
21 days for admissions or up to 15 out-of-hospital consultations for each person for major affective disorders, anorexia and bulimia, and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma.

21 days for all other mental health admissions. All mental health admissions are covered in full at a network facility. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR) for the hospital account.

 **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, we will pay up to 80% of the Discovery Health Rate (DHR).


Cover for dental treatment in hospital

 **Severe dental and oral surgery**
The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. Certain procedures are covered in our day surgery network. This benefit is subject to authorisation and the Scheme's rules.



 **Other dental treatment in hospital**
You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment.

We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the DHR. On Classic plans, we pay anaesthetists up to 200% of the DHR.

For members 13 years and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment, from your available Medical Savings Account (MSA).

 **Dental limit**
There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the DHR from your Medical Savings Account (MSA), as long as you have money available.


Amount you need to pay upfront for dental treatment

Hospital		
	Younger than 13	R2 400
	13 and older	R6 200
Day clinic		
	Younger than 13	R1 100
	13 and older	R4 000


Maternity benefits

Cover for maternity and early childhood


These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate. This cover does not affect your day-to-day benefits. Benefits will be activated once your pregnancy profile is created in the Discovery app, on our website at www.discovery.co.za, when you preauthorise your delivery or when you register your baby on the Scheme. These benefits are available per pregnancy per child, up to two years after birth.

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Antenatal consultations


You are covered for up to eight consultations with your gynaecologist, GP or midwife.
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Ultrasound scans and prenatal screening


You are covered for up to two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans. You are also covered for one Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria.
- 

Blood tests


You get cover for a defined basket of blood tests per pregnancy.

- 

Pre- and postnatal care

You have cover for up to five pre- or postnatal classes or consultations, up until two years after birth, with a registered nurse. You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist.
- 

GP and specialist care after birth


Your baby under the age of two years is covered for two visits to a GP, paediatrician or an ear, nose and throat specialist.
- 

Other healthcare services


You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care, which includes a postnatal consultation, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

Day-to-day cover

We cover your day-to-day healthcare expenses from your Medical Savings Account (MSA)

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Your Medical Savings Account (MSA)

We pay for day-to-day medical expenses like visits to healthcare professionals, radiology and pathology from your MSA, as long as you have money available.
- 




Day-to-day extender benefit (DEB)

You have additional cover through the Day-to-day Extender Benefit for GP consultation fees and kids casualty visits when your Medical Savings Account (MSA) runs out.

- 

GP consultations




We cover your face-to-face and video GP consultations if you use a GP in our network on HealthID who meets the digital criteria, up to:

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

Kids casualty cover

On the Classic Saver Plan, kids younger than 10 years have access to two casualty visits a year.

Contributions and MSA amounts

Saver Series		 Main member	 Adult	 Child*
Contributions	Classic	R3 021	R2 382	R1 209
	Classic Delta	R2 412	R1 906	R969
	Essential	R2 400	R1 800	R962
	Essential Delta	R1 915	R1 444	R768
	Coastal	R2 373	R1 783	R958
Annual Medical Savings Account amounts**				
	Classic	R9 060	R7 140	R3 624
	Classic Delta	R7 236	R5 712	R2 904
	Essential	R4 320	R3 240	R1 728
	Essential Delta	R3 444	R2 592	R1 380
	Coastal	R5 688	R4 272	R2 292

* We count a maximum of three children when we calculate the monthly contributions and annual Medical Savings Account.

** If you join the Scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

Smart Series

Key benefits

Unlimited private hospital cover in the Smart Hospital Network



Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood

Guaranteed full cover in hospital for specialists who we have a payment arrangement with, and up to 200% of the DHR on Classic and up to 100% of the DHR on Essential for other healthcare professionals



Day-to-day cover for your GP consultations, acute and over-the-counter (OTC) medicine, eye and dental check-ups and sports-related injuries, with fixed co-payments and/or limits. This cover depends on the plan you choose.

Full cover for chronic medicine on our formulary for all Chronic Disease List conditions on our medicine list when you use MedXpress, Clicks or Dis-Chem



Cover for medical emergencies when travelling

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Smart Series

The Smart Series has two health plan options

The two plan options have differences in benefits, as indicated below.
All other benefits not mentioned in the table are the same across both plan options.

	Classic	Essential
Hospital cover		
Cover for healthcare professionals in hospital	200% of the Discovery Health Rate (DHR)	100% of the Discovery Health Rate (DHR)
MRI and CT Scans	If not related to your admission or if for conservative back or neck treatment, you will have to pay the first R2 900 and the balance will be paid from the Hospital Benefit	If not related to your admission or if for conservative back or neck treatment, we do not pay for it
Cancer	Covered at any provider	We will allocate you to a network provider
Day-to-day benefits		
Day-to-day benefits	<ul style="list-style-type: none">Unlimited Smart Network GP consultations, with a R50 payment for each consultationOne eye test at a network optometrist, with a R50 payment for the test. Covered up to 100% of the DHROne defined dental check-up at any dentist, with a R100 payment for the check-up. Covered up to 100% of the DHRCover for defined acute medicine categories when prescribed by your network GP, with a R10 payment for each medicine itemCover for over-the-counter (OTC) medicine obtained from a network pharmacy, up to an annual limit of R630 per family per yearCover for sports-related injuries: basic X-rays, two specialist visits and a total of four visits to a physiotherapist, biokineticist or chiropractor when referred by a Smart Network GP. You will have to pay R100 for each X-ray or for each visit. We will cover up to 100% of the DHR for these visits and specialists who we don't have a payment arrangement with	<ul style="list-style-type: none">Unlimited Smart Network GP consultations, with a R100 payment for each consultationOne eye test at a network optometrist, with a R100 payment for the test. Covered up to 100% of the DHROne defined dental check-up at any dentist, with a R150 payment for the check-up. Covered up to 100% of the DHRCover for over-the-counter (OTC) medicine obtained from a network pharmacy, up to an annual limit of R420 per family per year

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

There is no overall limit for your hospital cover. This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts).

Hospital cover		
Hospital account	Covered in full at the rate agreed with the hospital	
An upfront payment applies for planned admissions outside of the Smart Plan Hospital Network or for a defined list of procedures performed outside of the Smart day surgery network.	R8 800	
Related accounts		
Specialists we have a payment arrangement with	Full cover	
Specialists we don't have a payment arrangement with and other healthcare professionals	Classic 200% of the Discovery Health Rate (DHR) Essential 100% of the Discovery Health Rate (DHR)	
Radiology and pathology	100% of the Discovery Health Rate (DHR)	
MRI and CT scans	Classic	Essential
	If related to your admission, we cover your scan up to 100% of the DHR from the Hospital Benefit.	
	If not related to your admission or if for conservative back and neck treatment, you will have to pay the first R2 900 and the balance will be paid from the Hospital Benefit.	If not related to your admission or if for conservative back and neck treatment, we do not pay for it.
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	You must pay the first R4 550 of the hospital account. The balance of the hospital account and related accounts will be paid from the Hospital Benefit. If done in the doctor's rooms, you won't have to pay an amount upfront. If performed outside of the day surgery network an upfront payment of R8 800 will apply.	

Hospital cover

Healthcare services with an annual limit

Cochlear implants, auditory brain implants and processors

R223 700 for each person for each benefit.
Available on Classic only.

Internal nerve stimulators

R153 600 for each person.
Available on Classic only.

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 R41 700 applies to each prosthesis. Available on Classic only.

Major joints surgery

On Classic, we cover planned hip and knee joint replacements in full when you use a provider in our network. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR) for the hospital account. A limit of R30 000 applies to each prosthesis for each admission. This network will not apply to emergency and trauma-related surgeries. On Essential, cover is limited to arthroscopies only.

Alcohol and drug rehabilitation

21 days for each person

Spinal surgery

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R25 500 applies for the first level and R51 000 for two or more levels, limited to one procedure for each person each year. Available on Classic only.

Chronic dialysis

On Classic Smart 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, we will pay up to 80% of the Discovery Health Rate (DHR).

On Essential Smart you have cover at a provider in a state facility.

Mental health

21 days for admissions or up to 15 out-of-hospital consultations for each person for major affective disorders, anorexia and bulimia, and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma.

21 days for all other mental health admissions. All mental health admissions are covered in full at a network facility. If you go elsewhere, we will pay up to 80% of the DHR for the hospital account.

Cover for dental treatment in hospital

Severe dental and oral surgery

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. Certain procedures are covered in our day surgery network. This benefit is subject to authorisation and the Scheme's rules.

Other dental treatment in hospital on the Classic Smart Plan

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

We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the DHR. We pay anaesthetists up to 200% of the DHR.

For members 13 years and older, you must pay for routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment.

Dental limit

There is no overall dental limit. However, you must pay for the cost of all dental appliances, their placements and orthodontic treatment (including the related accounts for orthognathic surgery).

Amount you need to pay upfront for dental treatment

Hospital

	Younger than 13	R2 400
	13 and older	R6 200

Day clinic

	Younger than 13	R1 100
	13 and older	R4 000

Maternity benefits

Cover for maternity and early childhood

These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate. This cover does not affect your day-to-day benefits. Benefits will be activated once your pregnancy profile is created in the Discovery app, on our website at www.discovery.co.za, when you preauthorise your delivery or when you register your baby on the Scheme. These benefits are available per pregnancy per child, up to two years after birth.



Antenatal consultations

You are covered for eight consultations with your gynaecologist, Smart network GP or midwife.



Ultrasound scans and prenatal screening

You are covered for up to two 2D ultrasound scans, including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans. You are also covered for one Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria.



Blood tests

You get cover for a defined basket of blood tests per pregnancy.



Pre- and postnatal care

You have cover for up to five pre- or postnatal classes or consultations, up until two years after birth, with a registered nurse. You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist.



GP and specialist care after birth

Your baby under the age of two years is covered for two visits to a Smart Network GP, paediatrician or an ear, nose and throat specialist.



Other healthcare services

You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care, which includes a six week postnatal consultation, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

Day-to-day cover

You have access to to the following day-to-day cover



Cover for GP visits

You get unlimited GP consultations when visiting a GP in the Smart Network GP. You pay R50 on Classic and R100 on Essential of the consultation fee with the balance of this fee covered up to the Discovery Health Rate (DHR). Video consultations with your Smart Network GP are covered in full up to the DHR.



Cover for eye care

You can go for one eye test at an optometrist in the Smart Optometry Network. You pay R50 on Classic and R100 on Essential.



Cover for dentistry

You can go for one defined dental check-up at any dentist. You pay R100 on Classic and R150 on Essential of the consultation fee and the balance of this fee will be covered up to the Discovery Health Rate (DHR).



MRI and CT scans

On Classic you must pay the first R2 900 of MRI or CT scan. We cover the balance of the scan from your Hospital Benefit, up to the Discovery Health Rate (DHR). For conservative back and neck scans, specific rules and limits may apply.



Cover for over-the-counter medicine

You get cover for over-the-counter (OTC) medicine obtained from a network pharmacy, up to a limit of R630 on Classic and R420 on Essential per family per year. The categories of medicine we cover can be found on www.discovery.co.za.



Cover for acute medicine

On Classic you get cover for certain acute medicine, with a R10 payment for each medicine item. This is limited to 12 prescriptions for each person each year for the defined acute medicine categories. You need to get your medicine from a network pharmacy.






Cover for sports injuries

On Classic we cover basic X-rays, two specialist visits and a total of four visits to a physiotherapist, biokineticist or chiropractor when related to a sports injury and if referred by your Smart Network GP. You will have to pay R100 for each X-ray or for each visit. We will cover up to the Discovery Health Rate (DHR). for these visits and for specialists who we don't have a payment arrangement with.

The Smart Series embraces the dynamic world of digital technology, empowering you to manage your health plan.

- Find a GP near you
- Consult with your GP virtually using video, voice or text messaging covered in full up to the DHR
- Order medicine online
- Submit your claims online
- No need to call us, have your questions answered instantly with mobile chat and Ask Discovery on the website

Contributions

	 Main member	 Adult	 Child*
Classic	R1 794	R1 415	R717
Essential	R1 285	R1 285	R 1285

* We count a maximum of three children when we calculate the monthly contributions.

Visit www.discovery.co.za or click on find a provider in the Discovery app to find hospitals or providers in our network. Ask Discovery is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.



Core Series

Key benefits

Unlimited private hospital cover



Guaranteed full cover in hospital for specialists who we have a payment arrangement with, and up to 200% of the Discovery Health Rate (DHR) on Classic plans and up to 100% of the DHR on Essential and Coastal plans for other healthcare professionals



Comprehensive pre- and postnatal healthcare services for maternity and early childhood.

Full cover for chronic medicine on our formulary for all Chronic Disease List conditions when you use MedXpress or a MedXpress network pharmacy



Cover for medical emergencies when travelling

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Core
Series

The Core Series has five health plan options

The five plan options have differences in benefits, as indicated below.
All other benefits not mentioned in the table are the same across all five plan options.

	Classic	Classic Delta	Essential	Essential Delta	Coastal
Hospital cover					
Hospital network	Any private hospital	Private hospitals in the Delta Network	Any private hospital	Private hospitals in the Delta Network	Any hospital in the four coastal provinces
Cover for healthcare professionals in hospital	200% of the Discovery Health Rate (DHR)		100% of the Discovery Health Rate (DHR)		
Defined list of procedures in a day surgery network	Private day surgery facility in the defined list of network facilities	Private day surgery facility in the defined list of Delta network facilities	Private day surgery facility in the defined list of network facilities	Private day surgery facility in the defined list of Delta network facilities	Private day surgery facility in the defined list of Coastal network facilities

Hospital cover


We cover you in hospital for emergency and planned hospital admissions


There is no overall limit for your hospital cover. This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts).


Hospital cover	
Hospital account	Covered in full at the rate agreed with the hospital
On the Delta options, an upfront payment applies for admissions to hospitals outside of the Delta Hospital Network.	R7 650
An upfront payment applies for a defined list of procedures performed outside of the day surgery network.	Delta: R7 650 Coastal: R5 000
On the Coastal Plan, you must go to a hospital in one of the four coastal provinces for a planned admission. If you use a hospital outside of the coastal region, we will pay up to a maximum of the 70% of the Discovery Health Rate (DHR) for the hospital account.	
Related accounts	
Specialists we have a payment arrangement with	Full cover
Specialists we don't have a payment arrangement with and other healthcare professionals	Classic 200% of the Discovery Health Rate (DHR) Essential and Coastal 100% of the Discovery Health Rate (DHR)
Radiology and pathology	100% of the Discovery Health Rate (DHR)
MRI and CT scans	If related to your admission we pay up to 100% of the DHR from the Hospital Benefit. If not related to your admission or if for conservative back and neck treatment, we do not pay for it.
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	You pay the first R4 550 of the hospital account and we pay the balance of the hospital account and related accounts from the Hospital Benefit. If done in the doctor's rooms, you won't have to pay an amount upfront. We pay the account from the Hospital Benefit. If performed outside of the day surgery network facilities an upfront payment of R7 650 will apply on the Delta options and R5 000 on the Coastal and Core plans.

Hospital cover


Healthcare services with an annual limit


 **Cochlear implants, auditory brain implants and processors**
R223 700 for each person for each benefit


 **Internal nerve stimulators**
R153 600 for each person


 **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 R41 700 applies to each prosthesis.

 **Major joints surgery**
We cover planned hip and knee joint replacements in full when you use a provider in our network. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR) for the hospital account. A limit of R30 000 applies to each prosthesis for each admission. This network will not apply to emergency and trauma-related surgeries.


 **Alcohol and drug rehabilitation**
21 days for each person


 **Spinal surgery**
There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R25 500 applies for the first level and R51 000 for two or more levels, limited to one procedure for each person each year.


 **Mental health**
21 days for admissions or up to 15 out-of-hospital consultations for each person for major affective disorders, anorexia and bulimia, and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma.
21 days for all other mental health admissions. All mental health admissions are covered in full at a network facility. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR) for the hospital account.

 **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, we will pay up to 80% of the Discovery Health Rate (DHR).



Cover for dental treatment in hospital

 **Severe dental and oral surgery**
The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. Certain procedures are covered in our day surgery network. This benefit is subject to authorisation and the Scheme's rules.

 **Other dental treatment in hospital**
You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment.
We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the DHR. On Classic plans, we pay anaesthetists up to 200% of the DHR.

 **Dental limit**
You are responsible for paying the cost of all dental appliances, their placements and orthodontic treatment (including the related accounts for orthognathic surgery).


Amount you need to pay upfront for dental treatment

Hospital		
	Younger than 13	R2 400
	13 and older	R6 200
Day clinic		
	Younger than 13	R1 100
	13 and older	R4 000


Maternity benefits

Cover for maternity and early childhood


These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate. This cover does not affect your day-to-day benefits. Benefits will be activated once your pregnancy profile is created in the Discovery app, on our website at www.discovery.co.za, when you preauthorise your delivery or when you register your baby on the Scheme. These benefits are available per pregnancy per child, up to two years after birth.

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Antenatal consultations


You are covered for eight consultations with your gynaecologist, GP or midwife.
- 

Ultrasound scans and prenatal screening


You are covered for up to two 2D ultrasound scans, including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans. You are also covered for one Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria.
- 

Blood tests


You get cover for a defined basket of blood tests per pregnancy.

- 

Pre- and postnatal care

You have cover for up to five pre- or postnatal classes or consultations, up until two years after birth, with a registered nurse. You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist.
- 




GP and specialist care after birth

Your baby under the age of two years is covered for two visits to a GP, paediatrician or an ear, nose and throat specialist.
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Other healthcare services

You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care, which includes a postnatal consultation, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

Contributions

	 Main member	 Adult	 Child*
Classic	R2 248	R1 772	R900
Classic Delta	R1 799	R1 418	R720
Essential	R1 931	R1 448	R776
Essential Delta	R1 543	R1 161	R620
Coastal	R1 770	R1 330	R704

* We count a maximum of three children when we calculate the monthly contributions.

KeyCare Series

Key benefits

Unlimited hospital cover in our KeyCare hospital networks



Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood

Guaranteed full cover in hospital for specialists on the KeyCare network, and up to 100% of the Discovery Health Rate (DHR) for other healthcare professionals



Unlimited cover for medically appropriate GP consultations, blood tests, X-rays or medicine in our KeyCare networks on the KeyCare Plus and KeyCare Start plans



Essential cover for chronic medicine on the KeyCare medicine list for all Chronic Disease List conditions when you use a designated service provider (DSP).
Cover depends on the plan you choose.

Vitality is not part of Discovery Health Medical Scheme. Vitality is a separate wellness product, sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07, an authorised financial services provider. Visit www.discovery.co.za to find hospitals in our network

KeyCare Series

The KeyCare Series has three health plan options

The three plan options have differences in benefits as indicated below.
All other benefits not mentioned in the table are the same across all three plan options.

	Plus	Core	Start
Full Cover Hospital Network	Unlimited cover in the KeyCare Hospital Network	Unlimited cover in the KeyCare Hospital Network	Unlimited cover in your chosen KeyCare Start Network Hospital
Partial Cover Hospital Network	70% of the Discovery Health Rate (DHR)	70% of the Discovery Health Rate (DHR)	No cover in this network
Defined list of procedures in a day surgery network	Covered in the KeyCare Day Surgery Network	Covered in the KeyCare Day Surgery Network	Covered in the KeyCare Start Day Surgery Network
Day-to-day medical cover	Primary care cover through your chosen KeyCare GP and day-to-day medicine from our medicine list	This plan does not offer day-to-day medical cover	Primary care cover through your chosen KeyCare Start GP and day-to-day medicine from our medicine list
	Private specialist cover up to a limit of R4 050 per person, if referred by your chosen KeyCare Network GP	Private specialist cover up to a limit of R4 050 per person	Two private specialist visits covered up to R2 000 per person, if referred by your chosen KeyCare Start Network GP
Casualty visits	Cover in any casualty unit at one of the KeyCare network hospitals. You have to pay the first R355 of the consultation. Subject to preauthorisation	Casualty visits are not covered	After-hours care at your chosen KeyCare Start GP or network provider
Chronic medicine prescriptions	Your chosen KeyCare GP must dispense your approved chronic medicine or you can get your approved medicine from network pharmacies	Any KeyCare Network GP can prescribe your approved medicine	Your chronic medicine is covered in a state facility
Cancer	We cover treatment only if it is a Prescribed Minimum Benefit. We will allocate you to a network provider	We cover treatment only if it is a Prescribed Minimum Benefit. We will allocate you to a network provider	Your treatment is covered in a state facility
Chronic dialysis	Once you are registered, we will allocate you to a network provider or you can go to a state facility. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR)		You have cover at a provider in a state facility

Visit www.discovery.co.za or click on find a provider in the Discovery app to find hospitals or providers in our network.

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

There is no overall hospital limit. Some healthcare services and procedures have a limit or we may have rules for how these are paid.

This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts).

	Plus	Core	Start
Hospital cover			
Full Cover Hospital Network	We cover you in full at the rate agreed with the hospital.		We cover you in full at your chosen KeyCare Start Network hospital.
	If you do not use your chosen hospital in the networks, you will have to pay all costs. This does not apply in an emergency.		
Partial Cover Hospital Network	We pay up to a maximum of 70% of the hospital account and you must pay the balance of the account. If the admission is a Prescribed Minimum Benefit, we will pay 80% of the Discovery Health Rate (DHR).	We pay up to a maximum of 70% of the hospital account and you must pay the balance of the account. If the admission is a Prescribed Minimum Benefit, we will pay 80% of the Discovery Health Rate (DHR).	No cover in this network
Defined list of procedures in a day surgery network	Private day surgery facility in the KeyCare day surgery network	Private day surgery facility in the KeyCare day surgery network	Private day surgery facility in the KeyCare Start day surgery network
Non-network hospitals	We will not pay the hospital and related accounts if you are admitted to a non-network hospital for a planned admission. If the admission is a Prescribed Minimum Benefit, we will pay 80% of the Discovery Health Rate (DHR).		
Related accounts			
Specialists and healthcare professionals in our network	Full cover	Full cover	Full cover at a contracted provider in your allocated KeyCare Start network hospital. Other providers within your allocated KeyCare Start network hospital is covered at 100% of the DHR.
Specialists and healthcare professionals not in our network	100% of the DHR. If they charge above the DHR you must pay the balance of the account.	100% of the DHR. If they charge above the DHR you must pay the balance of the account.	
Radiology and pathology	100% of the DHR	100% of the DHR	

Healthcare services with an annual limit



Mental health

21 days for admissions or up to 15 out-of-hospital consultations for each person for major affective disorders, anorexia and bulimia, and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma.

21 days for other mental health admissions.

All mental health admissions are covered in full at a network facility. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR) for the hospital account.



Alcohol and drug rehabilitation

21 days for each person



Chronic dialysis

Once you are registered, we will allocate you to a network provider or you can go to a state facility. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR).

On KeyCare Start you have cover at a provider in a state facility.

Care for members on KeyCare with multiple chronic conditions

KeyCare members who are diagnosed with one or more significant chronic conditions may be required to participate in our Member Care Programme. We will contact you if you meet our entry criteria for participation. The programme offers care coordination that will help you manage your condition and get the best quality healthcare. You are covered in full if you are registered on the programme. If you choose not to participate, we will cover hospital and related accounts up to 80% of the DHR.

Maternity benefits

Cover for maternity and early childhood

These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate. Benefits will be activated once your pregnancy profile is created in the Discovery app, on our website at www.discovery.co.za, when you preauthorise your delivery or when you register your baby onto the Scheme. To activate these benefits on KeyCare Start your chosen GP must refer you. These benefits are available per pregnancy per child, up to two years after birth.



Antenatal consultations

You are covered for eight consultations with your gynaecologist, chosen KeyCare or KeyCare Start GP or midwife.



Ultrasound scans and prenatal screening

You are covered for up to two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans. You are also covered for one Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria.



Blood tests

You get cover for a defined basket of blood tests per pregnancy.



Pre- and postnatal care

You have cover for up to five pre- or postnatal classes or consultations, up until two years after birth, with a registered nurse. You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist.



GP and specialist care after birth

Your baby under the age of two years is covered for two visits to your chosen GP, paediatrician or an ear, nose and throat specialist.



Other healthcare services

You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care, which includes a postnatal consultation, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

Day-to-day cover

You have access to the following day-to-day cover on KeyCare Plus and KeyCare Start plans. On KeyCare Start your chosen KeyCare Start GP must refer you and you must use providers in your chosen KeyCare Start network.



Cover for GP visits

You have unlimited cover for medically appropriate GP consultations. When joining, you must choose a GP from the KeyCare or KeyCare Start GP network, depending on the plan you choose. You must go to your chosen GP for us to cover your consultations and some minor procedures. Preauthorisation is required after your 15th GP visit.



Blood, urine and other fluid and tissue tests

We pay for a list of blood, urine and other fluid and tissue tests from a network provider. Your chosen GP must ask for these tests by filling in a KeyCare pathology form.



Day-to-day medicine

We pay for medicine from our medicine list if they are prescribed and/or dispensed by your chosen KeyCare Network GP or chosen KeyCare Start network GP, depending on the plan you choose.



Basic X-rays

We pay for a list of basic X-rays at a network provider. Your chosen GP must ask for the X-rays to be done.



You get out-of-network GP visits

On KeyCare Plus, if you need to see a doctor and your chosen GP is not available, each person on your plan can go to any GP for an out-of-network visit. On KeyCare Start you can go to any KeyCare Network GP for an out-of-network visit. Out-of-network GP visits are limited to four visits per person on KeyCare Plus and two per person on KeyCare Start each year, covered up to the DHR, depending on the plan you choose. We will cover the GP visit, selected blood tests and X-rays, and medicine on our medicine list.



Cover for dentistry

We cover consultations, fillings and tooth removals at a dentist in our dentist network. Certain rules and limits may apply.



Cover for eye care

We cover one eye test for each person, but you must go to an optometrist in the KeyCare Optometry Networks. The optometrist will have a specific range of glasses which you can choose from. You can get a set of contact lenses instead of glasses if you choose to. You can get new glasses or contact lenses every 24 months.



Casualty visits

On KeyCare Plus, you can go to any casualty unit at one of the KeyCare network hospitals. You have to pay the first R355 of the consultation. On KeyCare Start, you can go to your chosen KeyCare Start GP or network provider for after-hours care.



Medical equipment

On KeyCare Plus, we cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg calipers, crutches and walkers on the medical equipment list, if you get them from a network provider. There is an overall limit of R5 400 for each family.



Other types of healthcare

We do not cover other types of healthcare professionals, such as physiotherapists, psychologists, speech therapists, audiologists, homeopaths or chiropractors.



Specialist Benefit

Specialist cover up to R4 050 on KeyCare Plus and KeyCare Core, and up to two visits up to R2 000 on KeyCare Start per person per year. Your chosen GP must refer you to a specialist and you need a reference number from us before your consultation with the specialist. On KeyCare Plus, if you need to see a maxillo-facial surgeon, periodontist, ophthalmologist or a specialist for maternity care, you do not need a referral from your GP or a reference number from us.

Contributions

KeyCare income bands Main member Adult Child*

KeyCare Plus			
13 051+	R2 249	R2 249	R602
0 – 13 050	R1 456	R1 456	R463
KeyCare Core			
13 051+	R1 661	R1 661	R376
0 – 13 050	R1 038	R1 038	R255
KeyCare Start			
13 051+	R2 198	R2 198	R596
9 151 – 13 050	R1 412	R1 412	R551
0 – 9 150	R839	R839	R505

Income verification will be conducted for the lower income bands. Income is considered as: the higher of the main member's or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance in terms of any statutory social assistance programme.

* We count a maximum of three children when we calculate the monthly contributions.

General exclusions

Discovery Health Medical Scheme has certain exclusions. We do not pay for healthcare services related to the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits (PMBs). For a full list of exclusions, please visit www.discovery.co.za

The general exclusion list includes:

- Reconstructive treatment and surgery, including cosmetic procedures and treatments
 - Otoplasty for bat ears, port-wine stains and blepharoplasty (eyelid surgery)
 - Breast reductions or enlargements and gynaecomastia
 - Obesity
 - Frail care
 - Infertility
 - Wilfully self-inflicted illness or injury
 - Alcohol, drug or solvent abuse
 - Wilful and material violation of the law
 - Wilful participation in war, terrorist activity, riot, civil commotion, rebellion or uprising
 - Injuries sustained or healthcare services arising during travel to or in a country at war
 - Experimental, unproven or unregistered treatments or practices
 - Search and rescue
 - 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, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits.

Waiting periods

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

If you had a break in cover of less than 90 days before joining Discovery Health Medical Scheme, you may have access to Prescribed Minimum Benefits during waiting periods.

In addition to the general exclusions that apply to all plans, the Essential Smart and KeyCare plans do not cover the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits.

01 | Hospital admissions related to, among others:

- Dentistry
- Nail disorders
- Skin disorders, including benign growths and lipomas
- Investigations and diagnostic work-ups
- Functional nasal surgery
- Elective caesarean section, except if medically necessary
- Surgery for oesophageal reflux and hiatus hernia
- Back and neck treatment or surgery
- Knee and shoulder surgery (note: arthroscopies are covered on Essential Smart)
- 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, processors and hearing aids)
- Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary
- Endoscopic procedures (note: endoscopic procedures are covered on Essential Smart)

02 | Correction of hallux valgus (bunion) and Tailor's bunion (bunionette)

03 | Removal of varicose veins

04 | Refractive eye surgery

05 | Non-cancerous breast conditions

06 | Healthcare services outside South Africa (note: covered on Essential Smart)



Value-added offers

Exclusive access to value-added offers

Our members have exclusive access to value-added offers outside of the Discovery Health Medical Scheme benefits and rules.



Access to Vitality to get healthier

You have the opportunity to join the world's leading science-based wellness programme, Vitality, which rewards you for getting healthier. Not only is a healthy lifestyle more enjoyable, it is clinically proven that Vitality members live healthier, longer lives.



Savings on stem cell banking and semen cryopreservation

You get access to an exclusive offer with Netcells that gives expectant parents the opportunity to cryogenically store their newborn baby's umbilical cord blood and tissue stem cells and semen preservation for potential future medical use, at a discounted rate.



Savings on personal and family care items

You can sign up for Healthy Care, to get savings on a vast range of personal and family care products at any Clicks or Dis-Chem.

Healthy Care items include a list of baby care, dental care, eye care, foot care, sun care and hand care products, as well as first aid and emergency items and over-the-counter medicine.

Go to www.discovery.co.za to access these value-added offers

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Complaints

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints and we encourage you to follow the process.

01 | To take your query further

If you have already contacted Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations.

02 | To contact the Principal Officer

If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by e-mailing principalofficer@discovery.co.za.

03 | To lodge a dispute

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the website.

04 | To contact the Council for Medical Schemes

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.com | 0861 123 267 | www.medicalschemes.com

