

Discovery
Health Medical Scheme

Member Guide **2018**

Your health is in

GOOD hands



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. Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07, an authorised financial services provider.

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

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

LOVED BY CONSUMERS

SundayTimes top brands winner 2016

Sunday Times TOPBRANDS 2016

INTERNATIONALLY RECOGNISED

In a global study by Deloitte, Discovery Health Medical Scheme has been ranked as one of the top three health insurers in the world since 2008, based on financial security, contribution levels, membership and innovation.

Widest range of plans to choose from

Choose from 23 health plan options which all offer unmatched benefits with unlimited private hospital cover and full cover in our networks

Most affordable contributions

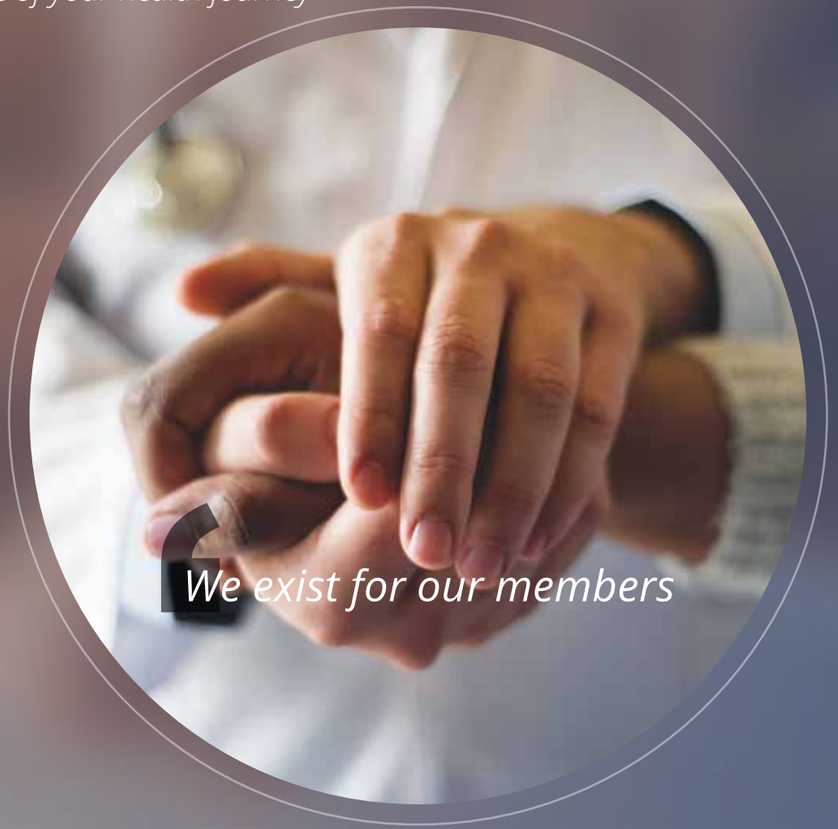
Contributions that are on average 15.1% lower than other South African medical aids

Unique benefits and services

That further enhance your cover

World-class service

To help you whenever you need it



Extensive networks of high quality doctors, hospitals and pharmacies

To ensure you get the best healthcare at the most affordable cost

Access to the most advanced digital health technology

Seamless support for you and your doctors

Access to care programmes and services

To support you when you need it most

Access to the world's leading science-based wellness programme, Vitality

Because it's never too early or too late to get healthy

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.

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Industry-leading digital health **technology** to support you at every stage of your health journey

Manage your healthcare and health plan anywhere, anytime



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

Track your claims and benefits in real time

- Submit and track your claims
- Track your benefits and medical spend
- View approved chronic conditions

Hassle-free hospital admissions

- Plan and authorise hospital admissions
- View information on hospital procedures
- Check in online for hospital admissions at selected hospitals

Order your medicine through MedXpress

- You have full cover with no co-payments for chronic medicine on our medicine list
- You can re-order your chronic medicine when it's convenient for you

Manage your health

- Access your health record and upload your health data
- Give your doctor consent to view your health record on HealthID
- Understand and manage your health risks with MyFamilyHistory
- Access progress dashboards for specific chronic conditions
- Manage your pregnancy and your baby's health
- Find a healthcare professional in our network

Ask Discovery, DrConnect, HealthID, MedXpress, MyFamilyHistory and the Discovery app are brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.
Visit www.discovery.co.za to find pharmacies and providers in our network.

Download key documents when you need them

- Download tax certificates and international travel documents
- Access your digital membership card

Service available when you need it

- Use the Ask Discovery functionality on the website to get any question answered with a click of a button
- As a KeyCare member you can confirm plan benefits from your phone by simply dialling *120*DISCO# or *120*34726#
- As a Smart Plan member use mobile chat for all your service needs

Connect with your doctors

When it's simply not possible to see your doctor, there is trusted advice at your fingertips

Doctor advice. On your device

- Access trusted doctor advice on your device from over 100 000 doctors worldwide, including doctors in SA
- View your health goals and checklists
- Get doctor-created checklists to help you manage your chronic condition and pregnancy
- Connect with your doctor for follow-up consultations using video, voice or text consultation

Connecting you with your doctors anywhere, anytime

Product platform 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

You and your children have access to screening and prevention benefits that cover 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)

When you have spent your annual Medical Savings Account (MSA) allocation, we extend your day-to-day cover through the Day-to-day Extender Benefit (DEB) for essential healthcare services in our network.

Maternity Benefit

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) to empower you to manage your spend.

Use our networks to get full cover and avoid co-payments

Hospitals

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

Doctors

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

Medicine

Use MedXpress, a convenient, cost-effective medicine ordering service or a MedXpress network pharmacy to enjoy full cover and avoid co-payments when claiming for chronic medicine on the medicine list. Alternatively, you can use one of over 2 500 pharmacies in our network. 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 or providers in our network.

MedXpress is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

You get 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.

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 will either have to pay the full amount or a portion of the hospital account.

Discovery HomeCare

Discovery HomeCare is a unique home-based nursing service that offers you quality care in the comfort of your own home when approved by your doctor as an alternative to a hospital stay when appropriate *(see page 22)*

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.

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.

What is an emergency

An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where 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 for additional information to confirm the emergency.

What is the Discovery Health Rate (DHR)

This is a rate set by us at which we pay for healthcare services from hospitals, pharmacies and healthcare professionals

You get extensive cover for chronic conditions

Members living with a chronic illness get the best care at all times through our suite of quality care programmes.

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 (see page 11).

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 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). The CDA does not apply to the Smart and KeyCare plans. On these plans you will have to pay for medicine that is not on the medicine list.

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.

Visit www.discovery.co.za to find out more about chronic medicine and to find a pharmacy network provider or MedXpress network pharmacy.

Chronic conditions we cover on all plans

Chronic Disease List (CDL) conditions	Addison's disease, asthma, bipolar mood disorder, bronchiectasis, cardiac failure, cardiomyopathy, chronic obstructive pulmonary disease, chronic renal disease, coronary artery disease, Crohn's disease, diabetes insipidus, diabetes Type 1, diabetes Type 2, dysrhythmia, epilepsy, glaucoma, haemophilia, HIV, hyperlipidaemia, hypertension, hypothyroidism, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, schizophrenia, systemic lupus erythematosus, ulcerative colitis

Additional chronic conditions we cover on Executive and Comprehensive plans

Additional Disease List (ADL) conditions	Ankylosing spondylitis, Behçet's disease, cystic fibrosis, delusional disorder, dermatopolymyositis, generalised anxiety disorder, Huntington's disease, major depression, muscular dystrophy and other inherited myopathies, myasthenia gravis, obsessive compulsive disorder, osteoporosis, isolated growth hormone deficiency, motor neuron disease, Paget's disease, panic disorder, polyarteritis nodosa, post-traumatic stress disorder, psoriatic arthritis, pulmonary intestinal fibrosis, Sjögren's syndrome, systemic sclerosis, Wegener's granulomatosis

Where to get your medicine

Designated service providers (DSP) for the plans listed below

Avoid a 20% co-payment by using these DSPs:

Delta options and Core plans

MedXpress or MedXpress network pharmacies

Smart plans

MedXpress, Clicks or Dis-Chem

KeyCare plans

You must use a network Pharmacy or your allocated GP

Over 2 500 pharmacies

On other plans, you can use any pharmacy in our pharmacy network.

MedXpress

Get your monthly medicine through MedXpress, a convenient ordering and delivery service, or collect at a network pharmacy. Where we refer to MedXpress, it includes any MedXpress network pharmacy. For the Smart Series, MedXpress network pharmacies do not apply.

MedXpress is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

You have access to **patient management programmes** to get the best care



Diabetes*Care* and HIV*Care*

Our DiabetesCare and HIVCare programmes, together with your Premier Plus GP, will help you manage your specific chronic conditions. A Premier Plus GP is a network GP who has contracted with us to provide you with high quality healthcare for your condition.

DiabetesCare and HIVCare help you better manage your condition

These programmes give you and your Premier Plus GP access to various tools to monitor and manage your condition and to ensure you get high-quality coordinated healthcare and the best outcomes

You and your GP can track progress on a personalised dashboard displaying your unique management score for your condition. This helps to identify the next steps to optimally manage your condition and stay healthy over time.

The DiabetesCare programme also unlocks cover for additional services from dietitians and biokineticists. Any member registered on the Chronic Illness Benefit for diabetes can join the DiabetesCare programme.

When you register for our HIVCare 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 need to get your medicine from a Designated Service Provider (DSP) to avoid a 20% co-payment.

If you are on a Priority, Saver, Smart, Core or KeyCare plan, you have to use a Premier Plus GP to manage your condition to avoid a 20% co-payment.

Compassionate*Care*

The CompassionateCare Benefit gives you access to holistic home-based end-of-life care up to R40 450 on KeyCare plans and R57 000 on all other plans for each person in their lifetime.

Visit www.discovery.co.za to find a GP and to get more information on these patient management programmes.

Oncology*Care*

We cover the first part of your approved cancer treatment over a 12-month cycle in full.

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, you will need to pay 20% of the subsequent additional costs. Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full.

If you are diagnosed with cancer and once we have approved your cancer treatment, you are covered by the OncologyCare Programme

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.

For KeyCare plans we cover cancer treatment, if it is a PMB, in our network or at a state facility. If you choose to use any other provider, we will only cover 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.

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 only cover hospital and related accounts up to 80% of the DHR.

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:

- *Rapid HbA1c glucose test*
- *Lipogram cholesterol test*
- *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 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 at a network provider.

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 payments in the Smart Network.

The KeyCare Plus and Access plans offer primary care cover through your chosen GP and day-to-day medicine from our medicine list.

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 get comprehensive maternity and post-birth benefits

During your pregnancy

Antenatal consultations

You are covered for up to 12 visits at your gynaecologist, GP or midwife, based on the plan you choose

Ultrasound scans and prenatal screening

You are covered for up to two ultrasound scans and one nuchal translucency or Non-Invasive Prenatal Test (NIPT)

Blood tests

A defined basket of blood tests per pregnancy are included in the maternity benefit

Private ward

You have cover for up to R1 880 per day in a private ward for your delivery in hospital, on the Executive and Comprehensive plans

Essential registered devices

Executive and Comprehensive plans have cover for up to R5 000 for essential registered devices e.g. breast pumps and smart thermometers, with a co-payment of 25%



Antenatal classes or consultations with a nurse

You are covered for up to five pre- or postnatal classes or consultations with a registered nurse.

For two years after birth

GP and specialist visits

Your baby is covered for up to two visits with a GP, paediatrician or an ENT. Cover depends on the plan you choose

Six week consultation

You are covered for one six week post-birth consultation with a midwife, GP or gynaecologist

Nutrition assessment

You are covered for one nutrition assessment with a dietitian

Mental health

You are covered for up to two mental health consultations with a counsellor or psychologist

Lactation consultation

You are covered for one lactation consultation with a registered nurse or lactation specialist

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 and depends on the plan you choose. Benefits will be activated when your pregnancy profile is created in the Discovery app, on our website www.discovery.co.za, when you preauthorise your delivery or when you register your baby onto the Scheme. These benefits are available from 2018 per pregnancy per child up to two years after birth.



You also get 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 of up to 1 million US Dollars on the Executive Plan and R5 million on other plans for each person on each journey for emergency medical costs 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.

Home-based care

Discovery HomeCare is a unique home-based service that offers you quality care in the comfort of your own home, 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.

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.

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.

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.

Unique access to DNA sequencing and non-invasive prenatal testing

You have cover for the latest DNA analysis. We will cover the full cost of the test from your available day-to-day benefits and accumulate and pay 50% of the cost from the Above Threshold Benefit (ATB), where applicable.

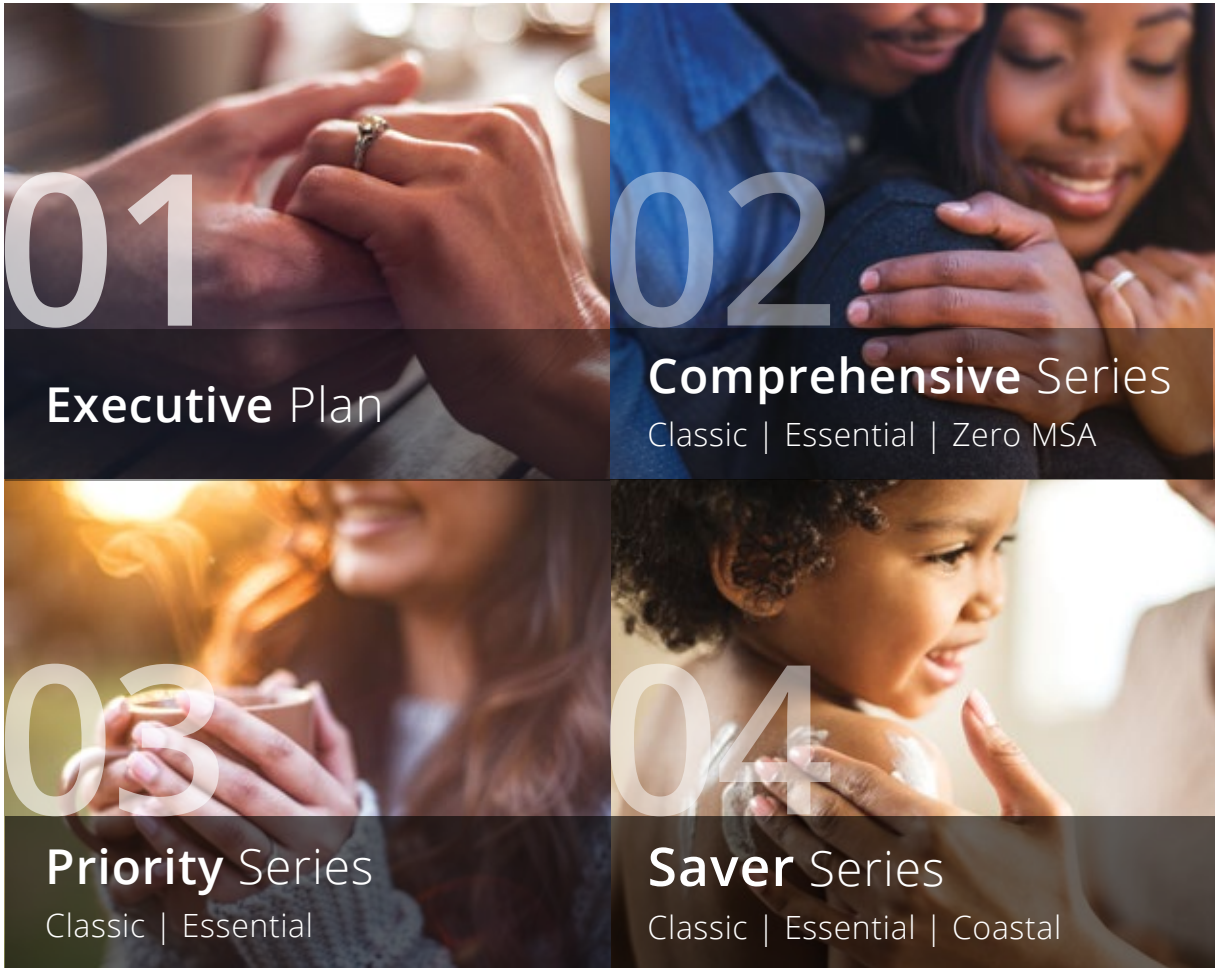
For expecting mothers who meet the Scheme's clinical entry criteria, we will cover non-invasive prenatal screening from your available maternity benefits at the agreed rate.

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

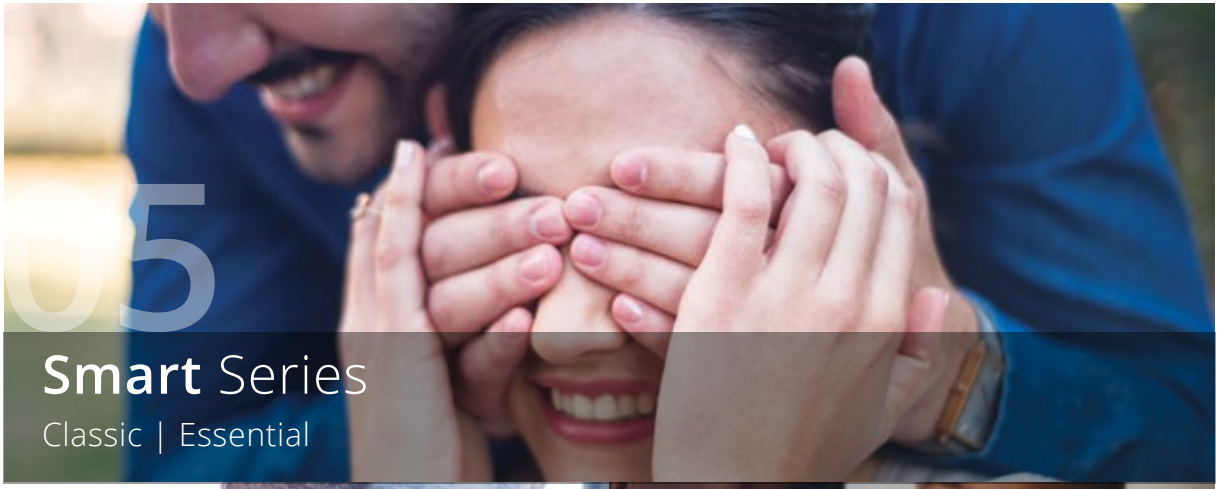
Frames and lenses are brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Visit www.discovery.co.za to find a provider on the Discovery optometry network.

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.



Includes Delta network options on the Comprehensive, Saver and Core Series.


05
Smart Series
Classic | Essential


06
Core Series
Classic | Essential | Coastal
07
KeyCare Series
Plus | Access | Core



01 Executive Plan

Key features

Benefits available on the Executive Plan



Unlimited cover in any private hospital, including private ward cover

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

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

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

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

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 1 million US Dollars for medical emergencies when travelling outside of South Africa

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

Unique access to DNA sequencing

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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 880 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 Discovery Health Rate (DHR)
GPs and other healthcare professionals	200% of the DHR
MRI and CT scans	100% of the DHR
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

R214 500 for each person for each benefit



Internal nerve stimulators

R147 300 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 R40 000 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



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 for the first level and R51 000 for two or more levels applies, 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 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.

Visit www.discovery.co.za to find providers in our network.

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 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 DHR from your day-to-day benefits, up to an annual limit of R26 200 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 200
	13 and older	R5 650
Day clinic		
	Younger than 13	R1 000
	13 and older	R3 650

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 and depends on the plan you choose. Benefits will be activated when your pregnancy profile is created in the Discovery app, on our website www.discovery.co.za, when you preauthorise your delivery or when you register your baby onto the Scheme. These benefits are available from 2018 per pregnancy per child up to two years after birth.



Antenatal consultations

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



Prenatal screening

You are covered for one nuchal translucency or Non Invasive Prenatal Testing (NIPT) screening.



Ultrasound scans

You are covered for up to two 2D ultrasound scans. 3D and 4D scans are paid up to the rate we pay for 2D scans.



Blood tests

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 880 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 lactation consultation with a registered nurse or lactation 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 ENT.



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 MSA, DEB or 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 Above Threshold Benefit (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)	R21 200	R25 500	R29 800	R35 800
Dental appliances and orthodontic treatment*	R26 200 for each person			
Antenatal classes	R1 670 for your family			

Medicine	Single member	One dependant	Two dependants	Three or more dependants
Prescribed medicine* **(schedule 3 and above)**	R35 400	R41 500	R47 500	R53 600
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)	R7 300 for each person
External medical items* (eg. wheelchairs, crutches and prostheses)	R58 800 for your family
Hearing aids	R23 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	R5 950	R5 950	R1 134
Annual Medical Savings Account amounts**	R17 844	R17 844	R3 396
Annual Threshold amounts**	R20 350	R20 350	R3 850

** 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.*



02

Comprehensive Plan

Key features

Benefits available on the Comprehensive Series



- Unlimited private hospital cover
- 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
- Full cover for chronic medicine for all Chronic Disease List (CDL) conditions plus some additional chronic conditions
- A high savings account and an unlimited Above Threshold Benefit (ATB) for your day-to-day healthcare needs
- Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood
- Access to specialised, advanced medical care in South Africa and abroad
- Cover for medical emergencies when travelling
- 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
- Unique access to DNA sequencing

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.

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 the Discovery Health Rate (DHR)
MRI and CT scans If not related to your admission or if for conservative back or neck treatment	We pay the first R2 750 from your day-to-day benefits and the balance from your Hospital Benefit, up to 100% of the DHR				Covered at 100% of the DHR once you reach your Annual Threshold
Day-to-day benefits					
Medical Savings Account	25% of your monthly contribution goes into your Medical Savings Account		15% of your monthly contribution goes into your Medical Savings Account		Not available on this plan
Day-to-day Extender Benefit	▪ Face-to-face and virtual GP consultations ▪ Kids casualty visits		Face-to-face and virtual GP consultations		Not available on this plan
MRI and CT scans	We pay the first R2 750 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
Day-to-day limits	Some day-to-day healthcare services have limits. These limits apply to claims paid from your Medical Savings Account (MSA), Day-to-day Extender Benefit (DEB) (where applicable), claims paid from your pocket and Above Threshold Benefit. These are not separate benefits.				
Designated network for chronic medicines	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist.	You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress, a 20% co-payment applies.	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist.	You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress, a 20% co-payment applies.	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist.

Visit **www.discovery.co.za** to find providers in our network.

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 DHR from the Hospital Benefit. If not related to your admission, or for conservative back and neck treatment, we pay the first R2 750 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 400 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

R214 500 for each person for each benefit



Internal nerve stimulators

R147 300 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 R40 000 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 for the first level and R51 000 for two or more levels applies, 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 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. 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 DHR. On Classic plans, we pay anaesthetists up to 200% of the DHR.

For members 13 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 DHR from your day-to-day benefits, up to an annual limit of R26 200 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 200
13 and older	R5 650

Day clinic

Younger than 13	R1 000
13 and older	R3 650

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 and depends on the plan you choose. Benefits will be activated when your pregnancy profile is created in the Discovery app, on our website www.discovery.co.za, when you preauthorise your delivery or when you register your baby onto the Scheme. These benefits are available from 2018 per pregnancy per child up to two years after birth.



Antenatal consultations

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



Prenatal screening

You are covered for one nuchal translucency or Non Invasive Prenatal Testing (NIPT) screening.



Ultrasound scans

You are covered for up to two 2D ultrasound scans. 3D and 4D scans are paid up to the rate we pay for 2D scans.



Blood tests

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 880 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 lactation consultation with a registered nurse or lactation 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 ENT.



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 MSA, DEB or 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 Above Threshold Benefit (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	R16 950	R23 000	R28 050	R32 500
Essential	R10 200	R14 450	R18 700	R22 100
Dental appliances and orthodontic treatment*	R26 200 for each person			
Antenatal classes	R1 670 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.*

Comprehensive Series

Medicine	Single member	One dependant	Two dependants	Three or more dependants
Prescribed medicine* (schedule 3 and above)				
Classic	R28 850	R33 900	R39 350	R44 900
Essential	R18 600	R22 600	R27 200	R29 700
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.			

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 000 for each person	
External medical items* (eg. wheelchairs, crutches and prostheses)	**Classic**	R58 800 for your family
	Essential	R39 400 for your family
Hearing aids	**Classic**	R23 700 for your family
	Essential	R19 000 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	R4 882	R4 618	R974
	Classic Delta	R4 398	R4 162	R874
	Classic Zero MSA	R3 662	R3 464	R731
	Essential	R4 102	R3 881	R825
	Essential Delta	R3 694	R3 490	R742
Annual Medical Savings Account amounts**				
	Classic	R14 640	R13 848	R2 916
	Classic Delta	R13 188	R12 480	R2 616
	Classic Zero MSA	No Medical Savings Account		
	Essential	R7 380	R6 984	R1 476
	Essential Delta	R6 648	R6 276	R1 332
Annual Threshold amounts**				
	All Plans	R16 790	R16 790	R3 200

* *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.*





03

Priority Series

Key features

Benefits available on the Priority Series



Unlimited cover in any private hospital

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

Full cover for chronic medicine for all Chronic Disease List conditions

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

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

Cover for medical emergencies when travelling

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

Unique access to DNA sequencing

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.

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)
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 teatment, you have to pay the first R3 050 of the hospital account and we pay the first R2 750 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.	
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	You must pay the first R3 900 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.	
Day-to-day benefits		
Medical Savings Account	25% of your monthly contribution goes into your Medical Savings Account	15% of your monthly contribution goes into your Medical Savings Account
Day-to-day Extender Benefit Provides access to certain healthcare services once your yearly allocated MSA is used up	▪ Face-to-face and virtual GP consultations ▪ Kids casualty visits	▪ Face-to-face and virtual 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

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 050	Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation	R7 300
Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, cystoscopy	R3 900	Nissen fundoplication (reflux surgery), spinal surgery (back and neck), joint replacements	R15 000

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. Please call us beforehand to confirm your benefits.

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

R214 500 for each person for each benefit

Internal nerve stimulators

R147 300 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 R40 000 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 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 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.

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 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. 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 ageand 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 DHR. On the Classic Plan, we pay anaesthetists up to 200% of the DHR.

For members 13 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 DHR from your day-to-day benefits, up to an annual limit of R16 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. The overall Above Threshold Benefit (ATB) limit applies.

Amount you need to pay upfront for dental treatment

Hospital

Younger than 13	R2 200
13 and older	R5 650

Day clinic

Younger than 13	R1 000
13 and older	R3 650

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 and depends on the plan you choose. Benefits will be activated when your pregnancy profile is created in the Discovery app, on our website www.discovery.co.za, when you preauthorise your delivery or when you register your baby onto the Scheme. These benefits are available from 2018 per pregnancy per child up to two years after birth.



Antenatal consultations

You are covered for up to eight consultations at your gynaecologist, GP or midwife.



Prenatal screening

You are covered for one nuchal translucency or Non-Invasive Prenatal Testing (NIPT) screening.



Ultrasound scans

You are covered for up to two 2D ultrasound scans. 3D and 4D scans are paid at the rate we pay for 2D scans.



Blood tests

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 lactation consultation with a registered nurse or lactation 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 ENT.



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 MSA, DEB or limited 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 Above Threshold Benefit (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 limited ATB. We pay day-to-day benefits up to the Above Threshold Benefit 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	R10 200	R14 450	R18 700	R22 100
Essential	R6 750	R10 200	R12 700	R15 300
Dental appliances and orthodontic treatment*	R16 300 for each person			
Antenatal classes	R1 670 for your family			

Medicine	Single member	One dependant	Two dependants	Three or more dependants
Prescribed medicine* (schedule 3 and above)				
Classic	R18 600	R22 600	R27 200	R29 700
Essential	R13 250	R15 700	R18 550	R22 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)	R4 550 for each person	
External medical items* (eg. wheelchairs, crutches and prostheses)	Classic	R39 400 for your family
	Essential	R26 450 for your family
Hearing aids	Classic	R19 000 for your family
	Essential	R13 500 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 214	R2 534	R1 286
	Essential	R2 763	R2 172	R1 103
Annual Medical Savings Account amounts**				
	Classic	R9 636	R7 596	R3 852
	Essential	R4 968	R3 900	R1 980
Annual Threshold amounts**				
	All plans	R14 240	R10 670	R4 660
Limited Above Threshold Benefit amount**				
	All plans	R12 080	R8 610	R4 170

* *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.*





04 Saver Series

Key features

Benefits available on the Saver Series



- 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
- Full cover for chronic medicine for all Chronic Disease List conditions
- A savings account for your day-to-day healthcare needs
- Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood
- Cover for medical emergencies when travelling
- 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
- Unique access to DNA sequencing

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.

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
Cover for healthcare professionals in hospital	200% of the Discovery Health Rate (DHR)		100% of the Discovery Health Rate (DHR)		
Designated network for chronic medicine					
Saver	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist.	You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress, a 20% co-payment applies.	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist.	You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress, a 20% co-payment applies.	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist.
Day-to-day benefits					
Medical Savings Account	25% of your monthly contribution goes into your Medical Savings Account		15% of your monthly contribution goes into your Medical Savings Account		20% of your monthly contribution goes into your Medical Savings Account
Day-to-day Extender Benefit Provides access to certain healthcare services once your yearly allocated MSA is used up	▪ Face-to-face and virtual GP consultations ▪ Kids casualty visits		Face-to-face and virtual GP consultations subject to certain limits		

Visit **www.discovery.co.za** 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 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
On the Coastal Plan you must go to a hospital in 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 750 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 200 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

R214 500 for each person for each benefit



Internal nerve stimulators

R147 300 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 R40 000 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 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 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.



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 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. 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 DHR. On Classic plans, we pay anaesthetists up to 200% of the DHR.

For members 13 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 200
13 and older	R5 650

Day clinic

Younger than 13	R1 000
13 and older	R3 650

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 and depends on the plan you choose. Benefits will be activated when your pregnancy profile is created in the Discovery app, on our website www.discovery.co.za, when you preauthorise your delivery or when you register your baby onto the Scheme. These benefits are available from 2018 per pregnancy per child up to two years after birth.



Antenatal consultations

You are covered for up to eight consultations at your gynaecologist, GP or midwife.



Prenatal screening

You are covered for one nuchal translucency or Non-Invasive Prenatal Testing (NIPT) screening.



Ultrasound scans

You are covered for up to two 2D ultrasound scans. 3D and 4D scans are paid at the rate we pay for 2D scans.



Blood tests

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 lactation consultation with a registered nurse or lactation 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 ENT.



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 MSA

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 runs out.



GP consultations

We cover your face-to-face and virtual 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	R2 773	R2 186	R1 110
	Classic Delta	R2 214	R1 749	R890
	Essential	R2 203	R1 652	R883
	Essential Delta	R1 758	R1 325	R705
	Coastal	R2 160	R1 621	R870
Annual Medical Savings Account amounts**				
	Classic	R8 316	R6 552	R3 324
	Classic Delta	R6 636	R5 244	R2 664
	Essential	R3 960	R2 964	R1 584
	Essential Delta	R3 156	R2 376	R1 260
	Coastal	R5 184	R3 888	R2 088

* *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.*





05

Smart Series

Key features

Benefits available on the Smart Series



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

- Unlimited private hospital cover in the Smart Hospital Network
- 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
- Full cover for chronic medicine for all Chronic Disease List conditions on our medicine list when you use MedXpress, Clicks or Dis-Chem
- Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood
- Day-to-day cover for your GP consultations, acute and cover for over-the-counter (OTC) medicine, eye and dental check-up and sports-related injuries, with fixed co-payments and/or limits. This cover depends on the plan you choose.
- Complete control of your plan at your fingertips, using the Discovery app
- 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.

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	If not related to your admission or if for conservative back or neck treatment, you will have to pay the first R2 750 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
	Day-to-day benefits	
Day-to-day benefits	▪ Unlimited Smart network GP consultations, with a R50 payment for each consultation ▪ One eye test at a network optometrist with a R50 payment for the test. Covered up to 100% of the DHR ▪ One defined dental check-up at any dentist with a R100 payment for the check-up. Covered up to 100% of the DHR ▪ Cover for defined acute medicine categories when prescribed by your network GP, with a R10 payment for each medicine item ▪ Cover for over-the-counter (OTC) medicine obtained from a network pharmacy, up to an annual limit of R600 per family per year ▪ Cover for sports-related injuries: basic X-rays, two specialist visits and a total of four visits to either 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	▪ Unlimited Smart Network GP consultations, with a R100 payment for each consultation ▪ One eye test at a network optometrist, with a R100 payment for the test. Covered up to 100% of the DHR ▪ One defined dental check-up at any dentist, with a R150 payment for the check-up. Covered up to 100% of the DHR ▪ Cover for over-the-counter (OTC) medicines obtained from a network pharmacy, up to an annual limit of R400 per family per year

The categories of medicine we cover can be found on www.discovery.co.za.

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	
Upfront payments for planned admissions outside of the Smart Plan Hospital 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** I 200% of the Discovery Health Rate (DHR) **Essential** I 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 750 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 200 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. We pay the account from the Hospital Benefit.	

Hospital cover

Healthcare services with an annual limit

Cochlear implants, auditory brain implants and processors

R214 500 for each person for each benefit. Available on Classic only.

Internal nerve stimulators

R147 300 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 R40 000 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 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 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

We cover these expenses in full if we have approved your treatment plan and you use a provider in our network.

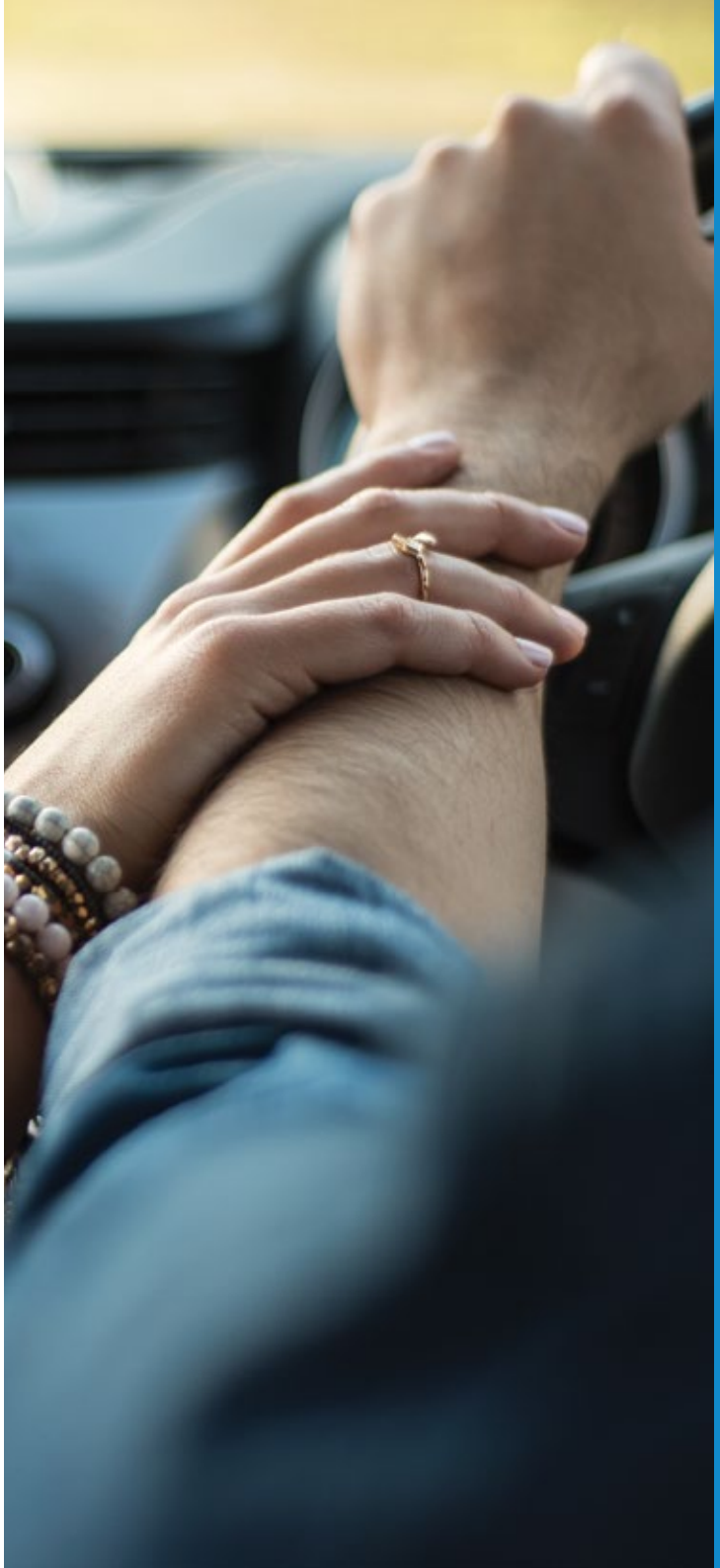
If you go elsewhere, we will pay up to 80% of the DHR.

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 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.



Hospital cover

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 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 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 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 200
13 and older	R5 650

Day clinic	
Younger than 13	R1 000
13 and older	R3 650

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 and depends on the plan you choose. Benefits will be activated when your pregnancy profile is created in the Discovery app, on our website www.discovery.co.za, when you preauthorise your delivery or when you register your baby onto the Scheme. These benefits are available from 2018 per pregnancy per child up to two years after birth.



Antenatal consultations

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



Prenatal screening

You are covered for one nuchal translucency or Non-Invasive Prenatal Testing (NIPT) screening.



Ultrasound scans

You are covered for up to two 2D ultrasound scans. 3D and 4D scans are paid at the rate we pay for 2D scans.



Blood tests

A defined basket of blood tests per pregnancy.



Pre- and postnatal care

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



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 day-to-day cover

Cover for GP visits

You get unlimited GP consultations when visiting a GP in the Smart GP Network. You will 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).

Virtual consultations with your Smart 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, with a payment of R50 on Classic and R100 on Essential.

Cover for dentistry

You can go for one defined dental check-up at any dentist, with a payment of R100 on Classic and R150 on Essential with the balance of this fee covered up to the DHR.

Cover for day-to-day 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.

You get cover for over-the-counter (OTC) medicines obtained from a network pharmacy, up to a limit of R600 on Classic and R400 on Essential, per family per year.

The categories of medicine we cover can be found on **www.discovery.co.za**

Cover for sports injuries

On Classic, we cover basic X-rays, two specialist visits and a total of four visits to either a physiotherapist, biokineticist or chiropractor when related to a sports injury and 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 DHR for these visits and specialists who we don't have a payment arrangement with.

MRI and CT scans

On Classic, you must pay the first R2 750 of MRI or CT scan. We cover the balance of the scan from your Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules and limits may apply.

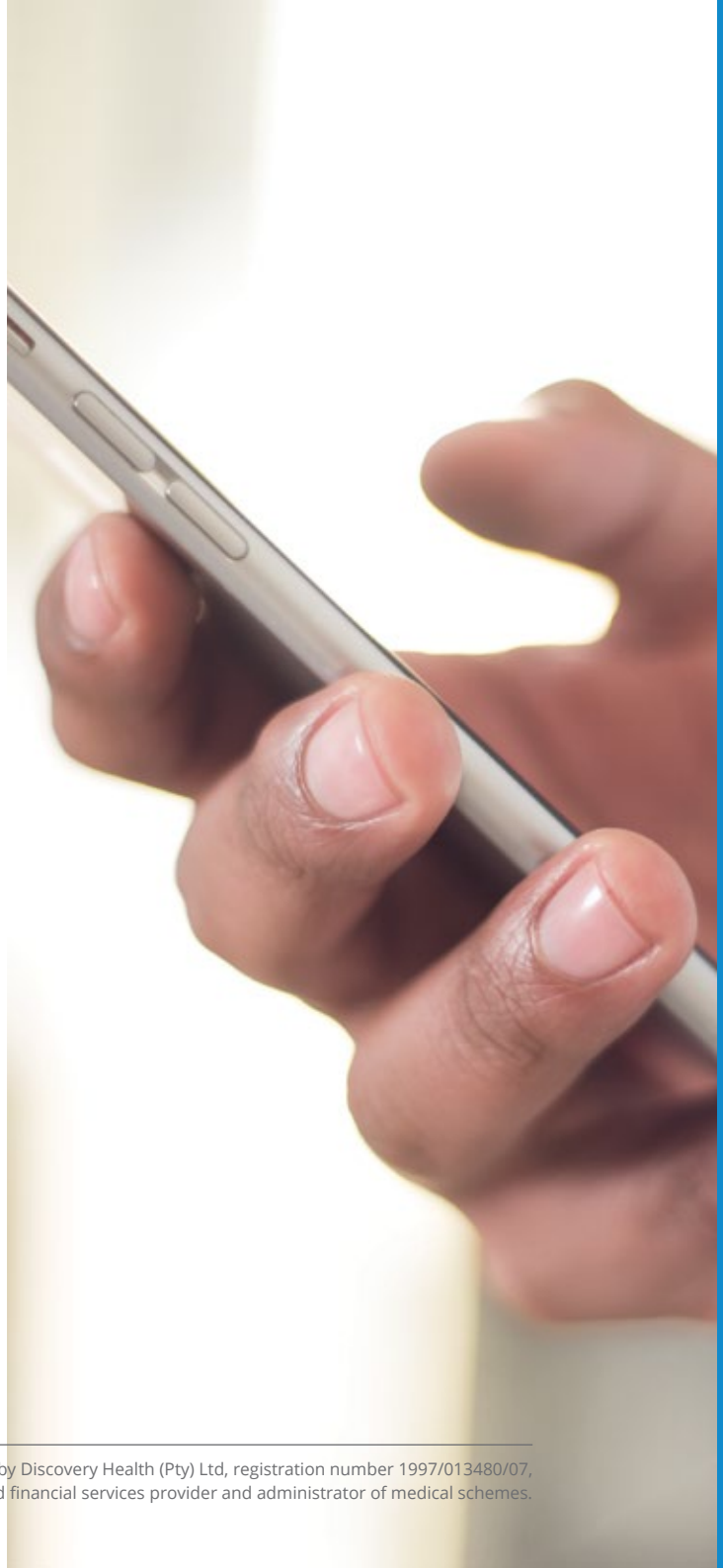
Contributions

	Main member	Adult	Child*
Classic	R1 647	R1 298	R658
Essential	R1 180	R1 180	R1 180

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

The Smart Series has an innovative, fully digital platform

- Find a GP near you
- Consult with your GP virtually using video, voice or text messaging
- 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



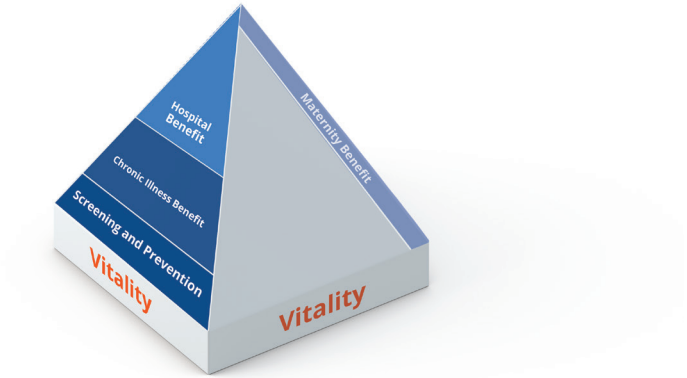
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06 Core Series

Key features

Benefits available on the Core Series



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

Full cover for chronic medicine for all Chronic Disease List conditions. You have to use MedXpress or MedXpress network pharmacies.

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

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.

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)		

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
On the Coastal Plan you must go to a hospital in 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 200 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.

Hospital cover

Healthcare services with an annual limit



Cochlear implants, auditory brain implants and processors

R214 500 for each person for each benefit



Internal nerve stimulators

R147 300 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 R40 000 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 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 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.



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 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. 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 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 200
	13 and older	R5 650
Day clinic		
	Younger than 13	R1 000
	13 and older	R3 650

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 and depends on the plan you choose. Benefits will be activated when your pregnancy profile is created in the Discovery app, on our website www.discovery.co.za, when you preauthorise your delivery or when you register your baby onto the Scheme. These benefits are available from 2018 per pregnancy per child up to two years after birth.



Antenatal consultations

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



Prenatal screening

You are covered for one nuchal translucency or Non-Invasive Prenatal Testing (NIPT) screening.



Ultrasound scans

You are covered for up to two 2D ultrasound scans. 3D and 4D scans are paid at the rate we pay for 2D scans.



Blood tests

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 lactation consultation with a registered nurse or lactation 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 ENT.



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 064	R1 626	R826
Classic Delta	R1 652	R1 301	R660
Essential	R1 773	R1 329	R712
Essential Delta	R1 417	R1 065	R569
Coastal	R1 610	R1 209	R641

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



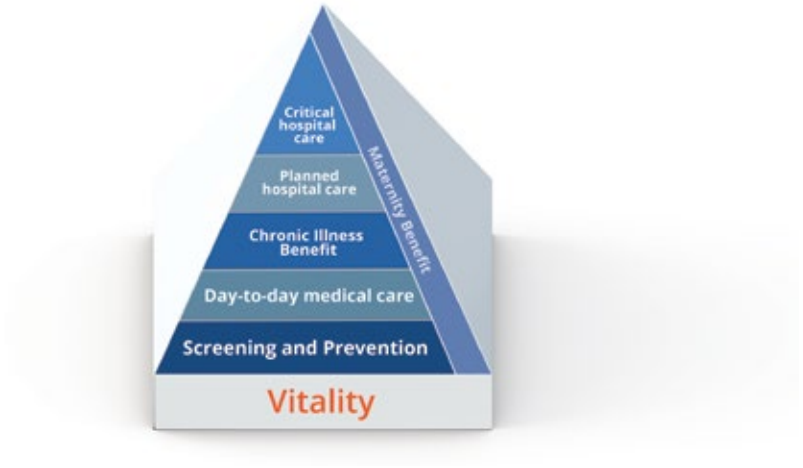


07

KeyCare Series

Key features

Benefits available on the KeyCare Series



Unlimited hospital cover in our KeyCare hospital networks

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

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

Essential cover for chronic medicine on the KeyCare medicine list for all Chronic Disease List conditions

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

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

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	Access	Core
Hospitals Full cover in the Full Cover Hospital Network, and up to 70% of the DHR in the Partial Cover Hospital Network	Unlimited cover in the KeyCare Hospital Network. There is a list of procedures that are covered in the KeyCare day surgery network	Unlimited cover for emergencies and trauma in the KeyCare network of private hospitals. Childbirth and care for your newborn covered in the KeyCare Access network. Other conditions are covered in a contracted network of state facilities	Unlimited cover in the KeyCare Hospital Network. There is a list of procedures that are covered in the KeyCare day surgery network
Day-to-day medical cover	Primary care cover through your chosen GP and day-to-day medicine from our medicine list		This plan does not offer day-to-day medical cover
	Private specialist cover up to a limit of R3 860 for each person	Private specialist cover up to R3 860 for emergencies, trauma, childbirth and cover for your baby up to 12 months after childbirth	Private specialist cover up to a limit of R3 860 for each person
Casualty visits	Cover in any casualty unit at one of the KeyCare network hospitals. You have to pay the first R325 of the consultation. Subject to preauthorisation	Other than for emergencies and trauma, you have cover in any casualty unit at one of the KeyCare Access hospitals and KeyCare network hospitals once a year. You have to pay the first R325 of the consultation. Subject to preauthorisation	Casualty visits are not covered
Chronic medicines prescriptions	Your chosen KeyCare GP must dispense your approved chronic medicine or you can get your approved medicine from network pharmacies		Any GP can prescribe your approved medicine
Cancer	We cover treatment only if it is a Prescribed Minimum Benefit. We will allocate you to a network provider	We cover treatment if it is a Prescribed Minimum Benefit in a state facility	We cover treatment only if it is a Prescribed Minimum Benefit. We will allocate you to a network provider

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	Access	Core
Hospital cover			
Full Cover Hospital Network	We cover you in full at the rate agreed with the hospital. On KeyCare Access cover is limited to emergencies and trauma. We also cover you in full in the KeyCare Access network for childbirth and care for your newborn.		
Partial Cover Hospital Network	We pay up to a maximum of 70% of the hospital account, 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). On KeyCare Access cover is limited to emergencies and trauma.		
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		
Specialists and healthcare professionals not in our network	100% of the Discovery Health Rate (DHR). If they charge above the DHR you must pay the balance of the account		
Radiology and pathology	100% of the Discovery Health Rate (DHR)		

On KeyCare Core and KeyCare Plus, we cover these procedures in our day surgery network:

- Adenoidectomy
- Arthrocentesis (joint injection)
- Cataract surgery
- Cautery of vulva warts
- Circumcision
- Colonoscopy
- Cystourethroscopy
- Diagnostic D&C
- Gastroscopy
- Hysteroscopy
- Myringotomy
- Myringotomy with intubation (grommets)
- Prostate biopsy
- Proctoscopy
- Removal of pins and plates
- Sigmoidoscopy
- Simple nasal procedure for nose bleeding (nasal plugging and nasal cautery)
- Tonsillectomy
- Treatment of Bartholin's cyst/abscess
- Vasectomy
- Vulva/cone biopsy

On KeyCare Access we cover the following traumas in our network of private hospitals:

- Injuries at work
- Burns
- Injuries from a crime
- Sexual assault
- Injuries from a car accident
- Injuries from a fall
- The loss of an arm, hand, leg or foot
- Near-drowning
- Head injuries
- Poisoning or a serious allergic reaction that may cause death

Care for your baby after childbirth on KeyCare Access

This benefit covers babies that are registered on the Scheme from their date of birth when born to a parent registered on the Scheme. It covers approved hospital admissions in our network of private hospitals for the baby for 12 months from the baby's date of birth.

Babies not added to the Scheme from their date of birth will be covered in our contracted network of state facilities.

Healthcare services with an annual limit



Mental health

KeyCare Plus and KeyCare Core

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 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.

KeyCare Access

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 PMB mental health admissions.

All mental admissions are covered in full at a contracted network of state facilities. If you go elsewhere, we will pay up to 80% of the DHR for the hospital account.



Alcohol and drug rehabilitation

KeyCare Plus and KeyCare Core
21 days for each person

KeyCare Access
21 days for each person in our contracted network of state facilities



Cataract surgery

KeyCare Plus and KeyCare Core

We cover cataract surgery as long as we have approved your treatment at a doctor and facility in our network for cataract surgery.

KeyCare Access

Covered in our contracted network of state facilities



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 DHR.

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 and depends on the plan you choose. Benefits will be activated when your pregnancy profile is created in the Discovery app, on our website www.discovery.co.za, when you preauthorise your delivery or when you register your baby onto the Scheme. These benefits are available from 2018 per pregnancy per child up to two years after birth.



Antenatal consultations

You are covered for eight consultations at your gynaecologist, chosen GP or midwife.



Prenatal screening

You are covered for one nuchal translucency or Non-Invasive Prenatal Testing (NIPT) screening.



Ultrasound scans

You are covered for up to two 2D ultrasound scans. 3D and 4D scans are paid at the rate we pay for 2D scans.



Blood tests

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 lactation consultation with a registered nurse or lactation 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 ENT.

On KeyCare Access specialist cover is subject to your baby being born onto the Scheme and up to 12 months after birth.



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

Applicable to KeyCare Plus and KeyCare Access plans

Cover for GP visits

You have unlimited cover for medically appropriate GP consultations. When joining, you must choose a GP from the KeyCare GP Network. 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. 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 by your chosen KeyCare network GP.

You get four out-of-network GP visits

If you need to see a doctor and your chosen GP from our network is not available for you to see, each person on your plan can go to any GP with a limit of four out-of-network GP visits each year, covered up to the DHR. We will cover the GP visit, with 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 Network. 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.

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.

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 R325 of the consultation. On KeyCare Access, other than for emergencies and trauma, each person can go to casualty at one of the KeyCare network hospitals once a year. You have to pay the first R325 of the consultation. Subject to preauthorisation.

Medical equipment

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

All plans have specialist cover-up to R3 860 per person per year. Your GP must refer you to a specialist and you need a reference number from us before your consultation with the specialist. 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.

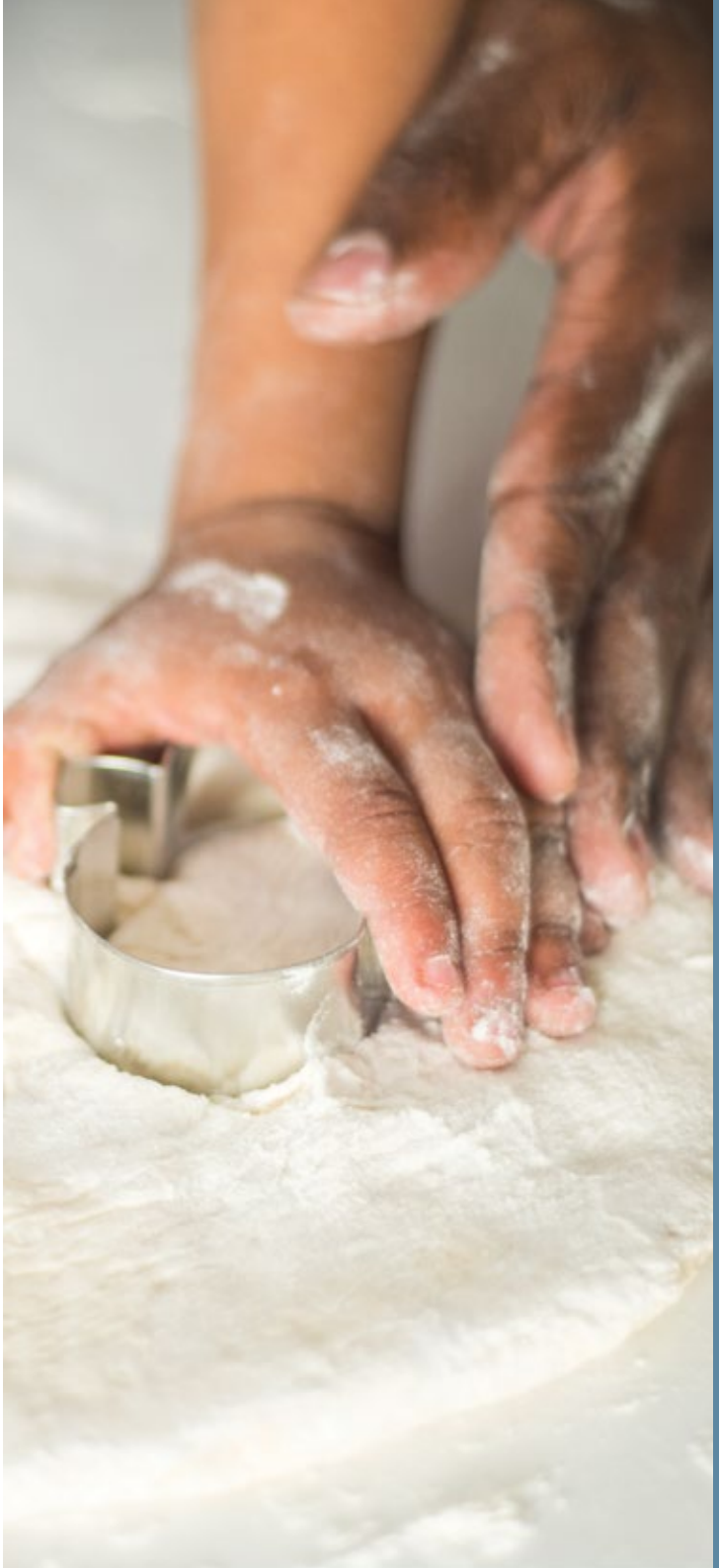
The KeyCare Access Plan covers specialist visits in our network for maternity, care for your baby up to 12 months after the baby is born, and trauma and emergencies up to the limit. For all other healthcare services we cover specialists employed by a state facility.

Contributions

KeyCare income bands	Main member	Adult	Child*
KeyCare Plus			
12 201+	R2 064	R2 064	R553
8 551 – 12 200	R1 386	R1 386	R389
0 – 8 550	R990	R990	R359
KeyCare Access			
12 201+	R2 018	R2 018	R546
8 551 – 12 200	R1 344	R1 344	R378
5 331 – 8 550	R930	R930	R337
0 – 5 330	R697	R697	R306
KeyCare Core			
12 201+	R1 525	R1 525	R345
8 551 – 12 200	R988	R988	R243
0 – 8 550	R792	R792	R205

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

General exclusion list includes:

- 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-up
- 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 (note: hearing aids are covered on the Essential Smart)
- Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary

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 Plan)



Value-added **offers**

Exclusive access to value-added healthcare offers

Our members have exclusive access to value-added offers outside of the Discovery Health Medical Scheme benefits and rules that are not available to members of other open medical schemes.

Access to a separate wellness programme

You have the opportunity to join the world's leading science-based wellness programme, Vitality, which encourages you to get healthier. Not only is a healthy lifestyle more enjoyable, it is clinically proven that Vitality members live longer and have lower healthcare costs.

Savings on stem cell banking and semen cryopreservation

You get 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 HealthyCare, a separate offer that helps reduce your out-of-pocket spend on a vast range of personal and family care products at any Clicks or Dis-Chem.

HealthyCare 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.

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. HealthyCare is brought to you by Discovery Vitality (Pty) Ltd, registration number 1997/007736/07, an authorised financial services provider. Netcells is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

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.

Step 1 | To take your query further

If you have already contacted the 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.

Step 2 | 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.

Step 3 | 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.

Step 4 | 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

Discovery
Health Medical Scheme

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. Discovery Health Medical Scheme; registration number 1125, administered by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider.

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