

Priority

Plans

Living my every moment

Classic | Essential



LIVE HEALTHY IN EVERY MOMENT

At Discovery Health Medical Scheme, we are reimagining healthcare so you can experience quality care with advanced technology that supports you through every life stage because we want you to live healthy in every moment.

Read this guide to understand more about your health plan including:

- What to do when you need to go to a doctor or to a hospital
- How you are covered for preventative screening, medical conditions, medicine and treatments
- Which benefits you need to apply for and if there are any limits for certain benefits
- Tips on how you can use technology to conveniently manage and access all the information you need through the Discovery app and website

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



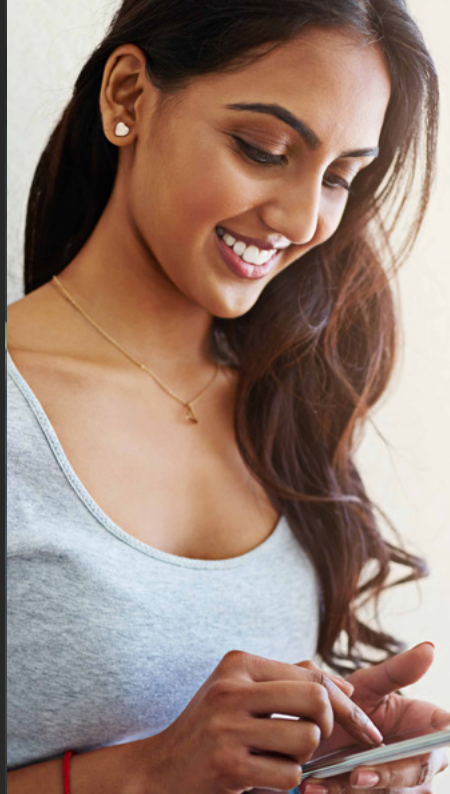


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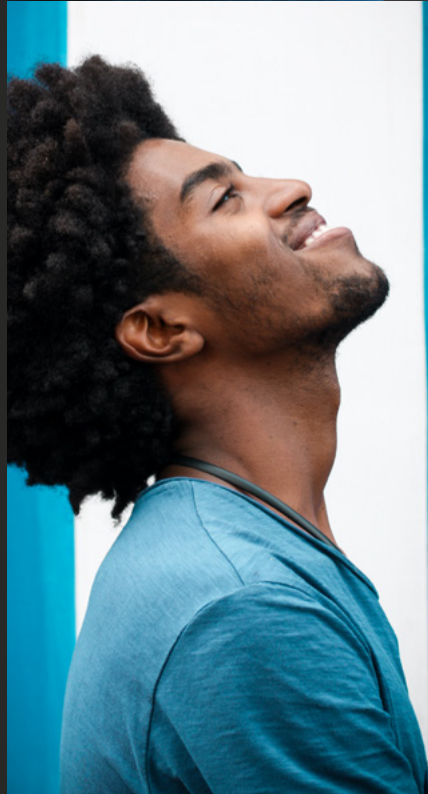


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live healthy

IN EVERY MOMENT



Key TERMS

About some of the terms we use in this document

A ABOVE THRESHOLD BENEFIT (ATB)

Once the day-to-day claims you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate (DHR) or a portion of it. The Priority plans have a limited ATB.

ANNUAL THRESHOLD

We set the Annual Threshold amount at the beginning of each year. The number and type of dependants (spouse, adult or child) on your plan will determine the amount.

The Annual Threshold is an amount that your claims need to add up to before we pay your day-to-day claims from the Above Threshold Benefit.

C CHRONIC DISEASE LIST (CDL)

A defined list of chronic conditions we cover according to the Prescribed Minimum Benefits (PMBs).

C CHRONIC DRUG AMOUNT (CDA)

We pay up to a monthly amount for each chronic medicine class. This applies to chronic medicine that is not listed on the formulary or medicine list.

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 and treatment covered for your chronic condition.

CO-PAYMENT

This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service, the age of the patient or if the amount the service provider charges is higher than the rate we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.

COVER

Cover refers to the benefits you have access to and how we pay for these healthcare services such as consultations, medicine and hospitals, on your health plan.



Key TERMS

About some of the terms we use in this document

D DAY-TO-DAY BENEFITS

These are the available funds allocated to the Medical Savings Account (MSA) and limited Above Threshold Benefit (ATB).

DAY-TO-DAY EXTENDER BENEFIT (DEB)

Depending on your chosen plan, the Day-to-day Extender Benefit (DEB) extends your day-to-day cover for essential healthcare services in our network if you have spent your annual Medical Savings Account (MSA) allocation and before you reach the Annual Threshold.

DEDUCTIBLE

This is the amount that you must pay upfront to the hospital or day clinic for specific treatments/procedures or if you use a facility outside of the network. If the upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.

D DESIGNATED SERVICE PROVIDER (DSP)

A healthcare provider (for example doctor, specialist, allied healthcare professional, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit www.discovery.co.za or click on Find a healthcare provider on the Discovery app to view the full list of DSPs.

DISCOVERY HEALTH RATE (DHR)

This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.

DISCOVERY HEALTH RATE FOR MEDICINE

This is the rate we pay for medicine. It is the Single Exit Price of medicine plus the relevant dispensing fee.

DISCOVERY HOME CARE

Discovery Home Care is an additional service that offers you quality home-based care in the comfort of your home for healthcare services like IV infusions, wound care, post-natal care and advanced illness care.



Key TERMS

About some of the terms we use in this document

D DISCOVERY MEDXPRESS

Discovery MedXpress is a convenient and cost-effective medicine ordering and delivery service for your monthly chronic medicine, or you can choose to collect your medicine in-store at a MedXpress Network Pharmacy.

E EMERGENCY MEDICAL CONDITION

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.

F FIND A HEALTHCARE PROVIDER

Find a healthcare provider is a medical and provider search tool which is available on the Discovery app or website www.discovery.co.za.

H HEALTHID

HealthID is an online digital platform that gives your doctor fast, up-to-date access to your health information. Once you have given consent, your doctor can use HealthID to access your medical history, make referrals to other healthcare professionals and check your relevant test results.

M MEDICAL SAVINGS ACCOUNT (MSA)

The Medical Savings Account (MSA) is an amount that gets allocated to you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year. Should you leave the Scheme or change your plan partway through the year and have used more of the funds than the amount you have contributed, you will need to pay the difference to us.

Find a healthcare provider, Discovery MedXpress and Discovery HealthID are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.



Key TERMS

About some of the terms we use in this document

M MEDICINE LIST (FORMULARY)

A list of medicine we cover in full for the treatment of approved chronic condition(s). This list is also known as a formulary.

N NETWORKS

Your health plan may require you to make use of specific hospitals, pharmacies, doctors, specialists or allied healthcare professionals in a network. We have payment arrangements with these providers to ensure you get access to quality care at an affordable cost. By using network providers, you can avoid having to pay additional costs and co-payments yourself.



Day Surgery Networks

Full cover for a defined list of procedures in our Day Surgery Network.



Doctor Networks

You have full cover for GPs, specialists or allied healthcare professionals who we have payment arrangements with.



Medicine Networks

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

P PAYMENT ARRANGEMENTS

The Scheme has payment arrangements with various healthcare professionals and providers to ensure that you can get full cover with no co-payments.

PREFERRED MEDICINE

Preferred medicine includes preferentially priced generic and branded medicines.

PREMIER PLUS GP

A Premier Plus GP is a network GP who has contracted with us to provide you with coordinated care for defined chronic conditions.



Key TERMS

About some of the terms we use in this document

P PRESCRIBED MINIMUM BENEFITS (PMB)

In terms of the Medical Schemes Act of 1998 (Act No. 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 (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) 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. 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 you do not use a DSP 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.

If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.

R RELATED ACCOUNTS

Any account other than the hospital account for in-hospital care. This could include the accounts for the admitting doctor, anaesthetist and any approved healthcare expenses like radiology or pathology.

S SHARI'AH COMPLIANT ARRANGEMENT

An arrangement which enables members to have their health plan administered in accordance with principles that are Shari'ah Compliant.

W WHO GLOBAL OUTBREAK BENEFIT

The WHO Global Outbreak Benefit provides cover for global disease outbreaks recognised by the World Health Organization (WHO) such as COVID-19. This benefit offers cover for out-of-hospital management and appropriate supportive treatment.



Key FEATURES

01

UNLIMITED COVER FOR HOSPITAL ADMISSIONS

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FULL COVER IN HOSPITAL FOR SPECIALISTS

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FULL COVER FOR CHRONIC MEDICINES

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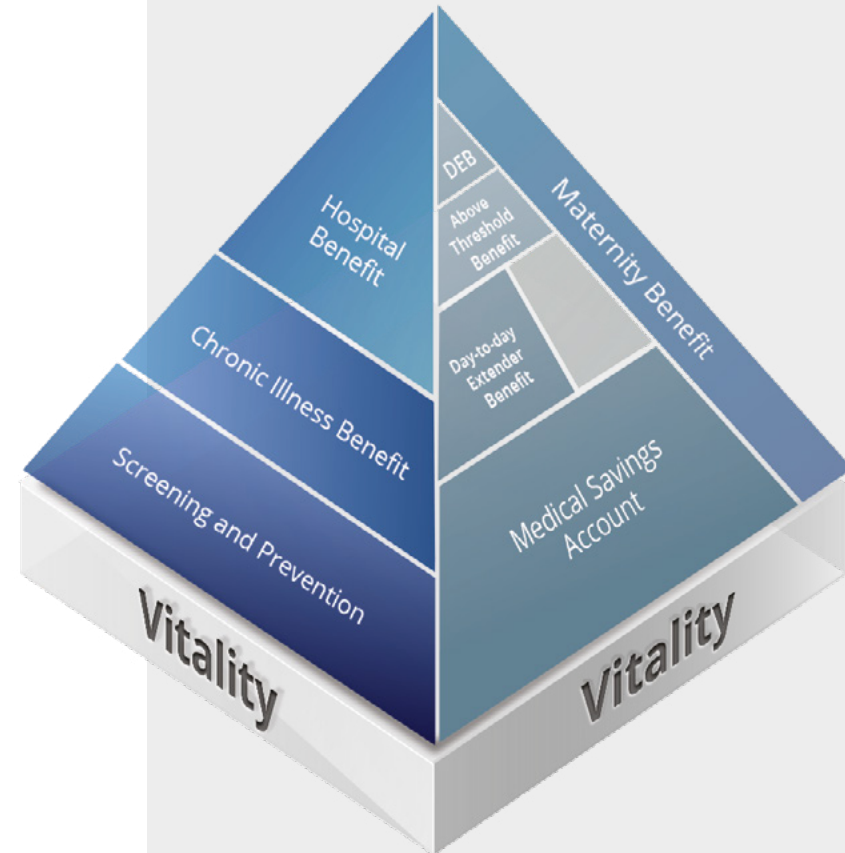
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07

EXTENSIVE COVER FOR PREGNANCY

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COMPREHENSIVE DAY-TO-DAY COVER



Shari'ah Compliant Arrangement available on all health plans.

KEY FEATURES
AND BENEFITS



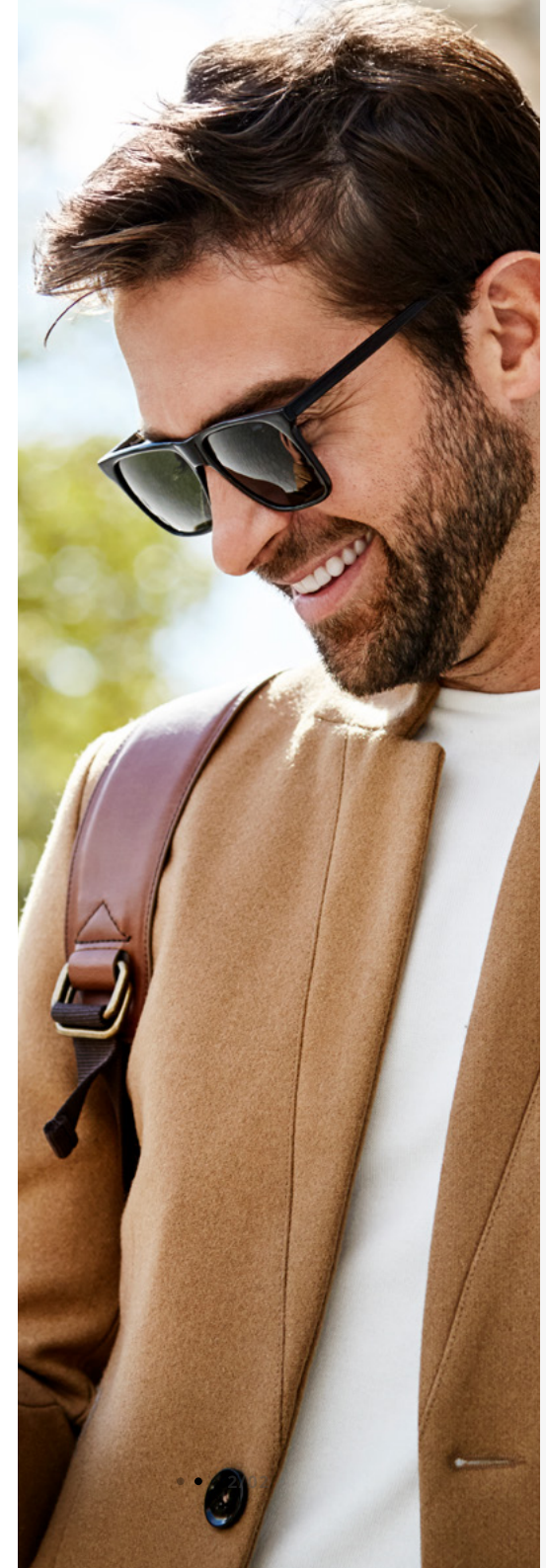
Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply.
Discovery Home Care is a service provider. Practice 080 000 8000190, Grove Nursing Services (Pty) Ltd registration number 2015/191080/07, trading as Discovery HomeCare.
Discovery MedXpress is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

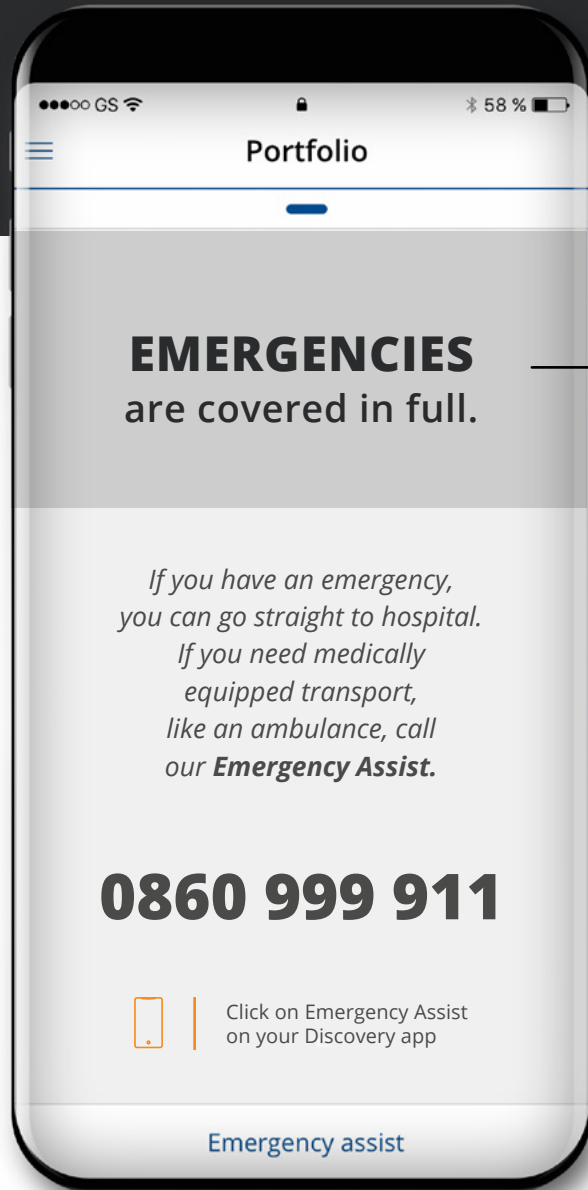
THE BENEFITS

on the different Priority plans

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

	Classic	Essential
Day-to-day cover		
Medical Savings Account (MSA)	25% of your monthly contribution	15% of your monthly contribution
Day-to-day Extender Benefit (DEB)	The Day-to-day Extender Benefit (DEB) extends your day-to-day cover for essential healthcare services in our wellness network. You also have additional cover for kids casualty visits.	The Day-to-day Extender Benefit (DEB) extends your day-to-day cover for essential healthcare services in our wellness network.
Hospital cover		
Cover for healthcare professionals in hospital	Twice the Discovery Health Rate (DHR) (200%)	The Discovery Health Rate (DHR) (100%)





EMERGENCY

Cover

What is a medical emergency?

An emergency medical condition, also referred to as an emergency, is the sudden and unexpected onset of a health condition that requires immediate medical and surgical treatment.

Failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.

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

WHAT WE PAY FOR

We pay for all of the following medical services that you may receive in an emergency:

- the ambulance (or other medical transport)
- the account from the hospital
- the accounts from the doctor who admitted you to the hospital
- the anaesthetist
- any other healthcare provider that we approve.

Assistance during or after a traumatic event

You have access to dedicated assistance in the event of a traumatic incident or after a traumatic event. By calling Emergency Assist you and your family have access to trauma support 24 hours a day. This service also includes access to counseling and additional benefits for trauma related to gender-based violence.

The Discovery app is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.



PMB

Prescribed Minimum Benefits

What are Prescribed Minimum Benefits?

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 (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) 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. 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 you do not use a DSP 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.

If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.



You have access to essential SCREENING AND PREVENTION BENEFITS

This benefit pays for certain tests that can detect early warning signs of serious illnesses. We cover various screening tests at our wellness providers, for example, blood glucose, cholesterol, HIV, Pap smear or HPV test for cervical screening, mammograms and prostate screenings, subject to the Scheme's clinical entry criteria.



SCREENING FOR KIDS



SCREENING FOR ADULTS



SCREENING FOR SENIORS

We cover various screening tests at our wellness providers.

WHAT WE PAY FOR

These tests are paid from the Screening and Prevention Benefit. Consultations that do not form part of Prescribed Minimum Benefits (PMBs) will be paid from your available day-to-day benefits.

ADDITIONAL TESTS

CONNECTED CARE

Access quality healthcare from home

Discovery Health Medical Scheme gives you access to health and wellness services from the comfort of your home. Connected Care is an integrated healthcare ecosystem of benefits, services and connected digital capabilities to help you manage your health and wellness at home.



HEALTH MONITORING DEVICES



MEDICINE ORDERING AND TRACKING



ELECTRONIC PRESCRIPTIONS



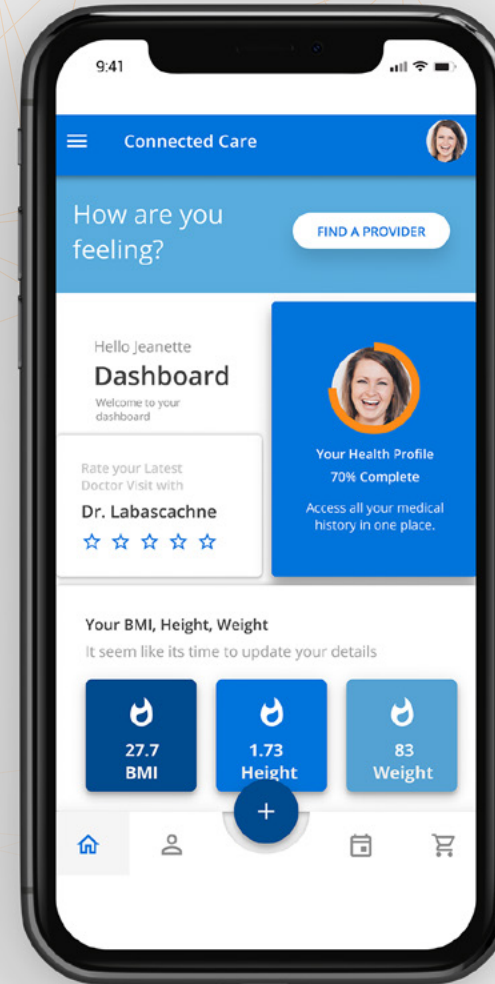
ONLINE COACHES



HOME NURSES



CONDITION-SPECIFIC INFORMATION



CONNECTED CARE



Introducing your access to **CONNECTED CARE**

Access to quality care from home

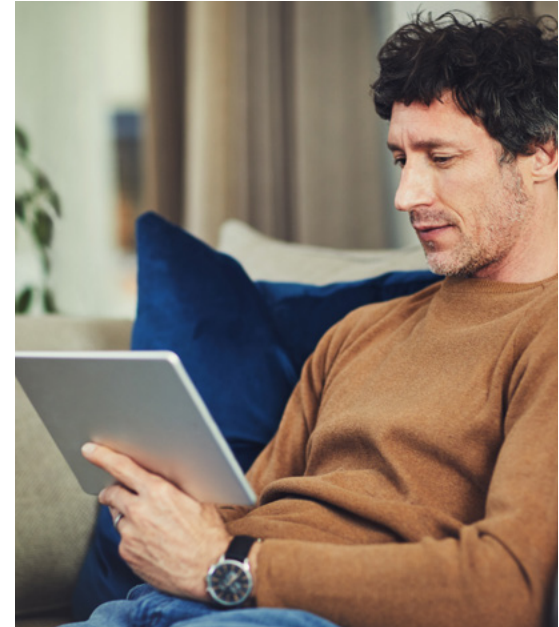
Through advanced digital technology and smart health and point-of-care devices, Connected Care enables you and your doctor to access and deliver healthcare whenever you need it from the comfort of your home.



CONNECTED CARE FOR
MEMBERS AT HOME



CONNECTED CARE FOR
ACUTE CARE AT HOME



CONNECTED CARE FOR MEMBERS
WITH CHRONIC CONDITIONS





Your benefits through **CONNECTED CARE**

You have access to a Home Monitoring Device Benefit for essential home monitoring

If you meet the Scheme's clinical entry criteria, you have healthcare cover up to a limit of R4 000 per person per year, at 100% of the Discovery Health Rate (DHR), for the monitoring of defined conditions such as chronic obstructive pulmonary disease, congestive cardiac failure, diabetes, pneumonia and COVID-19.

The Scheme also covers defined point of care medical devices up to 75% of the Discovery Health Rate (DHR), if you meet the clinical entry criteria. You will need to pay 25% towards the cost of these devices.

You have access to the latest remote monitoring medical examination device called TytoHome. TytoHome allows you to conduct a medical examination, sending throat and ear images and heart and lung sounds in real-time to your doctor.

Home-based care for follow-up treatment after an admission

Clinically appropriate conditions such as chronic obstructive pulmonary disease, chronic cardiac failure, ischaemic heart disease and pneumonia have access to enhanced home-based care once discharged from hospital. If you meet the clinical entry criteria you have cover for bedside medicine reconciliation prior to admission discharge, a follow-up consultation with a GP or specialist, and a defined basket of supportive care at home that includes a face-to-face consultation and virtual consultations with a Discovery Home Care nurse.

HOME CARE BENEFIT

Discovery Home Care is a service provider. Practice 080 000 8000190, Grove Nursing Services (Pty) Ltd registration number 2015/191080/07, trading as Discovery HomeCare.

Connected Care is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

Day-to-day BENEFITS

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

The Medical Savings Account (MSA)

We pay your day-to-day medical expenses such as GP and specialist consultations, medicine (excluding registered chronic medicine), radiology and pathology from your available funds allocated to your MSA. Any amount that is left over will carry over to the next year.

The Self-payment Gap (SPG)

If your MSA runs out before you reach your Annual Threshold, you will have to pay for claims from your own pocket until your claims reach the Annual Threshold amount. This period is known as the Self-Payment Gap (SPG).

It is important that you continue to send your claims during the SPG so that we know when you reach your Annual Threshold for claims.

Day-to-day Extender Benefit (DEB)

Pays for certain day-to-day benefits after you have run out of money in your MSA and before you reach the Annual Threshold. Covers video call consultations with a network GP as well as unlimited pharmacy clinic consultations in our defined wellness network. You also have unlimited cover for consultations with a network GP, when referred. We cover consultations up to the Discovery Health Rate (DHR). On the Classic plan, kids younger than 10 years have access to two kids casualty visits a year.



The Above Threshold Benefit (ATB)

The Above Threshold Benefit starts paying for day-to-day expenses once you reach your Annual Threshold.

WHAT WE PAY FOR

The Above Threshold Benefit (ATB) is limited and covers all day-to-day expenses at the Discovery Health Rate (DHR) or at a portion of it. Certain benefit limits may apply. You will need to pay for any difference between the Discovery Health Rate (DHR) and the amount claimed, as well as any amount which exceeds the annual benefit limit (where applicable).

Some claims do not add up to your Annual Threshold or pay from the ATB for example:

- Medicine that you do not need a prescription for (over-the-counter medicine)
- Vaccines and immunisations
- Lifestyle-enhancing products
- Claims paid in excess of the Discovery Health Rate (DHR).

For more detail on how you are covered visit *Do we cover* on our website www.discovery.co.za



Day-to-day COVER

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

We add these amounts to the Annual Threshold and pay these amounts when you reach your limited Above Threshold Benefit (ATB). We add up the amount to the benefit limit available. If the claimed amount is less than the Discovery Health Rate (DHR), we will pay and add the claimed amount to the Annual Threshold. Claims paid from your Day-to-day Extender Benefit (DEB) will not accumulate to the Annual Threshold.

Some day-to-day healthcare services have limits. These are not separate benefits. Limits apply to claims paid from your MSA, claims paid by you and paid from the ATB. We pay day-to-day benefits up to the ATB limit or up to the limit that applies, depending on the one you reach first.

The tables below show how much we pay for your day-to-day healthcare expenses on the Priority plans.

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

Healthcare providers and medicine	What we pay
Specialists we have an arrangement with	Up to the rate we have agreed with the specialist
Specialists we do not have an arrangement with	The Discovery Health Rate (DHR) (100%)
GPs and other healthcare professionals	The Discovery Health Rate (DHR) (100%)
Preferred medicine	The Discovery Health Rate (DHR) (100%)
Non-preferred medicine	Up to 75% of the Discovery Health Rate (DHR) if the price of the medicine is within 25% of the preferred equivalent, or up to 50% of the DHR if the price of the medicine is more than 50% of the price of the preferred equivalent

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	R12 500	R17 700	R22 900	R27 050
Essential	R8 300	R12 500	R15 550	R18 750
Dental appliances and orthodontic treatment*	R19 150 per person			
Antenatal classes	R1 960 for your family			

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



Medicine	Single member	One dependant	Two dependants	Three or more dependants
Prescribed medicine* (schedule 3 and above)				
Classic	R22 850	R27 700	R33 350	R36 400
Essential	R16 200	R19 150	R22 750	R27 650
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)	R5 610 per person		
External medical items* (like wheelchairs, crutches and prostheses)	Classic	R40 550 for your family	
	Essential	R27 250 for your family	
Hearing aids	Classic	R21 350 for your family	
	Essential	R15 200 for your family	

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



You have cover for **MATERNITY** and early childhood

You get cover for healthcare services related to your pregnancy and treatment for the first two years of your baby's life. This applies for each pregnancy and for each child from birth until they are two years old.

HOW TO GET THE BENEFIT

PRE- AND POSTNATAL CARE

During pregnancy

ANTENATAL CONSULTATIONS

We pay for up to eight consultations with your gynaecologist, GP or midwife.

ULTRASOUND SCANS AND SCREENINGS DURING PREGNANCY

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

FLU VACCINATIONS

We pay for one flu vaccination during your pregnancy.

BLOOD TESTS

We pay for a defined list of blood tests for each pregnancy.

After you give birth

GP AND SPECIALISTS TO HELP YOU AFTER BIRTH

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

OTHER HEALTHCARE SERVICES

You also have access to postnatal care, which includes a postnatal consultation within six-weeks post-birth, either as part of your delivery or if there are complications, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

MATERNITY
BENEFITS



CHRONIC

benefits

You have cover for treatment for ongoing medical conditions (chronic conditions).

You have cover for the 27 medical conditions set out in the list of chronic conditions (CDL).

CHRONIC DISEASE LIST (CDL)

IF YOU NEED CHRONIC DIALYSIS

What we cover

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 PMBs. To access PMBs, certain rules apply.

MEDICINE COVER FOR THE CHRONIC DISEASE LIST

You have 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).

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.

How to get the benefit

You must apply for the Chronic Illness Benefit (CIB). Your doctor must complete the form online or send it to us for approval.

Visit www.discovery.co.za to view the detailed Chronic Illness Benefit (CIB) guide.

Where to get your chronic MEDICINE

Use a pharmacy in our networks

Avoid a 20% co-payment on your chronic medicine by using our Designated Service Providers (DSPs), MedXpress and MedXpress Network Pharmacies.

MedXpress and MedXpress network pharmacies

You can order or reorder your medicine online through MedXpress and have it delivered to your work or home

or

- Order your medicine online and collect instore at a MedXpress Network Pharmacy

or

- Fill a prescription as usual at any MedXpress Network Pharmacy.

Medicine tracker

You can set up reminders and prompts to assist you with taking your medicine on time and as prescribed. Your approved chronic medicines will automatically be displayed, and you will then be prompted to take your medicine and confirm when each dose is taken.



View all pharmacy network providers using
Find a healthcare provider on the Discovery app

Find a healthcare provider, the Discovery app, MedXpress and Medicine tracker are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

*MedXpress and MedXpress
Network Pharmacies*

CHRONIC
CONDITIONS AND
CARE PROGRAMMES

HOW TO ORDER

Discovery app or
www.discovery.co.za



CARE programmes

Condition-specific care programmes for diabetes, mental health, HIV and heart conditions.

We cover condition-specific care programmes that help you to manage diabetes, mental health, HIV or heart-related medical conditions. You have to be registered on these condition-specific care programmes to unlock additional benefits and services. You and your Premier Plus GP can track progress on a personalised dashboard to identify the next steps to optimally manage your condition and stay healthy over time.

Connected Care is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

Track your health is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

MENTAL HEALTH PROGRAMME

CARDIO CARE PROGRAMME

DIABETES CARE PROGRAMME

HIV CARE PROGRAMME

Track your Health

You can get personalised health goals that help you to manage your weight, nutrition and exercise. If you are at risk of developing or you are diagnosed with cardiovascular disease or diabetes, we will give you goals tailored to your circumstances. You can track your progress on the Discovery app and we will reward you for meeting your goals.



CHRONIC CONDITIONS AND CARE PROGRAMMES



Click on Track your Health on the Discovery app to activate the programme



You have comprehensive cover for **CANCER**

01

ADVANCED ILLNESS
BENEFIT

03

ONCOLOGY BENEFIT

02

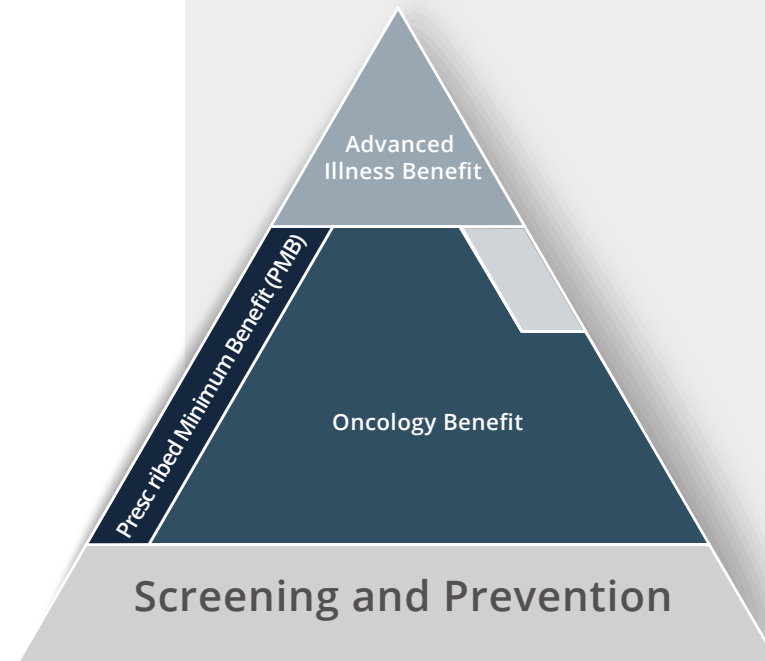
PRESCRIBED MINIMUM
BENEFITS (PMB)

04

COLORECTAL CANCER
SURGERY

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

Visit www.discovery.co.za to view the detailed Oncology Benefit guide.



COVER FOR
CANCER



If you have to go to hospital, we will pay your hospital expenses. There is no overall hospital limit for the year on any of the plans. However, there are limits to how much you can claim for some treatments.

Contact us in good time before you have to go to hospital. We will let you know what you are covered for. If you don't contact us before you go, you may be responsible for some of the costs.

HOSPITAL BENEFIT

If you need to be admitted to hospital

The Priority plans offer cover for hospital stays. There is no overall limit for the Hospital Benefit.

What is the benefit?

This benefit pays the costs when you are admitted into hospital.

What we cover

Unlimited cover in any private hospital approved by the Scheme. The funding of newly licensed facilities is subject to approval by the Scheme, on all health plans.

You have cover for planned stays in hospital.

How to get the benefit

GET YOUR CONFIRMATION FIRST

Contact us to confirm your hospital stay before you are admitted (this is known as preauthorisation).

WHERE TO GO

You can go to any private hospital approved for funding by the Scheme. The funding of newly licensed facilities is subject to approval by the Scheme, on all health plans. An upfront payment applies for specific in-hospital procedures including procedures performed in the Day Surgery Network.

HOW WE PAY

We pay for planned hospital stays from your Hospital Benefit.

We pay for services related to your hospital stay, including all healthcare professionals, services and medicines authorised by the Scheme for your hospital stay.

If you use doctors, specialists and other healthcare professionals that we have an agreement with, we will pay for these services in full. We pay up to 200% of the Discovery Health Rate (DHR) on Classic and up to 100% of the DHR on Essential for other healthcare professionals.

You can avoid co-payments by:

- Going to a facility in the Day Surgery Network day procedures
- Using healthcare professionals that we have a payment arrangement with.

HOSPITAL
COVER AND
ANNUAL LIMITS



HOSPITAL

cover

The Priority Plans offer unlimited hospital cover. The table below shows how we pay for your approved hospital admissions:

Healthcare providers and services	What we pay
The hospital account	The full account at the agreed rate with the hospital
Specialists we have a payment arrangement with	The full account at the agreed rate
Specialists we do not have a payment arrangement with and other healthcare professionals	Classic plans: up to twice the Discovery Health Rate (DHR) (200%) Essential plans: up to the Discovery Health Rate (DHR) (100%)
X-rays and blood tests (radiology and pathology accounts)	Up to the Discovery Health Rate (DHR) (100%)
Upfront payments for in-hospital procedures:	
Upfront payment for a defined list of procedures performed outside the Day Surgery Network	R5 700
You need to pay an amount upfront to the hospital when one of the procedures listed below is performed during a hospital admission, including procedures performed in the Day Surgery Network:	
Conservative back and neck treatment, adenoidectomy, myringotomy (grommets), tonsillectomy	R3 850
Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation	R9 050
Nissen fundoplication (reflux surgery), spinal surgery (back and neck), joint replacements	R18 600
If the procedure can be done out of hospital, for example in the doctor's rooms you won't have to pay the hospital an amount upfront. If any of these procedures are on the day surgery procedures list, you will have to pay the higher of the two upfront amounts if the procedure is done at a facility outside of the Day Surgery Network:	
MRI and CT Scans	We pay the first R3 130 of the scan from day-to-day benefits. We pay the balance of the scan from the Hospital Benefit up to 100% of the Discovery Health Rate (DHR). For conservative back and neck treatment, you must also pay the first R3 850 of the hospital account. We pay the balance of the scan from the Hospital Benefit up to 100% of the DHR. Limited to one scan per spinal and neck region





SCOPES (GASTROSCOPY, COLONOSCOPY, SIGMOIDOSCOPY AND PROCTOSCOPY)

Admissions for scopes

Depending on where you have your scope done, you will have to pay the following amount, and we will pay the balance of the hospital and related accounts from your Hospital Benefit.

Upfront payments for scope admissions:

	Day clinic account	Hospital account
Classic and Essential	R3 650	R5 900
If both a gastroscopy and colonoscopy are performed in the same admission		
Classic and Essential	R4 450	R7 350

Upfront payments for scopes performed outside of the Day Surgery Network:

Where a scope is performed in a facility outside of the Day Surgery Network an upfront payment of R5 700 will apply, except if performed in a hospital outside the Day Surgery Network where an upfront payment of R5 900 will apply. Where both a gastroscopy and colonoscopy are performed the upfront payment of R7 350 will apply.

No upfront payment applies:

If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.

Benefits with an ANNUAL LIMIT



COCHLEAR IMPLANTS, AUDITORY BRAIN IMPLANTS AND PROCESSORS



INTERNAL NERVE STIMULATORS



MAJOR JOINT SURGERY



SHOULDER JOINT PROSTHESIS



PROSTHETIC DEVICES USED IN SPINAL SURGERY



MENTAL HEALTH



ALCOHOL AND DRUG REHABILITATION



DENTAL TREATMENT IN HOSPITAL

Dental limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate (DHR) and up to 200% of the DHR for anaesthetists on Classic plan. We pay these claims from your day-to-day benefits, up to an annual limit of R19 150 per person. If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

Severe dental and oral surgery in hospital

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

Other dental treatment in hospital

You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).

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

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

Upfront payment for dental admissions:

Hospital account	Day clinic account
Members 13 years and older:	
R7 050	R4 500
Members under 13:	
R2 750	R1 240

HOSPITAL
COVER AND
ANNUAL LIMITS

Cover for procedures in the DAY SURGERY NETWORK

We cover specific procedures that can be done in the Day Surgery Network.

About the benefit

We cover certain planned procedures in a day surgery facility. A day surgery may be inside a hospital, in a day clinic or at a standalone facility.

How to get the benefit

View the list of day surgery procedures when you click on [READ MORE](#) below. You must contact us to get confirmation of your procedure (called preauthorisation).

How we pay

We pay these services from your Hospital Benefit. We pay for services related to your hospital stay, including all healthcare professionals, services and medicines authorised by the Scheme.

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full.

When you need to pay

If you go to a facility that is not in the Day Surgery Network, you will have to pay an upfront amount of R5 700. If any of these procedures form part of the list of procedures with an upfront payment performed during a hospital admission, as outlined on page 26, the higher of the upfront payments will apply.



View all Day Surgery Network facilities using [Find a healthcare provider on the Discovery app.](#)

LIST OF PROCEDURES COVERED IN THE DAY SURGERY NETWORK

Find a healthcare provider is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

EXTRA BENEFITS

on your plan

You get the following extra benefits to enhance your cover.



SPINAL CARE PROGRAMME



AFRICA EVACUATION COVER



COMPASSIONATE CARE



INTERNATIONAL SECOND OPINION SERVICES



CLAIMS RELATED TO TRAUMATIC EVENTS



WHO GLOBAL OUTBREAK BENEFIT



INTERNATIONAL TRAVEL BENEFIT

EXTRA BENEFITS

YOUR CONTRIBUTIONS,

Medical Savings Account and Annual Thresholds

	Main member	Adult	Child*
Contributions			
Classic Priority	R3 814	R3 008	R1 526
Essential Priority	R3 278	R2 577	R1 310
Annual Medical Savings Account amounts**			
Classic Priority	R11 436	R9 024	R4 572
Essential Priority	R5 892	R4 632	R2 352
Annual Threshold amounts**			
All plans	R17 550	R13 200	R5 850
Limited Above Threshold Benefit amount**			
All plans	R14 850	R10 600	R5 200

* 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.



EXCLUSIONS

Healthcare services that are not covered on your plan

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.

Medical conditions during a waiting period

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 (PMB) 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 (PMBs) during waiting periods.

The general exclusion list includes:

- Reconstructive treatment and surgery, including cosmetic procedures and treatments
- Otoplasty for bat ears, port-wine stains and blepharoplasty (eyelid surgery)
- Breast reductions or enlargements and gynaecomastia
- Obesity
- Infertility
- Frail care
- 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.

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 (PMBs).



Exclusive access to **VALUE-ADDED OFFERS**

Our members have exclusive access to value-added offers outside of the Discovery Health Medical Scheme benefits and Rules. Go to www.discovery.co.za to access these value-added offers.

Savings on personal and family care items

You can sign up for Healthy Care to get savings on a vast range of personal and family care products at any Clicks or Dis-Chem. Healthy Care items include a list of baby care, dental care, eye care, foot care, sun care and hand care products, as well as first aid and emergency items and over-the-counter medicine.

Frames and lenses

You get a 20% discount for frames and lenses at an optometrist in your plan's network of optometrists. You will receive the discount immediately when you pay.

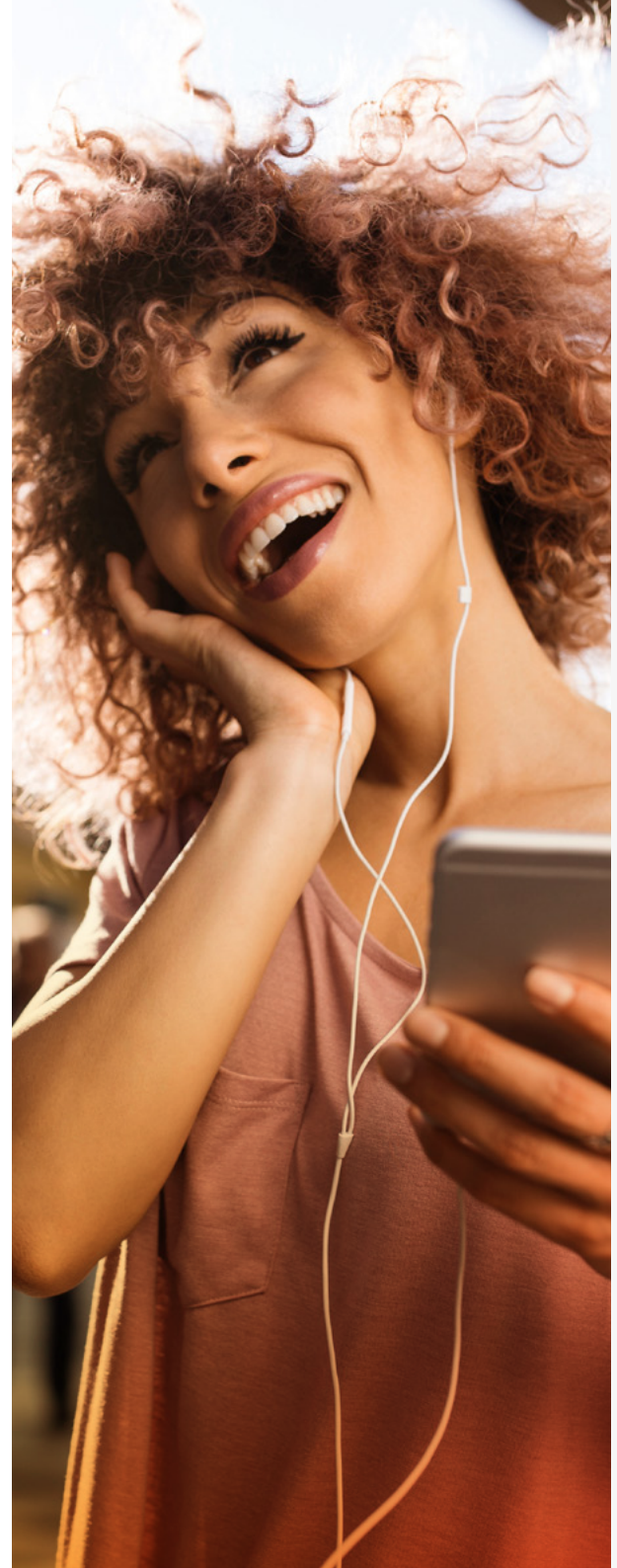
Savings on stem cell banking

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

Access to Vitality to get healthier

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

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. Limits, terms and conditions apply. Healthy Care 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.



If you have a complaint

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.

Please go through these steps if you have a complaint:

01

TO TAKE YOUR QUERY FURTHER

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

02

TO CONTACT THE PRINCIPAL OFFICER

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

03

TO LODGE A DISPUTE

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

04

TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES

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





DISCOVERY HEALTH MEDICAL SCHEME

VIEW MORE HEALTH PLANS



Ask Discovery on WhatsApp to get instant answers to your questions, anywhere, anytime.

Just save this number 0860 756 756 on your phone and say 'Hi' to starting chatting with us 24/7.

[Download the Discovery app](#)

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes.

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 and administrator of medical schemes. 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 to 'we' in the context of benefits, members, payments or cover, in this brochure this is reference to Discovery Health Medical Scheme.