

Saver

Plans

Saving for my moment

Classic | Classic Delta | Essential | Essential Delta | Coastal



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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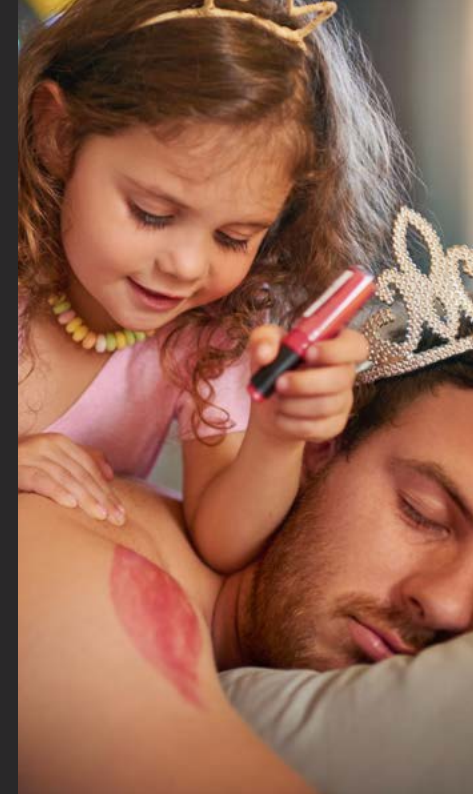


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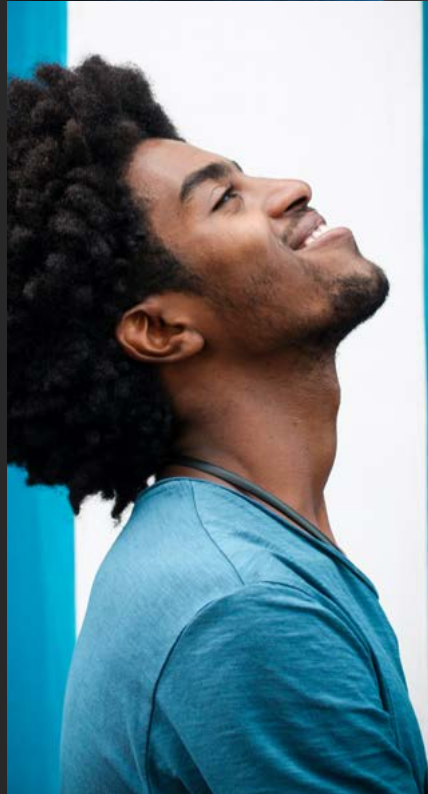


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live healthy

IN EVERY MOMENT



Key TERMS

About some of the terms we use in this document

C 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.

CHRONIC DISEASE LIST (CDL)

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

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.

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.

C 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.

D DAY-TO-DAY BENEFITS

These are the available funds allocated to the Medical Savings Account (MSA).

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 network if you have spent your annual Medical Savings Account (MSA) allocation.

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.



Key TERMS

About some of the terms we use in this document

D DELTA EFFICIENCY DISCOUNT ARRANGEMENT

A restricted network option for purposes of obtaining a discounted contribution.

DESIGNATED SERVICE PROVIDER (DSP)

A healthcare provider (for example doctor, specialist, allied healthcare professionals, 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 will pay for medicine. It is the Single Exit Price of medicine plus the relevant dispensing fee.

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.

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.

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.



Key TERMS

About some of the terms we use in this document

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 set aside for 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.

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

Depending on your chosen plan, you may need 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.



Hospital Networks

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



Doctor Networks

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



Day Surgery Networks

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



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.

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

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.

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.

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.



Key TERMS

About some of the terms we use in this document

S SHARIAH COMPLIANT ARRANGEMENT

An arrangement which enables members to have their health plan administered in accordance with investment principles that are Shariah 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

02

FULL COVER IN HOSPITAL FOR SPECIALISTS

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EXTENSIVE COVER FOR PREGNANCY

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CONNECTED CARE

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FULL COVER FOR CHRONIC MEDICINES

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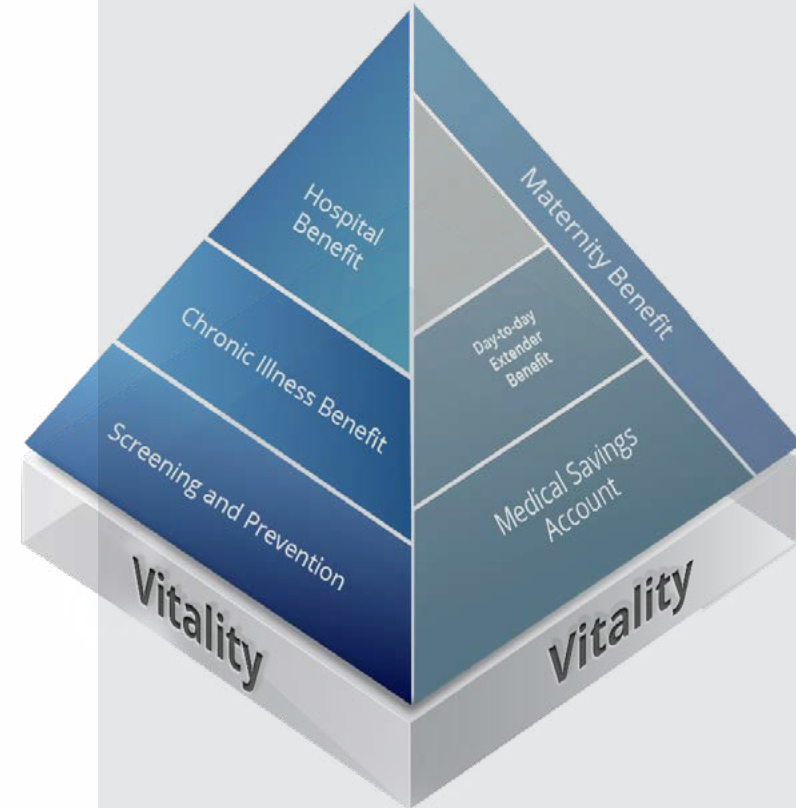
DAY-TO-DAY COVER

07

SCREENING AND PREVENTION

08

COVER WHEN TRAVELLING



Shariah compliant arrangement available on all health plans.

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.



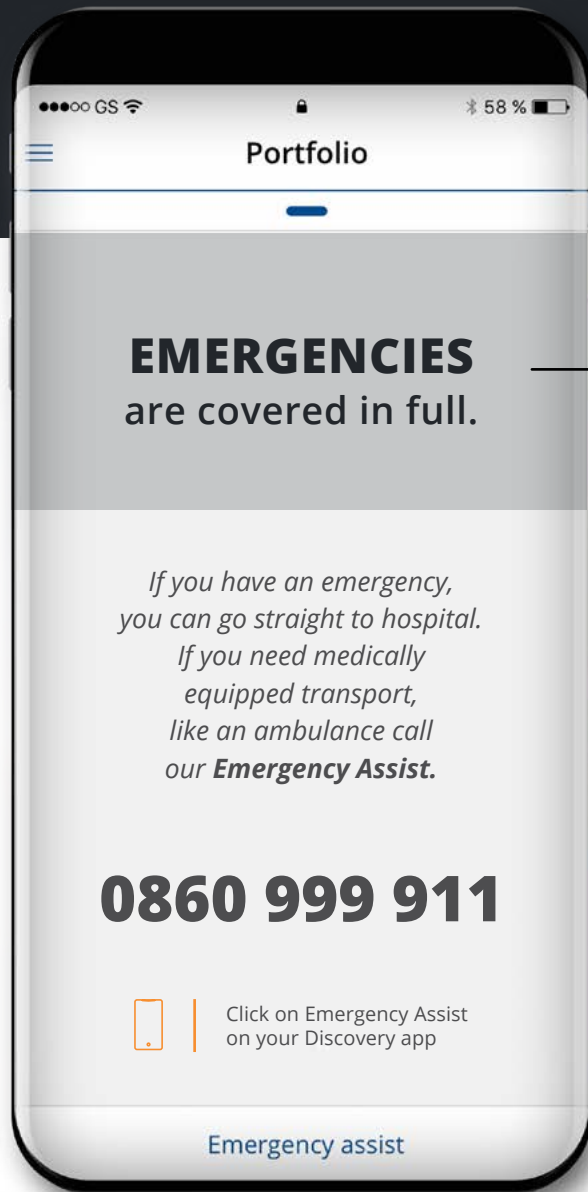
THE BENEFITS

on the different Saver plans

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

	Classic Saver	Classic Delta Saver	Essential Saver	Essential Delta Saver	Coastal Saver
Day-to-day cover					
Medical Savings Account (MSA)	25% of your monthly contribution		15% of your monthly contribution		20% 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 network. You also have cover for kids casualty visits		The Day-to-day Extender Benefit (DEB) extends your day-to-day cover for essential healthcare services in our network		
Hospital cover					
Hospitals you can go to	Any private hospital approved by the Scheme	Private hospitals in the Delta Network	Any private hospital approved by the Scheme	Private hospitals in the Delta Network	Any private hospital in the four coastal provinces approved by the Scheme
Defined list of procedures in a day surgery network	Private day surgery facility in the day surgery network	Private day surgery facility in the Delta network	Private day surgery facility in the day surgery network	Private day surgery facility in the Delta network	Private day surgery facility in our Coastal network
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.



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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



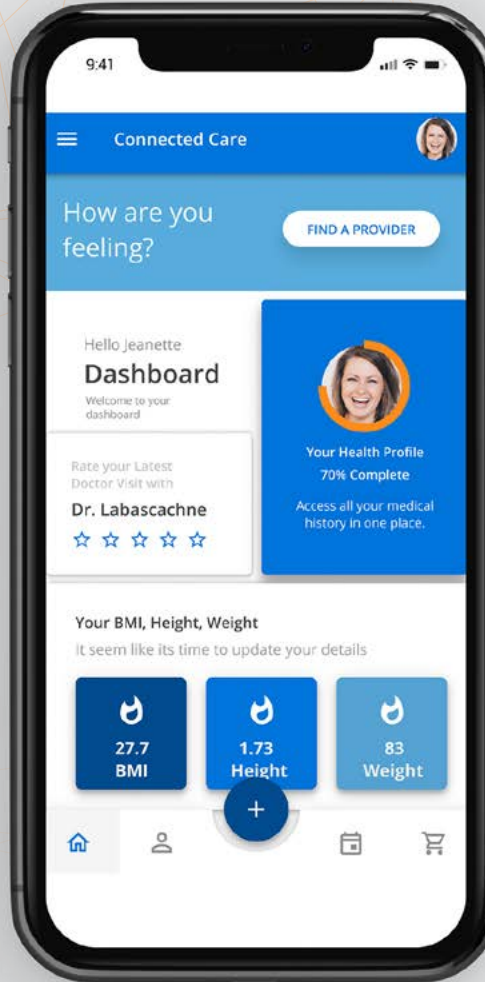
ONLINE COACHES



HOME NURSES



CONDITION-SPECIFIC INFORMATION



Introducing your access to **CONNECTED CARE**

Access to quality care from home

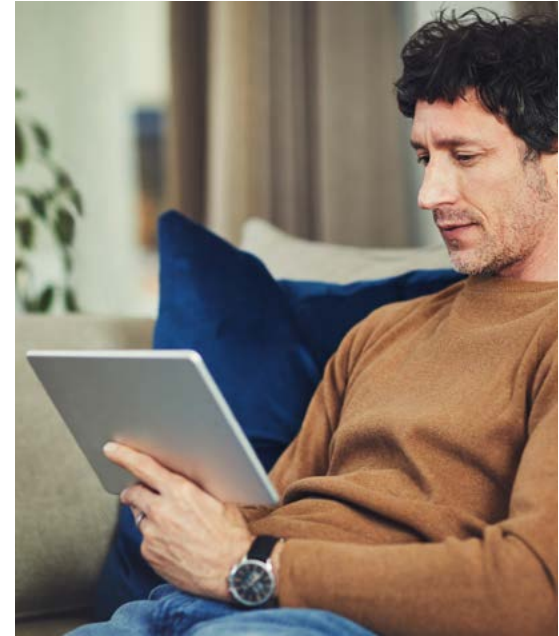
Through advanced digital technology and smart health and point-of-care devices, Connected Care enables you and your doctor to access and deliver healthcare whenever you need it from the comfort of your home.



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) or your Day-to-day Extender Benefit (DEB).

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 Day-to-day Extender Benefit

Pays for certain day-to-day benefits after you have run out of money in your MSA. Covers video call consultations with a network GP as well as pharmacy clinic consultations in our defined wellness network. You also have cover for consultations with a network GP, when referred.

We cover consultations up to the Discovery Health Rate (DHR). Depending on your plan type, you have access to:

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

On Classic plans, kids younger than 10 years have access to two kids casualty visits a 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

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.

MATERNITY BENEFITS

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.

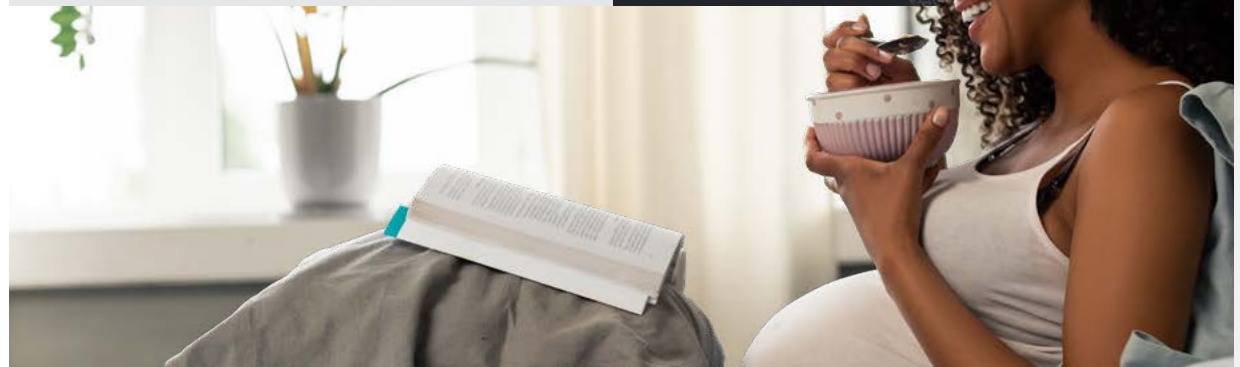
After you give birth

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.



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 known as the Chronic Disease List (CDL).

CHRONIC DISEASE LIST (CDL)

IF YOU NEED CHRONIC DIALYSIS

What we cover

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 PMBs. To access PMBs, certain rules apply.

MEDICINE COVER FOR THE CHRONIC DISEASE LIST

You have full cover if you use a network provider for approved chronic medicine on our medicine list. For medicine not on our list, we cover you up to a set monthly rand amount called the Chronic Drug Amount (CDA).

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.

How to get your medicine

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

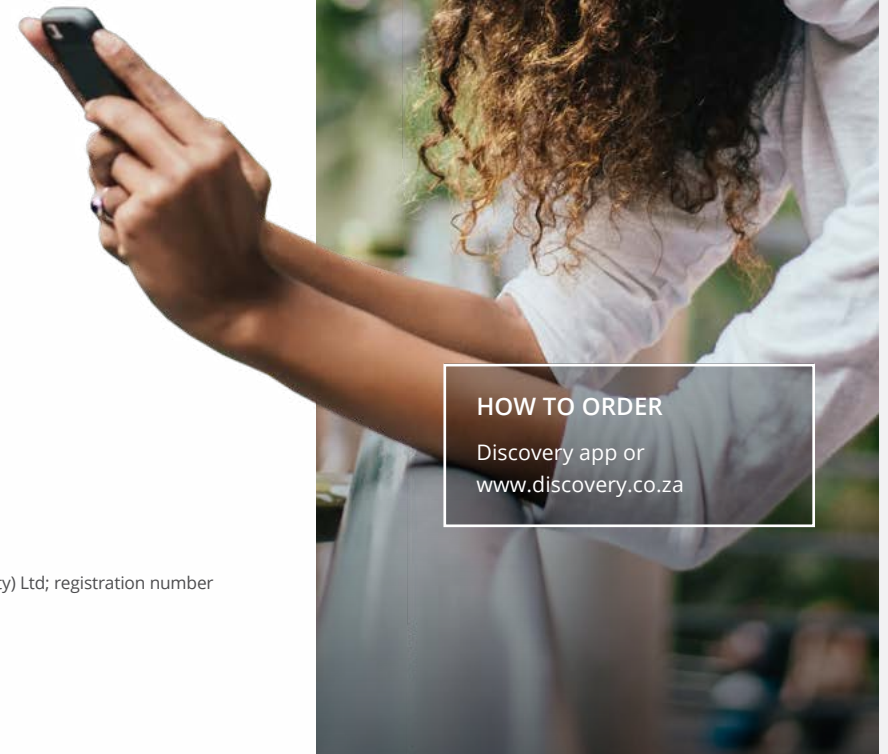
You can set up reminders and prompts to assist you with taking your medicine on time and as prescribed. Your approved chronic medicines will automatically be displayed, and you will then be prompted to take your medicine and confirm when each dose is taken.



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*



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.



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

You have comprehensive cover for **CANCER**

01

PRESCRIBED MINIMUM
BENEFITS (PMB)

02

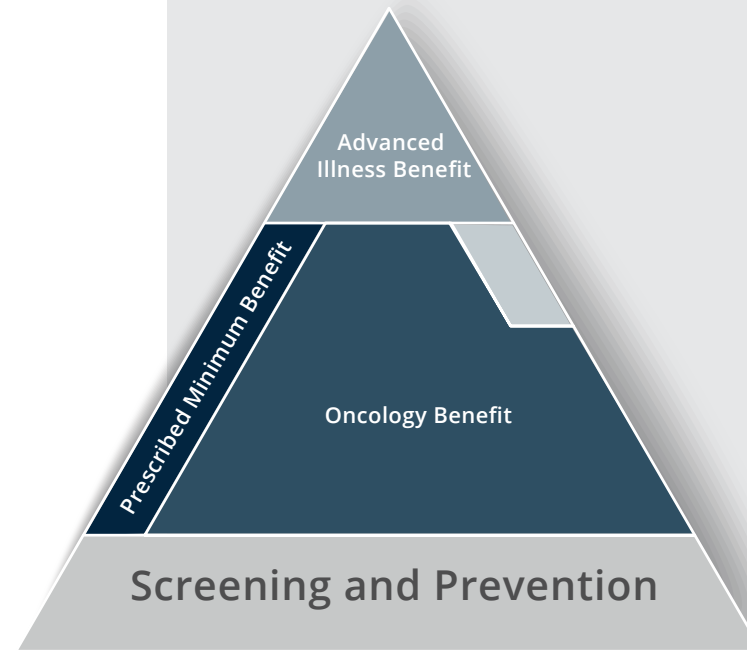
ADVANCED
ILLNESS BENEFIT

03

ONCOLOGY BENEFIT

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.



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'll 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

*All Saver 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 hospitals approved by the Scheme, subject to the network requirements on the Delta options and Coastal plan. 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

If you are on a Delta or Coastal option you need to use a hospital in our network for your plan. On all other Saver plans 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.

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 plans, and up to 100% of the DHR for Essential and Coastal plans for other healthcare professionals.

You can avoid co-payments by:

- Using healthcare professionals that we have a payment arrangement with
- Going to a hospital in the network of hospitals for your plan, if you are on a Delta option or Coastal plan.



View the hospitals on the Delta and Coastal hospital networks using Find a healthcare provider on the Discovery app

HOSPITAL

cover

The Saver 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	<ul style="list-style-type: none"> The full account at the agreed rate with the hospital On the Delta options, you must pay an upfront amount of R8 700 for planned admissions to hospitals not in the Delta Hospital Network On the Coastal option you must go to an approved hospital in the Coastal region for planned admissions. We pay 70% of the Discovery Health Rate (DHR) if you go to a hospital outside of the coastal regions
Upfront payment for a defined list of procedures performed outside of the day surgery network	<p>Classic, Essential and Coastal: you must pay an upfront payment of R5 700</p> <p>Delta options: you must pay an upfront payment of R8 700</p>
Specialists we have a payment arrangement with	The full account at the agreed rate
Specialists we don't have a payment arrangement with and other healthcare professionals	<p>Classic plans: Up to twice the Discovery Health Rate (DHR) (200%)</p> <p>Essential and Coastal: Up to the Discovery Health Rate (DHR) (100%)</p>
X-rays and blood tests (radiology and pathology accounts)	The Discovery Health Rate (DHR) (100%)
MRI and CT scans	<ul style="list-style-type: none"> Up to the Discovery Health Rate (DHR) if the scan is related to your hospital admission from your Hospital Benefit If it is not related to your admission or for conservative back and neck treatment, we pay the first R3 130 from your available day-to-day benefits and the balance from your Hospital Benefit, up to the Discovery Health Rate (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 we pay the following amount from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit. If you do not have enough funds available in your Medical Savings Account (MSA), you will need to pay this amount.

Upfront payments for scope admissions:

	Day clinic account	Hospital account
Classic, Essential, Coastal and Delta options	R3 650	R6 250
If both a gastroscopy and colonoscopy are performed in the same admission		
Classic, Essential, Coastal and Delta options	R4 450	R7 800

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 R6 250 will apply. Where both a gastroscopy and colonoscopy are performed the upfront payment of R7 800 will apply. For Delta options, the out-of-network upfront payment of R8 700 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) from your available Medical Savings Account (MSA).

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 plans, 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 Medical Savings Account (MSA).

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

Cover for procedures in the DAY SURGERY NETWORK

We cover specific procedures that can be done in a 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 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.



View all day surgery network facilities using [Find a healthcare provider on the Discovery app](#).

When you need to pay

If you go to a facility that is not in your plan's day surgery network, you will have to pay an amount upfront as per the below table:

Saver Plans	Day surgery network for your plan	Your out of network upfront payment
Classic, Essential, Coastal	Day surgery network	R5 700
Delta options	Delta day surgery network	R8 700

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



COMPASSIONATE
CARE BENEFIT



WHO GLOBAL
OUTBREAK BENEFIT



INTERNATIONAL
TRAVEL BENEFIT



CLAIMS RELATED TO
TRAUMATIC EVENTS



AFRICA EVACUATION
COVER



INTERNATIONAL SECOND
OPINION SERVICES



YOUR CONTRIBUTIONS

and Medical Savings Account

	Main member	Adult	Child*
Contributions			
Classic Saver	R3 290	R2 596	R1 318
Classic Delta Saver	R2 628	R2 076	R1 056
Essential Saver	R2 615	R1 961	R1 048
Essential Delta Saver	R2 085	R1 575	R837
Coastal Saver	R2 608	R1 962	R1 053
Annual Medical Savings Account amounts**			
Classic Saver	R9 864	R7 788	R3 948
Classic Delta Saver	R7 884	R6 228	R3 168
Essential Saver	R4 704	R3 528	R1 884
Essential Delta Saver	R3 744	R2 832	R1 500
Coastal Saver	R6 252	R4 704	R2 520

* 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.





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 (PMBs) 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.

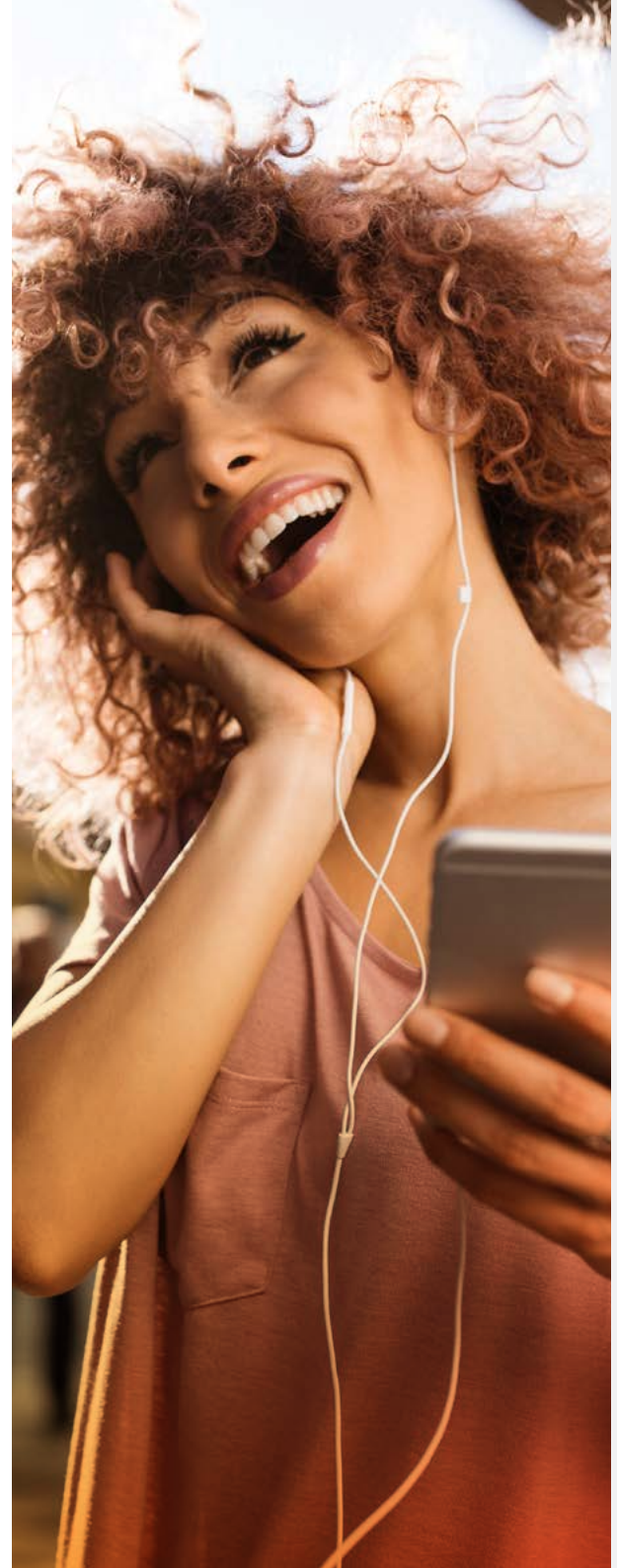
Savings on stem cell banking

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.

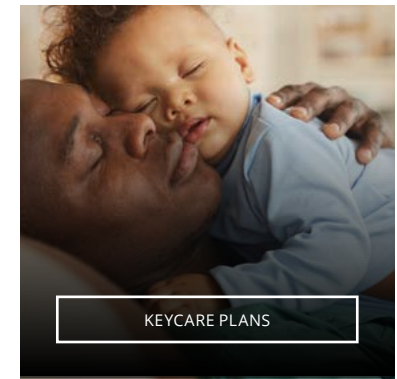
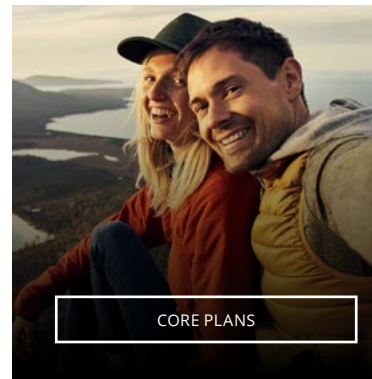
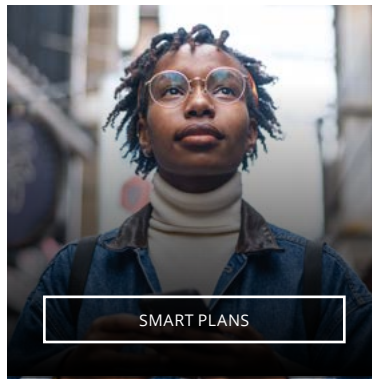
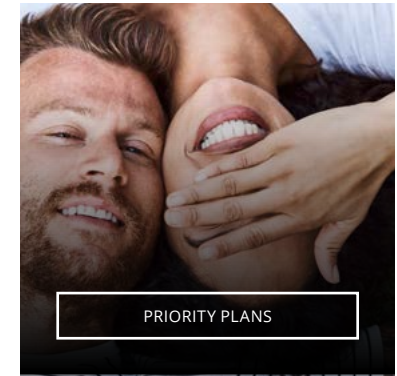
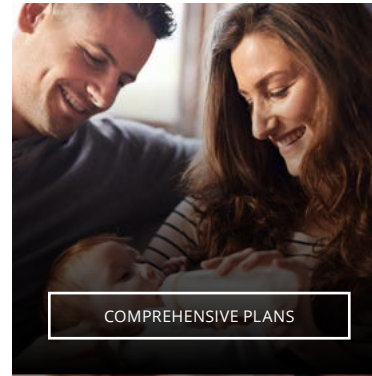
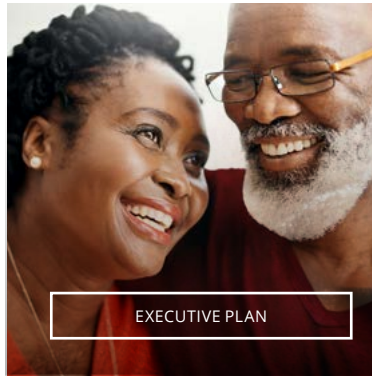
04

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



VIEW MORE HEALTH PLANS



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.

