

2019

DISCOVERY HEALTH MEDICAL SCHEME
COMPREHENSIVE SERIES

For complete peace of mind

Discovery Health Medical Scheme Join SA's leading medical aid

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

01 Widest range of plans to choose from

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

02 Rich benefits tailored to your health needs

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

03 Real value through affordable contributions

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

04 Highest financial stability rating

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

05 Access to the most advanced digital health technology

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

06 Get rewarded for being healthy

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

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.

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

A world of digital support is one click away

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

Ask Discovery

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

Manage your health

Proactive support

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

Download key documents

Hassle free admin

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

Easily find doctors and hospitals

Get the best care

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

Doctor advice on your device

Anywhere anytime

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

Manage benefits and track claims

Real time, on the go

- Submit and track your claims and benefits real time



Track your health

Get rewarded for managing your health

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

Your medicine comes to you

No queues, no fuss

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

Never forget to take your medicine

Get reminders on your phone

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

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

Comprehensive Series

Key benefits

Unlimited private hospital cover



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

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



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



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

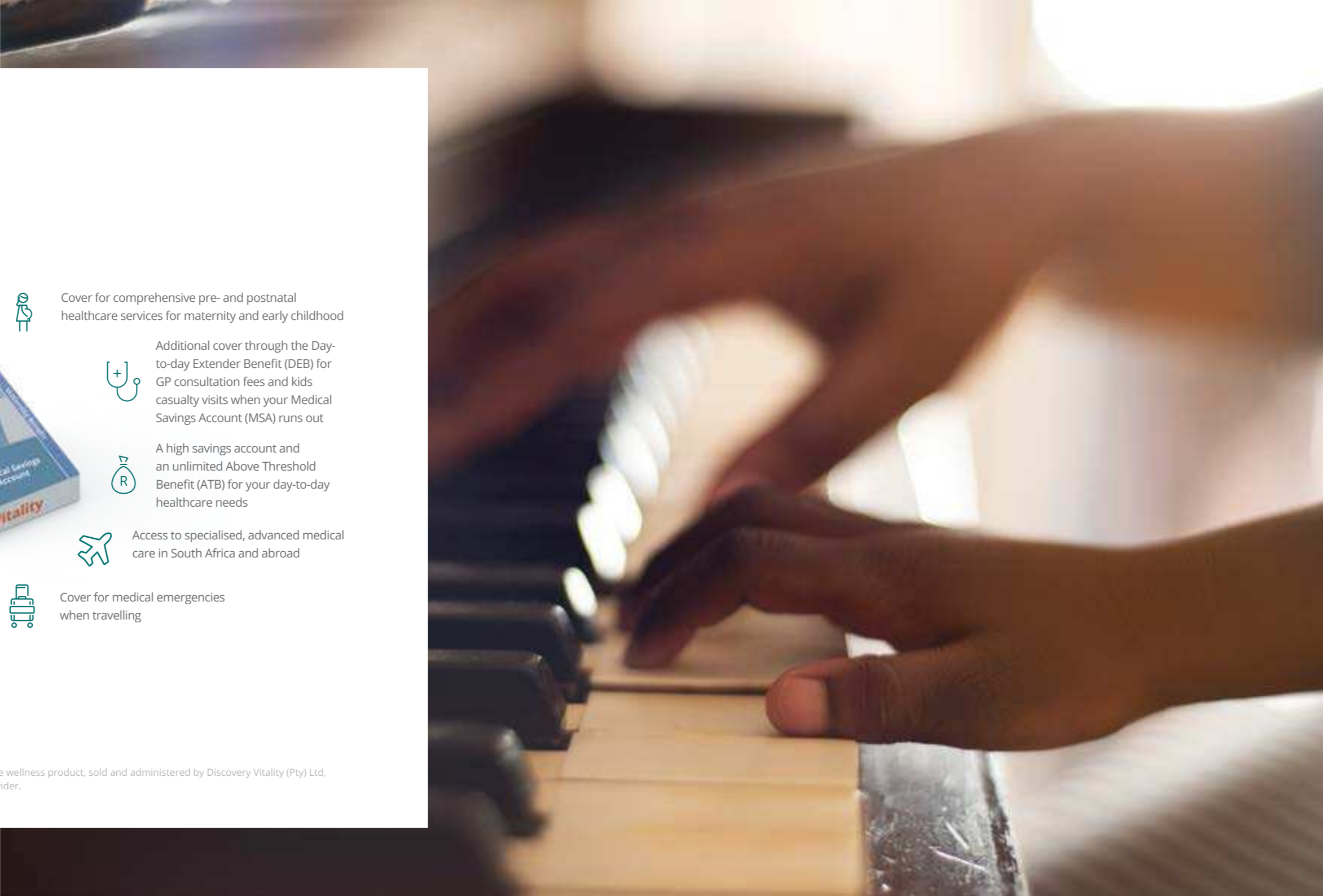


Access to specialised, advanced medical care in South Africa and abroad

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



Cover for medical emergencies when travelling



The Comprehensive Series has five health plan options

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

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

You have unlimited hospital cover

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

What is the Discovery Health Rate (DHR)?

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

Unlimited cover in private hospitals

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

The Delta options offer cover for planned admissions in a defined network.

For planned admissions at hospitals outside the Delta Hospital Network, you have to pay a portion of the hospital account.

How we cover your hospital and related accounts

We cover your hospital account from your Hospital Benefit.

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

Prescribed Minimum Benefit (PMB) conditions

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

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

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

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

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

Emergencies are covered in full

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

What is an emergency?

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

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

You have cover for chronic conditions

Get the best care and support for your chronic conditions

Prescribed Minimum Benefit (PMB) conditions

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

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

PG 14 FOR A LIST OF CONDITIONS

Chronic Illness Benefit (CIB)

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

Medicine cover for the Chronic Disease List

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

Medicine cover for the Additional Disease List

You have cover for medicine on the Additional Disease List (ADL). You are covered up to the set monthly CDA for your medicine. No medicine list applies.

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.

Where to get your medicine

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

You can also get your medicine through MedXpress, a convenient medicine ordering service, through the Discovery App, www.discovery.co.za or medxpress@discovery.co.za.

Chronic conditions covered

Additional chronic conditions covered on your plan

Chronic Disease List (CDL) conditions

Additional Disease List (ADL) conditions

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

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

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

Premier Plus GP

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



HIV Care programme

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



Diabetes Care programme

If you are registered on the Chronic Illness Benefit for diabetes, you can join the Diabetes Care programme. The programme unlocks cover for additional consultations with dietitians and biokineticists. You also have access to a nurse educator to help you with the day-to-day management of your condition.



Cardio Care programme

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



Mental Health Care programme

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

Track your health

Get healthier with goals tailored to your specific health needs

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

Health checks

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

Clinical entry criteria may apply to some of these tests.

SEE PG 19 FOR A LIST OF SCREENING TESTS THAT ARE COVERED BY THE SCHEME

Medicine tracker

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



Exercise goals

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

HealthyFood

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

Weight management

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

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



Download the Discovery app to track your health

You have unlimited cover for cancer

Oncology Benefit

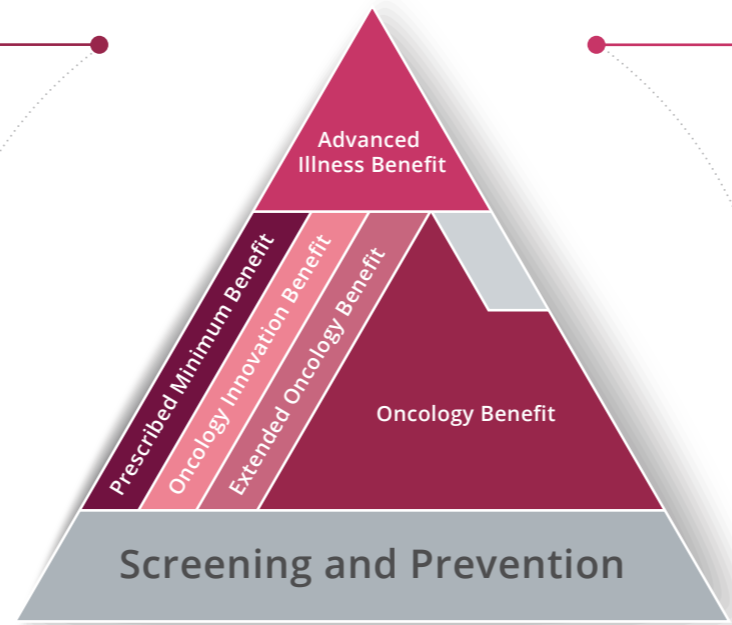
If you are diagnosed with cancer and once we have approved your cancer treatment, you are covered by the Oncology Care Programme. We cover the first R400 000 of your approved cancer treatment over a 12-month cycle.

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

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

Prescribed Minimum Benefits (PMB)

Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full.



Advanced Illness Benefit

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

Extended Oncology Benefit

You also have extended cover in full for a defined list of cancers and treatments that meet the Scheme's criteria.

Oncology Innovation Benefit

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

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

You get screening and prevention benefits

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

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



Screening for adults

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

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



Screening for kids

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



How we pay

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

You may qualify for the following additional tests:

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

Clinical entry criteria may apply to some of these tests.

Visit www.discovery.co.za to find out more.

You get cover for day-to-day medical expenses

Medical Savings Account (MSA)

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

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

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

Day-to-day Extender Benefit (DEB)

Use a network GP on HealthID who meets the digital criteria to access the Day-to-day Extender Benefit (DEB), and get full cover for GP consultation fees. Depending on the plan you choose, you also have cover for two kids casualty visits, for each child under the age of 10 years. Not covered on the Classic Zero MSA plan.

Above Threshold Benefit (ATB)

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

Maternity and early childhood benefits

You have cover for comprehensive healthcare services for maternity and early childhood paid for by the Scheme. These benefits will not affect your day-to-day benefits.

You also have additional benefits that enhance your cover



International second opinion services

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



International travel

You have cover for emergency medical costs of up to R5 million for each person on each journey while you travel outside of South Africa. This cover is for a period of 90 days from your departure from South Africa. We may cover you at equivalent local costs for elective treatment received outside of South Africa, as long as the treatment is readily and freely available in South Africa and it would normally be covered by your plan according to the Scheme Rules. Pre-existing conditions are excluded.



Africa evacuation cover

You have cover for emergency medical evacuations from certain sub-Saharan African countries back to South Africa. Pre-existing conditions are excluded.



Overseas treatment

You have cover for treatment not available in South Africa. The treatment must be at a registered healthcare professional and is paid up to a limit of R500 000 for each person.

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

A co-payment of 20% applies.



Claims related to traumatic events

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



Home-based care

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



Compassionate Care

The Compassionate Care Benefit gives you access to holistic home-based end-of-life care up to R62 200 for each person in their lifetime.



Specialised medicine and technology

You have cover for a defined list of the latest treatments through the Specialised Medicine and Technology Benefit, up to R200 000 for each person each year.

A co-payment of up to 20% applies.



Frames and lenses

Enjoy savings of 20% for frames and lenses at an optometrist in the network. Your discount is immediate at the point of sale.



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

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

You need to apply for these benefits.



Non-invasive prenatal testing and newborn screening

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

You can also use your Medical Savings Account (MSA) for newborn screening to detect metabolic disorders.

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

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

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



Hospital cover

Healthcare services with an annual limit



Cochlear implants, auditory brain implants and processors

R223 700 for each person for each benefit



Internal nerve stimulators

R153 600 for each person



Shoulder joint prostheses

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R41 700 applies to each prosthesis.



Major joints surgery

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



Alcohol and drug rehabilitation

21 days for each person



Prosthetic devices used in spinal surgery

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



Mental health

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

21 days for all other mental health admissions.

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

Cover for dental treatment in hospital



Severe dental and oral surgery

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



Other dental treatment in hospital

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

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

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



Dental limit

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

Amount you need to pay upfront for dental treatment

Hospital

	Younger than 13	R2 400
	13 and older	R6 200

Day clinic

	Younger than 13	R1 100
	13 and older	R4 000

Maternity benefits

Cover for maternity and early childhood

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



Antenatal consultations

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



Ultrasound scans and prenatal screening

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



Blood tests

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



Private ward

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



Pre- and postnatal care

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



Essential registered devices

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



GP and specialist care after birth

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



Other healthcare services

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

Day-to-day cover

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

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

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

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

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





				
Professional services	Single member	One dependant	Two dependants	Three or more dependants

Allied, therapeutic and psychology healthcare services*

(acousticians, biokineticists, chiropractors, counsellors, dietitians, homeopaths, nurses, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrists, social workers, speech and language therapists, and audiologists)




Classic	R18 600	R25 250	R30 800	R35 700
Essential	R11 200	R15 850	R20 550	R24 250
Dental appliances and orthodontic treatment*	R27 300 for each person			
Antenatal classes	R1 750 for your family			

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

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

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

Contributions, MSA and Annual Threshold amounts

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

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

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

Delta Hospital Network

Applicable to Classic Delta Comprehensive and Essential Delta Comprehensive network options. You are covered in full at hospitals in the Delta Hospital Network in accordance with your health plan benefits. For planned admissions to any other private hospital, you must pay an upfront amount of R7 650. This does not apply in an emergency.

Gauteng

- Arwyp Medical Centre
- Life Bedford Gardens Hospital
- Netcare Bougainville Private Hospital
- Life Brenthurst Clinic
- Life Carstenhof Clinic
- Dr S K Matseke Memorial Hospital
- Clinix Naledi-Nkanyezi Private Hospital
- Netcare Clinton Clinic
- Life Genesis Clinic
- Mediclinic Emfuleni
- Netcare Femina Hospital
- Life Fourways Hospital
- Mediclinic Legae Private Hospital
- Lenmed Ahmed Kathrada Private Hospital
- Life Groenkloof Hospital
- Louis Pasteur Hospital
- Midvaal Private Hospital
- Mediclinic Morningside
- Life Robinson Private Hospital

- Life Roseacres Clinic
- Life Suikerbosrand Clinic
- Wits Donald Gordon Medical Centre
- Life Wilgeheuwel Hospital

Exception hospitals

- Sunninghill hospital (Cardiac electrophysiology centre – arrhythmia conditions only)
- Zuid-Afrikaans hospital (Cardiac electrophysiology centre – arrhythmia conditions only)
- Life Wilgers hospital (Cathlab related procedures only)
- Mediclinic Midstream (Cardiac electrophysiology centre – arrhythmia conditions only)
- Netcare Milpark (Cardiac electrophysiology centre – arrhythmia conditions only)
- Mediclinic Medforum (Maternity related)

Eastern Cape

- Life Mercantile Hospital

KwaZulu Natal

- Life Chatsmed Garden Hospital
- Life Entabeni Hospital
- Midlands Medical Centre
- Life Westville Hospital
- EtheKwini Hospital and Heart Centre

Exception hospitals

- St Augustine's (Cardiac electrophysiology centre – arrhythmia conditions only)
- Gateway (Cardiac electrophysiology centre – arrhythmia conditions only)

North West

- Netcare Ferncrest Hospital

Free State

- Life Rosepark Hospital
- Netcare Universitas Private Hospital
- Horizon Eye Care Centre

Western Cape

- Mediclinic Cape Town
- Life Vincent Pallotti Hospital
- Melomed Mitchells Plain
- Mediclinic Panorama
- Mediclinic Stellenbosch
- Mediclinic Vergelegen
- Life Peninsula Hospital
- Melomed Gatesville

Exception hospitals

- Melomed Bellville (Cardiac electrophysiology centre – arrhythmia conditions only)
- Life Kingsbury Hospital (Ophthalmology and peripheral vascular surgery only)
- Christiaan Barnard Memorial hospital (Cardiac electrophysiology centre – arrhythmia conditions only)
- Melomed Tokai (Cardiac electrophysiology centre – arrhythmia conditions only)
- Origin family-centred maternity hospital (Maternity only)

General exclusions

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

The general exclusion list includes:

- Reconstructive treatment and surgery, including cosmetic procedures and treatments
- Otoplasty for bat ears, port-wine stains and blepharoplasty (eyelid surgery)
- Breast reductions or enlargements and gynaecomastia
- Obesity
- Frail care
- Infertility
- Wilfully self-inflicted illness or injury
- Alcohol, drug or solvent abuse
- Wilful and material violation of the law
- Wilful participation in war, terrorist activity, riot, civil commotion, rebellion or uprising
- Injuries sustained or healthcare services arising during travel to or in a country at war
- Experimental, unproven or unregistered treatments or practices
- Search and rescue
- Any costs for which a third party is legally responsible

We also do not cover the complications or the direct or indirect expenses that arise from any of the exclusions listed above, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits.

Waiting periods

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

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

Exclusive access to value-added offers

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



Access to Vitality to get healthier

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



Savings on stem cell banking and semen cryopreservation

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



Savings on personal and family care items

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

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

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

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

Complaints

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

01 | To take your query further

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

02 | To contact the Principal Officer

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

03 | To lodge a dispute

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

04 | To contact the Council for Medical Schemes

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

