

2019

DISCOVERY HEALTH MEDICAL SCHEME
PRIORITY 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

Priority Series

Key benefits

Unlimited cover in any private hospital



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

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



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



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

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



Cover for medical emergencies when travelling



The Priority Series has two health plan options

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

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

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.

You need to pay an amount upfront to the hospital for certain in-hospital procedures when one of the procedures is performed during a hospital admission.

PG 24 FOR THE DEFINED LIST OF PROCEDURES

You have full cover for a defined list of procedures in our day surgery network. An upfront payment will apply if you choose to have these procedures performed outside the network facilities. If any of these procedures form part of the defined list of procedures, the higher of the upfront amounts payable will be applicable if performed outside of the day surgery network.

PG 13 FOR THE DEFINED LIST OF PROCEDURES

How we cover your hospital and related accounts

We cover your hospital account from your Hospital Benefit.

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

Prescribed Minimum Benefit (PMB) conditions

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

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

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

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

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

Emergencies are covered in full

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

What is an emergency?

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

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

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

We cover the following procedures in our day surgery network

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

Breast: Mastectomy for gynaecomastia, lumpectomy

Ear, Nose and Throat

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

Eye

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

Gastrointestinal

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

Gynaecological

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

Incision and Drainage of abscess and/or cyst:

skin, subcutaneous tissue, soft tissue, bone, bursa, mouth, tonsil, pilonidal, ovary, Bartholin's gland, vagina

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

Orthopaedic

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

Removal of foreign body

Skin: Debridement, removal of lesions, wound repair

Urological

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

Vascular: Treatment of varicose veins

You have cover for chronic conditions

Get the best care and support for your chronic conditions

Prescribed Minimum Benefit (PMB) conditions

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

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

PG 15 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).

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.

Chronic conditions covered

Chronic Disease List (CDL) conditions

A	Addison's disease, asthma
B	Bipolar mood disorder, bronchiectasis
C	Cardiac failure, cardiomyopathy, chronic obstructive pulmonary disease, chronic renal disease, coronary artery disease, Crohn's disease
D	Diabetes insipidus, diabetes Type 1, diabetes Type 2, dysrhythmia
E	Epilepsy
G	Glaucoma
H	Haemophilia, HIV, hyperlipidaemia, hypertension, hypothyroidism
M	Multiple sclerosis
P	Parkinson's disease
R	Rheumatoid arthritis
S	Schizophrenia, systemic lupus erythematosus
U	Ulcerative colitis



Where to get your medicine

Avoid co-payments by using MedXpress and MedXpress Network Pharmacies

What is MedXpress?

A convenient medicine ordering service

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

MedXpress and MedXpress Network Pharmacies

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

- MedXpress or MedXpress Network Pharmacies

How to order



Discovery app

or



www.discovery.co.za

or



medxpress@discovery.co.za

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

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

Premier Plus GP

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



HIV Care programme

If you are registered on the HIV programme, you are covered for the care you need, which includes additional cover for social workers. You can be assured of confidentiality at all times. You have to see a Premier Plus GP to avoid a 20% co-payment. 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. You have to see a Premier Plus GP to avoid a 20% co-payment.



Cardio Care programme

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



Mental Health Care programme

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

Track your health

Get healthier with goals tailored to your specific health needs

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

Health checks

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

Clinical entry criteria may apply to some of these tests.

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

Medicine tracker

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



Exercise goals

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

HealthyFood

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

Weight management

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

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



Download the Discovery app to track your health

You have unlimited cover for cancer

Oncology Benefit

If you are diagnosed with cancer and once we have approved your cancer treatment, you are covered by the Oncology Care Programme. We cover the first R200 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.

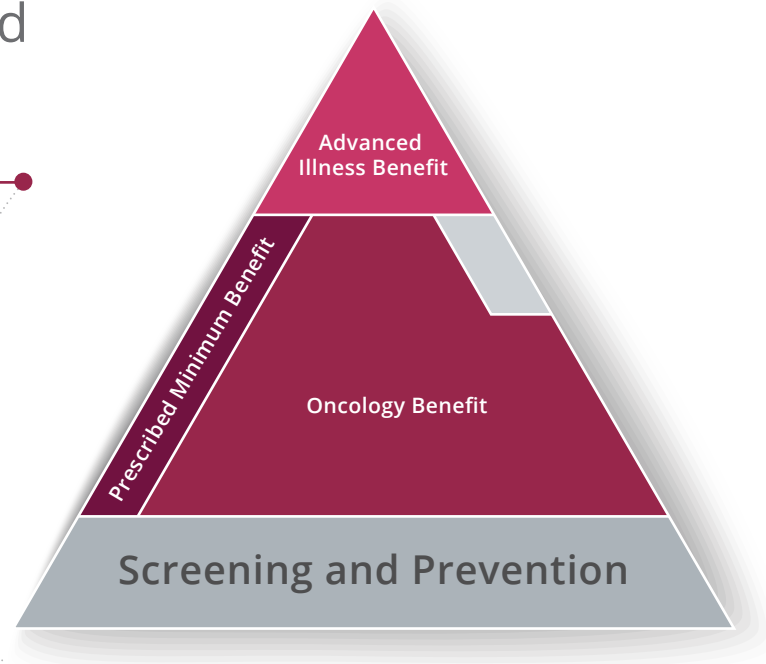
All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). You might have a co-payment if your healthcare professional charges above this rate.

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.



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 limited 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. On the Classic plan you also have cover for two kids casualty visits, for each child under the age of 10 years.

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 limited Above Threshold Benefit (ATB), at the DHR or a portion of it.

Maternity and early childhood benefits

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

You also have additional benefits that enhance your cover



International second opinion services

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



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.



Home-based care

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



Compassionate Care

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



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.



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



Hospital cover

Healthcare services with an annual limit



Cochlear implants, auditory brain implants and processors

R223 700 for each person for each benefit



Internal nerve stimulators

R153 600 for each person



Shoulder joint prostheses

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



Major joints surgery

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



Alcohol and drug rehabilitation

21 days for each person



Spinal surgery

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



Mental health

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

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



Chronic dialysis

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

If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR).

Cover for treatment in hospital



Severe dental and oral surgery

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



Other dental treatment in hospital

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

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

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



Dental limit

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

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

Amount you need to pay upfront for dental treatment

Hospital



Younger than 13	R2 400
13 and older	R6 200

Day clinic



Younger than 13	R1 100
13 and older	R4 000

Maternity benefits

Cover for maternity and early childhood

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



Antenatal consultations

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



Ultrasound scans and prenatal screening

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



Blood tests

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



Pre- and postnatal care

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



GP and specialist care after birth

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



Other healthcare services

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

Day-to-day cover

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

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

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

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

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

Professional services	 Single member	 One dependant	 Two dependants	 Three or more dependants
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Allied, therapeutic and psychology healthcare services*

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

Classic	R11 100	R15 700	R20 350	R24 000
Essential	R7 350	R11 100	R13 800	R16 650
Dental appliances and orthodontic treatment*	R17 000 for each person			
Antenatal classes	R1 750 for your family			

*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	R20 250	R24 600	R29 600	R32 300
Essential	R14 400	R17 000	R20 200	R24 550
Over-the-counter medicine, vaccines, immunisations and lifestyle-enhancing products	We pay these claims from the available funds in your Medical Savings Account (MSA). These claims do not add up to the Annual Threshold and are not paid from the limited Above Threshold Benefit (ATB).			

Appliances and equipment

Optical* (includes cover for lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R5 000 for each person		
External medical items* (like wheelchairs, crutches and prostheses)	Classic	R39 400 for your family	
	Essential	R26 450 for your family	
Hearing aids	Classic	R19 800 for your family	
	Essential	R14 100 for your family	

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

Contributions, MSA and Annual Threshold amounts

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

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

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

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

