DISCOVERY HEALTH 2023 OPTION CHANGE FORM

Please complete this form **only** if you wish to change your option for January 2023. This form must be submitted before **10 December 2022**. Please do not submit any changes directly to Discovery Health Medical Scheme.

Name & Surname	Contact Number
Staff Number	Membership number

Plan	2023 Option	Important Notes	Principal Member	Spouse / Adult	Child
Executive Plan		Hospitalisation at 300% of DHR; 25% MSA & Above Threshold	R 8298	R 8298	R 1586
Classic Comprehensive		Hospitalisation at 200% of DHR; 25% MSA & Above Threshold	R 6810	R 6441	R 1358
Classic Delta Comprehensive		Hospitalisation at 200% (network hospitals) of DHR; 25% MSA & Above Threshold	R 6133	R 5805	R 1221
Essential Comprehensive		Hospitalisation at 100% of DHR; 15% MSA & Above Threshold	R 5723	R 5405	R 1155
Essential Delta Comprehensive		Hospitalisation at 100% (network hospitals) of DHR; 15% MSA & Above Threshold	R 5155	R 4868	R 1032
Classic Smart Comprehensive		Hospitalisation at 200% (network hospitals) of DHR; NO MSA	R 4949	R 4568	R 1574
Classic Priority		Hospitalisation at 200% of DHR; 25% MSA & Limited Above Threshold Co-payments on specific in-hospital procedures	R 4362	R 3440	R 1745
Essential Priority		Hospitalisation at 100% of DHR; 15% MSA & Limited Above Threshold Co-payments on specific in-hospital procedures	R 3749	R 2947	R 1497
Classic Saver		Hospitalisation at 200% of DHR; 25% MSA	R 3762	R 2968	R 1508
Classic Delta Saver		Hospitalisation at 200% (network hospitals) of DHR; 25% MSA	R 3006	R 2374	R 1206
Essential Saver		Hospitalisation at 100% of DHR; 15% MSA	R 2990	R 2243	R 1198
Essential Delta Saver		Hospitalisation at 100% (network hospitals of DHR; 15% MSA	R 2385	R 1800	R 957
Coastal Saver		Hospitalisation at 100% (network hospitals) of DHR; 20% MSA	R 2983	R 2242	R 1205
Classic Smart		Hospitalisation at 200% (network hospitals) of DHR; Network day-to-day	R 2235	R 1763	R 892
Essential Smart -		Hospitalisation at 100% (network hospitals) of DHR; Network day-to-day	R 1600	R 1600	R 1600
Classic Core		Hospitalisation at 200% of DHR; No MSA	R 2800	R 2209	R 1120
Classic Delta Core		Hospitalisation at 200% (network hospitals) of DHR; No MSA	R 2241	R 1767	R 896
Essential Core		Hospitalisation at 100% of DHR; No MSA	R 2406	R 1804	R 967
Essential Delta Core		Hospitalisation at 100% (network hospitals) of DHR; No MSA	R 1923	R 1446	R 771
Coastal Core		Hospitalisation at 100% (network hospitals) of DHR; No MSA	R 2226	R 1671	R 885
KeyCare Plus (RO -R 8550)		Hospitalisation at 100% DHR and limited day-to-day benefits (network providers)	R 1380	R 1380	R 502

KeyCare Plus (R 8551	Hospitalisation at 100% DHR and limited	R 1897	R 1897	R 535
- 13 800)	day-to-day benefits (network providers)			
KeyCare Plus (R	Hospitalisation at 100% DHR and limited	d R 2801 R 2801 R 750		
13 801 +)	day-to-day benefits (network providers)	enefits (network providers)		
KeyCare Core (R0 -R	Hospitalisation only at 100% DHR	R 1084 R 1084 R 284		R 284
8550)	(network providers) no day-to day			
KeyCare Core (R 8551	Hospitalisation only at 100% DHR	R 1352	R 1352	R 336
- 13 800)	(network providers) no day-to day			
KeyCare Core (R	Hospitalisation only at 100% DHR	R 2068	R 2068	R 470
13 801 +)	(network providers) no day-to day			
KeyCare Start (R0 -R	Hospitalisation at 100% DHR and limited	R 1044	R 1044	R 637
8550)	day-to-day benefits (network providers)			
	CIB – covered in state facility			
KeyCare Start (R	Hospitalisation at 100% DHR and limited	R 1758	R 1758	R 689
8551 – 13 800)	day-to-day benefits (network providers)			
	CIB – covered in state facility			
KeyCare Start (R	Hospitalisation at 100% DHR and limited	R 2737	R 2737	R 744
13 801 +)	day-to-day benefits (network providers)			
	CIB – covered in state facility			

ANNUAL MEDICAL SAVINGS ACCOUNT

Series	Plan	Main member	Adult	Child∗
Executive	Executive Plan	23 520	23 520	4 491
Comprehensive	Classic Comprehensive	19 299	18 249	3843
	Classic Delta Comprehensive	17 379	16 449	3 462
	Essential Comprehensive	9 729	9 189	1 959
	Essential Delta Comprehensive	8 763	8 274	1 749
Priority	Classic Priority	12 360	9 744	4 944
	Essential Priority	6 366	5007	2 544
Saver	Classic Saver	10 659	8 409	4 272
	Classic Delta Saver	8 517	6 729	3 414
	Essential Saver	5 079	3 807	2 031
	Essential Delta Saver	4 050	3 060	1 626
	Coastal Saver	6 756	5 079	2 730

Declaration

I hereby declare that I have read and understood all the available and relevant information relating to the plan option selected above, which has enabled me to make an informed decision about changing my plan. I understand the rules, benefits, and financial implications of the plan selection.

Members Signature	
Date	