Discovery
Health Medical Scheme

SAVER PLANS | 2023

Classic | Classic Delta | Essential | Essential Delta | Coastal

We're here for your health

For the best quality healthcare to support life's inevitable moments, Discovery Health Medical Scheme provides comprehensive healthcare that is just right for you.

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, diagnosis and treatment of medical conditions
- 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 healthcare and 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. 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.

Contents page

KEY TERMS

KEY FEATURES AND BENEFITS

EMERGENCY COVER AND PRESCRIBED MINIMUM BENEFITS

SCREENING AND PREVENTION BENEFITS

CONNECTED CARE

DAY-TO-DAY BENEFITS AND COVER

MATERNITY BENEFITS

CHRONIC CONDITIONS AND CARE PROGRAMMES

COVER FOR CANCER

HOSPITAL COVER AND ANNUAL LIMITS

DAY SURGERY

EXTRA BENEFITS

CONTRIBUTIONS

EXCLUSIONS

VALUE ADDED OFFERS

Key terms

About some of the terms we use in this document

C

Chronic Disease List (CDL)

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

Chronic Drug Amount (CDA)

The Chronic Drug Amount (CDA) is the monthly amount that we pay up to for a medicine class, subject to a member's plan type. This applies to chronic medicine that is not listed on the formulary or medicine list.

Chronic Illness Benefit (CIB)

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

Connected Care

Connected Care is an integrated healthcare ecosystem of benefits, services and connected digital capabilities to help you manage your health and wellness.

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 or if the amount the service provider charges is higher than the rate we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.

Cover

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

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

Depending on your chosen plan, 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.

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.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Key terms

About some of the terms we use in this document

D

Designated service provider (DSP)

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

Discovery Health Rate (DHR)

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

Discovery Health Rate for medicine

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

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

Efficiency discount arrangement

An option where members on the Delta Saver plans benefit from a lower contribution in exchange for limiting their access to a restricted network.

Emergency medical condition

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

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

F

Find a healthcare provider

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

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, Find a healthcare provider and the Discovery app 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
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Key terms

About some of the terms we use in this document

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 is allocated to you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to your MSA. You can choose to have your claims paid from the MSA either at the Discovery Health Rate, or at cost. 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 health 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

You have 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.

HealthID is 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
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

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 and enrolment on one of our care programmes 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 271 diagnoses
- A defined list of 27 chronic conditions.

To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions
- The treatment needed must match the treatments in the defined benefits
- You must use designated service providers (DSPs) in our network. This does not apply in emergencies. Where appropriate and according to the Rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a DSP we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.

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

R

Related accounts

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

S

Shariah complaint arrangement

An arrangement which enables you to have their health plan administered in accordance with principles that are Shariah compliant.

W

WHO Global Outbreak Benefit

The WHO Global Outbreak Benefit provides cover for approved global disease outbreaks recognised by the World Health Organization (WHO) such as COVID-19 and monkeypox. This benefit provides access to a defined basket of care per disease outbreak, which includes cover for vaccines (where applicable) and relevant out-of-hospital treatment.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Key **features**

Unlimited cover for hospital admissions

There is no overall limit for hospital cover on the Saver plans.

Full cover for chronic medicine

Full cover for chronic medicine on our formulary for all Chronic Disease List (CDL) conditions when you use MedXpress or a MedXpress Network Pharmacy.

Connected Care

You have access to remote care at home, including a Home Monitoring Device Benefit for essential home monitoring, home-based hospital-related care and follow-up treatment after an admission and access to Hospital at Home programme for quality care in the comfort of your own home.

Extensive cover for pregnancy

You get comprehensive benefits for maternity and early childhood that cover certain healthcare services before and after birth.

WELLTH Fund

The WELLTH Fund covers a comprehensive list of additional screening and prevention healthcare services according to your individual health needs.

Full cover in hospital for related accounts

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 and Coastal plans for other healthcare professionals.

Screening and prevention

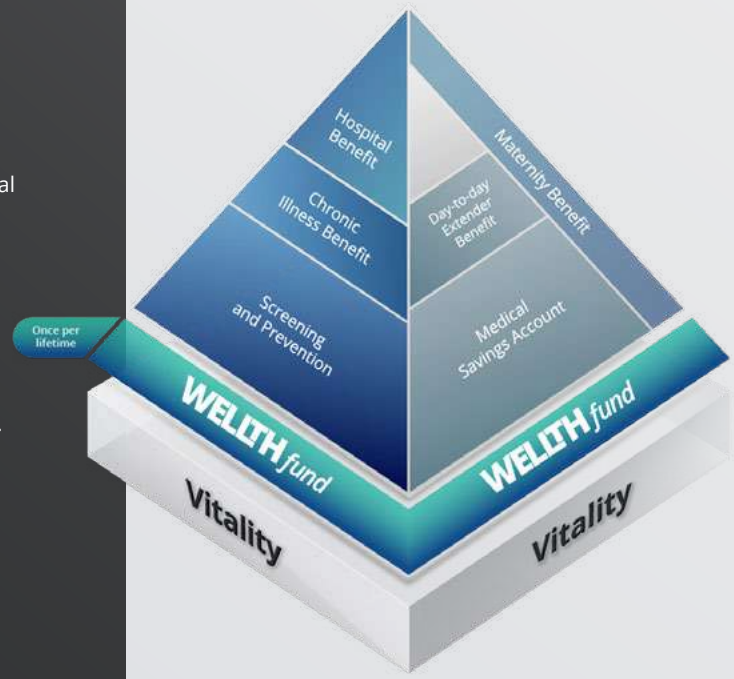
Screening and prevention benefits that cover vital tests to detect early warning signs of serious illness.

Cover when travelling

Cover for medical emergencies when travelling.

Day-to-day Cover

We pay your day-to-day medical expenses from the available funds allocated to your Medical Savings Account (MSA). This empowers you to manage your spend. The Day-to-day Extender Benefit (DEB) extends your day-to-day cover for essential healthcare services in our network.



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.
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.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

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 Day Surgery Network	Private day surgery facility in the Day Surgery Network	Private day surgery facility in the Delta Day Surgery Network	Private day surgery facility in the Coastal Day Surgery Network
Cover for healthcare professionals in hospital	Twice the Discovery Health Rate (DHR) (200%)		Up to the Discovery Health Rate (DHR) (100%)		

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

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 or 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.

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.

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.

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.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Prescribed
Minimum Benefits

What are Prescribed Minimum Benefits?

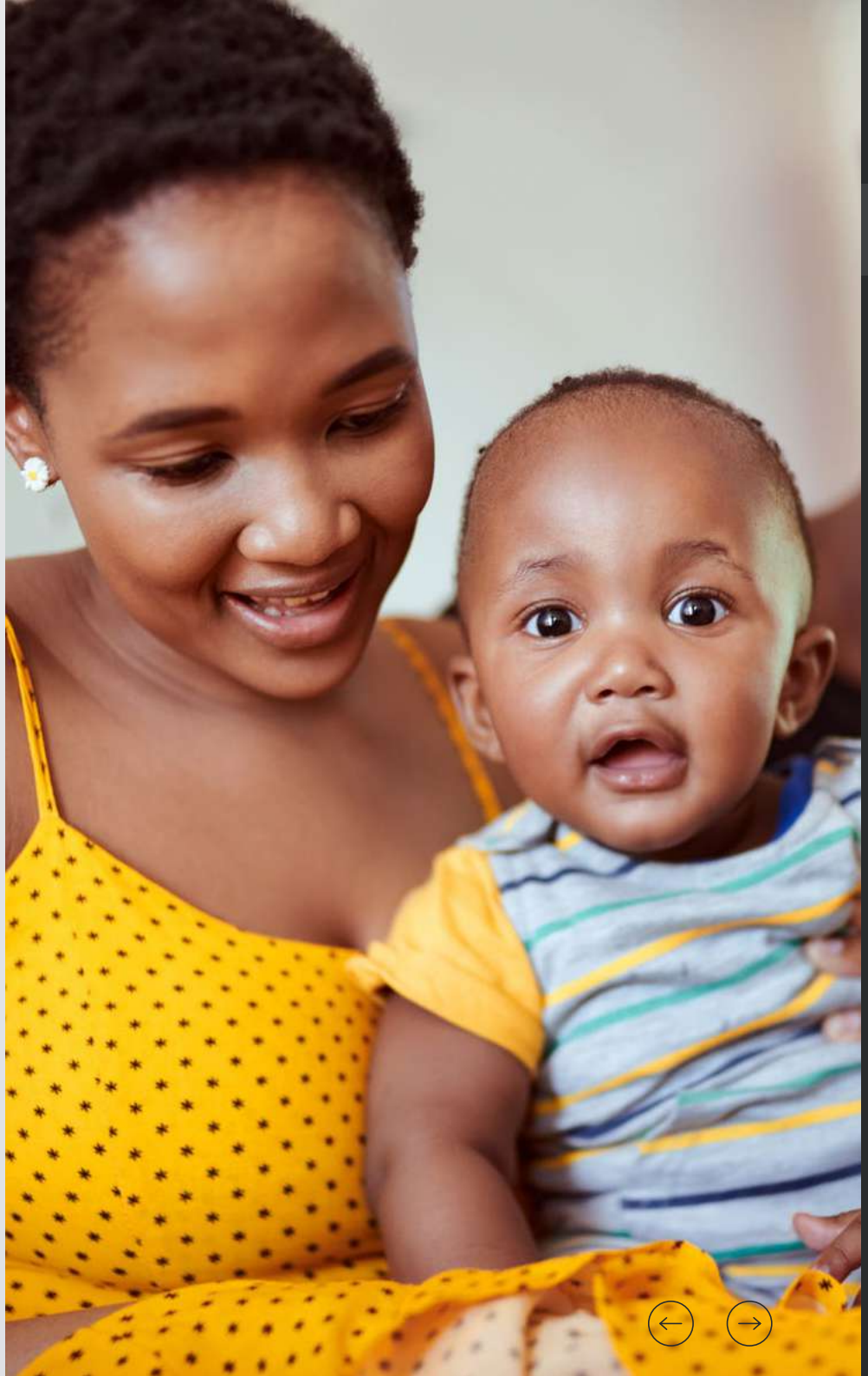
According to the Prescribed Minimum Benefit (PMB) conditions in terms of the Medical Schemes Act 131 of 1998 and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- *An emergency medical condition*
- *A defined list of 271 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.

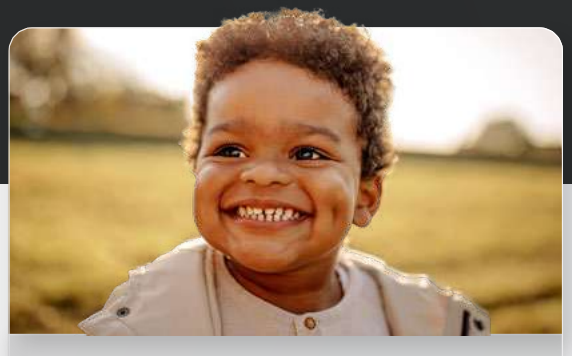
If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.



KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

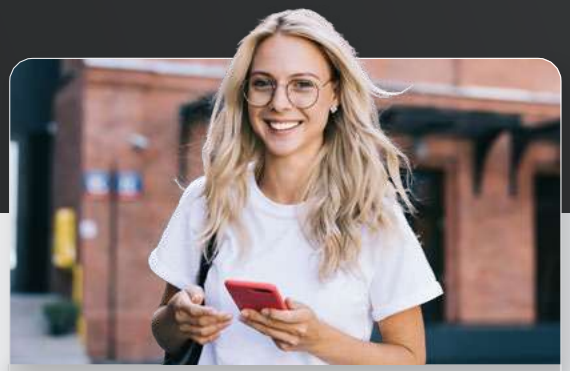
You have access to essential **screening and prevention benefits**

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/or ultrasounds and prostate screenings. Once all members on your membership have completed their health check, you also have access to additional screening and prevention healthcare services from the WELLTH Fund, as featured on page 11.



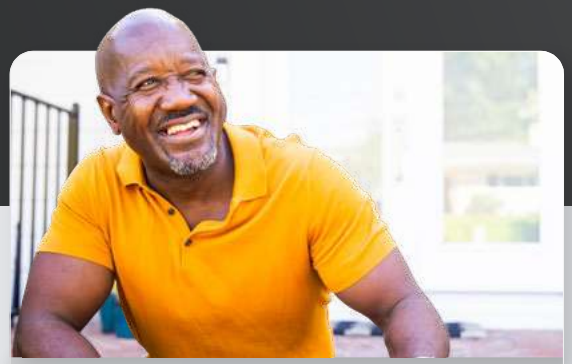
SCREENING FOR KIDS

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



SCREENING FOR ADULTS

This benefit covers a health check which is made up of 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 or ultrasound of the breast every two years, a Pap smear once every three years or a HPV test once every five years, PSA test (prostate screening) each year and bowel cancer screening tests every two years for members between 45 and 75 years. 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.



SCREENING FOR SENIORS

In addition to the screening for adults, members aged 65 years and older have cover for an age appropriate falls risk screening assessment in our defined pharmacy network. You may have cover for an additional falls risk assessment when referred to a Premier Plus GP, depending on your screening test results and if you meet the Scheme's clinical entry criteria.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

What we pay for

We cover various screening tests at our wellness providers.

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

Clinical entry criteria may apply to these tests:

- Defined diabetes and cholesterol screening tests
- Breast MRI or mammogram and once-off BRCA testing for breast screening
- Colonoscopy for bowel cancer screening
- Pap smear or HPV test for cervical screening.

Vaccines (clinical entry criteria may apply):

- Seasonal flu vaccine for members who are pregnant, 65 years or older, registered for certain chronic conditions or healthcare professionals
- Pneumococcal vaccine for members over the age of 65 or those registered for certain chronic conditions
- COVID-19 vaccines are covered from the WHO Global Outbreak Benefit. Please refer to page 12 for more information.

Visit **www.discovery.co.za** to view the detailed Screening and Prevention Benefit guide.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

You have access to the **WELLTH Fund**

The WELLTH Fund covers a comprehensive list of screening and prevention healthcare services to ensure that you are empowered to take specific action according to your individual health needs. This benefit is separate from and additional to the Screening and Prevention Benefit and will be available once per lifetime for all members and dependants who have completed their health checks.

Your WELLTH Fund can be used for appropriate screening and prevention healthcare services up to your WELLTH Fund limit. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.

General health

You have access by primary healthcare screening which include services for visual, hearing, dental and skin conditions. You also have access to one GP screening consultation.

Physical health

You have access to physical wellbeing screening at a dietician, biokinetisist and/or physiotherapist

Mental health

You have access to a mental wellness check-up to support mental wellbeing.

Women and men's health

You have access to a range of women and men's screening and prevention healthcare services. These include for example a:

- Gynaecological, prostate and/or heart consultation with your doctor
- Bone density check
- Additional colon cancer screening

Children's health

You have access to a children wellness visit which include growth and developmental milestones assessments with a occupational therapist, speech therapist and/or physiotherapist.

Medical monitoring devices

You have access to certain medical monitoring devices which helps measure for example blood pressure, cholesterol and blood sugar.

How to get access

The WELLTH Fund is available for two benefit years once all beneficaries aged over two complete their age-appropriate health check at a provider in our Wellness Network. For new joiners, the benefit is available in the year of joining and the year thereafter.For more on the health check, refer to page 9.

What limits apply

The benefit is available once per beneficiary per lifetime. Qualifying healthcare services are covered up to a maximum of the Discovery Health Rate (DHR), subject to the overall benefit limit.

Your WELLTH Fund limit is dependant on the size and make up of your family on your policy:

- R2,500 per adult dependant
- R1,250 per child dependant two years and older
- Up to a maximum of R10,000 per family

The WELLTH Fund is available to all registered beneficiaries on the membership. The WELLTH Fund will not cover screening and prevention healthcare services already covered by other defined benefits.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

World Health Organisation (WHO) Global Outbreak Benefit

The WHO Global Outbreak Benefit is available to all members during a declared outbreak period. The benefit provides cover for vaccinations (where applicable) as well as a defined basket of care for out-of-hospital healthcare services related to outbreak diseases such as COVID-19 and monkeypox.

Cover is subject to clinical entry criteria and paid up to the maximum of the Discovery Health Rate (DHR).

How you are covered for COVID-19

The basket of care includes:

- COVID-19 vaccines and the administration thereof in accordance with the National Department of Health COVID-19 guidelines.
- Screening consultations with a network GP (either virtual consultations, telephone or face-to-face).
- COVID-19 PCR and Rapid Antigen screening tests if referred by an appropriate healthcare professional.
- A defined basket of pathology tests for COVID-19 positive members.
- A defined basket of x-rays and scans for COVID-19 positive members.
- Supportive treatment, including medicine and a home monitoring device to track oxygen saturation levels for at-risk members who meet the clinical entry criteria.

You also have cover for:

- In-hospital treatment related to COVID-19 for approved admissions is covered from the Hospital Benefit based on your chosen health plan and in accordance with Prescribed Minimum Benefits (PMB), where applicable.
- Access to the Long COVID Recovery Programme: a six-month support programme for members with COVID-19 symptoms that persist beyond 21 days of diagnosis of acute COVID-19. The programme includes up to two specialist and GP consultations, a defined basket of pathology tests, allied healthcare professional support, a home monitoring device and a defined basket of x-rays and scans, in accordance with the Scheme's clinical entry criteria and treatment guidelines.

Know your risk

You can understand your risk status at any point by completing the COVID-19 risk assessment. The assessment is a set of questions which determines if you may be presenting with symptoms suggestive of COVID-19 disease or may have been exposed to COVID-19 infection and need a consultation with a doctor. The assessment is available on the Discovery website or app or by calling us and following the prompts to complete the COVID-19 risk assessment.

How you are covered when diagnosed with monkeypox

The basket of care for confirmed cases includes:

- A diagnostic PCR screening test
- Two consultations with a dermatologist or GP
- Supportive medicine formulary for pain management.

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.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

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.

Health monitoring devices

Access to the latest medical examination and remote monitoring and point-of-care devices to enable quality care from home.

Medicine ordering and tracking

Order and track your medicine delivery from dispensary to your door.

Electronic prescriptions

Seamless e-scripting to give you quicker access to your medicine.

Online coaches

Personalised coaching consultations to help you better manage your chronic and acute conditions, including COVID-19, from home.

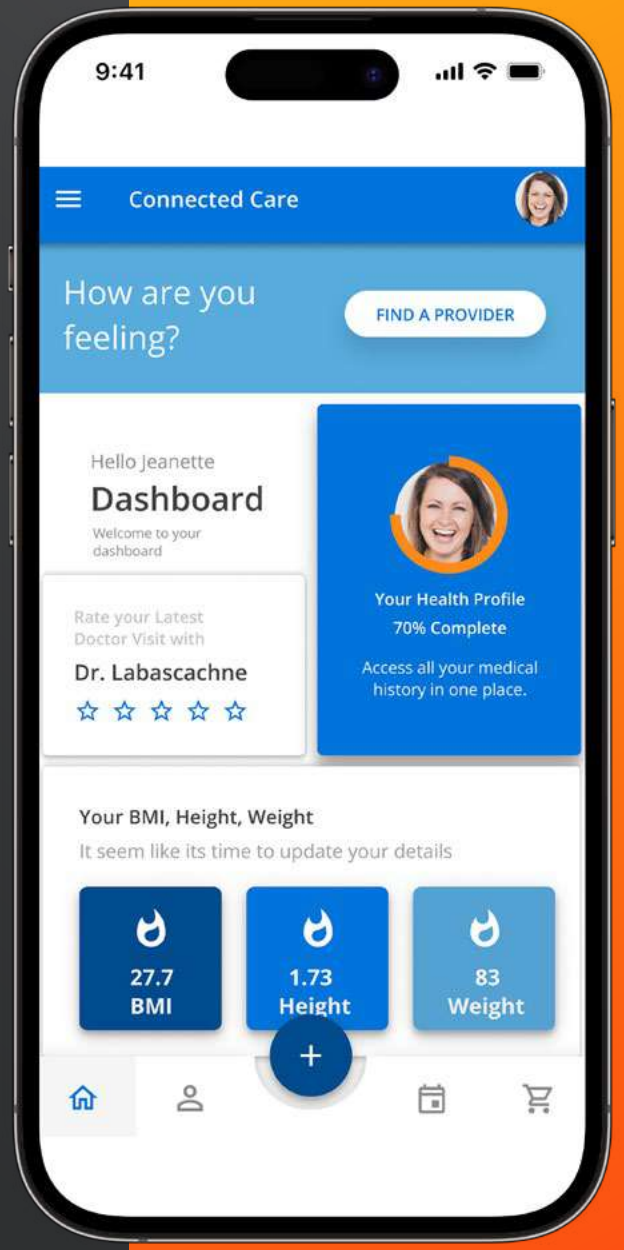
Home nurses

Hospital-related care with home nurses to care for you at home.

Condition-specific information

Educational content specific to your condition, at your fingertips.

Visit **www.discovery.co.za** to view the detailed Connected Care Benefit guide.



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.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

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

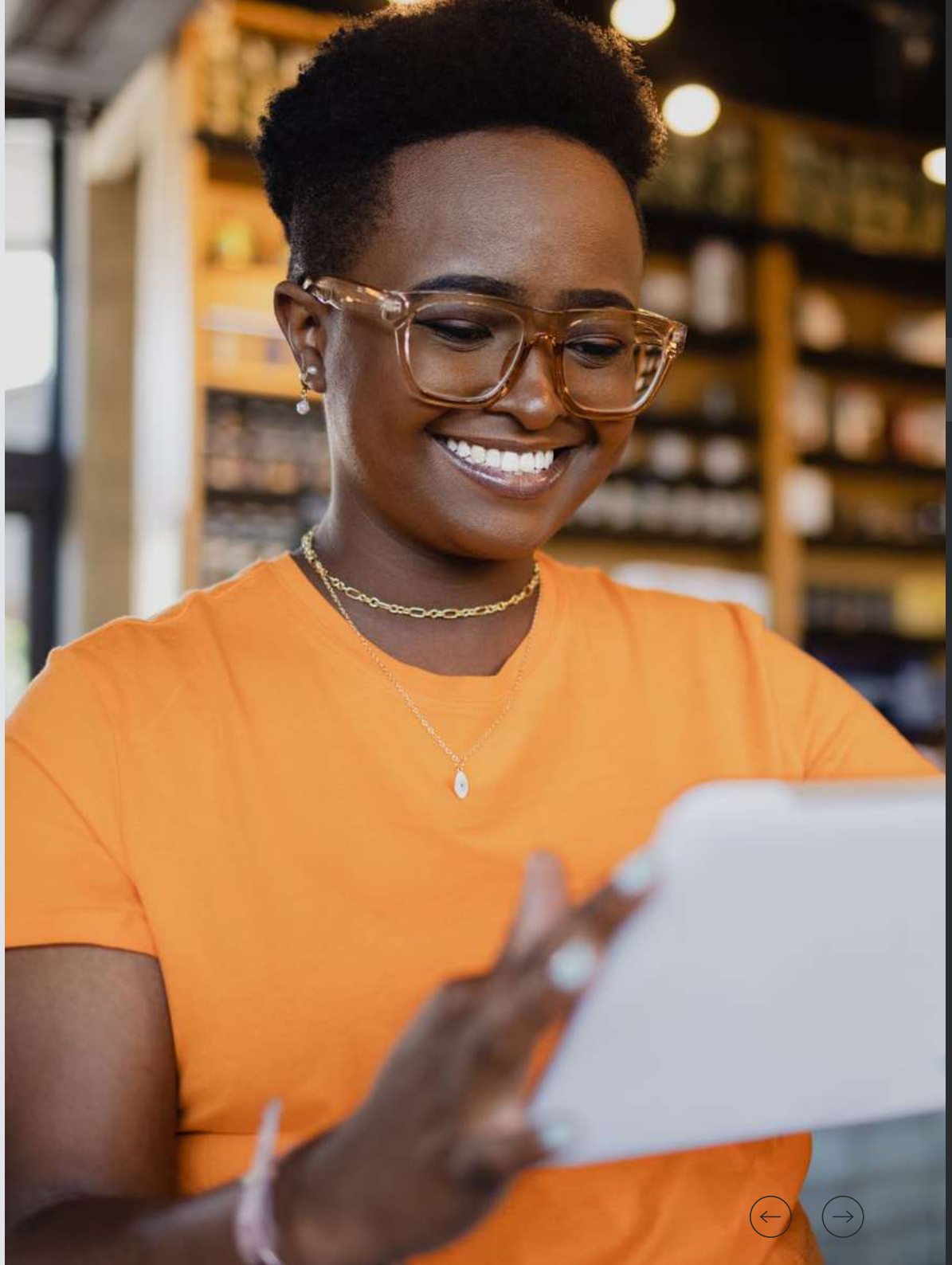
You can connect to doctors through virtual consultations like never before, from the comfort of your home.

The Home Monitoring Device Benefit gives you access to a range of essential and registered home monitoring devices for certain chronic and acute conditions. Approved cover for these devices will not affect your day-to-day benefits.

Connected Care for members with chronic conditions

You and your doctor can manage your chronic condition through Connected Care in the comfort of your home. You have access to a range of digital services linked to smart remote monitoring and point-of-care devices and personalised coaching consultations, for qualifying members, to help you track and manage your chronic condition from home.

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.



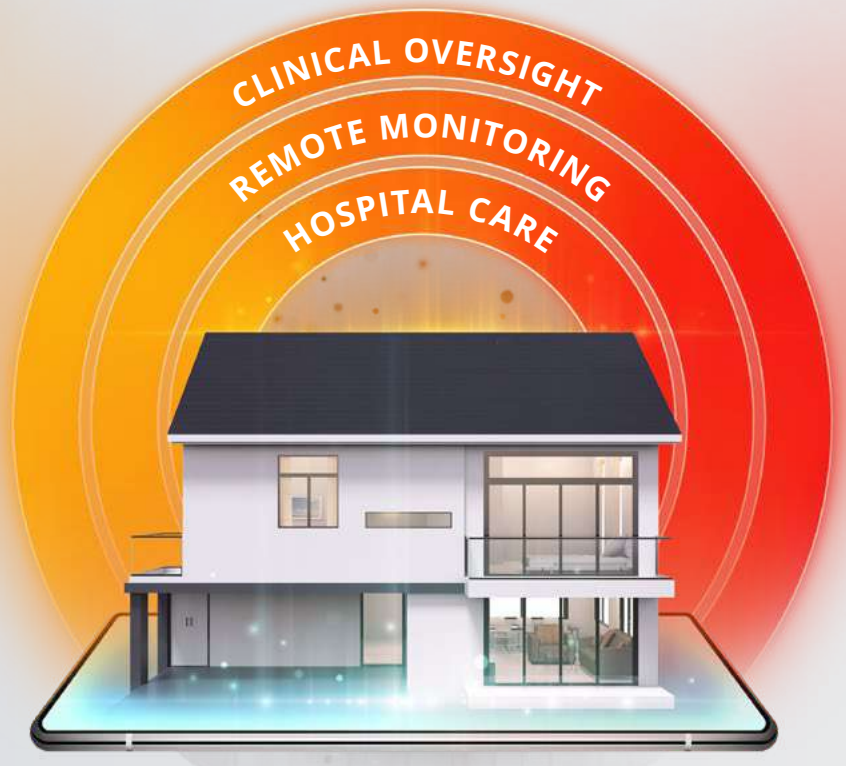
KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Hospital at Home with Discovery

Delivering hospital-level care safely and effectively in your home for many medical and surgical conditions for which you would otherwise be admitted to hospital.

If you are admitted to Hospital at Home you have access to enhanced benefits and services, delivered through your personalised care team. Together, these benefits and services give you a seamless healthcare experience, making you healthier, and enhancing and protecting lives. We pay all services offered as part of Discovery's Hospital at Home programme from your Hospital Benefit, if you have a valid pre-authorisation for hospitalisation. This unlocks cover for approved devices and healthcare services for those who meet the clinical and benefit criteria.

Visit **www.discovery.co.za** to view the detailed Connected Care Benefit guide.



24/7 Clinical oversight from a care team

Physical and virtual 24-hour care delivery facilitated by a dedicated care team that includes doctors, nurses and allied healthcare professionals. Qualifying members get access to extra Hospital at Home services for a seamless home care delivery experience.

24/7 Real-time remote monitoring supported by cutting-edge digital healthcare technologies

Access to a remote monitoring device that automatically transmits information to a hospital-based care team, 24 hours a day, seven days a week. Healthcare professionals continually assess your health status, monitor your medical stability, track treatment compliance and recommend interventions when necessary.

Hospital-level diagnostics and interventions

Access to an improved range of clinical diagnostic procedures and interventions to manage medical or post-surgical hospital-level care in the home. It is supported by extra benefits paid by the Scheme to improve your experience.

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.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Connected Care for
Acute Care at Home

This includes cover and treatment for COVID-19 and/or follow-up care once discharged. You also have access to the Home Monitoring Device Benefit.

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 R4,250 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.

Cover for Home care

Discovery Home Care is a 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. Services include postnatal care, end-of-life care, IV infusions (drips) and wound care. These services are paid from the Hospital Benefit, subject to approval. Discovery Home Care is the designated service provider (DSP) for administration of defined intravenous infusions. Avoid a 20% co-payment by using Discovery Home Care for these infusions.

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.

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.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

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. You have the option to have your claims paid from the MSA at either the Discovery Health Rate, or at cost.

The Scheme will automatically fund your claims in excess of the DHR, if you have opted to have your claims paid from the MSA at cost. If you have opted to have claims paid from your MSA at the DHR and you wish to have claims paid in excess of the DHR from the available funds in your MSA, you can request a special payment from your MSA.

Day-to-day Extender Benefit (DEB)

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 unlimited cover for face-to-face consultations with a network GP, when referred following a video call consultation or by the pharmacy clinic virtual GP.

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

	SINGLE MEMBER	FAMILY
SAVER PLANS		
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.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

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 from the date of activation of the benefit for each pregnancy and for each child from birth until they are two years old.

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 to confirm your 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 for complications post delivery, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

Pre- and postnatal care

We pay for a maximum of five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth. We pay for one breastfeeding consultation with a registered nurse or a breastfeeding specialist.

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

How to get the benefit

You can activate the benefit in any of these ways:

- Create your pregnancy or baby profile on the Discovery app or on our website at **www.discovery.co.za**
- When you pre-authorise your delivery or you register your baby as a dependant on the Scheme

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.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Chronic benefits

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

The Chronic Illness Benefit (CIB) covers you for a defined list of 27 medical conditions known as the Chronic Disease List (CDL).

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 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).

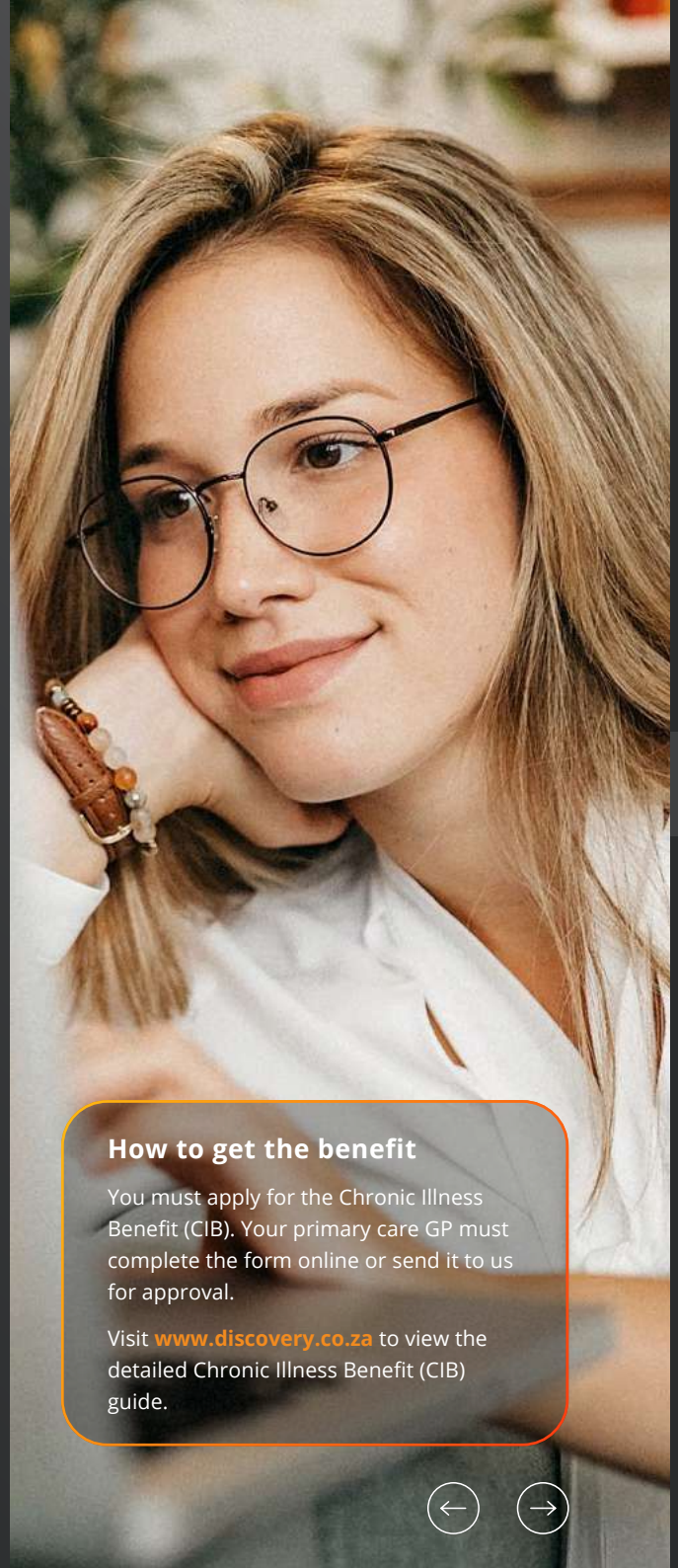
How we pay for consultations and medicine

You must nominate a GP in the Discovery Health Network to be your primary care doctor to manage your chronic conditions. To find a doctor and learn more about the nomination process, use **www.discovery.co.za**, or the Discovery app.

For full cover on your GP consultations you must visit a Discovery Health Network GP. If you use a non-network GP you will have to pay a 20% co-payment. For more information on our Chronic Care Programmes and enrolment by your Premier Plus Network GP, please refer to page 22.

We pay for medicine up to a maximum of the Discovery Health Rate (DHR) at one of our network pharmacies. The DHR for medicine is the price of the medicine and the fee for dispensing it.

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.



How to get the benefit

You must apply for the Chronic Illness Benefit (CIB). Your primary care GP 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.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Chronic benefits

Chronic Disease List (CDL) conditions

Chronic conditions covered on all plans

- **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

If you need 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).

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

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.

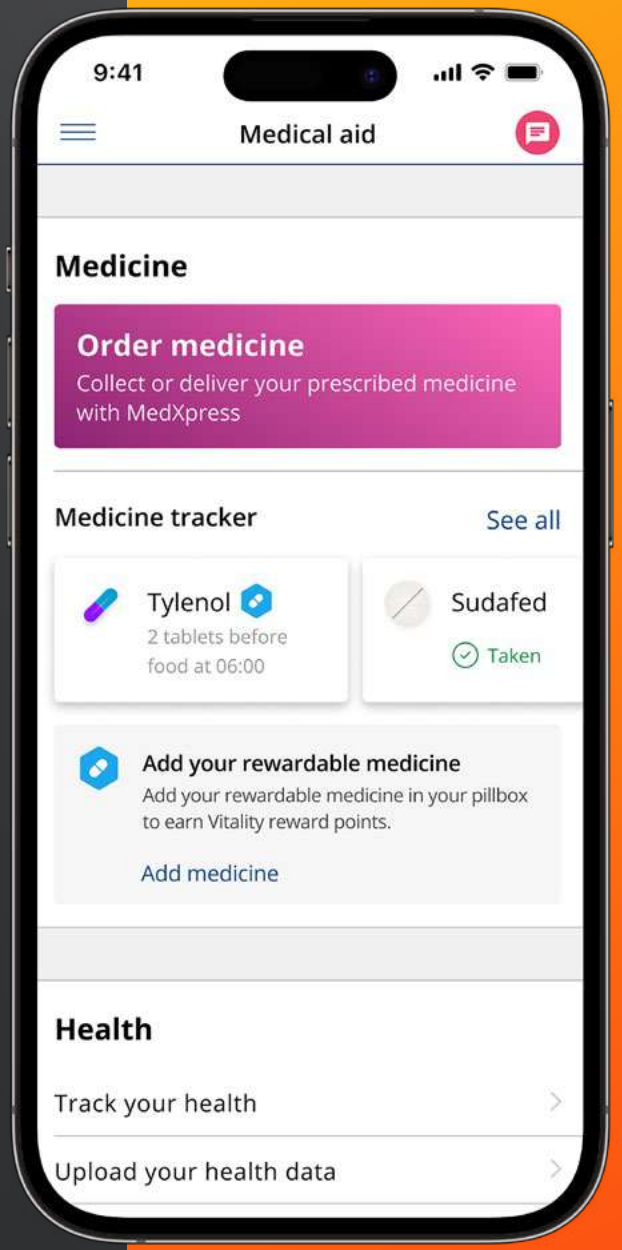
Medicine tracker

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

How to order

Discovery app or **www.discovery.co.za**

MedXpress and MedXpress network pharmacies



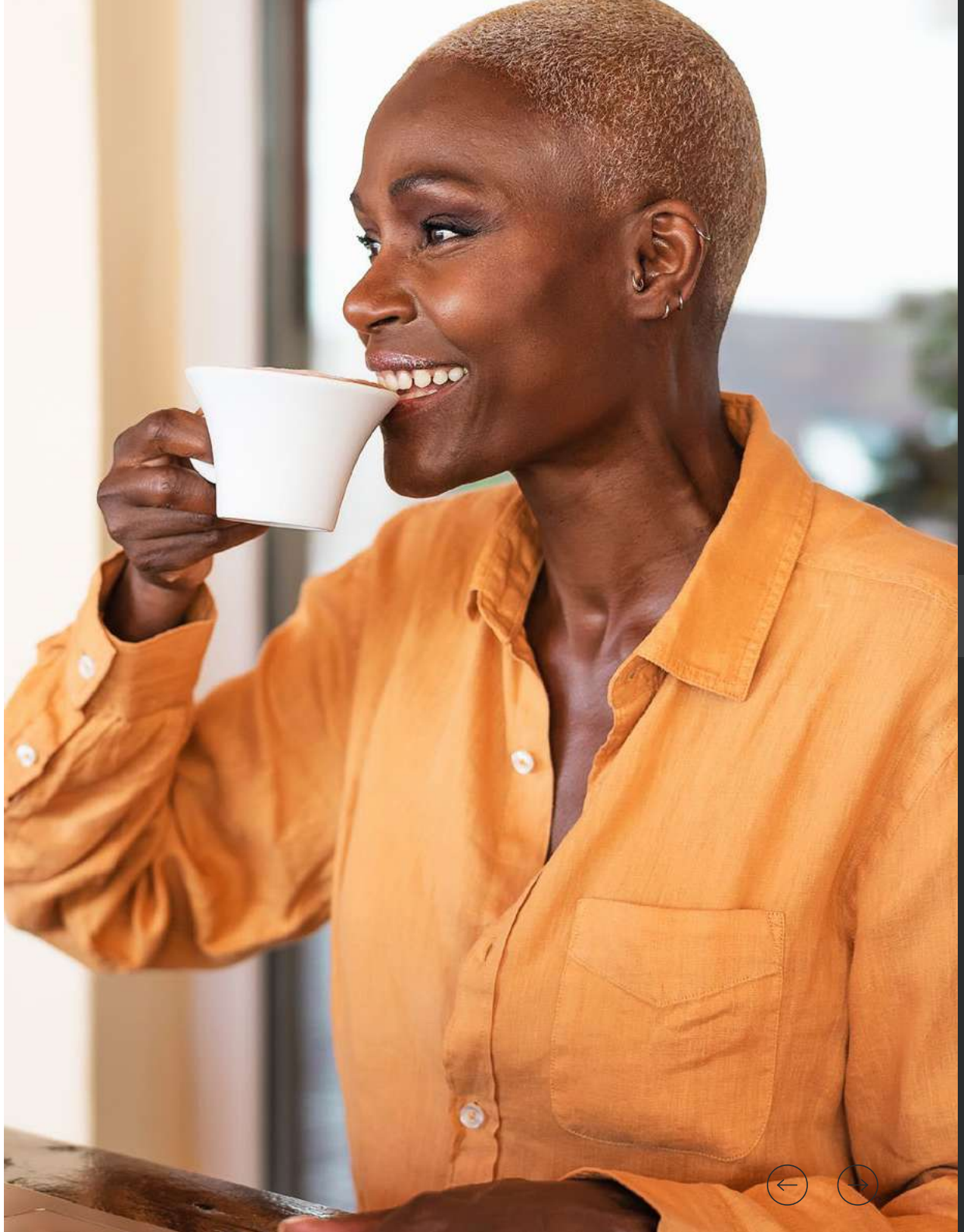
The Discovery app, MedXpress and Medicine tracker are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Care Programmes

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

We cover preventative and 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. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.



KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Disease Prevention Programme

If you are identified to be at risk of cardio-metabolic risk syndrome, your Premier Plus GP can enrol you on the Disease Prevention Programme. Your GP, dietitian and health coach will help coordinate your care. Enrolled members have access to a defined basket of care which includes cover for consultations, certain pathology tests and medicine, where appropriate. You will also have access to health coaching sessions to help you with the day-to-day management of your condition.

Diabetes Care Programme

If you are registered on the Chronic Illness Benefit (CIB) for diabetes, your Premier Plus GP can enrol you on the Diabetes Care Programme. The programme unlocks cover for additional glucometer strips and consultations with dietitians and biokineticists. You may 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 (CIB) for hypertension, hyperlipidaemia or 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

Once enrolled on the programme by your network psychologist or Premier Plus GP, you have access to defined cover for the management of major depression. Enrolment on the programme unlocks cover for prescribed medicine, access to either individual or group psychotherapy sessions (virtual and face-to-face therapy) and additional GP consultations to allow for effective evaluation, tracking and monitoring of treatment. Qualifying members will also have access to a relapse prevention programme, which includes additional cover for a defined basket of care for psychiatry consultations, counseling sessions, care coordination services.

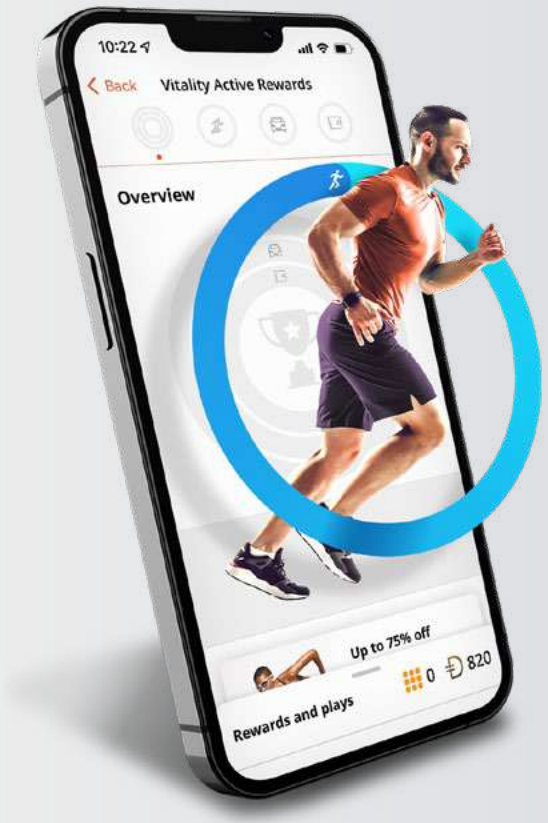
HIV Care Programme

If you are registered on the HIV programme by your Premier Plus GP, 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.

Track your health and the Discovery app are 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

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.

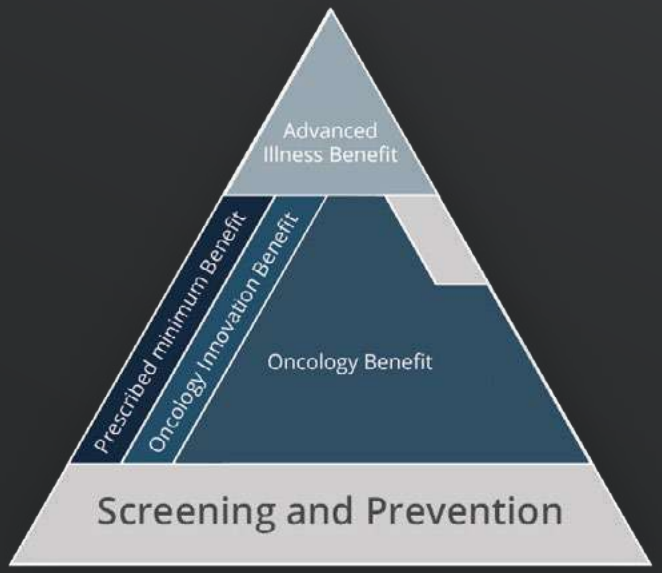


Click on Track your Health on the Discovery app to activate the programme

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

You have comprehensive **cover for cancer**

You have access to comprehensive cover for cancer treatment. This includes access to high cost medicine, supportive treatment and the Discovery Oncology Care Programme.



Prescribed Minimum Benefits (PMB)

Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full. All PMB treatment costs add up to the cover amount. If your treatment costs more than the cover amount we will continue to cover your PMB cancer treatment in full.

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 your approved cancer treatment over a 12-month cycle. We cover the first R250,000. If your treatment costs more than t he 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.

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.

Oncology Innovation Benefit

You have cover for a sub-set of the defined list of innovative cancer medicine covered by the Oncology Innovation Benefit, subject to the Scheme's clinical entry criteria. You will need to pay 50% of the cost of these treatments.

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

How we cover medicine

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.

Advanced Illness Benefit

Members have access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home, care coordination, counselling services and supportive care for appropriate end-of-life clinical and psychologist services. You also have access to a GP consultation to facilitate your palliative care treatment plan.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

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.

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

Contact us in good time before you have to go to hospital. We will let you know what you are covered for. If you do not contact us before you go, we might not pay the costs.

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

What is the benefit?

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

What we cover

Unlimited cover in any private hospital approved by the Scheme, subject to the network requirements on the Delta options and Coastal plan.

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 pre-authorisation).

Where to go

If you are on a Delta option or Coastal option you need to use a hospital in the network for your plan. On the rest of the plans you can go to any private hospital approved for funding by the Scheme. The funding of newly licensed facilities are subject to approval by the Scheme, on all health plans.

What 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 medicine 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 on 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.

Pre-operative Management Programme for major surgeries

For a defined list of surgeries such as arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy and mastectomy, you have cover for a pre-operative assessment with a nurse, a consultation (face-to-face, virtual or telephonic) with your treating healthcare professional and specific laboratory, pathology and radiology tests where required.

Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.

Find a healthcare provider and 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.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

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	▪ The full account at the agreed rate with the hospital ▪ On the Delta options, you must pay an upfront amount of R9,650 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	**Classic, Essential and Coastal:** you must pay an upfront payment of R6,300 **Delta options:** you must pay an upfront payment of R9,650
Defined list of procedures performed in specialist rooms	Up to the agreed rate where authorised by the Scheme
Specialists we have a payment arrangement with	The full account at the agreed rate
Specialists we do not have a payment arrangement with and other healthcare professionals	**Classic plans:** up to twice the Discovery Health Rate (DHR) (200%) **Essential and Coastal plans:** up to the Discovery Health Rate (DHR) (100%)
X-rays and blood tests (radiology and pathology) accounts	Up to the Discovery Health Rate (DHR) (100%)
MRI and CT scans	▪ 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 R3,470 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

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Hospital cover

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 day-to-day benefits, you will need to pay this amount.

Upfront payments for scope admissions:

	DAY CLINIC ACCOUNT	HOSPITAL ACCOUNT
Classic, Essential, Coastal and Delta Options	R4,050	R6,950, this co-payment will reduce to R5,750 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission		
Classic, Essential, Coastal and Delta Options	R4,950	R8,650, this co-payment will reduce to R7,200 if performed by a doctor who is part of the Scheme's value-based network

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 R6,300 will apply, except if performed in a hospital outside the Day Surgery Network where an upfront payment of R6,950 will apply. Where both a gastroscopy and colonoscopy are performed the upfront payment of R8,650 will apply. For Delta options, the out-of-network upfront payment of R9,650 will apply.

No upfront payment applies:

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

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Benefits with an annual limit

Cochlear implants, auditory brain implants and processors

R230,400 per person for each benefit.

Internal nerve stimulators

R175,200 per person.

Major joint surgery

No limit for planned hip and knee joint replacements if you use a provider in our network, or up to 80% of the Discovery Health Rate (DHR) if you use a provider outside our network up to a maximum of R30,900 for each prosthesis for each admission. The network does not apply to emergency or trauma-related surgeries.

Shoulder joint prosthesis

No limit if you get your prosthesis from a provider in our network or up to R45,550 if you use a provider outside our network.

Alcohol and drug rehabilitation

We pay for 21 days of rehabilitation for each person each year. Three days per approved admission per person for detoxification.

Prosthetic devices used in spinal surgery

There is no overall limit if you get your prosthesis from our preferred suppliers. If you do not use a preferred supplier, a limit of R26,250 applies for the first level and R52,500 for two or more levels, limited to one procedure per person per year.

You have full cover for approved spinal surgery admissions if you use a provider in our spinal surgery network. Planned admissions outside of our network will be funded at up to 80% of the Discovery Health Rate (DHR) for the hospital account.

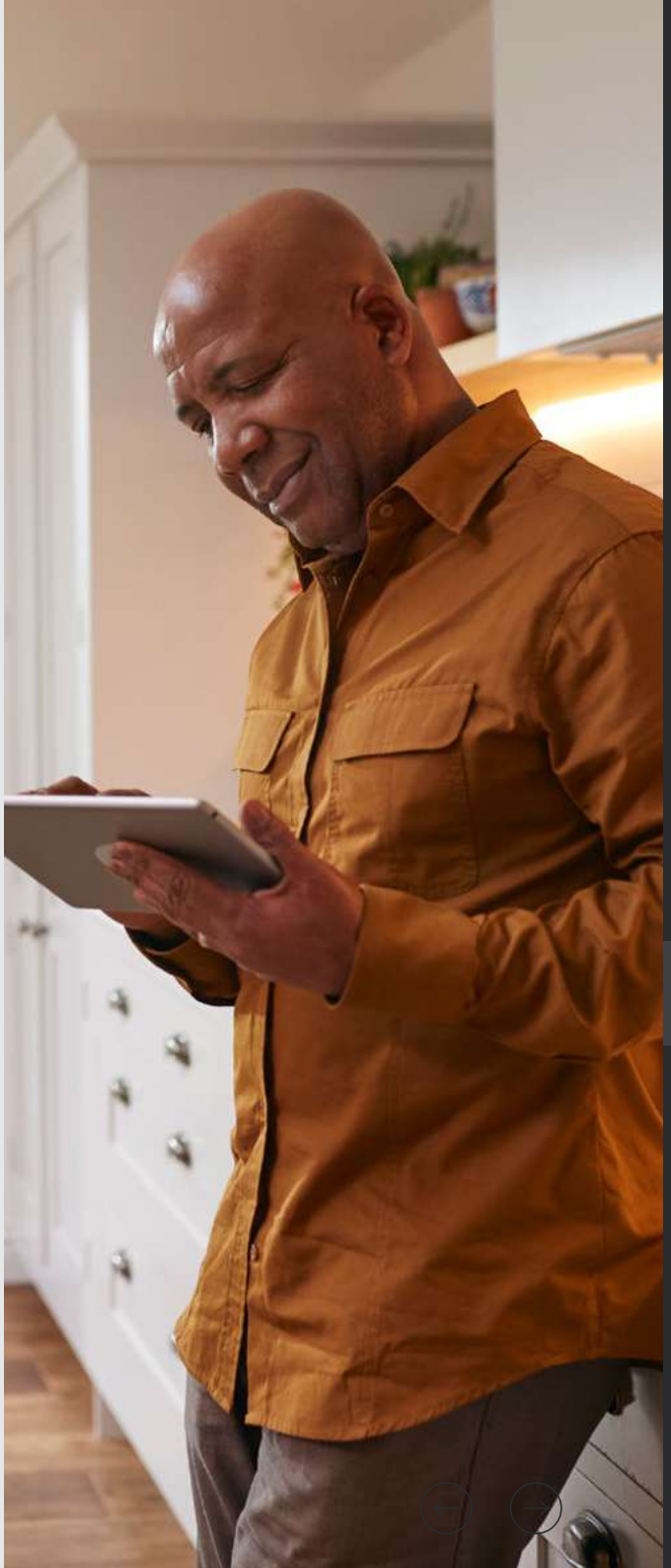
You also have cover for out-of-hospital conservative spinal treatment, see page 32.

Mental health

21 days for admissions or up to 15 out-of-hospital consultations per 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. Three days per approved admission for attempted suicide.

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.



KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Benefits with an **annual limit**

Dental treatment in hospital

Dental limit

There is no overall limit for basic dental treatment. However, all dental appliances and prosthesis, 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. This benefit is subject to authorisation and the Scheme's Rules.

Basic Dental Trauma Benefit

The Basic Dental Trauma Benefit covers sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment after an accident or trauma injury. Where the clinical entry criteria is met, cover for dental appliances and prostheses and the placement thereof are paid up to an annual limit of R61,500 per person per year.

Dental treatment in hospital

Except where approved for severe dental and oral surgery, 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:	
R7,800	R5,000
Members under 13:	
R3,000	R1,350

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Cover for procedures in the Day Surgery Network

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

About the benefit

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

How to get the benefit

View the list of day surgery procedures on the next page. You must contact us to get confirmation of your procedure (called pre-authorisation).

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 medicine 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. We pay up to 200% of the Discovery Health Rate (DHR) on Classic plans, and up to 100% of the DHR on Essential and Coastal plans for other healthcare professionals.

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:

	DAY SURGERY NETWORK FOR YOUR PLAN	YOUR OUT-OF-NETWORK UPFRONT PAYMENT
Classic, Essential, Coastal	Day Surgery Network	R6,300
Delta options	Delta Day Surgery Network	R9,650

Find a healthcare provider and the Discovery app 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
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

List of procedures covered in the Day Surgery Network

The following is a list of procedures to be performed in our Day Surgery Network.

B

Biopsies

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

Breast procedures

- Mastectomy for gynaecomastia
- Lumpectomy (fibroadenoma)

E

Ear, nose and throat procedures

- Tonsillectomy and/or adenoidectomy
- Repair nasal turbinates, nasal septum
- Simple procedures for nose bleed (extensive cautery)
- Sinus lavage
- Scopes (nasal endoscopy, laryngoscopy)
- middle ear procedures (mastoidectomy, myringoplasty, grommets)

Eye procedures

- Cataract surgery
- Corneal transplant
- Treatment of glaucoma
- Other eye procedures (removal of foreign body, conjunctival surgery (repair laceration, pterygium), glaucoma surgery, probing & repair of tear ducts, vitrectomy, retinal surgery, eyelid surgery, strabismus repair)

G

Ganglionectomy

Gastrointestinal

- Gastrointestinal scopes (oesophagoscopy, gastroscopy, colonoscopy, sigmoidoscopy, proctoscopy, anoscopy)
- Anorectal procedures (treatment of haemorrhoids, fissure, fistula)

Gynaecological procedures

- Diagnostic Dilatation and Curettage
- Endometrial ablation
- Diagnostic Hysteroscopy
- Colposcopy with LLETZ
- Examination under anaesthesia

O

Orthopaedic procedures

- Arthroscopy, arthrotomy (shoulder, elbow, knee, ankle, hand, wrist, foot, temporomandibular joint), arthrodesis (hand, wrist, foot)
- Minor joint arthroplasty (intercarpal, carpometacarpal and metacarpophalangeal, interphalangeal joint arthroplasty)
- Tendon and/or ligament repair, muscle debridement, fascia procedures (tenotomy, tenodesis, tenolysis, repair/reconstruction, capsulotomy, capsulectomy, synovectomy, excision tendon sheath lesion, fasciotomy, fasciectomy). Subject to individual case review
- Repair bunion or toe deformity
- Treatment of simple closed fractures and/or dislocations, removal of pins and plates. Subject to individual case review

R

Removal of foreign body

- Subcutaneous tissue, muscle, external auditory canal under general anaesthesia

S

Simple superficial lymphadenectomy

Skin Procedures

- Debridement
- Removal of lesions (dependent on site and diameter)
- Simple repair of superficial wounds

U

Urological

- Cystoscopy
- Male genital procedures (circumcision, repair of penis, exploration of testes and scrotum, orchiectomy, epididymectomy, excision hydrocoele, excision varicocoele, vasectomy)

Extra benefits on your plan

You get the following extra benefits to enrich your cover.

International Travel Benefit

You have cover for emergency medical costs of up to R5 million per 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. Pre-existing conditions are excluded. 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.

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 and your dependants on your health plan have access to six counselling sessions per person per year by a psychologist, clinical social worker or registered counsellor, for the year in which the trauma event occurred and the year after. You need to apply for this benefit.

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.

International second opinion services

Through your specialist, you have access to second opinion services from The Clinic by Cleveland Clinic for life-threatening and life-changing conditions. We cover 75% for the cost of the second opinion service.

Spinal Care Programme

For conservative spinal treatment out-of-hospital you have access to a defined basket of care which includes cover for virtual and face-to-face consultations with an appropriately registered allied healthcare professional.

In rooms procedures

You have cover for a defined list of procedures performed in specialist rooms. Cover is up to the agreed rate, where authorised by the Scheme, from your Hospital Benefit.

Advanced Illness Benefit

Members have access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home, care coordination, counselling services and supportive care for appropriate end-of-life clinical and psychologist services. You also have access to a GP consultation to facilitate your palliative care treatment plan.

The Clinic by Cleveland Clinic online medical second opinion programme is 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
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

Your contributions and Medical Savings Account

	MAIN MEMBER	ADULT	CHILD*
CONTRIBUTIONS (JANUARY 2023 - MARCH 2023)			
Classic Saver	R3,762	R2,968	R1,508
Classic Delta Saver	R3,006	R2,374	R1,206
Essential Saver	R2,990	R2,243	R1,198
Essential Delta Saver	R2,385	R1,800	R957
Coastal Saver	R2,983	R2,242	R1,205
ANNUAL MEDICAL SAVINGS ACCOUNT AMOUNTS**			
Classic Saver	R11,280	R8,904	R4,524
Classic Delta Saver	R9,012	R7,116	R3,612
Essential Saver	R5,376	R4,032	R2,148
Essential Delta Saver	R4,284	R3,240	R1,716
Coastal Saver	R7,152	R5,376	R2,892

* We count a maximum of three children when we calculate the monthly contributions and annual Medical Savings Account. In the case of foster children, every child added to the policy is charged for.

** 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.

The Annual Medical Savings Account amounts displayed above reflects the upfront annual allocation for January 2023 and will be adjusted from April 2023 in line with the annual contribution increase.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

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.***

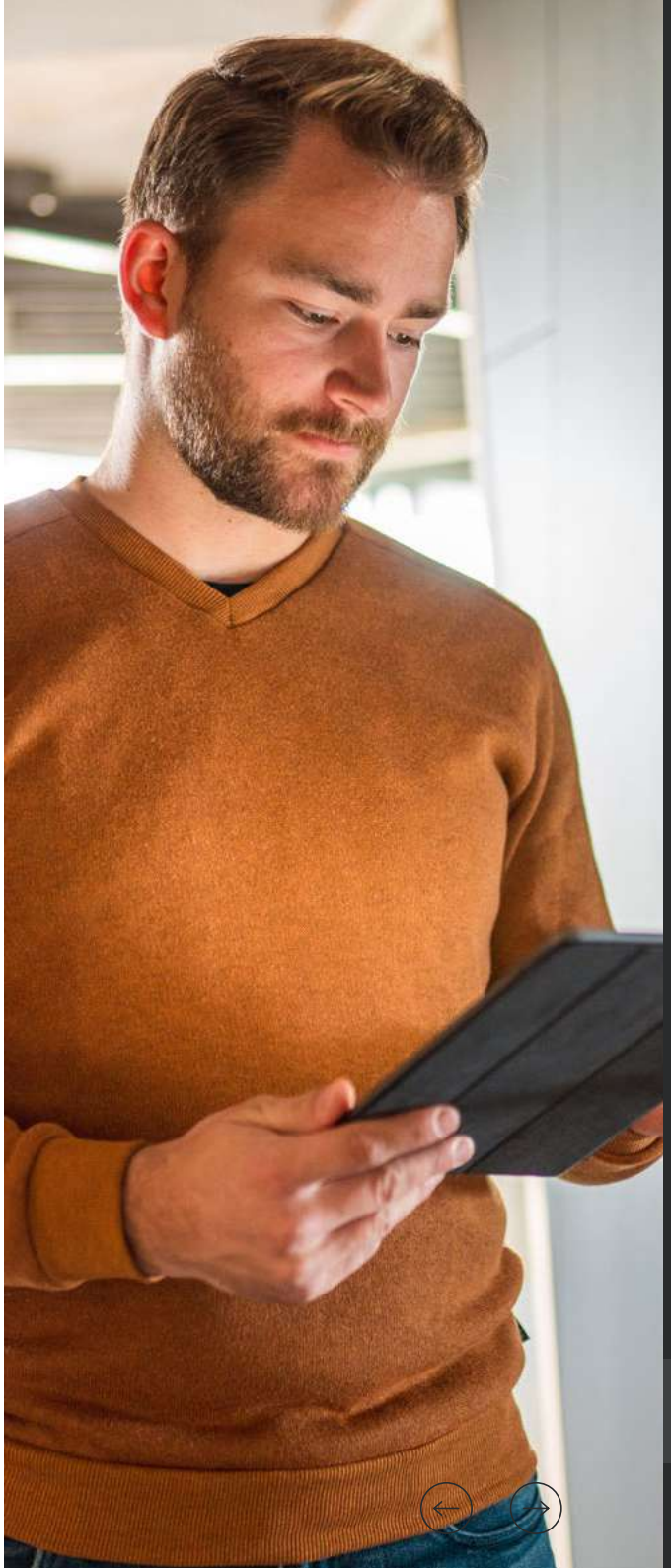
Medical conditions during a waiting period

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.

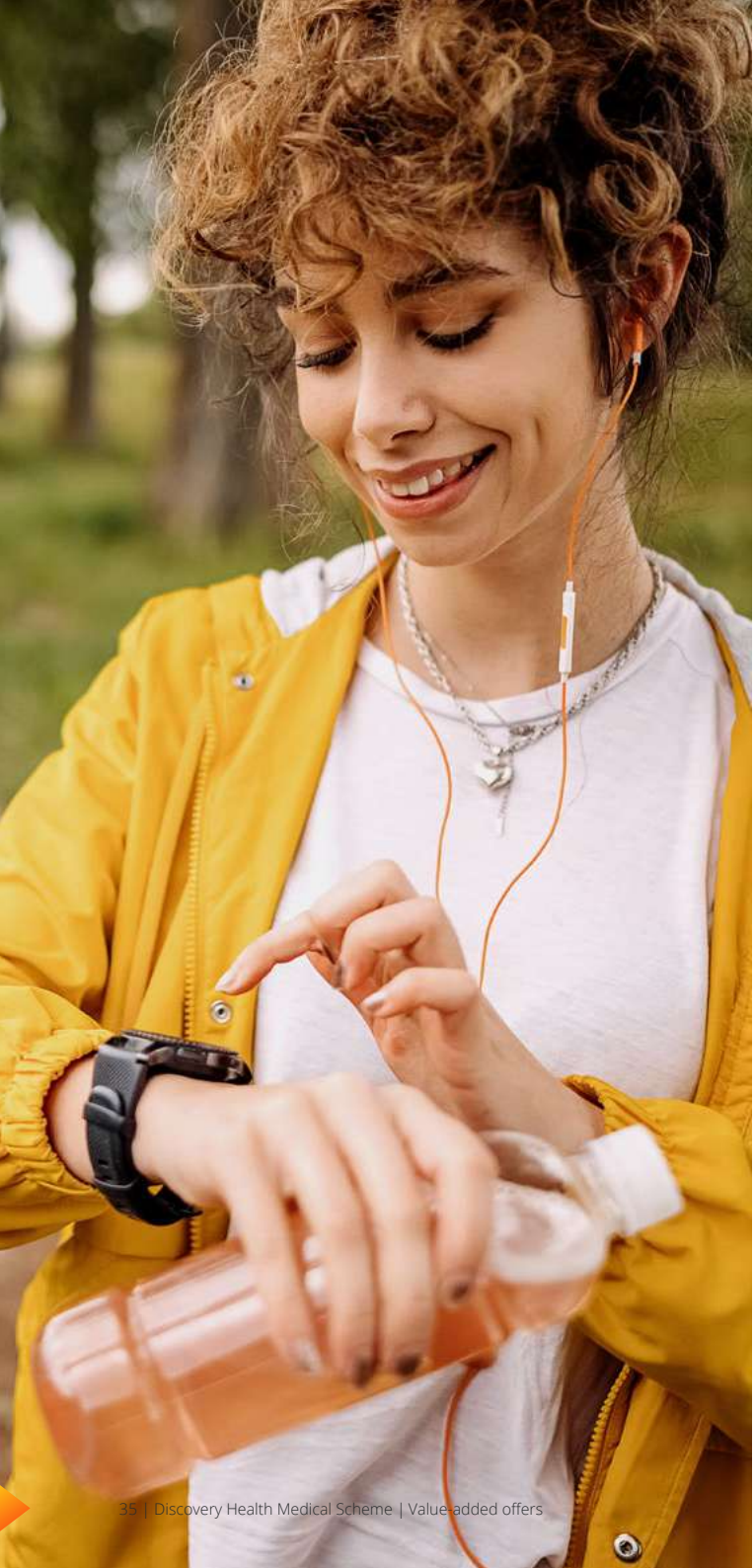
The general exclusion list includes:

- 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).



KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS



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.

Access support from online patient communities

Discovery Health has partnered with myHealthTeam, a global leader in facilitating highly effective online patient communities. This gives members living with diabetes and heart disease and those impacted by long COVID access to a digital community of patients living with the same illness to help them manage their condition.

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 and myHealthteam are brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS

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.

What to do 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 emailing principalofficer@discovery.co.za.

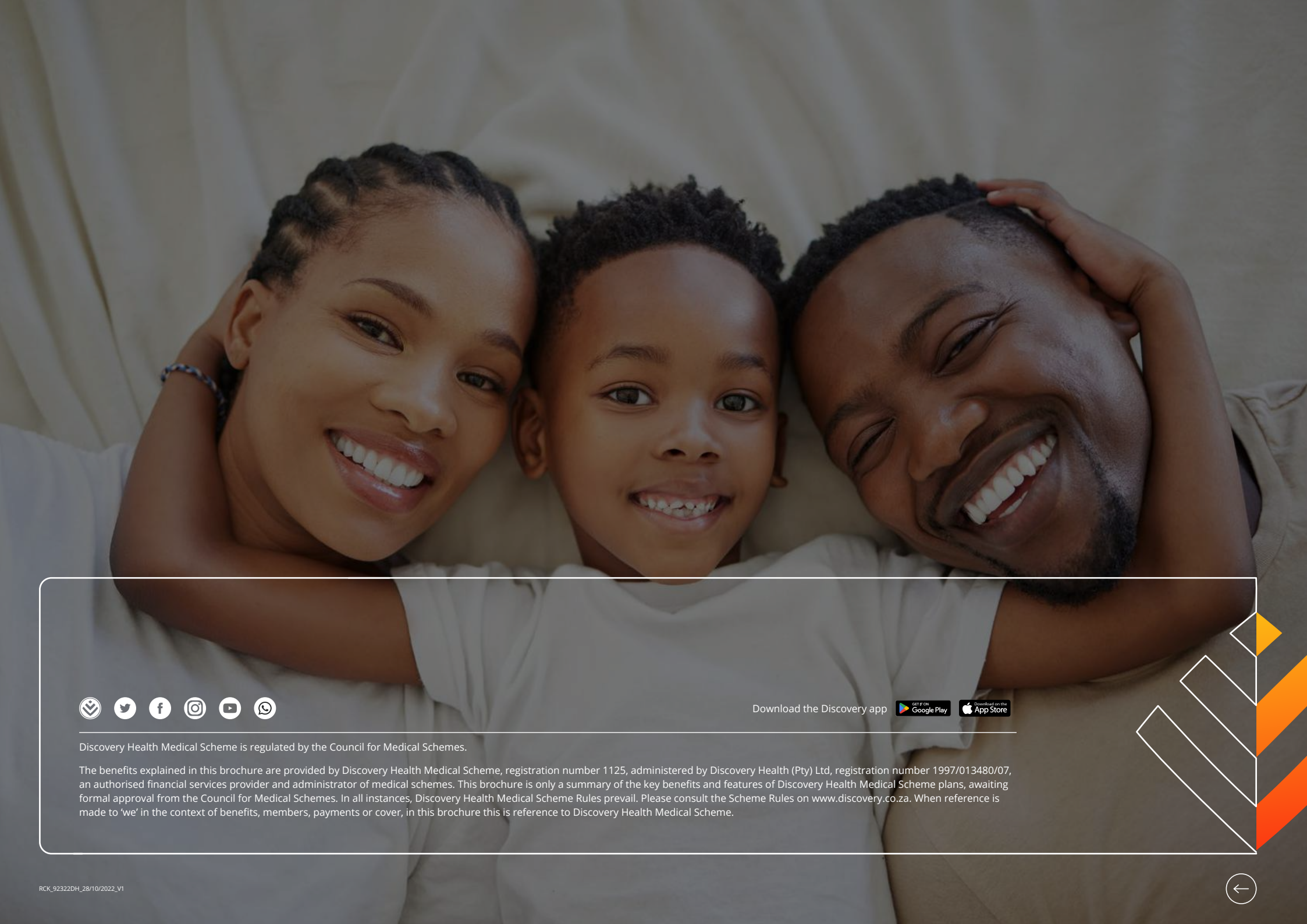
03 | To lodge a dispute

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 **www.discovery.co.za**

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 directly. 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

KEY TERMS
KEY FEATURES AND BENEFITS
EMERGENCY COVER AND PMB
SCREENING AND PREVENTION
CONNECTED CARE
DAY-TO-DAY BENEFITS AND COVER
MATERNITY BENEFITS
CHRONIC CONDITIONS AND PROGRAMMES
COVER FOR CANCER
HOSPITAL COVER AND ANNUAL LIMITS
DAY SURGERY
EXTRA BENEFITS
CONTRIBUTIONS
EXCLUSIONS
VALUE-ADDED BENEFITS



Download the Discovery app

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

The benefits explained in this brochure are provided by Discovery Health Medical Scheme, registration number 1125, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes. This brochure is only a summary of the key benefits and features of Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical Schemes. In all instances, Discovery Health Medical Scheme Rules prevail. Please consult the Scheme Rules on www.discovery.co.za. When reference is made to 'we' in the context of benefits, members, payments or cover, in this brochure this is reference to Discovery Health Medical Scheme.

RCK_92322DH_28/10/2022_V1