Discovery
Health Medical Scheme

Comprehensive
Plan 2021

I'm here for every moment

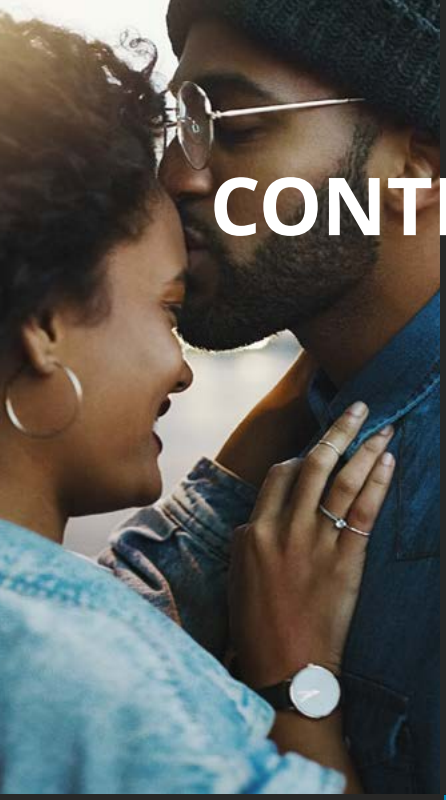
Classic | Classic Delta | Essential | Essential Delta | Classic Smart

LIVE HEALTHY IN EVERY MOMENT

At Discovery Health Medical Scheme, we are reimagining healthcare so you can experience quality care with advanced technology that supports you through every life stage because we want you to live healthy in every moment.

Read this guide to understand more about your health plan including:

- What to do when you need to go to a doctor or to a hospital
- How you are covered for preventative screening, medical conditions, medicine and treatments
- Which benefits you need to apply for and if there are any limits for certain benefits
- Tips on how you can use technology to conveniently manage and access all the information you need through the Discovery app and website



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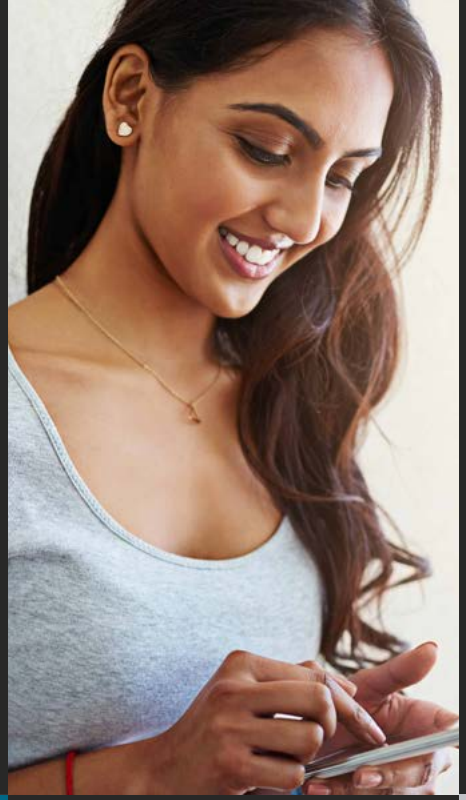


live healthy

IN EVERY MOMENT

Key TERMS

About some of the terms we use in this document

A

ABOVE THRESHOLD BENEFIT (ATB)

Once the day-to-day claims you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate (DHR) or a portion of it. The Comprehensive plans have an unlimited ATB.

ADDITIONAL DISEASE LIST (ADL)

Depending on your plan, and once approved on the Chronic Illness Benefit (CIB), you have cover for medicine for an additional list of life-threatening or degenerative conditions, as defined by us.

ANNUAL THRESHOLD

We set the Annual Threshold amount at the beginning of each year. The number and type of dependants (spouse, adult or child) on your plan will determine the amount.

The Annual Threshold is an amount that your claims need to add up to before we pay your day-to-day claims from the Above Threshold Benefit (ATB).

C

CHRONIC DISEASE LIST (CDL)

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

C

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.

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.

Key TERMS

About some of the terms we use in this document

D

DAY-TO-DAY BENEFITS

These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB).

On Classic Smart Comprehensive you have cover for a defined set of day-to-day benefits, as well as cover from the Above Threshold Benefit (ATB). The level of day-to-day benefits depends on the plan you choose.

DAY-TO-DAY EXTENDER BENEFIT (DEB)

Depending on your chosen plan, 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 and before you reach the Annual Threshold.

DEDUCTIBLE

Depending on the plan you choose, 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.

D

DELTA EFFICIENCY DISCOUNT ARRANGEMENT

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

DESIGNATED SERVICE PROVIDER (DSP)

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

Key TERMS

About some of the terms we use in this document

D

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.

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. Cover depends on the plan you choose.

E

EMERGENCY MEDICAL CONDITION

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

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

F

FIND A HEALTHCARE PROVIDER

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

H

HEALTHID

HealthID is an online digital platform that gives your doctor fast, up-to-date access to your health information. Once you have given consent, your doctor can use HealthID to access your medical history, make referrals to other healthcare professionals and check your relevant test results.

M

MEDICAL SAVINGS ACCOUNT (MSA)

The Medical Savings Account (MSA) is an amount that 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. 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 what you have contributed, you will need to pay the difference to us.

Key TERMS

About some of the terms we use in this document

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

Full cover for a defined list of procedures in our Day Surgery Network.

Medicine Networks

For the Delta options use MedXpress or a MedXpress network pharmacy to enjoy full cover and avoid co-payments when claiming for chronic medicine on the medicine list.

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.

PREFERRED MEDICINE

Preferred medicine includes preferentially priced generic and branded medicines.

PREMIER PLUS GP

A Premier Plus GP is a network GP who has contracted with us to provide you with coordinated care for defined chronic conditions.

Key TERMS

About some of the terms we use in this document

P PRESCRIBED MINIMUM BENEFITS (PMB)

In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:

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

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

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

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

R RELATED ACCOUNTS

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

W WHO GLOBAL OUTBREAK BENEFIT

The WHO Global Outbreak Benefit provides cover for global disease outbreaks recognised by the World Health Organization (WHO) such as COVID-19. This benefit offers cover for the vaccine, out-of-hospital management and appropriate supportive treatment.

Key FEATURES

UNLIMITED COVER FOR HOSPITAL ADMISSIONS

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

FULL COVER IN HOSPITAL FOR SPECIALISTS

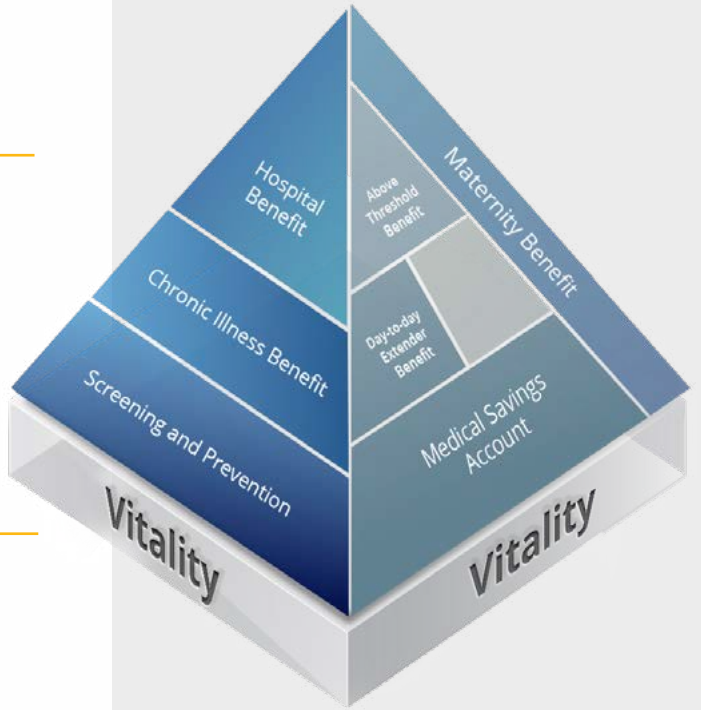
Guaranteed full cover in hospital for specialists who we have a payment arrangement with, up to 200% of the Discovery Health Rate (DHR) on Classic plans, and up to 100% of the DHR on Essential plans for other healthcare professionals.

FULL COVER FOR CHRONIC MEDICINES

Full cover for chronic medicine on our formulary for all Chronic Disease List (CDL) conditions. Depending on the plan you choose you have access to an additional list of conditions (ADL) as well as the Specialised Medicine and Technology Benefit which covers specific new treatments and medicines.

SCREENING AND PREVENTION

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



Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply.

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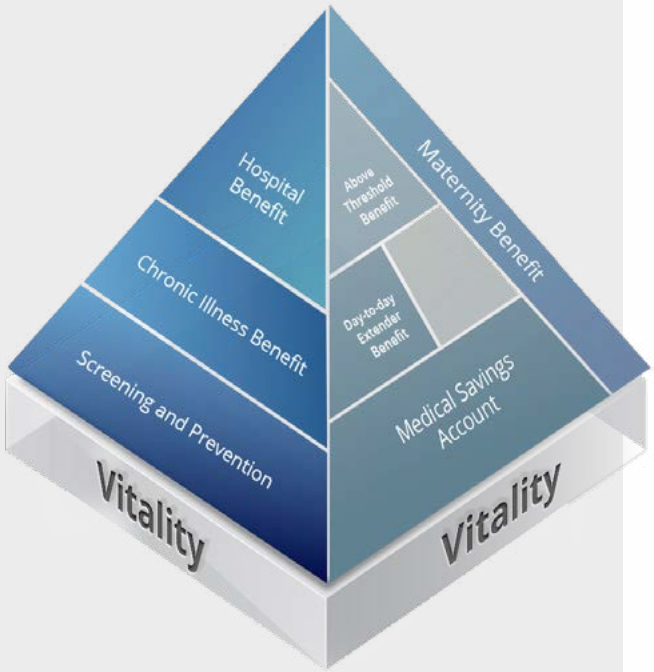
Key FEATURES



CONNECTED CARE

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

COVER WHEN TRAVELLING

Cover for medical emergencies when travelling. Access to specialised, advanced medical care in South Africa and abroad.

EXTENSIVE COVER FOR PREGNANCY

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

COMPREHENSIVE 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. On Classic Smart Comprehensive you have cover for a set of defined day-to-day benefits as well as the Above Threshold Benefit (ATB). The Day-to-day Extender Benefit (DEB) extends your day-to-day cover for essential healthcare services in our network. You have an unlimited ATB that gives you further day-to-day cover once you have reached your Annual Threshold.

Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply.

Discovery Home Care is a service provider. Practice 080 000 8000190, Grove Nursing Services (Pty) Ltd registration number 2015/191080/07, trading as Discovery HomeCare.

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.

THE BENEFITS

on the different Comprehensive 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 Comprehensive	Classic Delta Comprehensive	Essential Comprehensive	Essential Delta Comprehensive	Classic Smart Comprehensive
Day-to-day cover					
Medical Savings Account (MSA)	25% of your monthly contribution		15% of your monthly contribution		The Medical Savings Account (MSA) and Day-to-day Extender Benefit (DEB) are not available on this plan. We cover a defined set of day-to-day benefits, including Smart GP visits, certain specialist consultations and other essential healthcare services with fixed co-payments and/or limits
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				
MRI & CT scans	We pay the first R3 130 from your available day-to-day benefits and the balance from your Hospital Benefit. For conservative back and neck scans a limit of one scan per spinal and neck region applies				You pay the first R3 130 before the Annual Threshold is reached and the balance will be paid from the Hospital Benefit. For conservative back and neck scans a limit of one scan per spinal and neck region applies
Additional Chronic cover					
Specialised Medicine and Technology Benefit	You have cover for a defined list of the latest treatments through the Specialised Medicine and Technology Benefit, up to R200 000 per person per year				Not available on this plan
Medicine cover for the Additional Disease List (ADL)	Cover for medicine for an additional list of life-threatening or degenerative conditions called the Additional Disease List (ADL)				
Cancer cover					
Oncology Benefit	We cover the first R400 000 of your approved cancer treatment over a 12-month cycle in full. Thereafter we pay 80% of any additional costs with no upper limit.				We cover the first R300 000 of your approved cancer treatment over a 12-month cycle in full. Thereafter we pay 80% of any additional costs with no upper limit.
Extended Oncology Benefit	You have extended cover in full for a defined list of cancers and treatments				Not available on this plan
Oncology Innovation Benefit	You have cover for a defined list of innovative cancer medicines that meet the Scheme's criteria. You will need to pay 25% of the account				
Hospital cover					
Hospitals you can go to	Any private hospital approved by the Scheme	Private hospitals in the Delta Hospital Network	Any private hospital approved by the Scheme	Private hospitals in the Delta Hospital Network	Private hospitals in the Smart Hospital Network
Defined list of procedures in a Day Surgery Network	Private day surgery facility in the Day Surgery Network	Private day surgery facility in the Delta network	Private day surgery facility in the Day Surgery Network	Private day surgery facility in the Delta network	Private day surgery facility in the Smart network
Cover for specialists, GP and other healthcare professionals	Up to twice the Discovery Health Rate (DHR) (200%)		The Discovery Health Rate (DHR) (100%)		Up to twice the Discovery Health Rate (DHR) (200%)

EMERGENCY
Cover

What is a medical emergency?

An emergency medical condition, also referred to as an emergency, is the sudden and unexpected onset of a health condition that requires immediate medical and surgical treatment.

Failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.

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

WHAT WE PAY FOR

We pay for all of the following medical services that you may receive in an emergency:

- the ambulance (or other medical transport)
- the account from the hospital
- the accounts from the doctor who admitted you to the hospital
- the anaesthetist
- any other healthcare provider that we approve.

Assistance during or after a traumatic event

You have access to dedicated assistance in the event of a traumatic incident or after a traumatic event. By calling Emergency Assist you and your family have access to trauma support 24 hours a day. This service also includes access to counseling and additional benefits for trauma related to gender-based violence.

PMB
Prescribed Minimum Benefits

What are Prescribed Minimum Benefits?

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

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

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

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

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

You have access to essential

SCREENING AND PREVENTION BENEFITS

This benefit pays for certain tests that can detect early warning signs of serious illnesses. We cover various screening tests at our wellness providers, for example, blood glucose, cholesterol, HIV, Pap smear or HPV test for cervical screening, mammograms and/or ultrasounds and prostate screenings.

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 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 5 years, PSA test (prostate screening) each year and bowel cancer screening tests every two years for members between 45 and 75 years.

SCREENING FOR SENIORS

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

We cover various screening tests at our wellness providers.

WHAT WE PAY FOR

These tests are paid from the Screening and Prevention Benefit. Consultations that do not form part of Prescribed Minimum Benefits (PMBs) will be paid from your available day-to-day benefits.

ADDITIONAL TESTS

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.

Seasonal flu vaccine for members who are:

- Pregnant
- 65 years or older
- Registered for certain chronic conditions
- Healthcare professionals.

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

CONNECTED CARE

Access quality healthcare from home

Discovery Health Medical Scheme gives you access to health and wellness services from the comfort of your home. Connected Care is an integrated healthcare ecosystem of benefits, services and connected digital capabilities to help you manage your health and wellness at home.

HEALTH MONITORING DEVICES

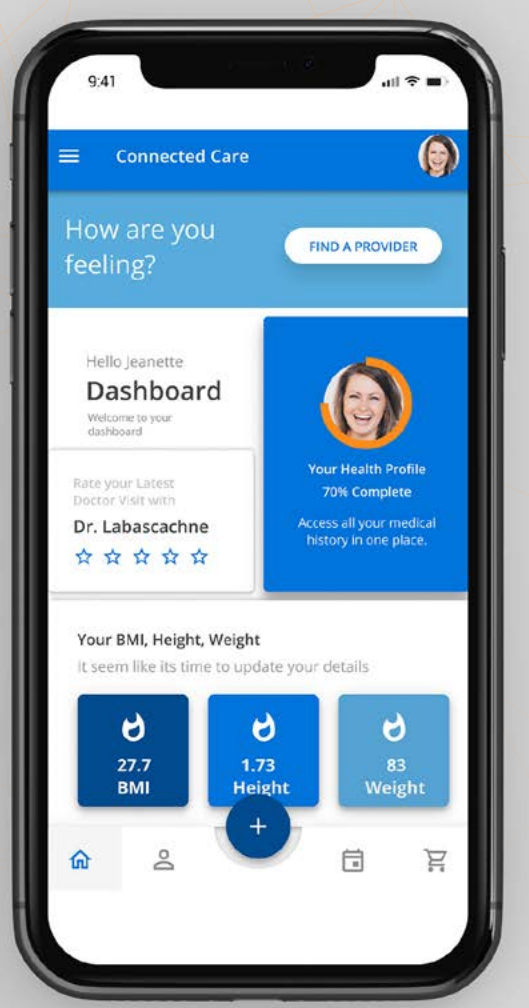
Access to the latest medical examination and remote monitoring and point-of-care devices to enable quality care from home

ELECTRONIC PRESCRIPTIONS

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

HOME NURSES

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



MEDICINE ORDERING AND TRACKING

Order and track your medicine delivery from dispensary to your door

ONLINE COACHES

Personalised coaching consultations to help you better manage your chronic conditions from 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.

Introducing your access to
CONNECTED CARE

Access to quality care from home

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

CONNECTED CARE FOR MEMBERS AT HOME

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 ACUTE CARE AT HOME

For members who qualify, you have access to hospital-level care in your home instead of having to go to hospital for acute hospital care. This includes follow-up care once discharged.

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.

Your benefits through

CONNECTED CARE

You have access to a Home Monitoring Device Benefit for essential home monitoring

If you meet the Scheme's clinical entry criteria, you have healthcare cover up to a limit of R4 000 per person per year, at 100% of the Discovery Health Rate (DHR), for the monitoring of defined conditions such as chronic obstructive pulmonary disease, congestive cardiac failure, diabetes, pneumonia and COVID-19.

The Scheme also covers defined point of care medical devices up to 75% of the Discovery Health Rate (DHR), if you meet the clinical entry criteria. You will need to pay 25% towards the cost of these devices.

You have access to the latest remote monitoring medical examination device called TytoHome. TytoHome allows you to conduct a medical examination, sending throat and ear images and heart and lung sounds in real-time to your doctor.

Home-based care for follow-up treatment after an admission

Clinically appropriate conditions such as chronic obstructive pulmonary disease, chronic cardiac failure, ischaemic heart disease and pneumonia have access to enhanced home-based care once discharged from hospital. If you meet the clinical entry criteria you have cover for bedside medicine reconciliation prior to admission discharge, a follow-up consultation with a GP or specialist, and a defined basket of supportive care at home that includes a face-to-face consultation and virtual consultations with a Discovery Home Care nurse.

Home care benefit

Discovery Home Care is a service 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.

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Day-to-day
BENEFITS

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

The Medical Savings Account (MSA)

We pay your day-to-day medical expenses such as GP and specialist consultations, medicine (excluding registered chronic medicine), radiology and pathology from your available funds allocated to your MSA. Any amount that is left over will carry over to the next year.

The Classic Smart Comprehensive Plan does not have an MSA. You have cover for a defined set of day-to-day benefits which include Smart GP visits, certain specialist consultations and other essential healthcare services.

Day-to-day Extender Benefit (DEB)

Pays for certain day-to-day benefits after you have run out of money in your MSA and before you reach the Annual Threshold. Covers video call consultations with a network GP as well as unlimited pharmacy clinic consultations in our defined wellness network. You also have unlimited cover for consultations with a network GP, when referred by the pharmacy clinic virtual GP. We cover consultations up to the Discovery Health Rate (DHR). On Classic plans, kids younger than 10 years have access to two kids casualty visits a year. This benefit is not available on the Classic Smart Comprehensive Plan.

The Self-payment Gap (SPG)

If your MSA runs out before you reach your Annual Threshold, you will have to pay for claims from your own pocket until your claims reach the Annual Threshold amount. This period is known as the Self-Payment Gap (SPG). It is important that you continue to send in your claims during the SPG so that we know when you reach your Annual Threshold for claims.

The Above Threshold Benefit (ATB)

The Above Threshold Benefit starts paying for day-to-day expenses once you reach your Annual Threshold.

WHAT WE PAY FOR

The Above Threshold Benefit (ATB) is unlimited, which means it covers all day-to-day expenses at the Discovery Health Rate (DHR) or at a portion of it. Certain benefit limits may apply. You will need to pay for any difference between the DHR and the amount claimed, as well as any amount which exceeds the annual benefit limit (where applicable).

Some claims do not add up to your Annual Threshold or pay from the ATB for example:

- Medicine that you do not need a prescription for (over-the-counter medicine)
- Vaccines and immunisations
- Lifestyle-enhancing products
- Claims paid in excess of the Discovery Health Rate (DHR).

For more detail on how you are covered visit *Do we cover* on our website www.discovery.co.za

Day-to-day **COVER**

Depending on the plan you choose, we cover your day-to-day healthcare expenses from your Medical Savings Account (MSA), Day-to-day Extender Benefit (DEB), Above Threshold Benefit (ATB) or defined day-to-day benefits.

We add these amounts to the Annual Threshold and pay these amounts when you reach your Above Threshold Benefit (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, paid by you and paid from the ATB.

The tables below show you how much we pay for your day-to-day expenses on all Comprehensive plans.

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

Healthcare providers and medicine	What we pay
Specialists we have a payment arrangement with	Up to the rate we have agreed with the specialist
Specialists we do not have a payment arrangement with	The Discovery Health Rate (DHR) (100%)
GPs and other healthcare professionals	The Discovery Health Rate (DHR) (100%)
Preferred medicine	The Discovery Health Rate (DHR) (100%)
Non-preferred medicine	Up to 75% of the Discovery Health Rate (DHR) if the price of the medicine is within 25% of the preferred equivalent, or up to 50% of the DHR if the price of the medicine is more than 50% of the price of the preferred equivalent

Professional services	Single member	One dependant	Two dependants	Three or more dependants
Allied, therapeutic and psychology healthcare services* (acousticians, biokineticists, chiropractors, counsellors, dietitians, homeopaths, nurses, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrists, social workers, speech and language therapists, and audiologists)				
Classic	R20 950	R28 450	R34 700	R40 250
Essential	R12 600	R17 850	R23 150	R27 350
Dental appliances and orthodontic treatment*	R30 750 per person			
Antenatal classes	R1 960 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.*

Day-to-day **COVER**

Depending on the plan you choose, we cover your day-to-day healthcare expenses from your Medical Savings Account (MSA), Day-to-day Extender Benefit (DEB), Above Threshold Benefit (ATB) or defined day-to-day benefits.

Medicine	Single member	One dependant	Two dependants	Three or more dependants
Prescribed medicine* (schedule 3 and above)				
Classic	R35 750	R41 950	R48 700	R55 550
Essential	R22 950	R27 950	R33 650	R36 700
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 Above Threshold Benefit (ATB).			

Appliances and equipment

Optical* (this limit covers lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)		R6 180 per person
External medical items* (like wheelchairs, crutches and prostheses)	Classic	R60 550 for your family
	Essential	R40 550 for your family
Hearing aids	Classic	R26 600 for your family
	Essential	R21 350 for your family

** If you join the Scheme after January, you will not get the full limit because it is calculated by counting the remaining months in the year.*

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

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

You need to apply for these benefits.

Day-to-day **COVER**

Depending on the plan you choose, we cover your day-to-day healthcare expenses from your Medical Savings Account (MSA), Day-to-day Extender Benefit (DEB), Above Threshold Benefit (ATB) or defined day-to-day benefits.

On the Classic Smart Comprehensive Plan you have access to a defined set of day-to-day benefits paid by the Scheme, in addition to the benefits available once you reach your Annual Threshold:

Day-to-day service	How you are covered
Unlimited GP consultations in the Smart GP Network	You pay R55 of the consultation fee with the balance of this fee covered up to the Discovery Health Rate (DHR). Video consultations are covered in full up to the DHR
Smart Specialist Benefit when referred by your Smart Network GP	You have cover for physician, gynaecologist, paediatrician and ENT consultations up to the annual benefit limit of R5 150 per person per year or R10 300 a family a year if referred by your Smart Network GP. Specialist-referred radiology and pathology are paid at the DHR, up to the Specialist Benefit limit
Eye test at an optometrist in the Smart Optometry Network	One eye test is covered per year with an upfront payment of R55, covered up to the DHR
Defined dental check-up at any dentist, dental therapist or oral hygienist	One dental check-up per year. You pay R110 and the balance of the check-up will be covered up to the DHR
Over-the-counter medicine obtained from any MedXpress Network Pharmacy	You are covered for over-the-counter medicine up to R825 a family a year. Cover for defined over-the-counter medicine categories from any MedXpress or MedXpress Network Pharmacy
Acute medicine, obtained from any MedXpress Network Pharmacy	You are covered for certain acute medicine prescribed by a Smart GP up to R2 580 per person or R4 150 per family a year. Cover for the defined acute medicine categories from any MedXpress or MedXpress Network Pharmacy, subject to the annual prescribed medicine limit
Sports injuries when referred by your Smart Network GP	You have cover for basic X-rays, two specialist visits and a total of four visits to a physiotherapist, biokineticist or chiropractor when related to a sports injury and if referred by your Smart Network GP. You will have to pay R110 for each X-ray or for each visit. We will cover up to the DHR for these visits and for specialists who we do not have a payment arrangement with. Cover is subject to the annual Allied, therapeutic and psychology healthcare services limit

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.

HOW TO GET THE BENEFIT

You can activate the benefit in any of these ways:

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

You may also have cover for Assisted Reproductive Therapy (ART), see page 29 for more information.

During pregnancy

ANTENATAL CONSULTATIONS

We pay for up to 12 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.

PRIVATE WARD FOR DELIVERY

The healthcare services related to childbirth are covered by your Hospital Benefit. You also have cover up to R2 220 per day in a private ward for your hospital stay for the delivery.

BLOOD TESTS

We pay for a defined list of blood tests for each pregnancy.

After you give birth

ESSENTIAL DEVICES

We pay up to R5 350 for essential registered devices such as breast pumps and smart thermometers. You must pay 25% towards the cost of these devices.

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.

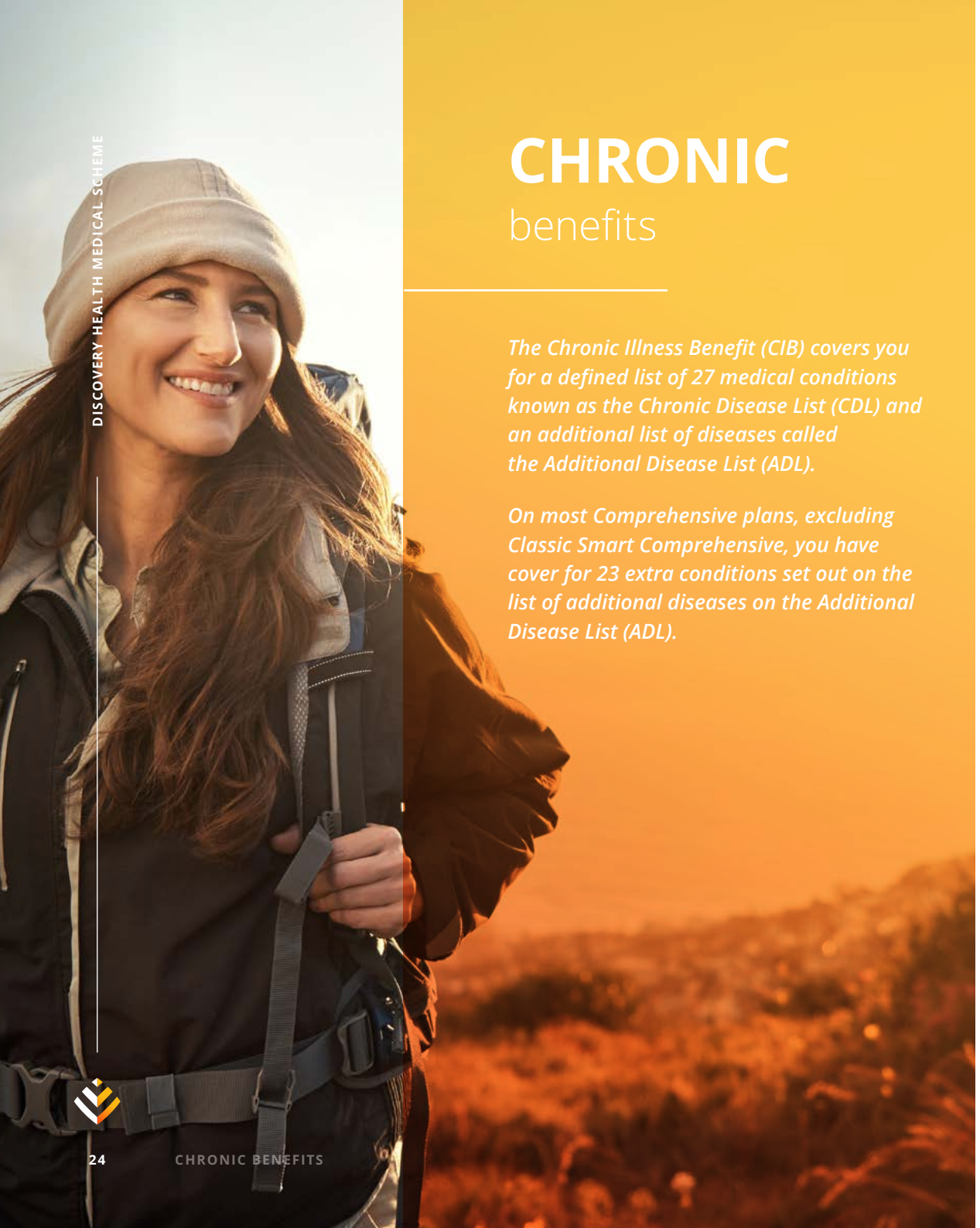
OTHER HEALTHCARE SERVICES

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.



CHRONIC benefits

The Chronic Illness Benefit (CIB) covers you for a defined list of 27 medical conditions known as the Chronic Disease List (CDL) and an additional list of diseases called the Additional Disease List (ADL).

On most Comprehensive plans, excluding Classic Smart Comprehensive, you have cover for 23 extra conditions set out on the list of additional diseases on the Additional Disease List (ADL).

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).

MEDICINE COVER FOR THE ADDITIONAL DISEASE LIST (ADL)

We offer cover for medicine on the Additional Disease List (ADL). You are covered up to the set monthly CDA for your medicine. No medicine list applies. This benefit is not available on the Classic Smart Comprehensive Plan.

HOW WE PAY FOR MEDICINE

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

How to get the benefit

You must apply for the Chronic Illness Benefit (CIB). Your doctor must complete the form online or send it to us for approval.

Visit www.discovery.co.za to view the detailed Chronic Illness Benefit (CIB) guide.

CHRONIC benefits

The Chronic Illness Benefit (CIB) covers you for a defined list of 27 medical conditions known as the Chronic Disease List (CDL) and an additional list of diseases called the Additional Disease List (ADL).

On most Comprehensive plans, excluding Classic Smart Comprehensive, you have cover for 23 extra conditions set out on the list of additional diseases on the Additional Disease List (ADL).

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

ADDITIONAL DISEASE LIST (ADL) CONDITIONS

Additional chronic conditions covered on Comprehensive plans (excluding Classic Smart Comprehensive Plan)

A	Ankylosing spondylitis
B	Behçet's disease
C	Cystic fibrosis
D	Delusional disorder, dermatopolymyositis
G	Generalised anxiety disorder
H	Huntington's disease
I	Isolated growth hormone deficiency
M	Major depression, muscular dystrophy and other inherited myopathies, myasthenia gravis, motor neuron disease
O	Obsessive compulsive disorder, osteoporosis
P	Paget's disease, panic disorder, polyarteritis nodosa, post-traumatic stress disorder, psoriatic arthritis, interstitial pulmonary fibrosis
S	Sjögren's syndrome, systemic sclerosis

Where to get your chronic MEDICINE

Use a pharmacy in our networks

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

Plan	Where to go (called a Designated Service Provider)
Classic, Classic Smart and Essential plans	Any pharmacy in the Discovery pharmacy network – there are over 2 500 pharmacies in the network
Delta options	MedXpress, including MedXpress Network Pharmacies

How to get your medicine

You can order or reorder your medicine online through MedXpress and have it delivered to your work or home

or

- Order your medicine online and collect instore at a MedXpress Network Pharmacy

or

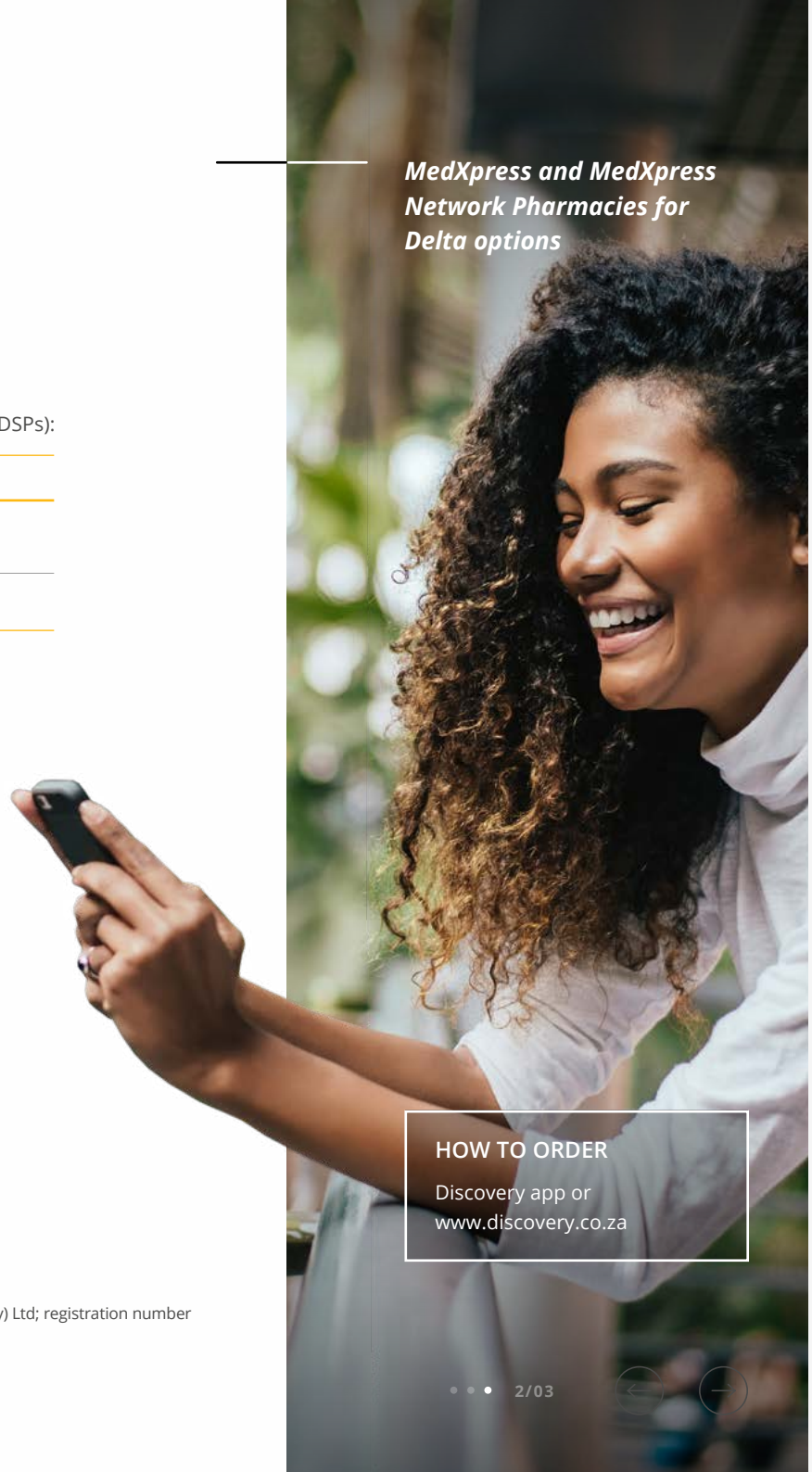
- Fill a prescription as usual at any MedXpress Network Pharmacy.

Medicine tracker

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

View all pharmacy network providers using
Find a healthcare provider on the Discovery app

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



CARE
programmes

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

We cover condition-specific care programmes that help you to manage diabetes, mental health, HIV or heart-related medical conditions. You have to be registered on these condition-specific care programmes to unlock additional benefits and services. You and your Premier Plus GP can track progress on a personalised dashboard to identify the next steps to optimally manage your condition and stay healthy over time.

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 and care coordination services.

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 nominated Premier Plus GP and enrolled on the Cardio Care programme. If you are also registered for diabetes you need to see your nominated Premier Plus GP to avoid a 20% co-payment.

CARE
programmes

DIABETES CARE PROGRAMME

If you are registered on the Chronic Illness Benefit (CIB) for diabetes, your nominated 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. You have to see your nominated Premier Plus GP to avoid a 20% co-payment.

HIV CARE PROGRAMME

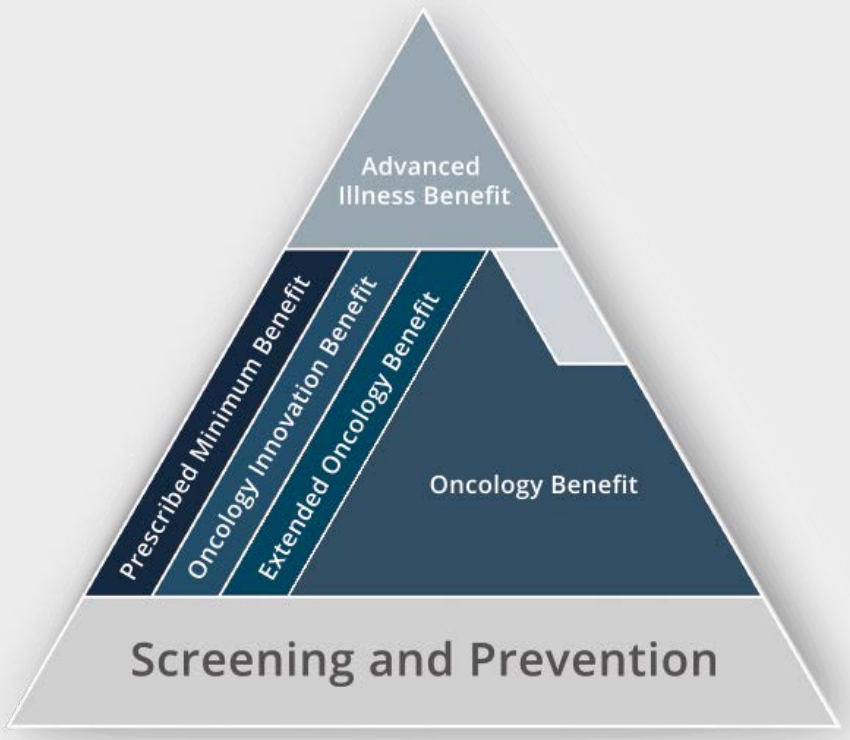
If you are registered on the HIV programme, you are covered for the care you need, which includes additional cover for social workers. You can be assured of confidentiality at all times. You need to get your medicine from a Designated Service Provider (DSP) to avoid a 20% co-payment.

Track your Health

You can get personalised health goals that help you to manage your weight, nutrition and exercise. If you are at risk of developing or you are diagnosed with cardiovascular disease or diabetes, we will give you goals tailored to your circumstances. You can track your progress on the Discovery app and we will reward you for meeting your goals.

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

You have comprehensive cover for **CANCER**



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

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

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 INNOVATION BENEFIT

You have cover for a defined list of innovative cancer medicines that meet the Scheme's criteria. You will need to pay 25% of the cost of these treatments. Not available on Classic Smart Comprehensive.

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 R300 000 on Classic Smart Comprehensive and R400 000 on all other Comprehensive plans. If your treatment costs more than the cover amount, we will cover up to 80% of the subsequent additional costs, unless the treatment forms part of the extended cover offered by the Oncology Innovation and Extended Oncology Benefit.

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.

You have comprehensive cover for **CANCER**

EXTENDED ONCOLOGY BENEFIT

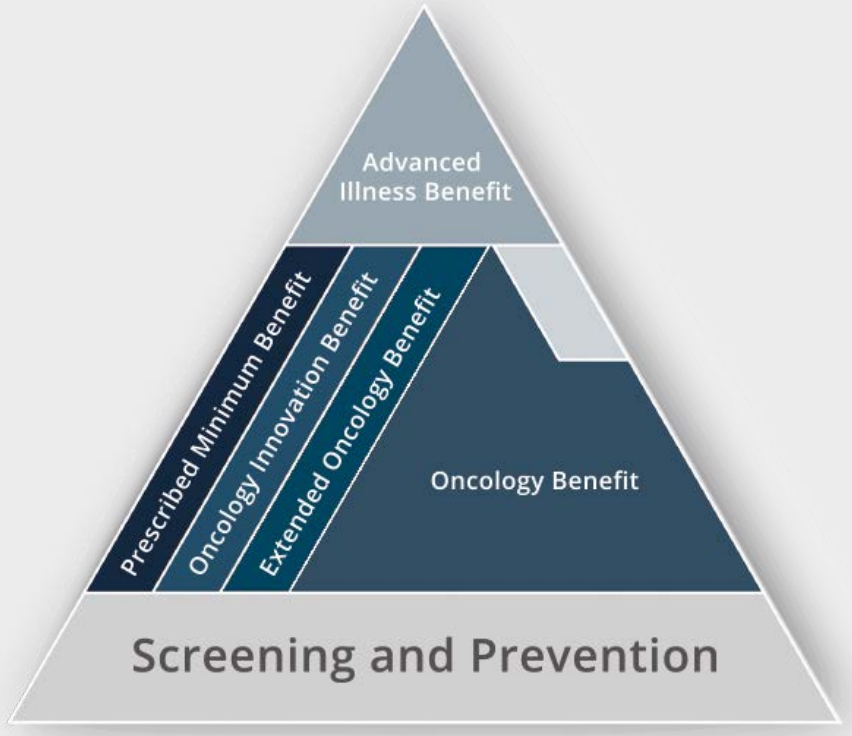
Once you have reached your cover limit, you also have extended cover in full for a defined list of cancers and treatments that meet the Scheme's criteria. Not available on Classic Smart Comprehensive.

ADVANCED ILLNESS BENEFIT

Members with cancer 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.

COLORECTAL CANCER SURGERY

You have full cover for approved colorectal cancer surgeries in our network.



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

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

HOSPITAL BENEFIT

If you need to be admitted to hospital

All Comprehensive 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.

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 or Classic Smart Comprehensive. The funding of newly licensed facilities are subject to approval by the Scheme, on all health plans.

You have cover for planned stays in hospital.

How to get the benefit

GET YOUR CONFIRMATION FIRST

Contact us to confirm your hospital stay before you are admitted (this is known as preauthorisation).

WHERE TO GO

If you are on a Delta option or Classic Smart Comprehensive 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, medicines authorised by the Scheme for your hospital stay.

If you use doctors, specialists and other healthcare professionals that we have an agreement with, we will pay for these services in full. We pay up to 200% of the Discovery Health Rate (DHR) on Classic plans, and up to 100% of the DHR for Essential 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 Classic Smart Comprehensive Plan.

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

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.

HOSPITAL
cover

The Comprehensive 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 ▪ Up to R2 220 per day in a private ward for the maternity benefit ▪ On the Delta options, you must pay an upfront amount of R8 700 for planned admissions to hospitals not in the Delta Hospital Network ▪ On Classic Smart Comprehensive, you must pay an upfront amount of R9 950 for planned admissions to hospitals not in the Smart Plan Hospital Network
Upfront payment for a defined list of procedures performed outside of the Day Surgery Network	**Classic and Essential:** you will pay an upfront payment of R5 700 **Classic Smart:** you will pay an upfront payment of R9 950 **Delta options:** you will pay an upfront payment of R8 700
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 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 130 from your available day-to-day benefits and the balance from your Hospital Benefit, up to the Discovery Health Rate (DHR). For conservative back and neck scans a limit of one scan per spinal and neck region applies ▪ On Classic Smart Comprehensive if not related to your hospital admission, you pay the first R3 130 of your MRI or CT scan until you reach the Annual Threshold. We cover the balance of the scan from the Hospital Benefit, up to the Discovery Health Rate (DHR)

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. If you are on the Classic Smart Comprehensive Plan you will have to pay this amount until you reach your Annual Threshold.

Upfront payments for scope admissions:

	Day clinic account	Hospital account
Classic, Essential, Classic Smart and Delta options	R3 650	R5 300, this co-payment will reduce to R4 250 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, Classic Smart and Delta options	R4 450	R6 600, this co-payment will reduce to R5 350 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:

For Classic and Essential plans, an upfront payment of R5 700 will apply.

Where both a gastroscopy and colonscopy are performed the higher upfront payment of R6 600 will apply.

For Delta options, an upfront payment of R8 700 will apply.

For Classic Smart, an upfront payment of R9 950 will apply.

No upfront payment applies:

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

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 preauthorisation).

How we pay

We pay these services from your Hospital Benefit. We pay for services related to your hospital stay, including all healthcare professionals, services and medicines authorised by the Scheme.

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full.

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:

Comprehensive Plans	Day Surgery Network for your plan	Your out of network upfront payment
Classic and Essential	Day Surgery Network	R5 700
Delta options	Delta Day Surgery Network	R8 700
Classic Smart	Smart Day Surgery Network	R9 950

View all Day Surgery Network facilities using Find a healthcare provider on the Discovery app.

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.

List of procedures covered in the day surgery network

The following is a list of procedures that we cover in a day surgery.

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) to this
- Sinus lavage
- Scopes (nasal endoscopy, laryngoscopy)
- middle ear procedures (tympanoplasty, mastoidectomy, myringoplasty, myringotomy, and/or 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)

Benefits with an **ANNUAL LIMIT**

COCHLEAR IMPLANTS, AUDITORY BRAIN IMPLANTS AND PROCESSORS

R230 400 per person for each benefit.

INTERNAL NERVE STIMULATORS

R165 300 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 R42 950 if you use a provider outside our network.

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 38.

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.

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.

Benefits with an
ANNUAL LIMIT

DENTAL TREATMENT IN HOSPITAL

Dental limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate (DHR) and up to 200% of the DHR for anaethetists on Classic plans. We pay these claims from your day-to-day benefits, up to an annual limit of R30 750 per person. If you join the Scheme after January, you will not get the full limit because it is calculated by counting the remaining months in the year. On Classic Smart Comprehensive these benefits apply once the Annual Threshold is reached.

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.

Other dental treatment in hospital

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

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

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

Upfront payment for dental admissions:

Hospital account	Day clinic account
Members 13 years and older:	
R7 050	R4 500
Members under 13:	
R2 750	R1 240

EXTRA BENEFITS
on your plan

You get the following extra benefits to enhance your cover.

Visit **www.discovery.co.za** to view the detailed benefit guides for each of the extra benefits on your plan.

ASSISTED REPRODUCTIVE THERAPY (ART)

You have cover for up to two annual cycles of ART if you meet the Scheme's benefit and clinical entry criteria.

Cover includes a defined basket of care with cover for consultations, ultrasounds, oocyte retrieval, embryo transfer and freezing, admission costs including lab fees, medication and embryo and sperm storage.

We pay up to a limit of R110 000 per person per year at the Discovery Health Rate (DHR).

You will need to pay up to 25% of the costs and any excess above the Discovery Health Rate (DHR).

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.

SPECIALISED MEDICINE AND TECHNOLOGY BENEFIT

You have cover for a defined list of the latest treatments through the Specialised Medicine and Technology Benefit. This benefit is not available on the Classic Smart Comprehensive plan. We pay up to R200 000 per person per year. A co-payment of up to 20% applies.

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.

EXTRA BENEFITS
on your plan

You get the following extra benefits to 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% for the cost of the second opinion service.

OVERSEAS TREATMENT BENEFIT

You have cover for treatment not available in South Africa. The treatment must be provided by a recognised professional and is paid up to a limit of R500 000 per person. You will need to pay and claim back from us when you return to South Africa. A co-payment of 20% applies.

CLAIMS RELATED TO TRAUMATIC EVENTS

The Trauma Recovery Extender Benefit extends your cover for out-of-hospital claims related to certain traumatic events. Claims are paid from the Trauma Recovery Extender Benefit for the rest of the year in which the trauma occurred, as well as the year after the event occurred. You need to apply for this benefit.

COMPASSIONATE CARE BENEFIT

The Compassionate Care Benefit, gives you access to holistic home-based end-of-life care up to R70 150 per person in their lifetime, for care not related to cancer.

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. 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. 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.

WHO GLOBAL OUTBREAK BENEFIT

You have cover up to 100% of the Discovery Health Rate (DHR) for relevant healthcare services, as well as a defined basket of care for out-of-hospital healthcare services, related to global World Health Organization (WHO) recognised disease outbreaks such as COVID-19. This does not affect your day-to-day benefits, where applicable, and in line with Prescribed Minimum Benefits (PMB).

For COVID-19 you have access to an online risk assessment to determine your risk of exposure, as well as screening consultations, testing, out-of-hospital management and appropriate supportive treatment as long as the treatment meets our benefit entry criteria. In-hospital treatment for approved COVID-19 admissions is covered from the Hospital Benefit and in accordance with Prescribed Minimum Benefits (PMB).

Visit **www.discovery.co.za** to view the detailed benefit guides for each of the extra benefits on your plan.

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.

YOUR CONTRIBUTIONS,

Medical Savings Account and Annual Thresholds

	Main member	Adult	Child*
Contributions (July - December 2021)			
Classic Comprehensive	R6 309	R5 966	R1 258
Classic Delta Comprehensive	R5 681	R5 378	R1 132
Essential Comprehensive	R5 301	R5 010	R1 069
Essential Delta Comprehensive	R4 775	R4 510	R957
Classic Smart Comprehensive	R4 585	R4 230	R1 459
Annual Medical Savings Account amounts**			
Classic Comprehensive	R18 390	R17 394	R3 666
Classic Delta Comprehensive	R16 560	R15 678	R3 300
Essential Comprehensive	R9 270	R8 760	R1 866
Essential Delta Comprehensive	R8 352	R7 884	R1 668
Classic Smart Comprehensive	No Medical Savings Account		
Annual Threshold amounts**			
Classic, Essential and Delta options	R21 700	R21 700	R4 150
Classic Smart Comprehensive	R24 850	R24 850	R850

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

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

EXCLUSIONS

Healthcare services that are not covered on your plan

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

Medical conditions during a waiting period

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

The general exclusion list includes:

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

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

Exclusive access to

VALUE-ADDED OFFERS

Our members have exclusive access to value-added offers outside of the Discovery Health Medical Scheme benefits and Rules. Go to www.discovery.co.za to access these value-added offers.

Savings on personal and family care items

You can sign up for Healthy Care to get savings on a vast range of personal and family care products at any Clicks or Dis-Chem. Healthy Care items include a list of baby care, dental care, eye care, foot care, sun care and hand care products, as well as first aid and emergency items and over-the-counter medicine.

Frames and lenses

You get a 20% discount for frames and lenses at an optometrist in your plan's network of optometrists. You will receive the discount immediately when you pay.

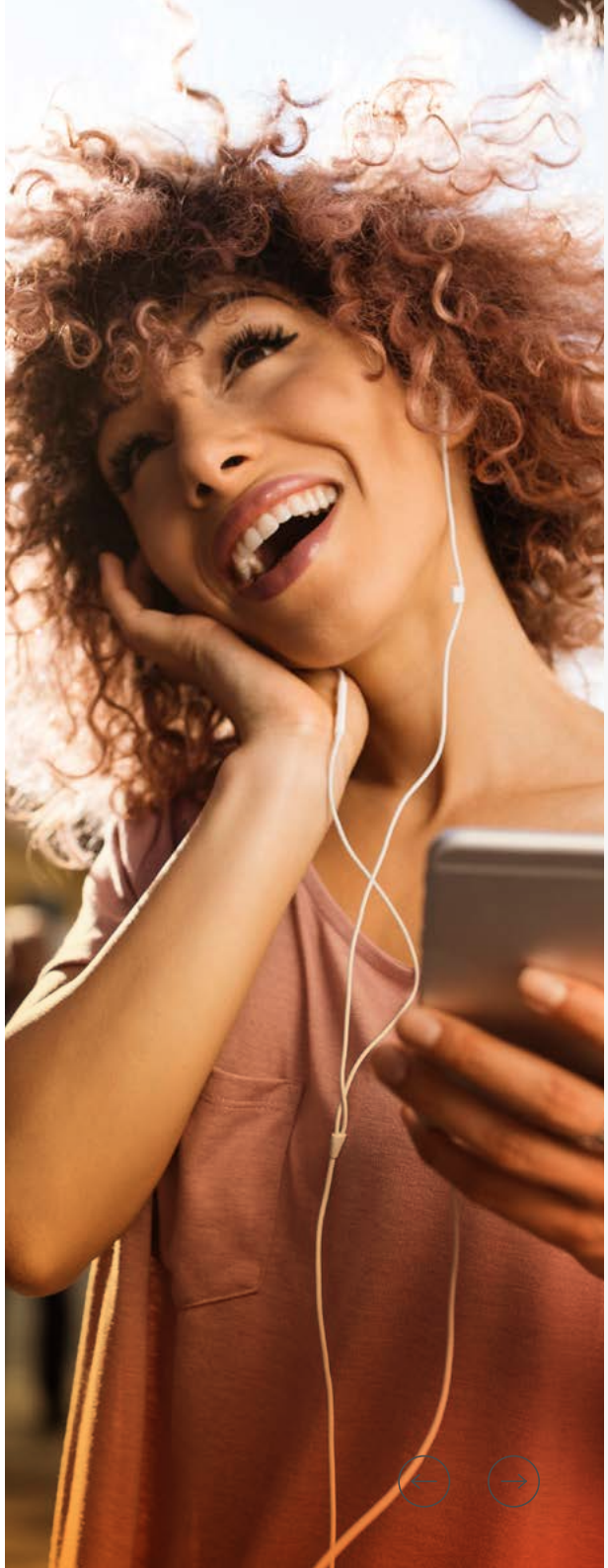
Savings on stem cell banking

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

Access to Vitality to get healthier

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

Vitality is not part of Discovery Health Medical Scheme. Vitality is a separate wellness product, sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply. Healthy Care is brought to you by Discovery Vitality (Pty) Ltd, registration number 1997/007736/07, an authorised financial services provider. Netcells is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.



If you have a complaint

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

Please go through these steps if you have a complaint:

01

TO TAKE YOUR QUERY FURTHER

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

02

TO CONTACT THE PRINCIPAL OFFICER

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

03

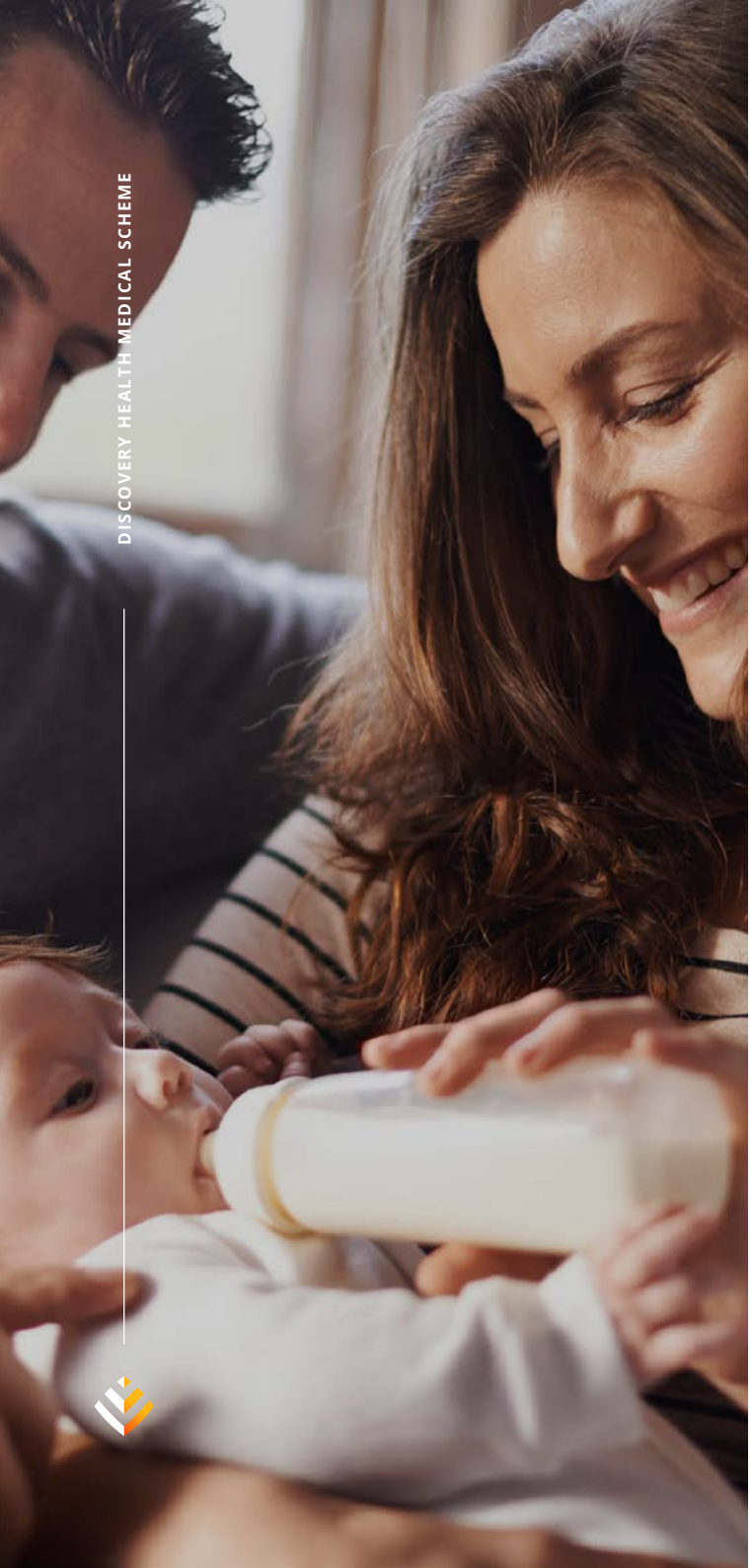
TO LODGE A DISPUTE

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

04

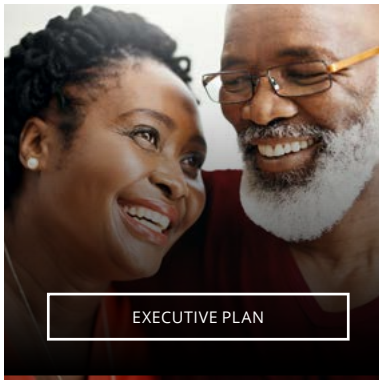
TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES

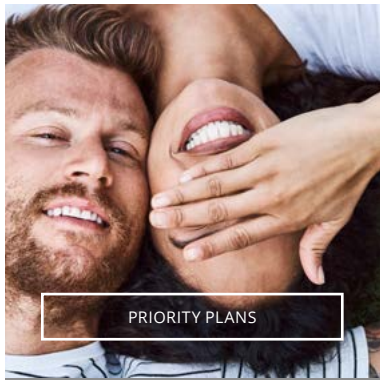
Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical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

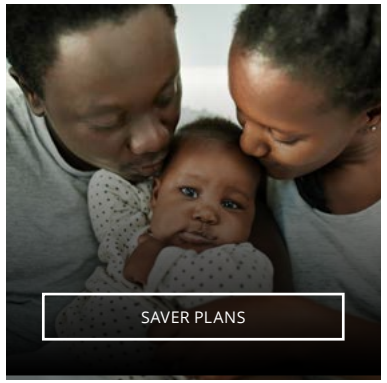


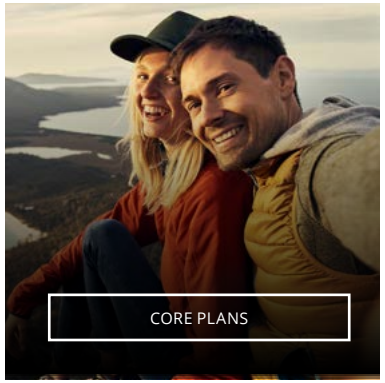
Discovery
Health Medical Scheme

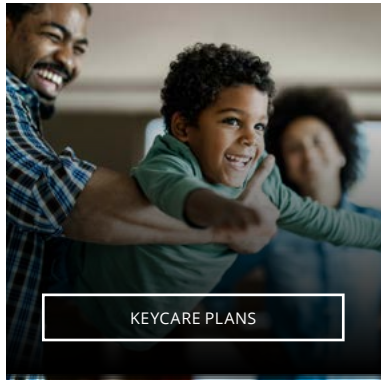
VIEW MORE HEALTH PLANS











Ask Discovery on WhatsApp to get instant answers to your questions, anywhere, anytime.
Just save this number **0860 756 756** on your phone and say 'Hi' to starting chatting with us 24/7.

Download the Discovery app

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