Discovery
Health Medical Scheme

2024

KEYCARE PLANS

PLUS

CORE

START

START REGIONAL

Reimagining **your healthcare**

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
- Your access to a truly personalised health journey through the Discovery Health app. This helps you navigate the healthcare system easily.

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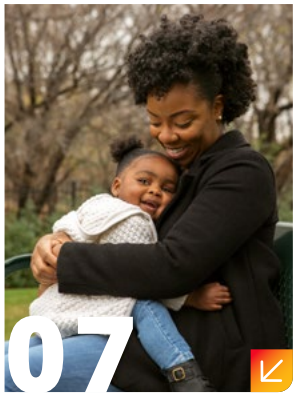
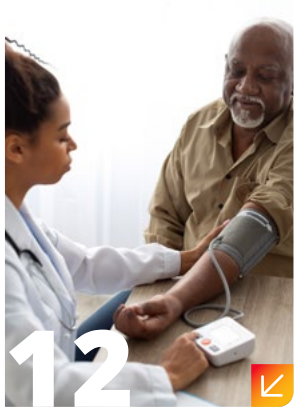




Key terms

About some of the terms we use in this document.

C

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.

D

Day-to-day benefits

Depending on your chosen plan, you have cover for a defined set of day-to-day medical expenses such as medically appropriate GP consultations, blood tests, x-rays or medicine in our KeyCare networks.

Deductible

This is the amount that you must pay upfront to the hospital or day clinic for specific treatments and/or procedures. 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.

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 Health 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 professional and other providers of relevant health care services. This rate may vary depending on the plan you choose.

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.

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 KeyCare Start Regional Plan 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 Health 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.

K

KeyCare Online Practice

The KeyCare Online Practice is an integrated healthcare and referral platform for KeyCare Start Regional members to access healthcare services. Visit www.discovery.co.za or click on KeyCare Online Practice on the Discovery Health app to to access the platform.

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

You may need to make use of specific hospitals, pharmacies, doctors or specialists 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.

Hospital Networks

You have chosen a plan with a hospital network. Make sure you use a hospital in that network specific to your plan to get full cover.

Home-based Hospital Network

You have full cover for carefully selected low-acuity conditions if you use a designated service provider in the Home-based Hospital Network.

Doctor Networks

You have full cover for GPs and specialists 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 a pharmacy in our network to get full cover and avoid co-payments when claiming for medicine on the prescribed medicine list.

Regional Networks

The KeyCare Start Regional plan provides cover for approved healthcare services in the KeyCare Start Regional Network, when referred by the KeyCare Online Practice. The KeyCare Start Regional Network consists of hospitals and healthcare professionals in the Limpopo, Mpumalanga and Western Cape regions.

- Limpopo: Polokwane and Tzaneen
- Mpumalanga: Mbombela and Trichardt
- Western Cape: Belville and George

P

Payment arrangements

The Scheme has payment arrangements with various healthcare professionals and providers to ensure that you can get full cover with no shortfalls.

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.

P

Primary care doctor

A primary care doctor helps you take care of your general health. Having one nominated doctor who manages your health and coordinates your care leads to better health outcomes. Your primary care doctor knows your complete medical history and takes the healthcare approach that works best for you.

R

Reference price

The reference price is the set amount we pay for a medicine category. This applies for medicine that is not listed on the medicine list (formulary).

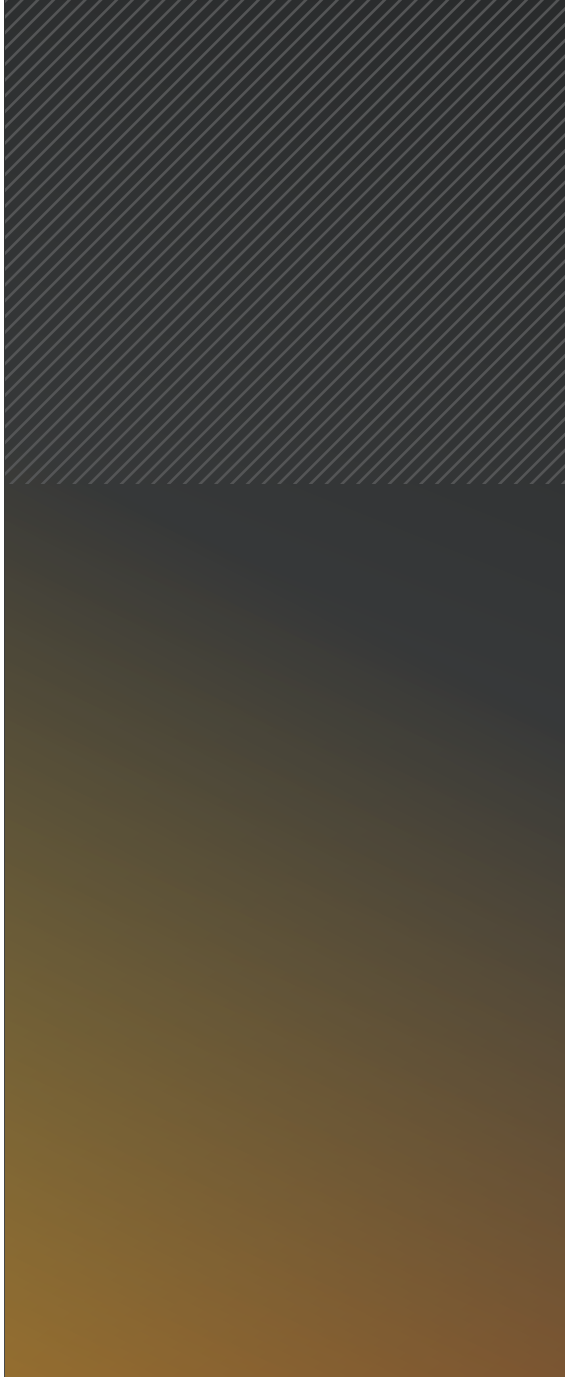
Related accounts

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 compliant arrangement

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



Key features

Unlimited cover for hospital admissions

Unlimited hospital cover in our KeyCare hospital networks. Cover and network depends on the plan you choose. On KeyCare Start Regional you have to go to a network hospital in your selected region.

Full cover for chronic medicine

Essential cover for chronic medicine on the KeyCare medicine list for all Chronic Disease List (CDL) conditions when you use a designated service provider (DSP). Cover and network depends on the plan you choose.

Discovery Health app and virtual benefits

The Discovery Health app gives you access to a truly personalised health journey and a way to navigate the healthcare system easily. Access the advice and healthcare support you need 24/7 through a set of innovative features.

Extensive cover for pregnancy

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

Full cover in hospital for related accounts

Guaranteed full cover in hospital for specialists on the KeyCare networks, and up to 100% of the Discovery Health Rate (DHR) for other healthcare professionals. Cover and network depends on the plan you choose.

Screening and prevention

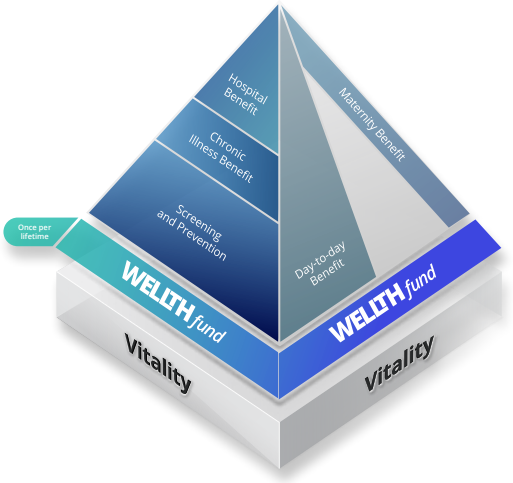
Screening and prevention benefits that cover vital tests to detect early warning signs of serious illness.

WELLTH Fund

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

Day-to-day cover

Unlimited cover for medically appropriate GP consultations, blood tests, X-rays or medicine in our KeyCare networks on KeyCare Plus, KeyCare Start and KeyCare Start Regional plans. Cover and network depends on the plan you choose.



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.

The benefits

on the different KeyCare plans

The four 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.

	PLUS	CORE	START	START REGIONAL
Day-to-day cover	Day-to-day cover at your nominated KeyCare Network GP. Medicine from our medicine list is covered if you use a network pharmacy Specialists are covered at the agreed rate or up to 100% of the Discovery Health Rate (DHR) for specialists we don't have a payment arrangement with, subject to the benefit limit of R5,300 per person per year. You must be referred by your nominated KeyCare Network GP and get a reference number from us before your consultation with the specialist	Specialists are covered at the agreed rate or up to 100% of the Discovery Health Rate (DHR) for specialists we don't have a payment arrangement with, subject to the benefit limit of R5,300, per person per year. You must be referred by a GP and get a reference number from us before your consultation with the specialist This plan does not offer any additional day-to-day cover	Day-to-day cover at your nominated KeyCare Start Network GP Medicine from our medicine list is covered if you use a network pharmacy Two specialist visits covered at the agreed rate or up to 100% of the Discovery Health Rate (DHR) for specialists we don't have a payment arrangement with, subject to the benefit limit of R2,650 per person per year. You must be referred by your nominated KeyCare Start Network GP and get a reference number from us before your consultation with the specialist	Day-to-day cover at your nominated KeyCare Start Regional Network GP when referred by the KeyCare Online Practice. Medicine from our medicine list is covered when prescribed by your nominated KeyCare Start Regional Network GP and obtained from a network pharmacy. Two specialist visits covered at the agreed rate or up to 100% of the Discovery Health Rate (DHR) for specialists we don't have a payment arrangement with, subject to the benefit limit of R2,650 per person per year. You must be referred by your nominated KeyCare Start Regional Network GP to a specialist in the KeyCare Start Regional Network and get a reference number from us before your consultation with the specialist
Non-emergency casualty visits	Cover for one casualty visit per person per year in any casualty unit at a hospital in the KeyCare network Unlimited for emergencies You pay the first R475 of the consultation You must get approval before your visit	Not covered	We cover after-hours care at your nominated KeyCare Start Network GP or network provider	We cover after-hours care at your nominated KeyCare Start Regional Network GP or KeyCare Online Practice
Chronic medicine prescriptions	Your approved chronic medication must be dispensed by your nominated KeyCare Network GP, or you must get your approved chronic medicine from a pharmacy in the network	Your nominated KeyCare Network GP can prescribe your approved chronic medicine and you must get your approved chronic medicine from a pharmacy in the network	Your chronic medicine is covered in a state facility	We cover your approved chronic medication when you use one of our network pharmacies or your nominated KeyCare Start Regional Network GP. Your nominated GP must prescribe the chronic medicine
Cancer	We cover your treatment if it is a Prescribed Minimum Benefit (PMB). You must use a network provider		Your treatment is covered in a state facility	
Chronic Dialysis	You must use a network provider once you are registered, or you can go to a state facility. If you go elsewhere we will pay 80% of the Discovery Health Rate (DHR)		You are covered at a provider in a state facility	
Full Cover Hospital Network	We pay up to the Discovery Health Rate (DHR) (100%)		We pay the Discovery Health Rate (DHR) at your chosen KeyCare Start or KeyCare Start Regional Network Hospital	
Partial Cover Hospital Network	We pay up to 70% of the hospital account and you must pay the balance of the account. If the admission is a Prescribed Minimum Benefit (PMB), we will pay 80% of the Discovery Health Rate (DHR)		No cover for non-emergency admissions	
Defined list of procedures in a Day Surgery Network	Covered at 100% of the Discovery Health Rate (DHR) in the KeyCare Day Surgery Network		Covered at 100% of the Discovery Health Rate (DHR) in the KeyCare Start Day Surgery Network	Covered at 100% of the Discovery Health Rate (DHR) in the KeyCare Start Regional Day Surgery Network

Your access to Prescribed Minimum Benefits and cover in an emergency

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What are Prescribed Minimun 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.

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.

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Discovery Health App and virtual benefits

Don't search your health, discover it.

The Discovery Health app gives Discovery Health Medical Scheme members access to a truly personalised health journey and a way to navigate the healthcare system easily. Access the advice and healthcare support you need 24/7 through these innovative features

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Check your symptoms

Use our Artificial Intelligence (AI) platform to diagnose your symptoms and get guidance, talk to a doctor, or request emergency assistance.

Online Pharmacy

Order your medicine for delivery or shop all other in-store items – delivered to your door.

Emergency Assist

Stay safe with our panic button on the Discovery Health app for emergency medical care. Call for help, request a call back, or we'll locate you and dispatch emergency care.

Manage your plan

Seamlessly manage your medical aid plan – find healthcare providers, submit and track claims, monitor benefits and more.

Personalised health nudges

Access personalised health and wellness recommendations based on your unique health profile.

Online counselling with Digital Mental Health

Access an on-demand digital mental healthcare platform for evidence-based support programmes and tools with Digital Mental Health. If you are diagnosed with depression your claims will fund from your available Prescribed Minimum Benefits (PMBs), subject to clinical entry criteria. If you do not meet the criteria or have used your benefits, you will need to fund your claims.

Virtual Urgent Care

Skip the waiting room and urgently consult with a doctor 24/7 online and get digital prescriptions – no matter where you are. We cover you for one virtual urgent care sessions per member, per year, subject to clinical entry criteria. For any additional sessions you will need to fund your claims.

Your access to care at home

Home-based Hospital Network

If you are admitted to our Home-based Hospital Network designated service provider, you have access to enhanced benefits and services delivered through your personalised care team. We pay all services offered as part of this network from your Hospital Benefit, if you have a valid pre-authorisation for hospitalisation.

The Home-based Hospital Network is the designated service provider (DSP) for the KeyCare plans for home-based care for qualifying conditions such as chronic obstructive pulmonary disease, pneumonia, complicated urinary tract infection, heart failure, cellulitis, deep vein thrombosis, asthma and diabetes. Members do not need to use this network in the event of an emergency, or if not deemed clinically appropriate for home-based care according to the treating provider. Should you choose to not make use of this network once your treating healthcare provider has recommended it as part of your care, an upfront deductible of R5,000 will apply to the admission.

If you meet the Scheme's clinical benefit entry criteria, this gives you access to:

- Physical and virtual 24-hour care delivery facilitated by a dedicated care team
- Access to a remote monitoring device that automatically transmits information to a hospital-based care team, 24 hours a day, seven days a week.
- Access to an improved range of clinical diagnostic procedures and interventions to manage medical or postsurgical hospital-level care in the home

Home Monitoring Device Benefit for essential home monitoring

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.

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 where readmission occur more frequently such as chronic obstructive pulmonary disease, chronic cardiac failure, ischaemic heart disease and pneumonia have access to enhanced care package once discharged from hospital aimed at ensuring unnecessary returns to hospitals are avoided. If you meet the clinical entry criteria you have cover for a bedside medicine reconciliation prior to admission discharge, a follow-up consultation with a GP or and health coaching during the immediate 30 days after being discharged.

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.

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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.

Screening for kids

This benefit covers the assessment of your child's growth and development, which includes the measurement of weight, height, body mass index and blood pressure at 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, a mental wellbeing assessment every year, 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.

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

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. Refer to section 12 for more information.

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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.

How to get access

The Wellth Fund was introduced in 2023 and is available for two benefit years once all beneficiaries over the age of two years complete their age-appropriate health check as described on the previous page at a provider in our Wellness Network. For new joiners, the benefit is available in the year of joining and the year thereafter.

Visit **www.discovery.co.za** to view the detailed Wellth Fund guide.

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.

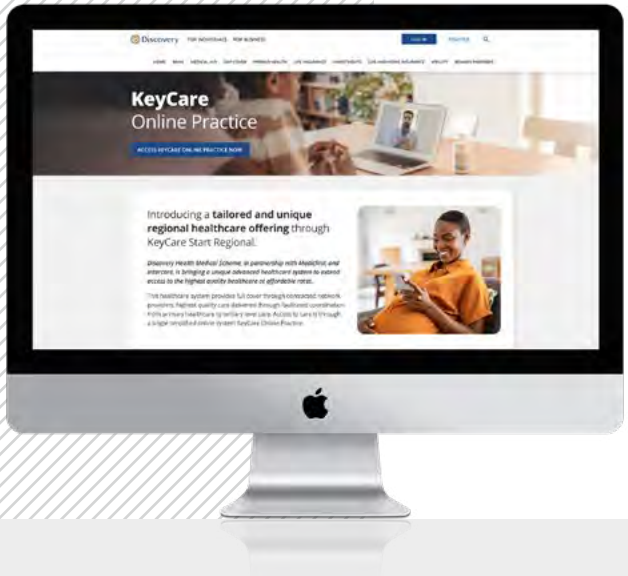
These include:

- **General health**
- **Women and men's health**
- **Physical health**
- **Children's health**
- **Mental health**
- **Medical monitoring devices**

KeyCare Online Practice

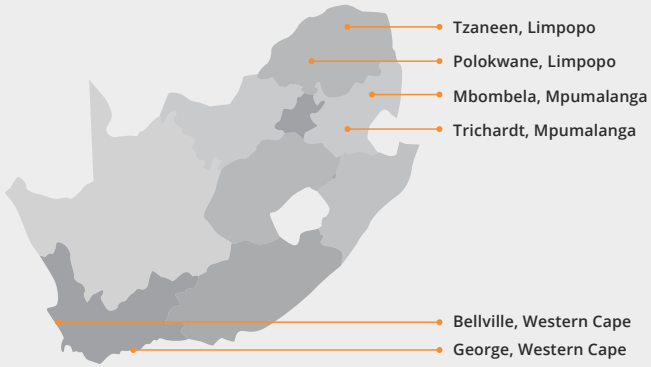
Your access to healthcare on KeyCare Start Regional

KeyCare Start Regional provides cover for healthcare services in selected regions through the integrated healthcare platform, KeyCare Online Practice. The KeyCare Online Practice gives you convenient access to online and face-to-face GP consultations, medicine, basic x-rays, blood tests, specialist referrals and in-hospital treatment.



- **GP consultations**
- **Blood tests**
- **Medicine**
- **Specialist referrals**
- **Basic x-rays**
- **In-hospital treatment**

KeyCare Start Regional is available for these specific locations



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Day-to-day benefits

You have access to the following day-to-day cover on KeyCare Plus, KeyCare Start and KeyCare Start Regional plans. On KeyCare Start your nominated KeyCare Start GP must refer you and you must use providers in your chosen KeyCare Start Network. On KeyCare Start Regional you must use the KeyCare Online Practice to access healthcare. Your nominated KeyCare Start Regional GP must refer you for day-to-day cover.

Day-to-day cover	What we pay
GP visits	You have unlimited cover for medically appropriate GP consultations. When joining, you must nominate a GP from the KeyCare, KeyCare Start or KeyCare Start Regional GP Network, depending on the plan you choose. You must go to your nominated GP for us to cover your consultations, including some minor procedures. Preauthorisation is required after your 15th GP visit. On KeyCare Start Regional, GP consultations are covered when referred through the KeyCare Online Practice.
Blood, urine and other fluid and tissue tests	We pay for a list of blood, urine and other fluid and tissue tests from a network GP. Your nominated network GP must ask for these tests by filling in a KeyCare pathology form. Claims are covered up to 100% of the Discovery Health Rate (DHR).
Day-to-day medicine	We pay for medicine from our medicine list up to 100% of the Discovery Health Rate (DHR) if they are prescribed and/or dispensed by your nominated Network GP depending on the plan you choose.
Basic x-rays	We pay for a list of basic x-rays at a network provider. Your nominated network GP must ask for the x-rays to be done.
Nurse-led consultations	Nurse-led consultations at a network provider, with or without video call consultations with a General Practitioner, and referral for a face-to-face consultation, where needed. When referred by the nurse. Limited to one consultation per person per year. We will cover the GP visit, selected blood tests, X-rays, and medicine on our medicine list if requested by the GP.
Eye care	We cover one eye test per person every two years, but you must go to an optometrist in the KeyCare Optometry Network. The optometrist will have a specific range of glasses which you can choose from. You can get a set of contact lenses instead of glasses if you choose to. You can get new glasses or contact lenses every 24 months.
Dentistry	We cover consultations, fillings and tooth removals at a dentist in our dentist network. Certain rules and limits may apply.
Casualty visits	On KeyCare Plus you have cover for one casualty visit per person per year at any casualty unit at a hospital in the KeyCare network. You must pay the first R475. You need to get preauthorisation for a casualty visit. On KeyCare Start you can go to your nominated KeyCare Start GP or network provider for after-hours care. On KeyCare Start Regional you can go to your nominated KeyCare Start Regional GP or the KeyCare Online Practice for after-hours care.
Medical equipment	On KeyCare Plus, we cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg calipers, crutches and walkers on the medical equipment list, if you get them from a network provider. There is an overall limit of R6,050 per family per year. Not covered on the KeyCare Start or KeyCare Start Regional plans.
Specialist Benefit	Specialist cover up to R5,300 on KeyCare Plus and KeyCare Core, and up to two visits up to R2,650 on KeyCare Start and KeyCare Start Regional per person per year. Your nominated network GP must refer you to a specialist and you need a reference number from us before your consultation with the specialist. On KeyCare Plus, if you need to see a maxillo-facial surgeon, periodontist, ophthalmologist or a specialist for maternity care, you do not need a referral from your GP or a reference number from us. Out-of-hospital MRI and CT scans are paid up to the Specialist Benefit limit. Claims are covered from the Specialist Benefit at the agreed rate or up to 100% of the Discovery Health Rate (DHR) for specialists we don't have a payment arrangement with.
Other types of healthcare	We do not cover other types of healthcare professionals, such as physiotherapists, psychologists, speech therapists, audiologists, homeopaths or chiropractors.

Maternity benefit

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.

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

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 or one 2D ultrasound scan and 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.

To activate these benefits on KeyCare Start your nominated network GP must refer you. On KeyCare Start Regional you must visit the KeyCare Online Practice and your nominated regional network GP must refer you.

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.

To activate these benefits on KeyCare Start your nominated network GP must refer you. On KeyCare Start Regional you must visit the KeyCare Online Practice and your nominated regional network GP must refer you.

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.

To activate these benefits on KeyCare Start your nominated network GP must refer you. On KeyCare Start Regional you must visit the KeyCare Online Practice and your nominated regional network GP must refer you.

How to get the benefit

You can activate the benefit in any of these ways:

- Create your pregnancy or baby profile on the Discovery Health 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

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Chronic benefits

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

You have cover for the 27 medical conditions set out in the list of chronic conditions known as the Chronic Disease List (CDL).

What is this benefit

The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions on 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.

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. For medicine not on our list, we cover you up to the therapeutic reference price of the equivalent medicine or group of medicines.

Where to get your consultations and medicine

You must nominate a GP in the KeyCare Network to be your primary care GP to manage your chronic conditions. To find a doctor and learn more about the nomination process, use **www.discovery.co.za**, or the Discovery Health app. For full cover on your GP consultations you must visit your nominated primary care network GP. If you see a GP that is not your nominated primary care GP, or a nominated GP that is not a network GP, you will have to pay a co-payment. For more information on our Care Programmes and enrolment by your Premier Plus Network GP, please refer to later pages in section 8.

You need to get your approved chronic medicine that is on the KeyCare medicine list from your network pharmacies or from your nominated KeyCare Network GP (if he or she dispenses medicine). If you get your medicine from anywhere else, you will have to pay 20% of the Discovery Health Rate (DHR) at one of our network pharmacies for medicine.

On KeyCare Start, you must use a state facility.

On KeyCare Start Regional, you need to get your approved chronic medicine that is on the KeyCare medicine list from one of our network pharmacies or your nominated KeyCare Start Regional GP. Your nominated regional network GP must prescribe the chronic medicine.

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.

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).

Member Care Programme

If you are diagnosed with one or more chronic conditions, you might qualify for our Member Care Programme. We will contact you to confirm if you do qualify. The programme offers organised care to help you to manage your conditions and to get the best quality healthcare.

If you are registered and take part in the programme, we will pay in full for your treatment.

If you choose not to take part, we will cover the hospital and related accounts up to 80% of the Discovery Health Rate (DHR).

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.

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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.

Disease Prevention Programme

If you are identified to be at risk of cardio-metabolic risk syndrome, your nominated KeyCare Premier Plus GP can enrol you on the Disease Prevention Programme. Your Premier Plus 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 nominated KeyCare 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 nominated KeyCare Premier Plus GP and enrolled on the Cardio Care Programme.

Mental Health Care Programme

Once enrolled on the programme by your network psychologist or nominated KeyCare 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.

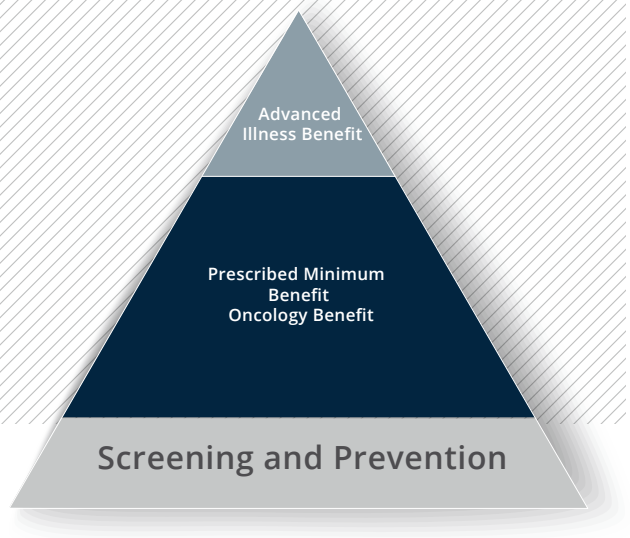
HIV Care Programme

If you are registered on the HIV programme by your nominated KeyCare 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.

Oncology Care Programme

You have access to comprehensive cover for cancer treatment.

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. On the KeyCare plans we cover cancer treatment in our network, or in a state facility if you are on KeyCare Start or KeyCare Start Regional. If you choose to use any other provider, we will only cover up to 80% of the Discovery Health Rate (DHR).

Oncology Benefit

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

All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). You might have a co-payment if you do not use the designated service provider (DSP) or if your healthcare professional charges above this rate. On the KeyCare plans we cover cancer treatment in our network, or in a state facility if you are on KeyCare Start or KeyCare Start Regional.

If you choose to use any other provider, we will only cover up to 80% of the DHR.

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.

Hospital Benefit

If you need to be admitted to hospital

The KeyCare plans offer cover for hospital stays. There is no overall limit for the Hospital Benefit.

View the hospitals on the KeyCare hospital networks using Find a healthcare provider on the Discovery Health app

What is the benefit?

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

What we cover

You have unlimited cover for hospital stays at private hospitals approved by the Scheme, subject to the KeyCare network requirements. The network depends on the plan you choose. On KeyCare Start Regional you have to go to a network hospital in your selected region. The funding of newly licensed facilities is subject to approval by the Scheme, on all health plans.

Your doctor may recommend home-based care as part of your treatment. You will need to make use of our Home-based Hospital Network which is the designated service provider (DSP) for home-based care. If your treating healthcare provider deems it appropriate and you choose not to make use of the DSP, you will need to pay R5,000 upfront for your admission.

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

You have cover for planned admissions in a defined network. For planned admissions at hospitals outside these KeyCare networks, you either have to pay the full amount or a portion of the hospital account.

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 the Discovery Health Rate (DHR) for other healthcare professionals.

You can avoid co-payments by:

- Going to a hospital in the networkof hospitals for your plan
- Using healthcare professionals that we have a payment arrangement with.

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.

Find a healthcare provider and the Discovery Health 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.

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Hospital cover

The KeyCare plans offer unlimited hospital cover

The table below shows how we pay for your approved hospital admissions:

	PLUS	CORE	START	START REGIONAL
Full Cover Hospital Network	We pay up to the Discovery Health Rate (DHR) (100%).		Covered in full at your chosen KeyCare Start Network Hospital.	Covered in full at your chosen KeyCare Start Regional Network Hospital.
	You can use any approved hospital in the KeyCare Network.		You need to go to your chosen KeyCare Start Network Hospital. If you do not use your chosen KeyCare Start Network Hospital, you will have to pay all the costs. This does not apply in an emergency.	You need to go to your chosen KeyCare Start Regional Network hospital. If you do not use your KeyCare Start Regional Network Hospital, you will have to pay all the costs. This does not apply in an emergency.
Partial Cover Hospital Network	We pay up to 70% of the hospital account and you must pay the balance of the account. If the admission is a Prescribed Minimum Benefit, we will pay 80% of the Discovery Health Rate (DHR).		No cover for non-emergency admissions.	
Defined list of procedures in a Day Surgery Network	Covered in the KeyCare Day Surgery Network.		Covered in the KeyCare Start Day Surgery Network.	Covered in the KeyCare Start Regional Day Surgery Network.
Defined list of procedures performed in specialist rooms	Up to the agreed rate where authorised by the Scheme.			
Non-network hospitals	We will not pay the hospital and related accounts if you are admitted to a non-network hospital for a planned procedure. If the admission is a Prescribed Minimum Benefit (PMB), we will pay 80% of the Discovery Health Rate (DHR).			
Specialists and healthcare professionals in our network	Full cover.		Full cover at a contracted provider in your KeyCare Start Network Hospital.	
Specialists and healthcare professionals not in our network	The Discovery Health Rate (DHR). If they charge more, you must pay the balance of the account.		We will pay the Discovery Health Rate (DHR) for providers at your KeyCare Start and KeyCare Start Regional hospital who we do not have a payment arrangement with, you must pay the balance of the account.	
X-rays and blood tests (radiology and pathology accounts)	Up to 100% of the Discovery Health Rate (DHR).			
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	Prescribed Minimum Benefit (PMB) cover in the KeyCare Day Surgery Network. Authorised scopes done in the doctor's rooms will be covered from your Hospital Benefit.		Prescribed Minimum Benefit (PMB) cover in the KeyCare Start Day Surgery Network. Authorised scopes done in the doctor's rooms will be covered from your Hospital Benefit.	Prescribed Minimum Benefit (PMB) cover in the KeyCare Start Regional Day Surgery Network. Authorised scopes done in the doctor's rooms will be covered from your Hospital Benefit.
Alcohol and drug rehabilitation	We pay for 21 days of rehabilitation per person per year. Three days per approved admission per person for detoxification.			
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 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.			

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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 and the network depends on the plan you choose.

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).

You can view all the procedures covered in the Day Surgery Network on the next page.

What 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.

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 the full account.

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

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 and repair of tear ducts, vitrectomy, retinal surgery, eyelid surgery, strabismus repair)

Some of these procedures are not covered on the KeyCare plans. See section 14 for a list of extra exclusions on the KeyCare Plans.

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
- Diagnostic laparoscopy
- Simple vulval and introitus procedures: Simple hymenotomy, partial hymenectomy, simple vulvectomy, excision of Bartholin's gland cyst
- Vaginal, cervix and oviduct procedures: Excision vaginal septum, cyst or tumour, tubal ligation or occlusion, uterine cervix cerclage, removal cerclage suture
- Suction curettage
- Uterine evacuation and curettage

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

N

Nerve procedures

- Neuroplasty median nerve, ulnar nerve, digital, nerve of hand or foot

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

Simple Hernia Procedures

- Umbilical hernia repair
- Inguinal hernia repair

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 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 75% for the cost of the second opinion service.

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.

Mental wellbeing

Members identified with moderate to severe symptoms of depression following a mental wellbeing assessment, have access to a virtual consultation, where applicable, with a Premier Plus GP or network psychologist. Cover is subject to clinical entry criteria.

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.

WHO Global Outbreak Benefit

The WHO Global Outbreak Benefit is available to all members during a declared outbreak period. The benefit provides cover for the administration of 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.

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.

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Your contributions

	MAIN MEMBER	ADULT	CHILD*
KEYCARE PLUS			
15,251+	R3,354	R3,354	R897
9,451 – 15,250	R2,271	R2,271	R640
0 – 9,450	R1,652	R1,652	R601
KEYCARE CORE			
15,251+	R2,454	R2,454	R557
9,451 – 15,250	R1,604	R1,604	R398
0 – 9,450	R1,286	R1,286	R336
KEYCARE START			
15,251+	R3,247	R3,247	R883
10,101 – 15,250	R2,085	R2,085	R817
0 – 10,100	R1,239	R1,239	R755
KEYCARE START REGIONAL			
15,251+	R2,597	R2,597	R795
10,101 – 15,250	R1,666	R1,666	R735
0 – 10,100	R1,102	R1,102	R664

* We count a maximum of three children when we calculate your monthly contributions. For any additional children, cover is free. In the case of foster children, every child added to the policy is charged for.

** Income verification will be conducted for the lower income bands. Income is considered as: the higher of the main member's or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance in terms of any statutory social assistance programme.

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.**

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).

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, unless part of Prescribed Minimum Benefits (PMBs) or the Assisted Reproductive Therapy (ART) Benefit
- 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
- Ultra-high cost treatments, experimental, unproven or unregistered treatments or practices
- Search and rescue.

Extra exclusions specific to KeyCare plans

In addition to the general exclusions that apply to all plans, KeyCare plans do not cover the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits (PMBs).

01 | Hospital admissions related to, among others:

- Dentistry
- Nail disorders
- Skin disorders, including benign growths and lipomas
- Investigations
- Functional nasal surgery
- Elective caesarean section, except if medically necessary
- Surgery for oesophageal reflux and hiatus hernia
- Back and neck treatment or surgery
- Knee and shoulder surgery
- Arthroscopy
- Joint replacements, including but not limited to hips, knees, shoulders and elbows
- Cochlear implants, auditory brain implants and internal nerve stimulators (this includes procedures, devices, processors and hearing aids)
- Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary
- Endoscopic procedures

02 | Correction of hallux valgus (bunion) and Tailor's bunion (bunionette)

03 | Removal of varicose veins

04 | Refractive eye surgery

05 | Non-cancerous breast conditions

06 | Healthcare services outside South Africa.

07 | Tonsillectomies, Myringotomies and Adenoidectomies

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.

Working to care for and protect you

Our goal is to provide support for you in the times when you need it most.

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**

We hold your privacy in the highest regard. Our unwavering commitment to protecting your personal information and ensuring the security and confidentiality of your data is clearly outlined in our Privacy Statement.

VIEW NOW

Download the Discovery app

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