



flexicare
Powered by Discovery

Flexicare

Benefit Guide

Contents

Flexicare gives you peace of mind and certainty with smart affordable private day-to-day healthcare cover.



Key terms

AGREED RATE

This is a rate we pay for healthcare services from healthcare providers.

CO-PAYMENT

This is an amount that you need to pay towards a healthcare service. The amount can vary depending on:

- The type of healthcare service
- The place of service
- The amount that the service provider charges (if they charge more than the agreed rate, you must pay the difference)

If the co-payment amount is higher than the amount that the provider charges for the healthcare service, you must pay the cost of the healthcare service.

COVER

Cover refers to the benefits you have access to and how we pay for these healthcare services on your Flexicare plan. This includes services such as medically appropriate GP consultations, blood tests, X-rays, medicine, optometry and dentistry.

DAY-TO-DAY BENEFITS

You have cover for a defined set of medical expenses, such as medically appropriate GP consultations, blood tests, X-rays, medicine, optometry and dentistry in our networks.

EMERGENCY MEDICAL CONDITION

An emergency medical condition (also just called an emergency) is the sudden and, at the time, unexpected start of a health condition. This condition must need immediate medical and surgical treatment where if you do not treat it, it would:

- Cause serious impairment to bodily functions
- Cause serious dysfunction of a bodily organ or part
- Put the person's life in serious danger.

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

DEPENDANT

An eligible spouse, eligible child, special needs child or eligible special dependant.

EXCLUSIONS

A list of services, conditions and events that this policy does not cover. You can see this list in the 'Exclusions' section of this Benefit Guide.

FIND A HEALTHCARE PROVIDER

Find a healthcare provider is a healthcare provider search tool that is available on the Discovery app or website at www.discovery.co.za.

NETWORKS

You must use specific healthcare providers in our network. We have payment arrangements with these providers to make sure that you get access to quality care at an affordable cost. By using network providers, you can avoid having to pay extra costs and co-payments.

PAYMENT ARRANGEMENTS

Flexicare has payment arrangements with various healthcare professionals and providers to make sure that you can get full cover with no co-payments.



Why Flexicare?

Everyone deserves access to quality healthcare. With Flexicare, you can have access to affordable private healthcare cover and a world-class suite of digital tools to help you manage your membership and access your benefits on the go. Experience the peace of mind and certainty that comes with being in control of your health and wellbeing.

With more than 30 years' experience, Discovery Health is a trusted healthcare partner in the South African and international healthcare environments. Over this time, we have developed industry-leading expertise in high-quality, affordable healthcare solutions. Our extensive healthcare provider networks include GPs, pharmacies, dentists and eye care specialists (optometrists) across the country and are supported by cutting-edge, real-time payment models so we pay claims without you having to do anything.

Flexicare is designed to provide a wide range of day-to-day healthcare benefits with optional add-ons, where medical aid contributions may be unaffordable for you. Flexicare is offered by Auto & General and is administered by Discovery Health; giving you truly innovative and integrated healthcare cover.

Your Flexicare benefits



Unlimited GP consultations



X-rays



Dentistry



Flu vaccine



Medicine



Eye care



Maternity



Health Check



Blood tests



Procedures in GP's rooms



HIV care



Private ambulance services

Optional add-ons



Trauma Benefit



Vitality Active

ACCESS YOUR BENEFITS ON THE GO

Digital membership card

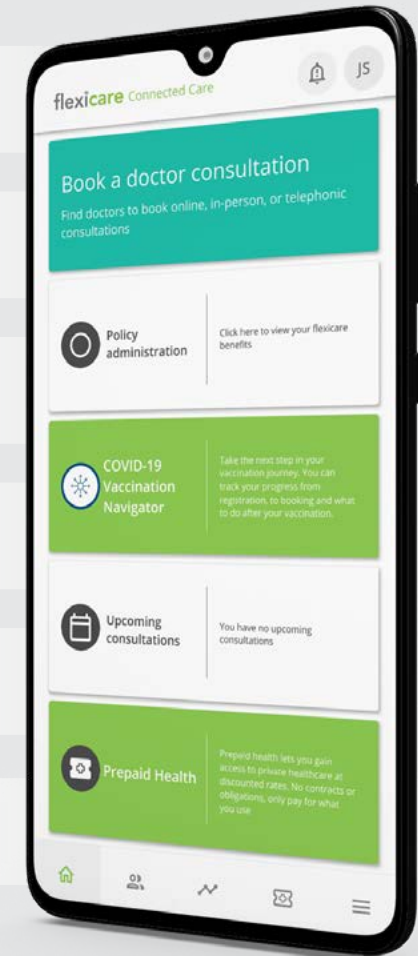
Find network providers

Book GP consultations

Membership certificate

Benefit information

Ask Flexicare




Your benefits summary

Day-to-day healthcare	
GP consultations	Unlimited cover for consultations with a network doctor (GP) at 100% of the Agreed Rate. You can have face-to-face or online consultations with the network GP. Risk-management protocols apply. You can change your allocated network doctor twice per year
Dentistry	Full mouth examination, preventive treatments, cleaning, scaling, polishing and fluoride treatment, restorations and composite fillings, treatment of pain and sepsis, infection control and extractions at a network dentist
Eye care (optometry)	Cover for one eye test every year in the optometry network and one pair of glasses (no contact lenses) every 24 months
Blood tests (pathology)	Cover for pathology tests at 100% of the Agreed Rate. Limited to approved pathology codes. Must be requested by a network doctor (GP) and by a network pathologist
X-rays (radiology)	Covered at 100% of the Agreed Rate for black-and-white X-rays and soft-tissue ultrasounds. Your network doctor (GP) must ask for the tests and they must be done by a network radiologist
Maternity	Unlimited network GP consultations throughout the pregnancy Unlimited acute medicine in line with a defined medicine list, prescribed by a network GP and collected from a network pharmacy, or prescribed and given to you by your network GP Essential blood and screening tests through a network pathologist when referred by your network GP Two ultrasound scans for each pregnancy at a network provider (first ultrasound between week 10 and 14, and the second between week 20 and 24)
HIV management	Access to HIV treatment, counselling and education Cover for antiretroviral medicine, multivitamins and supportive medicine, blood tests, X-rays and post-exposure prophylaxis medicine All HIV-related queries and cases are treated with complete confidentiality
COVID-19 testing	For confirmed positive COVID-19 results: Cover for one positive COVID-19 test with access to out-of-hospital management and appropriate supportive treatment, including diagnostic testing, basic chest X-rays and prescribed medicine
Prescribed medicine	Cover for a defined list of medicine if a network GP prescribes it or gives it to you
Over-the-counter (OTC) medicine	Cover for a defined list of self-medicine, up to R105 per claim event – a maximum of R420 per member per year, limited to one claim event per quarter at a network pharmacy
Chronic medicine	Cover for chronic medicine on the defined medicine list for 27 chronic conditions (including HIV) at a network pharmacy
Screening and prevention	
Flu vaccine	Cover for a flu vaccine once a year from a network pharmacy
Health check (wellness screening)	Cover for one wellness screening per year at a network pharmacy. Screening includes measuring blood pressure, blood glucose (blood sugar), cholesterol and body mass index (BMI). Cover also includes HIV counselling and testing at a network pharmacy
Emergency benefits	
Ambulance services	Access to emergency medical services through Netcare 911 ambulance services. Transport to an appropriate state hospital. Limited to road transport only You can call Netcare 911 on 0860 999 911 or Flexicare on 0860 44 47 79 for assistance


You do not need to pay for approved treatment that you get from a network provider. However, if you use a provider that is not a part of the network, or if you get unapproved treatment, you must pay for the treatment.





More about your benefits

Benefit	Description	Limit
 Unlimited GP consultations		
In-person GP consultations	<p>This benefit covers visits to a network GP. We cover these visits at 100% of the Agreed Rate. You can:</p> <ul style="list-style-type: none"> Change your face-to-face visits to a network GP to online consultations Have medical procedures that can be done in a network GP's rooms, such as biopsies, wound care and stitching, if they are on our defined list of procedures. 	Unlimited
Online consultations	<p>This benefit gives you access to an online consultation through the Discovery website. You can change your visit to your network GP to an online consultation.</p>	Unlimited

Dentistry

Dental care	You only have cover if you use a network dentist	
	Consultations	A single consultation for a full mouth examination for each member every year.
	Preventive treatments, including cleaning, scaling, polishing and fluoride treatment	Limited to one for each member every year.
	Restorations and composite fillings	You must get pre-authorisation if your family needs four or more restorations (repairs to teeth) or five or more composite fillings in a year.
	Extractions	For a single tooth extraction, a maximum of 1 per quadrant per 365 days. Extraction of each extra tooth in the same quadrant, 1 per member per 365 days.
	Oral radiography (mouth X-rays)	Maximum 7 per year according to dental protocol.
	Extra dentistry benefits	<ul style="list-style-type: none"> Diagnosis and treatment of pain and sepsis Infection control Oral hygiene advice on how to keep your mouth and teeth clean to prevent dental problems Local anaesthetic

Benefit	Description	Limit
 Medicine		
Acute medicine (prescribed or short-term medicine)	<p>This benefit covers acute medicine. We cover the medicine at 100% of the Agreed Rate if:</p> <ul style="list-style-type: none"> ■ The medicine is on the medicine list (formulary) for acute medicine and you do not have to pay any co-payment ■ You get the acute medicine from either a dispensing network GP or from a network pharmacy (if the prescribing GP is part of the network but does not dispense medicine) <p>We do not pay for the acute medicine if it is prescribed by a non-network GP or if you get it from a non-network pharmacy</p>	Unlimited
Over-the-counter (OTC) medicine	You can only get OTC medicine at a network pharmacy and on advice of the pharmacist. OTC medicine must be on the medicine list (formulary).	The OTC medicine benefit is limited to R105 in each quarter, up to a maximum of R420 for each member every year.
Flu vaccine	Members have cover for one flu vaccination every year .	This benefit is limited to one flu vaccination
Chronic medicine (long-term medicine)	We cover chronic medicine in full (at 100% of the Agreed Rate) if the prescribed medicine is on the medicine list (formulary) for chronic medicine. You can get your chronic medicine at a network pharmacy.	<p>Chronic medicine is available for the following conditions:</p> <ul style="list-style-type: none"> ■ Addison's disease ■ Asthma ■ Bipolar mood disorder ■ Bronchiectasis ■ Cardiac failure ■ Cardiomyopathy ■ Chronic renal disease ■ COPD (chronic obstructive pulmonary disease) ■ Coronary artery disease ■ Crohn's disease ■ Diabetes insipidus ■ Diabetes mellitus type 1 ■ Diabetes mellitus type 2 ■ Dysrhythmias ■ Epilepsy ■ Glaucoma ■ Haemophilia ■ HIV (see details in section below) ■ Hyperlipidaemia (high cholesterol) ■ Hypertension (high blood pressure) ■ Hypothyroidism (underactive thyroid) ■ Multiple sclerosis ■ Parkinson's disease ■ Rheumatoid arthritis ■ Schizophrenia ■ Systemic lupus erythematosus ■ Ulcerative colitis

Benefit	Description	Limit
<div data-bbox="120 164 526 248">  Blood tests </div>		
Blood tests (pathology)	<p>Pathology tests are limited to the list of approved pathology codes and we pay the tests at 100% of the Agreed Rate.</p> <p>A network doctor (GP) must ask for the tests and a pathology laboratory in the network – Ampath, Lancet and Pathcare – must do the tests. You have to take the pathology request form to the pathology lab.</p>	This benefit is unlimited .
<div data-bbox="120 435 526 520">  HIV care </div>		
HIV Programme	<p>The HIV Programme is designed to optimise the health and wellbeing of HIV-positive patients. The HIV Management Programme includes:</p> <ul style="list-style-type: none"> ■ Voluntary counselling and testing ■ Antiretroviral therapy, prophylactic antibiotics and supplements ■ Treatment support and guidance ■ Pathology and monitoring (including CD4, viral load, liver enzymes, cholesterol, glucose and urine tests) according to protocols ■ Emergency post-exposure medicine if the accidental exposure is brought to the attention of the network doctor (GP) within 72 hours 	Unlimited HIV medicine is covered from the date of registration of your chronic medicine by your network doctor (GP) or allocated doctor (GP).
<div data-bbox="120 826 526 911">  X-rays </div>		
X-rays (radiology)	<p>The Radiology Benefit gives access to black-and-white X-rays and soft-tissue ultrasounds according to a list of the approved codes and are paid at 100% of the Agreed Rate.</p> <p>A network doctor (GP) must ask for the radiology tests and you have to take the radiology request form to the radiologist.</p>	This benefit is unlimited .
<div data-bbox="120 1066 526 1150">  Eye care </div>		
Eye care (optometry)	<p>Eye examinations: You can only use the Optometry Benefit at a network optometrist</p> <p>Spectacles and lenses: You can only use the Optometry Benefit at a network optometrist</p> <p>Frames: You can only use the Optometry Benefit at a network optometrist</p>	<p>Eye examinations are limited to one for each member every year and includes a visual evaluation, screening and a diagnosis</p> <p>Spectacles and lenses are limited to one pair for each member in a 24-month period. The benefit includes standard, high-quality, clear plastic lenses – single-vision lenses and bi-focal lenses. Qualifying norms will apply.</p> <p>Frames will be limited to a single frame for each member in a 24-month period You have full cover for approved frames at a provider in the network. If you choose a frame that is not one of the approved frames, you will have to pay the extra cost.</p>

Get Trauma cover

Optional Trauma Benefit, offered by Discovery Insure



TRAUMA EVENT COVER

You can add access to private emergency healthcare services for a broad range of traumatic events at any private hospital for you and your registered dependants through the Trauma Benefit.

We offer cover for medical treatment for specific events up to a set limit. You can choose a limit of either R400,000 or R1 million for each hospital admission due to trauma.

In the case of a traumatic event, emergency healthcare professionals will determine the most clinically appropriate course of action for your emergency. For life-threatening emergencies, you or your dependant will be taken to the nearest hospital or casualty facility. For all other traumatic events, they will send you to one of our accredited healthcare professionals.

After the traumatic event, Discovery will cover counselling sessions – either face-to-face or over the telephone – with a trained trauma or support counsellor.



MEDICAL EVACUATION

If you or a family member on your policy experiences a traumatic event, you have cover for medical evacuation services to the most clinically appropriate hospital facility.



STABILISATION AND TREATMENT WHEN ADMITTED TO HOSPITAL

You and your family members on your policy also have cover for in-patient hospital stabilisation and treatment. Depending on the option you choose, you are covered up to R400,000 or R1 million for each admission for hospital and related accounts.

We will pay the service provider directly. If you or a dependant on your policy is stabilised or admitted to hospital and the hospital and related accounts add up to the Trauma Benefit limit, you will be transferred to a state facility or sent home if stable. If the treatment costs more than your cover limit, you will have to pay the rest of the costs yourself.



CASUALTY TREATMENT

At the casualty facility or hospital, you have access to medical treatment in the casualty unit for a defined list of trauma conditions.



TAKE-HOME MEDICINE

Medicine prescribed after treatment in the casualty unit or in the hospital must be collected from a pharmacy. Take-home medicine is covered up to the Trauma Benefit limit, per event.

We cover treatment for the following trauma conditions:

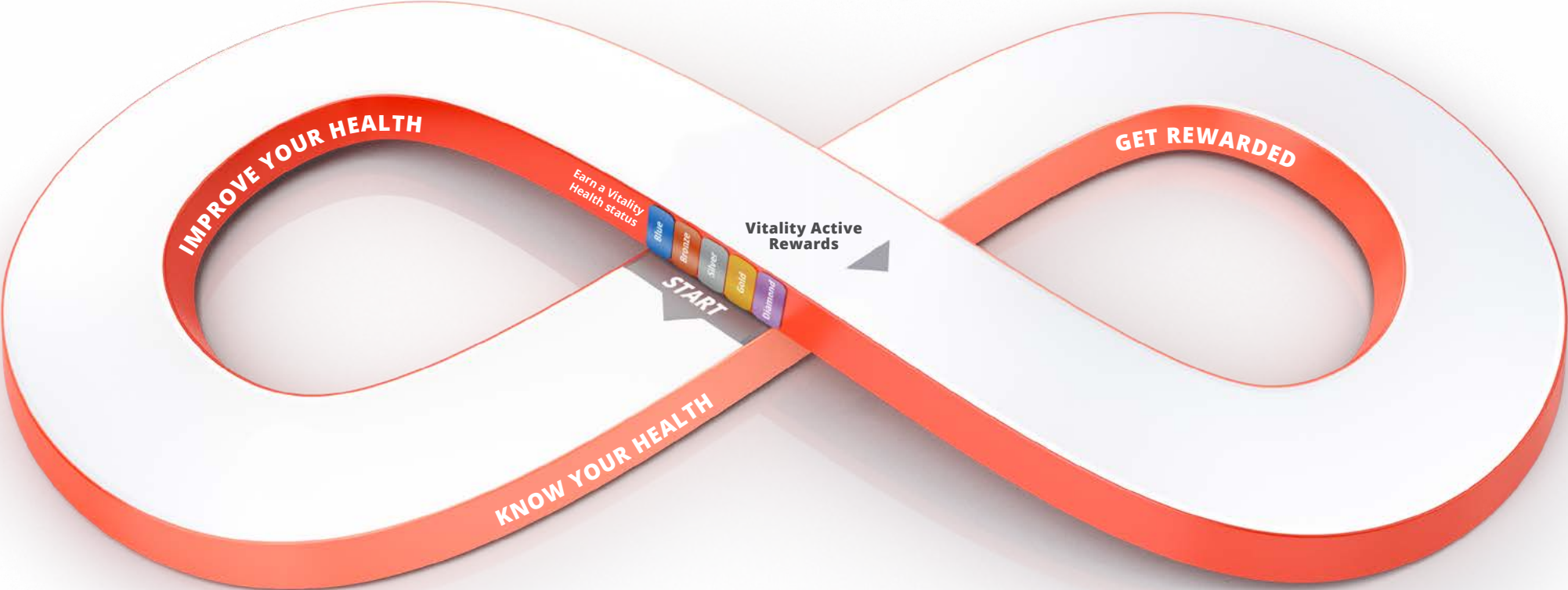
- Burns
- Head injuries, chest injuries or severe fractures as a result of a fall
- Loss of an arm, hand, leg or foot
- Near-drowning
- Poisoning or a serious allergic reaction that may cause death
- Injuries resulting from a crime, sexual assault, a car accident or an injury at work

The Trauma Benefit is optional. If you select this add-on, it will apply to you and your dependants on Flexicare. You can select a cover limit of either R400,000 or R1 million.

Get Vitality Active

Optional Vitality Active, offered by Discovery Vitality

Vitality Active makes choosing to lead a healthy lifestyle even more rewarding. Vitality Active offers you a science-based behaviour change programme that helps you keep track of your progress towards a healthier you and rewards you for making better choices with a range of key health, lifestyle and leisure benefits.



Policy changes

IMPORTANT INFORMATION

You can make changes to your policy, such as withdrawing or adding dependants, on the Discovery website or you can send your request to flexicareadmin@discovery.co.za. We will make the changes from the 1st of the following month. No changes will be backdated.

WE NEED THIS INFORMATION TO MAKE CHANGES

- Your full name and 9-digit policy number, preferably in the subject line
- The date on which the change must happen

WITHDRAWALS

You can end cover for you or your dependants on the Discovery website or you can send the following information to flexicareadmin@discovery.co.za so we can withdraw your membership or dependant(s):

- Policy number
- Reason for withdrawal
- Date on which membership will end

VITALITY ACTIVATIONS AND UPGRADES

To activate Vitality Active on existing policies, send your request to flexicareadmin@discovery.co.za.

TRAUMA BENEFIT ACTIVATIONS

If you are an existing Flexicare member and are interested in activating the Trauma Benefit, you can apply on the Discovery website or send your request to flexicareadmin@discovery.co.za.

Important information

EXTENDING COVER TO DEPENDANTS

- Log on to the Discovery website to complete the *Addition of Dependant* application form. You can add your spouse(s) and dependant(s) to Flexicare.
- Newborns can join without waiting periods if you add them to your policy within 90 days of their birth.
- If you or your dependant(s) have a break of more than 30 days in your membership, we will apply all waiting periods when you reapply for cover.
- There is no limit to the number of children that we allow on the policy. We charge for each child separately and they can stay on Flexicare if they depend on you financially. We charge the full adult dependant premium for child dependants who turn 21, from the month after their 21st birthday.

ELIGIBILITY

You and your dependant(s) cannot be members of a medical scheme and Flexicare at the same time.

Payment information

IMPORTANT PAYMENT INFORMATION

BANK ACCOUNTS

To make sure that we allocate your premium payments correctly, you must pay into the correct account.

Flexicare banking details for manual contribution payments

Account name: Flexicare Bank Account
Bank name: First National Bank
Branch number: 255005
Account number: 62501286547
Account type: Cheque
Payment reference: Your 9-digit membership number

Vitality banking details for manual contribution payments

Account name: Discovery Health (Pty) Ltd
Bank name: First National Bank
Branch number: 255005
Account number: 62029166825
Account type: Cheque
Payment reference: Your 9-digit membership number

REFERENCE NUMBERS

Please use your 9-digit membership number that appears on your membership certificate when you need to pay manually. Without this reference number, we cannot allocate your payment to your membership, which could lead to suspension of cover. Please send your proof of payment to flexicareadmin@discovery.co.za.

TAX CERTIFICATES

Flexicare is a health insurance product offered by Auto & General and is not a registered medical scheme. Members do not qualify for Medical Scheme Fees Tax Credit (MTC). MTC is allowed for medical scheme contributions. It applies to fees paid by a taxpayer to a registered medical scheme (or similar registered scheme outside South Africa) for that taxpayer and their dependants. Therefore, we will not issue any tax certificates to Flexicare members.

Claims

IMPORTANT INFORMATION

Flexicare is structured in such a way that you should not have to pay for services provided by healthcare providers in our networks. Flexicare will pay healthcare providers who are part of our approved networks directly.

MOTOR VEHICLE ACCIDENTS AND CLAIMS FROM THE ROAD ACCIDENT FUND

You must send all enquiries about motor vehicle accidents and claims against the Road Accident Fund to Discovery Third-party Recovery Services. You can send an email to discovery_third_party_recovery_services@discovery.co.za.

CLAIMS PAYMENT

If the healthcare provider has already sent us the claim, you do not have to send us another copy.

If you paid for the services provided, you can submit your claims to Flexicare by email to claims@discovery.co.za.

Note: Please make sure the image is clear before sending it to us.



Underwriting

WAITING PERIODS

A waiting period means that you or your dependant(s) cannot claim for the associated healthcare services during the waiting period. Unless otherwise approved, the following waiting periods will apply. A 12-month, condition-specific waiting period may be applied for any condition (including chronic illnesses and HIV) that existed before the start date of the membership.

WAITING PERIOD DESCRIPTIONS

- **General waiting period**
1-month general waiting period on all benefits
- **Radiology (X-rays) waiting period**
1-month waiting period
- **Pathology (blood tests) waiting period**
1-month waiting period
- **Dentistry waiting period**
3-month waiting period
- **Optometry waiting period**
3-month waiting period
- **Maternity waiting period**
12-month waiting period
- **HIV waiting period**
12-month waiting period
- **Chronic conditions waiting period**
12-month waiting period
- **Over-the-counter medicine waiting period**
1-month waiting period
- **Trauma Benefit waiting period**
1-month waiting period



Exclusions

WE DO NOT OFFER ANY BENEFITS FOR SERVICES OR CLAIMS THAT ARE CAUSED BY OR FOR:

- Cosmetic surgery
- Suicide (or attempted suicide)
- Use of any drugs or narcotics
- Failure to follow medical advice
- Use of alcohol
- Nuclear incidents
- Services for defence force, police, rescue, firefighting or correctional facilities services
- Aviation activities
- Hazardous sports
- Motor racing
- Use of firearms
- Riots, wars, public disorder, terrorism and related events
- Criminal (or attempted criminal) activities
- Intentional exposure to danger

WE DO NOT COVER THESE TREATMENTS, CONDITIONS AND SERVICES:

- External prosthesis
- Specialised dentistry
- Rehabilitation, frail-care and hospice services
- Step-down facilities
- Ambulance and related emergency services that are not delivered by Netcare 911
- Balance billing and split billing from providers
- Major medical expenses
- Specialist consultations

Your monthly premiums

Flexicare premiums for you and your family with pricing for the optional Trauma Benefit and Vitality Active

Role	Flexicare	Trauma** R400,000	Trauma** R1,000,000	Vitality Active
Main member	R435	R174	R244	R99
Spouse	R400	R174	R244	R59
Adult	R400	R174	R244	R59
Child*	R229	R65	R108	R59

* There is no limit to the number of children that we allow on the policy. We charge separately for each child and they can stay on Flexicare if they depend on you financially. We charge the adult dependant premium for child dependants who turn 21 – from the month after their 21st birthday.

** The Trauma Benefit is optional. If you activate this benefit, it will apply to you and your dependants on Flexicare. You must select a cover limit of either R400,000 or R1 million.



Contact us

GENERAL ENQUIRIES, CHRONIC ILLNESS BENEFIT AND CLAIM ENQUIRIES

Telephone: 0860 44 47 79

Email: flexicare@discovery.co.za

You can email administration enquiries and withdrawal requests to flexicareadmin@discovery.co.za or action these changes on the Discovery website.

COMPLAINTS

Email: flexicareescalations@discovery.co.za

If you still have concerns, you can contact Discovery's Group Compliance at:

Email: compliance@discovery.co.za

HIV

Email: HIV_Queries_Flexicare@discovery.co.za

HOSPITAL PREAUTHORISATION

Telephone: 0860 44 47 79

USSD SERVICES

You can use our USSD service to confirm your policy number, find your allocated GP or get benefit information.

To access this service you can dial:

*120*DISCO# or *120*34726#

Note: You must access the USSD menu using the same cellphone number that we have on record for you.

EMERGENCY SERVICES

If you have the Trauma Benefit activated, you can call the Flexicare call centre on 0860 44 47 79 if you have an emergency. If you call after hours, we will divert the call to our Trauma Benefit partner, Netcare 911.

FINDING A HEALTHCARE PROVIDER

To find out which providers are part of the Flexicare network, you can contact our Flexicare call centre on 0860 44 47 79. You can also use the **Find a healthcare provider** tool on the Discovery website, on www.discovery.co.za to find healthcare providers in our networks.

WEBSITE SUPPORT

For all internet-related questions, such as registration problems, security, compatibility issues, login problems, a forgotten password or trouble with navigating the site, call 0860 10 06 96. This service is available weekdays only, from 07:00 to 18:00.



WHATSAPP

Add us on 0860 44 47 79 and get in touch whenever you need information or have questions on Flexicare.



CALL CENTRE

0860 44 47 79



WEBSITE

www.discovery.co.za

SERVICING TEAM



GENERAL QUERIES

flexicare@discovery.co.za



ESCALATIONS

flexicareescalations@discovery.co.za



BILLING SERVICES

flexicareadmin@discovery.co.za

Underwritten by
auto  general

Flexicare is not a medical scheme. The cover is not the same as that of a medical scheme and is not intended to be a substitute for medical scheme membership. Flexicare and Auto & General Accident Cover is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and underwritten by Auto & General Insurance Company Limited, registration number 1973/016880/06, a licensed non-life insurer and financial services provider. Terms, conditions and limits apply.

Discovery Vitality (Proprietary) Limited, registration number 1999/007736/07. Terms, conditions and limits apply.

The Trauma Benefit is a non-life insurance policy, underwritten by Discovery Insure Ltd, registration number 2009/011882/06, a licensed non-life insurer and an authorised financial services provider. Flexicare is a separate non-life insurance policy and is not conditional on the purchase of a Trauma Benefit policy.