



flexicare

**Flexicare**

2025 Employer Brochure



# Contents

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





# Why Flexicare?

WHY  
FLEXICARE

Employees aspire to have access to high-quality healthcare. However, medical scheme membership remains unaffordable for many individuals. Access to affordable private healthcare is highly valued by employees and substantially contributes to maintaining a healthy workforce while positively impacting productivity and overall 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 doctors (GPs), pharmacies, dentists and optometrists across the country, supported by cutting-edge, real-time payment models with seamless claims processing.**

**Flexicare is offered by Auto&General and administered by Discovery Health. It was introduced to provide quality, affordable access to primary healthcare for employees who are unable to access medical scheme benefits.**

Flexicare leverages the combined expertise of Discovery Health and Auto&General to provide a truly innovative, integrated healthcare product to complement the existing healthcare solutions available to employees.

Flexicare offers your employees access to essential day-to-day benefits through high-quality, private healthcare providers in the Discovery Health network.



















This extensive Flexicare cover pairs perfectly with the comprehensive emergency cover accessed through Discovery Emergency Cover.



# Everyone deserves access to quality healthcare

Flexicare gives your employees access to affordable private healthcare and a world-class suite of digital tools to help manage their membership and access benefits on the go. Experience the peace of mind and certainty that comes with being in control of your employees health and wellbeing.

KEY FEATURES  
OF FLEXICARE

	FLEXICARE CORE BENEFITS	FLEXICARE PLUS BENEFITS
 <b>Unlimited nurse consultations</b>	✓	
 <b>Unlimited GP consultations</b>	Available with Nurse referral or via the Intercare Online Platform	✓
 <b>Virtual GP consultations</b>	✓	✓
 <b>Specialist consultations</b>		✓
 <b>Dentistry</b>		✓
 <b>X-rays</b>	✓	✓
 <b>Flu vaccine</b>	✓	✓
 <b>Eye care</b>		✓
 <b>Medicine</b>	✓	✓
 <b>Health Check</b>	✓	✓
 <b>Maternity benefit</b>	✓	✓
 <b>Procedures in GP's rooms</b>	✓	✓
 <b>Blood tests</b>	✓	✓
 <b>HIV care</b>	✓	✓
<b>OPTIONAL ADD-ONS</b>		
 <b>Discovery Emergency Cover</b>	✓	✓
 <b>Vitality Active</b>	✓	✓

# Benefits on Flexicare

## PRIMARY HEALTHCARE

GP consultations and services	Flexicare Core	Flexicare Plus
<b>Nurse consultations</b>	Unlimited cover for primary care clinic network nurse consultations at 100% of the Agreed Rate.	No cover
<b>Virtual consultations</b>	Unlimited cover for virtual consultation via the Discovery website covered at 100% of the Agreed Rate. Virtual consultations available through the Online Platform without a nurse referral.	Unlimited cover for virtual consultation via the Discovery website covered at 100% of the Agreed Rate. Virtual consultations available through the Online Platform without a nurse referral.
<b>Doctor consultations (via nurse referral or directly when using the Online Intercare Platform - for Flexicare Core members)</b>	Unlimited cover for face-to-face network General Practitioner (GP) consultations at 100% of the Agreed Rate in the following instances: <ul style="list-style-type: none"> <li>When a referral for a face-to-face visit is requested by the virtual GP during the primary care clinic visit.</li> <li>When you have a virtual GP consultation through the Intercare Online Platform and there is a need for a face-to-face GP referral.</li> </ul>	Unlimited cover for network doctor (GP) consultations at 100% of the Agreed Rate. You can substitute your network doctor visit with a virtual consultation, meaning doctor visits can either be face-to-face or virtual. Risk management protocols apply. Ability to change an allocated network doctor twice per year
<b>Specialist consultations</b>	No cover	Cover for 1 out-of-hospital specialist consultations per member per year, at the agreed rate up to a R2,000 benefit limit: <ul style="list-style-type: none"> <li>Consultations with a network specialist are covered up to R1,400 which includes a R1,300 consultation fee and a R100 SOAP note for referral where appropriate/ needed.</li> <li>Members who are referred for radiology or pathology post the network specialist consultation, will access R600 for diagnostic tests with accumulation to the overall R2,000 benefit limit.</li> <li>If the treatment costs more than the benefit limit, the member will be responsible for the difference.</li> <li>Consultations with a non-network specialists will only be paid up to 100% of the Discovery Health Rate and member will be responsible for the difference.</li> <li>Members who are referred for radiology or pathology post the non-network specialist consultation, will be covered subject to the availability of funds.</li> <li>Members are required to pay for the specialist visit and radiology/pathology services out of pocket (at the time of the consult) and thereafter submit their claim to Discovery for reimbursement.</li> <li>If a member visits a specialist, network or non-network, and is not referred for radiology/pathology during the first visit and subsequently visits another specialist, both the consultation and referrals for radiology/pathology from the second visit will not be funded as the benefit would be depleted with the first consultation.</li> </ul>
<b>Dentistry</b>	No cover	Full mouth examination, preventive treatments, cleaning, scaling, polishing, restorations, treatment of pain and sepsis, infection control and extractions at a network dentist
<b>Optometry (eye care)</b>	No cover	Cover for one eye test every year in the optometry network and one pair of glasses (no contact lenses) every 24 months
<b>Pathology (blood tests)</b>	Only when referred by a network GP after a nurse consultation. 100% of the Agreed Rate. Limited to approved pathology codes. Must be requested by a network doctor (GP) and performed by a network pathologist	100% of the Agreed Rate. Limited to approved pathology codes. Must be requested by a network doctor (GP) and performed by a network pathologist

**BENEFITS ON  
FLEXICARE**

GP consultations and services	Flexicare Core	Flexicare Plus
<b>Radiology (X-rays)</b>	Only when referred by a network GP after a nurse consultation. 100% of the Agreed Rate for black-and-white X-rays and soft-tissue ultrasounds. Must be requested by a network doctor (GP) and performed by a network radiologist	100% of the Agreed Rate for black-and-white X-rays and soft-tissue ultrasounds. Must be requested by a network doctor (GP) and performed by a network radiologist
<b>Maternity benefits</b>	Only when referred by a network GP after a nurse consultation. Unlimited network doctor visits throughout the pregnancy. Unlimited acute medicine in line with a defined medicine list prescribed or dispensed by a network doctor and collected from a network pharmacy. Essential blood and screening tests through a network pathologist when referred by a network doctor. 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)	Unlimited network doctor visits throughout the pregnancy. Unlimited acute medicine in line with a defined medicine list prescribed or dispensed by a network doctor and collected from a network pharmacy. Essential blood and screening tests through a network pathologist when referred by a network doctor. 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)
GP consultations and services	Flexicare	Flexicare Plus
<b>HIV management</b>	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	
<b>COVID-19 testing</b>	Only when referred by a network GP after a nurse consult 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	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
Procedural treatment		
<b>Medical procedures in doctor's room only</b>	Only in an network GP's rooms. Cover for a defined list of medical procedures that can be performed in a network doctor's rooms, such as biopsies, wound care and stitching	Cover for a defined list of medical procedures that can be performed in an network GP's rooms, such as biopsies, wound care and stitching
	Code	Description
	0206	Intravenous treatment, intravenous infusions, insertion of cannula – chargeable once every 24 hours
	0244	Repair of nail bed
	0255	Drainage of abscess
	0259	Removal of foreign body
	0300	Stitching of additional wound
	0301	Stitching of additional wound
	0307	Excision and repair
	0308	Each additional small procedure done at the same time
	0316	Fine-needle aspiration for soft tissue (all areas)
	0317	Aspiration of cyst or tumour
	0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma

Procedural treatment	
0887	Limb cast (excluding aftercare)
0922	Removal of foreign bodies requiring incision
1136	Nebulisation (in rooms)
1192	Peak expiratory flow only
1228	General practitioner's fee for taking of an ECG only (without effort:) ½ (item 1232)
1229	General practitioner's fee for taking of an ECG only (with or without effort:) ½ (item 1233)
1232	Electrocardiogram without effort
1233	Electrocardiogram with or without effort
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus
1235	Multi-stage treadmill test
1236	Electrocardiogram without effort: under 4 years old
1996	Bladder catheterisation: male (not at operation)
1997	Bladder catheterisation: female (not at operation)
2133	Circumcision: clamp procedure
2137	Circumcision: surgical excision other than by clamp or dorsal slit, any age
2139	Circumcision: dorsal slit of prepuce (independent procedure)
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age, preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment

You will not need to pay for approved treatments received from a network provider. However, if you use a provider that is not a part of the network, or if an unapproved treatment is provided, you will be responsible for 100% of the costs.

## Medicine

<b>Day-to-day medicine</b>	Medication can be prescribed and dispensed by the nurse as part of the primary care clinic consultation. A referral to the network GP will be done by the nurse in instances where the medication can only be prescribed by a GP The medication must be on the medicine list (formulary) for acute medicine and will be available without a co-payment	Cover for medicine on our list if a network doctor prescribes it or gives it to you
<b>Over-the-counter (OTC) medicine</b>	Cover for self-medication on our list, up to R150 per policy per year, up to R75 bi-annual limit, at a network pharmacy	Cover for self-medication on our list, up to R110 per quarter – a maximum of R440 per member per year, at a network pharmacy
<b>Chronic medicine</b>	Cover for HIV medicine on the defined medicine list at a network pharmacy	Cover for chronic medicine on the defined medicine list for 27 chronic conditions (including HIV) at a network pharmacy

## Screening and prevention



<b>Flu vaccine</b>	Cover for a flu vaccine once a year from a network pharmacy
<b>Wellness screening</b>	Cover for one wellness screening per year at a network pharmacy or wellness day. Screening includes blood pressure, blood glucose (blood sugar), cholesterol and body mass index (BMI). You can have an HIV test done at the same time

You will not need to pay for approved treatments received from a network provider. However, if you use a provider that is not a part of the network, or if an unapproved treatment is provided, you will be responsible for 100% of the costs.





# Detailed benefits




Benefit name	Benefit description	Limit
<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <h2>Primary healthcare</h2> </div> </div>		
<p>General practitioner (GP) visits</p>	<p><b>Flexicare Plus:</b> This benefit provides access to visit a network <b>doctor (GP)</b>, and such visits will be covered at <b>100%</b> of the <b>Agreed Rate</b> in the following instances:</p> <ul style="list-style-type: none"> <li>■ You can substitute your visits to a network <b>doctor (GP)</b> with virtual consultations.</li> </ul> <p><b>Flexicare Core:</b> This benefit provides access to visit a network <b>doctor (GP)</b>, and such visits will be covered at 100% of the <b>Agreed Rate</b> in the following instances:</p> <ul style="list-style-type: none"> <li>■ When a referral for a face-to-face visit is requested by the virtual GP during the primary care clinic visit.</li> <li>■ When you have a virtual GP consultation through the Intercare Online Platform and there is a need for a face-to-face GP referral.</li> <li>■ You have cover for a defined list of medical procedures that can be done in a network doctor's rooms, such as biopsies, wound care and stitching</li> </ul>	<p>The number of visits to a network <b>doctor (GP)</b> is <b>unlimited</b> for each member every year</p>
<p>Nurse visits (Flexicare Core only)</p>	<p>This <b>benefit</b> provides access to visit a primary care clinic network nurse, and such visits will be covered at <b>100%</b> of the <b>Agreed Rate</b>.</p>	
<p>Virtual consultations</p>	<p>This benefit provides access to a virtual consultation via the Discovery website and such visits will be covered at 100% of the <b>Agreed Rate</b>. You can have a virtual consultation with an network GP through the Online Platform without a nurse referral.</p>	<p>Unlimited visits</p>
<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <h2>Medicine</h2> </div> </div>		
<p>Acute medicine (short-term medicine)</p>	<p><b>Flexicare Plus:</b> This benefit provides access to acute medication. Cover is at 100% of the <b>Agreed Rate</b> if the following conditions are met:</p> <p>All acute medicine must be prescribed or dispensed by a network <b>doctor (GP)</b>.</p> <p>The medication must be on the medicine list (formulary) for acute medicine and will be available without a co-payment.</p> <p>The acute medicine must be provided by either a dispensing network <b>doctor (GP)</b> or by a network pharmacy (if the prescribing doctor is part of the network but does not dispense medicine).</p> <p>The acute medicine will not be covered if it is prescribed by a non-network <b>doctor (GP)</b> or if it is obtained from a non-network pharmacy.</p>	<p>This <b>benefit</b> is unlimited</p>

DETAILED  
BENEFITS

Benefit name	Benefit description	Limit
Acute medicine (short-term medicine)	<p><b>Flexicare Core:</b> This benefit provides access to acute medication. Cover is at 100% of the Agreed Rate if the following conditions are met: As part of the primary care clinic visit, the nurse may dispense acute medicine. Where needed and included in the visit, the nurse can consult with the virtual GP. The medication must be on the medicine list (formulary) for acute medicine and will be available without a co-payment. The acute medicine must be provided by the nurse during the primary care clinic visit. Medicine will also be available if a referral is needed to a face-to-face network GP, or where the GP refers the member to a network pharmacy in the event that the GP is non-dispensing. The acute medicine will not be covered if it is prescribed by a non-network nurse or doctor (GP) or if it is obtained from a non-network pharmacy.</p>	This benefit is unlimited
Over-the-counter (OTC) medicine	OTC medicine may only be obtained at a network pharmacy and on advice of the pharmacist. OTC medicine must be on the medicine list (formulary)	<p>Flexicare Core: The OTC medicine benefit is limited to R150 per policy per year, up to R75 bi-annual limit.</p> <p>Flexicare Plus: The OTC medicine benefit is limited to R110 every quarter, up to a maximum of R440 for each member every year</p>
Flu vaccine	Members have cover for one flu vaccination every year	This benefit is limited to one flu vaccination
Chronic medicine (long-term medicine) (Flexicare Plus only)	<p>Chronic medicine will be covered in full (100% of 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>	<p>Chronic medicine is available for the following conditions:</p> <ul style="list-style-type: none"> <li>■ Addison's disease</li> <li>■ Asthma</li> <li>■ Bipolar mood disorder</li> <li>■ Bronchiectasis</li> <li>■ Cardiac failure</li> <li>■ Cardiomyopathy</li> <li>■ Chronic renal disease</li> <li>■ COPD (chronic obstructive pulmonary disease)</li> <li>■ Coronary artery disease</li> <li>■ Crohn's disease</li> <li>■ Diabetes insipidus</li> <li>■ Diabetes mellitus type 1</li> <li>■ Diabetes mellitus type 2</li> <li>■ Dysrhythmias</li> <li>■ Epilepsy</li> <li>■ Glaucoma</li> <li>■ Haemophilia</li> <li>■ HIV (see details in section below)</li> <li>■ Hyperlipidaemia (high cholesterol)</li> <li>■ Hypertension (high blood pressure)</li> <li>■ Hypothyroidism (underactive thyroid)</li> <li>■ Multiple sclerosis</li> <li>■ Parkinson's disease</li> <li>■ Rheumatoid arthritis</li> <li>■ Schizophrenia</li> <li>■ Systemic lupus erythematosus</li> <li>■ Ulcerative colitis</li> </ul>
HIV cover (Flexicare Core and Flexicare Plus)	<p>HIV medicine will be covered in full (100% of Agreed Rate) if the prescribed medicine is on the medicine list (formulary) for chronic medicine. You can get your HIV medicine at a network pharmacy</p>	

Benefit name	Benefit description	Limit												
<div data-bbox="136 209 237 279"></div> <div data-bbox="248 229 336 252"><b>HIV care</b></div>														
<b>HIV Programme</b>	<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"> <li>■ Voluntary counselling and testing</li> <li>■ Antiretroviral therapy, prophylactic antibiotics and supplements</li> <li>■ <b>Treatment</b> support and guidance</li> <li>■ <b>Pathology</b> and monitoring (including CD4, viral load, liver enzymes, cholesterol, glucose, urine tests), according to protocols</li> <li>■ Emergency post-exposure medicine is provided if the accidental exposure is brought to the attention of the <b>network doctor (GP)</b> within <b>72 hours</b></li> </ul>	<p><b>Unlimited</b> HIV medicine is covered from the date of registration of your chronic medicine by your network doctor (GP) or allocated doctor (GP)</p>												
<div data-bbox="136 592 237 662"></div> <div data-bbox="248 612 347 635"><b>Dentistry</b></div>														
<b>Dentistry (Flexicare Plus only)</b>	<p>The <b>benefit</b> is only covered when making use of a <b>network dentist</b></p>	<table border="1"> <tr> <td data-bbox="501 719 1319 751">Consultations</td> <td data-bbox="1319 719 2033 751">A <b>single</b> consultation for a full mouth examination for each member every year</td> </tr> <tr> <td data-bbox="501 759 1319 791">Preventive <b>treatments</b> include cleaning, scaling, polishing</td> <td data-bbox="1319 759 2033 791">Limited to <b>one</b> for each member every year</td> </tr> <tr> <td data-bbox="501 799 1319 831">Restorations</td> <td data-bbox="1319 799 2033 831">Limited to three restorations per member per year.</td> </tr> <tr> <td data-bbox="501 839 1319 895">Extractions</td> <td data-bbox="1319 839 2033 895">For a single tooth extraction, a maximum of 1 per quadrant per 365 days. Extraction of each additional tooth in the same quadrant: 1 per member per 365 days</td> </tr> <tr> <td data-bbox="501 903 1319 935">Oral radiography</td> <td data-bbox="1319 903 2033 935">Maximum number of 7 per year, according to dental protocol</td> </tr> <tr> <td data-bbox="501 943 1319 1082">Additional dentistry <b>benefits</b></td> <td data-bbox="1319 943 2033 1082"> <ul style="list-style-type: none"> <li>■ Diagnosis and <b>treatment</b> of pain and sepsis</li> <li>■ Infection control</li> <li>■ Oral hygiene advice on how to keep the mouth and teeth clean to prevent dental problems</li> <li>■ Local anaesthetic</li> </ul> </td> </tr> </table>	Consultations	A <b>single</b> consultation for a full mouth examination for each member every year	Preventive <b>treatments</b> include cleaning, scaling, polishing	Limited to <b>one</b> for each member every year	Restorations	Limited to three restorations per member per year.	Extractions	For a single tooth extraction, a maximum of 1 per quadrant per 365 days. Extraction of each additional tooth in the same quadrant: 1 per member per 365 days	Oral radiography	Maximum number of 7 per year, according to dental protocol	Additional dentistry <b>benefits</b>	<ul style="list-style-type: none"> <li>■ Diagnosis and <b>treatment</b> of pain and sepsis</li> <li>■ Infection control</li> <li>■ Oral hygiene advice on how to keep the mouth and teeth clean to prevent dental problems</li> <li>■ Local anaesthetic</li> </ul>
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Benefit name	Benefit description	Limit
 <b>Optometry</b>	<p>Eye examinations: The Optometry <b>Benefit</b> is subject to availability at a network optometrist only</p> <p>Spectacles and lenses: The Optometry <b>Benefit</b> is subject to availability at a network optometrist only</p> <p>Frames: The Optometry <b>Benefit</b> is subject to availability at a network optometrist only</p>	<p>Eye examinations are limited to <b>one</b> for each member every year and includes a visual evaluation, screening and a diagnosis</p> <p>Spectacles and lenses will be limited to <b>one</b> pair for each member in a <b>24-month period</b>. 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 part of the approved selection, you will have to pay the extra cost</p>
 <b>Radiology</b>	<p>The Radiology <b>Benefit</b> provides 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 <b>Agreed Rate</b>. A network doctor (GP) must request the radiology tests and you have to take the radiology request form to the radiologist</p>	<p>This <b>benefit is unlimited</b></p>
 <b>Pathology</b>	<p><b>Pathology</b> tests are limited to the list of approved pathology codes and are paid at 100% of the Agreed Rate. The tests must be requested by a network doctor (<b>GP</b>) and the tests must be done by a <b>pathology laboratory in the network</b> – Ampath, Lancet, Pathcare. You have to take the pathology request form to the pathology lab</p>	<p>This <b>benefit is unlimited</b></p>

# Discovery Emergency Cover





*The expanded Discovery Emergency Cover range provides flexibility and peace of mind that employees receive access to comprehensive, quality emergency healthcare when they need it most.*

This extensive emergency cover pairs perfectly with the comprehensive primary healthcare benefits accessed through the Flexicare product, ensuring employees have cover for their day-to-day healthcare needs and financial certainty in the unfortunate case of an accident, emergency or unforeseen hospital admission.



# Discovery Emergency Cover

## OPTIONAL DISCOVERY EMERGENCY COVER, OFFERED BY DISCOVERY INSURE

	EMERGENCY CORE	EMERGENCY PLUS	EMERGENCY MAX	
<b>Emergency Cover package detail</b>	Cover for emergency healthcare services, including casualty and in-hospital treatment, for a broad range of accidental and traumatic events	Cover for accidents and trauma, the stabilisation and treatment of any emergency condition in a casualty facility, including admission and treatment for heart attacks and strokes.	Cover for accidents and trauma, the stabilisation and treatment of any emergency condition in a casualty facility and the admission and treatment of a defined list of emergency conditions including heart attacks and strokes.	
<b>Conditions covered</b>	<p>Cover for casualty and in-hospital treatment for the following accidental and traumatic events:</p> <ul style="list-style-type: none"> <li>■ Burns</li> <li>■ Loss of an arm, hand, leg or foot</li> <li>■ Near-drowning</li> <li>■ Poisoning or a serious allergic reaction that may cause death</li> <li>■ Injuries resulting from a crime, sexual assault, a car accident or an injury at work.</li> </ul>	<p>Cover for the in-hospital treatment of defined accidental and traumatic events.</p> <p>Cover for any medical emergency condition in a casualty facility, including hospital admission for the treatment of heart attacks and strokes</p> <ul style="list-style-type: none"> <li>■ R200 co-payment when using network facility</li> <li>■ R250 co-payment when using a non-network facility</li> <li>■ This co-payment will be refunded if the claimant is diagnosed with a heart attack or stroke</li> </ul>	<ul style="list-style-type: none"> <li>■ Cover for the in-hospital treatment of defined accidental and traumatic events.</li> <li>■ Cover for any medical emergency condition in a casualty facility, including hospital admission for the treatment of heart attacks and strokes. The casualty co-payment of R200 at a network facility or R250 outside of the network, will be refunded if the claimant is diagnosed with one of the qualifying emergency in-hospital conditions.</li> <li>■ Admission and treatment for the following additional emergency conditions:</li> <li>■ Acute appendicitis, acute asthma, ectopic pregnancy, acute inflammation of gall bladder, fit or seizure, acute pneumonia, kidney stones, acute renal failure, pulmonary embolism.</li> </ul>	
<b>Differentiating benefits</b>	Discovery Emergency Core provides affordable cover for the unforeseen costs of private ambulance transport and emergency medical treatment for trauma and accidents.	Discovery Emergency Plus ensures access to quality healthcare at a private casualty facility for swift evaluation and assistance. Employees have cover for emergency transport and treatment for defined trauma conditions, including admission for heart attacks and strokes.	Discovery Emergency Max provides ultimate peace of mind for a defined list of trauma conditions, assessment and stabilisation in casualty as well as in-hospital cover for 9 of the most likely high-cost emergency admissions facing the workforce.	
<b>Cover limits</b>	R400,000 and R1million limit	R400,000 and R1million limit	R400,000 and R1million limit, a sublimit of R400,000 will apply to the nine defined conditions.	
<b>Pre and post emergency event support</b>	 medical evacuation	 Counselling sessions	 Take-home medicine	 Voucher for groceries or personal care items



# Funeral cover

## OPTIONAL FUNERAL BENEFIT OFFERED BY DISCOVERY GROUP RISK (UNDERWRITTEN BY DISCOVERY LIFE)

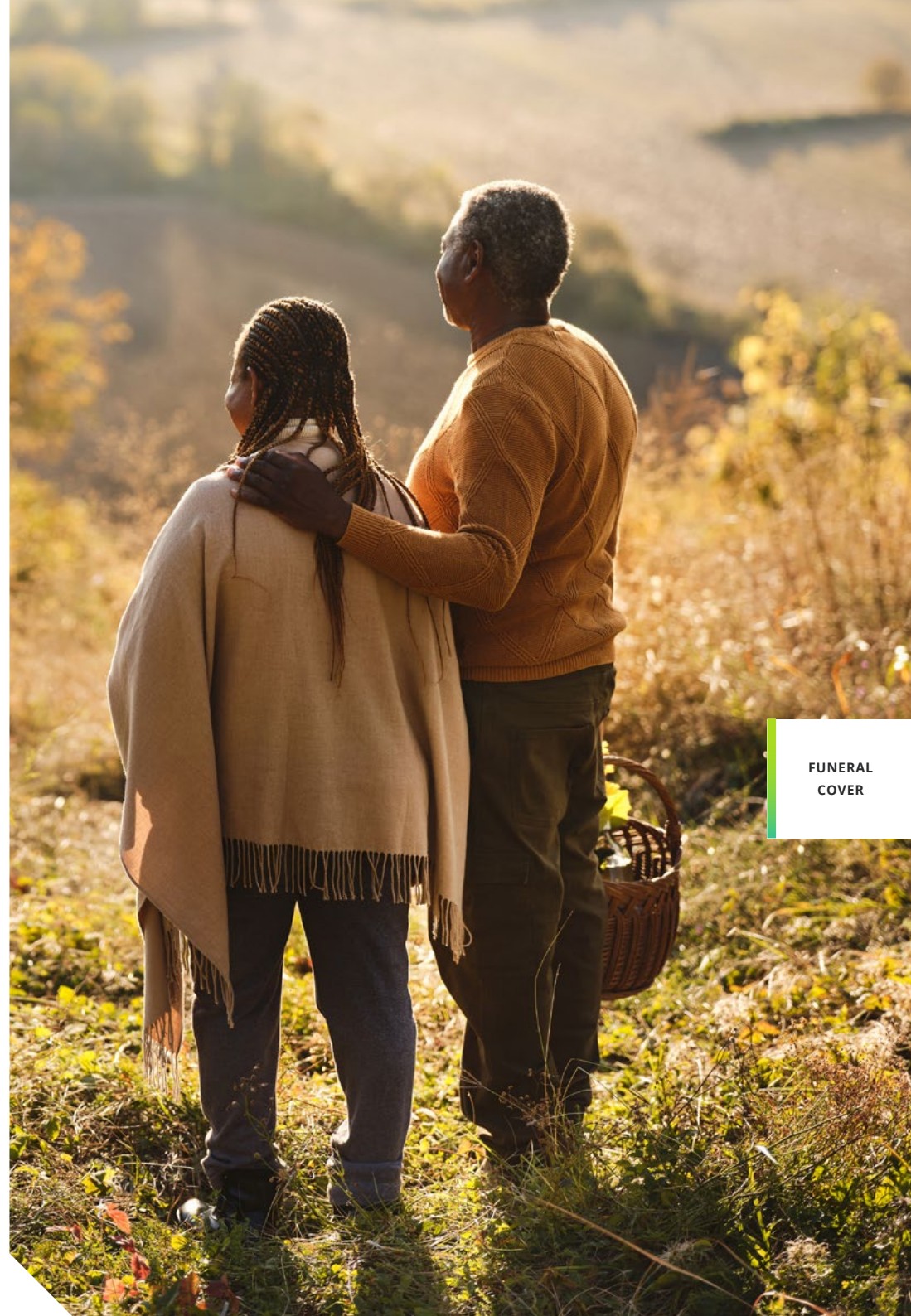
Discovery Life provides your employees with funeral cover. This funeral cover provides up to R5,000 for the employee, up to three spouses, and five children younger than 21 years.

We only cover employees and dependants who are younger than 65 years. The dependants must be active on Flexicare.

### Family funeral benefit amount

Main member	R5,000
Spouse aged from 16 to below 65	R5,000
Child aged 15 to below 21	R5,000
Child aged 6 to below 15	R2,500
Child aged 0 to child aged below 6	R1,500
Stillborn (death of foetus after 26 weeks)	R620

\* Child dependants over the age of 21 do not have access to funeral cover unless they are a full-time student under the age of 24 or incapacitated and unable to maintain themselves due to a disability. Benefit terms and conditions apply.



FUNERAL  
COVER

# Employee support on Flexicare

SUPPLEMENTARY HEALTH AND WELLNESS SUPPORT OFFERED BY DISCOVERY HEALTH



## WELLNESS EXPERIENCE

### DISCOVERY WELLNESS EXPERIENCE

When an employer chooses to provide Flexicare to their employees, these employees have access to the Discovery Wellness Experience, which provides a holistic set of wellness screenings, including BMI, blood pressure, cholesterol, blood glucose and HIV testing. The Discovery Wellness Experience also includes a lifestyle and wellness assessment, followed by a telephonic session with a wellness specialist.

Employers need to have a minimum of 30 employees per employer site for a Discovery Wellness Experience, which is available once a year. Visit [www.discovery.co.za](http://www.discovery.co.za) to book a Wellness Experience.



## EMPLOYEE SUPPORT

Flexicare members who belong to either compulsory employers or voluntary employers with over 250 employees have access to benefits offered through Healthy Company, Discovery's employee assistance programme and wellness solution.

### FINANCIAL WELLBEING

- Debt counselling
- Credit reports
- Budget settlement plans
- Insurance reviews

### LEGAL SUPPORT

- Legal advice
- Tailored document drafting (*last will and testament, property sale and lease, nuptial contracts, title deeds, etc*)
- Attorney consultations

### VITALITY

Your employees have access to Discovery Vitality, the world's leading science-based behaviour-change programme that reduces the cost of healthy living, encourages members to make healthy choices and rewards them for doing it.

EMPLOYEE  
SUPPORT

# Employee support on Flexicare

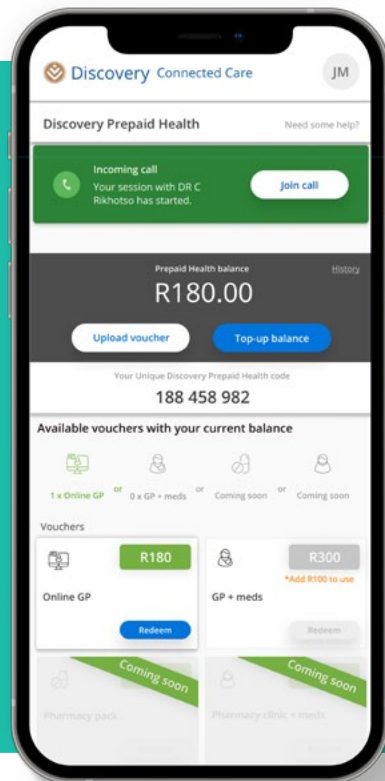
## SUPPLEMENTARY HEALTH AND WELLNESS SUPPORT

### DISCOVERY PREPAID HEALTH

Discovery Health has used its healthcare funding expertise and digital capabilities to create Discovery Prepaid Health, a unique product that provides access to primary healthcare on a prepaid basis that is below the current pay-as-you-go rates.

Discovery Prepaid Health is a simple and intuitive digital vouchering solution for purchasing and sharing a variety of accessible healthcare services at a significantly discounted rate, supported by a wide distribution network and a free-to-use digital platform. By using the latest digital technology, Discovery Health is able to ensure simplified and minimised associated mobile data costs.

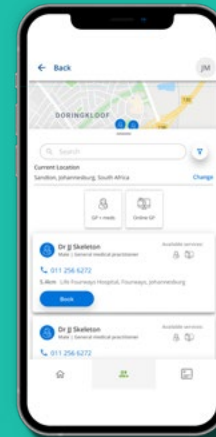
**Important to note:** Discovery Prepaid Health is only available to Flexicare Plus members



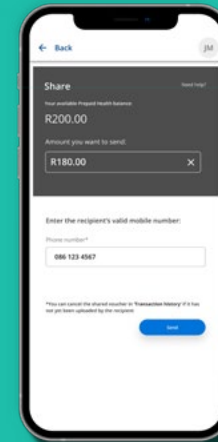
Flexicare members who belong to either compulsory employers or voluntary employers with over 250 employees will receive a R180 Prepaid Health voucher.

Discovery Prepaid Health offers your employees simple and seamless functionality to access private healthcare remotely for themselves, their friends or family.

*Cover includes a virtual consultation with a private healthcare provider on the Discovery Prepaid platform.*



Use the voucher for a virtual consultation with a private healthcare provider available on the app.



Share the prepaid health voucher with a friend or family member that needs access to healthcare.



# Underwriting

## WAITING PERIOD

A waiting period means that your employees or their dependants cannot claim for the associated healthcare services during the waiting period. Unless otherwise approved, a waiting period will apply.

- **General waiting period**

Any dependant, who joins 60 days post the main member, will incur a three-month general waiting period. Newborn children can be added onto an existing policy within 90 days of birth, free of underwriting.



UNDERWRITING



# Important information

## EXTENDING COVER TO DEPENDANTS

- Newborns can join without waiting periods if you add them to an employee's policy within 90 days of birth.
- Any dependant who joins 60 days after the main member will have a three-month general waiting period. This will apply in all instances, unless the two-month waiting period concession for a new employer exists or if a specific window period applies for the employer. Premiums for newborn babies will be collected from the month following their birth.
- If your employees or their dependants have a break of more than 30 days in their membership, all waiting periods will be applied when reapplying for cover.
- There is no limit to the number of children that will be allowed on the policy. Each child will be charged for separately and can stay on Flexicare if they depend on the main member financially. Child dependants who turn 21 will be charged the adult dependant premium rates from the month after their 21st birthday.

## ELIGIBILITY

*Your employees and their dependants cannot be members of a medical scheme administered by Discovery Health and have the Flexicare product at the same time.*

# Contact us

## COMPLAINTS

**Email:** flexicareescalations@discovery.co.za

If you still have concerns, you can contact Discovery's Group Compliance at the address below.

**Email:** compliance@discovery.co.za

## HIV

HIV\_Queries\_Flexicare@discovery.co.za

## HOSPITAL PREAUTHORISATION

**Telephone:** 0860 44 47 79

## USSD SERVICES

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

**To access this service, dial:**

\*120\*DISCO# or \*120\*34726#

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

## EMERGENCY SERVICES

If your employees have the Discovery Emergency Cover activated, they can call the Flexicare call centre on 0860 44 47 79. If they call after hours, we will divert the call to our Discovery Emergency Cover partner, Netcare 911.

## FINDING A HEALTHCARE PROVIDER

To find out which providers are part of the Flexicare network, contact our Flexicare call centre on 0860 44 47 79. Employees can also use the **Find a healthcare provider** tool on the Discovery website at [www.discovery.co.za](http://www.discovery.co.za) to locate healthcare providers in our networks.

## WEBSITE SUPPORT

For all internet-related questions, such as registration problems, security issues, compatibility issues, login problems, a forgotten password and trouble with navigating the site, call 0860 10 06 96. This contact number 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 about Flexicare.



### CALL CENTRE

0860 44 47 79

## 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.

Discovery Emergency Cover is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07 an authorised financial services provider. Terms, conditions and limits apply. Discovery Emergency Cover 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.

The Funeral Benefit is a life insurance policy, underwritten by Discovery Life Limited. Registration number 1966/003901/06, a licensed life insurer and an authorised financial services and registered credit provider, NCR registration number NCRCP3555. Flexicare is a separate non-life insurance policy and is not conditional on the purchase of a Funeral Benefit policy.