

Discovery Health Medical Scheme 2022 contributions (January – September)

Series	Plan		Contributions (R)		Contributi	ons to Medical Savings	Account (R)	Total contributions (R)				
	I	Main member	Adult	Child**	Main member	Adult	Child**	Main member	Adult	Child		
Executive	Executive Plan	5,766	5,766	1,101	1,922	1,922	367	7,688	7,688	1,46		
	Classic Comprehensive	4,732	4,475	944	1,577	1,491	314	6,309	5,966	1,25		
	Classic Delta Comprehensive	4,261	4,034	849	1,420	1,344	283	5,681	5,378	1,13		
Comprehensive	Essential Comprehensive	4,506	4,259	909	795	751	160	5,301	5,010	1,06		
	Essential Delta Comprehensive	4,059	3,834	814	716	676	143	4,775	4,510	957		
	Classic Smart Comprehensive	4,585	4,230	1,459		No Medical Savings Accou	nt	4,585	Adult 7,688 5,966 5,378 5,010	4,230 1,4		
Priority	Classic Priority	3,031	2,390	1,213	1,010	796	404	4,041	3,186	1,61		
Priority	Essential Priority	2,952	2,322	1,180	520	409	208	3,472	2,731	1,38		
	Classic Saver	2,614	2,063	1,048	871 687		349	3,485	2,750	1,39		
	Classic Delta Saver	2,088	1,650	839	696	550	279	2,784	2,200	1,11		
Saver	Essential Saver	2,355	1,767	944	415	311	166	2,770	Adult 7,688 5,966 5,378 5,010 4,510 4,510 4,230 3,186 2,731 2,750 2,200 2,078 1,668 2,078 1,668 2,078 1,634 1,483 2,046 1,637 1,671 1,340 1,548 1,279 1,758 2,595 1,005 1,253 1,916 968 1,629 2,536	1,11		
	Essential Delta Saver	1,878	1,418	754	331	250	133	2,209	1,668	887		
	Coastal Saver	2,211	1,663	893	552	415	223	2,763	2,078	1,11		
	Classic Smart	2,070	1,634	827				2,070	1,634	827		
Smart	Essential Smart	1,483	1,483	1,483		No Medical Savings Accou	nt	1,483	1,483	1,48		
	Classic Core	2,594	2,046	1,038				2,594	2,046	1,03		
	Classic Delta Core	2,076	1,637	830			2,076	1,637	830			
Core	Essential Core	2,229	1,671	896		No Medical Savings Accou	nt	2,229	1,671	896		
	Essential Delta Core	1,781	1,340	715				1,781	1,340	715		
	Coastal Core	2,062	1,548	820				2,062	1,548	820		
	KeyCare Plus 0 – 8,550	1,279	1,279	464				1,279	1,279	464		
	KeyCare Plus 8,551 – 13,800	1,758	1,758	495		No Medical Savings Accou	nt	1,758	Adult 7,688 5,966 5,378 5,010 4,510 4,510 4,230 3,186 2,731 2,750 2,200 2,078 1,668 2,078 1,668 2,078 1,634 1,483 2,046 1,637 1,671 1,340 1,548 1,279 1,758 2,595 1,005 1,253 1,916 968 1,629 2,536 930 1,405	495		
	KeyCare Plus 13,801+	2,595	2,595	695				2,595		695		
	KeyCare Core 0 – 8,550	1,005	1,005	260				1,005	1,005	260		
KeyCare*	KeyCare Core 8,551 – 13,800	1,253	1,253	310		No Medical Savings Accou	nt	1,253	1,253	310		
	KeyCare Core 13,801+	1,916	1,916	435				1,916	1,916	435		
	KeyCare Start 0 – 9,150	968	968	583				968	968	583		
	KeyCare Start 9,151 – 13,800	1,629	1,629	637		No Medical Savings Accou	nt	1,629	1,629	637		
	KeyCare Start 13,801+	2,536	2,536	688				2,536	2,536	688		
	KeyCare Start Regional 0 – 9,150	930	930	560				930	930	560		
	KeyCare Start Regional 9,151 – 13,800	1,405	1,405	620		No Medical Savings Accou	nt	1,405	1,405	620		
	KeyCare Start Regional 13,801+	2,190	2,190	670			2,190	2 190	670			

Shariah Compliant Arrangement available on all health plans.

^{*} Income verification will be conducted for the lower income bands. Income is considered as: The higher of the main member 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 received from any statutory social assistance programme.

^{**} We count a maximum of three children when we work out the monthly contribution and annual Medical Savings Account.

Discovery Health Medical Scheme 2022 contributions (October – December)

Series	Plan		Contributions (R)		Contributi	ons to Medical Savings	Account (R)	Total contributions (R)			
		Main member	Adult	Child**	Main member	Adult	Child**	Main member	Adult	Child**	
Executive	Executive Plan	6,224	6,224	1,190	2,074	2,074	396	8,298	8,298	1,586	
	Classic Comprehensive	5,108	4,831	1,019	1,702	1,610	339	6,810	6,441	1,358	
	Classic Delta Comprehensive	4,600	4,354	916	1,533	1,451	305	6,133	5,805	1,221	
Comprehensive	Essential Comprehensive	4,865	4,595	982	858	810	173	5,723	5,405	1,155	
	Essential Delta Comprehensive	4,382	4,138	878	773	730	154	5,155	4,868	1,032	
	Classic Smart Comprehensive	4,949	4,568	1,574		No Medical Savings Accou	nt	4,949	4,568	1,574	
Duianitu	Classic Priority	3,272	2,580	1,309	1,090	860	436	4,362	3,440	1,745	
Priority	Essential Priority	3,187	2,505	1,273	562	442	224	3,749	2,947	1,497	
	Classic Saver	2,822	2,226	1,131	940	742	377	3,762	2,968	1,508	
	Classic Delta Saver	2,255	1,781	905	751	593	301	3,006	2,374	1,206	
Saver	Essential Saver	2,542	1,907	1,019	448	336	179	2,990	2,243	1,198	
	Essential Delta Saver	2,028	1,530	814	357	270	143	2,385	1,800	957	
	Coastal Saver	2,387	1,794	964	596	448	241	2,983	2,242	1,205	
	Classic Smart	2,235	1,763	892				2,235	1,763	892	
Smart	Essential Smart	1,600	1,600	1,600		No Medical Savings Accou	nt	1,600	1,600	1,600	
	Classic Core	2,800	2,209	1,120				2,800	2,209	1,120	
	Classic Delta Core	2,241	1,767	896				2,241	1,767	896	
Core	Essential Core	2,406	1,804	967		No Medical Savings Accou	nt	2,406	1,804	967	
	Essential Delta Core	1,923	1,446	771				1,923	1,446	771	
	Coastal Core	2,226	1,671	885				2,226	1,671	885	
	KeyCare Plus 0 – 8,950	1,380	1,380	502				1,380	1,380	502	
	KeyCare Plus 8,951 – 14,400	1,897	1,897	535		No Medical Savings Accou	nt	1,897	1,897	535	
	KeyCare Plus 14,401+	2,801	2,801	750				2,801	2,801	750	
	KeyCare Core 0 – 8,950	1,084	1,084	284				1,084	1,084	284	
KeyCare*	KeyCare Core 8,951 – 14,400	1,352	1,352	336		No Medical Savings Accou	nt	1,352	1,352	336	
	KeyCare Core 14,401+	2,068	2,068	470				2,068	2,068	470	
	KeyCare Start 0 – 9,550	1,044	1,044	637				1,044	1,044	637	
	KeyCare Start 9,551 – 14,400	1,758	1,758	689		No Medical Savings Accou	nt	1,758	1,758	689	
	KeyCare Start 14,401+	2,737	2,737	744				2,737	2,737	744	
	KeyCare Start Regional 0 – 9,550	930	930	560				930	930	560	
	KeyCare Start Regional 9,551 – 14,400	1,405	1,405	620		No Medical Savings Accou	nt	1,405	1,405	620	
	KeyCare Start Regional 14,401+	2,190	2,190	670	_	-	2,190	2,190	670		

Shariah Compliant Arrangement available on all health plans.

^{*} Income verification will be conducted for the lower income bands. Income is considered as: The higher of the main member 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 received from any statutory social assistance programme.

^{**} We count a maximum of three children when we work out the monthly contribution and annual Medical Savings Account.

Annual Medical Savings Account

		Main member (R)	Adult (R)	Child* (R)
Executive	Executive Plan	23,520	23,520	4,491
	Classic Comprehensive	19,299	18,249	3,843
Camananahamaiya	Classic Delta Comprehensive	17,379	16,449	3,462
Comprehensive	Essential Comprehensive	9,729	9,189	1,959
	Essential Delta Comprehensive	8,763	8,274	1,749
Duianita	Classic Priority	12,360	9,744	4,944
Priority	Essential Priority	6,366	5,007	2,544
	Classic Saver	10,659	8,409	4,272
	Classic Delta Saver	8,517	6,729	3,414
Saver	Essential Saver	5,079	3,807	2,031
	Essential Delta Saver	4,050	3,060	1,626
	Coastal Saver	6,756	5,079	2,730

^{*} We count a maximum of three children when we work out the annual Medical Savings Account.

The above annual medical savings account amounts are the allocations for the entire year (January – December 2022).

Annual Threshold Amounts

Annual Threshold

	Main member (R)	Adult (R)	Child* (R)
Executive	28,380	28,380	5,390
Classic, Essential and Delta Comprehensive	23,420	23,420	4,470
Classic Smart Comprehensive	26,820	26,820	910
Priority	18,940	14,240	6,310

Above Threshold Benefit limits

	Main member (R)	Adult (R)	Child* (R)
Executive		Unlimited	
Comprehensive		Offillifited	
Priority	16,030	11,440	5,610

 $^{^{\}star}$ We count a maximum of three children when we work out the Annual Threshold and Above Threshold Benefit limit.

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

		Executive	Compreher	nsive	Priority Saver					Smart Core						Keycare				
		l	Classic Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essen	tial Coa	stal	Plus	Core	Start	Start Regional	
PMB	Prescribed Minimum Benefits (PMB)	the treatments in the defi	ical Scheme (DHMS) plans cover the co ined benefits. You must use designate ccording to the rules of the Scheme, yo	ed service providers (DSPs) i	n our network – this does	not apply in emergen	cies.						•	·						
DAY BENEFITS	Medical Savings Account (MSA) and day-to-day benefits	Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology as long as you have money available.	Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology as long as you have money available.	This plan does not offer a Medical Savings Account. Access to a defined set of benefits including GP consultations, certain specialist visits, certain acute medicine when prescribed by a Smart GP and over-the-counter medicine, dental check up and optometry check up with fixed copayments and limits.							This plan does not offer a Medical Savings Account. Access to a defined set of benefits including GP consultations, certain over-the-counter medicine, dental check up and optometry check up with fixed copayments and limits.		This plan doe a Medical Saviı			This plan does not offer a Medical Savings Account. Day-to-day benefits through your chosen GP and day-to-day medicine from our medicine list when prescribed by your chosen KeyCare GP. We pay for basic radiology and pathology at a network provider if referred by your chosen GP, as well as basic optometry and dentistry, and specialist cover up to R4 730 per person per year when referred by your chosen GP.			referral by the KeyCare Online Practice and day-to-day medicine from our medicine list when prescribed by your chosen KeyCare Start Regional GP. We pay for basic radiology and pathology if referred by your chosen KeyCare Start Regional GP. As well as basic optometry and dentistry, and specialist cover up to R2 370 r per person per year when referred by your	
DAY-TO-D	Day-to-day Extender Benefit	Pays for certain day-to-day benefits after you have run out of money in your MSA and before you reach the Annual Threshold. Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	Pays for certain day-to-day benefits after you have run out of money in your MSA and before you reach the Annual Threshold. Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. On Classic, you also have additional cover for kids casualty visits.	this benefit.	Pays for certain day-to-cyou have run out of moi Saving Account and before you reach the Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	ney in your Medical e Annual Threshold. Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when	money in your Media Covers limited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have cover for consultations with a network GP	Covers limited phar consultations in our as well as video call a network GP. You for consultations w who meets the digit referred. We cover to the DHR.	rmacy clinic r wellness network, l consultations with also have cover ith a network GP tal criteria, when					These plans d		,				

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

		Executive	Executive Comprehensive			Prio	rity		Saver		Smart Core					Keycare			
			Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start	Start Regional
:ITS	Above Threshold Benefit		Annual T	Threshold.	tes once you reach your fit limits may apply.	The Scheme continues to healthcare services once y Annual Threshold. The Ab Benefit is limited. Annual apply.	ou reach your ove Threshold						These plans do	not offer this ben	efit.				
DAY-TO-DAY BENEFITS	MRI and CT scans	We pay the first R3 270 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	or CT scan from y benefits. We cove the scan from the up to the DHR. Fo	your day-to-day er the balance of e Hospital Benefit, or conservative ans a limit of one	You have to pay the first R3 270 of your MRI or CT scan until you reach the Annual Threshold. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.		benefits. We cover om the Hospital r conservative back	Hospital Benefit, up to neck scans a limit of o	ver the balance of the o the DHR. For conser	scan from the vative back and	You must pay the first R3 270 of your MRI or CT scan. We cover the balance of the scan from your Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and necl region applies.		These plans of	do not offer this b	enefit.	MRI and CT so from the Spec up to a limit o person a year.	MRI and CT scans are paid from the Specialist o Benefit up to a limit of R2,370 for a person a year.		
MATERNITY COVER	Cover during your pregnancy and for two years after your baby's birth once the benefit is activated	During pregnancy 1 2 antenatal consultations with your gynaecologist, GP or midwife Two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria Private ward cover up to R2 320 per day for your delivery in hospital Cover for up to R5 350 for essential registered devices with 25% co-payment A defined basket of blood tests Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth.	 Paediatrician of You are covere your midwife, or if there are One nutritiona Two mental he psychologist 	overed for up to two ran ENT ed for one six week GP or gynaecologis any complications all assessment at a cealth consultations eding consultation wedge to the consultation were really to the consultation were really the	post-birth consultation at it as part of your delivery	 One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria A defined basket of blood tests Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth. 						You are concomplicationOne nutritionTwo mentaOne breast	is covered for up vered for one six ons onal assessmen il health consulta feeding consulta	x week post-birth of that a dietitian ations with a coun ation with a registe	sellor or psycholog ered nurse or a bre	r midwife, GP or g gist eastfeeding specia	list.	er as part of your delive	
	Conditions	You have cover for the 27 according to the Prescribe as well as additional cond	ed Minimum Benefi	its list					You have cov	er for the 27 Chro	nic Disease List condi	tions according to	the Prescribed N	Minimum Benefits					
CHRONIC COVER	Medicine cover	Approved medicine on our medicine list covered in full (not applicable to ADL conditions). Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Full cover for app on our medicine I to ADL). Full cover for Deli use MedXpress o Network Pharma on our list paid up the DHR up to a r monthly Chronic	list (not applicable ta options if you or a MedXpress cy. Medicine not p to 100% of maximum of the	Full cover for approved medicine on our medicine list. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine on ou covered in full when you u a MedXpress Network Phanot on our list paid up to up to a maximum of the n Drug Amount.	rmacy. Medicine	Approved medicine o you use MedXpress o Medicine not on our I maximum of the mor	or a MedXpress Netwo list paid up to 100% of	rk Pharmacy. the DHR up to a	Approved medicinist covered in full v MedXpress or a Me Pharmacy. For med list, we cover up to lowest formulary d	when you use edXpress Network dicine not on our the cost of the	in full when y Network Pha up to 100% o	edicine on our me you use MedXpres armacy. Medicines of the DHR up to a onic Drug Amount	s or a MedXpress not on our list paid maximum of the	full when you u network pharm nominated Key GP. Your nomi Network GP m	use one of our nacies or your /Care Network nated KeyCare ust prescribe the ne. For medicine we cover up he lowest	We cover your chroni medicine in a state facility.	We cover your chronic medicine when you use one of our network pharmacies or your chosen KeyCare Start Regional Network GP. Your chosen Regional Network GP must prescribe the chronic medicine. For medicine not on our list, we cover up to the cost of the lowest formulary drug.
CANCER COVER	Oncology Benefit	(DHR). Cancer treatment t full, subject to the use of a	are services are cov hat is a Prescribed a designated servic the cover amount	vered up to 100% o Minimum Benefit (e provider (DSP), wi If your treatment '	R300 000 of your approved cancer treatment over a 12-month cycle in full. If the Discovery Health Rate PMB) is always covered in here applicable. All PMB costs more than the cover	related healthcare services are covered up to 100% of the Discovery Health Rate (ĎHR). Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where applicable. All PMB treatment costs add up to the cover amount. If your treatment costs more than the cover amount, we will cover up to 80% of the Discovery Health Rate (DHR). te				Health Rate (DHR). Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where applicable. If your treatment costs more than the cover amount, we will cover up to 80% of the DHR. On Essential Smart, we cover cancer treatment in our network. If you choose to use any other provider, we will cover up to 80% of the Discovery Health Rate					full, subject to designated se (DSP), where a You have cove treatment in c	nimum Benefit is covered in the use of a rivice provider ipplicable. In for cancer it is not use any other will cover up	Benefit (PMB) is alway the use of a designate where applicable. You treatment in a state for	t is a Prescribed Minimum is covered in full, subject to id service provider (DSP), have cover for cancer acility. If you choose to use e will cover up to 80% of	
		Once you have reached yo cover in full for a defined meet the Scheme's criteria You have cover for a defin	list of cancers and tale.	treatments that							These plans do not	t offer this benefit.							
	Oncology Innovation Benefit	that meet the Scheme's cr the cost of these treatmer	riteria. You will nee			You have cover	for a sub-set of the	defined list of innovati	ve cancer medicine, su	ubject to the Scher	me's clinical entry crite	eria. You will need	to pay 50% of th	ne cost of these tre	eatments.		These pla	ans do not offer this be	nefit.

		Executive	Comprehensive			Pr	iority	Saver			Sm	art	Core			Keycare								
			Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start	Start Regional					
	rivate hospital ver in a general ward	Unlimited cover plus private ward cover of up to R2 320 each day.	Unlimited cover pl	us private ward o for your deliv	over up to R2 320 per day ery.	Unlim	ited cover		Unlimited cove	er	Unlimite	ed cover		Unlimited cove	er			Unlimited cover						
P	rivate hospital	facility approved by the Scheme. approved by the Scheme. Full cover on Delta options when using the Delta Hospital Network of private hospitals. For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R9 100. Hospital Network. For planned admission at hospital of the Smart Hospital Network, you must pay an upfront payment of R10 400 to the hospital		For planned admissions at hospitals outside	procedures. Where these procedures form part of the list of procedures to be performed in our day surgery network, the higher of the upfront		Full cover on Delta options when using the Delta Hospital Network of private hospitals. For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R9 100. hospical coast netw to to 70 the h and y		Full cover in any approved private hospital in the four coastal provinces network. If you use a hospital outside the coastal network, we pay up to 70% of the DHR of the hospital account and you must pay the difference.	outside of the Sma Network, you must	For planned admissions at hospitals outside of the Smart Hospital Network, you must pay an upfront payment of R10 400 to the hospital.		''		when using the Delta Hospital Retwork of private hospitals. For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R9		Full cover on Delta options when using the Delta Hospital Network of private hospitals. For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R9 100. If you use a hospital outside the coastal network, we pay up to 70% of the DHR of the hospital account and you must pay		Full cover on Delta options when using the Delta Hospital Network of private hospitals. For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R9 100. If you use a hospital outside the coastal network, we pay up to 70% of the DHR of the hospital account and you must pay		Full cover if you u in the KeyCare H Network. If you use a hosp Partial Cover Net up to 70% of the If you do not use the networks, yo pay all costs.	ital in the work, we pay DHR. hospitals in	Full cover at your chosen KeyCare Start Network hospital. If you do not use your chosen hospital in the network, you will have to pay all costs.	If you do not use your
	Defined list of procedures in ur daysurgery network	You are covered in any facility approved by the Scheme.	proved by the procedures in a day surgery facility. An upfront payment of R5 950 day surgery network applies for admission to a facility outside of the day surgery network. An upfront payment of R9 100 admissions to a facility admissions to a facility outside of the day surgery network.		procedures in the Smart day surgery network. An upfront payment of R10 400 applies for admissions to a facility outside of the Smart day	An upfront payment of R5 950 applies for admissions to a facility outside of the day surgery network. Where these procedures form part of the list of in-hospital procedures		network. An upfront payment of R5 950 applies for admissions to a facility outside of the day surgery network. An upfront payment of R9 100 applies on the Delta options,			We cover a defined in the Smart day su An upfront paymer applies for admissi outside of the Sma network.	orgery network. That of R10 400 The ons to a facility	We cover a defined list of procedures in a day surgery network. An upfront payment of R5 950 applies for admissions to a facility outside of the day surgery network. An upfront payment of R9 100 applies on the Delta options, if performed outside of the Delta day surgery network.			We cover a defin procedures in the day surgery netw	e KeyCare	We cover a defined list of procedures in the KeyCare Start day surgery network.	We cover a defined list of procedures in the KeyCare Start Regional day surgery network.					
fo h	all cover option r specialists we ave a payment rangement with	Full cover	Full cover			Full cover		Full cover			Full cover		Full cover		Full cover									
rat v	eimbursement e* forspecialists ve do not have a payment rangement with	300% of the DHR	200% of the DHR 200% of the DHR DHR DHR		200% of the DHR	200% of the DHR	100% of the DHR	R 200% of the DHR 100% of the DH		HR	200% of the DHR 100% of the DHR		200% of the DHR	e 100% of the DH	R	100% of the DHR								
BITAL C	eimbursement te* for GPs and her healthcare ofessionals (not specialists)	200% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DI	HR	200% of the DHR	100% of the DHR	200% of the DHR	e 100% of the DH	R	100% of the DHR								
R ra	eimbursement te* for radiology and pathology	100% of the DHR	100% of the DHR	:	·	100% of the DHR	·	100% of the DHR			100% of the DHR		100% of the	DHR		100% of the DHR	!							
C s	over for scopes (gastroscopy, colonoscopy, igmoidoscopy id proctoscopy)	Depending on where you have your scope done, we pay a portion of between R3 800 and R5 550 from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher copayment will apply. If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.	portion of between R3 800 and R5 550 from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher copayment will apply. If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit. If performed outside of the day surgery network, the highest of the out-of-network upfront payment or scopes co-payment will apply.		done, an upfront pay R3 800 and R6 150 a balance of the hospi from your Hospital E gastroscopy and cole a higher upfront pay If scopes are perforn rooms, as part of a c Minimum Benefits (F patient is under the have to pay any amo account from the Ho If performed outside network, the highest of the ou	pplies. We pay the tal and related accounts lenefit. Where both a smoscopy are performed, ment will apply. The did not of the doctor's onfirmed Prescribed (MB) condition, or the age of 12, you will not unt upfront. We pay the spital Benefit.	portion of between day-to-day benefits related accounts fro gastroscopy and co payment will apply. If scopes are perfor confirmed Prescribthe patient is under any amount upfron Benefit.	If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit. If performed outside of the day surgery network, the highest of the out-of-network upfront payment or scopes co-			re you have your ill have to pay a 183 800 and the balance of the d accounts from fit. Where both colonoscopy are rupfront payment rmed in the part of a ed Minimum dittion, or the e age of 12, you any amount e account from the de of the day he highest of the rort payment or t will apply.	you will hav and R6 550 and related Where both performed, If scopes ar part of a co (PMB) cond 12, you will We pay the If performe the highest or scopes co	on where you have you to pay a portion of and we pay the bala accounts from your a gastroscopy and of a higher upfront pay e performed in the diffirmed Prescribed Nition, or the patient into have to pay any account from the Hod outside of the day of the out-of-networo-payment will apply	between R3 800 nce of the hospital Hospital Benefit. Idolonoscopy are ment will apply. octor's rooms, as dinimum Benefits is under the age of amount upfront. In the spital Benefit. Surgery network, k upfront payment	the doctor's roon the account from Benefit.	Care Day . If done in ns, we pay	Prescribed Minimum Benefit cover, in the KeyCare Start Day Surgery Network. If done in the doctor's rooms, we pay the account from the Hospital Benefit.	Prescribed Minimum Benefit cover, in the KeyCare Start Regional Day Surgery Network. If done in the doctor's rooms, we pay the account from the Hospital Benefit.						
		If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.	of an lf done as part of an approved admission, we will pay up to ission, to 100% of the DHR from the Hospital Benefit.			approved admission,)% of the DHR from the	If done as part of ar 100% of the DHR fro		ssion, we will pay up to Benefit.	If done as part of a hospital admission we will pay up to 10 from the Hospital Benefi	, 00% of the DHR		eart of an approved a to 100% of the DHR f		If done as part of from the Hospita		admission, we will pay u	up to 100% of the DHR						
a	Cover for MRI ind CT scans if not related to dission or for back and neck treatment	We pay the first R3 270 of the scan from your day-to-day benefits. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR. Limited to one scan per spinal and neck region.	We pay the first R3 from your day-to-da pay the balance of the Hospital Benefit the DHR. Limited to one scan per spir region.	ay benefits. We the scan from t, up to 100% of	You need to pay the first R3 270 of your MRI or CT scan until you reach the Annual Threshold. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per body region applies.	to-day benefits. We p scan from the Hospi of the DHR. For cons treatment, you must R4 050 of the hospit balance of the scan f	tal Benefit up to 100% ervative back and neck also pay the first al account. We pay the from the Hospital Benefit HR. Limited to one scan		e balance of the s of the DHR. Limit		You need to pay the first R3 270 of the scan. Vo pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR. Limited to one scan per spina and neck region.	This plan does not offer this benefit.	These plans	s do not offer this be	nefit.	We pay scans fro Specialist Benefit of R4 730 for eac each year.	up to a limit	We pay scans from the limit of R2 370 for eacl	e Specialist Benefit up to a h person each year.					

	Executive		Comprehens	sive	Priority Saver					Sr	nart		Core	Keycare							
		Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start	Start Regional			
Advanced Illness Benefit	Members have access to a c	comprehensive palliati	ive care programme	. This programme offers ur	nlimited cover for a	pproved care at home	, care coordination	, counselling services	and supportive care f	r appropriate end	l-of-life clinical and psy	chologist services.	. You also have acce	ess to a GP consult	ation to facilitate	our palliative ca	re treatment plan.				
Africa Evacuation Benefit				Cover for emergency	medical evacuation	ns from certain sub-Sa	aharan African cour	ntries back to South A	rica. Pre-existing con	litions are exclude	d.				These plans do not offer these benefits.						
Assisted Reproductive Therapy (ART)	You have cover for up to tw Cover includes a basket of c oocyte retrieval, embryo tra medication and embryo and donated cycles. If you are re clinical entry criteria, you ha years. We pay up to a limit c Rate (DHR). A co-payment o	care which includes co insfer and freezing, ad d sperm storage. This egistered on the Oncol ave access to egg and s of R115 000 per persol	ver for consultations Imission costs include benefit also includes logy Programme and sperm cryopreserval	s, ultrasounds, ding lab fees, s cover for egg d meet the Scheme's tion for up to five						Tł	nese plans do not offe	r these benefits.									
Connected Care	Device Benefit for essential entry criteria, you have heal	bu have access to hospital-level care in your home instead of having to go to hospital for acute hospital care. This includes cover and treatment for COVID-19 and/or follow-up care once discharged. You have access to the Hospital at Home devices and healthcare services if you meet the clinical and benefit criteria. You have access to care at home, including a Home evice Benefit for essential home monitoring and home-based care for follow up treatment after an admission. 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. If you meet the solution is a limit of R4,000 per person per year, at 100% of the Discovery Health Rate (DHR) These plans do not offer these benefits.																			
	The Scheme also covers def	fined point of care me	dical devices up to 7	'5% of the Discovery Health	Rate (DHR), if you	meet the clinical entry	criteria.							The	se plans do not of	fer these benefit	S.				
International Travel Benefit Overseas Treatment Benefit	Cover up to \$1 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre-existing conditions are excluded. Cover up to R5 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre-existing conditions are excluded.												These plans do not offer these benefits.								
Overseas Treatment Benefit	each person travelling	Up to R500 000 for ear healthcare treatment . A co-payment of 20% ?	not available in Sout	th Africa.						Tł	nese plans do not offe	r these benefits.									
Screening and Prevention Benefit	Covers certain tests at one of older and/or registered for Additional, and/or more free	certain chronic condit	ions. Pneumococcal	vaccine for persons over the	ne age of 65 and/or	registered for certain	chronic conditions	. We also cover bowel	cancer screening tes	s every two years f	for members between	45 and 75 years.									
Trauma Recovery Extender Benefit		of-hospital claims for r	recovery after certain	n traumatic events for the	rest of the year in v	which the trauma took	place, and a year a	fter the trauma. You a	nd your dependants	on your health plan	n also have access to s	ix counselling sess	sions per person pe	er year by a psycho	ogist, clinical soci	al worker or regi	stered counsellor. \	ou need to apply for this			
The WHO Global Outbreak Benefit	Provides cover for global of	disease outbreaks reco	ognised by the World	d Health Organisation (WH	O) such as COVID-1	9. This benefit offers c	over for the COVID)-19 vaccine, out-of-ho	spital management, i	cluding diagnosis,	, consultations and ap	propriate supporti	ve care.								







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

Complaints process: The following channels are available for your complaints: Step 1 – To take 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. Step 2 – To contact the Principal Officer if you are still not satisfied with the resolution of your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by e-mailing principalofficer@discovery.co.za. Step 3 – If you have received a final decision from Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council for Medical Schemes. You may contact the 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

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

We are continuously improving our communication to you. The latest version of this summary as well as detailed benefit information is available on www.discovery.co.za.

* Discovery Health Rate (DHR): This is the rate we reimburse/pay hospitals, pharmacies and healthcare professionals at. To find hospitals or providers in our network, visit www.discovery.co.za. Where we refer to MedXpress it includes any MedXpress partner pharmacy. MedXpress is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Discovery Home Care is a service provider. Practice 080 000 8000190, Grove Nursing Services (Pty) Ltd registration number 2015/191080/07, trading as Discovery HomeCare.