

# 2022 PLAN COMPARISON



# Discovery Health Medical Scheme 2022 contributions (January – September)

Series	Plan	Contributions (R)			Contributions to Medical Savings Account (R)			Total contributions (R)		
		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	1,468
Comprehensive	Classic Comprehensive	4,732	4,475	944	1,577	1,491	314	6,309	5,966	1,258
	Classic Delta Comprehensive	4,261	4,034	849	1,420	1,344	283	5,681	5,378	1,132
	Essential Comprehensive	4,506	4,259	909	795	751	160	5,301	5,010	1,069
	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 Account			4,585	4,230	1,459
Priority	Classic Priority	3,031	2,390	1,213	1,010	796	404	4,041	3,186	1,617
	Essential Priority	2,952	2,322	1,180	520	409	208	3,472	2,731	1,388
Saver	Classic Saver	2,614	2,063	1,048	871	687	349	3,485	2,750	1,397
	Classic Delta Saver	2,088	1,650	839	696	550	279	2,784	2,200	1,118
	Essential Saver	2,355	1,767	944	415	311	166	2,770	2,078	1,110
	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	1,116
Smart	Classic Smart	2,070	1,634	827	No Medical Savings Account			2,070	1,634	827
	Essential Smart	1,483	1,483	1,483	No Medical Savings Account			1,483	1,483	1,483
Core	Classic Core	2,594	2,046	1,038	No Medical Savings Account			2,594	2,046	1,038
	Classic Delta Core	2,076	1,637	830	No Medical Savings Account			2,076	1,637	830
	Essential Core	2,229	1,671	896	No Medical Savings Account			2,229	1,671	896
	Essential Delta Core	1,781	1,340	715	No Medical Savings Account			1,781	1,340	715
	Coastal Core	2,062	1,548	820	No Medical Savings Account			2,062	1,548	820
KeyCare*	KeyCare Plus 0 – 8,550	1,279	1,279	464	No Medical Savings Account			1,279	1,279	464
	KeyCare Plus 8,551 – 13,800	1,758	1,758	495	No Medical Savings Account			1,758	1,758	495
	KeyCare Plus 13,801+	2,595	2,595	695	No Medical Savings Account			2,595	2,595	695
	KeyCare Core 0 – 8,550	1,005	1,005	260	No Medical Savings Account			1,005	1,005	260
	KeyCare Core 8,551 – 13,800	1,253	1,253	310	No Medical Savings Account			1,253	1,253	310
	KeyCare Core 13,801+	1,916	1,916	435	No Medical Savings Account			1,916	1,916	435
	KeyCare Start 0 – 9,150	968	968	583	No Medical Savings Account			968	968	583
	KeyCare Start 9,151 – 13,800	1,629	1,629	637	No Medical Savings Account			1,629	1,629	637
	KeyCare Start 13,801+	2,536	2,536	688	No Medical Savings Account			2,536	2,536	688
	KeyCare Start Regional 0 – 9,150	930	930	560	No Medical Savings Account			930	930	560
	KeyCare Start Regional 9,151 – 13,800	1,405	1,405	620	No Medical Savings Account			1,405	1,405	620
	KeyCare Start Regional 13,801+	2,190	2,190	670	No Medical Savings Account			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)			Contributions 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
Comprehensive	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
	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 Account			4,949	4,568	1,574
Priority	Classic Priority	3,272	2,580	1,309	1,090	860	436	4,362	3,440	1,745
	Essential Priority	3,187	2,505	1,273	562	442	224	3,749	2,947	1,497
Saver	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
	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
Smart	Classic Smart	2,235	1,763	892	No Medical Savings Account			2,235	1,763	892
	Essential Smart	1,600	1,600	1,600	No Medical Savings Account			1,600	1,600	1,600
Core	Classic Core	2,800	2,209	1,120	No Medical Savings Account			2,800	2,209	1,120
	Classic Delta Core	2,241	1,767	896	No Medical Savings Account			2,241	1,767	896
	Essential Core	2,406	1,804	967	No Medical Savings Account			2,406	1,804	967
	Essential Delta Core	1,923	1,446	771	No Medical Savings Account			1,923	1,446	771
	Coastal Core	2,226	1,671	885	No Medical Savings Account			2,226	1,671	885
KeyCare*	KeyCare Plus 0 – 8,950	1,380	1,380	502	No Medical Savings Account			1,380	1,380	502
	KeyCare Plus 8,951 – 14,400	1,897	1,897	535	No Medical Savings Account			1,897	1,897	535
	KeyCare Plus 14,401+	2,801	2,801	750	No Medical Savings Account			2,801	2,801	750
	KeyCare Core 0 – 8,950	1,084	1,084	284	No Medical Savings Account			1,084	1,084	284
	KeyCare Core 8,951 – 14,400	1,352	1,352	336	No Medical Savings Account			1,352	1,352	336
	KeyCare Core 14,401+	2,068	2,068	470	No Medical Savings Account			2,068	2,068	470
	KeyCare Start 0 – 9,550	1,044	1,044	637	No Medical Savings Account			1,044	1,044	637
	KeyCare Start 9,551 – 14,400	1,758	1,758	689	No Medical Savings Account			1,758	1,758	689
	KeyCare Start 14,401+	2,737	2,737	744	No Medical Savings Account			2,737	2,737	744
	KeyCare Start Regional 0 – 9,550	930	930	560	No Medical Savings Account			930	930	560
	KeyCare Start Regional 9,551 – 14,400	1,405	1,405	620	No Medical Savings Account			1,405	1,405	620
	KeyCare Start Regional 14,401+	2,190	2,190	670	No Medical Savings Account			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.



		Executive		Comprehensive			Priority		Saver			Smart		Core			Keycare					
				Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start	Start Regional		
DAY-TO-DAY BENEFITS	Above Threshold Benefit	The Scheme continues to cover day-to-day healthcare services once you reach your Annual Threshold. The Above Threshold Benefit is unlimited. Annual benefit limits may apply.					The Scheme continues to cover day-to-day healthcare services once you reach your Annual Threshold. The Above Threshold Benefit is limited. Annual benefit limits may apply.			These plans do not offer this benefit.												
	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.	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.	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.	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.	We pay the first R3 270 of your MRI or CT scan from your available MSA. 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.			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 neck region applies.	This plan does not offer this benefit.	These plans do not offer this benefit.			MRI and CT scans are paid from the Specialist Benefit up to a limit of R4 730 for a person a year.	MRI and CT scans are paid from the Specialist Benefit up to a limit of R2 370 for a person a year.	MRI and CT scans are paid from the Specialist 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	<b>During pregnancy</b> <ul style="list-style-type: none"> <li>12 antenatal consultations with your gynaecologist, GP or midwife</li> <li>Two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans</li> <li>One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria</li> <li>Private ward cover up to R2 320 per day for your delivery in hospital</li> <li>Cover for up to R5 350 for essential registered devices with 25% co-payment</li> <li>A defined basket of blood tests</li> <li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth.</li> </ul>		<b>After you give birth</b> <ul style="list-style-type: none"> <li>Your baby is covered for up to two visits to a GP, paediatrician or an ENT</li> <li>You are covered for one six week post-birth consultation at your midwife, GP or gynaecologist as part of your delivery or if there are any complications</li> <li>One nutritional assessment at a dietitian</li> <li>Two mental health consultations with a counsellor or psychologist</li> <li>One breastfeeding consultation with a registered nurse or a breastfeeding specialist.</li> </ul>			<b>During pregnancy</b> <ul style="list-style-type: none"> <li>8 antenatal consultations with your gynaecologist, GP or midwife</li> <li>Two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans</li> <li>One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria</li> <li>A defined basket of post tests</li> <li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth.</li> </ul>			<b>After you give birth</b> <ul style="list-style-type: none"> <li>Your baby is covered for up to two visits to a GP, paediatrician or an ENT</li> <li>You are covered for one six week post-birth consultation at your midwife, GP or gynaecologist either as part of your delivery or if there are any complications</li> <li>One nutritional assessment at a dietitian</li> <li>Two mental health consultations with a counsellor or psychologist</li> <li>One breastfeeding consultation with a registered nurse or a breastfeeding specialist.</li> </ul>		To access these benefits on KeyCare Start, your chosen GP, or chosen Regional GP on KeyCare Start Regional, must refer you.										
	CHRONIC COVER	Conditions	You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits list as well as additional conditions on our Additional Disease List.					You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits														
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 approved medicine on our medicine list (not applicable to ADL). Full cover for Delta options if you use MedXpress or a MedXpress Network Pharmacy. 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 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 our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. 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 our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. 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 our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. 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 our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. 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 our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. 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 our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. 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 our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. 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 our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. 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 our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. 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 our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. 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 our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. 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 our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. 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 our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	We cover your chronic 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.			
Oncology Benefit		We cover the first R400 000 of your approved cancer treatment over a 12-month cycle in full.	We cover the first R300 000 of your approved cancer treatment over a 12-month cycle in full.	We cover the first R200 000 of your approved cancer treatment over a 12-month cycle in full. All cancer-related healthcare services are covered up to 100% of the Discovery 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. 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).	We cover the first R200 000 of your approved cancer treatment over a 12-month cycle in full. All cancer-related healthcare services are covered up to 100% of the Discovery 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. 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).	We cover the first R200 000 of your approved cancer treatment over a 12-month cycle in full. All cancer-related healthcare services are covered up to 100% of the Discovery 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. 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).	We cover the first R200 000 of your approved cancer treatment over a 12-month cycle in full. 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All cancer-related healthcare services are covered up to 100% of the Discovery 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. 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).	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. You have cover for cancer treatment in a state facility. If you choose to use any other provider, we will cover up to 80% of the Discovery 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. You have cover for cancer treatment in a state facility. If you choose to use any other provider, we will cover up to 80% of the Discovery Health Rate (DHR).				
CANCER COVER	Extended Oncology Benefit	Once you have reached your cover limit, you have extended cover in full for a defined list of cancers and treatments that meet the Scheme's criteria.					These plans do not offer this benefit.															
	Oncology Innovation Benefit	You have cover for a defined list of innovative cancer medicine that meet the Scheme's criteria. You will need to pay 25% of the cost of these treatments.					You have cover for a sub-set of the defined list of innovative cancer medicine, subject to the Scheme's clinical entry criteria. You will need to pay 50% of the cost of these treatments.											These plans do not offer this benefit.				



		Executive		Comprehensive			Priority		Saver		Smart		Core			Keycare			
		Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start	Start Regional	
ADDITIONAL BENEFITS	<b>Advanced Illness Benefit</b>	Members have access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home, care coordination, counselling services and supportive care for appropriate end-of-life clinical and psychologist services. You also have access to a GP consultation to facilitate your palliative care treatment plan.																	
	<b>Africa Evacuation Benefit</b>	Cover for emergency medical evacuations from certain sub-Saharan African countries back to South Africa. Pre-existing conditions are excluded.														These plans do not offer these benefits.			
	<b>Assisted Reproductive Therapy (ART)</b>	You have cover for up to two cycles of ART if you meet the Scheme's benefit entry criteria. Cover includes a basket of care which includes cover for consultations, ultrasounds, oocyte retrieval, embryo transfer and freezing, admission costs including lab fees, medication and embryo and sperm storage. This benefit also includes cover for egg donated cycles. If you are registered on the Oncology Programme and meet the Scheme's clinical entry criteria, you have access to egg and sperm cryopreservation for up to five years. We pay up to a limit of R115 000 per person per year at 75% of the Discovery Health Rate (DHR). A co-payment of 25% will apply.						These plans do not offer these benefits.											
	<b>Connected Care</b>	You 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 Monitoring Device 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 scheme's clinical entry criteria, you have healthcare cover up to a limit of R4,000 per person per year, at 100% of the Discovery Health Rate (DHR)																	
		The Scheme also covers defined point of care medical devices up to 75% of the Discovery Health Rate (DHR), if you meet the clinical entry criteria.														These plans do not offer these benefits.			
	<b>International Travel Benefit</b>	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.	
	<b>Overseas Treatment Benefit</b>	Up to R750 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. You also have cover for R300 000 at a recognised healthcare provider for in-hospital treatment that is available in South Africa. A co-payment of 20% and specific rules apply to these benefits.		Up to R500 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. A co-payment of 20% and specific rules apply to this benefit.		These plans do not offer these benefits.													
	<b>Screening and Prevention Benefit</b>	Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every two years, Pap smear every three years or one HPV test every 5 years, PSA (a prostate screening test) once a year and HIV screening tests. Seasonal flu vaccine during pregnancy, or for members 65 years or older and/or registered for certain chronic conditions. Pneumococcal vaccine for persons over the age of 65 and/or registered for certain chronic conditions. We also cover bowel cancer screening tests every two years for members between 45 and 75 years. Additional, and/or more frequent screening is available for those who meet our clinical criteria. Consultations that do not form part of Prescribed Minimum Benefits (PMBs) will be paid from your available day-to-day benefits. Kids screening tests include a growth assessment and health and milestone tracking at any one of our wellness network providers.																	
	<b>Trauma Recovery Extender Benefit</b>	Extends your cover for out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma. You and your dependants on your health plan also have access to six counselling sessions per person per year by a psychologist, clinical social worker or registered counsellor. You need to apply for this benefit.																	
<b>The WHO Global Outbreak Benefit</b>	Provides cover for global disease outbreaks recognised by the World Health Organisation (WHO) such as COVID-19. This benefit offers cover for the COVID-19 vaccine, out-of-hospital management, including diagnosis, consultations and appropriate supportive care.																		