



KEYCARE PLANS | 2023

Plus | Core | Start | Start Regional



We're here for your health

For the best quality healthcare to support life's inevitable moments, Discovery Health Medical Scheme provides comprehensive healthcare that is just right for you.

Read this guide to understand more about your health plan including:

- What to do when you need to go to a doctor or to a hospital
- How you are covered for preventative screening, diagnosis and treatment of medical conditions
- Which benefits you need to apply for and if there are any limits for certain benefits
- Tips on how you can use technology to conveniently manage and access healthcare and all the information you need through the Discovery app and website.



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. 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 prevail. Please consult the Scheme Rules on www.discovery.co.za. When reference is made in this brochure to 'we' in the context of benefits, members, payments or cover, this refers to Discovery Health Medical Scheme. We are continuously improving our communication to you. The latest version of this guide as well as detailed benefit information is available on www.discovery.co.za.

Contents page

Key terms

About some of the terms we use in this document

C

Chronic Illness Benefit (CIB)

The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions. You need to apply to have your medicine and treatment covered for your chronic condition.

Connected Care

Connected Care is an integrated healthcare ecosystem of benefits, services and connected digital capabilities to help you manage your health and wellness.

Co-payment

This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service or if the amount the service provider charges is higher than the rate we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.

Cover

Cover refers to the benefits you have access to and how we pay for these healthcare services such as consultations, medicine and hospitals, on your health plan.

D

Day-to-day benefits

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

Deductible

This is the amount that you must pay upfront to the hospital or day clinic for specific treatments and/or procedures. If the upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.

Designated service provider (DSP)

A healthcare provider (for example doctor, specialist, allied healthcare professional, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit www.discovery.co.za or click on Find a healthcare provider on the Discovery app to view the full list of DSPs.

Discovery Health Rate (DHR)

This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professional and other providers of relevant health services. This rate may vary depending on the plan you choose.

Discovery Health Rate for medicine

This is the rate we pay for medicine. It is the Single Exit Price of medicine plus the relevant dispensing fee.

Discovery Home Care

Discovery Home Care is an additional service that offers you quality home-based care in the comfort of your home for healthcare services like IV infusions, wound care, post-natal care and advanced illness care.

E

Efficiency discount arrangement

An option where members on the KeyCare Start Regional Plan benefit from a lower contribution in exchange for limiting their access to a restricted network.

Emergency medical condition

An emergency medical condition, also referred to as an emergency, is the sudden and, at the time, unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.

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

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Key terms

About some of the terms we use in this document

F

Find a healthcare provider

Find a healthcare provider is a medical and provider search tool which is available on the Discovery app or website www.discovery.co.za.

H

HealthID

HealthID is an online digital platform that gives your doctor fast, up-to-date access to your health information. Once you have given consent, your doctor can use HealthID to access your medical history, make referrals to other healthcare professionals and check your relevant test results.

K

Keycare Online Practice

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

M

Medicine List (formulary)

A list of medicine we cover in full for the treatment of approved chronic condition(s). This list is also known as a formulary.

N

Networks

You may need to make use of specific hospitals, pharmacies, doctors or specialists in a network. We have payment arrangements with these providers to ensure you get access to quality care at an affordable cost.

By using network providers, you can avoid having to pay additional costs and co-payments.



Hospital Networks

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



Doctor Networks

You have full cover for GPs and specialists who we have payment arrangements with.



Day Surgery Networks

You have full cover for a defined list of procedures in our Day Surgery Network.



Medicine Networks

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



Regional Networks

The KeyCare Start Regional plan provides cover for approved healthcare services in the KeyCare Start Regional Network, when referred by the KeyCare Online Practice.

The KeyCare Start Regional Network consists of hospitals and healthcare professionals in the Limpopo, Mpumalanga and Western Cape regions.

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

Key terms

About some of the terms we use in this document

P

Payment arrangements

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

Premier Plus GP

A Premier Plus GP is a network GP who has contracted with us to provide you with coordinated care and enrolment on one of our care programmes for defined chronic conditions.

Prescribed Minimum Benefits (PMB)

In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- An emergency medical condition
- A defined list of 271 diagnoses
- A defined list of 27 chronic conditions.

To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions
- The treatment needed must match the treatments in the defined benefits
- You must use designated service providers (DSPs) in our network. This does not apply in emergencies. Where appropriate and according to the Rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a DSP we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.

If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.

R

Related accounts

Any account other than the hospital account for in-hospital care. This could include the accounts for the admitting doctor, anaesthetist and any approved healthcare expenses like radiology or pathology.

S

Shariah compliant arrangement

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

W

Who Global Outbreak Benefit

The WHO Global Outbreak Benefit provides cover for approved global disease outbreaks recognised by the World Health Organization (WHO) such as COVID-19 and monkeypox. This benefit provides access to a defined basket of care per disease outbreak, which includes cover for the administration of vaccines, where applicable, and relevant out-of-hospital treatment.

Key features



Unlimited cover for hospital admissions

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



Full cover for chronic medicine

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



Connected Care

You have access to remote care at home, including a Home Monitoring Device Benefit for essential home monitoring, home-based hospital-related care and follow-up treatment after an admission and access to Hospital at Home programme for quality care in the comfort of your own home.



Extensive cover for pregnancy

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



Full cover in hospital for related accounts

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



Screening and prevention

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



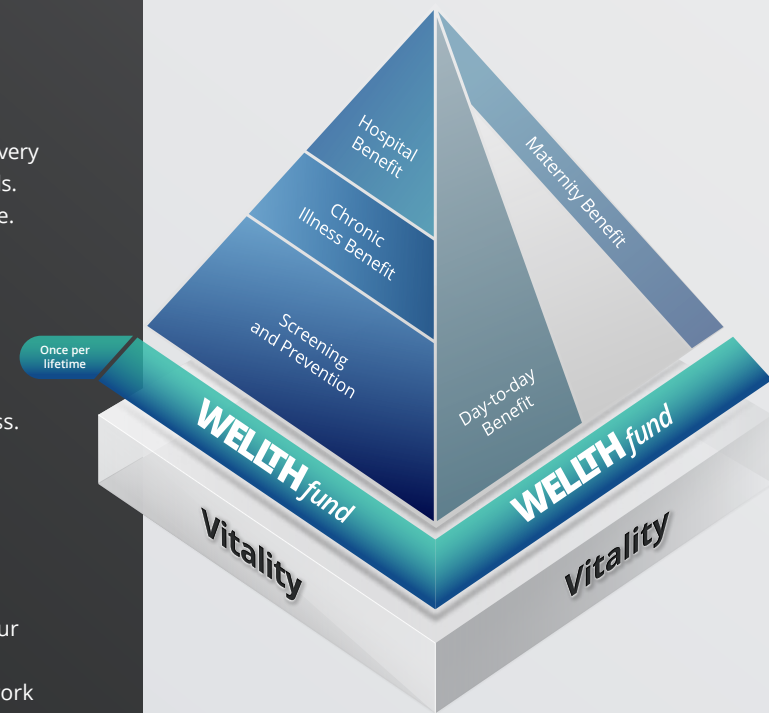
Day-to-day cover

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



WELLTH Fund

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



Shariah compliant arrangement available on all health plans.

Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply.

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The benefits on the different KeyCare plans

The four plan options have differences in benefits, as shown in the table. All other benefits not mentioned in the table are the same across all plan options.

	PLUS	CORE	START	START REGIONAL
Day-to-day cover	Day-to-day cover at your chosen KeyCare Network GP. Medicine from our medicine list is covered if you use a network pharmacy Specialists are covered at the agreed rate or up to 100% of the Discovery Health Rate (DHR) for specialists we don't have a payment arrangement with, subject to the benefit limit of R5,000 per person per year. You must be referred by your KeyCare Network GP and get a reference number from us before your consultation with the specialist	Specialists are covered at the agreed rate or up to 100% of the Discovery Health Rate (DHR) for specialists we don't have a payment arrangement with, subject to the benefit limit of R5,000, per person per year. You must be referred by a GP and get a reference number from us before your consultation with the specialist This plan does not offer any additional day-to-day cover	Day-to-day cover at your chosen KeyCare Start Network GP Medicine from our medicine list is covered if you use a network pharmacy Two specialist visits covered at the agreed rate or up to 100% of the Discovery Health Rate (DHR) for specialists we don't have a payment arrangement with, subject to the benefit limit of R2,500 per person per year. You must be referred by your KeyCare Start Network GP and get a reference number from us before your consultation with the specialist	Day-to-day cover at your chosen KeyCare Start Regional Network GP when referred by the KeyCare Online Practice. Medicine from our medicine list is covered when prescribed by your chosen KeyCare Start Regional Network GP and obtained from a network pharmacy. Two specialist visits covered at the agreed rate or up to 100% of the Discovery Health Rate (DHR) for specialists we don't have a payment arrangement with, subject to the benefit limit of R2,500 per person per year. You must be referred by your KeyCare Start Regional Network GP to a specialist in the KeyCare Start Regional Network, and get a reference number from us before your consultation with the specialist
Non-emergency casualty visits	Cover for one casualty visit per person per year in any casualty unit at a hospital in the KeyCare network Unlimited for emergencies You pay the first R450 of the consultation You must get approval before your visit	Not covered	We cover after-hours care at your chosen KeyCare Start Network GP or network provider	We cover after-hours care at your chosen KeyCare Start Regional Network GP or KeyCare Online Practice
Chronic medicine prescriptions	Your approved chronic medication must be dispensed by your nominated KeyCare Network GP, or you must get your approved chronic medicine from a pharmacy in the network	Your nominated KeyCare Network GP can prescribe your approved chronic medicine and you must get your approved chronic medicine from a pharmacy in the network	Your chronic medicine is covered in a state facility	We cover your approved chronic medication when you use one of our network pharmacies or your chosen KeyCare Start Regional Network GP. Your chosen GP must prescribe the chronic medicine.
Cancer	We cover your treatment if it is a Prescribed Minimum Benefit (PMB). You must use a network provider		Your treatment is covered in a state facility	
Chronic Dialysis	You must use a network provider once you are registered, or you can go to a state facility. If you go elsewhere we will pay 80% of the Discovery Health Rate (DHR)		You are covered at a provider in a state facility	
Full Cover Hospital Network	We pay up to the Discovery Health Rate (DHR) (100%)		We pay the Discovery Health Rate (DHR) at your chosen KeyCare Start Network Hospital	We pay the Discovery Health Rate (DHR) at your chosen KeyCare Start Regional Network Hospital
Partial Cover Hospital Network	We pay up to 70% of the hospital account and you must pay the balance of the account. If the admission is a Prescribed Minimum Benefit (PMB), we will pay 80% of the Discovery Health Rate (DHR)		No cover for non-emergency admissions	
Defined list of procedures in a Day Surgery Network	Covered at 100% of the Discovery Health Rate (DHR) in the KeyCare Day Surgery Network		Covered at 100% of the Discovery Health Rate (DHR) in the KeyCare Start Day Surgery Network	Covered at 100% of the Discovery Health rate (DHR) in the KeyCare Start Day Surgery Network in your region

Emergency cover

What is a medical emergency?

An emergency medical condition, also referred to as an emergency, is the sudden and unexpected onset of a health condition that requires immediate medical or surgical treatment. Failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy. An emergency does not necessarily require a hospital admission. We may ask you or your treating provider for additional information to confirm the emergency.

Assistance during or after a traumatic event

You have access to dedicated assistance in the event of a traumatic incident or after a traumatic event. By calling Emergency Assist you and your family have access to trauma support 24 hours a day. This service also includes access to counseling and additional benefits for trauma related to gender-based violence.

What we pay for

We pay for all of the following medical services that you may receive in an emergency:

- The ambulance (or other medical transport)
- The account from the hospital
- The accounts from the doctor who admitted you to the hospital
- The anaesthetist
- Any other healthcare provider that we approve.



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Prescribed Minimum Benefits

What are Prescribed Minimum Benefits?

According to the Prescribed Minimum Benefit (PMB) conditions in terms of the Medical Schemes Act 131 of 1998 and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- *An emergency medical condition*
- *A defined list of 271 diagnoses*
- *A defined list of 27 chronic conditions.*

To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions.
- The treatment needed must match the treatments in the defined benefits.
- You must use designated service providers (DSPs) in our network. This does not apply in emergencies. Where appropriate and according to the Rules of the scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a DSP we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.

If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.



EMERGENCY
COVER AND PMB

You have access to essential **screening and prevention benefits**

This benefit pays for certain tests that can detect early warning signs of serious illnesses. We cover various screening tests at our wellness providers, for example, blood glucose, cholesterol, HIV, Pap smear or HPV test for cervical screening, mammograms and/or ultrasounds and prostate screenings. Once all members on your membership have completed their health check, you also have access to additional screening and prevention healthcare services from the WELLTH Fund, as featured on page 10.

SCREENING AND
PREVENTION



SCREENING FOR KIDS

This benefit covers the assessment of your child's growth and development, which includes the measurement of weight, height, body mass index and blood pressure at one of our wellness providers.



SCREENING FOR ADULTS

This benefit covers a health check which is made up of certain tests such as blood glucose, blood pressure, cholesterol, body mass index and HIV screening at one of our wellness providers. We also cover a mammogram or ultrasound of the breast every two years, a Pap smear once every three years or a HPV test once every five years, PSA test (prostate screening) each year and bowel cancer screening tests every two years for members between 45 and 75 years. These tests are paid from the Screening and Prevention Benefit. Consultations that do not form part of Prescribed Minimum Benefits (PMBs) will be paid from your available day-to-day benefits.



SCREENING FOR SENIORS

In addition to the screening for adults, members aged 65 years and older have cover for an age appropriate falls risk screening assessment in our defined pharmacy network. You may have cover for an additional falls risk assessment when referred to a Premier Plus GP, depending on your screening test results and if you meet the Scheme's clinical entry criteria.

What we pay for

We cover various screening tests at our wellness providers.

These tests are paid from the Screening and Prevention Benefit. Consultations that do not form part of Prescribed Minimum Benefits (PMBs) will be paid from your available day-to-day benefits.

Additional tests

Clinical entry criteria may apply to these tests:

- Defined diabetes and cholesterol screening tests
- Breast MRI or mammogram and once-off BRCA testing for breast screening
- Colonoscopy for bowel cancer screening
- Pap smear or HPV test for cervical screening.

Vaccines (clinical entry criteria may apply):

- Seasonal flu vaccine for members who are pregnant, 65 years or older, registered for certain chronic conditions or healthcare professionals
- Pneumococcal vaccine for members over the age of 65 or those registered for certain chronic conditions

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

SCREENING AND
PREVENTION



You have access to the **WELLTH Fund**

The WELLTH Fund covers a comprehensive list of screening and prevention healthcare services to ensure that you are empowered to take specific action according to your individual health needs. This benefit is separate from and additional to the Screening and Prevention Benefit and will be available once per lifetime for all members and dependants who have completed their health checks.

Your WELLTH Fund can be used for appropriate screening and prevention healthcare services up to your WELLTH Fund limit. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.



General health

You have access to primary healthcare screening which include services for visual, hearing, dental and skin conditions. You also have access to one GP screening consultation.



Physical health

You have access to physical wellbeing screening at a dietician, chiropractor, biokineticist and/or physiotherapist.



Mental health

You have access to a mental wellness check-up to support mental wellbeing.



Women and men's health

You have access to a range of women and men's screening and prevention healthcare services. These include for example a:

- Gynaecological, prostate and/or heart consultation with your doctor
- Bone density check



Children's health

You have access to a children wellness visit which include growth and developmental milestones assessments with a occupational therapist, speech therapist and/or physiotherapist.



Medical monitoring devices

You have access to certain medical monitoring devices which helps measure for example blood pressure, cholesterol, blood sugar and respiratory.

How to get access

The the WELLTH Fund is available for two benefit years once all beneficiaries over the age of two completes their age-appropriate health check at a provider in our Wellness Network. For new joiners, the benefit is available in the year of joining and the year thereafter. For more on the health check, refer to page 8.

What limits apply

The benefit is available once per beneficiary per lifetime. Qualifying healthcare services are covered up to a maximum of the Discovery Health Rate (DHR), subject to the overall benefit limit.

Your WELLTH Fund limit is dependant on the size and make up of your family on your policy:

- R2,500 per adult dependant
- R1,250 per child dependant two years and older
- Up to a maximum of R10,000 per family

The WELLTH Fund is available to all registered beneficiaries on the membership. The WELLTH Fund will not cover screening and prevention healthcare services already covered by other defined benefits.

World Health Organisation (WHO) Global Outbreak Benefit

The WHO Global Outbreak Benefit is available to all members during a declared outbreak period. The benefit provides cover for the administration of vaccinations (where applicable) as well as a defined basket of care for out-of-hospital healthcare services related to outbreak diseases such as COVID-19 and monkeypox.

Cover is subject to clinical entry criteria and paid up to the maximum of the Discovery Health Rate (DHR).

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How you are covered for COVID-19

The basket of care includes:



The administration of the COVID-19 vaccines in accordance with the National Department of Health COVID-19 guidelines. All South Africans have access to the COVID-19 vaccines which are provided by the National Department of Health to public sector facilities and private service providers free of charge.



Screening consultations with a network GP (either virtual consultations, telephone or face-to-face).



COVID-19 PCR and Rapid Antigen screening tests if referred by an appropriate healthcare professional.



A defined basket of pathology tests for COVID-19 positive members.



A defined basket of x-rays and scans for COVID-19 positive members.



Supportive treatment, including medicine and a home monitoring device to track oxygen saturation levels for at-risk members who meet the clinical entry criteria.

You also have cover for:



In-hospital treatment related to COVID-19 for approved admissions is covered from the Hospital Benefit based on your chosen health plan and in accordance with Prescribed Minimum Benefits (PMB), where applicable.



Access to the Long COVID Recovery Programme: a six-month support programme for members with COVID-19 symptoms that persist beyond 21 days of diagnosis of acute COVID-19. The

programme includes up to two specialist and GP consultations, a defined basket of pathology tests, allied healthcare professional support, a home monitoring device and a defined basket of x-rays and scans, in accordance with the Scheme's clinical entry criteria and treatment guidelines.

SCREENING AND PREVENTION

Know your risk

You can understand your risk status at any point by completing the COVID-19 risk assessment. The assessment is a set of questions which determines if you may be presenting with symptoms suggestive of COVID-19 disease or may have been exposed to COVID-19 infection and need a consultation with a doctor. The assessment is available on the Discovery website or app or by calling us and following the prompts to complete the COVID-19 risk assessment.

How you are covered when diagnosed with monkeypox

The basket of care for confirmed cases includes:

- A diagnostic PCR screening test
- Two consultations with a dermatologist or GP
- Supportive medicine formulary for pain management.

Connected Care

Access quality healthcare from home

Discovery Health Medical Scheme gives you access to health and wellness services from the comfort of your home. Connected Care is an integrated healthcare ecosystem of benefits, services and connected digital capabilities to help you manage your health and wellness.



Health monitoring devices

Access to the latest medical examination and remote monitoring and point-of-care devices to enable quality care from home.



Medicine ordering and tracking

Order and track your medicine delivery from dispensary to your door.



Electronic prescriptions

Seamless e-scripting to give you quicker access to your medicine.



Online coaches

Personalised coaching consultations to help you better manage your chronic and acute conditions, including COVID-19, from home.



Home nurses

Hospital-related care with home nurses to care for you at home.

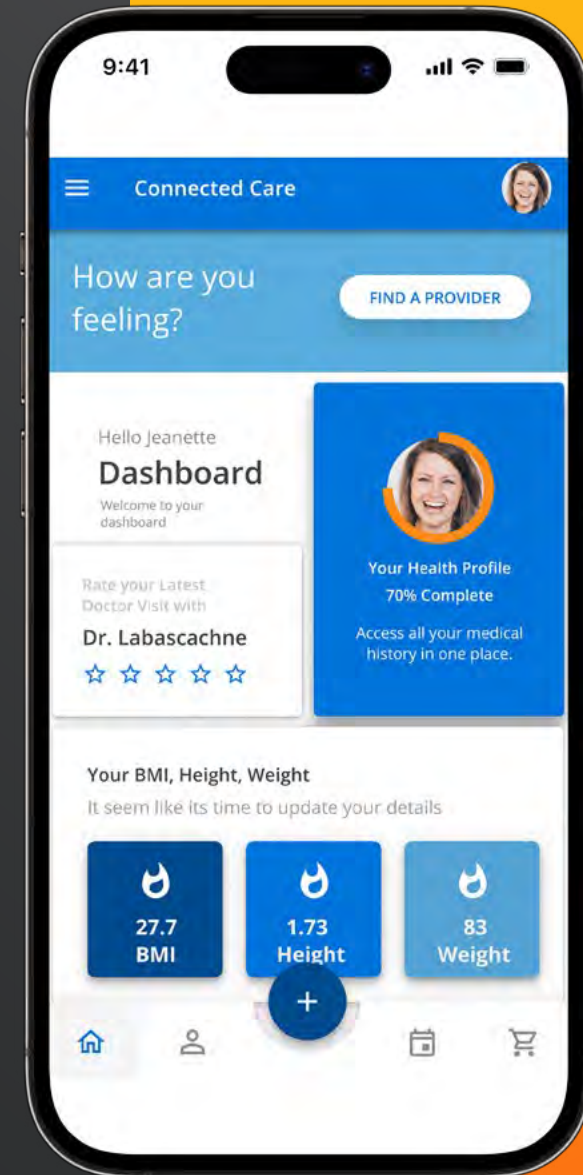


Condition-specific information

Educational content specific to your condition, at your fingertips.



Visit www.discovery.co.za to view the detailed Connected Care Benefit guide.



CONNECTED
CARE

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Your access to **Connected Care**

Access to quality care from home

Through advanced digital technology and smart health and point-of-care devices, Connected Care enables you and your doctor to access and deliver healthcare whenever you need it from the comfort of your home.



Connected Care for members at home

You can connect to doctors through virtual consultations like never before, from the comfort of your home.

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.



Connected Care for members with chronic conditions

You and your doctor can manage your chronic condition through Connected Care in the comfort of your home. You have access to a range of digital services linked to smart remote monitoring and point-of-care devices and personalised coaching consultations, for qualifying members, to help you track and manage your chronic condition from home.

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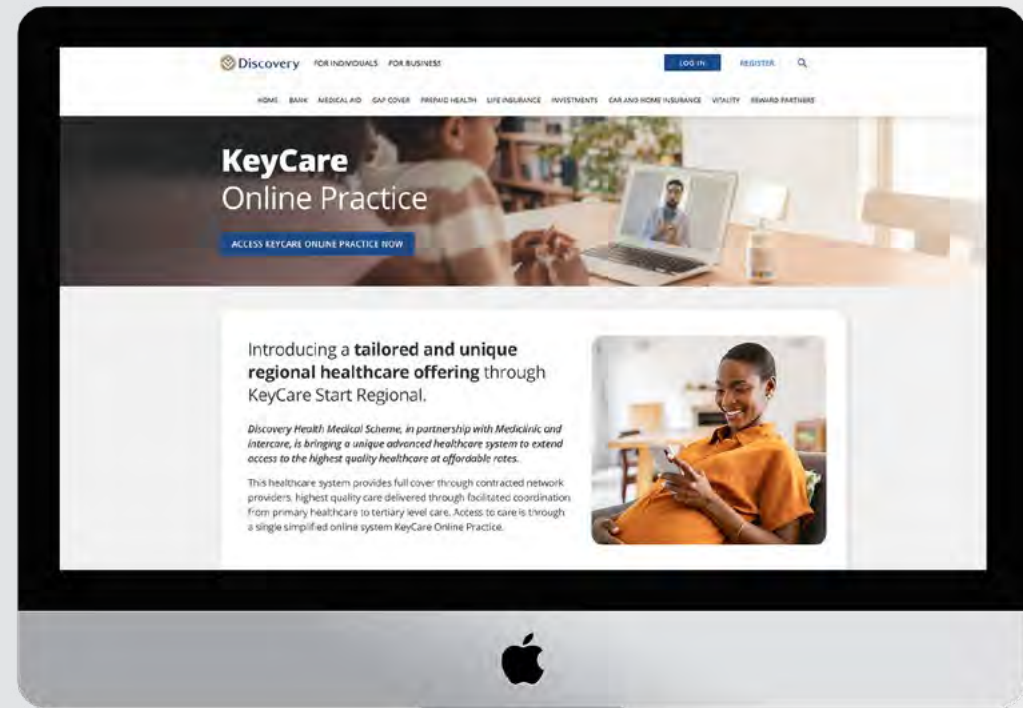
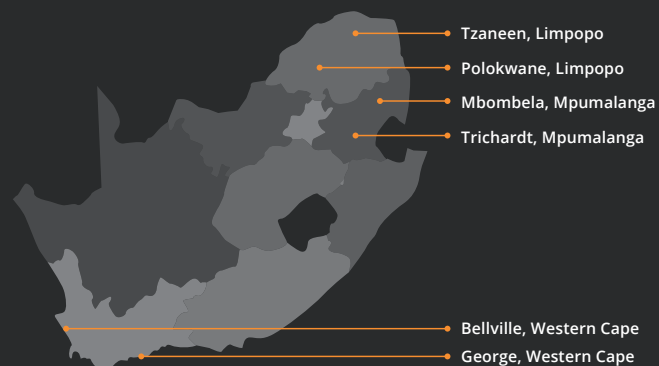
**CONNECTED
CARE**

KeyCare Online Practice

Your access to healthcare on KeyCare Start Regional

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

KEYCARE START REGIONAL IS AVAILABLE FOR THESE SPECIFIC LOCATIONS



CONNECTED
CARE



**GP
consultations**



**Blood
tests**



Medicine



**Specialist
referrals**



**Basic
x-rays**



**In-hospital
treatment**

Hospital at Home with Discovery

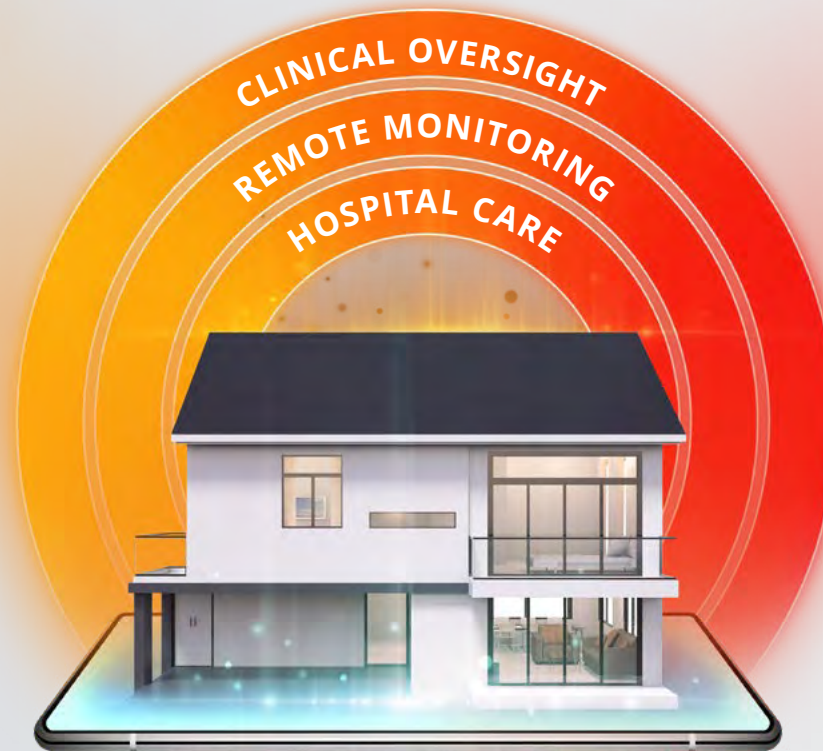
Delivering hospital-level care safely and effectively in your home for many medical and surgical conditions for which you would otherwise be admitted to hospital.

If you are admitted to Hospital at Home you have access to enhanced benefits and services, delivered through your personalised care team. Together, these benefits and services give you a seamless healthcare experience, making you healthier, and enhancing and protecting lives. We pay all services offered as part of Discovery's Hospital at Home programme from your Hospital Benefit, if you have a valid pre-authorisation for hospitalisation. This unlocks cover for approved devices and healthcare services for those who meet the clinical and benefit criteria.



Visit www.discovery.co.za to view the detailed Connected Care Benefit guide.

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CONNECTED
CARE

24/7 Clinical oversight from a care team

Physical and virtual 24-hour care delivery facilitated by a dedicated care team that includes doctors, nurses and allied healthcare professionals. Qualifying members get access to extra Hospital at Home services for a seamless home care delivery experience.

24/7 Real-time remote monitoring supported by cutting-edge digital healthcare technologies

Access to a remote monitoring device that automatically transmits information to a hospital-based care team, 24 hours a day, seven days a week. Healthcare professionals continually assess your health status, monitor your medical stability, track treatment compliance and recommend interventions when necessary.

Hospital-level diagnostics and interventions

Access to an improved range of clinical diagnostic procedures and interventions to manage medical or post-surgical hospital-level care in the home. It is supported by extra benefits paid by the Scheme to improve your experience.

Connected Care for **Acute Care at Home**

This includes cover and treatment for COVID-19 and/or follow-up care once discharged. You also have access to the Home Monitoring Device Benefit.



Home Monitoring Device Benefit for essential home monitoring

If you meet the Scheme's clinical entry criteria, you have healthcare cover up to a limit of R4,250 per person per year, at 100% of the Discovery Health Rate (DHR), for the monitoring of defined conditions such as chronic obstructive pulmonary disease, congestive cardiac failure, diabetes, pneumonia and COVID-19.



Cover for Home care

Discovery Home Care is a service that offers you quality care in the comfort of your own home when recommended by your doctor as an alternative to a hospital stay. Services include postnatal care, end-of-life care, IV infusions (drips) and wound care. These services are paid from the Hospital Benefit, subject to approval. Discovery Home Care is the designated service provider (DSP) for administration of defined intravenous infusions. Avoid a 20% co-payment by using Discovery Home Care for these infusions.



Home-based care for follow-up treatment after an admission

Clinically appropriate conditions such as chronic obstructive pulmonary disease, chronic cardiac failure, ischaemic heart disease and pneumonia have access to enhanced home-based care once discharged from hospital. If you meet the clinical entry criteria you have cover for bedside medicine reconciliation prior to admission discharge, a follow-up consultation with a GP or specialist, and a defined basket of supportive care at home that includes a face-to-face consultation and virtual consultations with a Discovery Home Care nurse.












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CONNECTED
CARE

Day-to-day benefits

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

Day-to-day cover	What we pay
 GP visits	You have unlimited cover for medically appropriate GP consultations. When joining, you must choose a GP from the KeyCare, KeyCare Start or KeyCare Start Regional GP Network, depending on the plan you choose. You must go to your chosen GP for us to cover your consultations, including some minor procedures. Preauthorisation is required after your 15th GP visit. On KeyCare Start Regional, GP consultations are covered when referred through the KeyCare Online Practice.
 Blood, urine and other fluid and tissue tests	We pay for a list of blood, urine and other fluid and tissue tests from a network GP. Your chosen network GP must ask for these tests by filling in a KeyCare pathology form. Claims are covered up to 100% of the Discovery Health Rate (DHR).
 Day-to-day medicine	We pay for medicine from our medicine list up to 100% of the Discovery Health Rate (DHR) if they are prescribed and/or dispensed by your chosen Network GP depending on the plan you choose.
 Basic x-rays	We pay for a list of basic x-rays at a network provider. Your chosen network GP must ask for the x-rays to be done.
 Out-of-network GP visits	On KeyCare Plus, if you need to see a doctor and your chosen GP is not available, each person on your plan can go to any GP for an out-of-network visit. On KeyCare Start you can go to any KeyCare Network GP for an out-of-network visit. On KeyCare Start Regional you can go to any GP in the KeyCare Start GP Network for an out-of-network visit. Out-of-network GP visits are limited to four visits per person on KeyCare Plus and two per person on KeyCare Start and KeyCare Start Regional each year, covered up to the Discovery Health Rate (DHR). We will cover the GP visit, selected blood tests and X-rays, and medicine on our medicine list.
 Eye care	We cover one eye test per person every two years, but you must go to an optometrist in the KeyCare Optometry Network. The optometrist will have a specific range of glasses which you can choose from. You can get a set of contact lenses instead of glasses if you choose to. You can get new glasses or contact lenses every 24 months.
 Dentistry	We cover consultations, fillings and tooth removals at a dentist in our dentist network. Certain rules and limits may apply.
 Casualty visits	On KeyCare Plus you have cover for one casualty visit per person per year at any casualty unit at a hospital in the KeyCare network. You must pay the first R450. You need to get preauthorisation for a casualty visit. On KeyCare Start you can go to your chosen KeyCare Start GP or network provider for after-hours care. On KeyCare Start Regional you can go to your chosen KeyCare Start Regional GP or the KeyCare Online Practice for after-hours care.
 Medical equipment	On KeyCare Plus, we cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg calipers, crutches and walkers on the medical equipment list, if you get them from a network provider. There is an overall limit of R5,400 per family per year. Not covered on the KeyCare Start or KeyCare Start Regional plans.
 Specialist Benefit	Specialist cover up to R5,000 on KeyCare Plus and KeyCare Core, and up to two visits up to R2,500 on KeyCare Start and KeyCare Start Regional per person per year. Your chosen network GP must refer you to a specialist and you need a reference number from us before your consultation with the specialist. On KeyCare Plus, if you need to see a maxillo-facial surgeon, periodontist, ophthalmologist or a specialist for maternity care, you do not need a referral from your GP or a reference number from us. Out-of-hospital MRI and CT scans are paid up to the Specialist Benefit limit. Claims are covered from the Specialist Benefit at the agreed rate or up to 100% of the Discovery Health Rate (DHR) for specialists we don't have a payment arrangement with.
 Other types of healthcare	We do not cover other types of healthcare professionals, such as physiotherapists, psychologists, speech therapists, audiologists, homeopaths or chiropractors.

You have cover for **maternity and early childhood**

You get cover for healthcare services related to your pregnancy and treatment for the first two years of your baby's life. This applies from the date of activation of the benefit for each pregnancy and for each child from birth until they are two years old.



During pregnancy

Antenatal consultations

We pay for up to eight consultations with your gynaecologist, chosen network GP or midwife.

Ultrasound scans and screenings during pregnancy

You are covered for up to two 2D ultrasound scans or one 2D ultrasound scan and one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans. You are also covered for one chromosome test or Non-Invasive Prenatal Test (NIPT), if you meet the clinical entry criteria.

Flu vaccinations

We pay for one flu vaccination during your pregnancy.

Blood tests

We pay for a defined list of blood tests to confirm your pregnancy.

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



After you give birth

GP and specialists to help you after birth

Your baby under the age of two years is covered for two visits to a GP, paediatrician or an ear, nose and throat specialist.

Other healthcare services

You also have access to postnatal care, which includes a postnatal consultation for complications post delivery a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

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



Pre- and postnatal care

We pay for a maximum of five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth. We pay for one breastfeeding consultation with a registered nurse or a breastfeeding specialist.

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

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

How to get the benefit

You can activate the benefit in any of these ways:

- Create your pregnancy or baby profile on the Discovery app or on our website at www.discovery.co.za
- When you pre-authorise your delivery or you register your baby as a dependant on the Scheme

MATERNITY
BENEFITS

Chronic benefits

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

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

What is this benefit

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

What we cover

Prescribed Minimum Benefit (PMB) conditions

You have access to treatment for a list of medical conditions under the Prescribed Minimum Benefits (PMBs). The PMBs cover the 27 chronic conditions on the Chronic Disease List (CDL).

Our plans offer benefits that are richer than PMBs. To access PMBs, certain rules apply.

How we pay for medicine

We pay for medicine up to a maximum of the Discovery Health Rate (DHR). The DHR for medicine is the price of the medicine and the fee for dispensing it. For medicine not on our list, we cover you up to the cost of the lowest equivalent formulary listed drug.

Where to get your consultations and medicine

You must nominate a GP in the KeyCare Network to be your primary care doctor to manage your chronic conditions. To find a doctor and learn more about the nomination process, use www.discovery.co.za, or the Discovery app. For more information on our Care Programmes and enrolment by your KeyCare Premier Plus Network GP please refer to page 21.

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

On KeyCare Start, you must use a state facility.

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

How to get the benefit

You must apply for the Chronic Illness Benefit (CIB). Your chosen network GP must complete the form online or send it to us for approval.

Visit www.discovery.co.za to view the detailed Chronic Illness Benefit (CIB) guide.

CHRONIC
CONDITIONS AND
PROGRAMMES



Chronic benefits

Chronic Disease List (CDL) conditions

Chronic conditions covered on all plans

- A** Addison's disease, asthma
- B** Bipolar mood disorder, bronchiectasis
- C** Cardiac failure, cardiomyopathy, chronic obstructive pulmonary disease, chronic renal disease, coronary artery disease, Crohn's disease
- D** Diabetes insipidus, diabetes Type 1, diabetes Type 2, dysrhythmia
- E** Epilepsy
- G** Glaucoma
- H** Haemophilia, HIV, hyperlipidaemia, hypertension, hypothyroidism
- M** Multiple sclerosis
- P** Parkinson's disease
- R** Rheumatoid arthritis
- S** Schizophrenia, systemic lupus erythematosus
- U** Ulcerative colitis

If you need chronic dialysis

We cover these expenses in full if we have approved your treatment plan and you use a provider in our network. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR).

Member care programme

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

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

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

Medicine tracker

You can set up reminders and prompts to assist you with taking your medicine on time and as prescribed. Your approved chronic medicine will automatically be displayed, and you will then be prompted to take your medicine and confirm when each dose is taken.

Medicine tracker is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

CHRONIC
CONDITIONS AND
PROGRAMMES

Care Programmes

Condition-specific care programmes for diabetes, mental health, HIV and heart conditions

We cover preventative and condition-specific care programmes that help you to manage diabetes, mental health, HIV or heart-related medical conditions. You have to be registered on these condition-specific care programmes to unlock additional benefits and services. You and your Premier Plus GP can track progress on a personalised dashboard to identify the next steps to optimally manage your condition and stay healthy over time. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.



CHRONIC
CONDITIONS AND
PROGRAMMES



Disease Prevention Programme

If you are identified to be at risk of cardio-metabolic risk syndrome, your KeyCare Premier Plus GP can enrol you on the Disease Prevention Programme. Your GP, dietitian and health coach will help coordinate your care. Enrolled members have access to a defined basket of care which includes cover for consultations, certain pathology tests and medicine, where appropriate. You will also have access to health coaching sessions to help you with the day-to-day management of your condition.



Diabetes Care Programme

If you are registered on the Chronic Illness Benefit (CIB) for diabetes, your KeyCare Premier Plus GP can enrol you on the Diabetes Care Programme. The programme unlocks cover for additional glucometer strips and consultations with dietitians and biokineticists. You may also have access to a nurse educator to help you with the day-to-day management of your condition.



Cardio Care Programme

If you are registered on the Chronic Illness Benefit (CIB) for hypertension, hyperlipidaemia or ischaemic heart disease, you have access to a defined basket of care and an annual cardiovascular assessment, if referred by your KeyCare Premier Plus GP and enrolled on the Cardio Care Programme.



Mental Health Care Programme

Once enrolled on the programme by your network psychologist or KeyCare Premier Plus GP, you have access to defined cover for the management of major depression. Enrolment on the programme unlocks cover for prescribed medicine, access to either individual or group psychotherapy sessions (virtual and face-to-face therapy) and additional GP consultations to allow for effective evaluation, tracking and monitoring of treatment. Qualifying members will also have access to a relapse prevention programme, which includes additional cover for a defined basket of care for psychiatry consultations, counseling sessions and care coordination services.

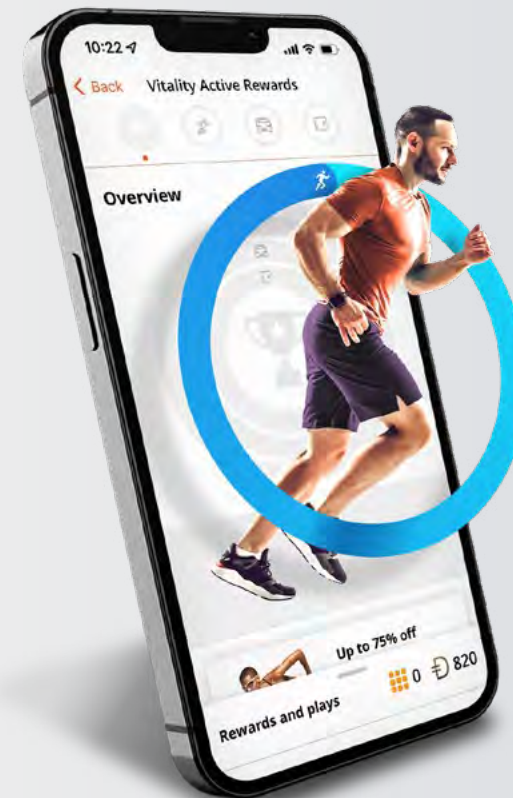



HIV Care Programme

If you are registered on the HIV programme by your KeyCare Premier Plus GP, you are covered for the care you need, which includes additional cover for social workers. You can be assured of confidentiality at all times. You need to get your medicine from a designated service provider (DSP) to avoid a 20% co-payment.

Track your Health

You can get personalised exercise goals that help you to manage your health. If you are at risk of developing or you are diagnosed with cardiovascular disease or diabetes, we will give you goals tailored to your circumstances. You can track your progress on the Discovery app and we will reward you for meeting your exercise goals.

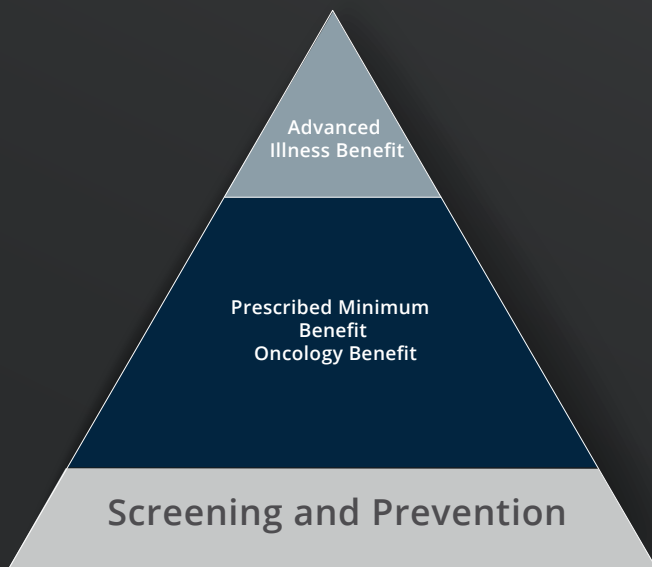


 Click on Track your Health on the Discovery app to activate the programme

Track your health and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

You have comprehensive cover for cancer

You have access to comprehensive cover for cancer treatment.



Prescribed Minimum Benefits (PMB)

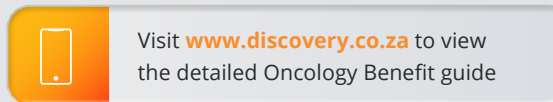
Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full. On the KeyCare plans we cover cancer treatment in our network, or in a state facility if you are on KeyCare Start or KeyCare Start Regional. If you choose to use any other provider, we will only cover up to 80% of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

Oncology Benefit

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

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

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



How we cover medicine

You need to get your approved oncology medicine on our medicine list from a designated service provider (DSP) to avoid a 20% co-payment. Speak to your treating doctor to confirm that they are using our DSPs for your medicine and treatment received in rooms or at a treatment facility.

Advanced Illness Benefit

Members have access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home, care coordination, counselling services and supportive care for appropriate end-of-life clinical and psychologist services. You also have access to a GP consultation to facilitate your palliative care treatment plan.

COVER FOR
CANCER

Find a healthcare provider and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

Hospital Benefit

If you need to be admitted to hospital

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

If you have to go to hospital, we will pay your hospital expenses. There is no overall hospital limit for the year on any of the plans. However, there are limits to how much you can claim for some treatments.

Contact us in good time before you have to go to hospital. We will let you know what you are covered for. If you do not contact us before you go, we might not pay the costs.



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

What is the benefit?

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

What we cover

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

You have cover for planned admissions in our KeyCare hospital networks.

How to get the benefit

Get your confirmation first

Contact us to confirm your hospital stay before you are admitted (this is known as pre - authorisation).

Where to go

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

What we pay

We pay for planned hospital stays from your Hospital Benefit. We pay for services related to your hospital stay, including all healthcare professionals, services and medicine authorised by the Scheme for your hospital stay. If you use doctors, specialists and other healthcare professionals that we have an agreement with, we will pay for these services in full. We pay up to the Discovery Health Rate (DHR) for other healthcare professionals.

You can avoid co-payments by:

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

HOSPITAL COVER
AND ANNUAL
LIMITS

Find a healthcare provider and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

Hospital cover

The KeyCare plans offer unlimited hospital cover

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

	PLUS	CORE	START	START REGIONAL
Full Cover Hospital Network	We pay up to the Discovery Health Rate (DHR) (100%).		Covered in full at your chosen KeyCare Start Network Hospital.	Covered in full at your chosen KeyCare Start Regional Network Hospital.
	You can use any approved hospital in the KeyCare Network.		You need to go to your chosen KeyCare Start Network Hospital. If you do not use your chosen hospital in the networks, you will have to pay all the costs. This does not apply in an emergency.	You need to go to your chosen KeyCare Start Regional Network hospital. If you do not use your KeyCare Start Regional Network hospital, you will have to pay all the costs. This does not apply in an emergency.
Partial Cover Hospital Network	We pay up to 70% of the hospital account and you must pay the balance of the account. If the admission is a Prescribed Minimum Benefit, we will pay 80% of the Discovery Health Rate (DHR).		No cover for non-emergency admissions.	
Defined list of procedures in a Day Surgery Network	Covered in the KeyCare Day Surgery Network.		Covered in the KeyCare Start Day Surgery Network.	Covered in the KeyCare Start Regional Day Surgery Network.
Defined list of procedures performed in specialist rooms	Up to the agreed rate where authorised by the Scheme.			
Non-network hospitals	We will not pay the hospital and related accounts if you are admitted to a non-network hospital for a planned procedure. If the admission is a Prescribed Minimum Benefit (PMB), we will pay 80% of the Discovery Health Rate (DHR).			
Specialists and healthcare professionals in our network	Full cover.		Full cover at a contracted provider in your KeyCare Start Network Hospital.	Full cover at a contracted provider in your KeyCare Start Regional Network Hospital.
Specialists and healthcare professionals not in our network	The Discovery Health Rate (DHR). If they charge more, you must pay the balance of the account.		We will pay the Discovery Health Rate (DHR) for providers at your KeyCare Start and KeyCare Start Regional hospital who we do not have a payment arrangement with, you must pay the balance of the account.	
X-rays and blood tests (radiology and pathology accounts)	Up to the Discovery Health Rate (DHR).			
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	Prescribed Minimum Benefit (PMB) cover in the KeyCare Day Surgery Network. Authorised scopes done in the doctor's rooms will be covered from your Hospital Benefit.		Prescribed Minimum Benefit (PMB) cover in the KeyCare Start Day Surgery Network. Authorised scopes done in the doctor's rooms will be covered from your Hospital Benefit.	Prescribed Minimum Benefit (PMB) cover in the KeyCare Start Regional Day Surgery Network. Authorised scopes done in the doctor's rooms will be covered from your Hospital Benefit.
Alcohol and drug rehabilitation	We pay for 21 days of rehabilitation per person per year. Three days per approved admission per person for detoxification.			
Mental health	21 days for admissions or up to 15 out-of-hospital consultations per person for major affective disorders, anorexia and bulimia, and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma. Three days per approved admission for attempted suicide. 21 days for other mental health admissions. All mental health admissions are covered in full at a network facility. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR) for the hospital account.			

HOSPITAL COVER
AND ANNUAL
LIMITS



Cover for procedures in the Day Surgery Network

We cover specific procedures that can be done in the Day Surgery Network.

About the benefit

We cover certain planned procedures in a day surgery facility. A day surgery may be inside a hospital, in a day clinic or at a standalone facility and the network depends on the plan you choose.

How to get the benefit

View the list of day surgery procedures on the next page. You must contact us to get confirmation of your procedure (called pre-authorisation).

What we pay

We pay these services from your Hospital Benefit. We pay for services related to your hospital stay, including all healthcare professionals, services and medicine authorised by the Scheme.

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full.

When you need to pay

If you go to a facility that is not in your plan's Day Surgery Network, you will have to pay the full account.



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

DAY SURGERY

Find a healthcare provider and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

List of procedures covered in the Day Surgery Network

The following is a list of procedures to be performed in our Day Surgery Network.

B

Biopsies

- Skin, subcutaneous tissue, soft tissue, muscle, bone, lymph, eye, mouth, throat, breast, cervix, vulva, prostate, penis, testes

Breast procedures

- Mastectomy for gynaecomastia
- Lumpectomy (fibroadenoma)

E

Ear, nose and throat procedures

- Tonsillectomy and/or adenoidectomy
- Repair nasal turbinates, nasal septum
- Simple procedures for nose bleed (extensive cautery)
- Sinus lavage
- Scopes (nasal endoscopy, laryngoscopy)
- middle ear procedures (mastoidectomy, myringoplasty, grommets)

Eye procedures

- Cataract surgery
- Corneal transplant
- Treatment of glaucoma
- Other eye procedures (removal of foreign body, conjunctival surgery (repair laceration, pterygium), glaucoma surgery, probing & repair of tear ducts, vitrectomy, retinal surgery, eyelid surgery, strabismus repair)

G

Ganglionectomy

Gastrointestinal

- Gastrointestinal scopes (oesophagoscopy, gastroscopy,

colonoscopy, sigmoidoscopy, proctoscopy, anoscopy)

- Anorectal procedures (treatment of haemorrhoids, fissure, fistula)

Gynaecological procedures

- Diagnostic Dilatation and Curettage
- Endometrial ablation
- Diagnostic Hysteroscopy
- Colposcopy with LLETZ
- Examination under anaesthesia
- Diagnostic laparoscopy
- Simple vulval and introitus procedures: Simple hymenotomy, partial hymenectomy, simple vulvectomy, excision of Bartholin's gland cyst
- Vaginal, cervix and oviduct procedures: Excision vaginal septum, cyst or tumour, tubal ligation or occlusion, uterine cervix cerclage, removal cerclage suture
- Suction curettage
- Uterine evacuation and curettage

O

Orthopaedic procedures

- Arthroscopy, arthrotomy (shoulder, elbow, knee, ankle, hand, wrist, foot, temporomandibular joint), arthrodesis (hand, wrist, foot)
- Minor joint arthroplasty (intercarpal, carpometacarpal and metacarpophalangeal, interphalangeal joint arthroplasty)
- Tendon and/or ligament repair, muscle debridement, fascia procedures (tenotomy, tenodesis, tenolysis, repair/reconstruction, capsulotomy, capsulectomy, synovectomy, excision tendon sheath lesion, fasciotomy, fasciectomy). Subject to individual case review

- Repair bunion or toe deformity
- Treatment of simple closed fractures and/or dislocations, removal of pins and plates. Subject to individual case review

N

Nerve procedures

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

R

Removal of foreign body

- Subcutaneous tissue, muscle, external auditory canal under general anaesthesia

S

Simple superficial lymphadenectomy

Skin procedures

- Debridement
- Removal of lesions (dependent on site and diameter)
- Simple repair of superficial wounds

Simple Hernia Procedures

- Umbilical hernia repair
- Inguinal hernia repair

U

Urological

- Cystoscopy
- Male genital procedures (circumcision, repair of penis, exploration of testes and scrotum, orchietomy, epididymectomy, excision hydrocoele, excision varicocele, vasectomy)

Extra benefits on your plan

You get the following extra benefits to enrich your cover.



International second opinion services

Through your specialist, you have access to second opinion services from Cleveland Clinic for life-threatening and life-changing conditions. We cover 75% for the cost of the second opinion service.



Claims related to traumatic events

The Trauma Recovery Extender Benefit extends your cover for out-of-hospital claims related to certain traumatic events. Claims are paid from the Trauma Recovery Extender Benefit for the rest of the year in which the trauma occurred, as well as the year after the event occurred. You and your dependants on your health plan have access to six counselling sessions per person per year by a psychologist, clinical social worker or registered counsellor, for the year in which the trauma event occurred and the year after. You need to apply for this benefit.



In rooms procedures

You have cover for a defined list of procedures performed in specialist rooms. Cover is up to the agreed rate, where authorised by the Scheme, from your Hospital Benefit.



Advanced Illness Benefit

Members have access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home, care coordination, counselling services and supportive care for appropriate end-of-life clinical and psychologist services. You also have access to a GP consultation to facilitate your palliative care treatment plan.



EXTRA BENEFITS

The Clinic by Cleveland Clinic online medical second opinion programme is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

Your contributions

	MAIN MEMBER	ADULT	CHILD*
KEYCARE PLUS			
15,251+	R3,023	R3,023	R809
9,451 – 15,250	R2,047	R2,047	R577
0 – 9,450	R1,489	R1,489	R542
KEYCARE CORE			
15,251+	R2,232	R2,232	R507
9,451 – 15,250	R1,459	R1,459	R362
0 – 9,450	R1,170	R1,170	R306
KEYCARE START			
15,251+	R2,954	R2,954	R803
10,101 – 15,250	R1,897	R1,897	R743
0 – 10,100	R1,127	R1,127	R687
KEYCARE START REGIONAL			
15,251+	R2,363	R2,363	R723
10,101 – 15,250	R1,516	R1,516	R669
0 – 10,100	R1,003	R1,003	R604

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

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



CONTRIBUTIONS

Exclusions

Healthcare services that are not covered on your plan

Discovery Health Medical Scheme has certain exclusions. We do not pay for healthcare services related to the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits (PMBs). For a full list of exclusions, please visit www.discovery.co.za.

Medical conditions during a waiting period

If we apply waiting periods because you have never belonged to a medical scheme or you have had a break in membership of more than 90 days before joining Discovery Health Medical Scheme, you will not have access to the Prescribed Minimum Benefits (PMB) during your waiting periods. This includes cover for emergency admissions. If you had a break in cover of less than 90 days before joining Discovery Health Medical Scheme, you may have access to Prescribed Minimum Benefits (PMBs) during waiting periods.

The general exclusion list includes:

- Reconstructive treatment and surgery, including cosmetic procedures and treatments
- Otoplasty for bat ears, port-wine stains and blepharoplasty (eyelid surgery)
- Breast reductions or enlargements and gynaecomastia
- Obesity
- Infertility
- Frail care
- Alcohol, drug or solvent abuse
- Wilful and material violation of the law
- Wilful participation in war, terrorist activity, riot, civil commotion, rebellion or uprising
- Injuries sustained or healthcare services arising during travel to or in a country and/or territory at war
- Ultra-high cost treatments, experimental, unproven or unregistered treatments or practices
- Search and rescue.

We also do not cover the complications or the direct or indirect expenses that arise from any of the exclusions listed above, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits (PMBs).

Extra exclusions specific to KeyCare plans

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

01 | Hospital admissions related to, among others:

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

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

03 | Removal of varicose veins

04 | Refractive eye surgery

05 | Non-cancerous breast conditions

06 | Healthcare services outside South Africa.



Exclusive access to **value-added offers**

Our members have exclusive access to value-added offers outside of the Discovery Health Medical Scheme benefits and Rules. Go to www.discovery.co.za to access these value-added offers.

Savings on personal and family care items

You can sign up for Healthy Care to get savings on a vast range of personal and family care products at any Clicks or Dis-Chem. Healthy Care items include a list of baby care, dental care, eye care, foot care, sun care and hand care products, as well as first aid and emergency items and over-the-counter medicine.

Frames and lenses

You get a 20% discount for frames and lenses at an optometrist in your plan's network of optometrists. You will receive the discount immediately when you pay.

Savings on stem cell banking

You get access to an exclusive offer with Netcells that gives expectant parents the opportunity to cryogenically store their newborn baby's umbilical cord blood and tissue stem cells for potential future medical use, at a discounted rate.

Access to Vitality to get healthier

You have the opportunity to join the world's leading science-based wellness programme, Vitality, which rewards you for getting healthier. Not only is a healthy lifestyle more enjoyable, it is clinically proven that Vitality members live healthier, longer lives.

Access support from online patient communities

Discovery Health has partnered with myHealthTeam, a global leader in facilitating highly effective online patient communities. This gives members living with diabetes and heart disease and those impacted by long COVID access to a digital community of patients living with the same illness to help them manage their condition.

Vitality is not part of Discovery Health Medical Scheme. Vitality is a separate wellness product, sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply. Healthy Care is brought to you by Discovery Vitality (Pty) Ltd, registration number 1997/007736/07, an authorised financial services provider. Netcells and myHealthteam are brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

If you have a **complaint**

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints.

What to do if you have a complaint:

01 | To take your query further

If you have already contacted Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations.

02 | To contact the Principal Officer

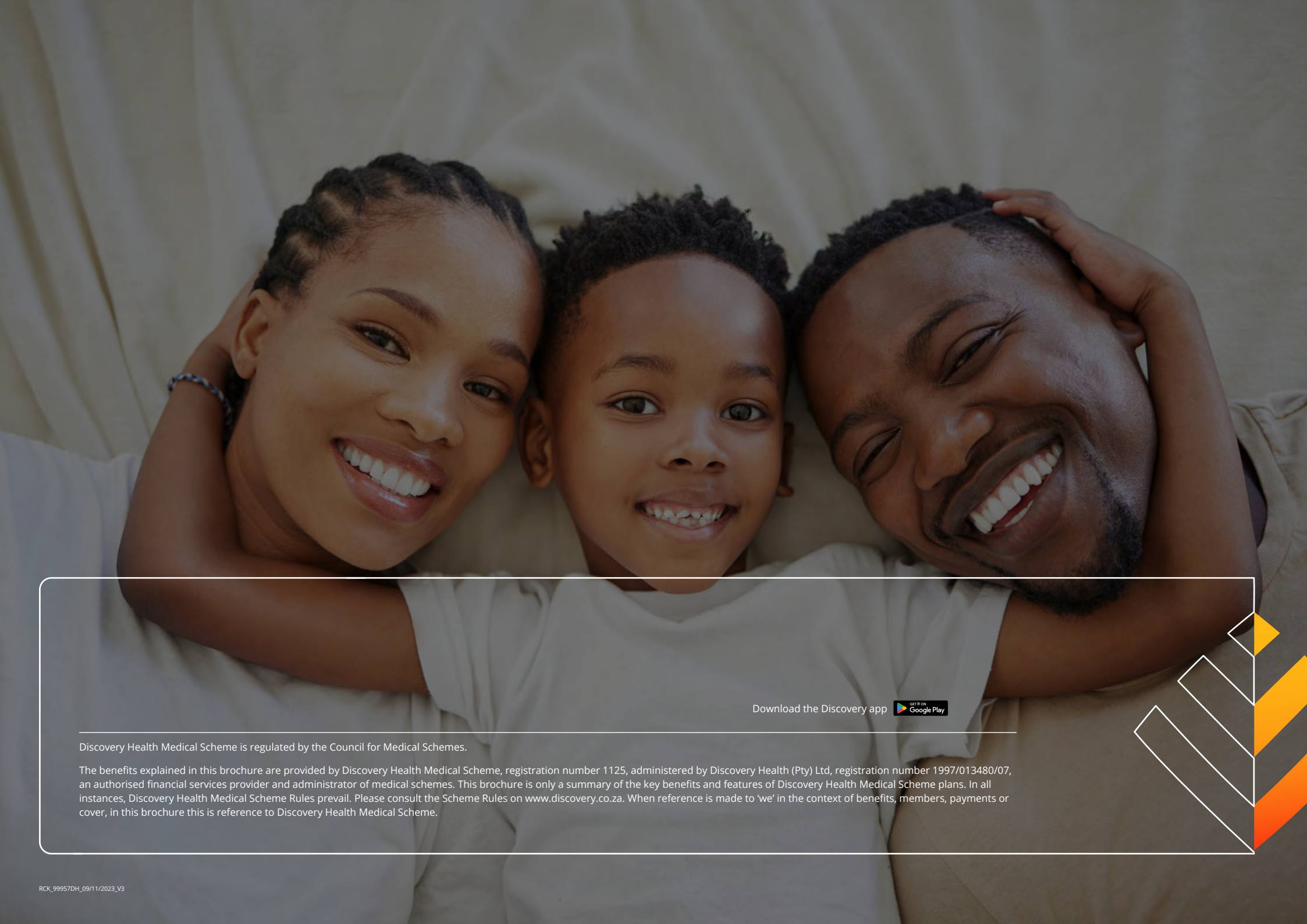
If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by emailing principalofficer@discovery.co.za.


03 | To lodge a dispute

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on www.discovery.co.za.

04 | To contact the Council for Medical Schemes

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council directly. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.co.za | 0861 123 267 | www.medicalschemes.co.za



Download the Discovery app 

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

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 prevail. Please consult the 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.