Discovery
Health Medical Scheme

2025

EXECUTIVE PLAN

Reimagining **your healthcare**

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 hospital
- How we cover you for the preventive screening, diagnosis and treatment of medical conditions
- Which benefits you need to apply for and if there are limits for certain benefits
- Your access to a truly personalised health journey through the Discovery Health app. This helps you navigate the healthcare system easily.

Contents

BACK TO CONTENTS

Key terms

This section explains some of the terms that you will find in this document.

01

A

Above Threshold Benefit (ATB)

Once the day-to-day claims that you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit, at the Discovery Health Rate or a portion of it. The Executive Plan has an unlimited Above Threshold Benefit.

Additional Disease List (ADL)

Once approved on the Chronic Illness Benefit, we cover you for medicine for an additional list of life-threatening or degenerative conditions, as defined by us.

Annual Threshold

We set the Annual Threshold amount at the beginning of each year. The number and type of dependants (spouse, adult or child) on your plan will determine the amount.

The Annual Threshold is the amount that your claims must add up to before we pay your day-to-day claims from the Above Threshold Benefit.

C

Chronic Disease List (CDL)

This is a defined list of chronic conditions that we cover according to the Prescribed Minimum Benefits.

Chronic Drug Amount (CDA)

The Chronic Drug Amount is the monthly amount that we pay up to for a medicine class. This amount is subject to a member's plan type. This applies to chronic medicine that is not listed on the medicine list (formulary).

Chronic Illness Benefit (CIB)

The Chronic Illness Benefit covers medicine and treatment for a defined list of chronic conditions. You need to apply for the cover first.

Comprehensive cover

This cover exceeds the essential healthcare services and Prescribed Minimum Benefits that are prescribed by the Medical Schemes Act 131 of 1998. Comprehensive cover offers you extra cover and benefits to complement your basic cover. It gives you the flexibility to choose your healthcare options and service providers. Whether you choose full cover or options outside of full cover, we give you the freedom to decide what suits your needs. Our cover is in line with, or goes beyond, defined clinical best practices. This ensures that you receive treatment that is expected for your condition and that is clinically appropriate.

We may review these principles from time to time to stay current with changes in the healthcare landscape. While comprehensive, your cover remains subject to the Scheme's treatment guidelines, protocols and designated service providers. We still prioritise managed care to make sure you get the best outcomes for your health.

Co-payment

This is an amount that you have to pay towards a healthcare service. The amount can vary, depending on the type of healthcare service, the place of service and whether the amount that the service provider charges is higher than the rate that 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

Refers to the benefits that you can access on your health plan and how we pay for these healthcare services. The services may include consultations, medicine and hospital visits.

BACK TO CONTENTS

D

Day-to-day benefits

The day-to-day benefits are the available money allocated to the Medical Savings Account and cover from the Above Threshold Benefit.

Day-to-day Extender Benefit (DEB)

The Day-to-day Extender Benefit extends your day-to-day cover for essential healthcare services in our network. You can access the benefit if you have spent the yearly amount that is in your Medical Savings Account but have not yet reached your Annual Threshold.

Designated service provider (DSP)

This refers to a healthcare professional or provider (for example, a doctor, specialist, allied healthcare professional, pharmacy or hospital) who/that has agreed to provide Discovery Health Medical Scheme members with treatment or services at a contracted rate. To view the full list of designated service providers, visit **www.discovery.co.za,** or click on 'Find a healthcare provider' on the Discovery Health app.

Discovery Health Rate (DHR)

This is the rate that we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health care services.

Discovery Health Rate for medicine

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

Discovery HomeCare

Discovery HomeCare is an extra service that offers you quality care in the comfort of your home. You can use this for healthcare services like intravenous (IV) infusions (drips), wound care, postnatal care and advanced illness care.

E

Emergency medical condition

An emergency medical condition may be referred to, simply, as an emergency. It is the sudden and, at the time, unexpected onset of a health condition that requires immediate medical and surgical treatment. Failure to give this medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or it would place the person's life in serious jeopardy.

An emergency does not necessarily need you to be admitted to a hospital and you may be treated in casualty only. We may ask you for more information to confirm the emergency.

F

Find a healthcare provider

'Find a healthcare provider' is a medical provider search tool that is available on the Discovery Health app and website.

M

Medical Savings Account (MSA)

You have access to a Medical Savings Account at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution.

We pay your day-to-day medical expenses from the money allocated in your MSA. These day-to-day expenses are for general practitioner (GP) and specialist consultations, acute medicine, and radiology and pathology services, among others.

You can choose to have your claims paid from the MSA, either at the Discovery Health Rate or at cost. If you have unused money in the account, this will carry over to the next year. If you leave the Scheme or change your plan during the year and have used more of the MSA money than what you have contributed, you will need to pay the difference to us.

Medicine list (formulary)

This is a list of medicine that we cover in full. You can use the medicine to treat approved chronic conditions. This list is also known as a formulary.

P

Payment arrangements

The Scheme has payment arrangements with many healthcare professionals and providers. This helps us to cover you in full, with no shortfalls.

Personal Health Fund

The Personal Health Fund covers a comprehensive list of out-of-hospital healthcare services according to your individual health needs once you've activated Personal Health Pathways and completed your recommended next best action.

Personal Health Pathways

Personal Health Pathways is a personalised care programme that predicts and recommends the most important actions you can take to improve your health.

Preferred medicine

Preferred medicine includes specially priced generic and branded medicine.

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 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.

The Council for Medical Schemes has set the following rules for how to access Prescribed Minimum Benefits:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions.
- The treatment that you need must be provided for in the defined benefits.
- You must use designated service providers in our network. This does not apply in emergencies. Where appropriate and in line with 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 designated service provider, we will pay up to 80% of the Discovery Health Rate. 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.

Primary Care doctor

A Primary Care doctor helps you to take care of your general health. You are likely to have better health outcomes when you nominate one doctor to manage your health and coordinate your care. Your Primary Care doctor knows your complete medical history and takes the healthcare approach that is best for you.

R

Reference Price

The Reference Price is the set amount that we pay for a medicine category. This applies for medicine that is not listed on the medicine list (formulary).

Related accounts

'Related accounts' refers to any account that is separate from your hospital account but related to in-hospital care that you have received. This could include the accounts for your admitting doctor, anaesthetist, and any approved healthcare expenses, like radiology or pathology.

S

Shariah-compliant arrangement

This refers to an arrangement that allows you to have your health plan managed according to principles that comply with Shariah.

U

Upfront payments

This is the amount that you must pay upfront to a hospital or day clinic if you use a facility outside of the network and for specific treatments 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.

Key features

This section explains some of the key features available to you on the Executive plan.

Unlimited cover for hospital admissions

There is no overall limit for hospital cover on the Executive Plan.

Full cover for chronic medicine

For all Chronic Disease List conditions, we pay in full for chronic medicine on our formulary. Depending on the plan you choose you have access to an additional list of conditions (ADL) as well as the Specialised Medicine and Technology Benefit which covers specific new treatments and medicine.

Discovery Health app and virtual benefits

The Discovery Health app gives you access to a truly personalised health experience and lets you navigate the healthcare system easily. Access the Personal Health Pathways, receive the advice and healthcare support that you need, 24/7, through a set of innovative features.

Extensive cover for pregnancy

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

Personal Health Fund

NEW

The Personal Health Fund covers out-of-hospital healthcare services according to your individual health needs once you've activated Personal Health Pathways and completed your recommended next best action.

Full cover in hospital for related accounts

We guarantee full cover in hospital for specialists who we have a payment arrangement with. We pay up to 300% of the Discovery Health Rate for other healthcare professionals.

Screening and prevention

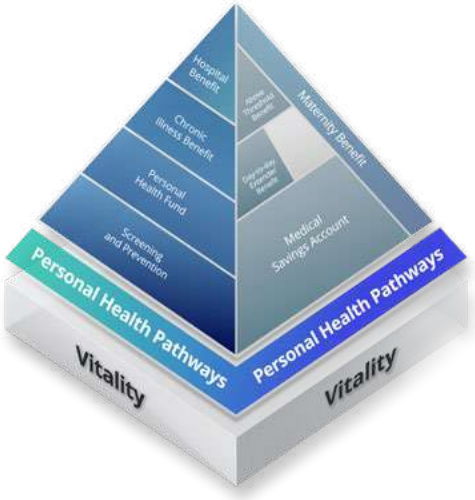
We provide a Screening and Prevention Benefit, which covers tests that are important for detecting early warning signs of serious illness.

Cover when travelling

We cover you for medical emergencies when you are travelling. We also give you access to specialised, advanced medical care when you are travelling in South Africa and abroad.

Comprehensive day-to-day cover

We pay your day-to-day medical expenses from the available money allocated to your Medical Savings Account. This empowers you to manage your spending. The Day-to-day Extender Benefit extends your day-to-day cover for essential healthcare services in our network. You also have an unlimited Above Threshold Benefit, which gives you extra day-to-day cover once you have reached your Annual Threshold.



A Shariah-compliant arrangement is available on all health plans.

The Discovery Health app is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes. Personal Health Pathways is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider, administrator and managed care provider of medical schemes. Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply.

Your access to Prescribed Minimum Benefits and cover in an emergency

03

What are Prescribed Minimum Benefits?

According to the Prescribed Minimum Benefit, the Medical Schemes Act 131 of 1998 and its Regulations indicate that all medical schemes must cover the costs for the diagnosis, treatment and care of:

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

The Council for Medical Schemes (CMS) provides the following rules for accessing Prescribed Minimum Benefits:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions.
- The treatment that you need must match the treatments in the defined benefits.
- You must use designated service providers in our network. This does not apply in emergencies. In an emergency, where appropriate and in line with 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 designated service provider, we will pay up to 80% of the Discovery Health Rate. 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.

What is considered a medical emergency?

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

Assistance during or after a traumatic event

You have access to dedicated assistance during or after a traumatic incident. By calling the Emergency Assist number or using the 'Emergency Assist' feature on the Discovery Health app, you and your family can access trauma support 24 hours a day. This service also includes counselling and extra benefits for trauma related to gender-based violence.

What we pay for

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

- The ambulance (or other medical transport)
- Your stay at the hospital
- The services that you receive from the doctor who admitted you to the hospital
- The anaesthetist's services
- Services from any other healthcare professional or provider who/that we approve.

BACK TO CONTENTS

NEW

Everyone can be healthier with Personal Health Pathways

Personal Health Pathways leverages a sophisticated digital health platform that combines actuarial and lifestyle data with behavioural science to engage you in a personalised programme that drives you towards healthier habits and behaviour change.

Everyone can be healthier with Personal Health Pathways

Most people want to improve their health but are not sure what steps to take. The healthcare system can be complex, so people delay in taking simple actions that can improve their health and lifespan. Sometimes, there's a gap between what we know and what we do. The key to bridging this gap is understanding what actions to take and wanting to take them.

Improving long-term health and lifespan

Everyone can improve their long-term health and lifespan through a few simple and consistent actions and habits. These actions can be:

- **Clinical,** like taking your prescribed medicine, getting a simple screening test or having a routine health assessment.
- **Lifestyle related,** like staying active through regular exercise and eating healthily.

That's where Personal Health Pathways come in

Personal Health Pathways is a new, innovative personalised care programme designed to help everyone achieve better health. It combines data with actuarial and behavioural science to create a personalised pathway (a plan of what you must do) for each member. Your pathway consists of a curated sequence of health and lifestyle actions, tailored to your unique needs, encouraging you to healthier habits and positive behaviour changes.

Personal Health Pathways is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider, administrator and managed care provider of medical schemes. Personal Health Pathways is enabled by the combination of Discovery Health's healthcare capabilities and Vitality's behaviour change expertise. Vitality is a separate wellness product, sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply.

You have access to Personal Health Pathways

Discover your best health by completing personalised health and exercise actions.

Brought to all eligible members over the age of 18 years who meet the clinical programme criteria, enabled by a combination of Discovery Health's healthcare capabilities and Vitality's behaviour change expertise.

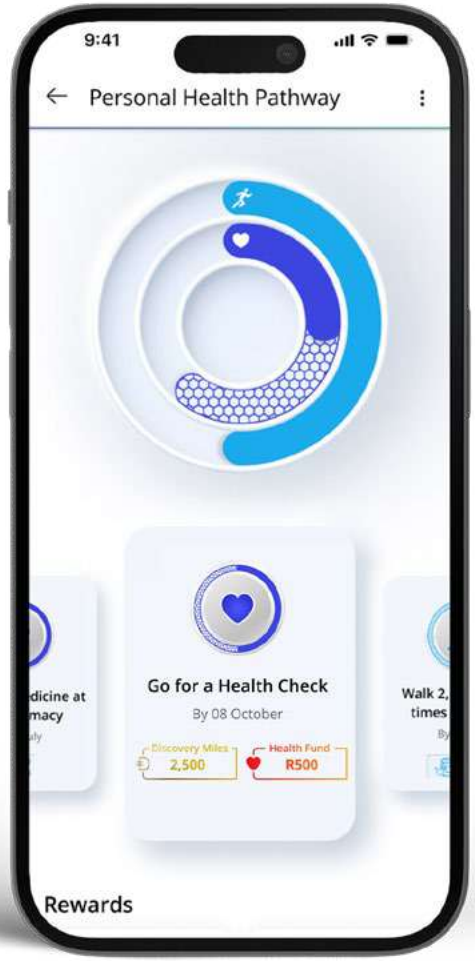
Get started on your Personal Health Pathway towards a healthier you

01

Download the Discovery Health app and accept the Terms and Conditions to get started.

02

Review and start your personalised next best actions to improve your health.



03

Complete your actions and **track your progress in closing your rings.**

04

Get rewarded when you complete actions and close your rings.

Personal Health Pathways is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider, administrator and managed care provider of medical schemes. Personal Health Pathways is enabled by the combination of Discovery Health's healthcare capabilities and Vitality's incentivised behaviour change expertise. Vitality is a separate wellness product, sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply.

Next best actions are hyper-personalised just for you

Clinically verified and personalised health actions

Your healthcare pathway is personalised for you. For a member with 12 actions, there are more than 7 million possible pathways to completing those actions. If you increase this to 24 actions, this number soars to the billions. By leveraging sophisticated data-science and machine-learning models, these actions have been personalised for you based on your unique health status and engagement patterns. Actions are clinically relevant, shown at the right time and in the right sequence, and automatically update and adjust based on your changing healthcare needs.

Young healthy person

Sample pathway

- Select your primary GP
- Go for a Health Check
- Complete a Vitality Age assessment
- Go for a dental check-up
- Get a flu vaccination
- Complete a mental wellbeing assessment

Middle aged person living with diabetes

Sample pathway

- Consult your primary care GP
- Complete a mental wellbeing assessment
- Complete a Vitality Age assessment
- Go for an HbA1c test
- Go for a mammogram
- Go for a foot screening
- Get a flu vaccination
- Collect your medicine
- Go for a Pap smear

Personalised exercise actions based on your physical activity levels

Personalised exercise actions to make it easy for you to create healthy exercise habits through the recommendation of physical activity that meets your weekly exercise goal. This journey will make forming a healthy exercise habit easier by guiding you on how best to achieve your weekly exercise goal through a variety of physical activities, including heart-rate workouts, parkruns, or by walking.

Get rewarded

Complete your next best actions and close your ring

You can access your personalised health pathway through the Discovery Health app making it easy for you to seamlessly navigate the healthcare system and to know what will have the biggest impact on your health. Completing these health and exercise actions will not just have a positive impact on your health but you can get rewarded along the way. You don't have to be a Discovery Vitality member to access these rewards. You can also unlock additional healthcare benefits when you complete your next best actions.

Get healthy

Complete next best actions and close your ring

You get personalised health and exercise actions based on your unique healthcare needs

Close your rings when you complete next best actions

This programme is brought to you by Discovery Health. Funding of healthcare actions are subject to your available Discovery Health Medical Scheme benefits.

Get rewarded

Get instant rewards

Get personalised rewards for closing your health and exercise rings

Instant reward

Discovery Miles

Exercise rewards

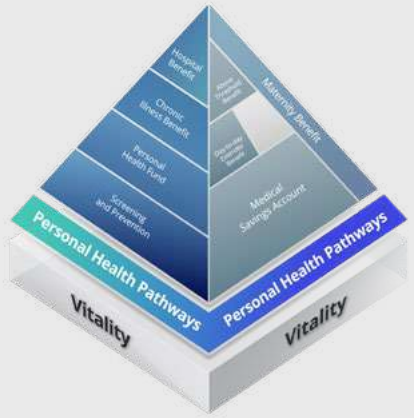
Gameboard play

Brought to you by Discovery Vitality

Unlock additional healthcare benefits

Introducing the new Personal Health Fund

Complete your recommended next best action to unlock additional day-to-day benefits in your Personal Health Fund



Brought to you by Discovery Health Medical Scheme

Personal Health Pathways is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider, administrator and managed care provider of medical schemes. Personal Health Pathways is enabled by the combination of Discovery Health's healthcare capabilities and Vitality's behaviour change expertise. Vitality is a separate wellness product, sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply.

NEW

Introducing the Personal Health Fund

The Personal Health Fund is a new category of healthcare funding which you can accumulate as you engage in your Personal Health Pathway and complete your next best actions. The fund can be used for day-to-day medical expenses.

Once you've accepted the terms and conditions for Personal Health Pathways and completed your recommended next best action, you can unlock the Personal Health Fund. This benefit is available to all eligible Discovery Health Medical Scheme members, subject to Scheme's clinical entry criteria, treatment guidelines and protocols.

For qualifying healthcare services, we pay up to a maximum of the Discovery Health Rate, subject to the overall benefit limit.

You will accumulate additional value in your annual Personal Health Fund by completing your next best actions indicated on Personal Health Pathways. The amount available in additional day-to-day funding is defined by your family structure on your membership

- R2,500 per adult dependant
- R1,250 per child dependant
- Up to a maximum of R10,000 per family per year
- The allocation for child dependants will be unlocked once the adult members have unlocked the Personal Health Fund.

New Discovery Health Medical Scheme members can access an additional once-per-lifetime benefit in your Personal Health Fund

Following the success of the WELLTH Fund in 2023 and 2024, all new joining members will continue to get a once-per-lifetime benefit, built into the Personal Health Fund in 2025. New members who activate Personal Health Pathways and complete their once-off high-value action, will get up to R10,000 on the Executive Plan per family. This is a once-per-lifetime benefit in addition to the annual Personal Health Fund allocation for completed actions. The once-per-lifetime benefit is equal to the maximum Personal Health Fund allocation – as above.

Personal Health Pathways is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider, administrator and managed care provider of medical schemes. Personal Health Pathways is enabled by the combination of Discovery Health's healthcare capabilities and Vitality's incentivised behaviour change expertise. Vitality is a separate wellness product, sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply.

How the Personal Health Fund works

The Personal Health Fund represents a new category of healthcare funding giving you access to up to R10,000 per family in day-to-day, risk-funded benefits for medical expenses each year. The benefit works in three simple steps:

STEP
01

Download the Discovery Health App and understand your next best actions

You view your next best actions on the Personal Health Pathways programme, available on the Discovery Health App and Discovery website.

STEP
02

Complete the recommended actions and build up the Personal Health Fund, up to the maximum annual limit

Maximum Personal Health Fund allocation per annum

Per adult	Per child	Per family
R2,500	R1,250	R10,000

For every completed next best action on Personal Health Pathways, you accumulate R500 into your Personal Health Fund. You can continue to accumulate funds up to a maximum limit each year, based on the family structure of the membership. Any unused funds in the Personal Health Fund expire at the end of a benefit year, and do not carry over to the next benefit year.

STEP
03

Use available funds for day-to-day medical expenses

You can use available funds on any day-to-day medical expenses, such as GP visits, specialist consultations, physiotherapy and medicine.

BACK TO CONTENTS

Discovery Health app and virtual benefits

Don't search your health, discover it.

The Discovery Health app gives you access to a truly personalised health experience and allows you to navigate the healthcare system easily. Access the advice and healthcare support that you need, 24/7, through the app's innovative features.

Checking your symptoms

Use our artificial intelligence platform to diagnose your symptoms and get guidance, talk to a doctor or request emergency assistance.

Online pharmacy

Order your medicine for delivery. You can also shop for all other in-store items and have them delivered to your door.

Emergency Assist

Stay safe with our panic button feature on the Discovery Health app. This will help you receive emergency medical care, if needed. Call for help, request a call back, or let us locate you and send emergency care.

Managing your plan

Seamlessly manage your medical aid plan – find healthcare providers, submit and track your claims, monitor your benefits, and more.

Personal Health Pathways

Get started on the homepage of the Discovery Health app and view your next best actions that are personalised for you, and ranked according to their predicted impact on improving your health. You can find out more in section 4.

Virtual Physical Therapy

Access to personalised and evidence-based Virtual Physical Therapy. (Physical therapy should be prescribed by an appropriate healthcare professional.) We pay for Virtual Physical Therapy from your available day-to-day benefits.

Digital Mental Health Care

Access an on-demand digital mental healthcare platform for evidence–based support programmes and tools with Digital Mental Health. If you are diagnosed with depression, we will pay your claims from your available Prescribed Minimum Benefits or Mental Health Care Programme, if enrolled. This is subject to you meeting the clinical entry criteria. If you do not meet the criteria, or if you have used your benefits, we will pay your claims from your available day-to-day benefits.

Virtual Urgent Care

Skip the waiting room and urgently consult with a doctor online, 24/7. Receive digital prescriptions, no matter where you are. We cover you for four virtual urgent-care sessions per family, per year. This is subject to you meeting the clinical entry criteria. We will pay for any extra sessions from your available day-to-day benefits.

Personal Health Pathways is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider, administrator and managed care provider of medical schemes. Vitality is a separate wellness product, sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply. The Discovery Health app 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 access to care at home

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

03

Hospital at Home

Discovery Hospital at Home provides qualifying members with the option to receive hospital-level home-based care instead of being admitted to a traditional hospital or after an early discharge from hospital for continuation of care in the home.

Members receiving treatment in the home have access to enhanced benefits and services, delivered through their personalised care team of participating providers in the Home-based hospital network.

You have access to the following Home-based hospital network providers giving you access to Discovery Hospital at Home services, for home-based treatment:

- Discovery Home Health
- Mediclinic at Home
- Quro Medical

If you meet the Scheme's clinical and benefit entry criteria, this gives you access to:

- Physical and virtual 24-hour care, delivery facilitated by a dedicated care team
- A remote monitoring device that automatically transmits information to a hospital-based care team, 24 hours a day, 7 days a week.
- Access to an improved range of clinical diagnostic procedures and interventions to manage medical or postsurgical hospital-level care in the home.

Home Monitoring Device Benefit for essential home monitoring

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.

Discovery HomeCare

When your doctor recommends that you receive home care as an alternative to a hospital stay, Discovery HomeCare will provide you with quality care in the comfort of your home. Services include postnatal care, end-of- life care, IV infusions and wound care. We pay for these services from the Hospital Benefit. This payment is subject to approval.

Discovery HomeCare is the designated service provider for defined IV infusions. Avoid having to pay 20% out of your own pocket by using Discovery HomeCare for these infusions.

BACK TO CONTENTS

Essential screening
and prevention benefits

The Screening and Prevention Benefit pays for certain tests that can detect early warning signs of serious illness. The tests must be carried out by our wellness providers.

What we pay for

We cover various screening tests at our wellness providers.

We pay for these tests from the Screening and Prevention Benefit. For consultations that do not form part of the Prescribed Minimum Benefits, we will pay from your available day-to-day benefits.

Screening for kids

This benefit covers the assessment of your child's growth and development. We pay for you to have your child's weight, height, body mass index and blood pressure measured at one of our wellness providers.

Screening for adults

This benefit covers a Health Check – a simple but helpful set of basic health screenings, which we pay for every year. A Health Check is performed at the point of care, with finger-prick tests where appropriate. Some of the screenings are for BMI, blood pressure, blood glucose, cholesterol and HIV.

We also cover a mammogram or ultrasound of the breast every two years. We pay for a Pap smear once every three years or an HPV test (including self-sampling kits) once every five years as well as as a mental wellbeing assessment and a prostate-specific antigen (PSA) test annually. Every two years, for members between 45 and 75 years, we pay for a bowel cancer screening test (including self-sampling kits).

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. This assessment must be carried out at a pharmacy in our defined pharmacy network. We may cover you for an extra falls-risk assessment when you are referred to a Premier Plus GP. This depends on your screening test results and if you meet the Scheme's clinical entry criteria.

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

Additional tests

Clinical entry criteria 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 apply to these vaccines:

- A seasonal flu vaccine for healthcare professionals and for members who are pregnant, 65 years or older, or registered for certain chronic conditions
- The pneumococcal vaccine for members over 65 or those who are registered for certain chronic conditions

Day-to-day benefits

We cover your day-to-day healthcare expenses from your Medical Savings Account (MSA), Day-to-day Extender Benefit (DEB) or Above Threshold Benefit (ATB).

07

Medical Savings Account

We pay your day-to-day medical expenses, such as those for GP and specialist consultations, medicine (excluding registered chronic medicine), radiology and pathology, from the available money in your MSA. If you have money left over, this will carry over to the next year.

You have the option for us to pay your claims from the MSA at either the DHR or at cost.

If you have chosen to have your claims paid from the MSA at cost, we will automatically pay your claims that are more than the DHR. If you have chosen to have your claims paid from your MSA at the DHR, and you wish to have claims that are more than the DHR or benefit limits paid from the available money in your MSA, you can request a special payment from your MSA.

Claims that are paid from the MSA and which are more than the DHR do not add up to the Annual Threshold.

Self-Payment Gap

If the money in your MSA runs out before you reach your Annual Threshold, you will have to pay for claims from your own pocket until your claims reach the Annual Threshold amount. This period is known as the Self-Payment Gap. It is important that you continue sending in your claims during the Self-Payment Gap so that we know when you reach your Annual Threshold for claims.

Claims will reduce your Self-Payment Gap and accumulate towards your Annual Threshold at 100% of the DHR, or a portion of this, as shown in the first table on the next page. Certain claims will not accumulate.

Day-to-day Extender Benefit

This benefit pays for certain day-to-day benefits after you have run out of money in your MSA and before you reach the Annual Threshold. It covers video call consultations with a network GP and pharmacy clinic consultations in our defined Wellness Network. We also cover you for face-to-face consultations with a network GP when you are referred after a video call consultation or by the pharmacy clinic virtual GP. We cover face-to-face consultations up to the DHR. Kids younger than 10 can access two kids' casualty visits a year.

Above Threshold Benefit

We start paying day-to-day expenses from your Above Threshold Benefit once you have reached your Annual Threshold.

Some claims do not add up to your Annual Threshold and are not paid from your Above Threshold Benefit, for example:

- Medicine that you do not need a prescription for (over-the-counter medicine)
- Childhood vaccines and immunisations
- Lifestyle-enhancing products
- Claims that are more than the DHR
- Claims paid in excess of the yearly benefit limits.

What we pay for

The Above Threshold Benefit is unlimited and covers all day-to-day expenses at the DHR or at a portion of the DHR. Certain benefit limits may apply. You will need to pay for any difference between the DHR and the amount claimed. You will also have to pay any amount that exceeds the annual benefit limit (where applicable).

For more detail on how you are covered, visit 'Do we cover' on our website, **www.discovery.co.za**.

BACK TO CONTENTS

Day-to-day benefits

We cover your day-to-day healthcare expenses from your Medical Savings Account (MSA), Day-to-day Extender Benefit (DEB) or Above Threshold Benefit (ATB). Some day-to-day healthcare services have limits. These are not separate benefits. Limits apply to claims that are paid from your MSA and ATB.

We add these amounts to the Annual Threshold and pay them from your ATB, once you reach your Annual Threshold. We add up the amount. If the claimed amount is less than the Discovery Health Rate (DHR), we will pay and add the claimed amount to the Annual Threshold. Claims paid from your defined DEB will not accumulate to the Annual Threshold.

The tables below show you how much we pay for your day-to-day expenses on the Executive Plan.

When you claim, we add up the following amounts to get to the Annual Threshold.

Healthcare providers and medicine	What we pay
Specialists we have a payment arrangement with	We pay up to the rate we have agreed on with the specialist
Specialists who we do not have a payment arrangement with	300% of the Discovery Health Rate (DHR)
GPs and other healthcare professionals	100% of the Discovery Health Rate (DHR)
Preferred medicine	100% of the Discovery Health Rate (DHR)
Non-preferred medicine	We pay up to 75% of the Discovery Health Rate (if the price of the medicine is within 25% of the preferred equivalent, or up to 50% of the DHR if the price of the medicine is more than 50% of the price of the preferred equivalent.)

Medicine	Single member	One dependant	Two dependants	Three or more dependants
Prescribed medicine* (schedule 3 and above)	R51,550	R60,400	R69,150	R78,000
Over-the-counter medicine, childhood vaccines, immunisations and lifestyle-enhancing products	We pay these claims from the available money in your MSA. These claims do not add up to the Annual Threshold and are not paid from the ATB.			

* If you join the Scheme after January, you will not get the full benefit because we calculate the benefit amount based on how many months are left in the year.

Day-to-day benefits

Professional services	Single member	One dependant	Two dependants	Three or more dependants
Allied, therapeutic and psychology healthcare services* (Acousticians, biokineticists, chiropractors, counsellors, dietitians, homeopaths, nurses, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrists, social workers, speech and language therapists, and audiologists.)	R30,850	R37,100	R43,400	R52,080
Dental appliances and orthodontic treatment*	R36,150 per person			
Antenatal classes	R2,400 for your family			
Appliances and equipment				
Optical* (This limit covers lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R10,550 per person			
External medical items* (Like wheelchairs, crutches and prostheses)	R64,200 for your family			
Hearing aids	R31,250 for your family			

* If you join the Scheme after January, you will not get the full limit because we calculate the limit based on how many months are left in the year.

Additional benefits for allied, therapeutic and psychology healthcare services and external medical items

For a defined list of conditions, we give you additional cover for clinically appropriate, evidence-based external medical items and treatment from acousticians, social workers, biokineticists, physiotherapists or chiropractors, psychologists, occupational therapists, speech and language therapists. You need to apply for these benefits.

Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.

We cover your day-to-day healthcare expenses from your Medical Savings Account, Day-to-day Extender Benefit, or Above Threshold Benefit.

Maternity benefit

We cover you for maternity and early childhood healthcare services.

We pay for healthcare services related to your pregnancy and treatment for the first two years of your baby's life. When you are pregnant, your cover applies from the date on which the benefit is activated. Each child's cover applies from birth until they are 2 years old.

You may also have cover for Assisted Reproductive Therapy. See section 12 for more information.

During pregnancy

Antenatal consultations

We pay for up to 12 consultations with your gynaecologist, 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. If you get a 3D or 4D scan, we pay up to the rate that 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.

Private ward for delivery

The healthcare services related to childbirth are covered by your Hospital Benefit. For your delivery, we cover you for up to R2,700 per day in a private ward.

Blood tests

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

After you give birth

Essential devices

We pay up to R6,300 for essential registered devices such as breast pumps and smart thermometers. You must pay 25% towards the cost of these devices.

GP and specialists to help you after birth

We cover your baby under the age of 2 for two visits to a GP, paediatrician or ear, nose and throat specialist.

Other healthcare services

We cover postnatal care. This includes a postnatal consultation for complications after delivery.

Pre- and postnatal care

We pay for a maximum of five antenatal or postnatal classes (including online classes) or consultations with a registered nurse, for up to two years after you have given birth. We also pay for one breastfeeding consultation with a registered nurse or breastfeeding specialist.

We cover you for a nutritional assessment with a dietitian, and up to two mental healthcare consultations with a counsellor or psychologist during pregnancy or after you give birth.

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

How to access the benefit

You can activate the Maternity Benefit by:

- Creating your pregnancy or baby profile on the Discovery Health app or on our website at **www.discovery.co.za**
- Preauthorising your delivery or by registering your baby as a dependant on the Scheme.

BACK TO CONTENTS

Chronic benefits

The Chronic Illness Benefit (CIB) covers you for a defined list of 27 medical conditions, known as the Chronic Disease List (CDL).

You have cover for 22 extra conditions set out on the list of additional diseases on the Additional Disease List (ADL).

09

What we cover

Prescribed Minimum Benefit conditions

You have access to treatment for a list of medical conditions under the Prescribed Minimum Benefits. The Prescribed Minimum Benefits cover the 27 chronic conditions on the CDL.

Our plans offer you benefits that exceed Prescribed Minimum Benefits. Certain rules apply for accessing Prescribed Minimum Benefits.

Medicine cover for the Chronic Disease List

We cover you in full for approved chronic medicine on our medicine list (formulary). For medicine that is not on our list, we cover you up to the generic Reference Price, where a generic alternative exists, up to a set monthly rand amount. This amount is called the Chronic Drug Amount (CDA).

Medicine cover for the Additional Disease List

We cover you for medicine on the Additional Disease List. We pay up to the set monthly CDA for this medicine. No medicine list (formulary) applies.

Extended chronic medicine list

You also have full cover for an exclusive list of brand medicines.

How we pay for consultations and medicine

You must nominate a GP in the Discovery Health Network to be your Primary Care GP and manage your chronic conditions. You can change your nominated Primary Care GP three times a year. To find a doctor and learn more about the nomination process, use **www.discovery.co.za**, or the Discovery Health app.

To be covered in full for your GP consultations, you must visit your nominated Primary Care network GP. If you see a GP who is not your nominated Primary Care GP or a nominated GP that is not a network GP, you will have to pay a co-payment. For more information on our care programmes and enrolment by your Premier Plus Network GP, please refer to the last page in Section 9.

We pay up to a maximum of the Discovery Health Rate (DHR) for medicine that you buy from one of our network pharmacies. The DHR for medicine is the price of the medicine and the fee for dispensing it.

How to activate the benefit

You must apply for the Chronic Illness Benefit. Your Primary Care 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 guide.

BACK TO CONTENTS

Chronic benefits and where to get your medicine

Chronic Disease List 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

Additional Disease List conditions

Additional chronic conditions covered on the Executive Plan

- **A** Ankylosing spondylitis
- **B** Behçet's disease
- **C** Cystic fibrosis
- **D** Delusional disorder, dermatopolymyositis
- **G** Generalised anxiety disorder
- **H** Huntington's disease
- **I** Isolated growth hormone deficiency
- **M** Major depression, motor neuron disease, muscular dystrophy and other inherited myopathies, myasthenia gravis
- **O** Obsessive compulsive disorder, osteoporosis
- **P** Paget's disease, panic disorder, polyarteritis nodosa, post-traumatic stress disorder, psoriatic arthritis, pulmonary interstitial fibrosis
- **S** Sjögren's syndrome, systemic sclerosis

Using a pharmacy in our networks

On the Executive Plan, you can buy your medicine from any pharmacy in our pharmacy network. There are over 2,500 pharmacies to choose from.

How to get your medicine

You now have greater convenience and flexibility in managing your medicine needs. Order from your preferred pharmacy partner. Our partners include Clicks, Dis-Chem, Medirite and other independent pharmacies.

Our enhanced online platforms give you greater control. From uploading your prescriptions to tracking your deliveries, you can now manage all your medicine needs more smoothly than ever before.

Medicine tracker

You can set up reminders to help you take your medicine on time and as prescribed. Your approved chronic medicine will automatically be displayed; you will then be prompted to take your medicine and confirm when you have taken each dose.

BACK TO CONTENTS

Care programmes

We provide condition-specific care programmes for diabetes, mental health, HIV and heart conditions.

Our preventive and condition-specific care programmes help you to manage diabetes, HIV, mental health and heart-related medical conditions. You have to be registered on these care programmes to unlock their extra benefits and services. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.

Find out more about Personal Health Pathways in section 4.

Disease Prevention Programme

If you are identified as being at risk of cardiometabolic syndrome, your nominated Premier Plus GP can enrol you on the Disease Prevention Programme. Your Premier Plus GP, dietitian and health coach will help coordinate your care.

Enrolled members can access 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 manage your condition from day to day.

Diabetes Care Programme

If you are registered on the Chronic Illness Benefit (CIB) for diabetes, your nominated Premier Plus GP can start you on the Diabetes Care Programme. The programme unlocks cover for extra glucometer strips and consultations with dietitians and biokineticists. You may also have access to a nurse educator who can help you to manage your condition from day to day.

Depression Risk Management Programme

If you are identified as being at risk of depression, you will have access to a 6-month long care programme with a defined basket of care. This includes a consultation with a Premier Plus GP or network psychologist, coaching sessions with a social worker to coordinate your care, consultations with a dietitian, and a clinically appropriate digital mental wellbeing course. Cover is subject to clinical entry criteria treatment guidelines and protocols.

Mental Health Care Programme

Once you are enrolled in this programme by your network psychologist or nominated Premier Plus GP, we give you defined cover to manage episodic depression. Enrolment unlocks cover for prescribed medicine, access to either individual or group psychotherapy sessions (virtual and face-to-face therapy), digital mental health care with internet-based cognitive behavioural therapy (iCBT), and extra GP consultations. The GP consultations help ensure that your treatment is effectively evaluated, tracked and monitored.

Additionally, members with depression may qualify to access a relapse prevention programme. This includes extra cover for a defined basket of care for psychiatry consultations, counselling sessions and care coordination services.

HIV Care Programme

If your nominated Premier Plus GP registers you on the HIV Care Programme, we can provide you with the care that you need. This includes extra cover for social workers. You are assured of confidentiality at all times. To avoid a 20% co-payment, you will need to get your medicine from a designated service provider.

Cardio Care Programme

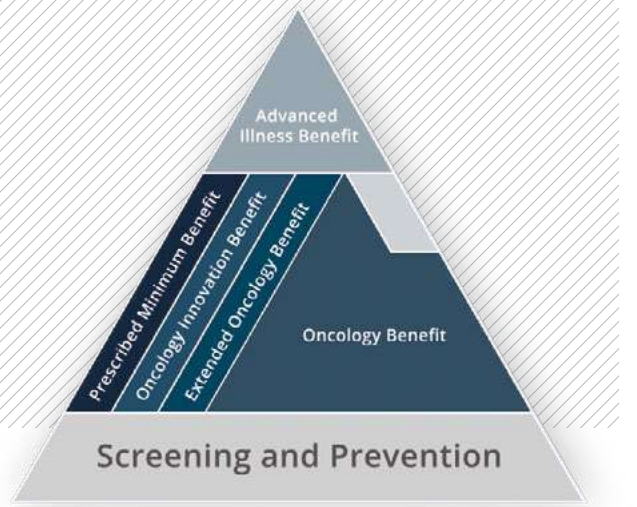
If you are registered on the CIB for hypertension, hyperlipidaemia or ischaemic heart disease, you can access a defined basket of care and a yearly cardiovascular assessment. This is only if you are referred by your nominated Premier Plus GP and if you are enrolled in the Cardio Care Programme.

BACK TO CONTENTS

Oncology Care Programme

If you are diagnosed with cancer, we give you comprehensive cover, including cover for high-cost medicine and innovative treatment. We also provide extended cover for once you reach certain limits.

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



Prescribed Minimum Benefits

Cancer treatment that is a Prescribed Minimum Benefit is always covered in full. All Prescribed Minimum Benefit treatment costs add up to the cover amount. If your treatment costs more than the cover amount, we will continue to cover your Prescribed Minimum Benefit cancer treatment in full.

Oncology Benefit

If you are diagnosed with cancer, we cover you on the Oncology Care Programme once we have approved your treatment. We pay for approved cancer treatment over a 12-month cycle.

We cover the first R500,000. If your treatment costs more than this cover amount, we will pay for up to 80% of the Discovery Health Rate of the subsequent treatment, unless the treatment forms part of the Prescribed Minimum Benefits or the extended cover that is offered by the Oncology Innovation and Extended Oncology Benefit.

All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate. You might have a co-payment if your healthcare professional charges above this rate.

Oncology Innovation Benefit

On the Executive Plan, you have cover for a defined list of innovative cancer medicines. This is subject to the Scheme's clinical entry criteria. You will need to pay 25% of the cost of these treatments.

Extended Oncology Benefit

Once you have reached your cover limit, we give you extended cover, in full, for a defined list of cancers and treatments that meet the Scheme's criteria.

How we cover medicine

To avoid a 20% co-payment, you need to get your approved oncology medicine from a designated service provider. Speak to your treating doctor to confirm that they are using our designated service providers for your medicine and for any treatment that you are receiving in a doctor's rooms or at a treatment facility. Oncology medicine are paid up to 100% of the Discovery Health Rate or up to the Oncology Reference Price, whichever is applicable.

Advanced Illness Benefit

Members can access 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. We also pay for a GP consultation, to facilitate your palliative care treatment plan.

Hospital Benefit

The Hospital Benefit covers you if you need to be admitted to hospital.

On the Executive Plan, you don't have an overall limit for your Hospital Benefit.

What the benefit does

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

What we cover

We give you unlimited cover for stays in any private hospitals that are approved by the Scheme.

How to access the benefit

Get your confirmation first

Contact us to confirm your hospital stay before you are admitted. (This is known as preauthorisation.)

Where to go

You can go to any private hospital approved for funding by the Scheme. The funding of newly licensed facilities is subject to approval by the Scheme.

What we pay

We pay for planned hospital stays from your Hospital Benefit. Specifically, we pay for your medicine in hospital, the hospital stay itself, and the services that you receive from all healthcare professionals who provide you with care and treatment. Payment is subject to the Scheme authorising your hospital stay.

If you use doctors, specialists and other healthcare professionals who we have a payment arrangement with, we will pay for their services in full. We pay up to 300% of the Discovery Health Rate for other healthcare professionals.

You can avoid co-payments by:

- Using healthcare professionals who we have a payment arrangement with.

If you have to go to hospital, we will pay your hospital expenses. There is no overall hospital limit for the year. However, we limit how much you can claim for some treatments. Contact us well before you have to go in to hospital. We will let you know what you are covered for. If you do not contact us before you go, we might not cover the costs.

BACK TO CONTENTS

Hospital cover

The Executive Plan offers unlimited hospital cover.

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

Healthcare professionals, providers and services	What we pay for
The hospital account	▪ We pay the full account, at the rate agreed on with the hospital. ▪ We pay up to R2,700 per day in a private ward.
Defined list of procedures performed in specialist rooms	We pay up to the agreed rate, where authorised by the Scheme.
Specialists who we have a payment arrangement with	We pay the full account, at the agreed rate.
Specialists who we do not have a payment arrangement with	We pay up to three times the Discovery Health Rate (300%).
GPs and other healthcare professionals	We pay up to twice the Discovery Health Rate (200%).
X-rays and blood tests (radiology and pathology) accounts	We pay up to the Discovery Health Rate (100%).
MRI and CT scans	▪ We pay up to the Discovery Health Rate if the scan is related to your current and approved hospital admission from your Hospital Benefit. ▪ If the scan is not related to your admission or for conservative back and neck treatment, we pay the first R3,850 from your available day-to-day benefits and the rest from your Hospital Benefit, up to the Discovery Health Rate. For conservative back and neck scans, cover is limit of one scan per spinal and neck region.
Cataract Surgery at a network provider	▪ We pay the full account at the agreed rate at a network facility for cataract surgery. ▪ We pay the hospital account at up to 80% of the Discovery Health Rate at any other facility.

Hospital cover

The Executive Plan offers unlimited hospital cover.

Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)

Admissions for scopes

Depending on where you have your scope done, we pay the following amount from your available day-to-day benefits and the rest of the hospital and related accounts from your Hospital Benefit. If you do not have enough money in your day-to-day benefits, you will need to pay this amount.

Upfront payments for scope admissions:

Day clinic account	Hospital account
R4,500	R6,550. This co-payment will reduce to R5,250 if the scope is performed by a doctor who is part of the Scheme's value-based network.
If both a gastroscopy and colonoscopy are performed in the same admission	
R5,500	R8,100. This co-payment will reduce to R6,600 if the scopes are performed by a doctor who is part of the Scheme's value-based network.

When there is no upfront payment:

If your scopes are performed as part of a confirmed Prescribed Minimum Benefits condition, where indicated and approved for dyspepsia, the patient is 12 or under, or for in-rooms scopes performed at a network provider, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.

Scopes performed in-rooms:

No co-payment applies for scopes performed at an in-rooms network provider. The following co-payment will apply for scopes performed at a non-network provider:

Single scope	Bi-directional scopes
The co-payment will be:	
R1,750	R3,000

Hospital Benefit

Benefits with a yearly limit

You have access to extra benefits to enhance your cover.

Cochlear implants, auditory brain implants and processors

R244,000 per person for each benefit.

Internal nerve stimulators

R185,550 per person.

Major joint surgery

If you use a provider in our network, you will not have a limit for planned hip and knee joint replacements. We pay up to 80% of the Discovery Health Rate (DHR) if you use a provider outside our network, to a maximum of R30,900 for each prosthesis, for each admission. The network does not apply to emergency or trauma-related surgeries.

Shoulder joint prosthesis

If you get your prosthesis from a provider in our network, there is no limit. We pay up to R45,550 if you use a provider outside our network.

Alcohol and drug rehabilitation

We pay for 21 days of rehabilitation for each person each year. For detoxification, we cover for three days per approved admission, per person.

Prosthetic devices used in spinal surgery

There is no overall limit if you get your prosthesis from one of our preferred suppliers. If you do not use a preferred supplier, a limit of R27,500 applies for the first spinal level, and a limit of R55,000 applies for two or more levels. This benefit is limited to one procedure per person per year.

We cover you in full for approved spinal surgery admissions if you use a provider in our spinal surgery network. We will pay up to 80% of the DHR for your hospital account if you have a planned admission outside our network.

Mental health

We cover the following:

- 21 days of admissions or up to 15 out-of-hospital consultations per person for major affective disorders, anorexia and bulimia.
- Up to 12 out-of-hospital consultations for acute stress. disorder that is accompanied by recent significant trauma.
- 3 days (per approved admission) for attempted suicide.
- 21 days for all other mental health admissions.

All mental health admissions are covered in full at a network facility. If you go somewhere else, we will pay up to 80% of the DHR for the hospital account.

Hospital Benefit

Benefits with a yearly limit

You have access to extra benefits to enhance your cover.

Dental treatment in hospital

Dental limit

There is no overall limit for basic dental treatment. However, all dental appliances and prostheses, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate (DHR) and up to 300% of the DHR for anaethetists.

We cover these claims from your day-to-day benefits, up to a yearly limit of R36,150 per person. If you join the Scheme after January, you will not get the full limit because it is calculated by counting the remaining months in the year.

Severe dental and oral surgery in hospital

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures. You do not have to pay an upfront payment for these, and there is no overall limit on the benefit. This benefit is subject to authorisation and the Scheme's Rules.

Basic Dental Trauma Benefit

The Basic Dental Trauma Benefit covers sudden and unanticipated injury to teeth and mouth. Specifically, we pay for urgent dental treatment after an accident or trauma injury that affects the mouth. Where you meet the clinical entry criteria, we pay up to a yearly limit of R68,250 per person for dental appliances and prostheses and for the placement of these.

Dental treatment in hospital

You need to pay a portion of your hospital or day clinic account upfront for dental admissions, except where you are approved for severe dental and oral surgery. The amount that you pay varies, depending on your age and where you are receiving treatment.

We cover the rest of the hospital account from your Hospital Benefit. We pay up to 100% of the Discovery Health Rate. The related accounts, which include the dental surgeon's account, are paid from your Hospital Benefit. (We pay up to 100% of the Discovery Health Rate (DHR). For anaesthetists, we pay up to 300% of the DHR.

For members 13 years and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment, from your available day-to-day benefits.

Upfront payment for dental admissions:

Hospital account	Day clinic account
Members 13 years and older:	
R8,650	R5,550
Members under 13 years:	
R3,350	R1,500

BACK TO CONTENTS

Extra benefits on your plan

You get the following extra benefits to enrich your cover.

Assisted Reproductive Therapy (ART)

If you meet the Scheme's benefit entry criteria, we cover you for one or two cycles of Assisted Reproductive Therapy Benefit per year, depending on your age.

The benefit includes cover for consultations, ultrasounds, oocyte retrieval, embryo transfer and freezing, admission costs (including lab fees), medicine, 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 cryopreservation and egg and sperm storage for up to five years.

We pay up to a maximum of 75% of the Discovery Health Rate (DHR) and up to a limit of R135,000 per person per year. You will need to pay 25% of the costs and any amount that is over the DHR.

Africa Evacuation Benefit

We cover you for emergency medical evacuations from certain sub-Saharan African countries back to South Africa. Pre-existing conditions are excluded.

Supportive care after an admission

If you have a qualifying condition, we give you access to a readmission prevention programme. Through the programme, we pay for approved follow-up care and health coaching sessions to help you navigate the first 30 days of recovery after you are discharged from hospital. Cover is subject to benefit entry criteria. If you meet the criteria, we will contact you and help you to access the benefit.

Advanced Illness Benefit

Members have access to a comprehensive palliative care programme. The programme offers unlimited cover for approved care at home and for care coordination. It includes unlimited cover for counselling services and supportive care (appropriate end-of-life clinical and psychologist services). We also pay for a GP consultation, so your GP can facilitate your palliative care treatment plan.

In-rooms procedures

We pay for a defined list of procedures that are performed in specialists' rooms. Provided that your procedure is authorised by the Scheme, we will cover you from your Hospital Benefit and pay up to the agreed rate.

Spinal Care Programme

For conservative spinal treatment out of hospital, you have access to a defined basket of care. The basket includes cover for virtual and face-to-face consultations with an appropriately registered allied healthcare professional.

Supportive Post-surgery Programme

For certain low-acuity surgical procedures performed in the Scheme's Short Stay Surgical network, you will unlock access to a defined basket of care for post operative care related to your procedure. This basket of care includes cover for home nursing and virtual physical therapy. Cover is subject to meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.

Extra benefits on your plan

You get the following extra benefits to enrich your cover.

Specialised Medicine and Technology Benefit

We cover you for a defined list of high-cost medicine, new technologies and procedures through the Specialised Medicine and Technology Benefit. We pay up to R200,000 per person per year. You have a co-payment of up to 20%.

International Second Opinion Services

Through your specialist, you can access a second opinion from a physician specialist at The Clinic (by Cleveland Clinic). This cover is for life-threatening and life-changing conditions. We pay 100% of 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 that are related to certain traumatic events. Claims are paid from the benefit for the rest of the year in which the trauma takes place and for the year after that. You and the dependants on your plan can access six counselling sessions per person per year. The sessions must be with a psychologist, clinical social worker or registered counsellor. They are available during the year in which the trauma takes place and in the year after.

International Travel Benefit

When you travel outside of South Africa and have a medical emergency, we pay for the medical costs. This benefit provides up to US$1 million per person on each journey. The cover is for a period of 90 days from the time you leave South Africa. Pre-existing conditions are excluded.

For elective (non-emergency) treatment that you receive outside of South Africa, we may cover you at equivalent local costs, provided that the treatment is readily and freely available in South Africa and that it would normally be covered by your plan.

Overseas Treatment Benefit

We pay for treatment that is not available in South Africa. The treatment must be provided by a recognised professional. We pay up to a limit of R750,000 per person. You will need to pay and claim back from us when you return to South Africa. A co-payment of 20% applies. You also have cover for in-hospital treatment that is available in South Africa up to R300,000 per person per year.

WHO Global Outbreak Benefit

The WHO Global Outbreak Benefit is available to all members during a declared outbreak period. Through the benefit, we pay for the administration of vaccinations (where applicable). The benefit also gives you a defined basket of care for out-of-hospital healthcare services related to outbreak diseases, such as COVID-19 and Mpox.

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, Medical Savings Account and Annual Thresholds

	Main member	Adult	Child*
Contributions	R11,430	R11,430	R2,185
Yearly MSA amounts*	R34,284	R34,284	R6,552
Yearly threshold amounts**	R39,440	R39,440	R7,480

* We count a maximum of three children when we calculate the monthly contributions and the amounts of the yearly Medical Savings Account and Annual Threshold. In the case of foster children, we account for every child added to the policy.

** If you join the Scheme after January, you will not get the full amount because we calculate the amount based on how many months are left in the year.

Exclusions

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

Healthcare services that are not covered on your plan

Medical conditions during a waiting period

We apply waiting periods if you have never belonged to a medical scheme or if you have had a break in membership of more than 90 days before joining DHMS. During your waiting periods, you will not have access to the Prescribed Minimum Benefits. This includes cover for emergency admissions. If you had a break in cover for less than 90 days before joining the Scheme, you may have access to Prescribed Minimum Benefits during your waiting periods.

The general exclusion list

The following are not covered on any of the DHMS plans:

- Reconstructive treatment and surgery, including cosmetic procedures and treatments
- Otoplasty for bat ears, blepharoplasty (eyelid surgery), and treatment or surgery for port-wine stains
- Breast reductions or enlargements and gynaecomastia
- Any treatment related to infertility, unless part of Prescribed Minimum Benefits or the Assisted Reproductive Therapy Benefit
- Frail care services and treatment
- Healthcare services related to 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 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 on this page, except where required as part of a defined benefit or under the Prescribed Minimum Benefits.

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.

Savings on personal and family care items

Sign up for HealthyCare to access savings on a vast range of personal and family care products at any Clicks or Dis-Chem. HealthyCare items include a list of baby care, sun care, dental care, eye care, foot care and hand care products, first aid and emergency items, and over-the-counter medicine.

Savings on frames and lenses

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

Savings on stem cell banking

We give you access to an exclusive Netcells offer. (Netcells is a stem cell banking service provided by a company called Next Biosciences.) The offer gives expectant parents the opportunity to cryogenically store stem cells from the blood and tissue of their newborn baby's umbilical cord, at a discounted rate. Your newborn's stem cells are a form of health insurance for your child and family, as the cells can potentially be used for future medical treatment.

Access to Vitality to get healthier

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

Working to care for and protect you

Our goal is to provide you with support when you need it most.

What to do if you have a complaint

01 | To take your query further

If you have already contacted Discovery Health Medical Scheme (DHMS) and feel that your query has 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 the first step, you can escalate your complaint to the Principal Officer of the DHMS. You may lodge a query or complaint with the 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 DHMS and want to challenge it, you may lodge a formal dispute. You can find more information about the Scheme's dispute process on **www.discovery.co.za**.

04 | To contact the Council for Medical Schemes

DHMS is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process. However, we encourage you to follow the steps above to resolve your complaint before contacting the Council. 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**.

We hold your privacy in the highest regard. Our unwavering commitment to protecting your personal information and ensuring the security and confidentiality of your data is clearly outlined in our Privacy Statement.

VIEW NOW

Download the Discovery Health app

RCK_107446DH_22/10/2024_V1