

2025 **DISCOVERY**
GAP COVER



Reimagining your healthcare

You and your family already have medical scheme cover, but unexpected medical costs can still place significant financial strain on your family.

This can happen when healthcare professionals charge more than what your medical scheme pays or when you have a life-changing event.

Gap cover from Discovery is a cost-effective solution that gives you *extra financial protection against these unforeseen costs.*



This brochure is a summary of the key features and benefits of Discovery Gap Cover. You can read full details on www.discovery.co.za and in your policy schedule after activating the product. Discovery Gap Cover is an insurance product. This is not a medical scheme and the cover is not the same as that of a medical scheme. It is not a substitute for medical scheme membership. Discovery Gap Cover is a non-life insurance policy, underwritten by Discovery Insure Ltd, registration number 2009/011882/06, a licensed insurer and an authorised financial services provider.





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Why Gap Cover from Discovery?



In-hospital and out-of-hospital cover

Discovery Gap Cover gives you rich protection against shortfalls you have on specialist treatment in hospital and extended cover for specific shortfalls you have on out-of-hospital care.



Extended cover for scopes and scans

You get cover for co-payments and deductibles that apply to MRI and CT scans when they are done out of hospital, and digestive endoscopies that are done in hospital or in-rooms.



Comprehensive cover for cancer

Discovery Gap Cover provides additional funding to help cover oncology co-payments.



International travel cover

Discovery Gap Comprehensive covers shortfalls on approved international claims while you travel outside South Africa.



Hassle-free payments

With Discovery Gap Cover, you don't have to submit a separate claim to us. We automatically identify gaps and then assess and pay once the medical scheme claim has been processed.



Affordable premiums

You get cost-effective protection at competitive rates starting at only R49 for Gap Active, from R157 for Gap Core and R248 for Gap Comprehensive for a single member a month.



Discovery Gap Cover

You can choose between the Discovery Gap Comprehensive, Core and Active options to meet your needs. You get cover for tariff shortfalls on in-hospital specialist claims, cancer-related claims, specific out-of-hospital costs, private ward cover, cover for international claims, and scopes and scans, depending on the option you choose.



In-hospital Specialist Gap Cover

In-hospital Specialist Gap Cover gives you cover of up to 500% of the medical scheme rate on Discovery Gap Comprehensive, up to 250% on Discovery Gap Core and up to 100% on Discovery Gap Active when your approved in-hospital specialist claim is higher than what your medical scheme pays your specialist.



Hospital Admission Benefit Extender

- On the Comprehensive option, you get an extra benefit of up to R15,000 on each policy to cover any additional gaps over and above what is covered by In-hospital Specialist Gap Cover, as well as private ward cover and specific out-of-hospital shortfalls related to an authorised hospital admission.
- On the Core option, you get an extra benefit of up to R7,500 per policy to cover any additional gaps over and above what is covered by In-hospital Specialist Gap Cover.
- On the Active option, in addition to cover provided by the In-hospital Specialist cover, you are also covered for the procedural deductible incurred under the Active Smart scheme plan, up to a maximum of R7,500 per event. This cover is subject to funds available in your overall annual limit.



Benefit Extenders

Oncology

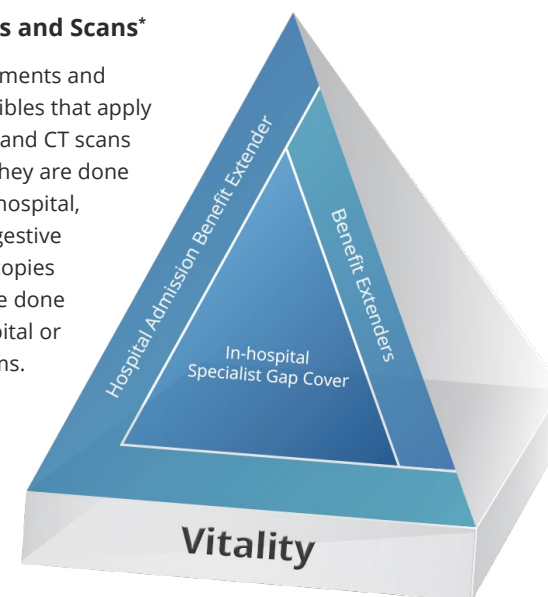
Covers shortfalls of up to R100,000 a year on the Comprehensive option or up to R75,000 a year on the Core option for approved cancer-related claims once you reach the medical scheme's oncology threshold.

Travel*

Provides cover for shortfalls on approved international emergency claims incurred while you travel outside of South Africa.*

Scopes and Scans*

Co-payments and deductibles that apply to MRI and CT scans when they are done out of hospital, and digestive endoscopies that are done in hospital or in-rooms.



An overall annual limit of R210,580 applies to each person.

* Only available on the Discovery Gap Cover Comprehensive option

Discovery Gap Cover

The In-hospital Specialist Gap Cover and Benefit Extenders work together to provide comprehensive levels of cover for specified healthcare services.

You can choose from three Discovery Gap Cover options: Gap Comprehensive, Gap Core and Gap Active.

| | DISCOVERY GAP COMPREHENSIVE | DISCOVERY GAP CORE | DISCOVERY GAP ACTIVE |
|--|---|---|---|
| In-hospital Specialist Gap Cover | Provides cover of up to 500% of the medical scheme rate over and above what your medical scheme pays | Provides cover of up to 250% of the medical scheme rate over and above what your medical scheme pays | Provides cover of up to 100% of the medical scheme rate over and above what your medical scheme pays |
| | You will receive up to R15 000 extra gap cover for: Shortfalls still remaining on approved specialist claims in-hospital, over and above what is covered by your In-hospital Specialist Gap Cover | | You will receive up to R7,500 extra gap cover for: You are covered for the procedural deductible incurred under the Active Smart scheme plan, up to a maximum of R7,500 per event. This cover is subject funds available in your overall annual limit |
| Hospital Admission Benefit Extender | Specified out-of-hospital expenses related to your authorised hospital admission Private ward cover for an approved hospital admission, subject to hospital availability. It covers the difference in cost between the general ward fee your medical scheme covers for your authorised hospital admission and the private ward fee you are charged when you are admitted to a private ward, subject to a maximum of 5 nights a person a year | | |
| Benefit Extenders | Oncology Benefit Extender <ul style="list-style-type: none"> Provides up to R100 000 a person a year, to cover shortfalls on approved cancer-related claims once you have reached your scheme's oncology threshold Scopes and Scans Benefit Extender <ul style="list-style-type: none"> Provides cover for co-payments or deductibles on the hospital account for endoscopies (gastroscopy, sigmoidoscopy, proctoscopy and colonoscopy), related to an authorised hospital admission Provides cover for the co-payment that applies to out-of-hospital MRI and CT scans when the balance is covered by your medical scheme Travel Benefit Extender <ul style="list-style-type: none"> You get cover for shortfalls on approved emergency medical claims while traveling outside of South Africa, including the \$150 / €100 deductible on emergency out-of-hospital claims. This benefit also covers shortfalls on the Cleveland MyClinic second-opinion consultation fee | Oncology Benefit Extender <ul style="list-style-type: none"> Provides up to R75,000 a person a year, to cover shortfalls on approved cancer-related claims once you have reached your scheme's oncology threshold | |

An overall annual limit of R210,580 applies to each person.

Discovery Gap Active is subject to FSCA approval.

You have additional hospital cover

In-hospital Specialist Gap Cover

When you are admitted to hospital, your specialist may charge more than the amount covered by your medical scheme. When this happens, our gap cover pays for these tariff shortfalls on your approved specialist in-hospital claims.

Your dental specialist's claims also qualify for funding from this benefit where the claim was funded by your scheme's hospital benefit.

In-hospital Specialist Gap Cover gives you cover of up to **500% of the medical scheme rate on Discovery Gap Comprehensive**, up to **250% on Discovery Gap Core** and up to **100% on Discovery Gap Active**.

| PLAN TYPE | Discovery Gap Comprehensive | | | Discovery Gap Core | | Discovery Gap Active | |
|---|-----------------------------|----------------------------------|--|----------------------------------|--|----------------------------------|---|
| | MEDICAL SCHEME COVERS | IN-HOSPITAL SPECIALIST GAP COVER | TOTAL COVER FOR IN-HOSPITAL SPECIALIST CLAIMS* | IN-HOSPITAL SPECIALIST GAP COVER | TOTAL COVER FOR IN-HOSPITAL SPECIALIST CLAIMS* | IN-HOSPITAL SPECIALIST GAP COVER | TOTAL COVER FOR IN-HOSPITAL SPECIALIST CLAIMS |
| Discovery Health Medical Scheme Executive Plan covers specialist claims in-hospital up to a maximum of three times (300%) of the Scheme Rate | 300% | 500% | 800% | 250% | 550% | 100% | 400% |
| Discovery Health Medical Scheme Classic plans covers specialist claims in-hospital up to a maximum of two times (200%) the Scheme Rate | 200% | 500% | 700% | 250% | 450% | 100% | 300% |
| Discovery Health Medical Scheme Essential and Coastal plans covers specialist claims in-hospital up to a maximum of the Scheme Rate (100%) | 100% | 500% | 600% | 250% | 350% | 100% | 200% |



On the Gap Comprehensive and Gap Core options, the Hospital Admission Benefit Extender further extends your cover for shortfalls on approved, in-hospital specialist claims up to the rate your specialist charges, subject to your benefit entitlements.



Gaps still experienced over and above those covered by In-hospital Specialist Gap Cover are automatically covered by the Hospital Admission Benefit Extender.

Annual Hospital Admission Benefit Extender

For the Gap Comprehensive and Gap Core plans, the amount of additional cover you get depends on your family structure, Discovery Vitality Health status and health plan type. An overall annual limit of R210,580 applies to each person.

The Vitality integration benefits do not apply to Gap Active.



Discovery Gap Comprehensive

| PLAN | FAMILY STRUCTURE | DISCOVERY VITALITY HEALTH STATUS | | | | |
|-----------------|------------------|----------------------------------|--------|---------|---------|---------|
| | | NONE/BLUE | BRONZE | SILVER | GOLD | DIAMOND |
| MSA PLANS* | SINGLE | R3,750 | R4,685 | R5,625 | R6,565 | R7,500 |
| | FAMILY | R7,500 | R9,375 | R11,250 | R13,125 | R15,000 |
| NON-MSA PLANS** | SINGLE | R1,875 | R2,345 | R2,815 | R3,280 | R3,750 |
| | FAMILY | R3,750 | R4,685 | R5,625 | R6,565 | R7,500 |

Discovery Gap Core

| FAMILY STRUCTURE | DISCOVERY VITALITY HEALTH STATUS | | | | |
|------------------|----------------------------------|--------|--------|--------|---------|
| | NONE/BLUE | BRONZE | SILVER | GOLD | DIAMOND |
| SINGLE | R1,875 | R2,345 | R2,815 | R3,280 | R3,750 |
| FAMILY | R3,750 | R4,685 | R5,625 | R6,565 | R7,500 |

* Plans with a Medical Savings Account

** Plans without a Medical Savings Account.



You have extra hospital cover

Hospital Admission Benefit Extender

Discovery Gap Active

Under the Active option, in addition to cover provided by the In-hospital Specialist benefit, you are also covered for the procedural deductible incurred under the Active Smart scheme plan, up to a maximum of R7,500 per event. This cover is subject funds available in your overall annual limit.

Discovery Gap Comprehensive and Core

You have up to **R15,000** extra gap cover on the Comprehensive option and up to **R7,500** extra gap cover on the Core option, which you can use for shortfalls still remaining on approved specialist claims in-hospital, over and above what is covered by your In-hospital Specialist Gap Cover.

Discovery Gap Comprehensive

On Discovery Gap Comprehensive, the Hospital Admission Benefit Extender covers the following extra healthcare services where your hospital admission was approved by your medical scheme:



Private ward cover*

Covers the difference in cost between the general ward fee covered by your medical scheme and the private ward fee for approved hospital admissions.



Out-of-hospital specialist claims

Covers shortfalls on your admitting specialist's claims that occur within one month before a hospital admission, if your admitting specialist charges more than the amount covered by your medical scheme.



Third-trimester maternity claims***

Covers shortfalls where specific third-trimester maternity claims are higher than the amount covered by your medical scheme's maternity benefit.



Medicine prescribed on discharge**

Covers shortfalls on your claims for medicine provided to take home when you are discharged from hospital.



Out-of-hospital radiology**

Covers shortfalls on radiology claims that occur within one month before a hospital admission, if your radiologist charges more than the amount covered by your medical scheme.



Out-of-hospital rehabilitation**

Covers shortfalls on claims for the professional fees charged by certain allied healthcare professionals in the month after your discharge from hospital, if your allied healthcare professionals charge more than the amount covered by your medical scheme.

The In-hospital Specialist Gap Cover and Hospital Admission Benefit Extender **work together to provide comprehensive levels of cover** for specified healthcare services

* Subject to a maximum of 5 nights a person a year and subject to hospital availability

** Only available to medical scheme plans with a Medical Savings Account

*** If your medical scheme plan does not include a Medical Savings Account, your gap cover only covers shortfalls on third trimester claims paid from the Scheme's maternity risk benefit



Additional Benefits

Hassle-free claims payment

- You do not need to submit a separate Discovery Gap Cover claim to us.
- By providing consent to access your claims information, we will automatically identify any potential gap cover claims, and then pay according to your Discovery Gap Cover benefits once the medical scheme claim is processed.
- You will also receive a claims statement where you will see how your gap cover policy has covered any shortfalls.



Benefit Extender

Oncology Benefit Extender

- Once you are registered on your scheme's oncology benefit and you have reached the oncology threshold, the Oncology Benefit Extender will help you cover co-payments for cancer-related expenses approved by your medical scheme.
- You will get up to R100,000 to cover shortfalls on approved, cancer-related claims once you have reached your scheme's oncology threshold. The amount depends on the Discovery Gap Cover option you choose.

| ANNUAL BENEFIT PER PERSON | DISCOVERY GAP COMPREHENSIVE | DISCOVERY GAP CORE | DISCOVERY GAP ACTIVE |
|---|-----------------------------|--------------------|----------------------|
| Discovery Health Medical Scheme Executive and Comprehensive plans | R100 000 | R75 000 | Not available |
| Other plans | R40 000 | R30 000 | |

Scopes and Scans Benefit Extender

On the Discovery Gap Comprehensive option you get cover for co-payments that apply to:

- The hospital account for approved endoscopies (gastroscopy, sigmoidoscopy, proctoscopy and colonoscopy)
- Digestive endoscopies that are done in-rooms.
- Out-of-hospital MRI and CT scans, when your medical scheme covers the rest of the account.

Travel Benefit Extender

On the Discovery Gap Comprehensive option you can get cover for shortfalls on emergency medical claims incurred while travelling outside of South Africa. Your policy covers the following shortfalls on International Travel Benefit claims, approved by your medical scheme:

- The \$150 or €100 deductible on emergency out-of-hospital claims
- Shortfalls on claims approved by your Scheme, once you have reached your scheme's travel limit of R5 million (\$1 million on Executive plans) per person per trip
- Shortfalls on the Cleveland MyClinic second-opinion consultation fee.

Cover starts after any applicable waiting periods have ended



Eligibility for Discovery Gap Cover Comprehensive, Core and Active options

Only members of Discovery Health Medical Scheme qualify for Discovery Gap Cover. KeyCare plans are excluded. If you downgrade your health plan to a KeyCare plan, your Gap Cover policy will be cancelled.

Exclusions

- All claims excluded by your medical scheme plan
- All claims where the hospital admission was not approved by your medical scheme and you did not get an authorisation number (except for in-hospital dentistry specialist claims, where the admission is not subject to a hospital authorisation)
- Claims not processed, approved or covered by your medical scheme for any reason including plan deductibles (with the exception of MRI and CT scans, as well as endoscopies) and where you have exceeded your available plan limits or benefit entitlements (except for International Travel Benefit limits), or if the claim is not recognised as valid by your medical scheme
- Claims defined as out-of-hospital claims by your medical scheme, unless specified as an approved out-of-hospital claim that qualifies for funding from the policy's Benefit Extenders as specified in your Discovery Gap Cover policy guide
- All oncology-related co-payments that are part of innovative cancer treatments related to the scheme's Oncology Innovation Benefit
- Any claim where after you have reached the Discovery Gap Cover overall limit of R210,580 per person per year has been reached
- Any claim related to weight-loss surgery
- Any claim where the healthcare service or treatment was not provided by an appropriately registered specialist (except for healthcare services specified in the Gap Cover Comprehensive Benefit Extender)
- Any claim that is incurred outside the borders of the Republic of South Africa or charged in any foreign currency, except claims that qualify for funding from the Travel Benefit Extender
- Out-of-pocket payments not covered by the medical scheme, such as deductibles, exclusions and amounts claimed above health plan benefit limits, are excluded from Discovery Gap Cover. This does not apply to co-payments and deductibles that qualify for funding as part of Discovery Gap Comprehensive's Benefit Extenders or the procedural deductible of R7500 that applies on Active Smart scheme option, if you are on Gap Active
- Any claims related to pregnancy and childbirth over the entire term of a Discovery Gap Active policy.

Discovery Gap Cover option changes

- You can downgrade from Discovery Gap Comprehensive to the Core or Active option at any time with 30 days' notice. This change will be effective from the first day of the following month, following the notice period.
- You can request an upgrade from Discovery Gap Core or Active to the Comprehensive option at any time with 30 days' notice. Underwriting may apply.

Eligibility for Discovery Gap Comprehensive, Core and Active options



Waiting periods

- We apply waiting periods and exclusions to certain healthcare services from the start date of each person's gap cover policy
- There is an automatic three-month general waiting period for all healthcare services and treatment, except authorised emergency hospital admissions
- There is an automatic 12-month exclusion for any claims directly or indirectly related to the treatment of pregnancy and childbirth (if you are on the Gap Active plan, this is an exclusion for the entire term of your policy), endometrial ablations, hysterectomy, joint replacements, scopes (including minimally invasive scopes, endoscopies, hysteroscopies and arthroscopies), cataracts, cholecystectomy, wisdom teeth, orthognathic surgery, dental implants, tonsillectomy, grommets, adenoidectomy, nasal procedures, hernia procedures and reflux surgery
- If you or any of your dependants have a pre-existing medical condition when you apply for cover or upgrade your cover, we will exclude any claims relating to the treatment of this condition for the first 12 months
- If you can show that you have had gap cover with another insurance company with less than 90 days' break in cover between the time you ended your policy with them and activated your policy with us, these may not apply:
 - The three-month general waiting period,
 - The 12-month pre-existing condition waiting period
 - The automatic 12 month exclusion list (if you are on the Gap Active plan, the pregnancy and childbirth exclusion still remains)

Premiums

- Your Discovery Gap Cover premium depends on which Discovery Gap Cover option you choose, the medical scheme plan that you are on, and the age that the oldest member on your plan will turn at their next birthday after the application.
- Every person on your medical scheme plan must also be on your Discovery Gap Cover policy, subject to underwriting.
- If the oldest person leaves or joins the Scheme, or your family structure or plan type changes, your Discovery Gap Cover policy may be adjusted accordingly.

Discovery Gap Comprehensive

| Age at entry of the oldest member on the Scheme plan | DISCOVERY HEALTH MEDICAL SCHEME EXECUTIVE AND CLASSIC PLANS | | DISCOVERY HEALTH MEDICAL SCHEME ESSENTIAL PLANS | | DISCOVERY HEALTH MEDICAL SCHEME COASTAL PLANS | |
|--|---|--------|---|--------|---|--------|
| | Single member | Family | Single member | Family | Single member | Family |
| 0 – 54 | R248 | R 420 | R 426 | R 748 | R468 | R1,069 |
| 55 – 64 | R420 | R641 | R780 | R1,633 | R857 | R1,633 |
| 65+ | R538 | R889 | R1,036 | R2,147 | R1,139 | R2,147 |

Discovery Gap Core

| Age at entry of the oldest member on the Scheme plan | DISCOVERY HEALTH MEDICAL SCHEME EXECUTIVE AND CLASSIC PLANS | | DISCOVERY HEALTH MEDICAL SCHEME ESSENTIAL PLANS | | DISCOVERY HEALTH MEDICAL SCHEME COASTAL PLANS | |
|--|---|--------|---|--------|---|--------|
| | Single member | Family | Single member | Family | Single member | Family |
| 0 – 54 | R157 | R271 | R291 | R525 | R319 | R749 |
| 55 – 64 | R281 | R335 | R659 | R1,089 | R724 | R1,089 |
| 65+ | R326 | R491 | R988 | R1,742 | R1,086 | R1,742 |

Discovery Gap Active

| Age at entry of the oldest member on the Scheme plan | DISCOVERY HEALTH MEDICAL SCHEME EXECUTIVE AND CLASSIC PLANS | | DISCOVERY HEALTH MEDICAL SCHEME ESSENTIAL PLANS | | DISCOVERY HEALTH MEDICAL SCHEME COASTAL PLANS | |
|--|---|--------|---|--------|---|--------|
| | Single member | Family | Single member | Family | Single member | Family |
| 0 – 30 | R49 | R140 | R49 | R200 | R75 | R300 |
| 31 – 40 | R99 | R175 | R99 | R300 | R120 | R400 |
| 41+ | R267 | R318 | R400 | R661 | R688 | R1,035 |



Download the Discovery app 

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