2022 PLAN COMPARISON



Discovery Health Medical Scheme 2022 contributions

Series	Plan		Contributions		Contribu	tions to Medical Saving	gs Account		Total contributions	
		Main member	Adult	Child**	Main member	Adult	Child**	Main member	Adult	Child**
Executive	Executive Plan	5 766	5 766	1 101	1 922	1 922	367	7 688	7 688	1 468
	Classic Comprehensive	4 732	4 475	944	1 577	1 491	314	6 309	5 966	1 258
	Classic Delta Comprehensive	4 261	4 034	849	1 420	1 344	283	5 681	5 378	1 132
Comprehensive	Essential Comprehensive	4 506	4 259	909	795	751	160	5 301	5 010	1 069
	Essential Delta Comprehensive	4 059	3 834	814	716	676	143	4 775	4 510	957
	Classic Smart Comprehensive	4 585	4 230	1 459		No Medical Savings Accou	nt	4 585	4 230	1 459
Duiovitu	Classic Priority	3 031	2 390	1 213	1 010	796	404	4 041	3 186	1 617
Priority	Essential Priority	2 952	2 322	1 180	520	409	208	3 472	2 731	1 388
	Classic Saver	2 614	2 063	1 048	871	687	349	3 485	2 750	1 397
	Classic Delta Saver	2 088	1 650	839	696	550	279	2 784	2 200	1 118
Saver	Essential Saver	2 355	1 767	944	415	311	166	2 770	2 078	1 110
	Essential Delta Saver	1 878	1 418	754	331	250	133	2 209	1 668	887
	Coastal Saver	2 211	1 663	893	552	415	223	2 763	2 078	1 116
	Classic Smart	2 070	1 634	827		, 		2 070	1 634	827
Smart	Essential Smart	1 483	1 483	1 483		No Medical Savings Accou	nt	1 483	1 483	1 483
	Classic Core	2 594	2 046	1 038				2 594	2 046	1 038
	Classic Delta Core	2 076	1 637	830				2 076	1 637	830
Core	Essential Core	2 229	1 671	896		No Medical Savings Accou	nt	2 229	1 671	896
	Essential Delta Core	1 781	1 340	715				1 781	1 340	715
	Coastal Core	2 062	1 548	820				2 062	1 548	820
	KeyCare Plus 0 - 8 550	1 279	1 279	464				1 279	1 279	464
	KeyCare Plus 8 551 - 13 800	1 758	1 758	495		No Medical Savings Accou	nt	1 758	1 758	495
	KeyCare Plus 13 801+	2 595	2 595	695				2 595	2 595	695
	KeyCare Core 0 - 8 550	1 005	1 005	260				1 005	1 005	260
KeyCare*	KeyCare Core 8 551 - 13 800	1 253	1 253	310		No Medical Savings Accou	nt	1 253	1 253	310
	KeyCare Core 13 801+	1 916	1 916	435				1 916	1 916	435
	KeyCare Start 0 - 9 150	968	968	583				968	968	583
	KeyCare Start 9 151 - 13 800	1 629	1 629	637		No Medical Savings Accou	nt	1 629	1 629	637
	KeyCare Start 13 801+	2 536	2 536	688				2 536	2 536	688

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

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

Annual Medical Savings Account

Executive	Executive Plan	23 064	23 064	4 404
	Classic Comprehensive	18 924	17 892	3 768
Community	Classic Delta Comprehensive	17 040	16 128	3 396
Comprehensive	Essential Comprehensive	9 540	9 012	1 920
	Essential Delta Comprehensive	8 592	8 112	1 716
Driovity	Classic Priority	12 120	9 552	4 848
Priority	Essential Priority	6 240	4 908	2 496
	Classic Saver	10 452	8 244	4 188
	Classic Delta Saver	8 352	6 600	3 348
Saver	Essential Saver	4 980	3 732	1 992
	Essential Delta Saver	3 972	3 000	1 596
	Coastal Saver	6 624	4 980	2 676

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

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

Annual Threshold Amounts

Annual Threshold

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

Above Threshold Benefit limits

	Main member	Adult	Child*
Executive		Unlimited	
Comprehensive		Unimitied	
Priority	16 030	11 440	5 610

* We count a maximum of three children when we work out the Annual Threshold and Above Threshold Benefit limit. If you join the medical scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

		Executive	Compreher	sive	Prie	ority		Saver	Sr	nart		Core			Keycare	
			Classic Essential	Classic Smart	Classic	Essential	Classic	Essential Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start
PMB		match the treatments in the defined	(DHMS) plans cover the costs related to the d benefits. You must use designated service pro the rules of the Scheme, you may be transfer	viders (DSPs) in our network – this	does not apply in emerge	encies.					-					
ITS	Account (MSA) and	Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology as long as you have money available.	Pays for day-to-day medical expenses like G consultation fees, prescribed and over-the- counter medicine, radiology and pathology a long as you have money available.	offer a Medical Savings		edical expenses like GP co radiology and pathology a		escribed and over-the-counter money available.	This plan does not offer a Medical Savings Account. Access to a defined set of benefits including GP consultations, certain acute medicine when prescribed by a Smart GP and over-the-counter medicine, dental check up and optometry check up with fixed co- payments and limits.	Access to a defined set of benefits including GP consultations, certain over- the-counter medicine, dental check up and optometry check up with fixed co- payments and limits.		nis plan does not offer ledical Savings Accour		offer	offer a Medical Savings Account.	This plan does not offer a Medical Savings Account. Day-to-day benefits through your chosen KeyCare Start GP and day-to-day medicine from our medicine from our medicine list when prescribed by your chosen KeyCare Start GP. We pay for basic radiology and pathology if referred by your chosen KeyCare Start GP.
DAY-TO-DAY BENEFITS		your MSA and before you reach the Annual Threshold. Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when	after you have run out of money in your MSA and before you reach the Annual Threshold. Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover f consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. On Classic, you also have additional cover for kids casualty	This plan does not offer this benefit.		in your Medical Saving	have run out of n Account. Covers limited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have cover for consultations with a network	lay-to-day benefits after you noney in your Medical Savings Covers limited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR.				These plans do no	ot offer this be	enefit.		

	Executive		Comprehens	ive	Pri	iority		Saver		Sn	nart		Core			Keycare	
ľ		Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential C	oastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start
Above Threshold Benefit	The Scheme continues to cov		are services once you reach ited. Annual benefit limits		The Scheme continues healthcare services on Threshold. The Above limited. Annual benefit	ice you reach your Annual Threshold Benefit is					These	e plans do not of	fer this benefit.				
	We pay the first R3 270 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	from your day-to-da balance of the scan up to the DHR. For c	y benefits. We cover the from the Hospital Benefit,	You have to pay the first R3 270 of your MRI or CT scan until you reach the Annual Threshold. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	from your day-to-day b balance of the scan fro up to the DHR. For con	0 of your MRI or CT scan benefits. We cover the om the Hospital Benefit, nservative back and neck an per spinal and neck	from your availat of the scan from DHR. For conserv	R3 270 of your MRI or ble MSA. We cover th the Hospital Benefit, vative back and neck per spinal and neck r	e balance up to the scans a region	You must pay the first R3 270 of your MRI or CT scan. We cover the balance of the scan from your Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	This plan does not offer this benefit.	These plans do	not offer this bene	efit.	MRI and CT scans a Specialist Benefit u for a person a year	p to a limit of R4 730	MRI and CT are paid fro Specialist B up to a limit 370 for a pe a year.
Cover during your pregnancy and for two years after your baby's birth once the benefit is activated	 12 antenatal consultations with your gynaecologist, GP or midwife Two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans One chromosome test or Non- Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria Private ward cover up to R2 320 per day for your delivery in hospital Cover for up to R5 350 for essential registered devices with 25% co-payment A defined basket of blood tests 	 You are covered f GP or gynaecolog complications One nutritional as Two mental healt 	ered for up to two visits to a for one six week post-birth gist as part of your delivery issessment at a dietitian th consultations with a cou	-	 Two 2D ultrasound we pay for 2D scans One chromosome to A defined basket of 	test or Non-Invasive Prenat	al Test (NIPT) if you	3D and 4D scans are meet the clinical ent	ry criteria		 You are covere part of your de One nutritiona Two mental he One breastfeed 	overed for up to ed for one six we livery or if there I assessment at ealth consultation ding consultation	are any complicati a dietitian ns with a counsello	ultation at your r ions or or psychologis nurse or a breas	nidwife, GP or gynae : tfeeding specialist.	cologist either as	
	 Five antenatal or postnatal classes or consultations with a registered nurse up until two 																
Conditions	classes or consultations with a registered nurse up until two years after you have given birth. You have cover for the 27 Chronic D	isease List conditions a	according to the Prescribed				You have	cover for the 27 Chr	nic Disease	e List conditions ad	cording to the Press	rihed Minimum I	Benefits				
Consultation and medicine cover	classes or consultations with a registered nurse up until two years after you have given birth.	ur Additional Disease L overy Health Network t ominated Discovery He	List. to be your primary care do ealth Network GP.	ctor to manage your chronic co		-		cover for the 27 Chro	adiology	You must nomina Smart GP Networ primary care doc your chronic conc cover on your GP referred healthca radiology and pat visit your nomina GP. If you use a G nominated Smart 20% co-payment change your nom	te a GP in the k to be your or to manage litions. For full consultations and re services, such as hology, you must ted Smart Network P other than your Network GP, a will apply. You can	You must nomi Network to be y manage your cf on your GP con services, such a you must visit y Network GP. If j nominated Disc 20% co-paymer	nate a GP in the Di our primary care our pronic conditions. F sultations and refe s radiology and pa our nominated Dis you use a GP other	doctor to For full cover erred healthcare thology, scovery Health than your york GP, a	your primary care For full cover on yo healthcare services must visit your nor GP other than your co-payment will ap once a year.	e a GP in the KeyCar doctor to manage yc sur GP consultations s, such as radiology a ninated KeyCare Net r nominated KeyCare ply. You can change rou must visit your ne	our chronic con and referred and pathology, twork GP. If you Network GP, a your nominate
Consultation and medicine cover	classes or consultations with a registered nurse up until two years after you have given birth. You have cover for the 27 Chronic D Minimum Benefits list as well as additional conditions on o You must nominate a GP in the Disc and pathology, you must visit your r	E Full cover for approved medicine list (not approximated Discovery Health Network to the proved to the prove	List. to be your primary care do ealth Network GP. th Network GP, a 20% co-pa betwork GP, a 20% co-pa ved medicine on our opticable to ADL). options if you use dXpress Network e not on our list paid up up to a maximum of the	ctor to manage your chronic co	ge your nominated GP or Approved medicine on in full when you use M Network Pharmacy. Mi	nce a year. n our medicine list covered fedXpress or a MedXpress ledicine not on our list e DHR up to a maximum of	Approved medic covered in full w or a MedXpress I not on our list pa	ine on our medicine l hen you use MedXpro Network Pharmacy. N id up to 100% a maximum of the m	adiology ist 255 ledicine nonthly	You must nomina Smart GP Networ primary care doc your chronic com cover on your GP referred healthca radiology and pat visit your nomina GP. If you use a G nominated Smart 20% co-payment change your nom a year. Approved medicii list covered in ful MedXpress or a M	te a GP in the k to be your or to manage litions. For full consultations and re services, such as hology, you must ted Smart Network P other than your Network GP, a will apply. You can inated GP once ne on our medicine when you use ledXpress Network edicine not on our o the cost of the	You must nomi Network to be y manage your cl on your GP con services, such a you must visit y Network GP. If nominated Disc 20% co-paymer your nominated approved medi in full when you or a MedXpress not on our list p	hate a GP in the Di our primary care c ronic conditions. I sultations and refe s radiology and pa our nominated Dis you use a GP other overy Health Netw it will apply. You ca I GP once a year. Cine on our medici use MedXpress Network Pharmac aid up to 100% of maximum of the I	doctor to For full cover erred healthcare thology, scovery Health t than your ork GP, a an change	your primary care For full cover on yo healthcare services must visit your nor GP other than your co-payment will ap once a year. On KeyCare Start y Start Network GP. Approved medicine you use one of our or your nominated Your nominated Ke must prescribe the	doctor to manage yo our GP consultations s, such as radiology & minated KeyCare Net r nominated KeyCare ply. You can change ou must visit your no covered in full when network pharmacies KeyCare Network GP yCare Network GP chronic medicine. For r list, we cover up to	wir chronic com and referred and pathology, j work GP. If you Network GP, a your nominate ominated KeyC We cover you chronic med in a state far
Consultation and medicine cover	classes or consultations with a registered nurse up until two years after you have given birth. You have cover for the 27 Chronic D Minimum Benefits list as well as additional conditions on o You must nominate a GP in the Disc and pathology, you must visit your r If you use a GP other than your nom figure a GP other than your nom list covered in full (not applicable to ADL conditions). Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug	Additional Disease L overy Health Network t iominated Discovery Health Inated Discovery Health Full cover for approve medicine list (not ap Full cover for Delta c MedXpress or a Mec Pharmacy. Medicine to 100% of the DHR monthly Chronic Dru approved cancer treatm s are covered up to 100 it (PMB) is always cover PMB treatment costs a	List. to be your primary care do ealth Network GP. th Network GP, a 20% co-pa- ved medicine on our splicable to ADL). options if you use dXpress Network a not on our list paid up up to a maximum of the ug Amount. ment over a 12-month 0% of the Discovery Health red in full, subject to the us add up to the cover amour	ctor to manage your chronic con ayment will apply. You can chan Full cover for approved medicine on our medicine list. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount. We cover the first R300 000 of your approved cancer treatment over a 12-month cycle in full.	Approved medicine on in full when you use M Network Pharmacy. Mu paid up to 100% of the the monthly Chronic D We cover the first R200 cancer-related healthc Cancer treatment that the use of a designated to the cover amount. If of the Discovery Health	nce a year. nour medicine list covered MedXpress or a MedXpress ledicine not on our list e DHR up to a maximum of Drug Amount. 0 000 of your approved car care services are covered up is a Prescribed Minimum B d service provider (DSP), w f your treatment costs mor	d referred healthca Approved medic covered in full w or a MedXpress I not on our list pa of the DHR up to Chronic Drug Am necer treatment ove to to 100% of the Di senefit (PMB) is alw here applicable. All	ine on our medicine I hen you use MedXpre Network Pharmacy. N id up to 100% a maximum of the m nount. r a 12-month cycle in scovery Health Rate (ays covered in full, si PMB treatment cost	adiology ist 255 fedicine nonthly full. All DHR). Jbject to 5 add up up to 80%	You must nomina Smart GP Networ primary care doc your chronic com cover on your GP referred healthca radiology and pal visit your nomina GP. If you use a C nominated Smart 20% co-payment change your nom a year. 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Cancer a Prescribed (PMB) is always bject to the use of ice provider (DSP), If your treatment he cover amount, o 80% of the DHR. rt, we cover you choose to use r, we will cover	You must nomi Network to be j manage your do on your GP con services, such a you must visit y Network GP. If nominated Disc 20% co-paymer your nominated in full when you or a MedXpress not on our list p the DHR up to a Chronic Drug Al We cover the fin cancer treatme All cancer-relate up to 100% of ti Cancer treatme Benefit (PMB) is to the use of a d where applicab up to the cover	hate a GP in the Di our primary care c ronic conditions. Is sultations and refe s radiology and pa our nominated Dis you use a GP other overy Health Netw it will apply. You ca I GP once a year. Cine on our medici use MedXpress Network Pharmac aid up to 100% of maximum of the i mount.	doctor to For full cover erred healthcare thology, scovery Health than your ork GP, a an change ine list covered to cycle in full. ices are covered h Rate (DHR). bed Minimum full, subject provider (DSP), ent costs add eatment costs will cover up	your primary care For full cover on yc healthcare services must visit your nor GP other than you co-payment will ap once a year. On KeyCare Start y Start Network GP. Approved medicine you use one of our or your nominated Ke must prescribe the medicine not on ou the cost of the lowe	doctor to manage yo our GP consultations s, such as radiology a ninated KeyCare Net r nominated KeyCare ply. You can change ou must visit your no covered in full when network pharmacies KeyCare Network GP chronic medicine. For r list, we cover up to st formulary drug.	Cancer tree, that is a Pr Minimum J Concer tree, that is a Pr Minimum J Covered in subject to 1 of a design service pro (DSP), whe applicable: have cover cancer tree, in a state f of a design service pro (DSP), whe applicable: have cover cancer tree, in a state f of a design service pro (DSP), whe applicable that the service pro (DSP), whe service pro (DSP)
Consultation and medicine cover	classes or consultations with a registered nurse up until two years after you have given birth. You have cover for the 27 Chronic D Minimum Benefits list as well as additional conditions on o You must nominate a GP in the Disc and pathology, you must visit your r If you use a GP other than your nom If you use a GP other than your nom our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount. We cover the first R400 000 of your cycle in full.	Ir Additional Disease L overy Health Network t iominated Discovery Health inated Discovery Health inated Discovery Health Full cover for approve medicine list (not ap Full cover for Delta c MedXpress or a Mec Pharmacy. Medicine to 100% of the DHR monthly Chronic Drr approved cancer treatm s are covered up to 100 it (PMB) is always cover PMB treatment costs a r up to 80% of the Disco imit, you have extended	List. to be your primary care do ealth Network GP. th Network GP, a 20% co-pa- ved medicine on our oplicable to ADL). options if you use dXpress Network and our list paid up up to a maximum of the ug Arnount. ment over a 12-month 0% of the Discovery Health red in full, subject to the us add up to the cover amour covery Health Rate (DHR).	ctor to manage your chronic con ayment will apply. You can chan Full cover for approved medicine on our medicine list. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount. We cover the first R300 000 of your approved cancer treatment over a 12-month cycle in full.	Approved medicine on in full when you use M Network Pharmacy. Mu paid up to 100% of the the monthly Chronic D We cover the first R200 cancer-related healthc Cancer treatment that the use of a designated to the cover amount. If of the Discovery Health	nce a year. nour medicine list covered MedXpress or a MedXpress ledicine not on our list e DHR up to a maximum of Drug Amount. 0 000 of your approved car care services are covered up is a Prescribed Minimum B d service provider (DSP), w f your treatment costs mor	d referred healthca Approved medic covered in full w or a MedXpress I not on our list pa of the DHR up to Chronic Drug Am the DHR up to Chronic Drug Am	ine on our medicine I hen you use MedXpre Network Pharmacy. N id up to 100% a maximum of the m nount. r a 12-month cycle in scovery Health Rate (ays covered in full, si PMB treatment cost	adiology ist ist iss ledicine bonthly full. All DHR). ubject to s add up up to 80%	You must nomina Smart GP Networ primary care doc your chronic com cover on your GP referred healthca radiology and pal visit your nomina GP. If you use a C nominated Smart 20% co-payment change your nom a year. Approved medicil list covered in full MedXpress or a M Pharmacy. For m list, we cover up t lowest formulary We cover the first your approved ca over a 12-month cancer-related he are covered up to Discovery Health treatment that is Minimum Benefit covered in full, su a designated serv where applicable costs more than 1 we will cover up t On Essential Sma cancer treatment in our network. If any other provide	te a GP in the k to be your or to manage litions. For full consultations and re services, such as hology, you must ted Smart Network P other than your Network GP, a will apply. You can inated GP once the on our medicine when you use ledXpress Network edicine not on our o the cost of the drug. R200 000 of ncer treatment cycle in full. All althcare services 100% of the Rate (DHR). Cancer a Prescribed (PMB) is always bject to the use of ice provider (DSP), If your treatment he cover amount, o 80% of the DHR. rt, we cover you choose to use r, we will cover Discovery Health	You must nomi Network to be j manage your do on your GP con services, such a you must visit y Network GP. If nominated Disc 20% co-paymer your nominated in full when you or a MedXpress not on our list p the DHR up to a Chronic Drug Al We cover the fin cancer treatme All cancer-relate up to 100% of ti Cancer treatme Benefit (PMB) is to the use of a d where applicab up to the cover	hate a GP in the Di rour primary care c sultations and refe s radiology and pa our nominated Dis s radiology and pa our nominated Dis ou use a GP other overy Health Netw t will apply. You ca I GP once a year. cine on our medici use MedXpress Network Pharmac aid up to 100% of maximum of the nount. st R200 000 of you to ver a 12-month d healthcare servi ne Discovery Healt nt that is a Prescril always covered in Jesignated service e. All PMB treatme amount. If your tre over amount, we very the set of t	doctor to For full cover erred healthcare thology, scovery Health than your ork GP, a an change ine list covered to cycle in full. ices are covered h Rate (DHR). bed Minimum full, subject provider (DSP), ent costs add eatment costs will cover up	your primary care of For full cover on you healthcare services must visit your nor GP other than you co-payment will ap once a year. On KeyCare Start y Start Network GP. Approved medicine you use one of our or your nominated Your nominated Ke must prescribe the medicine not on ou the cost of the lower cost of the lower cost of the lower applicable. Y cancer treatment is of you choose to us provider, we will cost of the you cost of the you cost of the proved the provider, we will cost of the you choose to us provider, we will cost of the you choose to us provider, we will cost of the you choose to us provider, we will cost of the you choose to us provider, we will cost of the you choose to us provider, we will cost of the you choose to us provider, we will cost of the you choose to us provider.	doctor to manage yo our GP consultations s, such as radiology a ninated KeyCare Net r nominated KeyCare ply. You can change ou must visit your no covered in full when network pharmacies KeyCare Network GP chronic medicine. For r list, we cover up to st formulary drug.	wir chronic con and referred and pathology, work GP. If you e Network GP, if you pominated KeyC We cover you chronic mere in a state fa

	Executive		Comprehens	sive	Pr	iority		Saver		Sn	nart		Core			Keycare	
		Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start
Private hospital cover in a general ward	Unlimited cover plus private ward cover of up to R2 320 each day.	Unlimited cover	plus private ward cover u delivery.	up to R2 320 per day for your	Unlim	ited cover		Jnlimited cover		Unlimit	ed cover		Unlimited cove	r		Unlimited cover	
Private hospital	You are covered in any facility approved by the Scheme.	the Scheme. Full covusing the Delta Hospital Na hospitals. For planned admission	ions outside of the Delta ou must pay an upfront	Full cover in the Smart Hospital Network. For planned admissions at hospitals outside of the Smart Hospital Network, you must pay an upfront payment of R10 400 to the hospital.	Scheme. An upfront p to R19 450 applies for procedures. Where these procedur procedures to be perf	y facility approved by the ayment of between R4 050 a defined list of res form part of the list of ormed in our day surgery the upfront payments	You are covered approved by the Full cover on Del when using the I Network of priva For planned adm of the Delta Hos you must pay an payment to the h 100.	Scheme. ir ta options pelta Hospital te hospitals. ti issions outside pital Network, upfront nospital of R9 if a o ti ti tu tu tu tu tu tu tu tu tu tu tu tu tu	ull cover n any approved private osspital in he four coastal provinces tetwork. f you use hospital putside he coastal tetwork, we pay up o 70% of he DHR of he hospital account and you must pay the difference.	outside of the Sm Network, you mu	ssions at hospitals art Hospital	approved by the Scheme Full cover on D when using the Network of priv For planned ac of the Delta Ho you must pay a	Delta options e Delta Hospital vate hospitals. dmissions outside ospital Network,	Full cover in any approved private hospital in the four coastal provinces network. If you use a hospital outside the coastal network, we pay up to 70% of the DHR of the hospital account and you must pay the difference.	Network, we pay up to 70% If you do not use h	letwork. al in the Partial Cover of the DHR.	Full cover at you chosen KeyCare Start Network hospital. If you do not use your chosen hospital in the network, you will have to pay all costs.
of procedures	You are covered in any facility approved by the Scheme.	surgery facility. An upfront payment admission to a facilit surgery network. An 100 applies on the D	list of procedures in a day cof R5 950 applies for ty outside of the day upfront payment of R9 Jelta options, if performed day surgery network.	procedures in the Smart day surgery network. An upfront payment of R10 400 applies for	surgery network. An upfront payment o admissions to a facility surgery network. Whe	y outside of the day re these procedures form spital procedures with an higher	surgery network An upfront paym admissions to a surgery network applies on the D	ent of R5 950 appli facility outside of th . An upfront payme	ies for ne day ent of R9 100	network. An upfront paym	Smart day surgery ent of R10 400 sions to a facility	Surgery network An upfront pay admissions to a network. An up on the Delta op	yment of R5 950 a a facility outside o pfront payment of	pplies for of the day surgery R9 100 applies	the KeyCare day su	l list of procedures ir ırgery network.	We cover a define list of procedures in the KeyCare Start day surgery network.
Full cover option for specialists we have a payment arrangement with		Full cover			Full cover		Full cover			Full cover		Full cover			Full cover		·
	300% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	200% of the DHR	100% of the DHR	200% of the DHF	100% of the DHF	R	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DF	IR	100% of the DHR		
Reimbursement rate* for GPs and other healthcare professionals (not specialists)		200% of the DHR	100% of the DHR	200% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHF	R	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DF	łR	100% of the DHR		
Reimbursement rate [*] for radiology and pathology		100% of the DHR	;	_;	100% of the DHR		100% of the DHF	2		100% of the DHR	<u>.</u>	100% of the DF	HR		100% of the DHR		
(gastroscopy, colonoscopy, sigmoidoscopy	Depending on where you have your scope done, we pay a portion of between R3 800 and R5 550 from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher co-payment will apply. If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, indicated and approved for Dyspepsia, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.	R3 800 and R5 550 fr the hospital and rela gastroscopy and colo If scopes are perform Prescribed Minimum Dyspepsia, or the pa amount upfront. We If performed outside	rom your available day-to- ted accounts from your H onoscopy are performed, med in the doctor's rooms n Benefits (PMB) condition titient is under the age of 1 pay the account from the	n, indicated and approved for 12, you will not have to pay any e Hospital Benefit. ork, the highest of the out-of-	an upfront payment of 150 applies. We pay th and related accounts if Where both a gastroso performed, a higher u If scopes are performe as part of a confirmed Benefits (PMB) conditi approved for Dyspeps the age of 12, you will amount upfront. We p Hospital Benefit.	on, indicated and ia, or the patient is under not have to pay any way the account from the of the day surgery network, of-network upfront	done, we pay a p and R6 550 from benefits and the related accounts Where both a ga performed, a hig If scopes are per as part of a confi Benefits (PMB) c approved for Dy the age of 12, yo amount upfront. Hospital Benefit: If performed out network, the hig	here you have your ortion of between l your available day- balance of the hosy from your Hospita stroscopy and coloo her co-payment wil formed in the doct rmed Prescribed M ondition, indicated spepsia, or the patie u will not have to p We pay the accour side of the day surg hest of the out-of-n t or scopes co-paym	R3 800 -to-day pital and I Benefit. noscopy are II apply. or's rooms, linimum and ent is under ay any nt from the gery letwork	scope done, you portion of betwee R6 550 and we pa the hospital and if from your Hospit both a gastroscop are performed, a payment will app If scopes are perf doctor's rooms, a confirmed Prescr Benefits (PMB) co and approved for patient is under t will not have to p upfront. We pay t the Hospital Bene If performed outs surgery network,	en R3 800 and y the balance of elated accounts al Benefit. Where ay and colonoscopy higher upfront y. ormed in the s part of a ibed Minimum ndition, indicated Dyspepsia, or the he age of 12, you ay any amount he account from fit. ide of the day the highest of the ofront payment or	done, you will I R3 800 and R6 the hospital an Hospital Benef colonoscopy at payment will a If scopes are p part of a confir (PMB) conditio Dyspepsia, or t you will not ha pay the accour If performed o the highest of f	where you have y have to pay a port 550 and we pay t drelated account fit. Where both a g re performed, a h pply. erformed in the d m, indicated and a the patient is und we to pay any amo th from the Hospit utside of the day the out-of-networ opes co-payment	tion of between he balance of its from your astroscopy and igher upfront octor's rooms, as Ainimum Benefits pproved for er the age of 12, ount upfront. We ial Benefit. surgery network, k upfront	the KeyCare Day Surgery Netwo doctor's rooms, we pay the accoun Benefit.	im Benefit cover, in ork. If done in the t from the Hospital	Prescribed Minimum Benefi cover, in the KeyCare Start Da Surgery Network If done in the doctor's rooms, v pay the account from the Hospita Benefit.
CT scans related	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.	If done as part of an from the Hospital Be		will pay up to 100% of the DHR	If done as part of an a we will pay up to 100% Hospital Benefit.			f an approved admi 100% of the DHR fi		If done as part of hospital admissio we will pay up to from the Hospital Bene	n, 100% of the DHR	If done as part pay up to 100% from the Hosp		dmission, we will	If done as part of a 100% of the DHR from the Hospital	in approved admissic Benefit.	n, we will pay up to
CT scans if not related to admission or for back and neck	We pay the first R3 270 of the scan from your day-to-day benefits. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR. Limited to one scan per spinal and neck region.	day-to-day benefits.	270 of the scan from your We pay the balance of the tal Benefit, up to 100% of al and neck region.	e R3 270 of your MRI or CT	to-day benefits. We pa from the Hospital Ben DHR. For conservative you must also pay the R4 050 of the hospital balance of the scan fro	account. We pay the om the Hospital Benefit R. Limited to one scan per	day-to-day bene scan from the He the DHR. Limited	R3 270 of the scan f fits. We pay the bala ospital Benefit, up t pinal and neck reg	ance of the to 100% of	You need to pay the first R3 270 of the scan. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR. Limited to one scan per spinal and neck region.	This plan does not offer this benefit.	These plans do	o not offer this be	nefit.	We pay scans from Benefit up to a lim of R4 730 for each	it	We pay scans from the Special Benefit up to a limit of R2 370 for each person each year.

		Executive		Comprehensiv	ve	Pric	ority		Saver		Sm	art		
			Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Es
	Advanced Illness Benefit	Members have access to a comprehe	nsive palliative care prog	gramme. This programme	e offers unlimited cover for app	roved care at home, care	coordination, counselling	services and supp	portive care for a	opropriate end-	of-life clinical and p	sychologist services	. You also have	access
	Africa Evacuation Benefit			Cove	er for emergency medical evacu	ations from certain sub-S	aharan African countries	back to South Afri	ca. Pre-existing c	onditions are ex	cluded.			
	Assisted Reproductive Therapy (ART)	You have cover for up to two cycles of care which includes cover for consult costs including lab fees, medication at and sperm storage. This benefit also i Programme and meet the Scheme's c up to five years. We pay up to a limit of co-payment of 25% will apply.	ations, ultrasounds, oocy nd embryo includes cover for egg do linical entry criteria, you	rte retrieval, embryo tran onated cycles. If you are r have access to egg and s	registered on the Oncology sperm cryopreservation for						These plans	do not offer these l	penefits.	
	Connected Care	You have access to hospital-level care Monitoring Device Benefit for essenti- the scheme's clinical entry criteria, yo	al home monitoring and u have healthcare cover	home-based care for foll up to a limit of R4 000 pe	low up treatment after an admi er person per year, at 100% of t	ssion. The Home Monitor he Discovery Health Rate	ing Device Benefit gives y (DHR)	ou access to a ran	ge of essential ar	d registered ho	he Hospital at Hom me monitoring dev	e devices and healt ices for certain chro	hcare services if onic and acute c	f you m onditio
		The Scheme also covers defined point	t of care medical devices	up to 75% of the Discove	ery Health Rate (DHR), if you me	eet the clinical entry criter	ia. You will need to pay 2	5% towards the co	st of these device	S.				
ADDITIONAL BENEFITS		Cover up to \$1 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre-existing conditions are excluded.			Cover for a p	up to R5 million for each eriod of 90 days from you	person on each journey f r departure from South A	or emergency me frica. Specific rule	dical costs while t s apply and pre-e	ravelling outside xisting condition	e of South Africa, ns are excluded.w			
ADDIT		Up to R750 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. You also have cover for R300 000 at a recognised healthcare provider for in-hospital treatment that is available in South Africa. A co-payment of 20% and specific rules apply to these benefits.			vidence-based healthcare yment of 20% and specific						These plans	do not offer these l	penefits.	
		Covers certain tests at one of our wel or older and/or registered for certain Additional, and/or more frequent scre	chronic conditions. Pner	umococcal vaccine once e	every five years, or once per life	time for persons over the	age of 65. We also cover	bowel cancer scre	ening tests every	two years for m	nembers between 4	5 and 75 years.		-
	Trauma Recovery Extender Benefit	Extends your cover for out-of-hospita this benefit.	l claims for recovery afte	er certain traumatic even	ts for the rest of the year in whi	ch the trauma took place	and a year after the trau	ma. You and your	dependants on y	our health plan	also have access to	six counselling ses	sions per perso	n per ye
	The WHO Global Outbreak Benefit	Provides cover for global disease out	preaks recognised by the	World Health Organisat	ion (WHO) such as COVID-19. T	his benefit offers cover fo	the COVID-19 vaccine, o	ut-of-hospital mar	nagement, includi	ng diagnosis, co	nsultations and ap	propriate supportiv	e care.	

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

Complaints process: The following channels are available for your complaints: Step 1 - To take your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations. Step 2 - To contact the Principal Officer if you are still not satisfied with the resolution of your complaint after following the process in Step 1. You are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by e-mailing principalofficer@discovery.co.za. Step 3 – If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the website. Step 4 – Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process. Eco Park, Centurion 0157 | complaints@medicalschemes.co.za | 0861 123 267 | www.medicalschemes.co.za

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

We are continuously improving our communication to you. The latest version of this summary as well as detailed benefit information is available on www.discovery.co.za. * Discovery Health Rate (DHR): This is the rate we reimburse/pay hospitals, pharmacies and healthcare professionals at. To find hospitals or providers in our network, visit www.discovery.co.za. Where we refer to MedXpress it includes any MedXpress is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Discovery Home Care is a service provider. Practice 080 000 8000190, Grove Nursing Services (Pty) Ltd registration number 2015/191080/07, trading as Discovery HomeCare.

Core			Keycare	
Essential	Coastal	Plus	Core	Start
ss to a GP cons	sultation to facilit	ate your palliative ca	are treatment plan.	
		These p	lans do not offer these	benefits.
		1		

meet the clinical and benefit criteria. You have access to care at home, including a Home itions. Approved cover for these devices will not affect your day-to-day benefits. If you meet

These plans do not offer these benefits.

year and HIV screening tests. Seasonal flu vaccine during pregnancy, or for members 65 years d health and milestone tracking at any one of our wellness network providers.

r year by a psychologist, clinical social worker or registered counsellor. You need to apply for