

# 2022 PLAN COMPARISON





# Discovery Health Medical Scheme 2022 contributions

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

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

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



		Executive			Comprehensive			Priority		Saver			Smart		Core			Keycare					
		Classic			Essential			Classic Smart		Classic		Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start
DAY-TO-DAY BENEFITS	Above Threshold Benefit	The Scheme continues to cover day-to-day healthcare services once you reach your Annual Threshold. The Above Threshold Benefit is unlimited. Annual benefit limits may apply.						The Scheme continues to cover day-to-day healthcare services once you reach your Annual Threshold. The Above Threshold Benefit is limited. Annual benefit limits may apply.			These plans do not offer this benefit.												
	MRI and CT scans	We pay the first R3 270 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	We pay the first R3 270 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	You have to pay the first R3 270 of your MRI or CT scan until you reach the Annual Threshold. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	We pay the first R3 270 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	We pay the first R3 270 of your MRI or CT scan from your available MSA. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	You must pay the first R3 270 of your MRI or CT scan. We cover the balance of the scan from your Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	This plan does not offer this benefit.	These plans do not offer this benefit.			MRI and CT scans are paid from the Specialist Benefit up to a limit of R4 730 for a person a year.			MRI and CT scans are paid from the Specialist Benefit up to a limit of R2 370 for a person a year.								
MATERNITY COVER	Cover during your pregnancy and for two years after your baby's birth once the benefit is activated	<b>During pregnancy</b> <ul style="list-style-type: none"> <li>12 antenatal consultations with your gynaecologist, GP or midwife</li> <li>Two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans</li> <li>One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria</li> <li>Private ward cover up to R2 320 per day for your delivery in hospital</li> <li>Cover for up to R5 350 for essential registered devices with 25% co-payment</li> <li>A defined basket of blood tests</li> <li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth.</li> </ul>			<b>After you give birth</b> <ul style="list-style-type: none"> <li>Your baby is covered for up to two visits to a GP, paediatrician or an ENT</li> <li>You are covered for one six week post-birth consultation at your midwife, GP or gynaecologist as part of your delivery or if there are any complications</li> <li>One nutritional assessment at a dietitian</li> <li>Two mental health consultations with a counsellor or psychologist</li> <li>One breastfeeding consultation with a registered nurse or a breastfeeding specialist.</li> </ul>			<b>During pregnancy</b> <ul style="list-style-type: none"> <li>8 antenatal consultations with your gynaecologist, GP or midwife</li> <li>Two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans</li> <li>One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria</li> <li>A defined basket of blood tests</li> <li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth.</li> </ul>			<b>After you give birth</b> <ul style="list-style-type: none"> <li>Your baby is covered for up to two visits to a GP, paediatrician or an ENT</li> <li>You are covered for one six week post-birth consultation at your midwife, GP or gynaecologist either as part of your delivery or if there are any complications</li> <li>One nutritional assessment at a dietitian</li> <li>Two mental health consultations with a counsellor or psychologist</li> <li>One breastfeeding consultation with a registered nurse or a breastfeeding specialist.</li> </ul>			To access these benefits on KeyCare Start, your chosen GP must refer you.									
	Conditions	You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits list as well as additional conditions on our Additional Disease List.						You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits															
CHRONIC COVER	Consultation and medicine cover	You must nominate a GP in the Discovery Health Network to be your primary care doctor to manage your chronic conditions. For full cover on your GP consultations and referred healthcare services, such as radiology and pathology, you must visit your nominated Discovery Health Network GP. If you use a GP other than your nominated Discovery Health Network GP, a 20% co-payment will apply. You can change your nominated GP once a year.						You must nominate a GP in the Smart GP Network to be your primary care doctor to manage your chronic conditions. For full cover on your GP consultations and referred healthcare services, such as radiology and pathology, you must visit your nominated Smart Network GP. If you use a GP other than your nominated Smart Network GP, a 20% co-payment will apply. You can change your nominated GP once a year.			You must nominate a GP in the Discovery Health Network to be your primary care doctor to manage your chronic conditions. For full cover on your GP consultations and referred healthcare services, such as radiology and pathology, you must visit your nominated Discovery Health Network GP, a 20% co-payment will apply. You can change your nominated GP once a year.			You must nominate a GP in the KeyCare GP Network to be your primary care doctor to manage your chronic conditions. For full cover on your GP consultations and referred healthcare services, such as radiology and pathology, you must visit your nominated KeyCare Network GP, a 20% co-payment will apply. You can change your nominated GP once a year. On KeyCare Start you must visit your nominated KeyCare Start Network GP.									
	Approved medicine on our medicine list covered in full (not applicable to ADL conditions). Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Full cover for approved medicine on our medicine list (not applicable to ADL).  Full cover for Delta options if you use MedXpress or a MedXpress Network Pharmacy. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Full cover for approved medicine on our medicine list. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine on our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine on our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine on our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. For medicine not on our list, we cover up to the cost of the lowest formulary drug.	Approved medicine on our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. Medicines not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine covered in full when you use one of our network pharmacies or your nominated KeyCare Network GP. Your nominated KeyCare Network GP must prescribe the chronic medicine. For medicine not on our list, we cover up to the cost of the lowest formulary drug.	We cover your chronic medicine in a state facility.														
CANCER COVER	Oncology Benefit	We cover the first R400 000 of your approved cancer treatment over a 12-month cycle in full.			We cover the first R300 000 of your approved cancer treatment over a 12-month cycle in full.			We cover the first R200 000 of your approved cancer treatment over a 12-month cycle in full. All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where applicable. All PMB treatment costs add up to the cover amount. If your treatment costs more than the cover amount, we will cover up to 80% of the Discovery Health Rate (DHR).			We cover the first R200 000 of your approved cancer treatment over a 12-month cycle in full. All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where applicable. If your treatment costs more than the cover amount, we will cover up to 80% of the DHR. On Essential Smart, we cover cancer treatment in our network. If you choose to use any other provider, we will cover up to 80% of the Discovery Health Rate (DHR).			We cover the first R200 000 of your approved cancer treatment over a 12-month cycle in full. All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where applicable. All PMB treatment costs add up to the cover amount. If your treatment costs more than the cover amount, we will cover up to 80% of the Discovery Health Rate (DHR).			Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where applicable. You have cover for cancer treatment in our network. If you choose to use any other provider, we will cover up to 80% of the Discovery Health Rate (DHR).			Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where applicable. You have cover for cancer treatment in a state facility. If you choose to use any other provider, we will cover up to 80% of the Discovery Health Rate (DHR).			
	Extended Oncology Benefit	Once you have reached your cover limit, you have extended cover in full for a defined list of cancers and treatments that meet the Scheme's criteria.						These plans do not offer this benefit.															
	Oncology Innovation Benefit	You have cover for a defined list of innovative cancer medicine that meet the Scheme's criteria. You will need to pay 25% of the cost of these treatments.						You have cover for a sub-set of the defined list of innovative cancer medicine, subject to the Scheme's clinical entry criteria. You will need to pay 50% of the cost of these treatments.									These plans do not offer this benefit.						



	Executive			Comprehensive			Priority		Saver			Smart		Core			Keycare		
		Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start		
ADDITIONAL BENEFITS	<b>Advanced Illness Benefit</b>	Members have access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home, care coordination, counselling services and supportive care for appropriate end-of-life clinical and psychologist services. You also have access to a GP consultation to facilitate your palliative care treatment plan.																	
	<b>Africa Evacuation Benefit</b>	Cover for emergency medical evacuations from certain sub-Saharan African countries back to South Africa. Pre-existing conditions are excluded.														These plans do not offer these benefits.			
	<b>Assisted Reproductive Therapy (ART)</b>	You have cover for up to two cycles of ART if you meet the Scheme's benefit entry criteria. Cover includes a basket of care which includes cover for consultations, ultrasounds, oocyte retrieval, embryo transfer and freezing, admission costs including lab fees, medication and embryo and sperm storage. This benefit also includes cover for egg donated cycles. If you are registered on the Oncology Programme and meet the Scheme's clinical entry criteria, you have access to egg and sperm cryopreservation for up to five years. We pay up to a limit of R115 000 per person per year at 75% of the Discovery Health Rate (DHR). A co-payment of 25% will apply.						These plans do not offer these benefits.											
	<b>Connected Care</b>	You have access to hospital-level care in your home instead of having to go to hospital for acute hospital care. This includes cover and treatment for COVID-19 and/or follow-up care once discharged. You have access to the Hospital at Home devices and healthcare services if you meet the clinical and benefit criteria. You have access to care at home, including a Home Monitoring Device Benefit for essential home monitoring and home-based care for follow up treatment after an admission. The Home Monitoring Device Benefit gives you access to a range of essential and registered home monitoring devices for certain chronic and acute conditions. Approved cover for these devices will not affect your day-to-day benefits. If you meet the scheme's clinical entry criteria, you have healthcare cover up to a limit of R4 000 per person per year, at 100% of the Discovery Health Rate (DHR) The Scheme also covers defined point of care medical devices up to 75% of the Discovery Health Rate (DHR), if you meet the clinical entry criteria. You will need to pay 25% towards the cost of these devices.																	
	<b>International Travel Benefit</b>	Cover up to \$1 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre-existing conditions are excluded.			Cover up to R5 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre-existing conditions are excluded.									These plans do not offer these benefits.					
	<b>Overseas Treatment Benefit</b>	Up to R750 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. You also have cover for R300 000 at a recognised healthcare provider for in-hospital treatment that is available in South Africa. A co-payment of 20% and specific rules apply to these benefits.			Up to R500 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. A co-payment of 20% and specific rules apply to this benefit.			These plans do not offer these benefits.											
	<b>Screening and Prevention Benefit</b>	Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every two years, Pap smear every three years or one HPV test every 5 years, PSA (a prostate screening test) once a year and HIV screening tests. Seasonal flu vaccine during pregnancy, or for members 65 years or older and/or registered for certain chronic conditions. Pneumococcal vaccine once every five years, or once per lifetime for persons over the age of 65. We also cover bowel cancer screening tests every two years for members between 45 and 75 years. Additional, and/or more frequent screening is available for those who meet our clinical criteria. Consultations that do not form part of Prescribed Minimum Benefits (PMBs) will be paid from your available day-to-day benefits. Kids screening tests include a growth assessment and health and milestone tracking at any one of our wellness network providers.																	
	<b>Trauma Recovery Extender Benefit</b>	Extends your cover for out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma. You and your dependants on your health plan also have access to six counselling sessions per person per year by a psychologist, clinical social worker or registered counsellor. You need to apply for this benefit.																	
<b>The WHO Global Outbreak Benefit</b>	Provides cover for global disease outbreaks recognised by the World Health Organisation (WHO) such as COVID-19. This benefit offers cover for the COVID-19 vaccine, out-of-hospital management, including diagnosis, consultations and appropriate supportive care.																		

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](http://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](http://www.discovery.co.za) or by e-mailing [principalofficer@discovery.co.za](mailto: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 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](mailto:complaints@medicalschemes.co.za) | 0861 123 267 | [www.medicalschemes.co.za](http://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 prevail. Please consult the Scheme Rules on [www.discovery.co.za](http://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](http://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](http://www.discovery.co.za). Where we refer to MedXpress it includes any MedXpress partner pharmacy. 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.