

Comprehensive Series

Classic | Classic Delta | Classic Zero MSA | Essential | Essential Delta

Extensive in-hospital and out-of-hospital cover

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Unlimited private hospital cover



Comprehensive cover for chronic medicine



Access to specialised and advanced technology and medicine



A high savings account to cover your day-to-day healthcare needs



Certainty of cover for GP consultation fees, blood tests and day-to-day generic medicines



Cover for medical emergencies when travelling in and outside South Africa



We offer you the choice to be covered in full. Look out for the Full Cover Choice stamp in this brochure. It shows you when to use our range of online tools that help guide you to full cover.



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Your cover in hospital

*We cover you in any private hospital for emergencies and for planned hospital admissions that you have authorised with us.
There is no overall limit.*

Unlimited hospital cover

Emergency cover when you need it most

Discovery 911 offers fast, life-saving emergency care. In an emergency, go straight to hospital. If you need medically-equipped transport, call 0860 999 911. This line is managed by highly qualified emergency personnel who will send the most appropriate air or road emergency evacuation transport to you. It is important that you, a loved one or the hospital let us know about your admission as soon as possible.

Cover for planned hospital admissions

We cover you in a private hospital for approved admissions. You have no overall limit on your hospital cover. Please call us 48 hours before you go to hospital to confirm your admission.

Use a network hospital on Delta

On Classic Delta and Essential Delta, you are covered in full at private hospitals in the Delta Hospital Network. For planned admissions at any other private hospitals, you must pay an amount of R5 000 upfront to the hospital.



To help make your admission to hospital convenient and seamless we offer an online tool that assists you to plan and authorise your hospital admission and confirms how you will be covered.

Limits, clinical guidelines and policies apply to some healthcare services and procedures in hospital.

Unlimited healthcare services

Most of your in-hospital healthcare services have no overall limit. These are:

- GPs
- Pathology
- Allied healthcare professionals, like physiotherapists
- Specialists
- Radiology
- HIV cover

Limited healthcare services

Only the following healthcare services have an annual limit in hospital:

Cochlear implants, auditory brain implants and processors



R155 000 for each person for each benefit

Internal nerve stimulators



R117 000 for each person

Hip, knee and shoulder joint prostheses



There is no overall limit if you get your prosthesis from our preferred suppliers.
If you choose not to, a limit of R33 000 applies to each prosthesis.

Prosthetic devices used in spinal surgery



R23 000 for the first level, R46 000 for two or more levels, limited to one procedure for each person

Mental health



21 days for each person

Alcohol and drug rehabilitation



21 days for each person

Terminal care



R31 000 for each person in their lifetime

Your cover for healthcare professionals

Full cover for specialists who we have an agreement with

You can benefit by using healthcare professionals who we have an agreement with because we will cover their approved procedures in full. These healthcare professionals are also the designated providers for Prescribed Minimum Benefits.

If you are a Classic member, you benefit from access to the broadest range of specialists who we pay in full, which represents over 90% of our members' specialist interactions. Use our website to find a specialist who we cover in full.



Other specialists and healthcare professionals



Classic



Essential

Radiology and pathology



All plans

You may have a co-payment if your specialist charges above these rates.

Your cover for dental treatment

Severe dental and oral surgery

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's clinical rules.

Dental treatment in hospital

You need to pay a portion of your hospital or day-clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment:

Hospital		Day-clinic	
	 Younger than 13 R1 450		 Younger than 13 R700
	 13 and older R3 650		 13 and older R2 400

We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate. We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the Discovery Health Rate. On Classic Plans, we pay anaesthetists up to 200% of the Discovery Health Rate.

We cover routine, conservative dentistry, such as preventative treatments, simple fillings and root canal treatments from your available day-to-day benefits.

No overall dental limit

There is no overall limit for dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate from your day-to-day benefits, up to an annual limit of R19 200 a person. If you join the medical scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

Your cover for investigations

Scopes (gastroscopies, colonoscopies, sigmoidoscopies and proctoscopies)

We pay the first R2 300 of your hospital account from your day-to-day benefits. We pay the balance of the hospital account and your related accounts from your Hospital Benefit. A related account is the account from your treating healthcare professional or any approved expense you incur during your hospital admission, other than the hospital account.

MRI and CT scans

If your MRI or CT scan is done as part of an approved admission, we pay it from your Hospital Benefit at 100% of the Discovery Health Rate.

If you are admitted for conservative back or neck treatment, or if the scan is not related to your admission, we pay the first R2 450 of the scan code from your day-to-day benefits. We pay the balance of the scan code from your Hospital Benefit, up to 100% of the Discovery Health Rate. Specific rules and limits apply to conservative back and neck scans.

On Classic Zero MSA, MRI and CT scans are covered once you reach your Annual Threshold.



DiscoveryCare

DiscoveryCare looks after you when you are living with a chronic condition that needs ongoing management and care. Our skilled consultants help guide you to ensure you always receive the most appropriate level of care when your condition is registered on one of our care programmes.

Your cover for chronic conditions

You have the most extensive cover for a comprehensive list of chronic conditions.

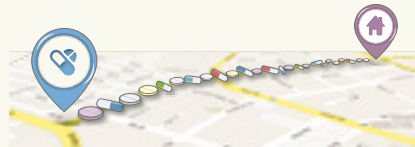
You have full cover for approved medicine on Discovery Health's medicine list. If you choose to use medicine that is not on our list, you have a set monthly amount available that is higher than that of our other plans.

We pay medicine up to the Discovery Health Rate. We need to approve your chronic condition before it is covered from the Chronic Illness Benefit.



MedXpress — convenient medicine delivery

When you use MedXpress, Discovery's convenient medicine delivery service, you pay no delivery or administration fees. Discovery's qualified service agents can also advise you on the most cost-effective alternatives and you will always be charged at the Discovery Health Rate or less – minimising co-payments. Call us on 0860 99 88 77 to make use of this free service.



Savings on essential care items at Dis-Chem

When you shop at Dis-Chem, ChroniCare brings you savings on a wide range of items appropriate to your needs, such as monitoring devices and diabetic footwear, that help manage your chronic condition.

You can activate ChroniCare if you are registered on our Chronic Illness Benefit for one of the following chronic conditions: asthma, diabetes, high cholesterol or high blood pressure.

Earn up to 25% cash back by activating ChroniCare at www.discovery.co.za/info/chronicare



Your cover for medical technology and expensive medicine

You have cover for a defined list of the latest treatments through the Specialised Medicine and Technology Benefit, up to R200 000 for each person each year. Please call us to see whether your treatment qualifies.

You also have access to the Overseas Treatment Benefit, which covers you when you travel to seek evidence-based healthcare treatment not available in South Africa. The treatment must be at a registered healthcare professional and is paid up to a limit of R500 000 for each person each year. You will need to pay and claim back from us when you return to South Africa.

Specific rules and a co-payment of up to 20% applies to both benefits.

Your cover for cancer treatment

Our Oncology Programme covers the first R400 000 of approved cancer treatment over a 12-month cycle. Cover is unlimited once cancer treatment costs go over this amount, but you will need to pay 20% of the cost of all further treatment.

All cancer-related healthcare services



You might have to make a co-payment if your healthcare professional charges above this rate.

Cancer treatment that is a Prescribed Minimum Benefit is always covered in full.

Please call us to register on the Oncology Programme.



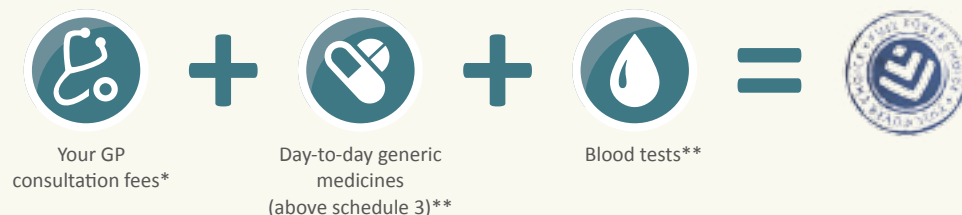
Your cover for day-to-day medical expenses

We pay for day-to-day medical expenses like GP visits, radiology and pathology from your Medical Savings Account, as long as you have money available. If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay for your day-to-day medical expenses yourself. The Insured Network Benefit pays for certain day-to-day benefits before you reach the Annual Threshold.

Once your claims add up to the Annual Threshold, we pay the rest of your claims from the Above Threshold Benefit, at the Discovery Health Rate.

The Insured Network Benefit reduces gaps in cover

We extend your day-to-day cover through the Insured Network Benefit. When you have spent the annual funds in your Medical Savings Account and if you use a provider in our network, we cover:



* Available on Classic, Classic Delta, Essential and Essential Delta

** Available on Classic and Classic Delta

The Above Threshold Benefit offers extra day-to-day cover

The Comprehensive Series has an unlimited Above Threshold Benefit. This gives you extra cover at the Discovery Health Rate or at a percentage of it when your day-to-day claims add up to a set amount called the Annual Threshold.

Unlimited cover on key day-to-day healthcare services

We pay these healthcare services from your Medical Savings Account or Above Threshold Benefit, with no annual limit:

- GPs
- Pathology
- Radiology
- Basic dental check-ups
- Specialists
- MRI and CT scans: We pay the first R2 450 of your MRI or CT scan code from your day-to-day benefits. We cover the balance of the scan code from your Hospital Benefit, up to the Discovery Health Rate (except for conservative back and neck scans, where specific rules and limits apply). On Classic Zero MSA, MRI and CT scans are covered once you reach your Annual Threshold.

Limits on some day-to-day healthcare services

Some of your day-to-day benefits have limits. These are not separate benefits. These limits apply to claims paid from your Medical Savings Account or Above Threshold Benefit.

	Classic	Essential
Professional services		
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)*	Single member: R11 000 With one dependant: R14 850 With two dependants: R18 150 With three or more dependants: R21 000	R 6 600 R 9 350 R12 100 R14 300
Antenatal classes	R 1 100 for your family	
Dental appliances and orthodontic treatment*	R19 200 for each person	
Medicine		
Prescribed medicine (over schedule 3)*	Single member: R18 600 With one dependant: R21 850 With two dependants: R25 400 With three or more dependants: R28 950	R12 050 R14 600 R17 600 R19 200
Over-the-counter medicine (including prescribed medicine under schedule 3 and lifestyle-enhancing products)	We pay these claims from the available funds in your Medical Savings Account.	
Appliances and equipment		
External medical items	For your family: R50 000	R33 300
Hearing aids	For your family: R18 500	R14 800
Optical (includes cover for lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, like excimer laser)*	R3 250 for each person	

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

How we make your Medical Savings Account last longer

We pay claims for these day-to-day expenses without using your Medical Savings Account:

- The Screening and Prevention Benefit covers certain tests at a Discovery Wellness Network provider, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram, Pap smear, PSA (a prostate screening test) and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine.
- We will cover out-of-hospital claims for recovery after certain traumatic events from the Trauma Recovery Extender Benefit. The cover applies to the rest of the year in which the trauma took place, and to the year after your trauma. (not available on Classic Zero MSA).
- We pay for scopes (gastroscopies, colonoscopies, sigmoidoscopies and proctoscopies) from your Hospital Benefit if it's done in your doctor's rooms.



Classic



Essential

Please call us before you have a scope done in your doctor's rooms, to confirm your benefits.

Save on self-medication at Clicks

With MedSaver, you can earn up to 25% cash back on self-medication at any Clicks Pharmacy, whether you pay for it or claim for it. Activate MedSaver by going to www.discovery.co.za/medsaver



Extending your cover for allied healthcare services

The Allied, Therapeutic and Psychology Extender Benefit gives you unlimited cover for a list of allied healthcare services, like physiotherapy. This unlimited cover is for a defined list of conditions, for example quadriplegia and cerebral palsy. The unlimited cover depends on your condition and the criteria for it.



Contributions

Total contributions (including Medical Savings Account amounts)				Annual Medical Savings Account amounts**			Annual Threshold amounts**		
									
	Main member	Adult	Child*	Main member	Adult	Child*	Main member	Adult	Child*
Classic Comprehensive	R3 086	R2 918	R616	R9 252	R8 748	R1 848	R10 375	R10 375	R1 950
Classic Delta Comprehensive	R2 780	R2 629	R553	R8 340	R7 884	R1 656			
Classic Zero MSA	R2 315	R2 189	R462	No Medical Savings Account					
Essential Comprehensive	R2 594	R2 451	R520	R4 668	R4 404	R936			
Essential Delta Comprehensive	R2 335	R2 207	R467	R4 200	R3 972	R840			

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

** 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.

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General exclusions: We do not cover certain healthcare services. You will find a full list of exclusions at www.discovery.co.za

This brochure is intended for intermediary use. It is only a summary of the key benefits and features of the Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical Schemes. Full details can be found in the Discovery Health Medical Scheme Rules. It also summarises other Discovery products and value-added services. For compliance questions, email compliance@discovery.co.za. Discovery Health Medical Scheme, registration number 1125, is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Vitality is not part of the Discovery Health Medical Scheme. Vitality is a separate product sold and administered by Vitality Healthstyle (Pty) Ltd, registration number 1999/007736/07, an authorised financial services provider.