

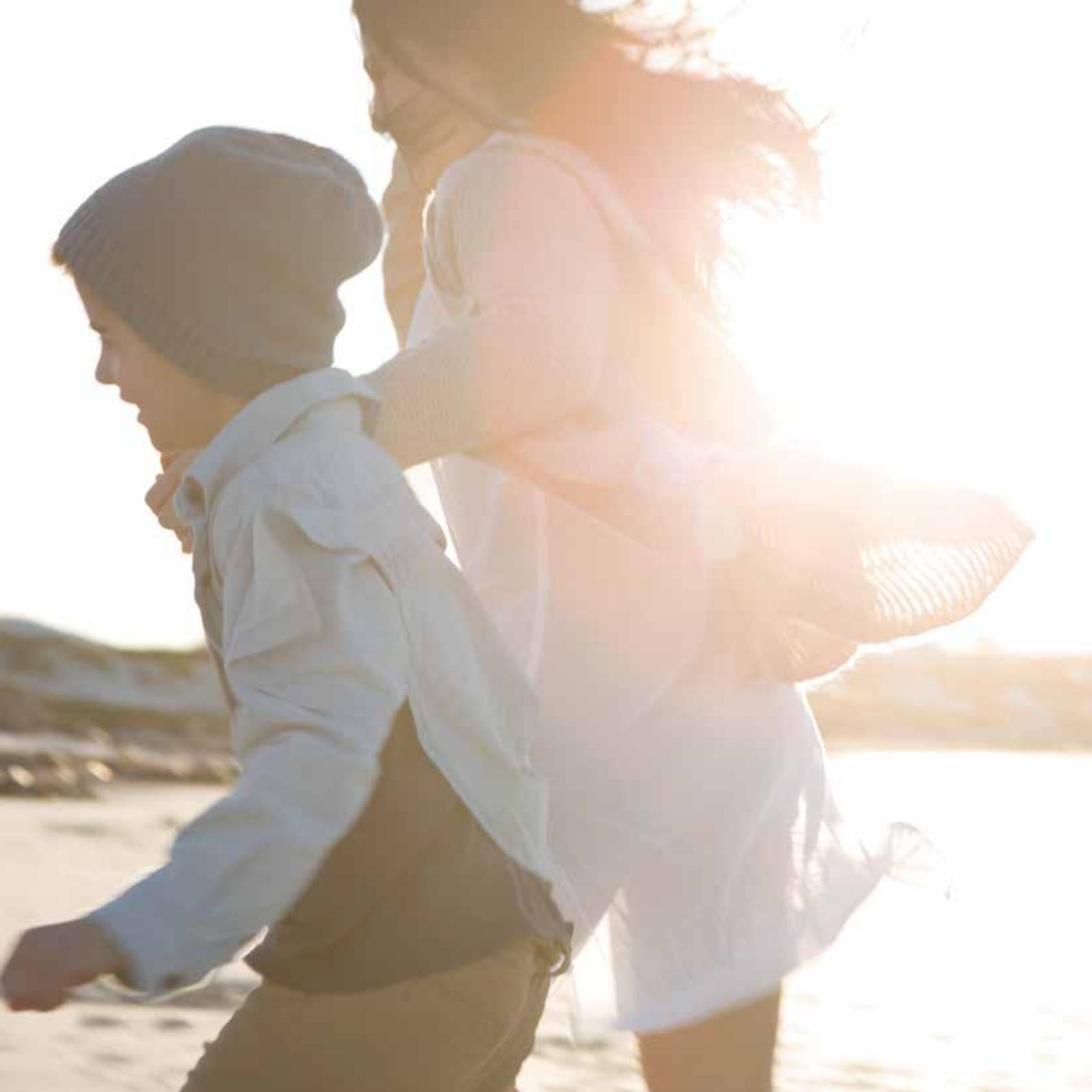


Health Plan Guide 2017
Comprehensive
Series

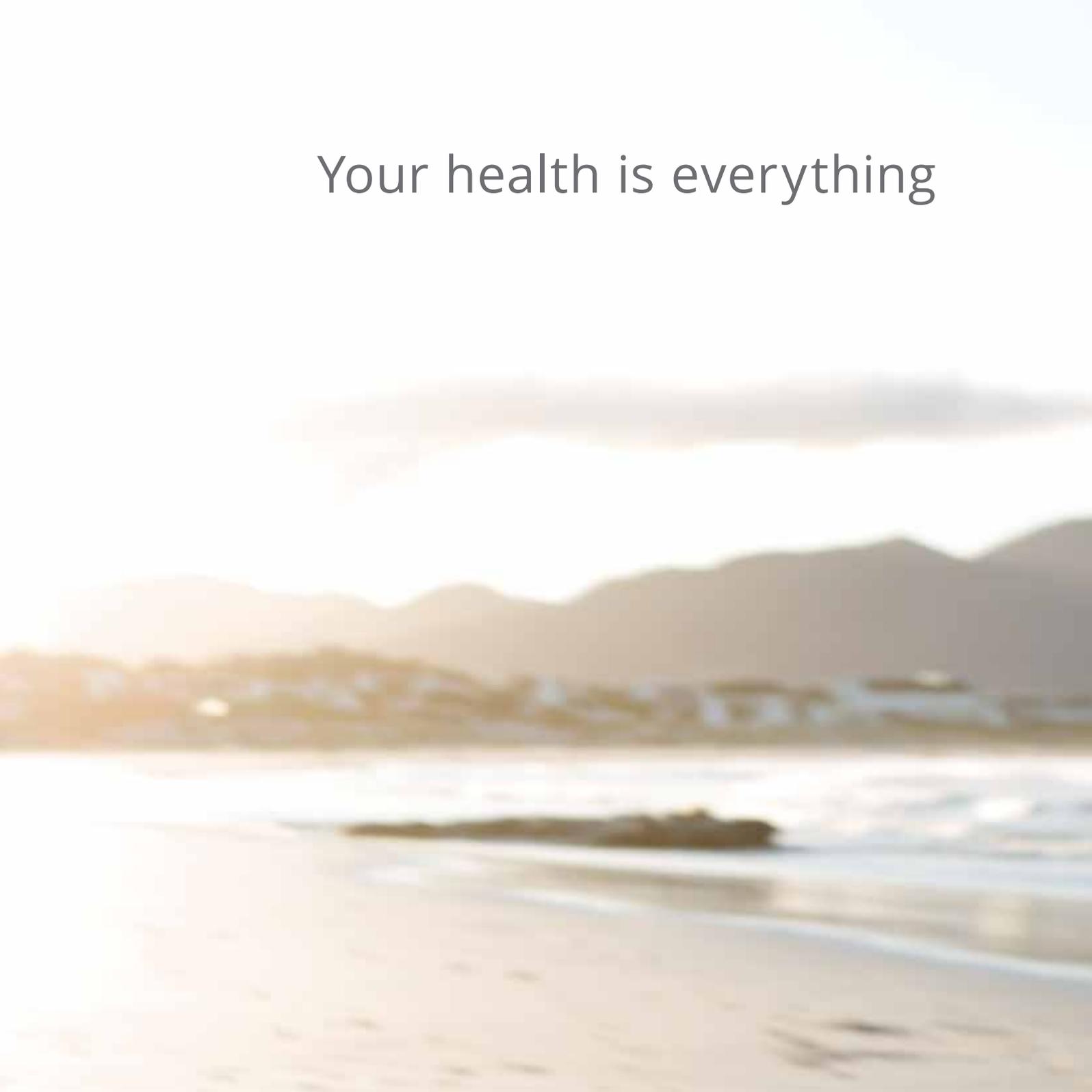
COMPREHENSIVE

2017

SERIES



Your health is everything



The Discovery Health Medical Scheme is the best choice for you

When you join Discovery Health Medical Scheme, you have access to affordable, comprehensive healthcare benefits. These are supported by world-class service and a range of industry leading digital tools and programmes to manage your health and health plan.



South Africa's No. 1 Choice



CONSUMERS



FINANCIAL
ADVISERS



BUSINESS



World-leading Health Insurance

In a global study by Deloitte, Discovery Health Medical Scheme has been ranked among the top 3 health insurers in the world since 2008, based on financial security, contribution levels, membership and innovation.

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. 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. When reference is made in this brochure to "we" in the context of benefits, members, payments or cover, this refers to Discovery Health Medical Scheme. Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07, an authorised financial services provider.



Comprehensive benefits

Choose from 23 plan options, which all offer rich benefits with unlimited private hospital cover, and full cover in our extensive healthcare networks.



Better healthcare

Access to wide-ranging benefits, care programmes and services that ensure you and your doctor can access the best healthcare available when you need it.



Lower cost

Affordable contributions, which are on average 14.6% lower than contributions for comparable cover with other South African medical schemes.



Better health

The opportunity to join the world's leading science-based wellness programme, Vitality, that gives you access to and rewards you for a healthy lifestyle.

Tools to manage your health plan

The very latest digital health technology that empowers you and your doctor to manage your health and your health plan, anywhere, anytime.



The lower cost analysis is a comparison of our contributions with open scheme competitor contributions, based on internal analysis of publicly available marketing material.

Vitality is not part of Discovery Health Medical Scheme. Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd. Registration number 1999/007736/07, an authorised financial services provider.

Key features

Benefits available on the Comprehensive Series



Unlimited private hospital cover



Guaranteed full cover in hospital for specialists on a payment arrangement, up to 200% of the Discovery Health Rate (DHR) on Classic plans and up to 100% of the DHR on Essential plans for other healthcare professionals



Full cover for chronic medicine for all Chronic Disease List (CDL) conditions plus some additional chronic conditions



A high savings account and an unlimited Above Threshold Benefit (ATB) for your day-to-day healthcare needs



Additional cover through the Day-to-day Extender Benefit (DEB) when your Medical Savings Account (MSA) runs out for GP consultation fees, kid's casualty visits, consultations via video call with paediatricians, preferred medicine, blood tests, antenatal consultations and some external medical items



Access to specialised, advanced medical care in South Africa and abroad



Unique access to DNA sequencing and non-invasive prenatal testing



Cover for medical emergencies when travelling

The Comprehensive Series has five health plan options

The five plan options have differences in benefits as indicated below. All other benefits not mentioned in the table are the same across all plan options.

	Classic	Classic Delta	Essential	Essential Delta	Classic Zero MSA
Hospital cover					
Hospital Network	Any private hospital	Private hospitals in the Delta Network	Any private hospital	Private hospitals in the Delta Network	Any private hospital
Cover for specialists, GPs and other healthcare professionals	200% of the Discovery Health Rate (DHR)		100% of the Discovery Health Rate (DHR)		200% of the Discovery Health Rate (DHR)
MRI and CT scans If not related to your admission or if for conservative back or neck treatment	We pay the first R2 750 from your day-to-day benefits and the balance from your Hospital Benefit, up to 100% of the DHR		We pay the first R2 750 from your day-to-day benefits and the balance from your Hospital Benefit, up to 100% of the DHR		Covered at 100% of the DHR once you reach your Annual Threshold
Day-to-day benefits					
Medical Savings Account	25% of your monthly contribution goes into your Medical Savings Account		15% of your monthly contribution goes into your Medical Savings Account		Not available on this plan
Day-to-day Extender Benefit provides access to certain healthcare services once your yearly allocated MSA is used up	<ul style="list-style-type: none"> ■ Face-to-face and video call GP consultations ■ Preferred Medicine List (schedule 3 and above) ■ Antenatal consultations and pregnancy scans ■ Blood tests ■ Defined list of external medical items ■ Kid's casualty visits and video call consultations with paediatricians 		<ul style="list-style-type: none"> ■ Face-to-face and video call GP consultations ■ Defined list of external medical items 		Not available on this plan
MRI and CT scans	We pay the first R2 750 from your day to-day benefits and the balance from your Hospital Benefit (for conservative back and neck scans, specific rules apply)				Covered once you reach your Annual Threshold
Trauma Recovery Extender Benefit	Covers 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				Not available on this plan
Day-to-day limits	Some day-to-day healthcare services have limits. These limits apply to claims paid from your Medical Savings Account, Day-to-day Extender Benefit (DEB) (where applicable), claims paid from your pocket and Above Threshold Benefit. These are not separate benefits.				
Designated network for chronic medicines	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist.	You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress, a 20% co-payment applies.	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist.	You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress, a 20% co-payment applies.	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist.

You get unlimited hospital cover

All Discovery Health Medical Scheme plans offer unlimited hospital cover. Your hospital cover includes the account from the hospital and the accounts from your admitting doctor, anaesthetist and any other approved healthcare professional.

Unlimited cover in private hospitals

For any planned or non-emergency admission you need to call us to confirm your admission.

The Delta options offer cover for planned admissions in a defined network. For planned admissions at hospitals outside the network, you will have to pay R7 100 of the hospital account.

Discovery HomeCare – an alternative to a hospital stay

Discovery HomeCare is a unique home-based nursing service that offers you quality care in the comfort of your own home (see page 28).

Emergencies are covered in full

If you have an emergency, you can go straight to hospital. If you need medically-equipped transport, call Discovery 911 on **0860 999 911**.

How we cover your hospital and related accounts

We cover your hospital account from your Hospital Benefit.

Doctors, specialists and other healthcare professionals we have a payment arrangement with are covered in full for approved procedures in hospital. You benefit from access to the broadest range of specialists, which represents over 90% of our members' specialist interactions. If you use healthcare professionals that we don't have payment arrangements with, we will pay at the rate applicable to your chosen plan and you may have a co-payment.

Prescribed Minimum Benefit (PMB) conditions

In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- An emergency medical condition
- A defined list of 270 diagnoses
- A defined list of 27 chronic conditions

To access Prescribed Minimum Benefits, there are rules that apply:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions.
- The treatment needed must match the treatments in the defined benefits.
- You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised.

If your treatment doesn't meet the above criteria, we will pay up to 80% of the Discovery Health Rate. You will be responsible for the difference between what we pay and the actual cost of your treatment.

What is an emergency

An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.

An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.

What is the Discovery Health Rate (DHR)

This is a rate set by us at which healthcare services from hospitals, pharmacies and healthcare professionals are paid.

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

There is no overall limit for your hospital cover. This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts).

Hospital cover	
Hospital account	Covered in full at the rate agreed with the hospital
On the Delta options, an upfront payment applies for admissions to hospitals outside of the Delta Hospital Network	R7 100
Related accounts	
Specialists we have a payment arrangement with	Full cover
Specialists we don't have a payment arrangement with and other healthcare professionals	Classic 200% of the Discovery Health Rate (DHR) Essential 100% of the Discovery Health Rate (DHR)
Radiology and pathology	100% of the Discovery Health Rate (DHR)
MRI and CT scans	If related to your admission, we pay up to 100% of the DHR from the Hospital Benefit. If not related to your admission, or for conservative back and neck treatment, we pay the first R2 750 of the scan from your day-to-day benefits and the balance of the scan from the Hospital Benefit, up to 100% of the DHR. On Classic Zero MSA you are covered once you reach your Annual Threshold.
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	We pay the first R3 150 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit. If done in the doctor's rooms, you won't have to pay an amount upfront. We pay the account from the Hospital Benefit.

Hospital cover

Healthcare services with an annual limit



Cochlear implants, auditory brain implants and processors

.....
R207 000 for each person for each benefit



Internal nerve stimulators

.....
R142 200 for each person



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 **R40 000** applies to each prosthesis.



Major joints surgery

.....
We cover planned hip and knee joint replacements in full when you use a provider in our network.

If you go elsewhere, we will pay up to 80% of the DHR for the hospital account. A limit of R38 200 applies to each prosthesis for each admission.



Alcohol and drug rehabilitation

.....
21 days for each person



Prosthetic devices used in spinal surgery

.....
There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of **R25 500** for the first level and **R51 000** for two or more levels applies, limited to one procedure for each person each year.



Mental health

.....
21 days for admissions or up to 15 out-of-hospital consultations for each person for major affective disorders, anorexia and bulimia and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma.

21 days for all other mental health admissions.

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

Hospital cover

Cover for dental treatment in hospital

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 rules.

Other 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.

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

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

Dental limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the DHR from your day-to-day benefits, up to an annual limit of R25 300 a person. If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

Amount you need to pay upfront when you go to:

Hospital

	Younger than 13	R2 050
	13 and older	R5 250

Day clinic

	Younger than 13	R930
	13 and older	R3 400



You get extensive cover for chronic conditions and cancer

Members living with a chronic illness or cancer get the best care and support at all times through our suite of programmes.

Prescribed Minimum Benefit (PMB) conditions

You have access to treatment for a list of medical conditions under the Prescribed Minimum Benefits (PMBs). The PMBs cover the 27 chronic conditions on the Chronic Disease List (CDL).

All our plans offer benefits that are far richer than the PMBs. To access PMBs, certain rules apply (see page 7).

Chronic Illness Benefit (CIB)

The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions. You need to apply to have your medicine covered for your chronic condition.

Medicine cover for the Chronic Disease List

You get full cover for approved chronic medicine on our medicine list. For medicine not on our list, we cover you up to a set monthly rand amount called the Chronic Drug Amount (CDA).

Medicine cover for the Additional Disease List

You get cover for medicine on the Additional Disease List (ADL). You are covered up to the set monthly CDA for your medicine. No medicine list applies.

How we pay for medicine

We pay for medicine up to a maximum of the Discovery Health Rate for medicine. The Discovery Health Rate for medicine is the price of the medicine as well as the fee for dispensing it.

Chronic conditions we cover

Chronic Disease List (CDL) conditions	Addison's disease, asthma, bipolar mood disorder, bronchiectasis, cardiac failure, cardiomyopathy, chronic obstructive pulmonary disease, chronic renal disease, coronary artery disease, Crohn's disease, diabetes insipidus, diabetes Type 1, diabetes Type 2, dysrhythmia, epilepsy, glaucoma, haemophilia, HIV, hyperlipidaemia, hypertension, hypothyroidism, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, schizophrenia, systemic lupus erythematosus, ulcerative colitis
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Additional chronic conditions we cover

Additional Disease List (ADL) conditions	Ankylosing spondylitis, Behçet's disease, cystic fibrosis, delusional disorder, dermatopolymyositis, generalised anxiety disorder, Huntington's disease, major depression, muscular dystrophy and other inherited myopathies, myasthenia gravis, obsessive compulsive disorder, osteoporosis, isolated growth hormone deficiency, motor neuron disease, Paget's disease, panic disorder, polyarteritis nodosa, post-traumatic stress disorder, psoriatic arthritis, pulmonary intestinal fibrosis, Sjögren's syndrome, systemic sclerosis, Wegener's granulomatosis
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Where to get your medicine

Designated service providers (DSP)

To avoid a 20% co-payment on Delta options, you have to use MedXpress or MedXpress network pharmacies.

Over 2 500 pharmacies

You can use a pharmacy in our pharmacy network.

To find a pharmacy network provider or MedXpress network pharmacy, visit www.discovery.co.za

MedXpress

Get your monthly medicine by using MedXpress, a convenient ordering and delivery service or you can collect at a network pharmacy (see page 27).

Where we refer to MedXpress, it includes any MedXpress network pharmacy.

Suite of patient management programmes

DiabetesCare

Our DiabetesCare programme, together with your Premier Plus GP, will help you actively manage your diabetes. A Premier Plus GP is a network GP that has contracted with us on quality-based metrics.

The DiabetesCare programme is based on clinical and lifestyle guidelines. The programme gives you and your Premier Plus GP access to various tools to monitor and manage your condition and to ensure you have access to high-quality coordinated care.

You and your GP can track progress on a personalised dashboard displaying your unique Diabetes Management Score. This will help to identify the steps you should take to manage your condition and stay healthy over time.

The programme also unlocks cover for valuable healthcare services from healthcare providers like dietitians and biokineticists.

Any Discovery Health Medical Scheme member registered on the Chronic Illness Benefit for diabetes can join the DiabetesCare programme.

How to join

Speak to your Premier Plus GP or visit www.discovery.co.za to find a GP and get more information.

HIVCare

When you register for our HIVCare Programme, you are covered for the care that you need. You can be assured of confidentiality at all times. You need to get your medicine from a DSP to avoid a 20% co-payment.

Compassionate care

The Compassionate Care Benefit gives you access to holistic home-based end-of-life care up to **R52 750** for each person in their lifetime.

OncologyCare

If you're diagnosed with cancer and once we have approved your cancer treatment, you are covered by the OncologyCare Programme. We do not limit your cancer treatment costs. We cover the first R400 000 of your approved cancer treatment over a 12-month cycle in full. If your treatment costs more than the cover amount, you will need to pay 20% of the additional costs. Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full.

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

Advanced Illness Benefit

Members with cancer have access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home.

You get screening and prevention benefits

Preventive screening is important to ensure that medical conditions are detected early

As a Discovery Health Medical Scheme member, you have access to screening and prevention benefits at any one of our wellness providers that cover the following:



Screening for adults

This benefit covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol, body mass index and HIV screening.

We also cover a mammogram every 2 years, a Pap smear once every 3 years and a PSA test (prostate screening) each year.

If you meet our clinical entry criteria you get access to the following additional tests:

- Rapid HbA1c glucose test
- Lipogram cholesterol test
- Breast MRI or mammogram and once-off BRCA testing for breast screening
- Pap smear for cervical screening
- Seasonal flu vaccine for members 65 years or older or registered for certain chronic conditions

The clinical entry criteria are available on www.discovery.co.za



Screening for kids

This benefit covers growth assessment tests, including height, weight, head circumference and health and milestone tracking at any one of our wellness providers.



How we pay

These tests and consultations do not affect your day-to-day benefits as they are paid from the Hospital Benefit. Consultations that do not form part of PMBs will be paid from your available day-to-day benefits.

You get cover for day-to-day medical expenses

Medical Savings Account (MSA)

We pay your day-to-day medical expenses like GP and specialist consultations, everyday medicine, radiology and pathology from the available funds in your MSA. Any unused funds will carry over to the next year.

Self-payment Gap (SPG)

When you run out of MSA, you will have to pay for some healthcare expenses from your pocket before you reach your Annual Threshold. This temporary gap in cover is called a Self-payment Gap (SPG).

You must still send claims to us so that we know when to start paying from your Above Threshold Benefit (ATB). More information on the SPG is available on www.discovery.co.za.

Day-to-day Extender Benefit (DEB)

We extend your day-to-day cover through the Day-to-day Extender Benefit (DEB) (previously known as the Insured Network Benefit) when you have spent your annual MSA allocation and before you reach your Annual Threshold, where applicable. By simply using healthcare providers in our networks, you will be covered in full for a unique set of essential healthcare services. The benefit does not apply to Classic Zero MSA.

Above Threshold Benefit (ATB)

Once all the claims you have sent to us add up to the Annual Threshold, we pay the rest of your claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate or a portion of it. You have an unlimited ATB.

Your cover is extended through the Day-to-day Extender Benefit

When your annual MSA allocation has been spent, you get extra cover for a set of essential healthcare services in our network



Preferred Medicine List

On Classic and Classic Delta, you have cover for schedule 3 and above medicine from our preferred medicine list, subject to the prescribed medicine limit, if you use a pharmacy in our network.



GP consultations

We cover you for face-to-face and video call GP consultations if you use a GP in the Premier Plus Network. A Premier Plus GP is a network GP that has contracted with us on quality-based metrics.



Kid's casualty cover and video call consultations with paediatricians

On Classic and Classic Delta, kids younger than 10 years have access to two casualty visits a year and video call consultations with a paediatrician who we have a payment arrangement with.



Blood tests

On Classic and Classic Delta, you have full cover for blood tests at one of our partner pharmacy clinics.



Defined list of external medical items

You have cover for external medical items from the defined list of items when you use one of the suppliers in our network. This benefit is subject to the external medical items limit.



Antenatal consultations

On Classic and Classic Delta, you have access to antenatal consultations and 2D pregnancy scans, provided you use a gynaecologist/obstetrician who we have a payment arrangement with.



Day-to-day cover

We cover your day-to-day healthcare expenses from your MSA, DEB or ATB

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

Specialists we have a payment arrangement with	Up to the agreed rate
Specialists we don't have a payment arrangement with	100% of the DHR
GPs and all other healthcare services	100% of the DHR
Preferred medicine	100% of the DHR
Non-preferred medicine	75% of the DHR

We also pay these amounts when you reach your Above Threshold Benefit (ATB). Over-the-counter medicine, vaccines and immunisations do not add up to your Annual Threshold and are not paid from your ATB. We add up the amount to the benefit limit available. If the claimed amount is less than the DHR, we will pay and add the claimed amount to the Annual Threshold. Claims paid from your Day-to-day Extender Benefit (DEB) will not accumulate to the Annual Threshold.

Some day-to-day healthcare services have limits. These are not separate benefits. Limits apply to claims paid from your MSA, DEB (where applicable), claims paid from your pocket and ATB.

Professional services

 Single member
  One dependant
  Two dependants
  Three or more dependants

Allied, therapeutic and psychology healthcare services*

(acousticians, biokineticists, chiropractors, counsellors, dietitians, homeopaths, nurses, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrists, social workers, speech and language therapists, and audiologists)

	Single member	One dependant	Two dependants	Three or more dependants
Classic	R15 650	R21 200	R25 900	R30 000
Essential	R9 450	R13 350	R17 300	R20 400
Antenatal classes	R1 550 for your family			
Dental appliances and orthodontic treatment*	R25 300 for each person			

Medicine	 Single member	 One dependant	 Two dependants	 Three or more dependants
Prescribed medicine* (schedule 3 and above)				
Classic	R26 650	R31 300	R36 350	R41 450
Essential	R17 200	R20 850	R25 150	R27 450
Over-the-counter medicine, vaccines and immunisations	We pay these claims from the available funds in your Medical Savings Account. These claims do not add up to the Annual Threshold and are not paid from the Above Threshold Benefit.			
Appliances and equipment				
Optical* (this limit covers lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R4 600 for each person			
External medical items*	Classic	R58 800 for your family		
	Essential	R39 400 for your family		
Hearing aids	Classic	R22 900 for your family		
	Essential	R18 300 for your family		

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

You also get additional benefits that enhance your cover



GP video call consultations

You can conveniently connect with your doctor whenever and wherever needed. Video call consultations are paid from your available day-to-day benefits.



Unique access to DNA sequencing and non-invasive prenatal testing

You have cover for the latest DNA analysis. We will cover the full cost of the test from available day-to-day benefits and accumulate and pay 50% of the cost from the Above Threshold Benefit (ATB). For expecting mothers who are at high risk, we will cover non-invasive prenatal screening from your available day-to-day benefits at the agreed rate. You can also use your MSA for newborn screening to detect metabolic disorders.



International second opinion services

Through your specialist, you have access to second opinion services from Cleveland Clinic for life-threatening and life-changing conditions. We cover 50% of the cost of the second opinion service.



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

You have access to unlimited, clinically appropriate cover for biokineticists, acousticians, physiotherapists or chiropractors, psychologists, occupational therapists, speech and language therapists and external medical items, for a defined list of conditions.

You may need to apply for these benefits.



Claims related to traumatic events

The Trauma Recovery Extender Benefit covers out-of-hospital claims related to certain traumatic events. Claims are paid from the Trauma Recovery Extender Benefit for the rest of the year in which the trauma occurred, as well as the year after the event occurred. You may need to apply for this benefit. The benefit does not apply to Classic Zero MSA.



International travel

You have cover of up to R5 million for each person on each journey for emergency medical costs while you travel outside of South Africa. This cover is for a period of 90 days from your departure from South Africa. We may cover you at equivalent local costs for elective treatment received while outside of South Africa, as long as the treatment is readily and freely available in South Africa and it would normally be covered by your plan in terms of the Scheme Rules. Pre-existing conditions are excluded.



Frames and lenses

You can enjoy savings of 20% off frames and lenses at an optometrist in our network. Your discount is immediate at the point of sale.



Overseas treatment

You have cover for 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. You will need to pay and claim back from us when you return to South Africa. A co-payment of 20% applies.



Africa evacuation cover

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



Specialised medicine and technology

You have cover for a defined list of the latest treatments through the Specialised Medicine and Technology Benefit (SMTB), up to R200 000 for each person each year. A co-payment of up to 20% applies.

Contributions, MSA and Annual Threshold amounts

	 Main member	 Adult	 Child*
Contributions			
Classic	R4 506	R4 264	R898
Classic Delta	R4 059	R3 842	R807
Classic Zero MSA	R3 380	R3 199	R674
Essential	R3 787	R3 580	R762
Essential Delta	R3 410	R3 221	R684
Annual Medical Savings Account amounts**			
Classic	R13 512	R12 792	R2 688
Classic Delta	R12 168	R11 520	R2 412
Classic Zero MSA	No Medical Savings Account		
Essential	R6 816	R6 444	R1 368
Essential Delta	R6 132	R5 796	R1 224
Annual Threshold amounts**			
All Plans	R15 500	R15 500	R2 950

* 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 Scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

Delta Hospital Network

Gauteng

- Arwyp Medical Centre
- Life Bedford Gardens Hospital
- Netcare Bougainville Private Hospital
- Life Brenthurst Clinic
- Life Carstenhof Clinic
- Dr S K Matseke Memorial Hospital
- Clinix Naledi-Nkanyezi Private Hospital
- Netcare Clinton Clinic
- Life Genesis Clinic
- Mediclinic Emfuleni
- Netcare Femina Hospital
- Life Fourways Hospital
- Mediclinic Legae Private Hospital
- Lenmed Ahmed Kathrada Private Hospital
- Life Groenkloof Hospital
- Louis Pasteur Hospital
- Midvaal Private Hospital
- Mediclinic Morningside
- Life Robinson Private Hospital
- Life Roseacres Clinic
- Life Suikerbosrand Clinic
- Wits Donald Gordon Medical Centre
- Life Wilgeheuwel Hospital

Plus 55 day clinics

KwaZulu-Natal

- Life Chatsmed Garden Hospital
- Life Entabeni Hospital
- Midlands Medical Centre
- Life Westville Hospital
- Ethekwini Hospital and Heart Centre

Plus 11 day clinics

Western Cape

- Mediclinic Cape Town
- Life Vincent Pallotti Hospital
- Melomed Mitchells Plain
- Mediclinic Panorama
- Mediclinic Vergelegen

Plus 29 day clinics

Free State

- Life Rosepark Hospital
- Netcare Universitas Private Hospital
- Horizon Eye Care Centre

Plus 4 day clinics

Eastern Cape

- Life Mercantile Hospital

General exclusions

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

General exclusion list includes:

- Cosmetic procedures and treatments
- Otoplasty for bat ears, port-wine stains and blepharoplasty (eyelid surgery)
- Breast reductions or enlargements and gynaecomastia
- Obesity
- Frail care
- Infertility
- Wilfully self-inflicted illness or injury
- Alcohol, drug or solvent abuse
- Wilful and material violation of the law
- Wilful participation in war, terrorist activity, riot, civil commotion, rebellion or uprising
- Injuries sustained or healthcare services arising during travel to or in a country at war
- Experimental, unproven or unregistered treatments or practices
- Search and rescue
- Any costs for which a third party is legally responsible

We also do not cover the complications or the direct or indirect expenses that arise from any of the exclusions listed above, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits.

Waiting periods

If we apply waiting periods because you have never belonged to a medical scheme or you have had a break in membership of more than 90 days before joining Discovery Health Medical Scheme, you will not have access to the Prescribed Minimum Benefits during your waiting periods. This includes cover for emergency admissions.

If you had a break in cover of less than 90 days before joining Discovery Health Medical Scheme, you may have access to Prescribed Minimum Benefits during waiting periods.

A man and a woman are walking together in a field of yellow flowers. The man is carrying the woman on his back. They are both smiling and looking towards the right. The background shows a clear sky and some trees in the distance.

Tools and services to
improve your health

MedXpress

Convenient medicine ordering service

Discovery MedXpress is a convenient cost-effective medicine ordering service, particularly for monthly chronic medicine. Using Discovery MedXpress or a MedXpress network pharmacy will ensure you get favourable rates for your approved chronic medicine.

The benefits of using Discovery MedXpress or a MedXpress network pharmacy

- You have full cover with no co-payments for medicine on our medicine list
- It is quick and convenient
- Delivery is free when you order your medicine with MedXpress
- Alternatively, you can collect your medicine at a MedXpress network pharmacy
- You receive advice and updates
- You can reorder your chronic medicine when it's convenient for you

You have a choice in how you want to receive your medicine



Delivery to your door



Collect in-store

How to order



Discovery app



www.discovery.co.za



Fax 011 539 1020



medxpress@discovery.co.za

Reorder online at www.discovery.co.za or by using the Discovery app

Discovery HomeCare

Quality care in the comfort of your own home

Discovery HomeCare is a unique home-based service that offers you quality care in the comfort of your own home, with minimum disruption to your normal routine and family life.

Care offered	What is covered
Postnatal care	We will cover three day visits by a midwife if mother and baby are healthy and if your gynaecologist /obstetrician discharges you a day earlier from hospital.
End-of-life care	End-of-life care provided by nurses or care workers in partnership with the Hospice Palliative Care Association of South Africa. Cancer patients have access to this service through the Advanced Illness Benefit.
IV infusions (drips)	The administration of IV antimicrobials, iron treatment, steroids and immunoglobulins for patients whose condition is stable and who do not require hospital admission.
Wound care	Wound care for venous ulcers, diabetic foot ulcers, pressure sores and other moderate to severe wounds for patients whose condition is stable and who do not require hospital admission.

These services are paid from the Hospital Benefit, subject to approval.

Give your doctor consent to view your health records



HealthID is Discovery Health's market leading app that gives your doctor fast, up-to-date access to your health information. Once you have given consent, your doctor can use HealthID to access your medical history, gain insight into the benefits of your health plan, make referrals to other healthcare professionals, study your blood test results, and write electronic prescriptions and referrals.

These are the ways you can give your consent before you see your doctor



or



or



1

2

3

Discovery app

On the 'Health' tab in the Discovery app, select "Doctor(s) Consent" to give consent.

Discovery website

Log in to www.discovery.co.za to manage consent.

SMS 31347

SMS, Consent3, date of birth and doctor's individual practice number to 31347.

For example:
Consent3,19720726,1543261



When you give consent, you agree to the terms and conditions as listed on www.discovery.co.za
You can revoke your consent at any time using your logged in profile or by calling us.

Go digital with Discovery Your health 24/7



The Discovery app and website have both been purpose-built to help you get the most out of your health plan



Submit and track your claims



Plan and authorise hospital admissions



View information on hospital procedures



Check medicine prices and alternatives



Access your healthcare records and grant your doctor consent to view them



Order medicine for home delivery



Find a healthcare professional



Access important documents



Track your benefits and medical spend



Translate your travel cover into any of five languages



Watch educational videos



See your doctors real-time availability and instantly book an appointment



Build your family health tree



Consult with your doctor using your mobile device



www.discovery.co.za

Download the Discovery app



Download on the
App Store

or



GET IT ON
Google Play

Exclusive access to value-added healthcare offers

Our members have exclusive access to value-added offers outside of the Discovery Health Medical Scheme benefits and rules that are not available to members of other open medical schemes.



Access to a separate wellness programme

You have the opportunity to join the world's leading science-based wellness programme, Vitality, that encourages you to get healthier. Not only is a healthy lifestyle more enjoyable, it is clinically proven that Vitality members live longer and have lower healthcare costs.



Savings on stem cell banking and semen cryopreservation

You get an exclusive offer with Netcells that gives expectant parents the opportunity to cryogenically store their newborn baby's umbilical cord blood and tissue stem cells and semen preservation for potential future medical use at a discounted rate.



Savings on personal and family care items

You can sign up for HealthyCare, a separate offer that helps reduce your out-of-pocket spend on a vast range of personal and family care products at any Clicks or Dis-Chem.

HealthyCare items include a list of baby care, dental care, eye care, foot care, sun care and hand care products, as well as first aid and emergency items and over-the-counter medicine.

Complaints

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints and we encourage you to follow the process.

Step 1 | To take your query further

If you have already contacted us 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 by completing the online form on www.discovery.co.za or by emailing principalofficer@discovery.co.za.

Step 3 | To lodge a dispute

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 on the Scheme's disputes process on the website.

Step 4 | To contact the Council for Medical Schemes

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes (CMS). You may contact the CMS at any stage of the complaints process but are encouraged to follow the steps above to resolve your complaint before contacting the CMS directly. Members who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch – Hazel Avenue, Eco Park, Centurion, 0157 or email complaints@medicalschemes.com. Customer care centre: 0861 123 267 / www.medicalschemes.com

Discovery Health Medical Scheme

Contact Centre 0860 99 88 77 | healthinfo@discovery.co.za | www.discovery.co.za



 www.discovery.co.za

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

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