

Discovery Health Medical Scheme 2022 contributions (January – September)

Series	Plan		Contributions (R)		Contributi	ons to Medical Savings	Account (R)	Total contributions (R)			
	I	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	1,46	
	Classic Comprehensive	4,732	4,475	944	1,577	1,491	314	6,309	5,966	1,25	
	Classic Delta Comprehensive	4,261	4,034	849	1,420	1,344	283	5,681	5,378	1,13	
Comprehensive	Essential Comprehensive	4,506	4,259	909	795	751	160	5,301	5,010	1,06	
	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	1,45	
Priority	Classic Priority	3,031	2,390	1,213	1,010	796	404	4,041	3,186	1,61	
Priority	Essential Priority	2,952	2,322	1,180	520	409	208	3,472	2,731	1,38	
	Classic Saver	2,614	2,063	1,048	871	687	349	3,485	2,750	1,39	
	Classic Delta Saver	2,088	1,650	839	696	550	279	2,784	2,200	1,11	
Saver	Essential Saver	2,355	1,767	944	415	311	166	2,770	2,078	1,11	
	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	1,11	
	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	1,48	
	Classic Core	2,594	2,046	1,038				2,594	2,046	1,03	
	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	
	KeyCare Start Regional 0 – 9,150	930	930	560				930	930	560	
	KeyCare Start Regional 9,151 – 13,800	1,405	1,405	620		No Medical Savings Accou	nt	1,405	1,405	620	
	KeyCare Start Regional 13,801+	2,190	2,190	670			2,190	2,190	670		

Shariah Compliant Arrangement available on all health plans.

^{*} 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.

Discovery Health Medical Scheme 2022 contributions (October – December)

Series	Plan		Contributions (R)		Contributi	ons to Medical Savings	Account (R)	Total contributions (R)			
		Main member	Adult	Child**	Main member	Adult	Child**	Main member	Adult	Child**	
Executive	Executive Plan	6,224	6,224	1,190	2,074	2,074	396	8,298	8,298	1,586	
	Classic Comprehensive	5,108	4,831	1,019	1,702	1,610	339	6,810	6,441	1,358	
	Classic Delta Comprehensive	4,600	4,354	916	1,533	1,451	305	6,133	5,805	1,221	
Comprehensive	Essential Comprehensive	4,865	4,595	982	858	810	173	5,723	5,405	1,155	
	Essential Delta Comprehensive	4,382	4,138	878	773	730	154	5,155	4,868	1,032	
	Classic Smart Comprehensive	4,949	4,568	1,574		No Medical Savings Accou	nt	4,949	4,568	1,574	
Duiavita	Classic Priority	3,272	2,580	1,309	1,090	860	436	4,362	3,440	1,745	
Priority	Essential Priority	3,187	2,505	1,273	562	442	224	3,749	2,947	1,497	
	Classic Saver	2,822	2,226	1,131	940	742	377	3,762	2,968	1,508	
	Classic Delta Saver	2,255	1,781	905	751	593	301	3,006	2,374	1,206	
Saver	Essential Saver	2,542	1,907	1,019	448	336	179	2,990	2,243	1,198	
	Essential Delta Saver	2,028	1,530	814	357	270 143		2,385	1,800	957	
	Coastal Saver	2,387	1,794	964	596	448 241		2,983	2,242	1,205	
	Classic Smart	2,235	1,763	892				2,235	1,763	892	
Smart	Essential Smart	1,600	1,600	1,600		No Medical Savings Accou	nt	1,600	1,600	1,600	
	Classic Core	2,800	2,209	1,120				2,800	2,209	1,120	
	Classic Delta Core	2,241	1,767	896				2,241	1,767	896	
Core	Essential Core	2,406	1,804	967		No Medical Savings Accou	nt	2,406	1,804	967	
	Essential Delta Core	1,923	1,446	771				1,923	1,446	771	
	Coastal Core	2,226	1,671	885				2,226	1,671	885	
	KeyCare Plus 0 – 8,950	1,380	1,380	502				1,380	1,380	502	
	KeyCare Plus 8,951 – 14,400	1,897	1,897	535		No Medical Savings Accou	nt	1,897	1,897	535	
	KeyCare Plus 14,401+	2,801	2,801	750				2,801	2,801	750	
	KeyCare Core 0 – 8,950	1,084	1,084	284				1,084	1,084	284	
KeyCare*	KeyCare Core 8,951 – 14,400	1,352	1,352	336		No Medical Savings Accou	nt	1,352	1,352	336	
	KeyCare Core 14,401+	2,068	2,068	470				2,068	2,068	470	
	KeyCare Start 0 – 9,550	1,044	1,044	637				1,044	1,044	637	
	KeyCare Start 9,551 – 14,400	1,758	1,758	689		No Medical Savings Accou	nt	1,758	1,758	689	
	KeyCare Start 14,401+	2,737	2,737	744				2,737	2,737	744	
	KeyCare Start Regional 0 – 9,550	930	930	560				930	930	560	
	KeyCare Start Regional 9,551 – 14,400	1,405	1,405	620		No Medical Savings Accou	nt	1,405	1,405	620	
	KeyCare Start Regional 14,401+	2,190	2,190	670	_	-	2,190	2,190	670		

Shariah Compliant Arrangement available on all health plans.

^{*} 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

		Main member (R)	Adult (R)	Child* (R)
Executive	Executive Plan	23,520	23,520	4,491
	Classic Comprehensive	19,299	18,249	3,843
Camananahamaiya	Classic Delta Comprehensive	17,379	16,449	3,462
Comprehensive	Essential Comprehensive	9,729	9,189	1,959
	Essential Delta Comprehensive	8,763	8,274	1,749
Duianita	Classic Priority	12,360	9,744	4,944
Priority	Essential Priority	6,366	5,007	2,544
	Classic Saver	10,659	8,409	4,272
	Classic Delta Saver	8,517	6,729	3,414
Saver	Essential Saver	5,079	3,807	2,031
	Essential Delta Saver	4,050	3,060	1,626
	Coastal Saver	6,756	5,079	2,730

 $^{^{\}star}$ We count a maximum of three children when we work out the annual Medical Savings Account.

The above annual medical savings account amounts are the allocations for the entire year (January – December 2022).

Annual Threshold Amounts

Annual Threshold

	Main member (R)	Adult (R)	Child* (R)
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 (R)	Adult (R)	Child* (R)
Executive		Unlimited	
Comprehensive		Ommitted	
Priority	16,030	11,440	5,610

 $^{^{\}star}$ 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	nsive	Priority Saver					Smart Core						Keycare				
		l	Classic Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essen	tial Coa	astal	Plus	Core	Start	Start Regional	
МВ	Prescribed nimum Benefits (PMB)	the treatments in the defi	ical Scheme (DHMS) plans cover the co ined benefits. You must use designate ccording to the rules of the Scheme, yo	d service providers (DSPs) i	our network - this does i	not apply in emergen	cies.						•							
	Medical Savings Account (MSA) and day-to-day benefits	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 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 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 GP consultation fees, prescribed 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. Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the radiology and pathology as long as you have money available.							-counter medicine,	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 to-payments and limits.	not offer a Medical		This plan do a Medical Savi			This plan does not offer a Medical Savings Account. Day-to-day benefits through your chosen GP and day-to-day medicine from our medicine list when prescribed by your chosen KeyCare GP. We pay for basic radiology and pathology at a network provider if referred by your chosen GP, as well as basic optometry and dentistry, and specialist cover up to R4 730 per person per year when referred by your chosen GP.			referral by the KeyCare Online Practice and day-to-day medicine from our medicine list when prescribed by your chosen KeyCare Start Regional GP. We pay for basic radiology and pathology if referred by your chosen KeyCare Start Regional GP. As well as basic optometry and dentistry, and specialist cover up to R2 370 r per person per year y when referred by your	
Ö	Day-to-day xtender Benefit	Pays for certain day-to-day benefits 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 for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	Pays for certain day-to-day benefits 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 for 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 visits.	this benefit.	Pays for certain day-to-cyou have run out of moi Saving Account and before you reach the 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 referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	e 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	money in your Media 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	Covers limited phar consultations in ou as well as video call a network GP. You for consultations w who meets the digi referred. We cover to the DHR.	rmacy clinic r wellness network, l consultations with also have cover ith a network GP tal criteria, when					These plans o	do not offe	er this benefit.	i.			

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 Comprehensive			Priority Saver				Sma	art		Smart Core				Keycare			
		Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start	Start Regional
Above Threshold Benefit	The Scheme continue	es to cover day-to-da Annual Ti hold Benefit is unlim	hreshold.	ces once you reach your fit limits may apply.	The Scheme continues to healthcare services once y Annual Threshold. The Ab Benefit is limited. Annual apply.	you reach your love Threshold					ī	These plans do	not offer this ben	efit.				
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.	or CT scan from you benefits. We cover the scan from the up to the DHR. For back and neck sca scan per spinal an applies.	our day-to-day r the balance of Hospital Benefit, r conservative ans a limit of one	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 scan from your day-to-day the balance of the scan fr Benefit, up to the DHR. Fo and neck scans a limit of and neck region applies.	y benefits. We cover om the Hospital or conservative back	available MSA. We con Hospital Benefit, up to neck scans a limit of o	o the DHR. For conserv	scan from the rative back and	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 b	enefit.	MRI and CT sc. from the Speci up to a limit of person a year.	MRI and CT scans are paid from the Specialist to Benefit up to a limit of R2,370 for a person a year.		
Cover during your pregnancy and for two years after your baby's birth once the benefit is activated	consultations with your gynaecologist,	your midwife, Cor if there are a One nutritional Two mental he psychologist One breastfeed breastfeeding s	overed for up to tw r an ENT d for one six week SP or gynaecologis any complications I assessment at a c alth consultations ding consultation w	s post-birth consultation at st as part of your delivery	During pregnancy 8 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 A defined basket of blood tests Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth.					complications One nutritional assessment at a dietitian Two mental health consultations with a counsellor or psychologist						. ,		
Conditions	You have cover for the 27 according to the Prescrib as well as additional cond	ed Minimum Benefit	ts list			nic Disease List conditi	he Prescribed N	Minimum Benefits										
Medicine cover	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 appr on our medicine li to ADL).	roved medicine ist (not applicable a options if you r a MedXpress ry. Medicine not to to 100% of	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 ou covered in full when you u a MedXpress Network Ph. not on our list paid up to up to a maximum of the r Drug Amount.	use MedXpress or armacy. Medicine 100% of the DHR	you use MedXpress o Medicine not on our l		k Pharmacy. the DHR up to a	Approved medicine list covered in full w MedXpress or a Met Pharmacy. For medi list, we cover up to t lowest formulary dr	then you use dXpress Network icine not on our the cost of the	in full when y Network Pha up to 100% o	ou use MedXpres rmacy. Medicines	dicine list covered s or a MedXpress not on our list paic maximum of the	full when you u network pharm nominated Key GP. Your nomin Network GP mi	nacies or your Care Network nated KeyCare ust prescribe the ne. For medicine	medicine in a state facility.	We cover your chronic medicine when you use one of our network pharmacies or your chosen KeyCare Start Regional Network GP. Your chosen Regional Network GP must
			Orug Amount.												to the cost of the formulary drug			prescribe the chronic medicine. For medicine not on our list, we cover up to the cost of the lowest formulary drug.
Oncology Benefit	(DHR). Cancer treatment full, subject to the use of	full. care services are cover that is a Prescribed I a designated service of the cover amount.	ered up to 100% o Minimum Benefit (e provider (DSP), w If your treatment	R300 000 of your approved cancer treatment over a 12-month cycle in full. If the Discovery Health Rate (PMB) is always covered in here applicable. All PMB costs more than the cover	We cover the first R200 00 related healthcare service that is a Prescribed Minim service provider (DSP), wh treatment costs more that	es are covered up to 1 num Benefit (PMB) is nere applicable. All PM	100% of the Discovery I always covered in full, MB treatment costs add	Health Rate (DHR). Can subject to the use of a d up to the cover amou	designated unt. If your	We cover the first R. approved cancer tre 12-month cycle in fit related healthcare's covered up to 100% Health Rate (DHR). (It hat is a Prescribed (PMB) is always covered (PMB) is always covered (PMB) is always covered (PMB) is always covered provider (DS) applicable. If your treatment hat the covered provider (DO) essential Smart, treatment in our network. If you any other provider, to 80% of the Discov (DHR).	eatment over a ill. All cancer- services are of the Discovery Cancer treatment Minimum Benefit ered in full, f a designated sp), where reatment costs r amount, we will the DHR. , we cover cancer bu choose to use we will cover up	cancer treatr All cancer-rel up to 100% of Cancer treatr Benefit (PMB to the use of where applic to the cover than the cover	of the Discovery Homent that is a Pres ment that is a Pres) is always covere a designated servable. All PMB trea	onth cycle in full. ervices are covered ealth Rate (DHR). scribed Minimum d in full, subject ice provider (DSP), tment costs add up eatment costs more cover up	Cancer treatm Prescribed Mir (PMB) is alway full, subject to designated ser (DSP), where a You have cove	ent that is a nimum Benefit s covered in toe use of a vice provider pplicable. r for cancer ur network. to use any other vill cover up	Benefit (PMB) is alwa the use of a designa where applicable. You treatment in a state any other provider, the Discovery Health	prescribe the chronic medicine. For medicine not on our list, we cove up to the cost of the lowest formulary drug. at is a Prescribed Minimum as covered in full, subject to ted service provider (DSP), u have cover for cancer facility. If you choose to use we will cover up to 80% of
	All cancer-related health (DHR). Cancer treatment full, subject to the use of treatment costs add up treatment, we will cover up	full. care services are cover that is a Prescribed I a designated service of the cover amount. To 80% of the Discover I in the Discover I	ered up to 100% o Minimum Benefit (e provider (DSP), w If your treatment very Health Rate (D	R300 000 of your approved cancer treatment over a 12-month cycle in full. If the Discovery Health Rate (PMB) is always covered in here applicable. All PMB costs more than the cover	related healthcare service that is a Prescribed Minim service provider (DSP), wh	es are covered up to 1 num Benefit (PMB) is nere applicable. All PM	100% of the Discovery I always covered in full, MB treatment costs add	Health Rate (DHR). Can subject to the use of a d up to the cover amou	designated unt. If your	approved cancer treat 12-month cycle in furelated healthcare is covered up to 100% Health Rate (DHR). (In that is a Prescribed (PMB) is always cover subject to the use os envice provider (DS applicable. If your transfer that the cover cover up to 80% of the One that in our network. If your any other provider, to 80% of the Discover to 12-months of the Discover to 12-months of the Discover to 13-months of the Discover to 14-months of the Discover to 15-months of the Discover to 15-months of the Discover the theory of the Discover the total the theory of the Discover the D	eatment over a Jll. All cancer- services are of the Discovery Cancer treatment Minimum Benefit ered in full, f a designated Sp), where reatment costs r amount, we will the DHR. , we cover cancer but choose to use we will cover up very Health Rate	cancer treatr All cancer-rel up to 100% of Cancer treatr Benefit (PMB to the use of where applic to the cover than the cover	nent over a 12-mo ated healthcare si if the Discovery Ho ment that is a Pres) is always covere a designated serva able. All PMB trea amount. If your trear amount, we will	onth cycle in full. ervices are covered ealth Rate (DHR). scribed Minimum d in full, subject ice provider (DSP), tment costs add up eatment costs more cover up	Cancer treatm Prescribed Mir (PMB) is alway full, subject to designated ser (DSP), where a You have cove treatment in o lf you choose t provider, we w to 80% of the Discove	ent that is a nimum Benefit s covered in toe use of a vice provider pplicable. r for cancer ur network. to use any other vill cover up	Benefit (PMB) is alwa the use of a designa where applicable. You treatment in a state any other provider, the Discovery Health	prescribe the chronic medicine. For medicine not on our list, we cove up to the cost of the lowest formulary drug. at is a Prescribed Minimum as covered in full, subject to ted service provider (DSP), u have cover for cancer facility. If you choose to use we will cover up to 80% of

		Executive	cive Comprehensive		Pr	iority	Saver			Sm	art	Core			Keycare				
			Classic	Essential	Classic Smart	Classic	Essential	Classic E	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start	Start Regional
	Private hospital over in a general ward	Unlimited cover plus private ward cover of up to R2 320 each day.	Unlimited cover pl	us private ward o for your deliv	over up to R2 320 per day ery.	Unlim	ited cover		Unlimited cove	er	Unlimite	ed cover		Unlimited cove	er			Unlimited cover	
	Private hospital	You are covered in any facility approved by the Scheme.	You are covered in a approved by the Sci on Delta options wh the Delta Hospital N private hospitals. For planned admiss of the Delta Hospita must pay an upfron the hospital of R9 10	heme. Full cover hen using Network of sions outside al Network, you nt payment to	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.	the Scheme. An upfr R4 050 to R19 450 ap procedures. Where these proced of procedures to be	ny facility approved by ont payment of between pplies for a defined list of ures form part of the list performed in our day higher of the upfront			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.	Full cover in the Sm Network. For planned admiss outside of the Sma Network, you must payment of R10 40	sions at hospitals rt Hospital pay an upfront	approved by the Scheme. Full cover on Delta options when using the Delta Hospital Network of private hospitals. For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R9 100. If you use a hospital outsire the coastal network, we pay up to 70% of the DHR of the hospital account and you must pay the difference			Network. If you use a hospital in the Partial Cover Network, we pay up to 70% of the DHR. If you do not use hospitals in the networks, you will have to pay all costs.		Full cover at your chosen KeyCare Start Network hospital. If you do not use your chosen hospital in the network, you will have to pay all costs.	If you do not use your
,	Defined list of procedures in our daysurgery network	You are covered in any facility approved by the Scheme.	We cover a defined procedures in a day An upfront paymen applies for admissic outside of the day s An upfront paymen applies on the Delta performed outside surgery network.	y surgery facility. at of R5 950 on to a facility surgery network. at of R9 100 a options, if	admissions to a facility outside of the Smart day	day surgery network An upfront payment admissions to a facil surgery network. Wh	of R5 950 applies for ity outside of the day ere these procedures of in-hospital procedures nent, the higher	We cover a defined network. An upfront paymen a facility outside of payment of R9 100 if performed outsid	t of R5 950 applie the day surgery n applies on the De	s for admissions to etwork. An upfront lta options,	We cover a defined list of procedures in the Smart day surgery network. An upfront payment of R10 400 applies for admissions to a facility outside of the Smart day surgery network.		An upfront admissions network. Ar the Delta op	payment of R5 950 a to a facility outside on upfront payment of	pplies for of the day surgery R9 100 applies on			We cover a defined list of procedures in the KeyCare Start day surgery network.	We cover a defined list of procedures in the KeyCare Start Regional day surgery network.
fo I	ull cover option or specialists we have a payment rangement with	Full cover	Full cover			Full cover		Full cover			Full cover		Full cover		Full cover				
ra	leimbursement te* forspecialists we do not have a payment rangement with	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 DHR	DHR 100% of the DHR		200% of the DHR	100% of the DHR	200% of the DHR DHR		R	100% of the DHR			
PITAL C	teimbursement ate* for GPs and ther healthcare ofessionals (not specialists)	200% 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 DHR	100% of the DI	HR	200% of the DHR	100% of the DHR	200% of the DHR	e 100% of the DH	R	100% of the DHR	<u> </u>		
F ra	teimbursement te* for radiology and pathology	100% of the DHR	100% of the DHR			100% of the DHR		100% of the DHR	-		100% of the DHR	-	100% of the	DHR		100% of the DHR	!		
	over for scopes (gastroscopy, colonoscopy, sigmoidoscopy nd proctoscopy)	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 Benefit. Where both a gastroscopy and colonoscopy are performed, a higher copayment will apply. 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 copayment will apply. If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, 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. If performed outside of the day surgery network, the highest of the out-of-network upfront payment or scopes co-payment		Depending on where you have your scope done, we pay a portion of between R3 800 and R6 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 copayment will apply. If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, 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. If performed outside of the day surgery network, the highest of the out-of-network upfront payment or scopes copayment will apply.			Depending on whe scope done, you wi portion of between R6 550 and we pay hospital and relate your Hospital Bene a gastroscopy and performed, a highe will apply. If scopes are perford doctor's rooms, as confirmed Prescrib Benefits (PMB) con patient is under the will not have to pay upfront. We pay th Hospital Benefit. If performed outsic surgery network, the out-of-network upf scopes co-payment	Ill have to pay a R3 800 and the balance of the d accounts from fit. Where both colonoscopy are rupfront payment rupfront payment and the part of a ed Minimum dition, or the e age of 12, you any amount e account from the dee of the day he highest of the ront payment or	you will hav and R6 550 and related Where both performed, If scopes ar part of a co (PMB) cond 12, you will We pay the If performe the highest or scopes co	on where you have yet to pay a portion of and we pay the bala accounts from your a gastroscopy and ca higher upfront paye performed in the diffirmed Prescribed Nition, or the patient inot have to pay any account from the Hod outside of the day of the out-of-networo-payment will apply	between R3 800 nce of the hospital Hospital Benefit. Idolonoscopy are ment will apply. octor's rooms, as dinimum Benefits is under the age of amount upfront. In the spital Benefit. Surgery network, k upfront payment	the doctor's roon the account from Benefit.	Care Day . If done in ns, we pay	Prescribed Minimum Benefit cover, in the KeyCare Start Day Surgery Network. If done in the doctor's rooms, we pay the account from the Hospital Benefit.	Prescribed Minimum Benefit cover, in the KeyCare Start Regional Day Surgery Network. If done in the doctor's rooms, we pay the account from the Hospital Benefit.				
		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 ar 100% of the DHR fro		ssion, we will pay up to Benefit.		approved admission, % of the DHR from the	If done as part of ar 100% of the DHR fro		sion, we will pay up to enefit.	If done as part of a hospital admission we will pay up to 10 from the Hospital Benefi	, 00% of the DHR		eart of an approved a to 100% of the DHR f		If done as part of from the Hospita		admission, we will pay u	p to 100% of the DHR
ā	Cover for MRI and CT scans if not related to dmission or for back and neck treatment	for MRI I scans if elated to ignor of or ignor of or ignor for more in the Hospital Benefit, up to 100% of the DHR. Limited We pay the first R3 270 of the scan from day-to-day benefits. We pay the first R3 270 of the scan from day-to-day benefits. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR. Emitted You need 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 100% of the DHR. For conservative back and neck treatment, you must also pay the first R3 270 of the scan from day-to-day benefits. We pay the first R3 270 of the scan from day-to-day benefits. We pay the first R3 270 of the scan from day-to-day benefits. We pay the first R3 270 of the scan from day-to-day benefits. We pay the balance of the scan from the Hospital Benefit up to 100% of the DHR. For conservative back and neck treatment, you must also pay the first R3 270 of the scan from day-to-day benefits. We pay the balance of the scan from the Hospital Benefit up to 100% of the DHR. For conservative back and neck treatment, you must also pay the first R3 270 of the scan from day-to-day benefits. We pay the balance of the scan from the Hospital Benefit up to 100% of the DHR. Limited		pay the balance of the tal Benefit up to 100% ervative back and neck also pay the first al account. We pay the from the Hospital Benefit HR. Limited to one scan	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.			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 spina and neck region.	This plan does not offer this benefit.				We pay scans fro Specialist Benefit of R4 730 for eac each year.	up to a limit	We pay scans from the limit of R2 370 for eacl	e Specialist Benefit up to a h person each year.			

		Evagutiva	1	Compushons	vivo.	Dei	autes.		Cover		Smart Core					Keycare					
		Executive		Comprehens			ority		Saver			ı		1 .			1	1	<u> </u>		
_			Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start	Start Regional		
	Advanced Illness Benefit	Members have access to a co	comprehensive palliati	ve care programme.	This programme offers ur	limited cover for a	pproved care at home	, care coordination,	counselling services	nd supportive care for	r appropriate end-	-of-life clinical and psy	chologist services.	You also have acce	ss to a GP consulta	ation to facilitate y	our palliative care	treatment plan.			
	frica Evacuation Benefit				Cover for emergency	medical evacuation	ns from certain sub-Sa	haran African coun	tries back to South Af	rica. Pre-existing con	litions are excluded	d.				These plans do not offer these benefits.					
	Assisted Reproductive Therapy (ART)	You have cover for up to two Cover includes a basket of co oocyte retrieval, embryo trai medication and embryo and donated cycles. If you are re clinical entry criteria, you har years. We pay up to a limit o Rate (DHR). A co-payment of	are which includes co nsfer and freezing, ad d sperm storage. This egistered on the Oncol ave access to egg and s of R115 000 per person	ver for consultations mission costs includi benefit also includes logy Programme and sperm cryopreservat	, ultrasounds, ing lab fees, cover for egg I meet the Scheme's ion for up to five						Th	ese plans do not offe	r these benefits.								
	Connected Care	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 crite 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 nue netry 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.														e devices will not	affect your day-to-o				
ADDITIONAL BENEFITS	International Travel Benefit	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.w departure from South Africa. Specific rules apply and pre-existing conditions are excluded.w												These plans do not offer these benefits.							
	Overseas reatment Benefit																				
í	Screening and revention Benefit	Covers certain tests at one of older and/or registered for conditional, and/or more free	certain chronic conditi	ions. Pneumococcal	vaccine once every five yea	rs, or once per lifet	time for persons over	the age of 65. We al	lso cover bowel cance	r screening tests ever	two years for me	mbers between 45 an	nd 75 years.					0, 0	,		
			of-hospital claims for r	recovery after certain	n traumatic events for the i	rest of the year in w	which the trauma took	place, and a year af	ter the trauma. You a	nd your dependants	n your health plan	also have access to s	ix counselling sess	ions per person pe	year by a psychol	logist, clinical socia	l worker or registe	ered counsellor. You	u need to apply for this		
	The WHO Global Outbreak Benefit	Provides cover for global d	disease outbreaks reco	ognised by the World	Health Organisation (WH	O) such as COVID-1	9. This benefit offers c	over for the COVID-	19 vaccine, out-of-ho	spital management, i	cluding diagnosis,	consultations and ap	propriate supportiv	e 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 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 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 is regulated by the Council for Medical Schemes. You may contact the Council for Medical Schemes. You may contact the 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 | 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. 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 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.