



Discovery Health Plans
2010



Why choose Discovery Health?



Unequalled financial security

The Discovery Health Medical Scheme enjoys an **AA+ rating** for its claims paying ability from independent rating agency, Global Credit Ratings – the only scheme in South Africa to have **achieved the industry ceiling**. The medical scheme has over **R6 billion in reserves**, giving Discovery Health members complete peace of mind that their claims can be paid.

A wide spectrum of plan options to meet different needs

We offer our clients a **number of different plan options** to cater for all individuals' needs – from the high end of the market through the Executive Plan to the KeyCare Series, our plans for the low-income market.

Affordable contributions and sustainable contribution increases

The Discovery Health Plans are priced competitively to ensure long-term affordability and value for money. Discovery Health's annual contribution increases are contained within a **'corridor of certainty'** – and our track record shows they are consistently lower than the industry average.

Extensive medical cover and support in South Africa, Africa and abroad

Most Discovery Health Plans provide cover for **emergency medical evacuations in sub-Saharan Africa** and for medical emergencies when travelling internationally. Discovery Health has recently launched another industry first – an investment in healthcare infrastructure that will help to benefit all South Africans. The Discovery Medicopters, supported by ground staff, will provide medical support and air evacuation in extreme critical cases. The emergency helicopters operate from Johannesburg, Cape Town and Durban.

Flexible, comprehensive cover for chronic conditions

All Discovery Health Plans offer full cover for approved medicines for a defined list of chronic conditions. The Executive and Comprehensive Plans cover additional conditions. All Discovery Health members have access to our **HIVCare and Oncology programmes**.

The Medical Savings Account gives members control of their day-to-day medical spending

Medical Savings Accounts empower you to make informed choices about how much you spend on your day-to-day healthcare. Any unused funds get carried over to the next year – unlike traditional plans where unused cover is lost.

Unique benefits ensure you have access to the healthcare you need

The **Screening and Prevention Benefit** covers a range of preventive healthcare services to keep you healthy. The **Trauma Recovery Extender Benefit** covers out-of-hospital claims for your recovery after certain traumatic events.

We further extend your day-to-day cover if your Medical Savings Account runs out through the **Insured Network Benefit**. The benefit covers the full cost of your **GP consultation fees** if you go to a GP in the Discovery Health network (this benefit is available on all plans except the Core and KeyCare Series). If you are on an Executive, Comprehensive or Priority Plan, it also covers **blood tests** at our network providers if your doctor requests the tests using the Discovery Health pathology form.

Guaranteed full cover options for medical specialists

Discovery Health's scale and size has allowed us to enter into payment arrangements with specialist groups to ensure **certainty of cover** and **higher levels of reimbursement** for healthcare professionals. Over 87% of our members' interactions with specialists happen within a payment arrangement, where members are guaranteed no out-of-pocket payments and specialists are paid directly.

Access to the latest treatments, medicines and technologies

Members on Discovery Health's Executive and Comprehensive Plans have additional cover for certain innovative medical technologies and expensive medicines up to R200 000 for each person through the **Specialised Medicine and Technology Benefit**. This includes access to the **Overseas Treatment Benefit**, where you may seek evidence-based treatment not available in South Africa at a registered healthcare professional up to a limit of R500 000 for each person. Clinical entry criteria and a co-payment of up to 20% applies to both benefits.

Introducing Discovery Health's range of plan options

Discovery Health offers a range of plan options to meet the individual needs of our members.

For detailed information, look at the benefit schedules in this brochure, visit www.discovery.co.za or speak to your financial adviser.

Discovery Health at a glance

Discovery Health offers a range of plan options to cater for all our members' needs – from the Executive Plan, our plan for the high-income end of the market, to the KeyCare Series, our plans for the low-income market. Each plan offers cover ranging from hospitalisation to cover for chronic medicine, with many plans offering day-to-day cover through the Medical Savings Account and Above Threshold Benefit.

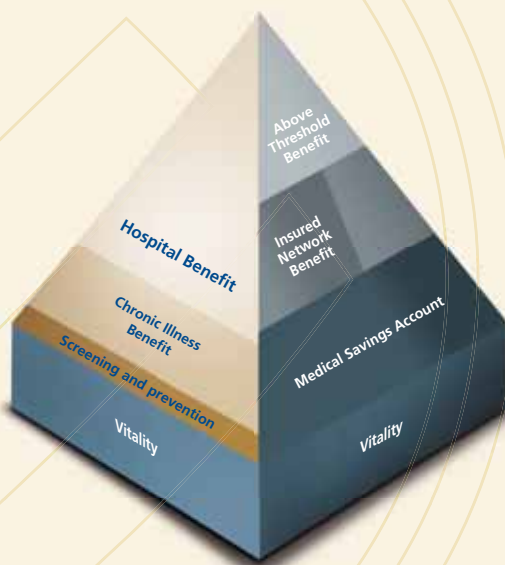




The **Executive Plan** offers you the most extensive cover for in-hospital and day-to-day healthcare expenses

You have access to additional benefits

- Cover of up to R1 000 each day in a **private ward**
- Cover for innovative medical technologies and expensive medicines with the **Specialised Medicine and Technology Benefit**, including cover for evidence-based treatment not available in South Africa up to a limit and with a co-payment
- Emergency response services nationwide with **Discovery 911**
- Cover for up to 90 days for **medical emergencies** when you travel **overseas**, up to R10 million for each person
- **Evacuation benefits** for medical emergencies when travelling or working in Africa through the **Africa Benefit**
- The **Insured Network Benefit** ensures that you are always covered for consultations at a GP in our network and blood tests at our network providers, without any gaps



Your cover in hospital

We cover you in a private hospital – and there's no overall limit

You have private ward cover too

We cover you in any private hospital for emergency and planned hospital admissions that you have authorised with us.

Private ward cover

You have cover of up to R1 000 each day in a private ward for any approved admission.

Emergency cover when you need it most

In an emergency, go straight to hospital but call us or get someone to call us within 12 hours.

If you need medically-equipped transport in a medical emergency, 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.

Cover for planned hospital admissions

Please call us 48 hours before you go to hospital to confirm your admission.

No overall limit

There is no overall hospital limit on the Executive Plan. Limits, clinical guidelines and policies apply to some healthcare services and procedures.

Your cover for your admitting doctor and other related accounts

You have cover up to 300% of the Discovery Health Rate for specialists

If your specialist agrees to charge our agreed rate, we pay their account directly and in full

A related account is the account for your admitting doctor, anaesthetist and any approved expense you incur during your hospital admission, other than the hospital account.

We pay your admitting doctor, anaesthetist and other related accounts from the Medical Savings Account. Once you reach your Annual Threshold, we pay these accounts from the Above Threshold Benefit.

Full cover for specialists participating in our payment arrangements

You can benefit by using healthcare professionals participating in our direct payment arrangements because we will cover their approved procedures in full.

You may have a co-payment if you use other specialists

If you are treated in hospital by a specialist who does not participate in one of our payment arrangements, we cover you up to 300% of the Discovery Health Rate.

Other healthcare professionals

We cover GPs, radiology, pathology and other healthcare services up to 100% of the Discovery Health Rate.

Your cover for investigations

Scopes (gastroscopies, colonoscopies, sigmoidoscopies and proctoscopies) and MRI or CT scans

We pay the hospital account from your Hospital Benefit and all related accounts from the Medical Savings Account or Above Threshold Benefit if performed during an approved admission. We pay up to 300% of the Discovery Health Rate for specialists and up to 100% of the Discovery Health Rate for other healthcare services, including radiology.

Unlimited healthcare services

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

- GPs
- Specialists
- Allied healthcare professionals, for example physiotherapists
- Blood tests and x-rays
- HIV cover if you are registered on the HIVCare Programme

Limited healthcare services

Only the following healthcare services have a limit:

Dentistry*	There is an overall limit of R26 000 for each person. We pay the hospital account from the Hospital Benefit. We pay all related accounts from the Medical Savings Account or Above Threshold Benefit.
Cochlear implants, auditory brain implants and processors	R126 000 for each person for each benefit
Internal nerve stimulators	R96 000 for each person
Hip and knee joint prostheses	There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R31 500 will apply to each prosthesis.
Prosthetic devices used in spinal surgery	R20 000 for each level, limited to two levels for each procedure, and one procedure for each person each year
Mental health benefit	21 days for each person
Alcohol and drug rehabilitation	21 days for each person
Terminal care benefit	R23 400 for each person

* This limit applies to the hospital account and all accounts related to the admission to hospital. A related account is the account for your admitting doctor, anaesthetist and any approved expense you incur during your hospital admission, other than the hospital account. We pro-rate this benefit according to when you join the medical scheme.

DiscoveryCare looks after you in times of need

Our Chronic Illness Benefit provides separate cover for a comprehensive list of chronic conditions. We cover chronic medicines on our list in full. If your chronic medicine isn't on the list, you have cover up to a set monthly amount – higher than other plans

You can get extra cover for cutting-edge treatments, if you need it

Our Oncology Programme covers cancer treatment

Your cover for chronic conditions

You have extensive and flexible cover for a list of chronic conditions. You have full cover for approved medicine on Discovery Health's medicine list or up to a set monthly amount for medicine not on our list.

The medicine list for the Executive Plan has more medicines on it than other plans. If you choose to use medicines that are not on the medicine list, you also have a higher amount available to you than on other plans.

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

Your cover for medical technology and expensive medicine

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

This benefit includes access to the Overseas Treatment Benefit where you are covered when you travel overseas to seek evidence-based healthcare not available in South Africa at a registered healthcare professional, 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.

Entry criteria and a co-payment of up to 20% applies to both benefits.

Your cover for cancer treatment

DiscoveryCare's Oncology Programme covers the first R400 000 of your approved cancer treatment over a 12-month cycle, in full, after which a 20% co-payment will apply, without any overall limits.

Radiology and pathology approved for your cancer treatment is also covered. Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. Please call us to register on the Oncology Programme.

We cover chemotherapy and any oncology-related medicines up to the Discovery Health Medication Rate. Consultations, radiotherapy, radiology, pathology and scans are paid up to the Discovery Health Rate.

Your cover for day-to-day medical expenses

With the Medical Savings Account, you control your day-to-day medical expenses

We cover health checks and preventive treatments so your money lasts longer

Even if you use up the money in your Medical Savings Account, we still cover certain GP visits and pathology tests

We pay for your day-to-day medical expenses like GP visits, x-rays and blood tests from your Medical Savings Account, at the cost incurred, as long as you have money available. You may need to pay for your day-to-day medical expenses if you have run out of money in your Medical Savings Account before your claims add up to the Annual Threshold. Once your claims add up to the Annual Threshold, we pay the rest of your claims from the Above Threshold Benefit.

Extending your day-to-day cover

Discovery Health pays claims for some day-to-day expenses to make the money in your Medical Savings Account last longer:

- The Screening and Prevention Benefit covers a range of healthcare services, including the following tests at a Discovery Wellness Network provider: blood glucose, blood pressure, cholesterol and body mass index. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.
- We will cover out-of-hospital claims for your recovery after certain traumatic events from the Trauma Recovery Extender Benefit. The cover applies for the rest of the year in which the trauma takes place, as well as the year after your trauma.

The Insured Network Benefit ensures you have no gaps in cover for GPs and pathology in our network

We further extend your day-to-day cover through the Insured Network Benefit. When you have spent your annual Medical Savings Account deposit:

- We cover the full cost of your consultation fees if you go to a GP in our network. We pay the claim directly to the GP.
- We cover blood tests at our network providers if your GP or specialist requests the appropriate tests using the Discovery Health pathology form.

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

With the Above Threshold Benefit, you have added cover when your expenses reach a set Rand amount

The Executive Plan includes an Above Threshold Benefit that gives you further day-to-day cover when your Medical Savings Account runs out and when your day-to-day claims add up to a set Rand amount. On the Executive Plan, the Above Threshold Benefit is unlimited.

For you to get to your Above Threshold Benefit, we add your claims up to your Annual Threshold. Here are the amounts that we add up:

- For Premier Rate specialists, we add up the Premier Rate. For non-participating specialists, we add up to 300% of the Discovery Health Rate.
- For GPs, and all other healthcare services, we add up the Discovery Health Rate.
- For generic medicine, we add up 100% of the Discovery Health Medication Rate. For non-generic medicines, we add up 90% of the Discovery Health Medication Rate. Over-the-counter medicines do not add up to your Annual Threshold.

We add up the amount to the benefit limit available.

No annual limit on some day-to-day healthcare services

We pay for these healthcare services from your Medical Savings Account with no annual limit:

- GPs. You benefit from payment at a higher rate on the Executive Plan.
- Specialists
- Allied healthcare professionals, for example physiotherapists
- Radiology and pathology
- Endoscopies (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)
- MRI and CT scans

Limits on some day-to-day healthcare services

Some of your day-to-day benefits have limits. These limits apply to claims paid from your Medical Savings Account and Above Threshold Benefit.

Professional services	
Mental health benefit* (including psychologists and psychiatrists)	You have R15 000 for your family
Private nursing	You have R6 200 for your family
Antenatal classes	You have R850 for your family
Dentistry*	You have an overall limit of R26 000 for each person
Medicine	
Prescribed medicine* (schedule 3 and above)	Single member: R19 300 Member with one dependant: R22 550 Member with two dependants: R25 850 Member with three or more dependants: R29 100
Over-the-counter medicine, including prescribed schedule 0, 1 and 2 medicine and lifestyle-enhancing products	We pay these claims from available funds in your Medical Savings Account
Appliances and equipment	
External medical items	You have R41 100 for your family
Hearing aids	You have R15 000 for your family
Optical* (includes cover for spectacles, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, for example excimer laser)	You have R3 800 for each person

* We pro-rate this benefit according to when you join the medical scheme.

General exclusions

Discovery Health does not cover certain healthcare services. You can find a full list of these exclusions in the brochure or more information on your benefits on www.discovery.co.za

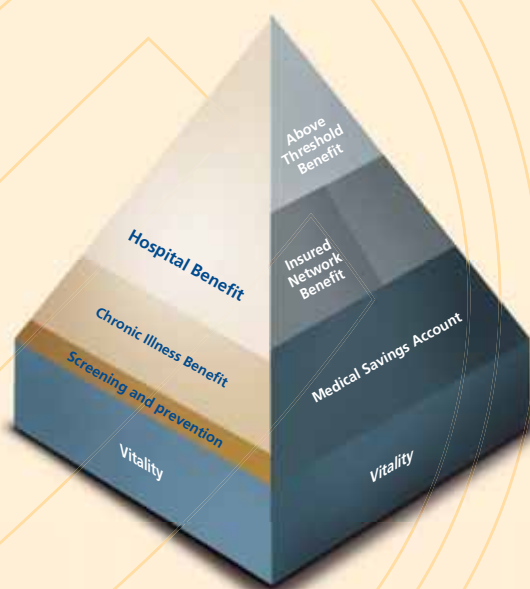
The Comprehensive Series



The **Comprehensive Plans** offer you extensive cover in hospital and comprehensive day-to-day benefits

You have access to additional benefits

- Cover for innovative medical technologies and expensive medicines with the **Specialised Medicine and Technology Benefit**, including cover for evidence-based treatment not available in South Africa up to a limit and with a co-payment
- You can **select the Delta network options** for a significant reduction in contributions if you use a hospital in the Delta Hospital Network
- Emergency response services nationwide with **Discovery 911**
- **Cover for up to 90 days for medical emergencies** when you travel **overseas**, up to R5 million for each person
- **Evacuation benefits** for medical emergencies when travelling or working in Africa through the **Africa Benefit**
- The **Insured Network Benefit** ensures that you are always covered for consultations at a GP in our network and blood tests at our network providers, without any gaps



Your cover in hospital

We cover you in a private hospital – and there's no overall limit

We cover you in a private hospital for emergency and planned hospital admissions that you have authorised with us.

Emergency cover when you need it most

In an emergency, go straight to hospital but call us or get someone to call us within 12 hours.

If you need medically-equipped transport in a medical emergency, 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.

Cover for planned hospital admissions

Please call us 48 hours before you go to hospital to confirm your admission.

You must use a network hospital on the Delta network options

On the Classic and Essential Delta Comprehensive network options, you are covered in full at hospitals in the Delta Hospital Network. For planned admissions at any other private hospital, you must pay a deductible of R3 850.

No overall limit

There is no overall hospital limit on the Comprehensive Series. Limits, clinical guidelines and policies apply to some healthcare services and procedures.

Your cover for healthcare professionals

If your specialist agrees to charge our agreed rate, we pay their account directly and in full

Full cover for specialists participating in our payment arrangements

You can benefit by using healthcare professionals participating in our direct payment arrangements because we will cover their approved procedures in full. If you are a Classic Comprehensive Plan member, you benefit from access to the broadest range of specialists whom we pay in full, which represents over 87% of specialist interactions.

You may have a co-payment if you use other specialists

If you are treated in hospital by a specialist who does not participate in one of our payment arrangements, we cover you up to 200% of the Discovery Health Rate on Classic Comprehensive and up to 100% of the Discovery Health Rate on Essential Comprehensive.

Other healthcare professionals

We cover GPs and other healthcare services up to 200% of the Discovery Health Rate on Classic Comprehensive and up to 100% of the the Discovery Health Rate on Essential Comprehensive.

We cover radiology and pathology up to 100% of the Discovery Health Rate on all plans.

Your cover for investigations

Scopes (gastroscopies, colonoscopies, sigmoidoscopies and proctoscopies)

We pay the first R1 750 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 for your admitting doctor, anaesthetist and any approved expense you incur during your hospital admission, other than the hospital account.

MRI and CT scans

If you are in hospital as part of an approved hospital admission, we cover your MRI or CT scan up to the Discovery Health Rate from your Hospital Benefit.

If you are admitted for conservative back or neck treatment, we pay the first R1 975 of the scan code from your day-to-day benefits. We pay the balance from your Hospital Benefit up to the Discovery Health Rate.

Unlimited healthcare services

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

- GPs
- Allied healthcare professionals, for example physiotherapists
- HIV cover if you are registered on the HIVCare Programme
- Specialists
- Blood tests and x-rays

Limited healthcare services

Only the following healthcare services have an annual limit:

Dentistry*	There is an overall limit of R18 500 for each person. We pay the first R1 975 of your hospital account from your day-to-day benefits. We pay the balance of the hospital account from your Hospital Benefit. We pay all related accounts from your day-to-day benefits. The R1 975 co-payment does not apply when children 12 years old or younger are admitted to hospital.
Cochlear implants, auditory brain implants and processors	R126 000 for each person for each benefit
Internal nerve stimulators	R96 000 for each person
Hip and knee joint prostheses	There is no overall limit if you get your prosthesis from a preferred supplier. If you choose not to, a limit of R31 500 will apply to each prosthesis.
Prosthetic devices used in spinal surgery	R20 000 for each level, limited to two levels for each procedure, and one procedure for each person each year
Mental health benefit	21 days for each person
Alcohol and drug rehabilitation	21 days for each person
Terminal care benefit	R23 400 for each person

* This limit applies to the hospital account and all accounts related to the admission to hospital. A related account is the account for your admitting doctor, anaesthetist and any approved expense you incur during your hospital admission, other than the hospital account. We pro-rate this benefit according to when you join the medical scheme.

DiscoveryCare looks after you in times of need

Our Chronic Illness Benefit provides separate cover for a comprehensive list of chronic conditions. We cover chronic medicines on our list in full. If your chronic medicine isn't on the list, you have cover up to a set monthly amount – higher than other plans

You can get extra cover for cutting-edge treatments, if you need it

Our Oncology Programme covers cancer treatment

Your cover for chronic conditions

You have extensive and flexible cover for a list of chronic conditions. You have full cover for approved medicine on Discovery Health's medicine list or up to a set monthly amount for medicine not on our list.

The medicine list for Comprehensive Plans has more medicines on it than most other plans. If you choose to use medicines that are not on the medicine list, you have a higher amount available to you than on most other plans.

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

Your cover for medical technology and expensive medicine

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

This benefit includes access to the Overseas Treatment Benefit, where you are covered when you travel to seek evidence-based healthcare not available in South Africa at a registered healthcare professional, 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.

Entry criteria and co-payment of up to 20% applies to both benefits.

Your cover for cancer treatment

DiscoveryCare's Oncology Programme covers the first R400 000 of your approved cancer treatment over a 12-month cycle, in full, after which a 20% co-payment will apply, without any overall limits.

Radiology and pathology approved for your cancer treatment is also covered. Oncology treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. Please call us to register on the Oncology Programme.

We cover chemotherapy and any oncology-related medicines up to the Discovery Health Medication Rate. Consultations, radiotherapy, radiology, pathology and scans are paid up to the Discovery Health Rate.

Your cover for day-to-day medical expenses

With the Medical Savings Account, you control your day-to-day medical expenses

We cover health checks and preventive treatments so your money lasts longer

Even if you use up the money in your Medical Savings Account, we still cover certain GP visits and pathology tests

We pay for your day-to-day medical expenses like GP visits, x-rays and blood tests from your Medical Savings Account, as long as you have money available. You may need to pay for your day-to-day medical expenses if you have run out of money in your Medical Savings Account before your claims add up to 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.

Extending your day-to-day cover

Discovery Health pays claims for some day-to-day expenses to make the money in your Medical Savings Account last longer:

- The Screening and Prevention Benefit covers a range of healthcare services, including the following tests at a Discovery Wellness Network provider: blood glucose, blood pressure, cholesterol and body mass index. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.
- We will cover out-of-hospital claims for your recovery after certain traumatic events from the Trauma Recovery Extender Benefit. The cover applies for the rest of the year in which the trauma takes place, as well as the year after your trauma.
- We will pay for endoscopies done in your doctor's rooms (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) without using your day-to-day benefits as we pay these accounts from the Hospital Benefit. We pay up to 200% of the Discovery Health Rate if you are on a Classic Comprehensive Plan and up to 100% of the Discovery Health Rate if you are on an Essential Comprehensive Plan. Please call us before you have a scope in your doctor's rooms to confirm your benefits.

The Insured Network Benefit ensures you have no gaps in cover for GPs and pathology in our network

We further extend your day-to-day cover through the Insured Network Benefit. When you have spent your annual Medical Savings Account deposit:

- We cover the full cost of your consultation fees if you go to a GP in our network. We pay the claim directly to the GP.
- We cover blood tests at our network providers if your GP or specialist requests the appropriate tests using the Discovery Health pathology form.

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

With the Above Threshold Benefit, you have added cover when your expenses reach a set Rand amount

The Comprehensive Series includes an Above Threshold Benefit that gives you further day-to-day cover when your Medical Savings Account runs out and when your day-to-day claims add up to a set rand amount. On the Comprehensive Series, the Above Threshold Benefit is unlimited.

For you to get to your Above Threshold Benefit, we add your claims up to your Annual Threshold. Here are the amounts that we add up:

- For Premier Rate specialists, we add up the Premier Rate. For non-participating specialists, we add up the Discovery Health Rate.
- For generic medicine, we add up 100% of the Discovery Health Medication Rate. For non-generic medicines, we add up 75% of the Discovery Health Medication Rate. Over-the-counter medicines do not add up to your Annual Threshold.
- We add up the Discovery Health Rate for all other healthcare services.

We add up the amount to the benefit limit available.

No annual limit on these day-to-day healthcare services

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

- GPs
- Specialists
- Allied healthcare professionals, for example physiotherapists
- Radiology and pathology
- We pay the first R1 975 of your MRI or CT scan code from day-to-day benefits. We cover the balance from your Hospital Benefit up to the Discovery Health Rate

Limits on some day-to-day healthcare services

Some of your day-to-day benefits are limited. These limits apply to claims paid from your Medical Savings Account and Above Threshold Benefit.

	Classic	Essential
Professional services		
Mental health benefit* (including psychologists and psychiatrists)	You have R15 000 for your family	You have R13 100 for your family
Private nursing	You have R6 200 for your family	
Antenatal classes	You have R850 for your family	
Dentistry*	You have an overall limit of R18 500 for each person	
Medicine		
Prescribed medicine (schedule 3 and above)*	Single member: R15 700 Member with one dependant: R18 400 Member with two dependants: R21 400 Member with three or more dependants: R24 400	Single member: R10 150 Member with one dependant: R12 300 Member with two dependants: R14 800 Member with three or more dependants: R16 200
Over-the-counter medicine, including prescribed schedule 0, 1 and 2 medicine and lifestyle-enhancing products	We pay these claims from available funds in your Medical Savings Account	
Appliances and equipment		
External medical items	You have R41 100 for your family	You have R27 300 for your family
Hearing aids	You have R15 000 for your family	You have R12 200 for your family
Optical* (includes cover for spectacles, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, for example excimer laser)	You have R2 600 for each person	

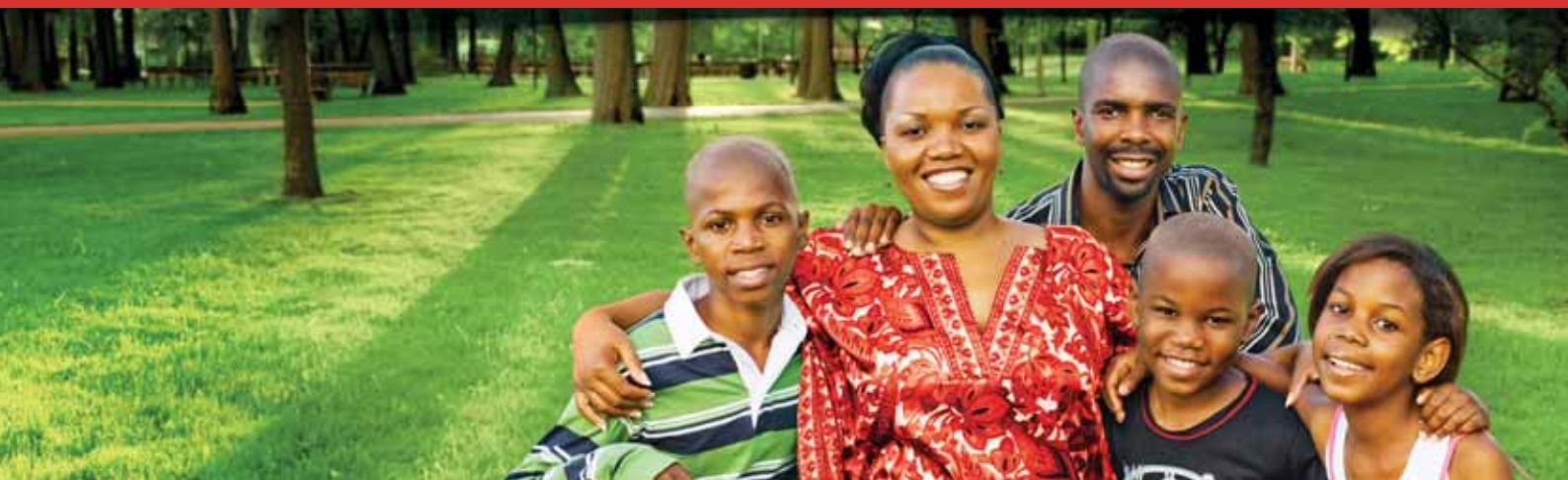
* We pro-rate this benefit according to when you join the medical scheme.

General exclusions

Discovery Health does not cover certain healthcare services. You can find a full list of these exclusions in the brochure or more information on your benefits on www.discovery.co.za

This brochure is only a summary of the key benefits and features of the Discovery Health Medical Scheme Plans, pending formal approval from the Council for Medical Schemes. Full details will be found in the Discovery Health Scheme Rules. For a copy of the rules, email compliance@discovery.co.za. Discovery Health Medical Scheme is administered by Discovery Health (Pty) Ltd, Registration number 1997/013480/07, an authorised financial services provider.

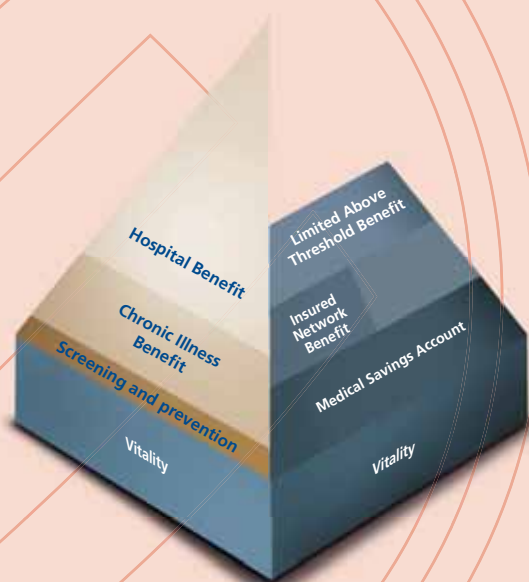
The Priority Series



The **Priority Plans** offer you cost-effective cover in hospital as well as extensive day-to-day benefits

You have access to additional benefits

- Emergency response services nationwide with **Discovery 911**
- Cover for up to 90 days for **medical emergencies** when you travel **overseas**, up to R5 million for each person
- **Evacuation benefits** for medical emergencies when travelling or working in Africa through the **Africa Benefit**
- The **Insured Network Benefit** ensures that you are always covered for consultations at a GP in our network and blood tests at our network providers, without any gaps





Your cover in hospital

We cover you in a private hospital – and there's no overall limit

We cover you in any private hospital for emergency and planned hospital admissions that you have authorised with us.

Emergency cover when you need it most

In an emergency, go straight to hospital but call us or get someone to call us within 12 hours.

If you need medically-equipped transport in a medical emergency, 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.

Cover for planned hospital admissions

Please call us 48 hours before you go to hospital to confirm your admission.

No overall limit

There is no overall hospital limit on the Priority Series. Limits, clinical guidelines and policies apply to some healthcare services and procedures.

Deductibles for in-hospital procedures

You need to pay an amount upfront (a deductible) to the hospital when you are admitted for one of the following procedures:

Conservative back and neck treatment, myringotomy (grommets), tonsillectomy, adenoidectomy	R1 500
Cystourethroscopy, colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy	R2 000
Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation	R3 600
Nissen fundoplication (reflux surgery), spinal (back and neck) surgery, joint replacements	R7 300

If the procedure can be done out of hospital, for example in the doctor's rooms, and you don't go to hospital, you won't have to pay a deductible. Please call us beforehand to confirm your benefits.

Your cover for healthcare professionals

If your specialist agrees to charge our agreed rate, we pay their account directly and in full

Full cover for specialists participating in our payment arrangements

You can benefit by using healthcare professionals participating in our direct payment arrangements because we will cover their approved procedures in full. If you are a Classic Priority Plan member, you benefit from access to the broadest range of specialists whom we pay in full, which represents over 87% of specialist interactions.

You may have a co-payment if you use other specialists

If you are treated in hospital by a specialist who does not participate in one of our payment arrangements, we cover you up to 200% of the Discovery Health Rate on the Classic Priority Plan and up to 100% of the Discovery Health Rate on the Essential Priority Plan.

Other healthcare professionals

We cover GPs, and other healthcare services up to 200% of the Discovery Health Rate on Classic Priority and up to 100% of the Discovery Health Rate on Essential Priority.

We cover radiology and pathology up to 100% of the Discovery Health Rate on all plans.

Your cover for investigations

MRI and CT scans

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

If you are admitted for conservative back or neck treatment, you will need to pay the first R1 500 of the hospital account, and the first R1 975 of the scan code is paid from your day-to-day benefits. We pay the balance from your Hospital Benefit up to the Discovery Health Rate.

Unlimited healthcare services

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

- GPs
- Specialists
- Allied healthcare professionals, for example physiotherapists
- Blood tests and x-rays
- HIV cover if you are registered on the HIVCare Programme

Limited healthcare services

Only the following healthcare services have an annual limit:

Dentistry*	There is an overall limit of R13 100 for each person. We pay the first R1 975 of your hospital account from your day-to-day benefits. We pay the balance of the hospital account from your Hospital Benefit. We pay all related accounts from your day-to-day benefits. The R1 975 co-payment does not apply when children 12 years old or younger are admitted to hospital.
Cochlear implants, auditory brain implants and processors	R126 000 for each person for each benefit
Internal nerve stimulators	R96 000 for each person
Hip and knee joint prostheses	There is no overall limit if you get your prosthesis from a preferred supplier. If you choose not to, a limit of R31 500 will apply to each prosthesis.
Prosthetic devices used in spinal surgery	R20 000 for each level, limited to two levels for each procedure, and one procedure for each person each year
Mental health benefit	21 days for each person
Alcohol and drug rehabilitation	21 days for each person
Terminal care benefit	R23 400 for each person

* This limit applies to the hospital account and all accounts related to the admission to hospital. A related account is the account for your admitting doctor, anaesthetist, and any other approved expense you incur during your hospital admission, other than the hospital account. We pro-rate this benefit according to when you join the medical scheme.

DiscoveryCare looks after you in times of need

Our Chronic Illness Benefit provides separate cover for a list of chronic conditions. We cover chronic medicines on our list in full. If your chronic medicine isn't on the list, you have cover up to a set monthly amount

Our Oncology Programme covers cancer treatment

Your cover for chronic conditions

You have flexible cover for a list of chronic conditions. You have full cover for approved medicine on Discovery Health's medicine list or up to a set amount for medicine not on our list.

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

Your cover for cancer treatment

DiscoveryCare's Oncology Programme covers the first R200 000 of your approved cancer treatment over a 12-month cycle, in full, after which a 20% co-payment will apply, without any overall limits.

Radiology and pathology approved for your cancer treatment is also covered. Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. Please call us to register on the Oncology Programme.

We cover chemotherapy and any oncology-related medicines up to the Discovery Health Medication Rate. Consultations, radiotherapy, radiology, pathology and scans are paid up to the Discovery Health Rate.

Your cover for day-to-day medical expenses

With the Medical Savings Account, you control your day-to-day medical expenses

We cover health checks and preventive treatments so your money lasts longer

We pay for your day-to-day medical expenses like GP visits, x-rays and blood tests from your Medical Savings Account, as long as you have money available. You may need to pay for your day-to-day medical expenses if you have run out of money in your Medical Savings Account before your claims add up to 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. Your Above Threshold Benefit has an overall limit. Once this limit is reached we will not cover any more day-to-day medical expenses.

Extending your day-to-day cover

Discovery Health pays claims for some day-to-day expenses to make the money in your Medical Savings Account last longer:

- The Screening and Prevention Benefit covers a range of healthcare services, including the following tests at a Discovery Wellness Network provider: blood glucose, blood pressure, cholesterol and body mass index. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.
- We will cover out-of-hospital claims for your recovery after certain traumatic events from the Trauma Recovery Extender Benefit. The cover applies for the rest of the year in which the trauma takes place, as well as for the year after your trauma.
- For endoscopies (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) that are done out of hospital, the deductible does not apply. We pay up to 200% of the Discovery Health Rate if you are on a Classic Priority Plan. We pay up to 100% of the Discovery Health Rate if you are on an Essential Priority Plan. Please call us before you have a scope in your doctor's rooms to confirm your benefits.

Even if you use up the money in your Medical Savings Account, we still cover certain GP visits and pathology tests

The Insured Network Benefit ensures you have no gaps in cover for GPs and pathology in a network

We further extend your day-to-day cover through the Insured Network Benefit by paying for the following when you have spent your annual Medical Savings Account deposit:

- We cover the full cost of your consultation fees if you go to a GP in our network. We pay the claim directly to the GP.
- We cover blood tests at our network providers if your GP or specialist requests the appropriate tests using the Discovery Health pathology form.

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

With the Above Threshold Benefit, you have added cover when your expenses reach a set Rand amount up to an overall limit

The Priority Series includes an Above Threshold Benefit that gives you further day-to-day cover when your Medical Savings Account runs out and when your day-to-day claims add up to a set rand amount. On the Priority Series, the Above Threshold Benefit has an overall limit.

For you to get to your Above Threshold Benefit, we add your claims up to your Annual Threshold. Here are the amounts that we add up:

- For Premier Rate specialists, we add up the Premier Rate. For non-participating specialists, we add up the Discovery Health Rate.
- For generic medicine, we add up 100% of the Discovery Health Medication Rate. For non-generic medicines, we add up 75% of the Discovery Health Medication Rate. Over-the-counter medicines do not add up to your Annual Threshold.
- We add up the Discovery Health Rate for all other health services.

We add up the amount to the benefit limit available.

No annual limit on these day-to-day healthcare services

We pay for these healthcare services from your Medical Savings Account with no annual limit:

- General practitioners
- Specialists
- Allied healthcare professionals, for example physiotherapist
- Radiology and pathology
- We will pay the first R1 975 of your MRI or CT scan code from your day-to-day benefits. We cover the balance from your Hospital Benefit up to the Discovery Health Rate

Limits on some day-to-day healthcare services

All day-to-day benefits will be paid up to the limited Above Threshold Benefit or up to the limit that applies below, whichever you reach first.

	Classic	Essential
Professional services		
Mental health benefit* (including psychologists and psychiatrists)	You have R13 100 for your family	You have R11 100 for your family
Private nursing	You have R6 200 for your family	
Antenatal classes	You have R850 for your family	
Dentistry*	You have an overall limit of R13 100 for each person	
Medicine		
Prescribed medicine* (schedule 3 and above)	Single member: R10 150 Member with one dependant: R12 300 Member with two dependants: R14 800 Member with three or more dependants: R16 200	Single member: R7 250 Member with one dependant: R8 550 Member with two dependants: R10 150 Member with three or more dependants: R12 300
Over-the-counter medicine, including prescribed schedule 0, 1 and 2 medicine and lifestyle-enhancing products	We pay these claims from available funds in your Medical Savings Account	
Appliances and equipment		
External medical items	You have R27 300 for your family	You have R18 600 for your family
Hearing aids	You have R12 200 for your family	You have R8 700 for your family
Optical* (includes cover for spectacles, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, for example excimer laser)	You have R2 400 for each person	

* We pro-rate this benefit according to when you join the medical scheme.



General exclusions

Discovery Health does not cover certain healthcare services. You can find a full list of these exclusions in the brochure or more information on your benefits on www.discovery.co.za

This brochure is only a summary of the key benefits and features of the Discovery Health Medical Scheme Plans, pending formal approval from the Council for Medical Schemes. Full details will be found in the Discovery Health Scheme Rules. For a copy of the rules, email compliance@discovery.co.za. Discovery Health Medical Scheme is administered by Discovery Health (Pty) Ltd 1997/013480/07, an authorised financial services provider.

The Saver Series



The **Saver Plans** offer you extensive in-hospital cover and a savings account for day-to-day benefits

You have access to additional benefits

- Emergency response services nationwide with **Discovery 911**
- Cover for up to 90 days for **medical emergencies** when you travel **overseas**, up to R5 million for each person
- **Evacuation benefits** for medical emergencies when travelling and working in Africa through the **Africa Benefit**
- The **Insured Network Benefit** covers consultations at a GP in our network





Your cover in hospital

We cover you in a private hospital – and there's no overall limit

We cover you in a private hospital for emergency and planned hospital admissions that you have authorised with us.

Emergency cover when you need it most

In an emergency, go straight to hospital but call us or get someone to call us within 12 hours.

If you need medically-equipped transport in a medical emergency, 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.

Cover for planned hospital admissions

Please call us 48 hours before you go to hospital to confirm your admission.

You must use a network hospital on the Delta network and Coastal options

Delta network options

On the Classic and Essential Delta Saver network options, you are covered in full at hospitals in the Delta Hospital Network. For planned admissions at any other private hospital, you must pay a deductible of R3 850.

Coastal

On the Coastal Saver Plan you must go to a hospital in one of the four coastal provinces for a planned hospital admission. If you don't use these hospitals, Discovery Health will pay up to a maximum of 70% of the hospital account and you will need to pay the difference. This does not apply in an emergency.

No overall limit

There is no overall hospital limit on the Saver Series. Limits, clinical guidelines and policies apply to some healthcare services and procedures.

Your cover for healthcare professionals

If your specialist agrees to charge our agreed rate, we pay their account directly and in full

Full cover for specialists participating in our payment arrangements

You can benefit by using healthcare professionals participating in our direct payment arrangements because we will cover their approved procedures in full. If you are a Classic Saver Plan member, you benefit from access to the broadest range of specialists whom we pay in full, which represents over 87% of specialist interactions.

You may have a co-payment if you use other specialists

If you are treated in hospital by a specialist who does not participate in one of our payment arrangements, we cover you up to 200% of the Discovery Health Rate on Classic Saver and up to 100% of the Discovery Health Rate on Essential Saver and Coastal Saver.

Other healthcare professionals

We cover GPs and other healthcare services up to 200% of the Discovery Health Rate on Classic Saver and up to the Discovery Health Rate on Essential Saver and Coastal Saver.

We cover radiology and pathology up to the Discovery Health Rate on all plans.

Your cover for investigations

Scopes (gastroscopies, colonoscopies, sigmoidoscopies and proctoscopies)

We pay the first R2 200 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 for your admitting doctor, anaesthetist and 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 hospital admission, we pay it up to the Discovery Health Rate from your Hospital Benefit.

If you are admitted for conservative back or neck treatment we pay the first R1 975 of the scan code from your day-to-day benefits. We pay the balance from your Hospital Benefit up to the Discovery Health Rate.

Unlimited healthcare services

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

- GPs
- Allied healthcare professionals, for example physiotherapists
- HIV cover if you are registered on the HIVCare Programme
- Specialists
- Blood tests and x-rays

Limited healthcare services

Only the following healthcare services have an annual limit:

Dentistry*	There is an overall limit of R13 100 for each person. We pay the first R1 975 of your hospital account from your day-to-day benefits. We pay the balance of the hospital account from your Hospital Benefit. We pay all related accounts from your day-to-day benefits. The R1 975 co-payment does not apply when children who are 12 years old or younger are admitted to hospital.
Cochlear implants, auditory brain implants and processors	R126 000 for each person for each benefit
Internal nerve stimulators	R96 000 for each person
Hip and knee joint prostheses	There is no overall limit if you get your prosthesis from our preferred supplier. If you choose not to, a limit of R31 500 will apply to each prosthesis.
Prosthetic devices used in spinal surgery	R20 000 for each level, limited to two levels for each procedure, and one procedure for each person each year
Mental health benefit	21 days for each person
Alcohol and drug rehabilitation	21 days for each person
Terminal care benefit	R23 400 for each person
Chronic dialysis	We cover these expenses in full if we have approved your treatment plan and you use a provider in our network. If you go elsewhere, we will pay up to the Discovery Health Rate.

* This limit applies to the hospital account only. A related account is the account for your admitting doctor, anaesthetist, and any approved expense you incur during your hospital admission, other than the hospital account. We pro-rate this benefit according to when you join the medical scheme.

DiscoveryCare looks after you in times of need

Our Chronic Illness Benefit provides separate cover for a list of chronic conditions. We cover chronic medicines on our list in full. If your chronic medicine isn't on the list, you have cover up to a set monthly amount

Our Oncology Programme covers cancer treatment

Your cover for chronic conditions

You have flexible cover for a list of chronic conditions. You have full cover for approved medicine on Discovery Health's medicine list or up to a set amount for medicine not on our list.

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

The Delta network options

You have cover with no co-payment for approved chronic medicine if you use a Delta Courier Pharmacy. If you don't use a Delta Courier Pharmacy, a 25% co-payment applies.

Your cover for cancer treatment

The DiscoveryCare Oncology Programme covers the first R200 000 of your approved cancer treatment over a 12-month cycle, in full, after which a 20% co-payment will apply, without any overall limits.

Radiology and pathology approved for your cancer treatment is also covered. Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. Please call us to register on the Oncology Programme.

We cover chemotherapy and any oncology-related medicines up to the Discovery Health Medication Rate. Consultations, radiotherapy, radiology, pathology and scans are paid up to the Discovery Health Rate.

Your cover for day-to-day medical expenses

With the Medical Savings Account, you control your day-to-day medical expenses

We cover health checks and preventive treatments so your money lasts longer

Even if you use up the money in your Medical Savings Account, we still cover a set number of GP visits

We pay for your day-to-day medical expenses like GP visits, x-rays and blood tests from your Medical Savings Account, as long as you have money available. You need to pay for your day-to-day expenses if you have run out of money in your Medical Savings Account.

Extending your day-to-day cover

Discovery Health pays claims for some day-to-day expenses to make the money in your Medical Savings Account last longer:

- The Screening and Prevention Benefit covers a range of healthcare services, including the following tests at a Discovery Wellness Network provider: blood glucose, blood pressure, cholesterol and body mass index. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.
- We will cover out-of-hospital claims for your recovery after certain traumatic events from the Trauma Recovery Extender Benefit. The cover applies for the rest of the year in which the trauma takes place, as well as for the year after your trauma.
- We will pay for endoscopies (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) done in your doctor's room. Discovery Health pays for these claims without using your Medical Savings Account as we pay these accounts from the Hospital Benefit. We pay up to 200% of the Discovery Health Rate if you are on a Classic Saver Plan and up to 100% of the Discovery Health Rate if you are on an Essential Saver and Coastal Saver Plan. Please call us before you have a scope in your doctor's rooms to confirm your benefits.

The Insured Network Benefit ensures you have more cover for GPs in our network

We further extend your day-to-day cover through the Insured Network Benefit by paying for GP consultation fees when you have spent your annual Medical Savings Account deposit.

We cover the cost of your consultations if you go to a GP in our network. The maximum number of consultations that we cover for a single member and a family each year depends on your plan type:

Health plan	Single member	Family
Classic and Coastal plans	3 consultations	6 consultations
Essential plan	2 consultations	4 consultations

Your cover for day-to-day healthcare services is limited to the money in your Medical Savings Account

We pay for these healthcare services from your Medical Savings Account:

- GPs
- Specialists
- Allied healthcare professionals, for example physiotherapists
- Radiology and pathology
- Dentistry
- Mental health benefit (including psychologists and psychiatrists)
- Private nursing
- Prescribed and over the counter medicine
- External medical items
- Hearing aids
- Optical care
- MRI and CT scans:

We will pay the first R1 975 of your MRI or CT scan code from your day-to-day benefits. We cover the balance from your Hospital Benefit up to the Discovery Health Rate.

General exclusions

Discovery Health does not cover certain healthcare services. You can find a full list of these exclusions in the brochure or more information on your benefits on www.discovery.co.za

This brochure is only a summary of the key benefits and features of the Discovery Health Medical Scheme Plans, pending formal approval from the Council for Medical Schemes. Full details will be found in the Discovery Health Scheme Rules. For compliance queries, email compliance@discovery.co.za. Discovery Health Medical Scheme is administered by Discovery Health (Pty) Ltd, Registration number 1997/013480/07, an authorised financial services provider.

The Core Series



The **Core Plans** offer you cover in hospital

You have access to additional benefits

- Emergency response services nationwide with **Discovery 911**
- Cover for up to 90 days for **medical emergencies** when you travel **overseas**, up to R5 million for each person
- **Evacuation benefits** for medical emergencies when travelling or working in Africa through the **Africa Benefit**
- Cover for specific **preventive screening tests** and **flu vaccines**



Your cover in hospital

We cover you in a private hospital – and there's no overall limit

We cover you in a private hospital for emergency and planned hospital admissions that you have authorised with us.

Emergency cover when you need it most

In an emergency, go straight to hospital but call us or get someone to call us within 12 hours.

If you need medically-equipped transport in a medical emergency, 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.

Cover for planned hospital admissions

Please call us 48 hours before you go to hospital to confirm your admission.

You must use a network hospital on the Delta network and Coastal options

Delta network options

On the Classic and Essential Delta Core network options, you are covered in full at hospitals in the Delta Hospital Network. For planned admissions at any other private hospital, you must pay a deductible of R3 850.

Coastal

On the Coastal Core Plan you must go to a hospital in one of the four coastal provinces for a planned hospital admission. If you don't use these hospitals, Discovery Health will pay up to a maximum of 70% of the hospital account and you will need to pay the difference. This does not apply in an emergency.

No overall limit

There is no overall hospital limit on the Core Series. Limits, clinical guidelines and policies apply to some healthcare services and procedures.

Your cover for healthcare professionals

If your specialist agrees to charge our agreed rate, we pay their account directly and in full

Full cover for specialists participating in our payment arrangements

You can benefit by using healthcare professionals participating in our direct payment arrangements because we will cover their approved procedures in full. If you are a Classic Core Plan member, you benefit from access to the broadest range of specialists whom we pay in full, which represents over 87% of specialist interactions.

You may have a co-payment if you use other specialists

If you are treated in hospital by a specialist who does not participate in one of our payment arrangements, we cover you up to a maximum of 200% of the Discovery Health Rate on Classic Core and at 100% of the Discovery Health Rate on Essential Core and Coastal Core.

Other healthcare professionals

We cover GPs and other healthcare services up to 200% of the Discovery Health Rate on Classic Core and up to 100% of the Discovery Health Rate on Essential Core and Coastal Core.

We cover radiology and pathology up to 100% of the Discovery Health Rate on all plans.

Your cover for investigations

Scopes (gastrosopies, colonoscopies, sigmoidoscopies and proctoscopies)

You pay the first R2 200 of your hospital account. We pay the balance of the hospital account and your related accounts from your Hospital Benefit. A related account is the account for your admitting doctor, anaesthetist and 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. If you are admitted for conservative back or neck treatment, or the scan is unrelated to your admission, we do not pay for it.

Unlimited healthcare services

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

- GPs
- Specialists
- Allied healthcare professionals, for example physiotherapists
- Blood tests and x-rays
- HIV cover if you are registered on the HIVCare Programme.

Limited healthcare services

Only the following healthcare services have an annual limit:

Dentistry*	There is an overall limit of R13 100 for each person. You pay the first R1 975 of your hospital account. We pay the balance of the hospital account from your Hospital Benefit. You need to pay all related accounts. The R1 975 co-payment does not apply when children 12 years old or younger are admitted to hospital.
Cochlear implants, auditory brain implants and processors	R126 000 for each person for each benefit
Internal nerve stimulators	R96 000 for each person
Hip and knee joint prostheses	There is no overall limit if you get your prosthesis from a preferred supplier. If you choose not to, a limit of R31 500 will apply to each prosthesis.
Prosthetic devices used in spinal surgery	R20 000 for each level, limited to two levels for each procedure, and one procedure for each person each year
Mental health benefit	21 days for each person
Alcohol and drug rehabilitation	21 days for each person
Terminal care benefit	R23 400 for each person
Chronic dialysis	We cover these expenses in full if we have approved your treatment plan and you use a provider in our network. If you go elsewhere, we will pay up to the Discovery Health Rate.

* This limit applies to the hospital account only. A related account is the account for your admitting doctor, anaesthetist and any approved expense you incur during your hospital admission, other than the hospital account. We pro-rate this benefit according to when you join the medical scheme.

DiscoveryCare looks after you in times of need

Our Chronic Illness Benefit provides separate cover for a list of chronic conditions. We cover chronic medicines on our list in full. If your chronic medicine isn't on the list, you have cover up to a set monthly amount

Our Oncology Programme covers cancer treatment

Your cover for chronic conditions

You have flexible cover for a list of chronic conditions. You have full cover for approved medicine on Discovery Health's medicine list or up to a set amount for medicine not on our list.

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

Delta network options

You have cover with no co-payment for approved chronic medicine if you use a Delta Courier Pharmacy. If you don't use a Delta Courier Pharmacy, a 25% co-payment applies.

Your cover for cancer treatment

The DiscoveryCare Oncology Programme covers the first R200 000 of your approved cancer treatment over a 12-month cycle, in full, after which a 20% co-payment will apply, without any overall limits.

Radiology and pathology approved for your cancer treatment is also covered. Cancer treatment that falls within the Prescribed Minimum Benefit is always covered in full, with no co-payment. Please call us to register on the Oncology Programme.

We cover chemotherapy and any oncology-related medicines up to the Discovery Health Medication Rate. Consultations, radiotherapy, radiology, pathology and scans are paid up to the Discovery Health Rate.

Your cover for day-to-day medical expenses

We cover health checks and preventive treatments so your money lasts longer

You have access to the following day-to-day benefits:

- The Screening and Prevention Benefit covers a range of healthcare services, including the following tests at a Discovery Wellness Network provider: blood glucose, blood pressure, cholesterol and body mass index. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.
- We also cover endoscopies (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) if done in your doctor's rooms. Please call us before you go for your scope to confirm your benefits.

General exclusions

Discovery Health does not cover certain healthcare services. You can find a full list of these exclusions in the brochure or more information on your benefits on www.discovery.co.za

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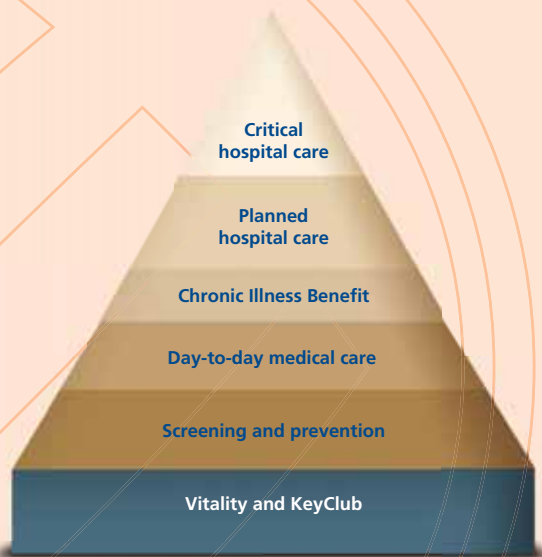
The KeyCare Series



The **KeyCare Plans** offer you affordable cover in the KeyCare network of hospitals and doctors

You have access to additional benefits

- Emergency response services nationwide with **Discovery 911**
- Cover for when you need to see a **specialist**
- Cover for specific **antenatal services** such as when you need to see a **gynaecologist** when you are pregnant
- Cover for specific **preventive screening tests** and **flu vaccines**



Your cover in hospital

We cover you in a private hospital in the KeyCare network – and there's no overall limit

We cover you in a private hospital for emergency and planned hospital admissions that you have authorised with us.

Emergency cover when you need it most

In an emergency, go straight to hospital but call us or get someone to call us within 12 hours.

If you need medically-equipped transport in a medical emergency, 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.

Cover for planned hospital admissions

For planned hospital admissions, you have cover in any private hospital in the KeyCare hospital network. Please call us 48 hours before you go to hospital to confirm your admission. You will not have cover if you do not call us.

No overall limit

There is no overall hospital limit on your hospital cover. Limits, clinical policies and guidelines apply to some healthcare services and procedures.

Your cover for healthcare professionals

If your specialist agrees to charge our agreed rate, we pay their account directly and in full

Full cover for specialists participating in our payment arrangement

You can benefit by using healthcare professionals participating in the KeyCare direct payment arrangement because we will cover their approved accounts in full.

You may have a co-payment if you use other specialists

If you are treated in-hospital by any other specialist, we cover the accounts up to the Discovery Health Rate. If the specialist charges more than the Discovery Health Rate, you must pay the difference.

Other healthcare professionals

We cover GPs, radiology, pathology and other healthcare services up to 100% of the Discovery Health Rate.

Your cover for investigations and dentistry

Scopes (gastrosopies, colonoscopies, sigmoidoscopies and proctoscopies)

We will cover your scope but please phone us before going for it to confirm where the scope can be done.

MRI and CT scans

If your scan is related to an approved hospital admission we pay it from your Hospital Benefit. If it is not related to an approved hospital admission we pay it from your Specialist Benefit up to R2 000 for each person. We do not pay for MRI or CT scans that are related to conservative back or neck treatment.

Dentistry

We do not cover in-hospital dentistry on the KeyCare Plans.

Limited healthcare services

Mental health benefit	21 days for each person
Alcohol and drug rehabilitation	21 days for each person
Terminal care benefit	R16 950 for each person
Chronic dialysis	We cover these expenses in full as long as we have approved your treatment plan and you use a provider in our network

DiscoveryCare looks after you in times of need

Our Chronic Illness Benefit provides separate cover for a list of chronic conditions. We cover chronic medicines on our list in full

Your cover for chronic conditions

You have cover for a list of chronic conditions as long as your medicine is on the KeyCare medicine list and you get your approved medicine from our courier pharmacy. If you get your medicine anywhere else, you will need to pay 40% of the Discovery Health Medication Rate.

On the KeyCare Plus Plan your chosen GP must prescribe the medicine. We need to approve your chronic condition before we will pay for it from the Chronic Illness Benefit.

Your cover for cancer treatment

We cover your cancer treatment if it is a Prescribed Minimum Benefit and if you go to a cancer specialist in the ICON network. Please call us to register on the Oncology Programme.

Your cover for additional benefits

You have access to expert care for antenatal treatment and specialist visits when your GP feels you need to see one

We cover health checks and preventive treatments so your money lasts longer

All KeyCare members have cover for the following benefits out of hospital:

Specialist Benefit

If you visit a specialist and you have a valid reference number from us, you will be covered up to R2 000 for each person. You must call us before your consultation and your GP must refer you.

Antenatal Benefit

The Antenatal Benefit covers you for the following healthcare services while you are pregnant, at the Discovery Health Rate:

- four visits to a gynaecologist in a KeyCare network hospital
- one routine scan (between 10 and 20 weeks)
- selected antenatal blood tests requested by your gynaecologist.

Screening and Prevention Benefit

If you go for certain preventive screening tests, we will cover the claim. The screening tests include: blood glucose, blood pressure, cholesterol and body mass index at a Discovery Wellness Network provider. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.

Your cover for day-to-day medical expenses (available on KeyCare Plus only)

We have networks of GPs, dentists and optometrists all over South Africa to make sure that KeyCare Plus members have access to quality day-to-day healthcare services

Cover for GP visits

When joining KeyCare Plus, you choose a GP from the KeyCare GP network. When you go to your chosen GP, we will cover your consultations and some minor procedures.

We will cover you for one out-of-network visit for each person; this includes a GP visit, with selected blood tests and x-rays and acute medicines (they must be on the KeyCare acute medicine list).

X-rays and blood tests

We pay for selected basic x-rays and blood tests, only if requested by your chosen KeyCare network GP.

Acute medicines

We pay for medicines on the KeyCare acute medicine list when they are prescribed by your chosen KeyCare network GP.

Cover for dentistry

We cover selected basic dentistry (consultations, fillings and extractions) only at a dentist within the KeyCare dentist network.

Cover for eye care

We cover one eye test and one pair of clear single-vision, bifocal or multi-focal lenses with a basic frame or a basic set of contact lenses for each person 24 months from your last claim, only at an optometrist within the KeyCare optometry network.

Casualty visits

If you go to one of our preferred casualty units in the KeyCare network of hospitals, you pay the first R95 of the consultation.

You can also visit other casualty units in the KeyCare network of hospitals but you pay the first R210 of the consultation.

Please remember to call us to confirm your benefits.

Trauma Recovery Extender Benefit

We will cover specific out-of-hospital claims for your recovery after certain traumatic events. Your cover applies for the rest of the year in which the trauma takes place, as well as the year after your trauma.

Mobility Devices Benefit

We cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg calipers, crutches and walkers on the KeyCare mobility list, from a network provider. There is an overall limit of R3 300 for each family.

Exclusions on the KeyCare Plans

Discovery Health does not cover certain healthcare services. You can find a full list of these exclusions in the brochure or more information on your benefits on www.discovery.co.za. In addition to the general Discovery Health Medical Scheme exclusions that apply on all plans, KeyCare Plans have the following exclusions, except as set out in the Prescribed Minimum Benefits:

- Hospital admissions related to:
 - dentistry
 - obesity
 - skin disorders
 - investigations and diagnostic work-up
 - functional nasal surgery
 - elective caesarean section, except if medically necessary
 - surgery for oesophageal reflux and hiatus hernia
 - back and neck treatment or surgery
 - joint replacements, including but not limited to hips, knees, shoulders and elbows
 - cochlear implants, auditory brain implants and internal nerve stimulators. This includes procedures, devices and processors
 - healthcare services that should be done out of hospital and for which an admission to hospital is not necessary.
- Brachytherapy for prostate cancer
- Refractive eye surgery
- Non-cancerous breast conditions
- Healthcare services outside South Africa

We also do not cover the cost of treatment for any complications, or the direct or indirect expenses related to these excluded conditions and treatments.

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

List of KeyCare hospitals for 2010

Eastern Cape

East London

- East London Private Hospital
- St James Operating Theatres
- St Dominic's Private Hospital

Humansdorp

- Isivivana Private Hospital

Port Elizabeth

- New Mercantile Hospital

Queenstown

- Queenstown Private Hospital

Uitenhage

- Cuyler Clinic

Umtata

- St Marys Private Hospital

Free State

Bethlehem

- Hoogland Medi-Clinic

Bloemfontein

- Bloemfontein Eye Centre
- Hospitaalpark Clinic (Pasteur Hospital)
- Pelonomi Private Hospital
- Rosepark Clinic
- Universitas Private Hospital

Welkom

- Ernest Oppenheimer Hospital
- Hydromed Welkom Medi-Clinic
- St Helena Hospital

Gauteng

Benoni

- The Glynwood Hospital

Boksburg

- Botshelong Empilweni Clinic (Clinix Vosloorus)
- Sunshine Centre

Brakpan

- Dalview Clinic

Germiston

- Roseacres Clinic

Heidelberg

- Suikerbosrand Clinic

Johannesburg

- Rand Clinic
- Johannesburg Eye Clinic
- Garden City Clinic
- Brenthurst Clinic

Kempton Park

- Arwyp Hospital

Lakefield

- Optiklin Eye Hospital

Lenasia

- Lenmed Clinic Limited

Midrand

- Carstenhof Clinic

Pretoria

- Bougainville Private Hospital
- Centurian Eye Hospital
- Eugene Marais Hospital
- Jacaranda
- Legae Private Clinic
- Louis Pasteur Hospital
- Medforum Medi-Clinic
- Moot Algemene Hospital
- Muelmed Hospital
- Pretoria Eye Institute
- Zuid Afrikaans Hospital

Randfontein

- Robinson Hospital
- Sir Albert Medical Centre

Soweto

- Clinix Soweto (Tshepo Themba)
- Lesedi Clinic

Springs

- Springs Parkland Clinic
- St Mary's Maternity Hospital

Thembisa

- Zamokuhle Private Hospital

Vanderbijlpark

- Emfuleni Medi-Clinic
- Medivaal Hospital
- Ocumed
- Vaalpark

Westgate

- Medgate Day Clinic

Vereeniging

- Clinix Private Hospital Sebokeng (Pty) Ltd
- Midvaal

KwaZulu Natal

Amanzimtoti

- Kingsway Hospital

Chatsworth

- Chatsmed Garden Hospital

Durban

- City Hospital Ltd
- Entabeni Hospital
- McLord Hospital

Empangeni

- Empangeni Garden Clinic (Pty) Ltd

Isipingo

- Isipingo Clinic

Kokstad

- Kokstad Private Hospital

Ladysmith

- La Verna Hospital

Newcastle

- Newcastle Private Hospital

Phoenix

- Mount Edgecombe

Pietermaritzburg

- Midlands Medical Centre
- St Anne's

Pinetown

- The Crompton Hospital

Port Shepstone

- Hibiscus Hospital

Richards Bay

- The Bay Hospital

Sydenham

- Nu Shifa Hospital

Tongaat

- Victoria Private Hospital

Lesotho

- Maseru Private Hospital

Limpopo

Bela Bela

- St Vincent's Hospital

Polokwane

- Limpopo Medi-Clinic

Thabazimbi

- Curamed Thabazimbi Hospital

Tzaneen

- Tzaneen Private Hospital

Mpumalanga

Barberton

- Barberton Medi-Clinic

Ermelo

- Ermelo Private Hospital

Middelburg

- Middelburg Private Hospital

Nelspruit

- Nelspruit Private Hospital

Trichardt

- Highveld Medi-Clinic

Witbank

- Cosmos Hospital
- Emalahleni Day Hospital

North West

Carletonville

- Leslie Williams
- Western Deep Clinic

Klerksdorp

- Anncron Clinic

Mafikeng

- Victoria Private Hospital (Mafikeng Hospital)

Orkney

- West Vaal Clinic

Potchefstroom

- Potchefstroom Medi-Clinic

Rustenburg

- Peglerae Hospital

Northern Cape

Kathu

- Kathu Medi-Clinic

Kimberley

- Kimberley Medi-Clinic

Upington

- Upington Private Hospital

Vryburg

- Vryburg Private Hospital

Western Cape

Bellville

- Bellville Medical Centre
- Louis Leipoldt

Cape Town

- Christiaan Barnard Memorial Hospital
- UCT Medical Centre (Pty) Ltd

Ceres

- Ceres Private Hospital

Gatesville

- Gatesville Medical Centre

George

- Geneva Clinic
- George Medi-Clinic

Hermanus

- Hermanus Medi-Clinic

Kuils River

- Kuilsriver Private Hospital

Milnerton

- Milnerton Medi-Clinic

Mitchells Plain

- Mitchells Plain Medical Centre

Mossel Bay

- Bayview Hospital

Oudtshoorn

- Cango Day Clinic
- Klein Karoo Medi-Clinic

Paarl

- Paarl Medi-Clinic

West Coast

- West Coast Private Hospital

Worcester

- Worcester Medi-Clinic

Please note that this list of hospitals is subject to change. Go to www.discovery.co.za for the latest list of hospitals and casualty units or phone us.

This brochure is only a summary of the key benefits and features of the Discovery Health Medical Scheme Plans, pending formal approval from the Council for Medical Schemes. Full details will be found in the Discovery Health Scheme Rules. For a copy of the rules, email compliance@discovery.co.za. Discovery Health Medical Scheme is administered by Discovery Health (Pty) Ltd, Registration number 1997/013480/07, an authorised financial services provider.

Discovery Health contributions 2010



Series	Plan	Contributions			Contributions to Medical Savings Account			Total contributions		
		Main member	Adult	Child*	Main member	Adult	Child*	Main member	Adult	Child*
Executive	Executive	2 146	2 146	408	715	715	136	2 861	2 861	544
Comprehensive	Classic Comprehensive	1 761	1 665	352	587	555	117	2 348	2 220	469
	Classic Delta Comprehensive network option	1 585	1 499	317	528	499	105	2 113	1 998	422
	Essential Comprehensive	1 677	1 586	335	295	279	59	1 972	1 865	394
	Essential Delta Comprehensive network option	1 509	1 427	302	266	251	53	1 775	1 678	355
Priority	Classic Priority	1 181	929	473	393	309	157	1 574	1 238	630
	Essential Priority	1 150	904	459	202	159	81	1 352	1 063	540
Saver	Classic Saver	1 053	829	422	351	276	140	1 404	1 105	562
	Classic Delta Saver network option	842	663	337	280	221	112	1 122	884	449
	Essential Saver	949	711	379	167	125	66	1 116	836	445
	Essential Delta Saver network option	759	569	303	133	100	53	892	669	356
	Coastal Saver	815	610	328	271	203	109	1 086	813	437
Core	Classic Core	1 045	823	418	No Medical Savings Account			1 045	823	418
	Classic Delta Core network option	837	658	334	No Medical Savings Account			837	658	334
	Essential Core	898	673	359	No Medical Savings Account			898	673	359
	Essential Delta Core network option	718	538	288	No Medical Savings Account			718	538	288
	Coastal Core	759	569	303	No Medical Savings Account			759	569	303
KeyCare	KeyCare Plus (8 001+)	1 030	1 030	275	No Medical Savings Account			1 030	1 030	275
	KeyCare Plus (6 001 - 8 000)	692	692	193	No Medical Savings Account			692	692	193
	KeyCare Plus (3 751 - 6 000)	494	494	143	No Medical Savings Account			494	494	143
	KeyCare Plus (0 - 3 750)	412	412	110	No Medical Savings Account			412	412	110
	KeyCare Core (8 001+)	761	761	171	No Medical Savings Account			761	761	171
	KeyCare Core (6 001 - 8 000)	492	492	123	No Medical Savings Account			492	492	123
	KeyCare Core (0 - 6 000)	396	396	99	No Medical Savings Account			396	396	99

* We count a maximum of three children when we work out the monthly contribution.

Annual Medical Savings Account amounts

Series	Plan	Main member	Adult	Child**
Executive	Executive (25%*)	8 580	8 580	1 632
Comprehensive	Classic Comprehensive (25%*)	7 044	6 660	1 404
	Classic Delta Comprehensive network option (25%*)	6 336	5 988	1 260
	Essential Comprehensive (15%*)	3 540	3 348	708
	Essential Delta Comprehensive network option (15%*)	3 192	3 012	636
Priority	Classic Priority (25%*)	4 716	3 708	1 884
	Essential Priority (15%*)	2 424	1 908	972
Saver	Classic Saver (25%*)	4 212	3 312	1 680
	Classic Delta Saver network option (25%*)	3 360	2 652	1 344
	Essential Saver (15%*)	2 004	1 500	792
	Essential Delta Saver network option (15%*)	1 596	1 200	636
	Coastal Saver (25%*)	3 252	2 436	1 308

* Medical Savings Account amounts as a percentage of total contributions

** We count a maximum of three children when we work out the monthly contribution.

Annual Thresholds

Executive Plan and Comprehensive Series

	Executive Plan	Comprehensive Series
Main member	8 580	7 700
Each adult	8 580	7 700
Each child*	1 632	1 450

* We count a maximum of three children when we calculate the Annual Threshold
We pro-rate this benefit according to when you join the medical scheme.

Priority Series

	Annual Threshold	Above Threshold Benefit limit
Main member	6 800	5 800
Each adult	5 070	4 100
Each child*	2 250	2 000

* We count a maximum of three children when we calculate the Annual Threshold and Above Threshold Benefit limit
We pro-rate this benefit according to when you join the medical scheme.

Vitality and KeyClub monthly contributions

	Single member	Member with one dependant	Member with two or more dependants
Vitality contributions	116	135	142
KeyClub contributions	24	30	37
Vitality and KeyClub contributions	124	147	165

KeyClub Starter Benefit: R5 000 funeral cover for R1 a month.

Discovery Health members have access to a range of tools to help them get the most out of their Discovery Health Plan

Access to the latest service tools

Our website – www.discovery.co.za, offers you a full service offering to manage all your interactions with Discovery. Just some of the features you can access are daily claims notices, a real-time view of your benefits and up to date information on our products.

The website also features a number of tools hosted on the website that help you make the most of your benefits and cover.

For example, Do We Cover brings you Discovery Health's latest coverage policies in an easy to use format. We update the policies regularly to ensure our funding policies remain current, so by using Do We Cover you always have instant and accurate information at your fingertips.



Discovery Health MAPS

Discovery Health MAPS (Medical and Provider Search) helps you find medical services and providers where you will be covered in full.

MAPS allows you to search for specific types of medical services located close to you. When you select a province, city and provider type, MAPS will return a list of medical services filtered according to options you selected.



Electronic Health Record

The Electronic Health Record is Discovery Health's electronic solution to the storage of your health records. You can store your medical information in a central place and access it from any location that has web access.

Your health records are confidential, which is why only you can access them – unless you give your consent to allow emergency staff access to them in a life-threatening situation.



The Medicine Comparator

The Medicine Comparator helps you find equivalent medicines to help you get the most out of your chronic and day-to-day cover.

You can use the tool to compare your current medicines to alternatives. You can view a breakdown of the cost of each medicine and check if it is on our chronic medicine list. It will also show you the Chronic Drug Amount for your chronic condition.

The combination of these features empowers you to make informed decisions about your chronic and day-to-day medicines.

Discovery Health *Plan StarRater*

The Discovery Health Plan StarRater is designed to assist you in choosing the right plan for your needs. The StarRater allows you to compare the main benefit categories of in-hospital, day-to-day, chronic and oncology cover provided on each of the Discovery Health Plans. By using the StarRater, you can see at a glance how your Discovery Health Plan rates against other plans and make an informed decision about your healthcare cover for 2010.

Series	Plan	In-hospital cover	Out-of-hospital cover	Chronic and oncology cover
Executive	Executive Plan	★ ★ ★ ★ ★ ★	★ ★ ★ ★ ★	★ ★ ★ ★ ★
Comprehensive	Classic Comprehensive	★ ★ ★ ★ ★	★ ★ ★ ★ ★	★ ★ ★ ★ ★
	Essential Comprehensive	★ ★ ★ ★ ★	★ ★ ★ ★	★ ★ ★ ★ ★
	Classic Delta Comprehensive network option	★ ★ ★ ★ ★	★ ★ ★ ★ ★	★ ★ ★ ★ ★
	Essential Delta Comprehensive network option	★ ★ ★ ★ ★	★ ★ ★ ★	★ ★ ★ ★ ★
Priority	Classic Priority	★ ★ ★ ★ ★	★ ★ ★ ★	★ ★ ★
	Essential Priority	★ ★ ★ ★ ★	★ ★ ★	★ ★ ★
Saver	Classic Saver	★ ★ ★ ★ ★	★ ★ ★	★ ★ ★
	Essential Saver	★ ★ ★ ★ ★	★ ★	★ ★ ★
	Coastal Saver	★ ★ ★ ★ ★	★ ★ ★ ★ ★	★ ★ ★
	Classic Delta Saver network option	★ ★ ★ ★ ★	★ ★ ★	★ ★ ★
	Essential Delta Saver network option	★ ★ ★ ★ ★	★ ★	★ ★ ★
Core	Classic Core	★ ★ ★ ★ ★		★ ★ ★
	Essential Core	★ ★ ★ ★ ★		★ ★ ★
	Coastal Core	★ ★ ★ ★ ★		★ ★ ★
	Classic Delta Core network option	★ ★ ★ ★ ★		★ ★ ★
	Essential Delta Core network option	★ ★ ★ ★ ★		★ ★ ★
KeyCare	KeyCare Plus	★ ★ ★ ★ ★	★ ★	★ ★ ★
	KeyCare Core	★ ★ ★ ★ ★		★ ★ ★

Discovery Health Plan StarRater key

In-hospital cover	★	The blue star indicates that you have cover in any hospital. The number of stars refers to the level of cover you have in hospital.
	★	A circled star indicates that to get five-star cover in hospital, you need to use a provider in one of Discovery's networks or payment arrangements – either a network hospital or a doctor participating in our direct payments arrangements, or both.
Out-of-hospital cover	All plans except KeyCare To show the level of cover each plan offers for out-of-hospital and day-to-day benefits, we've added together the star-ratings for each of the following:	
	★	A Medical Savings Account equal to 15% of your total medical scheme contribution.
	★★	A Medical Savings Account equal to 25% of your total medical scheme contribution.
	★	An additional star if the plan offers the Insured Network Benefit to extend your day-to-day cover.
	★	An additional star if the plan offers a limited Above Threshold Benefit.
	★★	Two additional stars if the plan offers an unlimited Above Threshold Benefit.
	KeyCare Plus	
	★ ★	Your plan offers cover in a network for certain day-to-day healthcare costs.
Chronic Illness Benefit and oncology	★ ★ ★	You have cover for the conditions listed in the Prescribed Minimum Benefits, but you must use our designated service provider to get your approved chronic medicines, or you will have a co-payment. You have full cover for medicines on our list – if you choose a different medicine, you have cover up to a monthly rand amount. You must use our designated service provider for cancer treatment.
	★ ★ ★	You have cover for the conditions listed in the Prescribed Minimum Benefits – you can get your approved chronic medicine from any provider. You have full cover for medicines on our list – if you choose a different medicine, you have cover up to a monthly rand amount. If one of the three stars is circled, you must get your approved medicine from our designated service provider or you will have a co-payment.
	★ ★ ★ ★ ★	You have cover for the conditions listed in the Prescribed Minimum Benefits, as well as for conditions on an additional disease list. You have full cover for medicines on our list – if you choose a different medicine, you have cover up to a higher monthly rand amount than on other plans. You also have higher cover for cancer treatment.



Contact us

For emergencies in South Africa: call Discovery 911 on 0860 999 911

For emergencies outside South Africa: call +27 11 541 1222, reverse charges



Queries

To provide you with excellent service, we have a team of dedicated and passionate experts, and several ways to contact us:

Visit our website: www.discovery.co.za

Call 0860 99 88 77 or 083 123 88 77

To check your Health Plan details on your cellphone: SMS "Plan" to 31DIS (31347) or go to our WAP site, www.discoveryinfo.mobi on your phone.



General exclusions

The Discovery Health Medical Scheme has certain exclusions. Discovery Health will not pay for healthcare services related to the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits:

1. Cosmetic procedures and treatments
2. Otoplasty for bat-ears, portwine stains and blepharoplasty (eyelid surgery)
3. Breast reductions or enlargements and gynaecomastia
4. Obesity
5. Frail care
6. Infertility
7. Wilfully self-inflicted illness or injury
8. Alcohol, drug or solvent abuse
9. Wilful and material violation of the law or during a period of imprisonment
10. Wilful participation in war, terrorist activity, riot, civil commotion, rebellion or uprising
11. Experimental, unproven or unregistered treatments or practices
12. Search and rescue
13. 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.

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



Discovery Health
155 West Street
Sandton

0860 99 88 77 or 083 123 88 77

www.discovery.co.za