Discovery
Health Medical Scheme

Smart
Plans

Braving every moment

Classic | Essential

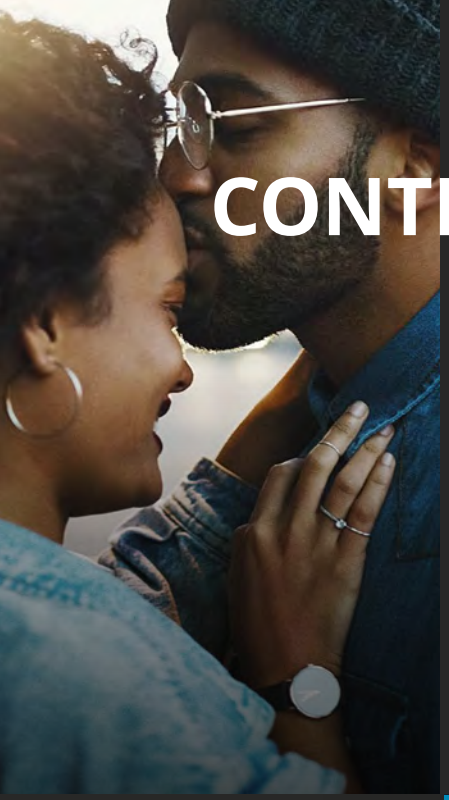
LIVE HEALTHY IN EVERY MOMENT

At Discovery Health Medical Scheme, we are reimagining healthcare so you can experience quality care with advanced technology that supports you through every life stage, because we want you to live healthy in every moment.

Read this guide to understand more about your health plan including:

- What to do when you need to go to a doctor or to a hospital
- How you are covered for preventative screening, medical conditions, medicine and treatments
- Which benefits you need to apply for and if there are any limits for certain benefits
- Tips on how you can use technology to conveniently manage and access all the information you need through the Discovery app and website

The benefits explained in this brochure are provided by Discovery Health Medical Scheme, registration number 1125, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. This brochure is only a summary of the key benefits and features of Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical Schemes. In all instances, Discovery Health Medical Scheme Rules prevail. Please consult the Scheme Rules on www.discovery.co.za. When reference is made in this brochure to 'we' in the context of benefits, members, payments or cover, this refers to Discovery Health Medical Scheme. We are continuously improving our communication to you. The latest version of this guide as well as detailed benefit information is available on www.discovery.co.za.



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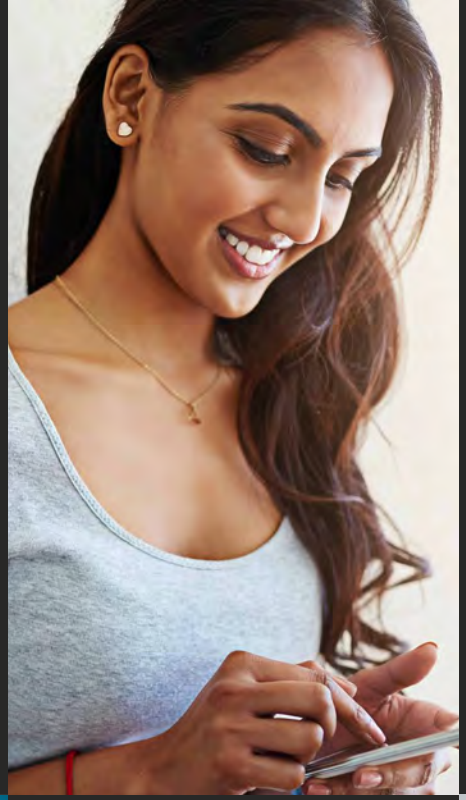

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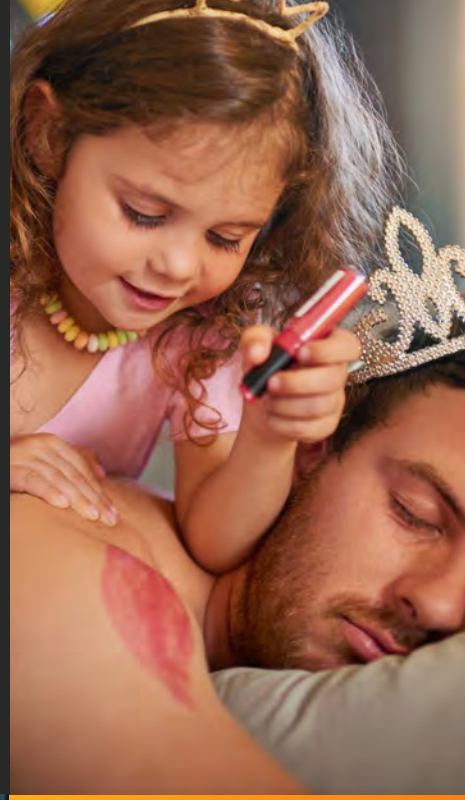

live healthy

IN EVERY MOMENT

Key TERMS

About some of the terms we use in this document

C

CHRONIC DISEASE LIST (CDL)

A defined list of chronic conditions we cover according to the Prescribed Minimum Benefits (PMBs).

CHRONIC ILLNESS BENEFIT (CIB)

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

CO-PAYMENT

This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service, the age of the patient or if the amount the service provider charges is higher than the rate we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.

C

COVER

Cover refers to the benefits you have access to and how we pay for these healthcare services such as consultations, medicine and hospitals, on your health plan.

D

DAY-TO-DAY BENEFITS

Cover for defined set of day-to-day medical expenses such as GP consultations, acute and over-the-counter (OTC) medicine, eye and dental check-ups and sports-related injuries, with fixed co-payments and/or limits.

DEDUCTIBLE

This is the amount that you must pay upfront to the hospital or day clinic for specific treatments/procedures or if you use a facility outside of the network. If the upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.

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DESIGNATED SERVICE PROVIDER (DSP)

A healthcare provider (for example doctor, specialist, allied healthcare professional, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit www.discovery.co.za or click on Find a healthcare provider on the Discovery app to view the full list of DSPs.

DISCOVERY HEALTH RATE (DHR)

This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.

DISCOVERY HEALTH RATE FOR MEDICINE

This is the rate we will pay for medicine. It is the Single Exit Price of medicine plus the relevant dispensing fee.

D

DISCOVERY HOME CARE

Discovery Home Care is an additional service that offers you quality home-based care in the comfort of your home for healthcare services like IV infusions, wound care, post-natal care and advanced illness care.

DISCOVERY MEDXPRESS

Discovery MedXpress is a convenient and cost-effective medicine ordering and delivery service for your monthly chronic medicine, or you can choose to collect your medicine in-store at a MedXpress Network Pharmacy.

E

EMERGENCY MEDICAL CONDITION

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

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

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.

Find a healthcare provider and Discovery MedXpress are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

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F FIND A HEALTHCARE PROVIDER

Find a healthcare provider is a medical and provider search tool which is available on the Discovery app or website www.discovery.co.za.

H HEALTHID

HealthID is an online digital platform that gives your doctor fast, up-to-date access to your health information. Once you have given consent, your doctor can use HealthID to access your medical history, make referrals to other healthcare professionals and check your relevant test results.

M MEDICINE LIST (FORMULARY)

A list of medicine we cover in full for the treatment of approved chronic condition(s). This list is also known as a formulary.

N NETWORKS

You may need to make use of specific hospitals, pharmacies, doctors, specialists or allied healthcare professionals in a network. We have payment arrangements with these providers to ensure you get access to quality care at an affordable cost. By using network providers, you can avoid having to pay additional costs and co-payments yourself.

Hospital Networks

Make sure you use a hospital in the Smart Hospital Network to get full cover.

Doctor Networks

You have full cover for GPs in the Smart GP Network and specialists or allied healthcare professionals who we have payment arrangements with.

Day Surgery Networks

Full cover for a defined list of procedures in our Day Surgery Network.

Medicine Networks

Use MedXpress, Clicks or Dis-Chem to enjoy full cover and avoid co-payments when claiming for chronic medicine on the medicine list.

Find a healthcare provider, Discovery MedXpress and Discovery HealthID are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

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PAYMENT ARRANGEMENTS

The Scheme has payment arrangements with various healthcare professionals and providers to ensure that you can get full cover with no co-payments.

PREMIER PLUS GP

A Premier Plus GP is a network GP who has contracted with us to provide you with coordinated care for defined chronic conditions.

PRESCRIBED MINIMUM BENEFITS (PMB)

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

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

To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions
- The treatment needed must match the treatments in the defined benefits
- You must use designated service providers (DSPs) in our network. This does not apply in emergencies. Where appropriate and according to the Rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a DSP we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.

If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.

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R RELATED ACCOUNTS

Any account other than the hospital account for in-hospital care. This could include the accounts for the admitting doctor, anaesthetist and any approved healthcare expenses like radiology or pathology.

S SHARI'AH COMPLIANT ARRANGEMENT

An arrangement which enables members to have their health plan administered in accordance with principles that are Shari'ah Compliant.

W WHO GLOBAL OUTBREAK BENEFIT

The WHO Global Outbreak Benefit provides cover for global disease outbreaks recognised by the World Health Organization (WHO) such as COVID-19. This benefit offers cover for out-of-hospital management and appropriate supportive treatment.

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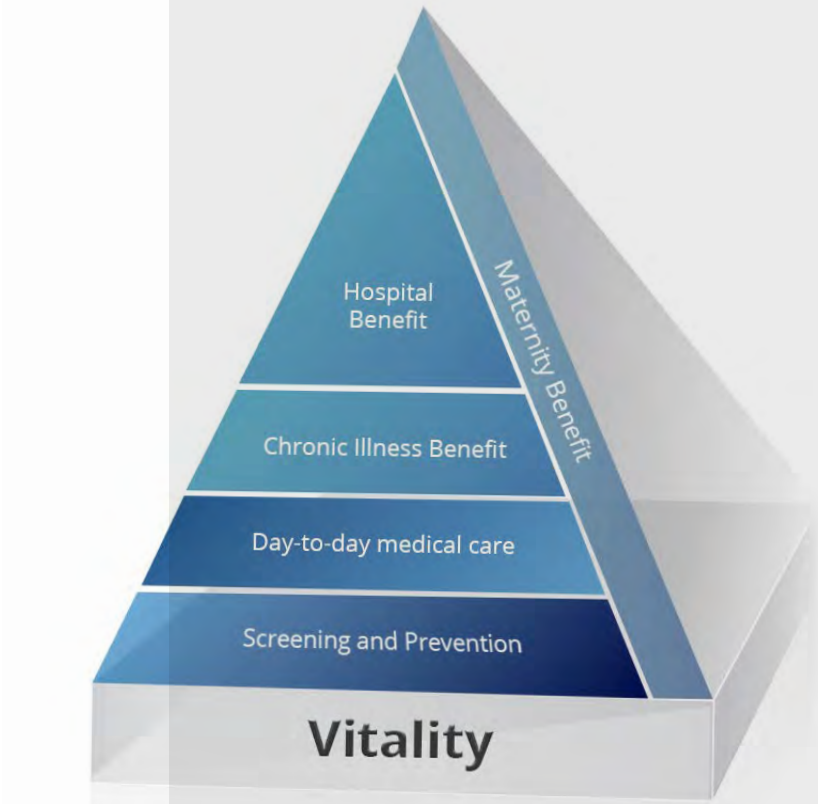

Shari'ah Compliant Arrangement available on all health plans.

Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply.
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THE BENEFITS
on the different Smart plans

The two plan options have differences in benefits, as shown in the table.
All other benefits not mentioned in the table are the same across both plan options.

	Classic Smart	Essential Smart
Day-to-day cover		
Cover for a defined set of day-to-day benefits	Unlimited consultations with GPs in the Smart Network, with a R55 co-payment for each consultation	Unlimited consultations with GPs in the Smart Network, with a R110 co-payment for each consultation
	One eye test at a network optometrist with a payment of R55 for the test Covered up to 100% of the Discovery Health Rate (DHR)	One eye test at a network optometrist with a R110 co-payment for the test. Cover up to 100% of the Discovery Health Rate (DHR)
	One defined dental check-up at any dentist, dental therapist or oral hygienist with a R110 co-payment for the check-up. Covered up to 100% of the Discovery Health Rate (DHR)	One defined dental check-up at any dentist, dental therapist or oral hygienist with a R165 co-payment for the check-up. Covered up to 100% of the Discovery Health Rate (DHR)
	Cover for over-the-counter (OTC) medicine obtained from a network pharmacy, up to an annual limit of R710 per family per year	Cover for over-the-counter (OTC) medicine obtained from a network pharmacy, up to an annual limit of R475 per family per year
	Cover for defined acute medicine categories prescribed by a Smart Network GP. A limit of R1 550 a member a year and R2 580 a family a year for schedule 3 and above medicine, at a network pharmacy	Not available on this plan
	Cover for sports-related injuries: basic X-rays, two specialist visits and a total of four visits to a physiotherapist, biokineticist or chiropractor when referred by a Smart Network GP. You will have to pay R110 for each X-ray or for each visit. We will cover up to 100% of the Discovery Health Rate (DHR) for these visits and for specialists who we don't have a payment arrangement with	Not available on this plan
Chronic dialysis	Full cover if we approve your treatment plan and you use a provider in our network. If you go elsewhere, we pay up to 80% of the Discovery Health Rate (DHR)	You have cover at a state facility
Cancer	Covered at any provider up to the Discovery Health Rate (DHR)	We will allocate you to a network provider
Hospital cover		
Cover for healthcare professionals in hospital	Up to twice the Discovery Health Rate (DHR) (200%)	Up to the Discovery Health Rate (DHR) (100%)
MRI and CT scans	If not related to your admission, or for conservative back and neck treatment, you must pay the first R3 130 and the balance will be paid from your Hospital Benefit up to the Discovery Health Rate (DHR)	If not related to your admission, or for conservative back and neck treatment, we do not pay for it

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EMERGENCY
Cover

What is a medical emergency?

An emergency medical condition, also referred to as an emergency, is the sudden and unexpected onset of a health condition that requires immediate medical and surgical treatment.

Failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.

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

WHAT WE PAY FOR

We pay for all of the following medical services that you may receive in an emergency:

- the ambulance (or other medical transport)
- the account from the hospital
- the accounts from the doctor who admitted you to the hospital
- the anaesthetist
- any other healthcare provider that we approve.

Assistance during or after a traumatic event

You have access to dedicated assistance in the event of a traumatic incident or after a traumatic event. By calling Emergency Assist you and your family have access to trauma support 24 hours a day. This service also includes access to counseling and additional benefits for trauma related to gender-based violence.

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PMB
Prescribed Minimum Benefits

What are Prescribed Minimum Benefits?

Prescribed Minimum Benefit (PMB) conditions in terms of the Medical Schemes Act 131 of 1998 and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:

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

To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions.
- The treatment needed must match the treatments in the defined benefits.
- You must use designated service providers (DSPs) in our network. This does not apply in emergencies. Where appropriate and according to the Rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a DSP we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.

If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.

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You have access to essential

SCREENING AND PREVENTION BENEFITS

This benefit pays for certain tests that can detect early warning signs of serious illnesses. We cover various screening tests at our wellness providers, for example, blood glucose, cholesterol, HIV, Pap smear or HPV test for cervical screening, mammograms and prostate screenings.

SCREENING FOR KIDS

READ MORE

SCREENING FOR ADULTS

READ MORE

SCREENING FOR SENIORS

READ MORE

We cover various screening tests at our wellness providers.

WHAT WE PAY FOR

These tests are paid from the Screening and Prevention Benefit. Consultations that do not form part of Prescribed Minimum Benefit (PMBs) will be paid from your available day-to-day benefits.

ADDITIONAL TESTS

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CONNECTED CARE

Access quality healthcare from home

Discovery Health Medical Scheme gives you access to health and wellness services from the comfort of your home. Connected Care is an integrated healthcare ecosystem of benefits, services and connected digital capabilities to help you manage your health and wellness at home.

HEALTH MONITORING DEVICES

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ELECTRONIC PRESCRIPTIONS

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HOME NURSES

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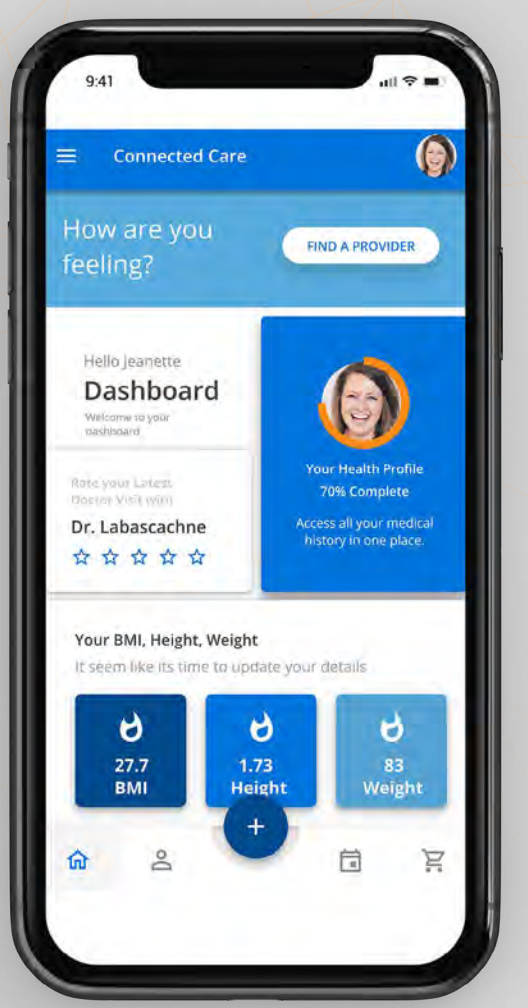

CONDITION SPECIFIC INFORMATION

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ONLINE COACHES

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MEDICINE ORDERING AND TRACKING

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Introducing your access to

CONNECTED CARE

Access to quality care from home

Through advanced digital technology and smart health and point-of-care devices, Connected Care enables you and your doctor to access and deliver healthcare whenever you need it from the comfort of your home.

CONNECTED CARE FOR MEMBERS AT HOME

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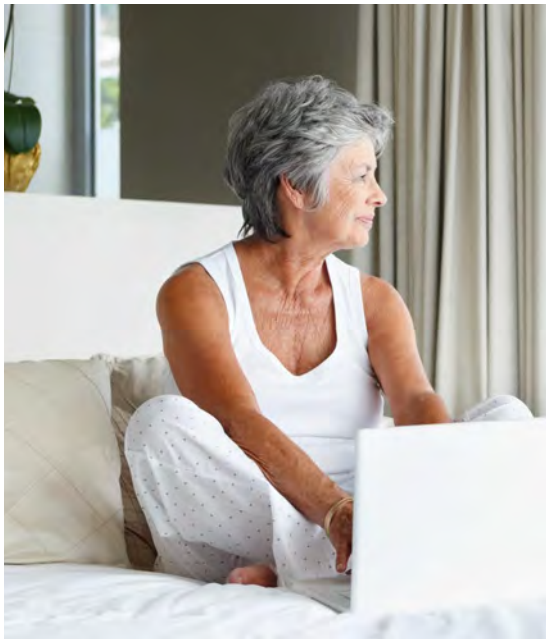

CONNECTED CARE FOR ACUTE CARE AT HOME

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CONNECTED CARE FOR MEMBERS WITH CHRONIC CONDITIONS

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Your benefits through

CONNECTED CARE

You have access to a Home Monitoring Device Benefit for essential home monitoring

If you meet the Scheme's clinical entry criteria, you have healthcare cover up to a limit of R4 000 per person per year, at 100% of the Discovery Health Rate (DHR), for the monitoring of defined conditions such as chronic obstructive pulmonary disease, congestive cardiac failure, diabetes, pneumonia and COVID-19.

The Scheme also covers defined point of care medical devices up to 75% of the Discovery Health Rate (DHR), if you meet the clinical entry criteria. You will need to pay 25% towards the cost of these devices.

You have access to the latest remote monitoring medical examination device called TytoHome. TytoHome allows you to conduct a medical examination, sending throat and ear images and heart and lung sounds in real-time to your doctor.

Home-based care for follow-up treatment after an admission

Clinically appropriate conditions such as chronic obstructive pulmonary disease, chronic cardiac failure, ischaemic heart disease and pneumonia have access to enhanced home-based care once discharged from hospital. If you meet the clinical entry criteria you have cover for bedside medicine reconciliation prior to admission discharge, a follow-up consultation with a GP or specialist, and a defined basket of supportive care at home that includes a face-to-face consultation and virtual consultations with a Discovery Home Care nurse.

HOME CARE BENEFIT

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Day-to-day COVER

UNDERSTANDING YOUR DAY-TO-DAY BENEFITS

On the Smart plans you have access to day-to-day cover for your GP consultations, certain specialist consultations, acute and over-the-counter (OTC) medicine, eye and dental check-ups and sports-related injuries, with fixed co-payments and/or limits. This cover depends on the plan you choose.

Day-to-day cover	What we pay
Unlimited GP visits to GPs in the Smart Network	You pay R55 on Classic and R110 on Essential of the consultation fee with the balance of this fee covered at 100% of the Discovery Health Rate (DHR). Video consultations with your Smart Network GP are covered in full up to the DHR
Eye test at an optometrist in the Smart Optometry Network	One eye test is covered per year with an upfront payment of: ▪ R55 on Classic ▪ R110 on Essential The balance will be covered up to the Discovery Health Rate (DHR)
Defined dental check-up at any dentist, dental therapist or oral hygienist	One defined dental check-up per year with an upfront payment of: ▪ R110 on Classic ▪ R165 on Essential The balance will be covered up to the Discovery Health Rate (DHR)
Over-the-counter medicine obtained from any MedXpress Network Pharmacy	You are covered for over-the-counter medicine up to R710 a family a year on Classic, and R475 a family a year on Essential. The categories of medicine we cover can be found on www.discovery.co.za
Acute medicine prescribed by your Smart GP and obtained from any MedXpress Network Pharmacy (schedule 3 and above)	On the Classic Smart Plan you are covered for certain acute prescribed medicine categories with a limit of R1 550 per person a year or R2 580 a family a year
Sports injuries when referred by your Smart Network GP	On the Classic Smart Plan you have cover for basic X-rays, two specialist visits and a total of four visits to a physiotherapist, biokineticist or chiropractor when related to a sports injury and if referred by your Smart Network GP. You will have to pay R110 for each X-ray or for each visit. We will cover up to the Discovery Health Rate (DHR) for these visits and for specialists who we don't have a payment arrangement with

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You have cover for **MATERNITY** and early childhood

You get cover for healthcare services related to your pregnancy and treatment for the first two years of your baby's life. This applies for each pregnancy and for each child from birth until they are two years old.

HOW TO GET THE BENEFIT

READ MORE

PRE- AND POSTNATAL CARE

READ MORE

During pregnancy

ANTENATAL CONSULTATIONS

We pay for up to 8 consultations with your gynaecologist, GP or midwife.

ULTRASOUND SCANS AND SCREENINGS DURING PREGNANCY

You are covered for up to two 2D ultrasound scans, including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans. You are also covered for one chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria.

FLU VACCINATIONS

We pay for one flu vaccination during your pregnancy.

BLOOD TESTS

We pay for a defined list of blood tests for each pregnancy.

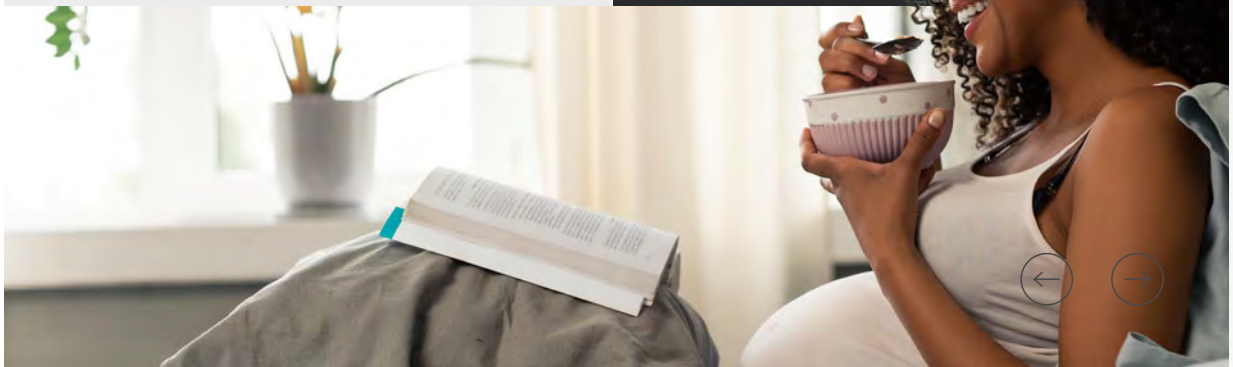
After you give birth

GP AND SPECIALISTS TO HELP YOU AFTER BIRTH

Your baby under the age of two years is covered for two visits to a GP, paediatrician or an ear, nose and throat specialist.

OTHER HEALTHCARE SERVICES

You also have access to postnatal care, which includes a postnatal consultation within six-weeks post-birth, either as part of your delivery or if there are complications, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.



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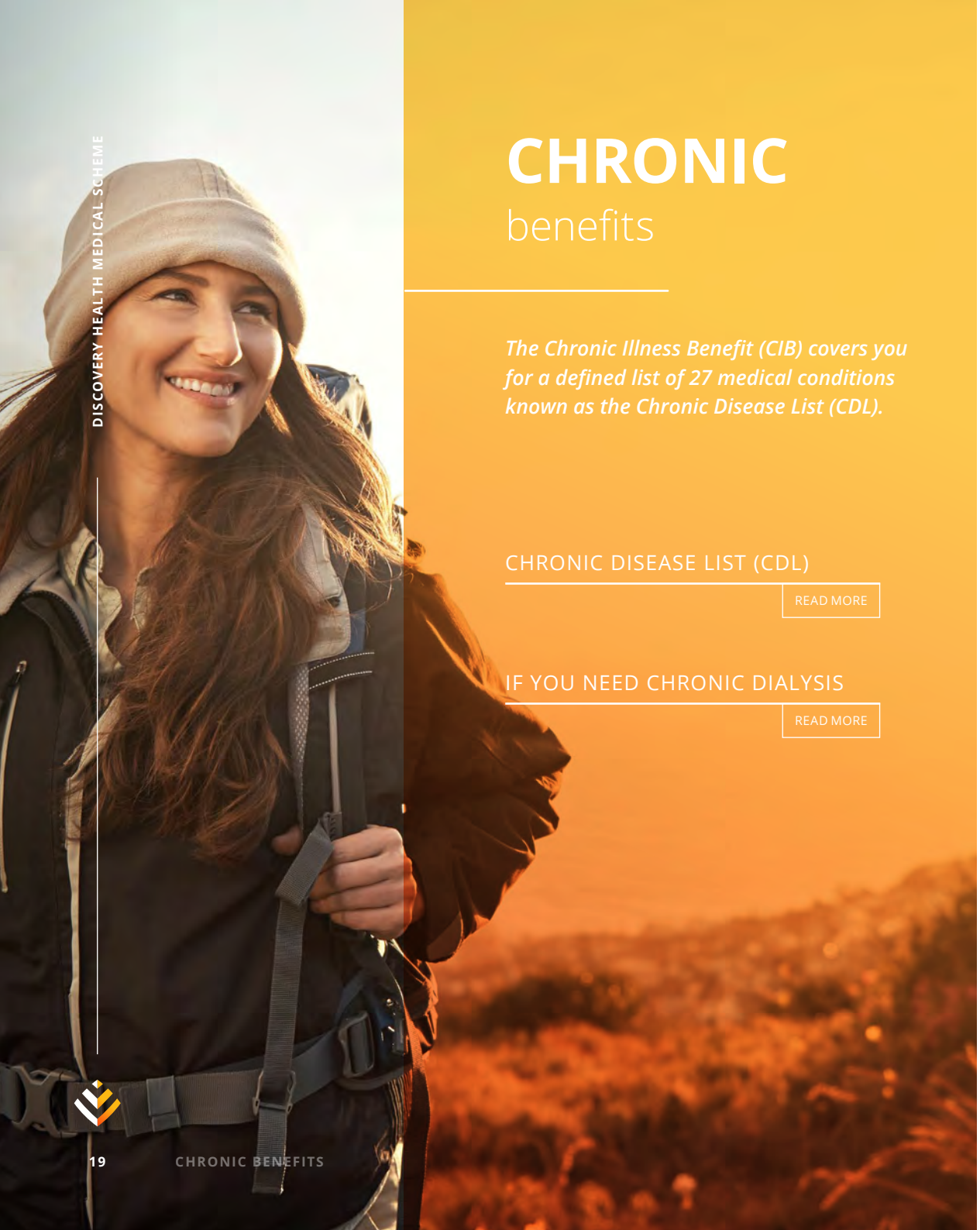

CHRONIC benefits

The Chronic Illness Benefit (CIB) covers you for a defined list of 27 medical conditions known as the Chronic Disease List (CDL).

CHRONIC DISEASE LIST (CDL)

READ MORE

IF YOU NEED CHRONIC DIALYSIS

READ MORE

What we cover

PRESCRIBED MINIMUM BENEFIT (PMB) CONDITIONS

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

Our plans offer benefits that are richer than PMBs. To access PMBs, certain rules apply.

MEDICINE COVER FOR THE CHRONIC DISEASE LIST

You have full cover if you use a network provider for approved chronic medicine on our medicine list. If your medicine is not on our list, we cover up to the lowest cost medicine of the same kind on our list for your condition.

HOW WE PAY FOR MEDICINE

We pay for medicine up to a maximum of the Discovery Health Rate (DHR). The DHR for medicine is the price of the medicine and the fee for dispensing it.

How to get the benefit

You must apply for the Chronic Illness Benefit (CIB). Your doctor must complete the form online or send it to us for approval.

Visit www.discovery.co.za to view the detailed Chronic Illness Benefit (CIB) guide.

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Where to get your chronic MEDICINE

Use a pharmacy in our networks

Avoid a 20% co-payment on your chronic medicine by using our Designated Service Providers (DSPs), MedXpress and MedXpress Network Pharmacies.

How to get your medicine

You can order or reorder your medicine online through MedXpress and have it delivered to your work or home

or

- Order your medicine online and collect instore at a MedXpress Network Pharmacy

or

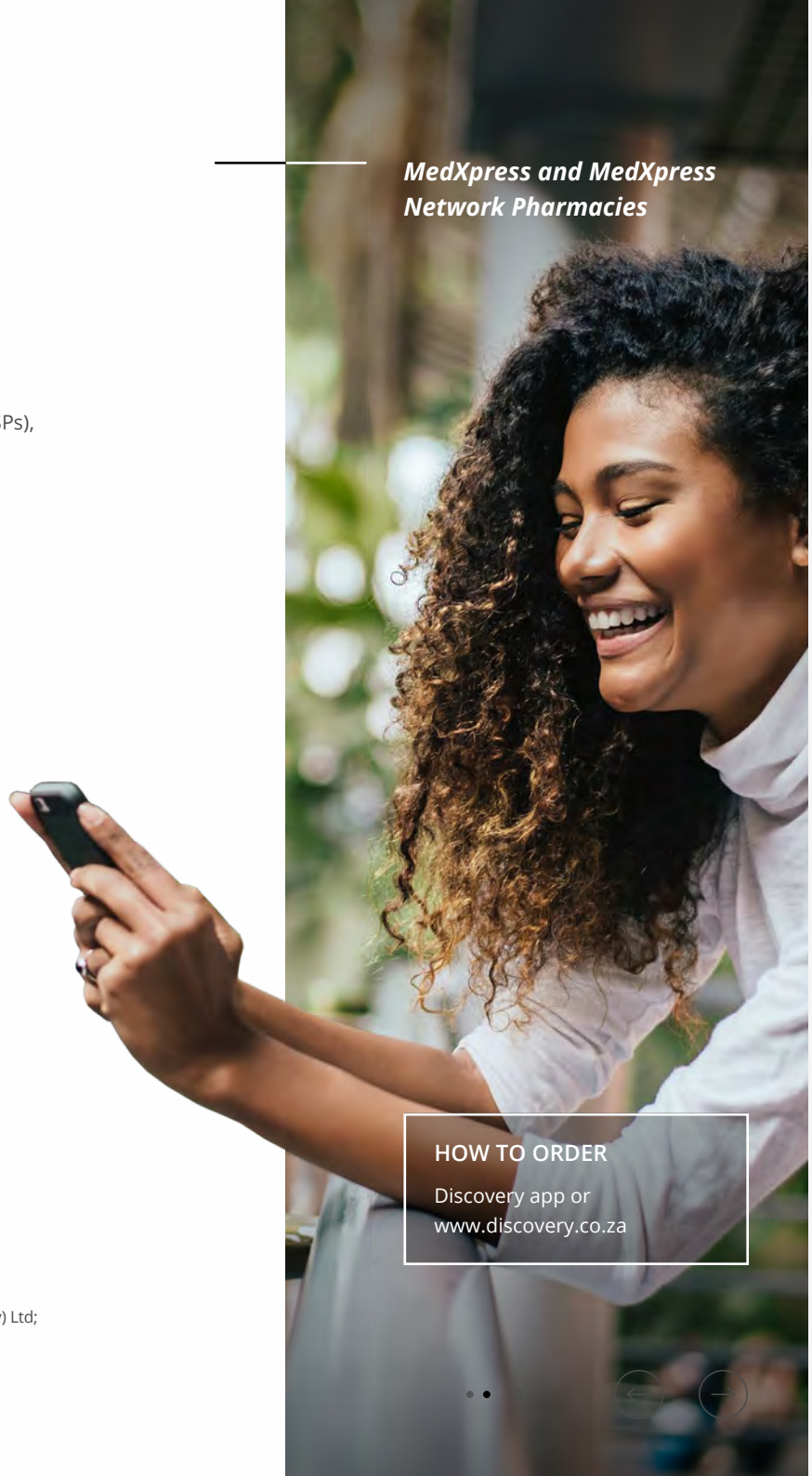
- Fill a prescription as usual at any MedXpress Network Pharmacy.

Medicine tracker

You can set up reminders and prompts to assist you with taking your medicine on time and as prescribed. Your approved chronic medicines will automatically be displayed, and you will then be prompted to take your medicine and confirm when each dose is taken.

View all pharmacy network providers using
Find a healthcare provider on the Discovery app

Find a healthcare provider, the Discovery app, MedXpress and Medicine tracker are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.



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CARE
programmes

Condition-specific care programmes for diabetes, mental health, HIV and heart conditions.

We cover condition-specific care programmes that help you to manage diabetes, mental health, HIV or heart-related medical conditions. You have to be registered on these condition-specific care programmes to unlock additional benefits and services. You and your Premier Plus GP can track progress on a personalised dashboard to identify the next steps to optimally manage your condition and stay healthy over time.

MENTAL HEALTH PROGRAMME

READ MORE

CARDIO CARE PROGRAMME

READ MORE

DIABETES CARE PROGRAMME

READ MORE

HIV CARE PROGRAMME

READ MORE

Track your Health

You can get personalised health goals that help you to manage your weight, nutrition and exercise. If you are at risk of developing or you are diagnosed with cardiovascular disease or diabetes, we will give you goals tailored to your circumstances. You can track your progress on the Discovery app and we will reward you for meeting your goals.

Click on Track your Health on the Discovery app to activate the programme

Connected Care is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

Track your health is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

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You have comprehensive cover for **CANCER**

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PRESCRIBED MINIMUM BENEFITS (PMB)

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02

ADVANCED ILLNESS BENEFIT

READ MORE

03

ONCOLOGY BENEFIT

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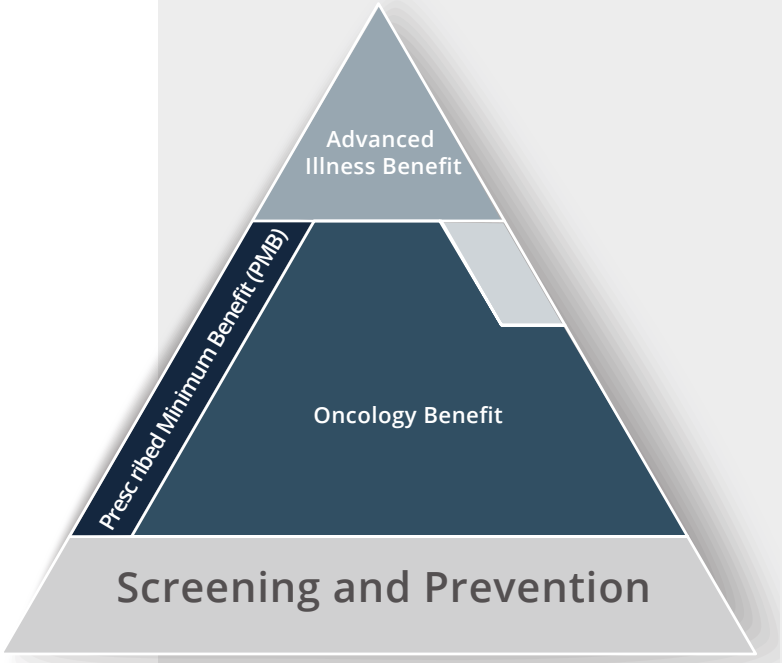
04

COLORECTAL CANCER SURGERY

READ MORE



You need to get your approved oncology medicine on our medicine list from a Designated Service Provider (DSP) to avoid a 20% co-payment. Speak to your treating doctor to confirm that they are using our DSPs for your medicine and treatment received in rooms or at a treatment facility.

Visit www.discovery.co.za to view the detailed Oncology Benefit guide.

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HOSPITAL BENEFIT

If you need to be admitted to hospital

All Smart plans offer cover for hospital stays.
There is no overall limit for the Hospital Benefit.

If you have to go to hospital, we will pay your hospital expenses. There is no overall hospital limit for the year on any of the plans. However, there are limits to how much you can claim for some treatments.

Contact us in good time before you have to go to hospital. We'll let you know what you are covered for. If you don't contact us before you go, you may be responsible for some of the costs.

What is the benefit?

This benefit pays the costs when you are admitted into hospital.

What we cover

Unlimited cover in private hospitals approved by the Scheme, subject to network requirements. The funding of newly licensed facilities is subject to approval by the Scheme, on all health plans.

You have cover for planned stays in hospitals in the Smart Hospital Network.

How to get the benefit

GET YOUR CONFIRMATION FIRST

Contact us to confirm your hospital stay before you are admitted (this is known as preauthorisation).

WHERE TO GO

On the Smart plans you need to use a hospital in the Smart Hospital Network.

HOW WE PAY

We pay for planned hospital stays from your Hospital Benefit. We pay for services related to your hospital stay, including all healthcare professionals, services and medicines authorised by the Scheme for your hospital stay.

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 200% of the Discovery Health Rate (DHR) on Classic and up to 100% of the DHR on Essential for other healthcare professionals.

You can avoid co-payments by:

- Using healthcare professionals that we have a payment arrangement with
- Going to a hospital in the network of hospitals for your plan.

H | View the hospitals on the Smart Hospital Network using Find a healthcare provider on the Discovery app

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HOSPITAL
cover

The Smart plans offer cover for hospital stays. There is no overall limit for the Hospital Benefit.

The table below shows how we pay for your approved hospital admissions:

Healthcare providers and services	What we pay
The hospital account	▪ The full account at the agreed rate with the hospital ▪ You will pay an upfront payment of R9 950 for planned admissions to hospitals not in the Smart Plan Hospital Network
Upfront payment for certain procedures when they are performed outside of our Day Surgery Network	You will pay an upfront payment of R9 950
Specialists we have a payment arrangement with	The full account at the agreed rate
Specialists we don't have a payment arrangement with and other healthcare professionals	▪ **Classic:** up to twice the Discovery Health Rate (DHR) (200%) ▪ **Essential:** up to the Discovery Health Rate (DHR) (100%)
X-rays and blood tests (radiology and pathology accounts)	Up to the Discovery Health Rate (DHR) (100%)
MRI & CT scans	▪ If related to your admission, we cover your scan up to the Discovery Health Rate (DHR) (100%) from your Hospital Benefit ▪ **Classic:** if not related to your admission or for conservative back and neck treatment, you will have to pay the first R3 130 and the balance will be paid from the Hospital Benefit up to the Discovery Health Rate (DHR). For conservative back and neck scans a limit of one scan per spinal and neck region applies ▪ **Essential:** You will have to pay if not related to your admission or if for conservative back and neck treatment

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SCOPES (GASTROSCOPY, COLONOSCOPY, SIGMOIDOSCOPY AND PROCTOSCOPY)

Admissions for scopes

Depending on where you have your scope done, you have to pay the following amount and we pay the balance of the hospital and related accounts from your Hospital Benefit.

Upfront payments for scope admissions:

	Day clinic account	Hospital account
Classic and Essential options	R3 650	R6 250
If both a gastroscopy and colonoscopy are performed in the same admission		
Classic and Essential options	R4 450	R7 800

Upfront payments for scopes performed outside of the Day Surgery Network:

Where a scope is performed in a facility outside of the Day Surgery Network, an upfront payment of R9 950 will apply.

No upfront payment applies:

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.

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Benefits with an **ANNUAL LIMIT**

COCHLEAR IMPLANTS, AUDITORY BRAIN IMPLANTS AND PROCESSORS

READ MORE

INTERNAL NERVE STIMULATORS

READ MORE

MAJOR JOINT SURGERY

READ MORE

SHOULDER JOINT PROSTHESIS

READ MORE

PROSTHETIC DEVICES USED IN SPINAL SURGERY

READ MORE

MENTAL HEALTH

READ MORE

ALCOHOL AND DRUG REHABILITATION

READ MORE

DENTAL TREATMENT IN HOSPITAL

Dental limit

There is no overall dental limit. However, you must pay for the cost of all dental appliances, their placements and orthodontic treatment (including the related accounts for orthognathic surgery).

Severe dental and oral surgery in hospital

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. Certain procedures are covered in our Day Surgery Network. This benefit is subject to authorisation and the Scheme's Rules.

Other dental treatment in hospital on the Classic Smart Plan

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

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

For members 13 years and older, you must pay for routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment.

Upfront payment for dental admissions:

Hospital account	Day clinic account
Members 13 years and older:	
R7 050	R4 500
Members under 13:	
R2 750	R1 240

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Cover for procedures in the DAY SURGERY NETWORK

We cover specific procedures that can be done in the Day Surgery Network.

About the benefit

We cover certain planned procedures in a day surgery facility. A day surgery may be inside a hospital, in a day clinic or at a standalone facility.

How to get the benefit

View the list of day surgery procedures when you click on READ MORE below. You must contact us to get confirmation of your procedure (called preauthorisation).

How we pay

We pay these services from your Hospital Benefit. We pay for services related to your hospital stay, including all healthcare professionals, services and medicines authorised by the Scheme.

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement with, we will pay for these services in full.

When you need to pay

If you go to a facility that is not in the Smart Day Surgery Network, you will have to pay an upfront amount of R9 950.

H | View all Day Surgery Network facilities using Find a healthcare provider on the Discovery app.

LIST OF PROCEDURES COVERED IN THE DAY SURGERY NETWORK

READ MORE

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EXTRA BENEFITS
on your plan

You get the following extra benefits to enhance your cover.

SPINAL CARE PROGRAMME
READ MORE

AFRICA EVACUATION COVER
READ MORE

COMPASSIONATE CARE BENEFIT
READ MORE

INTERNATIONAL SECOND OPINION SERVICES
READ MORE

CLAIMS RELATED TO TRAUMATIC EVENTS
READ MORE

WHO GLOBAL OUTBREAK BENEFIT
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INTERNATIONAL TRAVEL BENEFIT
READ MORE

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YOUR CONTRIBUTIONS

for the Smart plans

	Main member	Adult	Child*
Classic Smart	R1 954	R1 542	R781
Essential Smart	R1 400	R1 400	R1 400

* *We count a maximum of three children when we calculate your monthly contributions.*

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EXCLUSIONS

Healthcare services that are not covered on your plan

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

Medical conditions during a waiting period

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

The general exclusion list includes:

- Reconstructive treatment and surgery, including cosmetic procedures and treatments
- Otoplasty for bat ears, port-wine stains and blepharoplasty (eyelid surgery)
- Breast reductions or enlargements and gynaecomastia
- Obesity
- Infertility
- Frail care
- Alcohol, drug or solvent abuse
- Wilful and material violation of the law
- Wilful participation in war, terrorist activity, riot, civil commotion, rebellion or uprising
- Injuries sustained or healthcare services arising during travel to or in a country at war
- Experimental, unproven or unregistered treatments or practices
- Search and rescue.

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

Extra exclusions on the Essential Smart Plan

In addition to the general exclusions that apply to all plans, the Essential Smart Plan does not cover the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits (PMBs).

1 | HOSPITAL ADMISSIONS RELATED TO, AMONG OTHERS:

- Dentistry
- Nail disorders
- Skin disorders, including benign growths and lipomas
- Investigations and diagnostic work-ups
- Functional nasal surgery
- Elective caesarean section, except if medically necessary
- Surgery for oesophageal reflux and hiatus hernia
- Back and neck treatment or surgery
- Knee and shoulder 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, processors and hearing aids)
- Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary

2 | CORRECTION OF HALLUX VALGUS (BUNION) AND TAILOR'S BUNION (BUNIONETTE)

3 | REMOVAL OF VARICOSE VEINS

4 | REFRACTIVE EYE SURGERY

5 | NON-CANCEROUS BREAST CONDITIONS

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Exclusive access to

VALUE-ADDED OFFERS

Our members have exclusive access to value-added offers outside of the Discovery Health Medical Scheme benefits and Rules. Go to www.discovery.co.za to access these value-added offers.

Savings on personal and family care items

You can sign up for Healthy Care to get savings on a vast range of personal and family care products at any Clicks or Dis-Chem. Healthy Care items include a list of baby care, dental care, eye care, foot care, sun care and hand care products, as well as first aid and emergency items and over-the-counter medicine.

Frames and lenses

You get a 20% discount for frames and lenses at an optometrist in your plan's network of optometrists. You will receive the discount immediately when you pay.

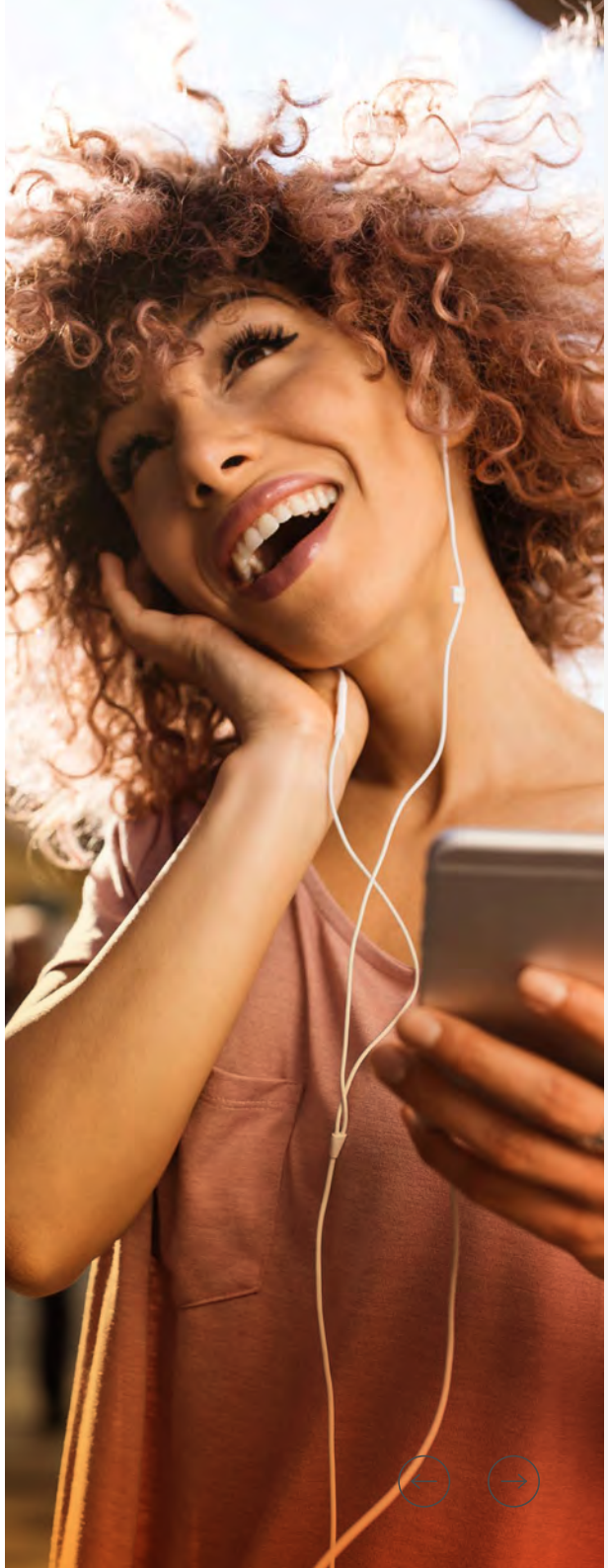
Savings on stem cell banking

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

Access to Vitality to get healthier

You have the opportunity to join the world's leading science-based wellness programme, Vitality, which rewards you for getting healthier. Not only is a healthy lifestyle more enjoyable, it is clinically proven that Vitality members live healthier, longer lives.

Vitality is not part of Discovery Health Medical Scheme. Vitality is a separate wellness product, sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply. Healthy Care is brought to you by Discovery Vitality (Pty) Ltd, registration number 1997/007736/07, an authorised financial services provider. Netcells is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.



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If you have a complaint

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

Please go through these steps if you have a complaint:

01

TO TAKE YOUR QUERY FURTHER

If you have already contacted Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations.

02

TO CONTACT THE PRINCIPAL OFFICER

If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by e-mailing principalofficer@discovery.co.za.

03

TO LODGE A DISPUTE

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the website.

04

TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.co.za | 0861 123 267 | www.medicalschemes.co.za

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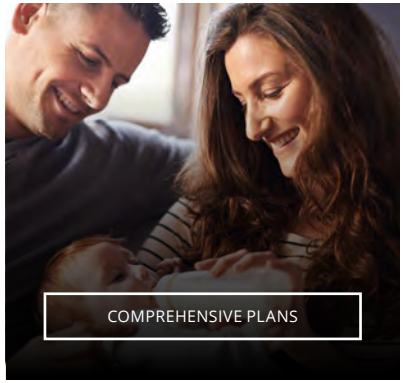
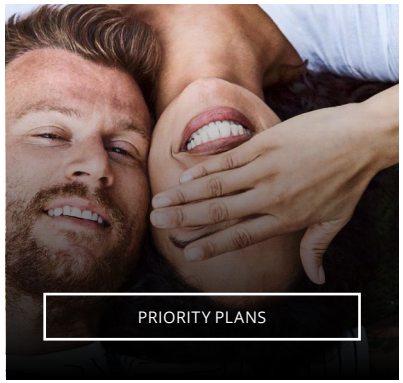
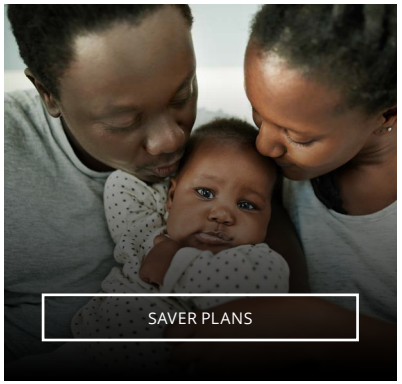
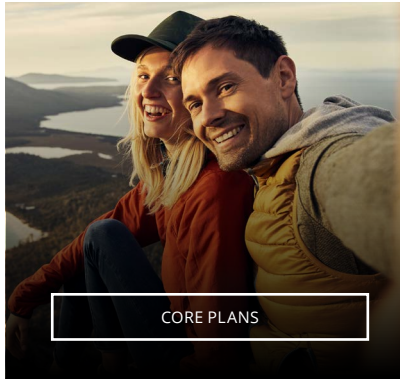
Discovery
Health Medical Scheme

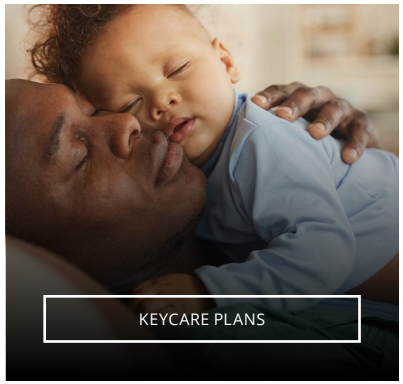
VIEW MORE HEALTH PLANS











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