

Priority Series

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Key features

Benefits available on the Priority Series



Unlimited cover in any private hospital



Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on the Classic Plan and up to 100% of the DHR on the Essential Plan for other healthcare professionals



Full cover for chronic medicine for all Chronic Disease List conditions



A savings account and limited Above Threshold Benefit for your day-to-day healthcare needs



Additional cover when your Medical Savings Account runs out for GP consultation fees, blood tests, maternity costs, kid's casualty visits, consultations via video call with paediatricians and some external medical items



Unique access to DNA sequencing and non-invasive prenatal testing



Cover for medical emergencies when travelling

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

The Priority Series has two health plan options

There are differences in benefits as indicated below. The benefits not mentioned in the table are the same across both plans.

	Classic	Essential
Hospital cover		
Cover for healthcare professionals in hospital	200% of the DHR	100% of the DHR
MRI and CT scans	If related to your admission, we pay 100% of the DHR from the Hospital Benefit. If not related to your admission or for conservative back and neck treatment, you have to pay the first R2 550 of the hospital account and we pay the first R2 750 of the scan from your day-to-day benefits. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR	
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	You must pay the first R3 300 of the hospital account and we pay the balance of the hospital account and related accounts from the Hospital Benefit	
Day-to-day benefits		
Insured Network Benefit Provides access to certain healthcare services once your yearly allocated MSA is used up	<ul style="list-style-type: none"> ▪ Face-to-face and video call GP consultations ▪ Antenatal consultations and two 2D pregnancy scans ▪ Blood tests ▪ Defined list of external medical items ▪ Kid's casualty visits and consultations via video call with paediatricians 	<ul style="list-style-type: none"> ▪ Face-to-face and video call GP consultations ▪ Defined list of external medical items
Medical Savings Account	25% of your monthly contributions goes into your Medical Savings Account	15% of your monthly contributions goes into your Medical Savings Account

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

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

Hospital account

Hospital account	Covered in full at the rate agreed with the hospital
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Upfront payments for in-hospital procedures:

You need to pay an amount upfront to the hospital when one of the procedures listed below is performed during a hospital admission.

Conservative back and neck treatment, adenoidectomy, myringotomy (grommets), tonsillectomy	R2 550	Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation	R6 150
Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, cystoscopy	R3 300	Nissen fundoplication (reflux surgery), spinal surgery (back and neck), joint replacements	R12 600

If the procedure can be done out of hospital, for example in the doctor's rooms, you won't have to pay an amount upfront to the hospital. Please call us beforehand to confirm your benefits.

Related accounts

Specialists we have a payment arrangement with	Full cover
Specialists we don't have a payment arrangement with and other healthcare professionals	Classic 200% of the DHR Essential 100% of the DHR
Radiology and pathology	100% of the DHR

Hospital cover

Healthcare services with an annual limit



Cochlear implants, auditory brain implants and processors

R197 000 for each person for each benefit



Internal nerve stimulators

R135 500 for each person



Hip, knee and shoulder joint prostheses

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R38 200 applies to each prosthesis.



Prosthetic devices used in spinal surgery

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



Mental health

21 days or 15 out-of-hospital consultations for each person



Alcohol and drug rehabilitation

21 days 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 you have to make a co-payment.

Hospital cover

Cover for dental treatment in hospital

Severe Dental and Oral Surgery

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

Other dental treatment in hospital

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

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

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


Dental limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the DHR from your day-to-day benefits, up to an annual limit of R15 000 a person.


If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year. The overall Above Threshold Benefit limit applies.

Amount you need to pay upfront when you go to:

Hospital

	Younger than 13	R1 850
	13 and older	R4 800

Day clinic

	Younger than 13	R850
	13 and older	R3 100







Day-to-day cover

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

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

We also pay these amounts when you reach your Above Threshold Benefit. Over-the-counter medicines, vaccines and immunisations do not add up to your Annual Threshold or get paid from your Above Threshold Benefit. We add up the amount to the benefit limit available. Where the claimed amount is less than the DHR, we will pay and add the claimed amount to the Annual Threshold.





Some day-to-day healthcare services have limits. These are not separate benefits. Limits apply to claims paid from your MSA, INB (where applicable), claims paid from your pocket and limited ATB. We pay day-to-day benefits up to the Above Threshold Benefit limit or up to the limit that applies below, whichever you reach first.

Professional services	 Single member	 One dependant	 Two dependants	 Three or more dependants
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Allied, therapeutic and psychology healthcare services*

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

Classic	R8 600	R12 150	R15 750	R18 600
Essential	R5 700	R 8 600	R10 700	R12 900
Antenatal classes	R1 440 for your family			
Dental appliances and orthodontic treatment*	R15 000 for each person			




Medicine	 Single member	 One dependant	 Two dependants	 Three or more dependants
Prescribed medicine* (schedule 3 and above)				
Classic	R 15 650	R 19 000	R 22 900	R 25 000
Essential	R 11 150	R 13 200	R 15 650	R 19 000
Over-the-counter medicine, vaccines and immunisations	We pay these claims from the available funds in your Medical Savings Account. These claims do not add up to or pay from the Above Threshold Benefit.			

Appliances and equipment

Optical* (includes cover for lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R3 850 for each person	
Wearable wellness devices (for a defined list of devices available at Clicks and Dis-Chem)	R800 for each person	
External medical items*	Classic	R39 400 for your family
	Essential	R26 450 for your family
Hearing aids	Classic	R17 450 for your family
	Essential	R12 400 for your family

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

Contributions, MSA and Annual Threshold amounts

		 Main member	 Adult	 Child*
Contributions	Classic	R2 700	R2 125	R1 080
	Essential	R2 321	R1 822	R925
Annual Medical Savings Account amounts**				
	Classic	R8 100	R6 372	R3 240
	Essential	R4 176	R3 276	R1 656
Annual Threshold amounts**				
	All plans	R11 960	R8 990	R3 910
Limited Above Threshold Benefit amount**				
	All plans	R10 180	R7 250	R3 500

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

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