



Comprehensive Series

COMPREHENSIVE
2017
SERIES

Key features

Benefits available on the Comprehensive Series



Unlimited private hospital cover



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



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



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



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



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



Unique access to DNA sequencing and non-invasive prenatal testing



Cover for medical emergencies when travelling

The Comprehensive Series has five health plan options

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

| | Classic | Classic Delta | Essential | Essential Delta | Classic Zero MSA |
|---|--|---|--|---|--|
| Hospital cover | | | | | |
| Hospital Network | Any private hospital | Private hospitals in the Delta Network | Any private hospital | Private hospitals in the Delta Network | Any private hospital |
| Cover for specialists, GPs and other healthcare professionals | 200% of the Discovery Health Rate (DHR) | | 100% of the Discovery Health Rate (DHR) | | 200% of the Discovery Health Rate (DHR) |
| MRI and CT scans If not related to your admission or if for conservative back or neck treatment | We pay the first R2 900 from your day-to-day benefits and the balance from your Hospital Benefit, up to 100% of the DHR | | We pay the first R2 900 from your day-to-day benefits and the balance from your Hospital Benefit, up to 100% of the DHR | | Covered at 100% of the DHR once you reach your Annual Threshold |
| Day-to-day benefits | | | | | |
| Medical Savings Account | 25% of your monthly contribution goes into your Medical Savings Account | | 15% of your monthly contribution goes into your Medical Savings Account | | Not available on this plan |
| Day-to-day Extender Benefit provides access to certain healthcare services once your yearly allocated MSA is used up | <ul style="list-style-type: none"> ■ Face-to-face and video call GP consultations ■ Preferred Medicine List (schedule 3 and above) ■ Antenatal consultations and pregnancy scans ■ Blood tests ■ Defined list of external medical items ■ Kid's casualty visits and video call consultations with paediatricians | | <ul style="list-style-type: none"> ■ Face-to-face and video call GP consultations ■ Defined list of external medical items | | Not available on this plan |
| MRI and CT scans | We pay the first R2 900 from your day to-day benefits and the balance from your Hospital Benefit (for conservative back and neck scans, specific rules apply) | | | | Covered once you reach your Annual Threshold |
| Trauma Recovery Extender Benefit | Covers out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma | | | | Not available on this plan |
| Day-to-day limits | Some day-to-day healthcare services have limits. These limits apply to claims paid from your Medical Savings Account, Day-to-day Extender Benefit (DEB) (where applicable), claims paid from your pocket and Above Threshold Benefit. These are not separate benefits. | | | | |
| Designated network for chronic medicines | You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist. | You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress, a 20% co-payment applies. | You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist. | You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress, a 20% co-payment applies. | You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist. |

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

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

| Hospital cover | |
|--|--|
| Hospital account | Covered in full at the rate agreed with the hospital |
| On the Delta options, an upfront payment applies for admissions to hospitals outside of the Delta Hospital Network | R7 100 |

| Related accounts | |
|---|--|
| Specialists we have a payment arrangement with | Full cover |
| Specialists we don't have a payment arrangement with and other healthcare professionals | Classic 200% of the Discovery Health Rate (DHR) Essential 100% of the Discovery Health Rate (DHR) |
| Radiology and pathology | 100% of the Discovery Health Rate (DHR) |
| MRI and CT scans | If related to your admission, we pay up to 100% of the DHR from the Hospital Benefit. If not related to your admission, or for conservative back and neck treatment, we pay the first R2 900 of the scan from your day-to-day benefits and the balance of the scan from the Hospital Benefit, up to 100% of the DHR. On Classic Zero MSA you are covered once you reach your Annual Threshold. |
| Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) | We pay the first R3 150 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit. |

Hospital cover

Healthcare services with an annual limit



Cochlear implants, auditory brain implants and processors

R207 000 for each person for each benefit



Internal nerve stimulators

R142 200 for each person



Shoulder joint prostheses

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R40 000 applies to each prosthesis.



Major joints surgery

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

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



Alcohol and drug rehabilitation

21 days for each person



Prosthetic devices used in spinal surgery

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



Mental health

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

21 days for all other mental health admissions.

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

To find hospitals or providers in our network, visit www.discovery.co.za

Hospital cover

Cover for dental treatment in hospital

Severe Dental and Oral Surgery

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

Other dental treatment in hospital

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

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


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

Dental limit


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

Amount you need to pay upfront when you go to:

Hospital

| | | |
|---|-----------------|--------|
|  | Younger than 13 | R2 050 |
| | 13 and older | R5 250 |

Day clinic

| | | |
|---|-----------------|--------|
|  | Younger than 13 | R930 |
| | 13 and older | R3 400 |



Day-to-day cover

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





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

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

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

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

Professional services





 Single member
  One dependant
  Two dependants
  Three or more dependants

Allied, therapeutic and psychology healthcare services*

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




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

Comprehensive Series

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

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

Contributions, MSA and Annual Threshold amounts

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

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

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