



KeyCare Series

KEYCARE
20
17 SERIES

Key features

Benefits available on the KeyCare Series



Unlimited hospital cover in our KeyCare hospital networks



Guaranteed full cover in hospital for specialists on the KeyCare network, and up to 100% of the DHR for other healthcare professionals



Essential cover for chronic medicine on the KeyCare medicine list for all Chronic Disease List conditions



Unlimited cover for medically appropriate GP consultations, blood tests, X-rays or medicine in our KeyCare network on the KeyCare Plus and KeyCare Access plans

The KeyCare Series has three health plan options

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

| | Plus | Access | Core |
|---|---|--|---|
| Hospitals Full cover in the Full Cover Hospital Network, and up to 70% of the DHR in the Partial Cover Hospital Network | Unlimited cover in the KeyCare Hospital Network. There is a list of procedures that are covered in the KeyCare day surgery network | Unlimited cover for emergencies, trauma, childbirth and care for your newborn in the KeyCare Access network of private hospitals. Other conditions are covered in a contracted network of state facilities. | Unlimited cover in the KeyCare Hospital Network. There is a list of procedures that are covered in the KeyCare day surgery network. |
| Day-to-day medical cover | Primary care cover through your chosen GP and day-to-day medicine from our medicine list | | This plan does not offer day-to-day medical cover |
| | Private specialist cover up to a limit of R3 570 for each person | Private specialist cover up to R3 570 for emergencies, trauma, childbirth and cover for your baby up to 12 months after childbirth | Private specialist cover up to a limit of R3 570 for each person |
| Antenatal Benefit | If you are pregnant, the Antenatal Benefit covers you at 100% of the DHR for the following healthcare services: <ul style="list-style-type: none"> ■ Four visits to a GP, midwife or gynaecologist at a network hospital ■ One routine scan (between 10 and 20 weeks) ■ Selected blood tests requested by your gynaecologist or GP | | |
| Casualty visits | Cover in any casualty unit at one of the KeyCare network hospitals. You have to pay the first R300 of the consultation. | Other than for emergencies and trauma, you have cover in any casualty unit at one of the KeyCare Access hospitals and KeyCare network hospitals once a year. You have to pay the first R300 of the consultation. | Casualty visits are not covered |
| Chronic medicines prescriptions | Your chosen KeyCare GP must dispense your approved chronic medicine or you can get your approved medicine from network pharmacies | | Any GP can prescribe your approved medicine |
| Cancer | We cover treatment only if it is a Prescribed Minimum Benefit. We will allocate you to a network provider. | We cover treatment if it is a Prescribed Minimum Benefit in a state facility | We cover treatment only if it is a Prescribed Minimum Benefit. We will allocate you to a network provider. |

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

There is no overall hospital limit. Some healthcare services and procedures have a limit or we may have rules that determine how these are paid.

This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts).

| | Core | Plus | Access |
|---|--|------|--------|
| Hospital cover | | | |
| Full Cover Hospital Network | We cover you in full at the rate agreed with the hospital | | |
| Partial Cover Hospital Network | We pay up to a maximum of 70% of the hospital account, you must pay the balance of the account. If the admission is a Prescribed Minimum Benefit, we will pay 80% of the Discovery Health Rate (DHR). | | |
| Non-network hospitals | We will not pay the hospital and related accounts if you are admitted to a non-network hospital for a planned admission. If the admission is a Prescribed Minimum Benefit, we will pay 80% of the Discovery Health Rate (DHR). | | |
| Related accounts | | | |
| Specialists and healthcare professionals in our network | Full cover | | |
| Specialists and healthcare professionals not in our network | 100% of the Discovery Health Rate (DHR). If they charge above the DHR you must pay the balance of the account | | |
| Radiology and pathology | 100% of the Discovery Health Rate (DHR) | | |

On KeyCare Core and KeyCare Plus, we cover these procedures in our day surgery network:

- Adenoidectomy
- Arthrocentesis (joint injection)
- Cautery of vulva warts
- Circumcision
- Colonoscopy
- Cystourethroscopy
- Diagnostic D&C
- Gastroscopy
- Hysteroscopy
- Myringotomy
- Myringotomy with intubation (grommets)
- Prostate biopsy
- Proctoscopy
- Removal of pins and plates
- Sigmoidoscopy
- Simple nasal procedure for nose bleeding (nasal plugging and nasal cauterly)
- Tonsillectomy
- Treatment of Bartholin's cyst/abscess
- Vasectomy
- Vulva/cone biopsy

On KeyCare Access we cover the following traumas in our network of private hospitals:

- Injuries at work
- Burns
- Injuries from a crime
- Sexual assault
- Injuries from a car accident
- Injuries from a fall
- The loss of an arm, hand, leg or foot
- Near-drowning
- Head injuries
- Poisoning or a serious allergic reaction that may cause death

Care for your baby after childbirth on KeyCare Access

This benefit covers babies that are registered on the Scheme from their date of birth when born to a parent registered on the Scheme. It covers approved hospital admissions in our network of private hospitals for the baby for 12 months from the baby's date of birth.

Babies not added to the Scheme from their date of birth will be covered in our contracted network of state facilities.

Healthcare services with an annual limit



Mental health

KeyCare Core and KeyCare Plus

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 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.

KeyCare Access

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 other PMB mental health admissions.

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



Alcohol and drug rehabilitation

KeyCare Core and KeyCare Plus

21 days for each person

KeyCare Access

21 days for each person in our contracted network of state facilities



Cataract surgery

KeyCare Core and KeyCare Plus

We cover cataract surgery as long as we have approved your treatment at a doctor and facility in our network for cataract surgery.

KeyCare Access

Covered in our contracted network of state facilities



Chronic dialysis

Once registered, we will allocate you to a network provider or you can go to a state facility. If you go elsewhere, we will pay up to 80% of the DHR.

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

Day-to-day cover

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

Applicable to KeyCare Plus and KeyCare Access plans



Cover for GP visits

You have unlimited cover for medically appropriate GP consultations. When joining, you must choose a GP from the KeyCare GP Network. You must go to your chosen GP for us to cover your consultations and some minor procedures. Preauthorisation is required after your 15th GP visit.



You get four out-of-network GP visits

If you need to see a doctor and your chosen GP from our network is not available for you to see, each person on your plan can go to any GP with a limit of four out-of-network GP visits each year, covered up to the DHR. We will cover the GP visit, with selected blood tests and X-rays and medicine on our medicine list.



Blood, urine and other fluid and tissue tests

We pay for a list of blood, urine and other fluid and tissue tests. Your chosen GP must ask for these tests by filling in a KeyCare pathology form.



Cover for dentistry

We cover consultations, fillings and tooth removals at a dentist in our dentist network.



Day-to-day medicine

We pay for medicine from our medicine list if they are prescribed by your chosen KeyCare network GP.



Cover for eye care

We cover one eye test for each person, but you must go to an optometrist in our network. The optometrist will have a specific range of glasses that you can choose from. You can get a set of contact lenses instead of glasses if you choose to. You can get new glasses or contact lenses every 24 months.



Basic X-rays

We pay for a list of basic X-rays at a network provider. Your chosen GP must ask for the X-rays to be done.



Casualty visits

On KeyCare Plus you can go to any casualty unit at one of the KeyCare network hospitals. You have to pay the first R300 of the consultation. On KeyCare Access, other than for emergencies and trauma, each person can go to casualty at one of the KeyCare network hospitals once a year. You have to pay the first R300 of the consultation.



Medical equipment




We cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg calipers, crutches and walkers on the medical equipment list, if you get them from a network provider. There is an overall limit of R5 200 for each family.



Other types of healthcare

We do not cover other types of healthcare professionals, such as physiotherapists, psychologists, speech therapists, audiologists, homeopaths or chiropractors.

Contributions

| KeyCare income bands |  Main member |  Adult |  Child* |
|-----------------------|---|--|--|
| KeyCare Plus | | | |
| 11 551+ | R1 906 | R1 906 | R510 |
| 8 101 – 11 550 | R1 280 | R1 280 | R358 |
| 0 – 8 100 | R914 | R914 | R331 |
| KeyCare Access | | | |
| 11 551+ | R1 863 | R1 863 | R503 |
| 8 101 – 11 550 | R1 241 | R1 241 | R348 |
| 5 051 – 8 100 | R859 | R859 | R309 |
| 0 – 5 050 | R644 | R644 | R281 |
| KeyCare Core | | | |
| 11 551+ | R1 408 | R1 408 | R318 |
| 8 101 – 11 550 | R912 | R912 | R224 |
| 0 – 8 100 | R731 | R731 | R190 |

Income verification will be conducted for the lower income bands. Income is considered as: The higher of the main member's or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance in terms of any statutory social assistance programme.

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