



# Priority Series

PRIORITY  
20  
17  
SERIES

# 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 (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, blood tests, antenatal consultations, kid's casualty visits, consultations via video call with paediatricians and some external medical items. Once the limited Above Threshold Benefit (ATB) is reached, you will continue to have access to GP consultations.



Unique access to DNA sequencing and non-invasive prenatal testing



Cover for medical emergencies when travelling

## The Priority Series has two health plan options

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

	Classic	Essential
Hospital cover		
Cover for healthcare professionals in hospital	200% of the Discovery Health Rate (DHR)	100% of the Discovery Health Rate (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 800 of the hospital account and we pay the first R2 900 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 600 of the hospital account and we pay the balance of the hospital account and related accounts from the Hospital Benefit	
Day-to-day benefits		
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"><li>■ Face-to-face and video call GP consultations</li><li>■ Antenatal consultations and two 2D pregnancy scans</li><li>■ Blood tests</li><li>■ Defined list of external medical items</li><li>■ Kid's casualty visits and consultations via video call with paediatricians</li></ul>	<ul style="list-style-type: none"><li>■ Face-to-face and video call GP consultations</li><li>■ Defined list of external medical items</li></ul>
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

# 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	
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 800	Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation	R6 750
Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, cystoscopy	R3 600	Nissen fundoplication (reflux surgery), spinal surgery (back and neck), joint replacements	R13 850
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 Discovery Health Rate (DHR)
	Essential	100% of the Discovery Health Rate (DHR)
Radiology and pathology	100% of the Discovery Health Rate (DHR)	

# 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 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

To find hospitals or providers in our network, visit [www.discovery.co.za](http://www.discovery.co.za)



### 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, 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.



### 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 80% of the DHR.

# 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 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 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 R15 750 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 (ATB) limit applies.

#### 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 limited 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. 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 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)

<b>Classic</b>	R9 450	R13 350	R17 300	R20 400
<b>Essential</b>	R6 250	R9 450	R11 750	R14 150
<b>Antenatal classes</b>	R1 550 for your family			
<b>Dental appliances and orthodontic treatment*</b>	R15 750 for each person			



## Priority Series




Medicine	 Single member	 One dependant	 Two dependants	 Three or more dependants
<b>Prescribed medicine* (schedule 3 and above)</b>				
<b>Classic</b>	R17 200	R20 850	R25 150	R27 450
<b>Essential</b>	R12 250	R14 500	R17 150	R20 850
<b>Over-the-counter medicine, vaccines and immunisations</b>	We pay these claims from the available funds in your Medical Savings Account (MSA). These claims do not add up to the Annual Threshold and are not paid from the Above Threshold Benefit (ATB).			

## Appliances and equipment

<b>Optical*</b> (includes cover for lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R4 200 for each person		
<b>External medical items*</b>	<b>Classic</b>	R39 400 for your family	
	<b>Essential</b>	R26 450 for your family	
<b>Hearing aids</b>	<b>Classic</b>	R18 300 for your family	
	<b>Essential</b>	R13 000 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 968	R2 337	R1 187
	Essential	R2 551	R2 004	R1 017
Annual Medical Savings Account amounts**				
	Classic	R8 904	R7 008	R3 552
	Essential	R4 584	R3 600	R1 824
Annual Threshold amounts**				
	All plans	R13 150	R9 850	R4 300
Limited Above Threshold Benefit amount**				
	All plans	R11 150	R7 950	R3 850

\* 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.