HEALTH PLAN GUIDE

Discovery
Health Medical Scheme

2020

PRIORITY PLANS

Healthcare for your life

WELCOME TO
DISCOVERY HEALTH MEDICAL SCHEME

Discovery Health Medical Scheme provides health plans that are as unique as you are. Seamless, personalised, connected health cover to protect you and those that you care for most, at every stage of your life.

Read this guide to understand how your chosen health plan works including:

- What to do when you need to go to a doctor or to a hospital
- The preventative screening, medical conditions and treatments that we cover
- The payment rules for medicine and other treatments
- Which benefits you need to apply for and if there are any limits for certain benefits
- The medical conditions and treatments that we do not cover
- Tips for you to conveniently manage and access all the information for your chosen health plan using the Discovery app and website

KEY TERMS

ABOUT SOME OF THE TERMS WE USE IN THIS DOCUMENT

A ANNUAL THRESHOLD

We set the Annual Threshold amount at the beginning of each year. The number and type of dependants (spouse or adult or child) on your plan will determine the amount.

The Annual Threshold is an amount that your claims need to add up to before we pay your day-to-day claims from the Above Threshold Benefit.

ABOVE THRESHOLD BENEFIT (ATB)

Once the day-to-day claims you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day from the Above Threshold Benefit (ATB), at the DHR or a portion of it. The Priority plans have a limited ATB.

C 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.

CHRONIC DISEASE LIST (CDL)

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

CHRONIC DRUG AMOUNT (CDA)

We pay up to a monthly amount for each chronic medicine class type. This applies to chronic medicine that is not listed on the formulary or medicine list.

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.

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

These are the available funds allocated to the Medical Savings Account (MSA) and limited Above Threshold Benefit (ATB).

DAY-TO-DAY EXTENDER BENEFIT (DEB)

The Day-to-day Extender Benefit (DEB) extends your day-to-day cover for essential healthcare services in our network if you have spent your annual Medical Savings Account (MSA) allocation and before you reach the Annual Threshold.

DEDUCTIBLE

This is an upfront amount that you must pay to the hospital or day clinic for specific procedures or if you use a facility outside of the day surgery network.

DESIGNATED SERVICE PROVIDER (DSP)

A healthcare provider (for example doctor, specialist, 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 we pay for medicine. It is the Single Exit Price of medicine plus the relevant dispensing fee.

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.

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 MEDICAL SAVINGS ACCOUNT (MSA)

The Medical Savings Account (MSA) is an amount that gets set aside for you at the beginning of each year or when you join the Scheme. We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year.

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

Your health plan may require you to make use of specific hospitals, pharmacies, doctors or specialists 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.

Day surgery Network

Full cover for a defined list of procedures in our day surgery network.

Doctor Networks

You have full cover for GPs and specialists who we have payment arrangements with.

Medicine Networks

Use MedXpress, or a MedXpress Network Pharmacy to enjoy full cover and avoid co-payments when claiming for chronic medicine on the medicine list.

P 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.

PREFERRED MEDICINE

Preferred medicine includes preferentially priced generic and branded medicines.

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.

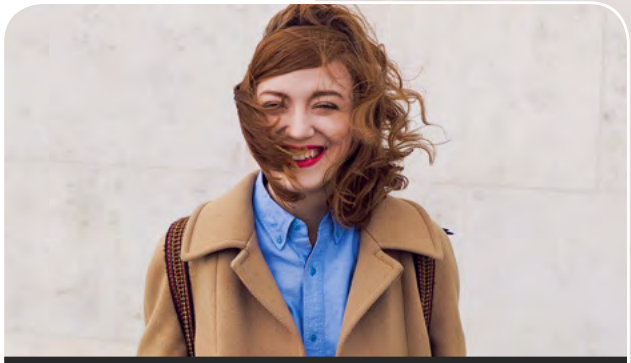
To access Prescribed Minimum Benefits, there are rules defined by the Council for Medical Schemes (CMS) that apply:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit 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.

R RELATED ACCOUNTS

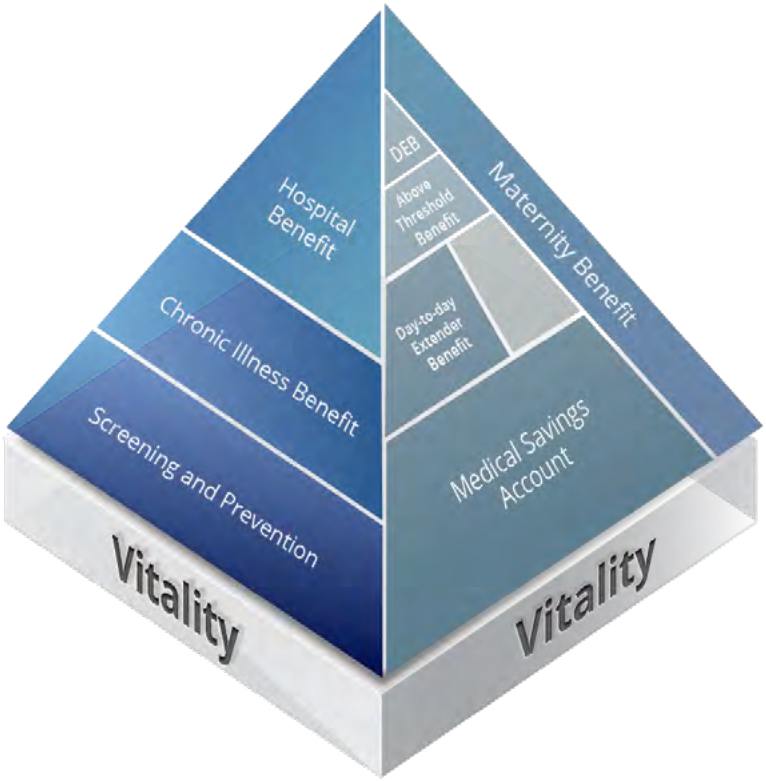
Any account other than the hospital account for in-hospital care. This could include the accounts for the admitting doctor, anaesthetist and any approved healthcare expenses like radiology or pathology.



PRIORITY PLANS

There are two Priority plans:
Classic Priority | Essential Priority

KEY FEATURES



UNLIMITED COVER FOR HOSPITAL ADMISSIONS

There is no overall limit for hospital cover. You can go to any private hospital.

FULL COVER IN HOSPITAL FOR SPECIALISTS

Full cover in hospital for specialists who we have a payment arrangement with, and up to 200% of the Discovery Health Rate (DHR) on Classic, and up to 100% of the DHR on Essential for other healthcare professionals.

FULL COVER FOR CHRONIC MEDICINES

Full cover for chronic medicine on our formulary for all Chronic Disease List (CDL) conditions when you use MedXpress or a MedXpress Network Pharmacy.

COVER WHEN TRAVELLING

Cover for medical emergencies when travelling.

EXTENSIVE COVER FOR PREGNANCY

You get comprehensive benefits for maternity and early childhood that cover certain healthcare services before and after birth.

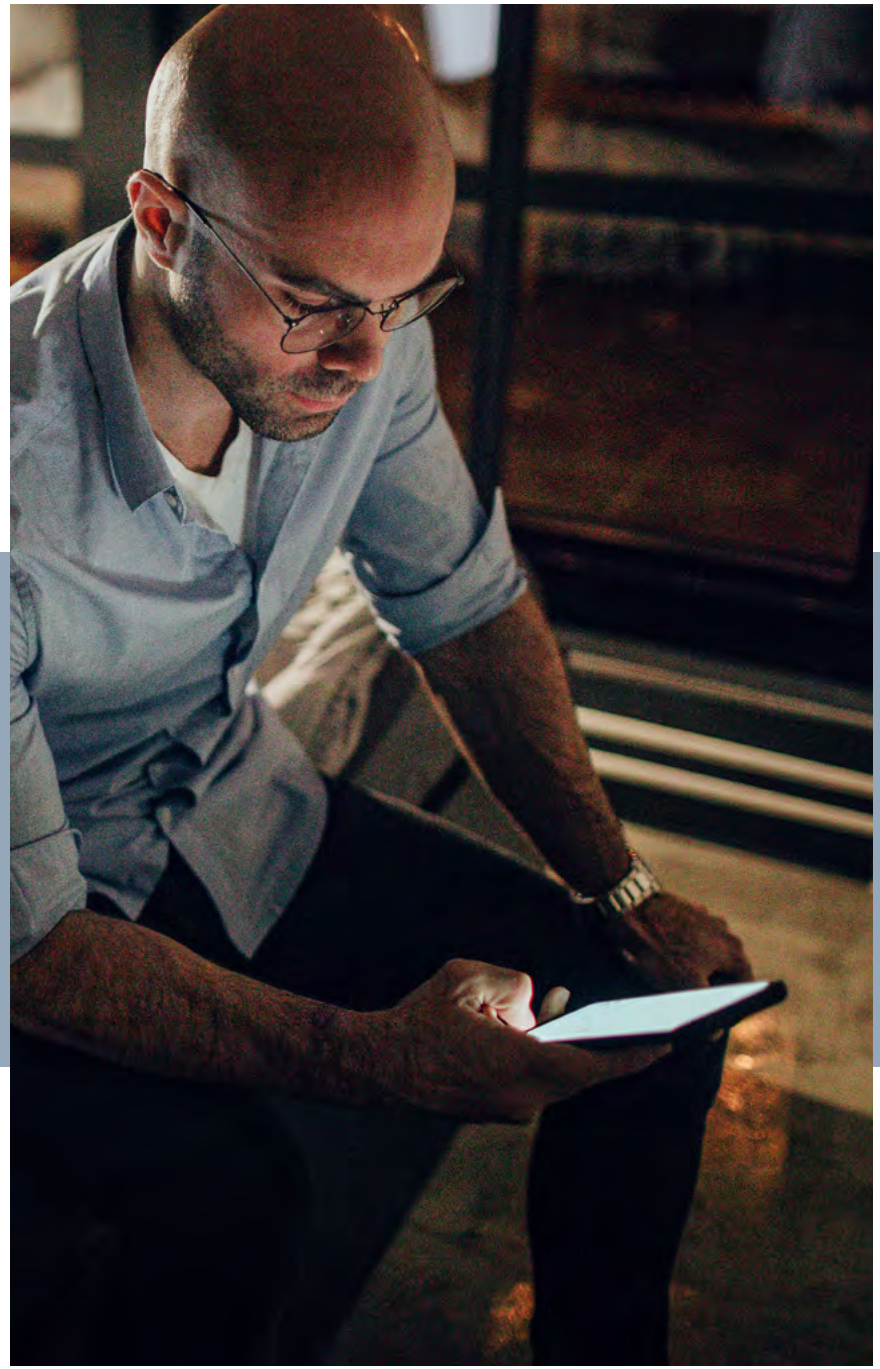
COMPREHENSIVE DAY-TO-DAY COVER

We pay your day-to-day medical expenses from the available funds allocated to your Medical Savings Account (MSA). The Day-to-day Extender Benefit (DEB) extends your day-to-day cover for essential healthcare services in our wellness network. You have a limited Above Threshold Benefit (ATB) that gives you further day-to-day cover once you have reached your Annual Threshold.

SCREENING AND PREVENTION

Screening and prevention benefits that cover vital tests to detect early warning signs of serious illness.

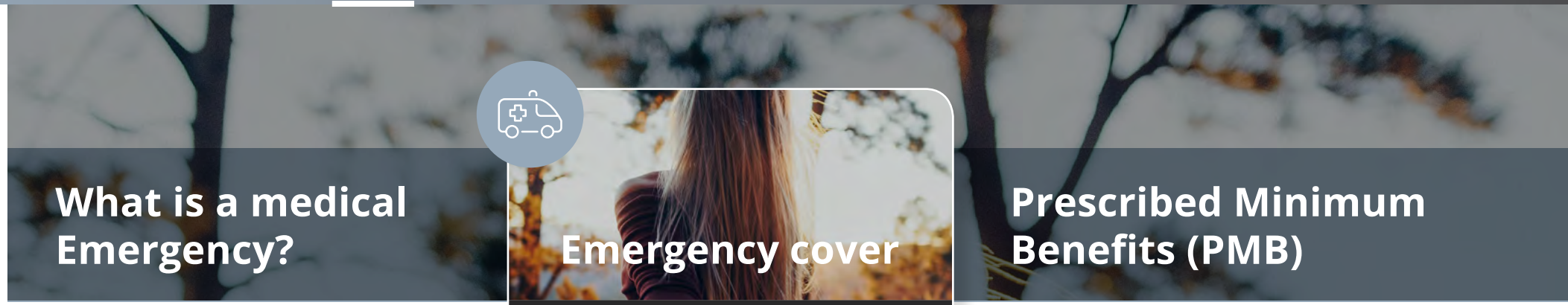
Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07, an authorised financial services provider.



The benefits on the different Priority 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	Essential
Day-to-day cover		
Medical Savings Account (MSA)	25% of your monthly contributions	15% of your monthly contributions
Day-to-day Extender Benefit (DEB)	The Day-to-day Extender Benefit (DEB) extends your day-to-day cover for essential healthcare services in our wellness network. You also have additional cover for kids casualty visits.	The Day-to-day Extender Benefit (DEB) extends your day-to-day cover for essential healthcare services in our wellness network.
Hospital cover		
Cover for healthcare professionals in hospital	Twice the Discovery Health Rate (200%)	The Discovery Health Rate (100%)



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.

Emergency cover

Emergencies are covered in full. If you have an emergency, you can go straight to hospital. If you need medically equipped transport, like an ambulance call:

0860 999 911

Emergency Assist

Click on Emergency Assist on your Discovery app

Prescribed Minimum Benefits (PMB)

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, 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 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 your treatment doesn't meet the above criteria, we will pay up to 80% of the Discovery Health Rate (DHR). You will need to pay the difference between what we pay and the actual cost of your treatment.

SCREENING AND PREVENTION

You have access to essential screening and prevention benefits

We cover various screening tests at our wellness providers.

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 smears, mammograms and prostate screenings.

SCREENING FOR KIDS

This benefit covers growth assessment tests, including height, weight, head circumference and health and milestone tracking at any one of our wellness providers.

SCREENING FOR ADULTS

This benefit covers certain tests such as blood glucose, blood pressure, cholesterol, body mass index and HIV screening at one of our wellness providers. We also cover a mammogram every two years, a Pap smear once every three years, PSA test (prostate screening) each year and bowel cancer screening tests every two years for members between 45 and 75 years.

HOW WE PAY

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

View a list of our wellness providers on our website www.discovery.co.za

ADDITIONAL TESTS

Clinical entry criteria apply to these tests:

- Defined diabetes and cholesterol screening tests
- Breast MRI or mammogram and once-off BRCA testing for breast screening
- Colonoscopy for bowel cancer screening
- Pap smear for cervical screening.

Seasonal flu vaccine for members who are:

- Pregnant
- 65 years or older
- Registered for certain chronic conditions.

Visit www.discovery.co.za to view the detailed Screening and Prevention Benefit guide.

Day-to-Day Benefits

We cover your day-to-day healthcare expenses from your Medical Savings Account (MSA), Day-to-day Extender Benefit (DEB) or limited Above Threshold Benefit (ATB).

THE MEDICAL SAVINGS ACCOUNT (MSA)

We pay your day-to-day medical expenses such as GP and specialist consultations, medicine (excluding registered chronic medicine), radiology and pathology from your available funds allocated to your MSA. Any amount that is left over will carry over to the next year.

THE SELF-PAYMENT GAP (SPG)

If your MSA runs out before your reach your Annual Threshold, you will have to pay for claims from your own pocket until your claims reach the Annual Threshold amount. This period is known as the Self-Payment Gap (SPG).

It is important that you continue to send your claims during the SPG so that we know when you reach your Annual Threshold for claims.

DAY-TO-DAY EXTENDER BENEFIT (DEB)

Pays for certain day-to-day benefits after you have run out of money in your MSA and before you reach the Annual Threshold. Covers unlimited pharmacy clinic consultations in our wellness network, supported by video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the Discovery Health Rate (DHR). On the Classic plan, kids younger than 10 years have access to two kids casualty visits a year.

The Above Threshold Benefit (ATB)

The limited Above Threshold Benefit starts paying for day-to-day expenses once you reach your Annual Threshold.

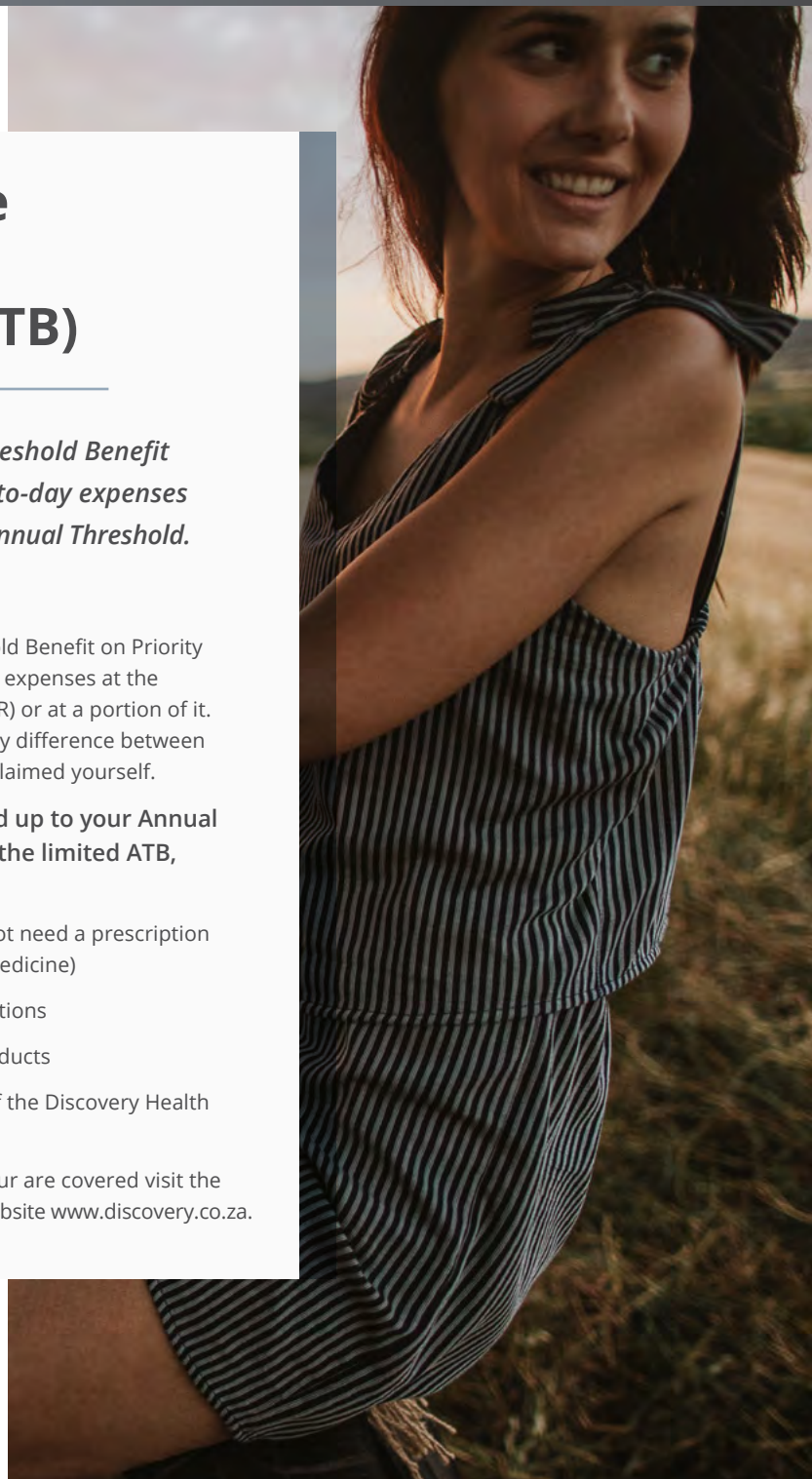
WHAT WE PAY FOR

The limited Above Threshold Benefit on Priority plans covers all day-to-day expenses at the Discovery Health Rate (DHR) or at a portion of it. You will need to pay for any difference between the DHR and the amount claimed yourself.

Some claims do not add up to your Annual Threshold or pay from the limited ATB, for example:

- Medicine that you do not need a prescription for (over-the-counter medicine)
- Vaccines and immunisations
- Lifestyle-enhancing products
- Claims paid in excess of the Discovery Health Rate (DHR).

For more detail on how your are covered visit the Do we cover tool on our website www.discovery.co.za.



Day-to-day cover

We cover your day-to-day healthcare expenses from your Medical Savings Account (MSA), Day-to-day Extender Benefit (DEB) and limited Above Threshold Benefit (ATB).

We add these amounts to the Annual Threshold and pay these amounts when you reach your limited Above Threshold Benefit (ATB). We add up the amount to the benefit limit available. If the claimed amount is less than the Discovery Health Rate (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, claims paid by you and paid from the ATB. We pay day-to-day benefits up to the ATB limit or up to the limit that applies, depending on the one you reach first.

The tables below show how much we pay for your day-to-day healthcare expenses on the Priority plans.

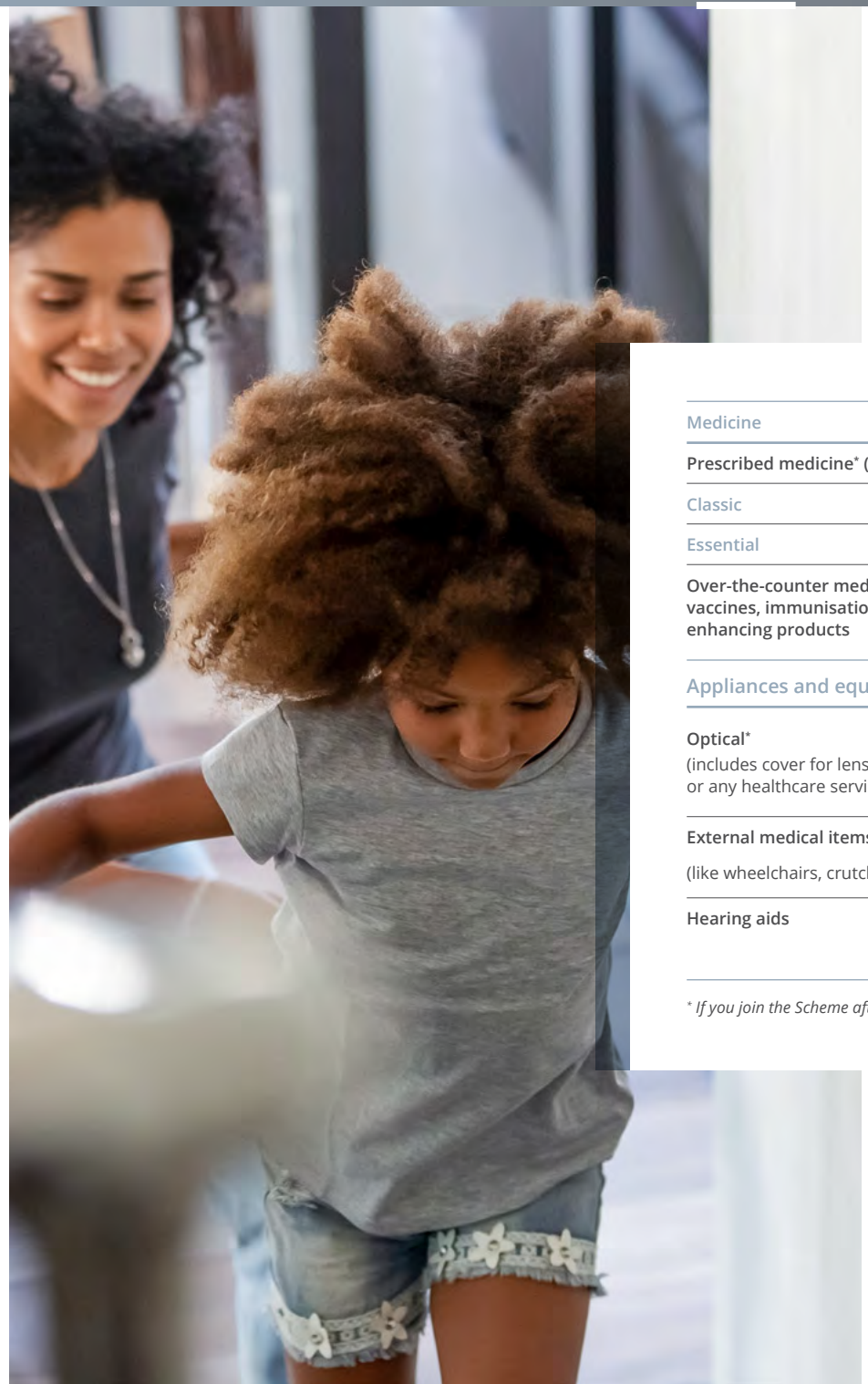
When you claim, we add up the following amounts to get to the Annual Threshold.

Healthcare providers and medicine	What we pay
Specialists we have an agreement with	Up to rate we have agreed with the specialist
Specialists we do not have an agreement with	The Discovery Health Rate (100%)
GPs and other healthcare professionals	The Discovery Health Rate (100%)
Preferred medicine	The Discovery Health Rate (100%)
Non-preferred medicine	50% of the Discovery Health Rate (DHR)

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, physiotherapists, podiatrists, psychometrists, social workers, speech and language therapists and audiologists)				
Classic	R12 150	R17 200	R22 250	R26 250
Essential	R8 050	R12 150	R15 100	R18 200
Dental appliances and orthodontic treatment*	R18 600 per person			
Antenatal classes	R1 900 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.

DAY-TO-DAY BENEFITS



Medicine	Single member	One dependant	Two dependants	Three or more dependants
Prescribed medicine* (schedule 3 and above)				
Classic	R22 200	R26 900	R32 400	R35 350
Essential	R15 750	R18 600	R22 100	R26 850
Over-the-counter medicine, vaccines, immunisations and lifestyle-enhancing products	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 limited Above Threshold Benefit (ATB).			

Appliances and equipment

Optical* (includes cover for lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R5 450 per person	
External medical items* (like wheelchairs, crutches and prostheses)	Classic	R39 400 for your family
	Essential	R26 450 for your family
Hearing aids	Classic	R20 700 for your family
	Essential	R14 750 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.*

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

You can activate the benefit in any of these ways:

- Create your pregnancy profile in the Discovery app or on our website at **www.discovery.co.za**
- When you register your baby as a dependant on the Scheme.

Activate your pregnancy profile on the Discovery app

You have cover for maternity and early childhood

DURING PREGNANCY

Antenatal consultations

We pay for up to eight 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.

Pre- and postnatal care

We pay for a maximum of five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth. We pay for one breastfeeding consultation with a registered nurse or a breastfeeding specialist.

AFTER YOU GIVE BIRTH

Blood tests

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

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, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

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

You have cover for treatment for ongoing medical conditions (chronic conditions)

You have cover for the 27 medical conditions set out in the list of chronic conditions (CDL)

WHAT IS THE BENEFIT?

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

WHAT WE COVER

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 for approved chronic medicine on our medicine list. For medicine not on our list, we cover you up to a set monthly rand amount called the Chronic Drug Amount (CDA).

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. 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 guide.

CHRONIC BENEFITS

CHRONIC DISEASE LIST (CDL) CONDITIONS

Chronic conditions covered on Priority plans

A	Addison's disease, asthma
B	Bipolar mood disorder, bronchiectasis
C	Cardiac failure, cardiomyopathy, chronic obstructive pulmonary disease, chronic renal disease, coronary artery disease, Crohn's disease
D	Diabetes insipidus, diabetes Type 1, diabetes Type 2, dysrhythmia
E	Epilepsy
G	Glaucoma
H	Haemophilia, HIV, hyperlipidaemia, hypertension, hypothyroidism
M	Multiple sclerosis
P	Parkinson's disease
R	Rheumatoid arthritis
S	Schizophrenia, systemic lupus erythematosus
U	Ulcerative colitis

HOW TO ORDER

Discovery app | www.discovery.co.za

medxpress@discovery.co.za

For new delivery orders, call MedXpress

0860 99 88 77

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

Where to get your chronic medicine

USE A PHARMACY IN OUR NETWORK

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

MEDXPRESS AND MEDXPRESS NETWORK PHARMACIES

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.

Find a healthcare provider, Discovery 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.

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

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

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

If you meet the Scheme's clinical entry criteria, you have access to defined cover for the management of episodes of major depression. Enrolment on the programme unlocks cover for prescribed medicine, and additional GP consultations to allow for effective evaluation, tracking and monitoring of treatment.

DIABETES CARE PROGRAMME

If you are registered on the Chronic Illness Benefit for diabetes, you can join the Diabetes Care programme. The programme unlocks cover for additional consultations with dietitians and biokineticists. You also have access to a nurse educator to help you with the day-to-day management of your condition. You have to see a Premier Plus GP to avoid a 20% co-payment.

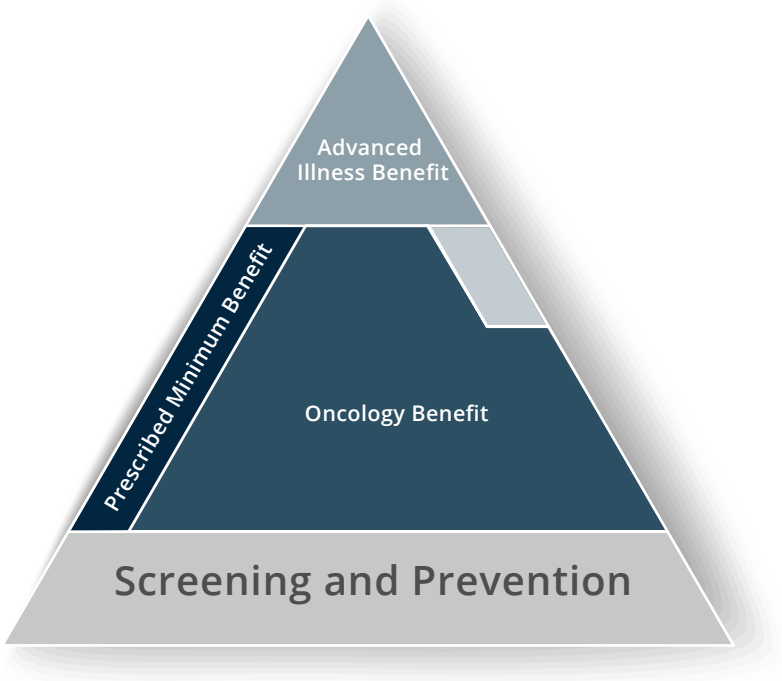
HIV CARE PROGRAMME

If you are registered on the HIV programme, you are covered for the care you need, which includes additional cover for social workers. You can be assured of confidentiality at all times. You have to see a Premier Plus GP to avoid a 20% co-payment. You need to get your medicine from a Designated Service Provider (DSP) to avoid a 20% co-payment.

CARDIO CARE PROGRAMME

If you are registered on the Chronic Illness Benefit for hypertension, hyperlipidaemia or ischaemic heart disease, you have access to a defined basket of care and an annual cardiovascular assessment, if referred by your Premier Plus GP and enrolled on the Cardio Care programme.

You have comprehensive cover for cancer



ADVANCED ILLNESS BENEFIT

Members with cancer have access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home.

PRESCRIBED MINIMUM BENEFITS (PMB)

Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full. All PMB treatment costs add up to the cover amount. If your treatment costs more than the cover amount we will continue to cover your PMB cancer treatment in full.

ONCOLOGY BENEFIT

If you are diagnosed with cancer and once we have approved your cancer treatment, you are covered by the Oncology Care Programme. We cover your approved cancer treatment over a 12-month cycle.

We cover the first R200 000. If your treatment costs more than the cover amount, we will cover up to 80% of the subsequent additional costs.

All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). You might have a co-payment if your healthcare professional charges above this rate.

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.

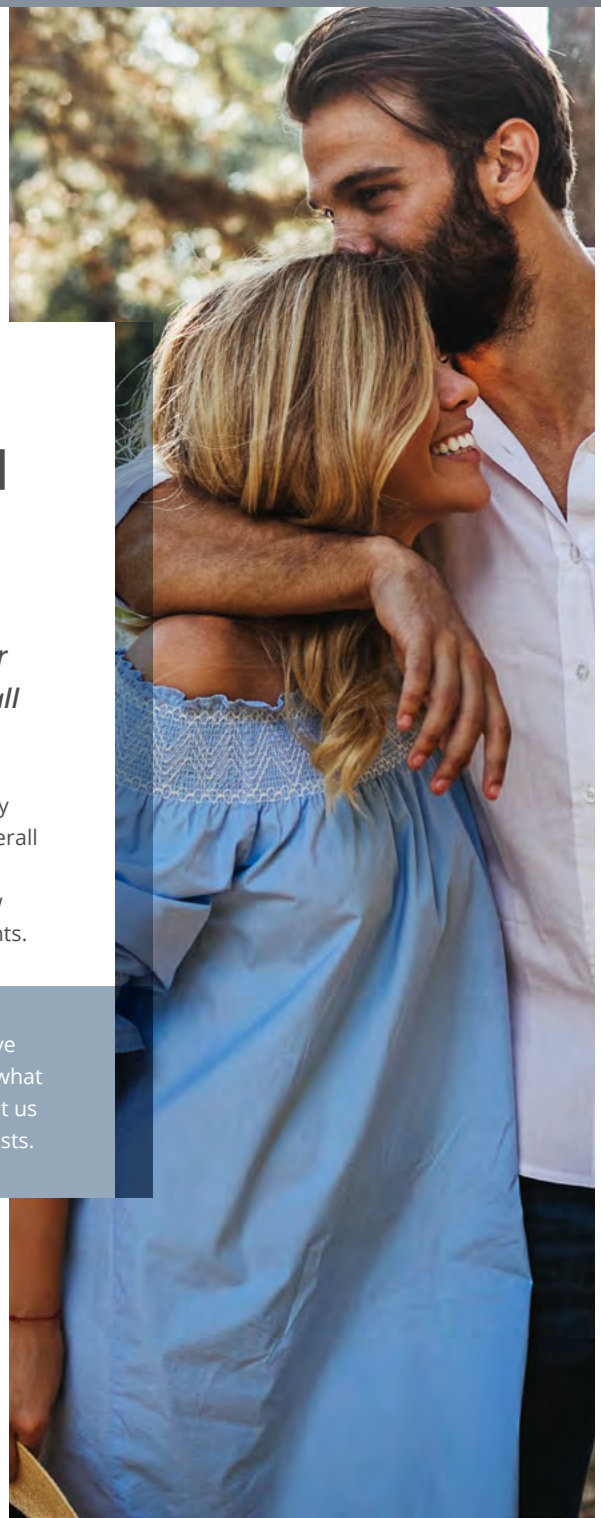
Visit www.discovery.co.za to view the detailed Oncology Benefit guide.

If you need to be admitted to hospital

The Priority 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 will let you know what you are covered for. If you don't contact us before you go, we might not pay the costs.



WHAT IS THE BENEFIT?

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

WHAT WE COVER

Unlimited cover in any private hospital approved by the Scheme.

You have cover for planned stays in hospital.

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

You can go to any private hospital approved for funding by the Scheme. An upfront payment applies for specific in-hospital procedures including procedures performed in the day surgery 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, medicines authorised by the Scheme for your hospital stay.

If you use doctors, specialists and other healthcare professionals that we have an agreement 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:

You can avoid co-payments by:

- Going to a facility in the day surgery network for day procedures
- Using healthcare professionals that we have a payment arrangement with.

Your hospital cover

The Priority Plans offer unlimited hospital cover.
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
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 (200%) **Essential:** up to the Discovery Health Rate (100%)
X-rays and blood tests (radiology and pathology) accounts	The Discovery Health Rate (100%)
Upfront payments for in-hospital procedures:	
Upfront payment for a defined list of procedures performed outside the day surgery network	R5 500
You need to pay an amount upfront to the hospital when one of the procedures listed below is performed during a hospital admission, including procedures performed in the day surgery network:	
Conservative back and neck treatment, adenoidectomy, myringotomy (grommets), tonsillectomy	R3 700
Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, cystoscopy	R4 650. An upfront amount of R5 850 will apply if both a gastroscopy and colonoscopy is performed in the same admission. If performed outside of the day surgery network, the highest of the upfront amounts will apply
Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation	R8 700
Nissen fundoplication (reflux surgery), spinal surgery (back and neck), joint replacements	R17 900
If the procedure can be done out of hospital, for example in the doctor's rooms you won't have to pay the hospital an amount upfront. If any of these procedures are on the day surgery procedures list, you will have to pay the higher of the two upfront amounts if the procedure is done at a facility outside of the day surgery network	
MRI and CT Scans	We pay the first R3 040 of the scan from day-to-day benefits. We pay the balance of the scan from the Hospital Benefit up to 100% of the DHR. For conservative back and neck treatment, you must also pay the first R3 700 of the hospital account. We pay the balance of the scan from the Hospital Benefit up to 100% of the DHR. Limited to one scan per spinal and neck region

Benefits with an annual limit

COCHLEAR IMPLANTS, AUDITORY BRAIN IMPLANTS AND PROCESSORS

R223 700 per person for each benefit.

INTERNAL NERVE STIMULATORS

R160 500 per person.

SHOULDER JOINT PROSTHESIS

No limit if you get your prosthesis from a provider in our network or up to R41 700 if you use a provider outside our network.

MAJOR JOINT SURGERY

No limit for planned hip and knee joint replacements if use a provider in our network.

80% of the Discovery Health Rate if you use a provider outside our network up to a maximum of R30 000 for each prosthesis for each admission. The network does not apply to emergency or trauma-related surgeries.

PROSTHETIC DEVICES USED IN SPINAL SURGERY

There is no overall limit if you get your prosthesis from our preferred suppliers. A limit of R25 500 applies for the first level and R51 000 for two or more levels, limited to one procedure per person per year year outside the network.

MENTAL HEALTH

21 days for admissions or up to 15 out-of-hospital consultations per 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. Three days per approved admission for attempted suicide.

21 days for all other mental health admissions.

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

ALCOHOL AND DRUG REHABILITATION

We pay for 21 days of rehabilitation per person per year. Three days per approved admission per person for detoxification.

DENTAL TREATMENT IN HOSPITAL

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 Discovery Health Rate (DHR) and up to 200% of the DHR for anaethetists on Classic plan. We pay these claims from your day-to-day benefits, up to an annual limit of R18 600 per 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.

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.

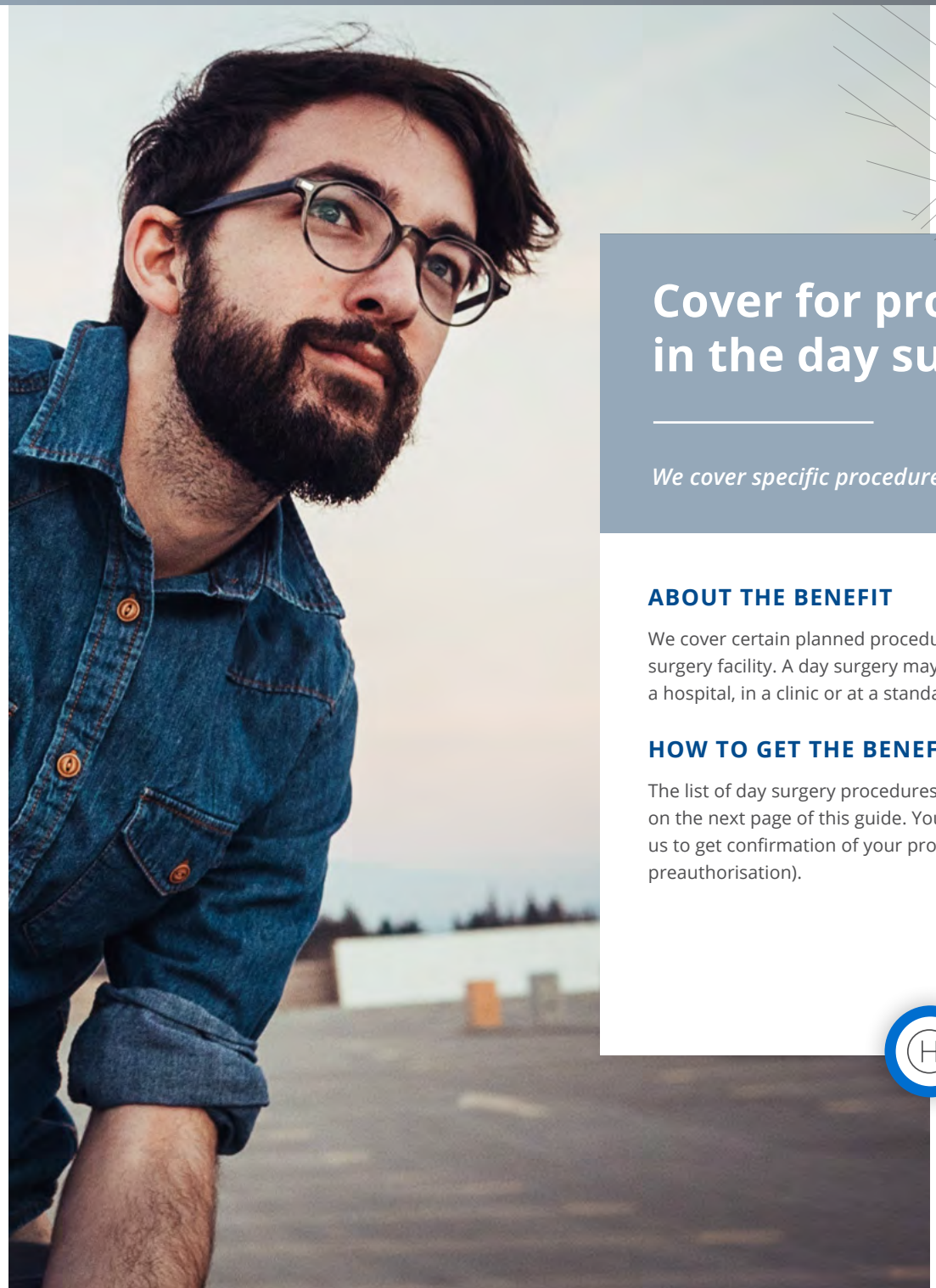
Other dental treatment in hospital

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 DHR. On Classic plan, we pay anaesthetists up to 200% of the DHR.

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

Upfront payment for dental admissions:

Hospital account	Day clinic account
Members 13 years and older:	
R6 800	R4 350
Members younger than 13 years:	
R2 650	R1 200



Cover for procedures in the day surgery network

We cover specific procedures that can be done in a 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 clinic or at a standalone facility.

HOW TO GET THE BENEFIT

The list of day surgery procedures are set out on the next page of this guide. You must contact us to get confirmation of your procedure (called preauthorisation).

HOW WE PAY

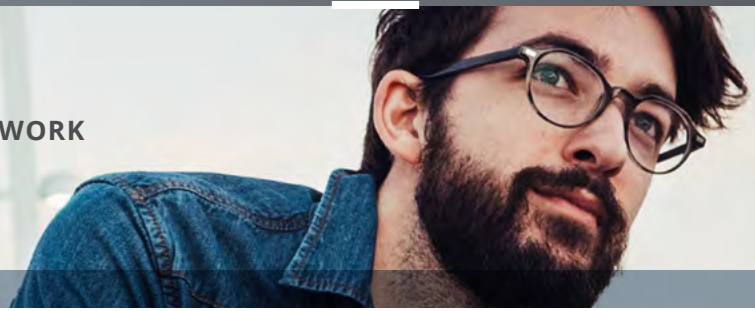
We pay these services from your Hospital Benefit. We pay for services related to your hospital stay, including all healthcare professionals, services, medicines authorised by the Scheme.

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 day surgery network, you will have to pay an upfront amount of R5 500.

View all day surgery network facilities using Find a healthcare provider on the Discovery app.



LIST OF PROCEDURES COVERED IN THE DAY SURGERY NETWORK

The following is a list of procedures that we cover in a day surgery.

B Biopsies

- Skin, subcutaneous tissue, soft tissue, muscle, bone, lymph, eye, mouth, throat, breast, cervix, vulva, prostate, penis, testes

Breast Procedures

- Mastectomy for gynaecomastia
- Lumpectomy (fibroadenoma)

E Ear, nose and throat Procedures

- Tonsillectomy and/or adenoidectomy
- Repair nasal turbinates, nasal septum
- Simple procedures for nose bleed (extensive cautery)
- Sinus lavage
- Scopes (nasal endoscopy, laryngoscopy)
- Middle ear procedures (tympanoplasty, mastoidectomy, myringoplasty, myringotomy and/or grommets)

Eye Procedures

- Cataract surgery
- Corneal transplant
- Treatment of glaucoma
- Other eye procedures (removal of foreign body, conjunctival surgery (repair laceration, pterygium), glaucoma surgery, probing & repair of tear ducts, vitrectomy, retinal surgery, eyelid surgery, strabismus repair)

G Ganglionectomy

Gastrointestinal

- Gastrointestinal scopes (oesophagoscopy, gastroscopy, colonoscopy, sigmoidoscopy, proctoscopy, anoscopy)
- Anorectal procedures (treatment of haemorrhoids, fissure, fistula)

Gynaecological Procedures

- Diagnostic Dilatation and Curettage
- Endometrial ablation
- Diagnostic Hysteroscopy
- Colposcopy with LLETZ
- Examination under anaesthesia

O Orthopaedic Procedures

- Arthroscopy, arthrotomy (shoulder, elbow, knee, ankle, hand, wrist, foot, temporomandibular joint), arthrodesis (hand, wrist, foot)
- Minor joint arthroplasty (intercarpal, carpometacarpal and metacarpophalangeal, interphalangeal joint arthroplasty)
- Tendon and/or ligament repair, muscle debridement, fascia procedures (tenotomy, tenodesis, tenolysis, repair/reconstruction, capsulotomy, capsulectomy, synovectomy, excision tendon sheath lesion, fasciotomy, fasciectomy). Subject to individual case review
- Repair bunion or toe deformity
- Treatment of simple closed fractures and/or dislocations, removal of pins and plates. Subject to individual case review

R Removal of foreign body

- Subcutaneous tissue, muscle, external auditory canal under general anaesthesia

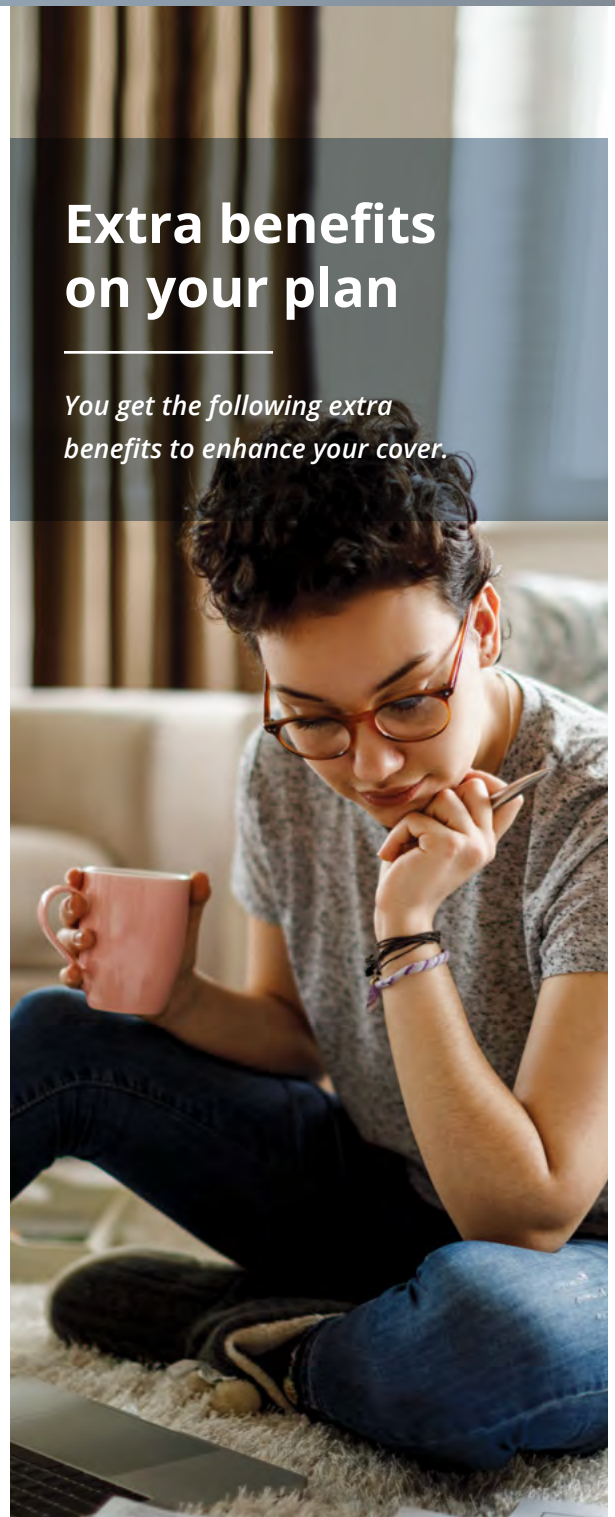
S Simple superficial lymphadenectomy

Skin Procedures

- Debridement
- Removal of lesions (dependent on site and diameter)
- Simple repair of superficial wounds

U Urological

- Cystoscopy
- Male genital procedures (circumcision, repair of penis, exploration of testes and scrotum, orchiectomy, epididymectomy, excision hydrocoele, excision varicocoele, vasectomy)



Extra benefits on your plan

You get the following extra benefits to enhance your cover.

HOME CARE BENEFIT

Discovery Home Care is a service that offers you quality care in the comfort of your own home when recommended by your doctor as an alternative to a hospital stay. Services include postnatal care, end-of-life care, IV infusions (drips)and wound care.

These services are paid from the Hospital Benefit, subject to approval. Discovery Home Care is the Designated Service Provider (DSP) for administration of defined intravenous infusions. Avoid a 20% co-payment by using Discovery Home Care for these infusions.

COMPASSIONATE CARE

The Compassionate Care Benefit, gives you access to holistic home-based end-of-life care up to R68 100 per person in their lifetime, for care not related to cancer.

CLAIMS RELATED TO TRAUMATIC EVENTS

The Trauma Recovery Extender Benefit extends your cover for out-of-hospital claims related to certain traumatic events. Claims are paid from the Trauma Recovery Extender Benefit for the rest of the year in which the trauma occurred, as well as the year after the event occurred. You need to apply for this benefit.

INTERNATIONAL TRAVEL BENEFIT

You have cover for emergency medical costs of up to R5 million per person on each journey while you travel outside of South Africa. This cover is for a period of 90 days from your departure from South Africa.

We may cover you at equivalent local costs for elective treatment received outside of South Africa, as long as the treatment is readily and freely available in South Africa and it would normally be covered by your plan according to the Scheme Rules. Pre-existing conditions are excluded.

AFRICA EVACUATION COVER

You have cover for emergency medical evacuations from certain sub-Saharan African countries back to South Africa. Pre-existing conditions are excluded.

INTERNATIONAL SECOND OPINION SERVICES

Through your specialist, you have access to second opinion services from Cleveland Clinic for life-threatening and life-changing conditions. We cover 50% for the cost of the second opinion service.

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.

Your contributions, Medical Savings Account and Annual Thresholds

	Main member	Adult	Child*
Contributions			
Classic Priority	R3 814	R3 008	R1 526
Essential Priority	R3 278	R2 577	R1 310
Annual Medical Savings Account amounts**			
Classic Priority	R11 436	R9 024	R4 572
Essential Priority	R5 892	R4 632	R2 352
Annual Threshold amounts**			
All plans	R16 900	R12 700	R5 600
Limited Above Threshold Benefit amount**			
All plans	14 300	10 200	5 000

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

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 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 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
- Frail care
- Infertility
- 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.

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.

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.

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.

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, an authorised financial services provider. 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.

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.com | 0861 123 267 | www.medicalschemes.com

Discovery Health Medical Scheme

Contact Centre 0860 99 88 77 | healthinfo@discovery.co.za | www.discovery.co.za

1 Discovery Place. Corner of Rivonia Road and Katherine Street, Sandton 2196

Discovery
Health Medical Scheme

www.discovery.co.za **@Discovery_SA** **discoverysouthafrica**

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