

2020
**SAVER
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



The benefits explained in this brochure are provided by Discovery Health Medical Scheme, registration number 1125, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. This brochure is only a summary of the key benefits and features of Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical Schemes. In all instances, Discovery Health Medical Scheme Rules prevail. Please consult the Scheme Rules on www.discovery.co.za. When reference is made in this brochure to “we” in the context of benefits, members, payments or cover, this refers to Discovery Health Medical Scheme. We are continuously improving our communication to you. The latest version of this guide as well as detailed benefit information is available on www.discovery.co.za.

KEY TERMS

ABOUT SOME OF THE TERMS WE USE IN THIS DOCUMENT

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 (PMBs).

CHRONIC DRUG AMOUNT (CDA)

We pay up to a monthly amount for each chronic medicine class. 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).

D 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.

DEDUCTIBLE

This is an upfront amount that you must pay to the hospital or day clinic for specific treatments/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 rate we will pay for medicine. It is the Single Exit Price of medicine plus the relevant dispensing fee.

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.





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.

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


Depending on your chosen plan, you may need 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.

 Hospital Networks


If you have chosen a plan with a hospital network, make sure you use a hospital in that network to get full cover.

 Doctor Networks

Depending on the plan you choose, you have full cover for GPs and specialists who we have payment arrangements with.

 Day surgery Networks

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

 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.

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.





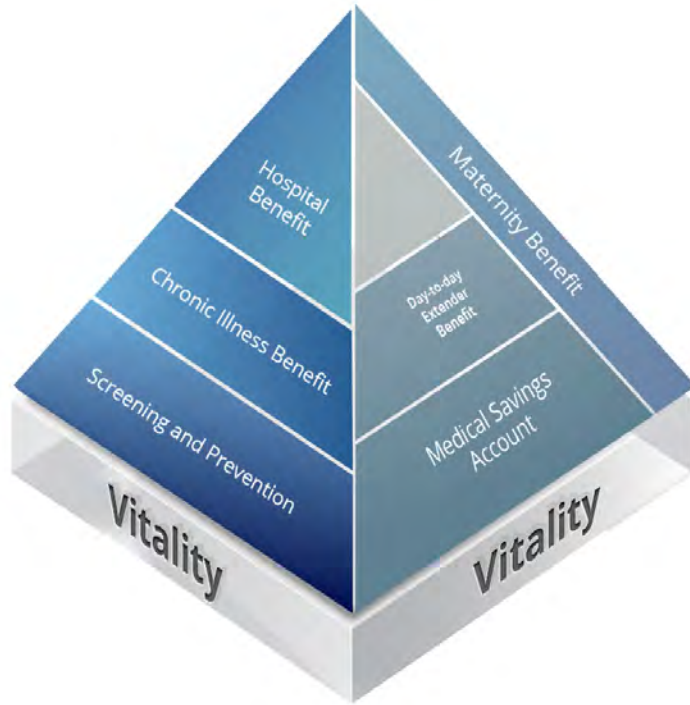
SAVER PLANS

There are five Saver plan options:

Classic Saver | Classic Delta Saver | Essential Saver
| Essential Delta Saver | Coastal Saver



KEY FEATURES



UNLIMITED COVER FOR HOSPITAL ADMISSIONS

There is no overall limit for hospital cover on the Saver plans.

FULL COVER IN HOSPITAL FOR SPECIALISTS

Guaranteed 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 plans, and up to 100% of the DHR on Essential and Coastal plans for other healthcare professionals.

EXTENSIVE COVER FOR PREGNANCY

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

COVER WHEN TRAVELLING

Cover for medical emergencies when travelling.

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.

DAY-TO-DAY COVER

We pay your day-to-day medical expenses from the available funds allocated to your Medical Savings Account (MSA). This empowers you to manage your spend. The Day-to-day Extender Benefit (DEB) extends your day-to-day cover for essential healthcare services in our wellness network.

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 Saver plans

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

	Classic Saver	Classic Delta Saver	Essential Saver	Essential Delta Saver	Coastal Saver
Day-to-day cover					
Medical Savings Account (MSA)	25% of your monthly contribution		15% of your monthly contribution		20% of your monthly contribution
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. You also have cover for kids casualty visits		The Day-to-day Extender Benefit (DEB) extends your day-to-day cover for essential healthcare services in our network		
Hospital cover					
Hospitals you can go to	Any private hospital approved by the Scheme	Private hospitals in the Delta Network	Any private hospital approved by the Scheme	Private hospitals in the Delta Network	Any private hospital in the four coastal provinces approved by the Scheme
Defined list of procedures in a day surgery network	Private day surgery facility in our network	Private day surgery facility in the Delta network	Private day surgery facility in our network	Private day surgery facility in the Delta network	Private day surgery facility in our Coastal network
Cover for healthcare professionals in hospital	Twice the Discovery Health Rate (200%)		The Discovery Health Rate (100%)		





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 every three years, a 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 of these test:

- 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.



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.

Blood tests

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

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

AFTER YOU GIVE BIRTH



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.





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 known as the Chronic Disease List (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

Prescribed Minimum Benefit (PMB) conditions

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 if you use a network provider 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 (CIB). 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.





**MEDXPRESS AND
MEDXPRESS NETWORK
PHARMACIES**

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.

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 on track 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.



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

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

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.

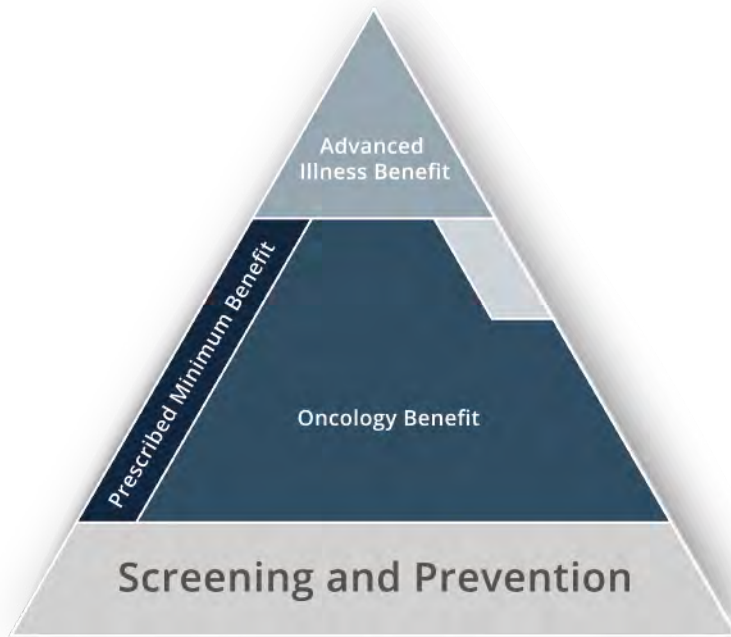


CARDIO CARE PROGRAMME

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



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.

ADVANCED ILLNESS BENEFIT

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

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.

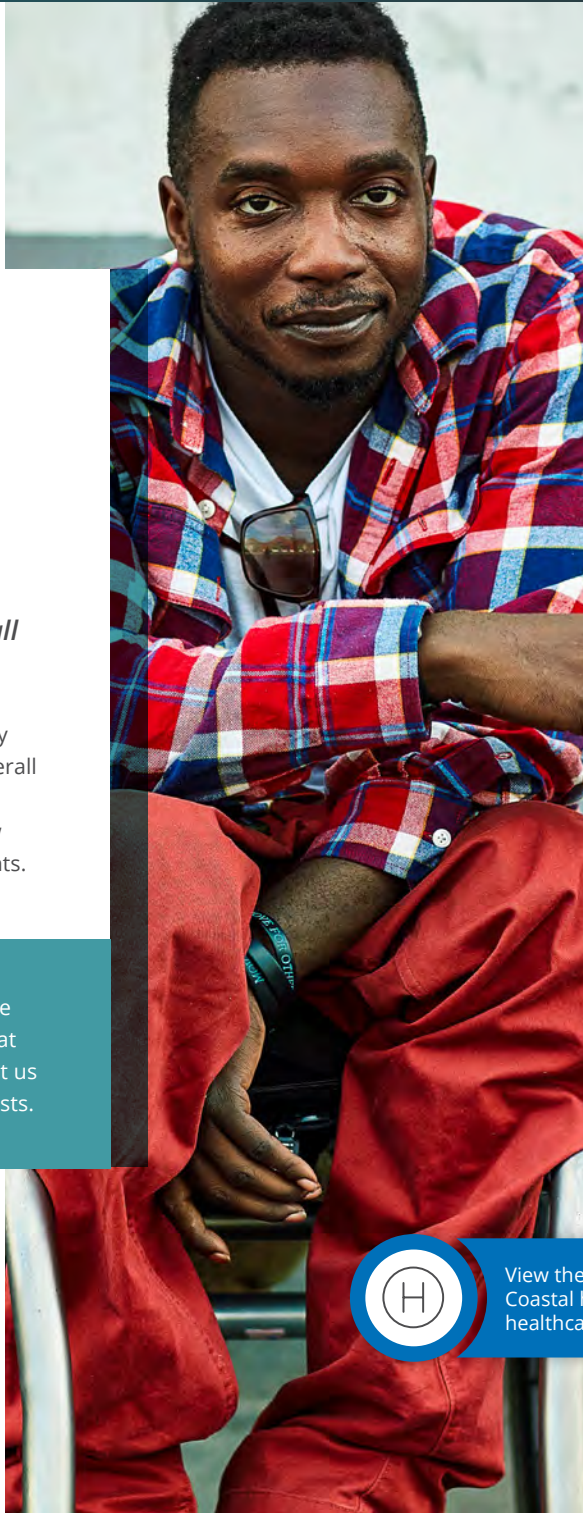
Visit www.discovery.co.za to view the detailed Oncology Benefit guide.

If you need to be admitted to hospital

All Saver 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'll let you know what you are covered for. If you don't contact us before you go, we might not pay the costs.



View the hospitals on the Delta and Coastal hospital networks using Find a healthcare provider on the Discovery app

WHAT IS THE BENEFIT?

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

WHAT WE COVER

Unlimited cover in any private hospitals approved by the Scheme, subject to the network requirements on the Delta options and Coastal plan.

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

If you are on a Delta or Coastal option you need to use a hospital in our network for your plan. On all other Saver plans you can go to any private hospital approved for funding by the Scheme.

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 plans, and up to 100% of the DHR for Essential and Coastal plans for other healthcare professionals.

You can avoid co-payments by:

- Using healthcare professionals that we have a payment arrangement with
- Going to a hospital in the network of hospitals for your plan, if you are on the Delta or Coastal options.

Your hospital cover

The Saver 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	<ul style="list-style-type: none"> ▪ The full account at the agreed rate with the hospital ▪ On the Delta options, you must pay an upfront amount of R8 400 for planned admissions to hospitals not in the Delta Hospital Network ▪ On the Coastal option you must go to an approved hospital in the Coastal region for planned admissions. We pay 70% of the Discovery Health Rate (DHR) if you go to a hospital outside of the coastal regions
Upfront payment for a defined list of procedures performed outside of the day surgery network	<p>Classic, Essential and Coastal: you must pay an upfront payment of R5 500</p> <p>Delta options: you must pay an upfront payment of R8 400</p>
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	<p>Classic plans: Up to twice the Discovery Health Rate (200%)</p> <p>Essential and Coastal: Up to the Discovery Health Rate (100%)</p>
X-rays and blood tests (radiology and pathology) accounts	The Discovery Health Rate (100%)
MRI and CT scans	<ul style="list-style-type: none"> ▪ Up to the Discovery Health Rate (DHR) if the scan is related to your hospital admission from your Hospital Benefit ▪ If it is not related to your admission or for conservative back and neck treatment, we pay the first R3 040 from your available day-to-day benefits and the balance from your Hospital Benefit, up to the DHR. Limited to one scan per spinal and neck region
Scopes (gastroscopy, colonoscopy, sigmoidoscopy, and proctoscopy)	<ul style="list-style-type: none"> ▪ We pay the first R5 000 from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit ▪ If both a gastroscopy and colonoscopy is performed in the same admission we pay the first R6 250 from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit ▪ If done in the doctor's rooms, you won't have to pay an amount upfront. We pay the account from the Hospital Benefit ▪ If performed outside of the day surgery network, the highest of the upfront amounts will apply





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 your plan's day surgery network, you will have to pay an amount upfront as per the below table:

Saver Plans	Day surgery network for your plan	Your out of network upfront payment
Classic, Essential, Coastal	Day surgery network	R5 500
Delta options	Delta day surgery network	R8 400

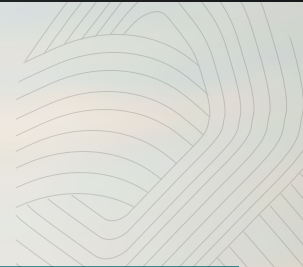


View all day surgery network facilities using Find a healthcare provider on the Discovery app.



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)





Contributions for the Saver plans

Saver Series	 Main member	 Adult	 Child*
Contributions			
Classic Saver	R3 290	R2 596	R1 318
Classic Delta Saver	R2 628	R2 076	R1 056
Essential Saver	R2 615	R1 961	R1 048
Essential Delta Saver	R2 085	R1 575	R837
Coastal Saver	R2 608	R1 962	R1 053

Annual Medical Savings Account amounts**			
Classic Saver	R9 864	R7 788	R3 948
Classic Delta Saver	R7 884	R6 228	R3 168
Essential Saver	R4 704	R3 528	R1 884
Essential Delta Saver	R3 744	R2 832	R1 500
Coastal Saver	R6 252	R4 704	R2 520

* We count a maximum of three children when we calculate the monthly contributions and annual Medical Savings Account.

** 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.

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

