

2020  
**SMART  
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](http://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](http://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).

#### 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

Cover for defined set of day-to-day medical expenses such as GP consultations, acute and over-the-counter (OTC) medicine, eye and dental check-ups and sports-related injuries, with fixed co-payments and/or limits.

#### 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 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](http://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 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.





## 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](http://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 MEDICINE LIST (FORMULARY)

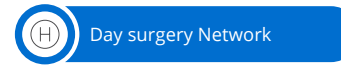
A list of medicine we cover in full for the treatment of approved chronic condition(s). This list is also known as a formulary.

## N NETWORKS

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.



Make sure you use a hospital in the Smart Hospital Network to get full cover.



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



You have full cover for GPs in the Smart GP Network and specialists who we have payment arrangements with.



Use MedXpress, Clicks or Dis-Chem 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:

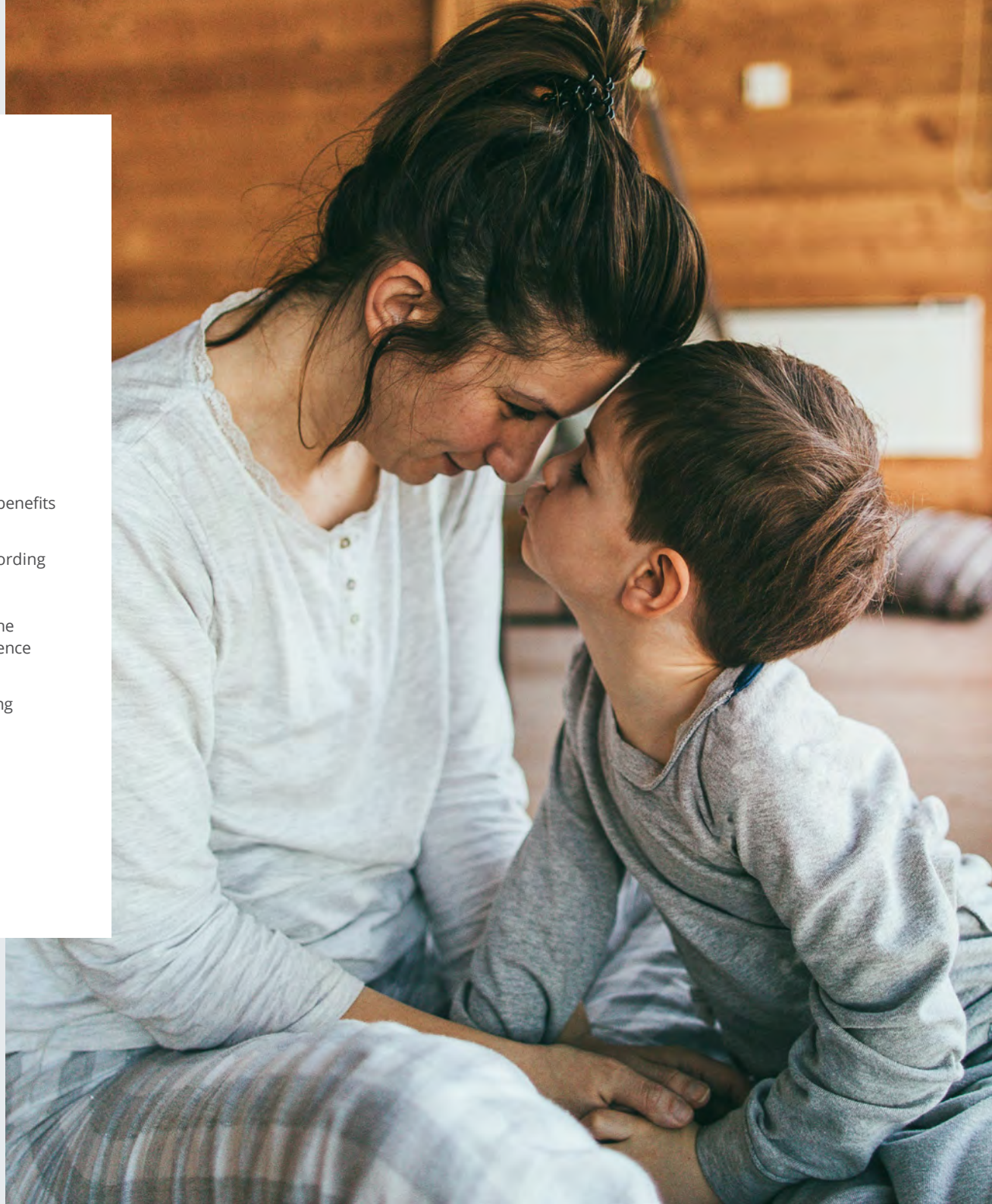
- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions
- The treatment needed must match the treatments in the defined benefits
- You must use Designated Service Providers (DSPs) in our network. This does not apply in emergencies. Where 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.

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## **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.

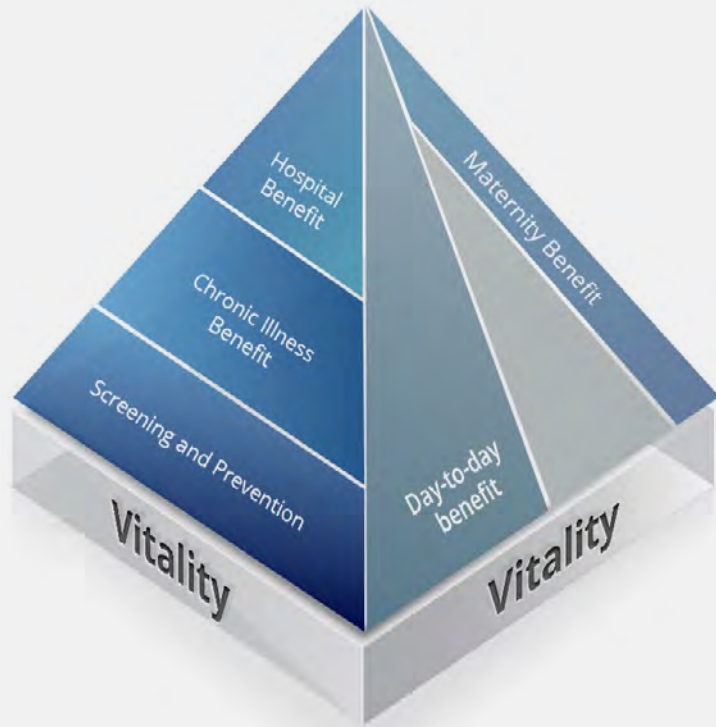




# SMART PLANS

There are two Smart plan options:  
Classic Smart | Essential Smart





## UNLIMITED COVER FOR HOSPITAL ADMISSIONS

Unlimited private cover in the Smart Hospital Network.

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

## 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, Clicks or Dis-Chem.

## EXTENSIVE COVER FOR PREGNANCY

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

## DAY-TO-DAY COVER

Day-to-day cover for your GP consultations, acute and over-the-counter (OTC) medicine, eye and dental check-ups and sports-related injuries, with fixed co-payments and/or limits. This cover depends on the plan you choose.

## SCREENING AND PREVENTION

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









## 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](http://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](http://www.discovery.co.za) to view the detailed Screening and Prevention Benefit guide.



## Day-to-day cover

### UNDERSTANDING YOUR DAY-TO-DAY BENEFITS

On the Smart plans you have access to day-to-day cover for your GP consultations, certain specialist consultations, acute and over-the-counter (OTC) medicine, eye and dental check-ups and sports-related injuries, with fixed co-payments and/or limits. This cover depends on the plan you choose.

#### Day-to-day cover

#### What we pay

Unlimited GP visits to GPs in the Smart Network

You pay R55 on Classic and R110 on Essential of the consultation fee with the balance of this fee covered at 100% of the Discovery Health Rate (DHR). Video consultations with your Smart Network GP are covered in full up to the DHR

Eye test at an optometrist in the Smart Optometry Network

One eye test is covered per year with an upfront payment of:

- R55 on Classic
- R110 on Essential

The balance will be covered up to the Discovery Health Rate (DHR)

Defined dental check-up at any dentist, dental therapist or oral hygienist

One defined dental check-up per year with an upfront payment of:

- R110 on Classic
- R165 on Essential

The balance will be covered up to the Discovery Health Rate (DHR)

Over-the-counter medicine obtained from any Clicks or Dis-Chem pharmacy

You are covered for over-the-counter medicine up to R690 a family a year on Classic, and R460 a family a year on Essential. The categories of medicine we cover can be found on [www.discovery.co.za](http://www.discovery.co.za)

Acute medicine prescribed by your Smart GP and obtained from any Clicks or Dis-Chem pharmacy (schedule 3 and above)

On the Classic Smart Plan you are covered for certain acute prescribed medicine categories with a limit of R1 500 per person a year or R2 500 a family a year.

Sports injuries when referred by your Smart Network GP

On the Classic Smart Plan you have cover for basic X-rays, two specialist visits and a total of four visits to a physiotherapist, biokineticist or chiropractor when related to a sports injury and if referred by your Smart Network GP. You will have to pay R110 for each X-ray or for each visit. We will cover up to the DHR for these visits and for specialists who we don't have a payment arrangement with





*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](http://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](http://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 the cost of the lowest formulary listed drug.

## 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](http://www.discovery.co.za) to view the detailed Chronic Illness Benefit guide.



# CHRONIC BENEFITS



## CHRONIC DISEASE LIST (CDL) CONDITIONS

Chronic conditions covered on the Smart 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



## If you need chronic dialysis

On Classic Smart 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 Discovery Health Rate (DHR). On Essential Smart you have cover at a provider in a state facility.



MEDXPRESS

## HOW TO ORDER

Discovery app | [www.discovery.co.za](http://www.discovery.co.za)

[medxpress@discovery.co.za](mailto: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):

- Clicks or Dis-Chem
- MedXpress (but not MedXpress Network Pharmacies).

### MEDXPRESS

You can order or reorder your medicine online through MedXpress and have it delivered to your work or home.

### 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.



## 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.



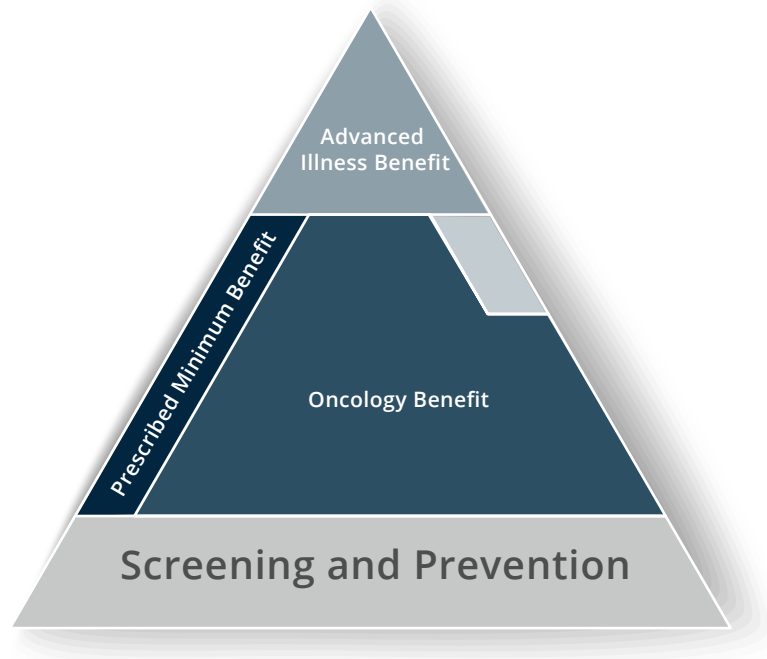
### CARDIO CARE PROGRAMME

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



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](http://www.discovery.co.za) to view the detailed Oncology Benefit guide.

### 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. On Essential Smart we cover cancer treatment in our network.

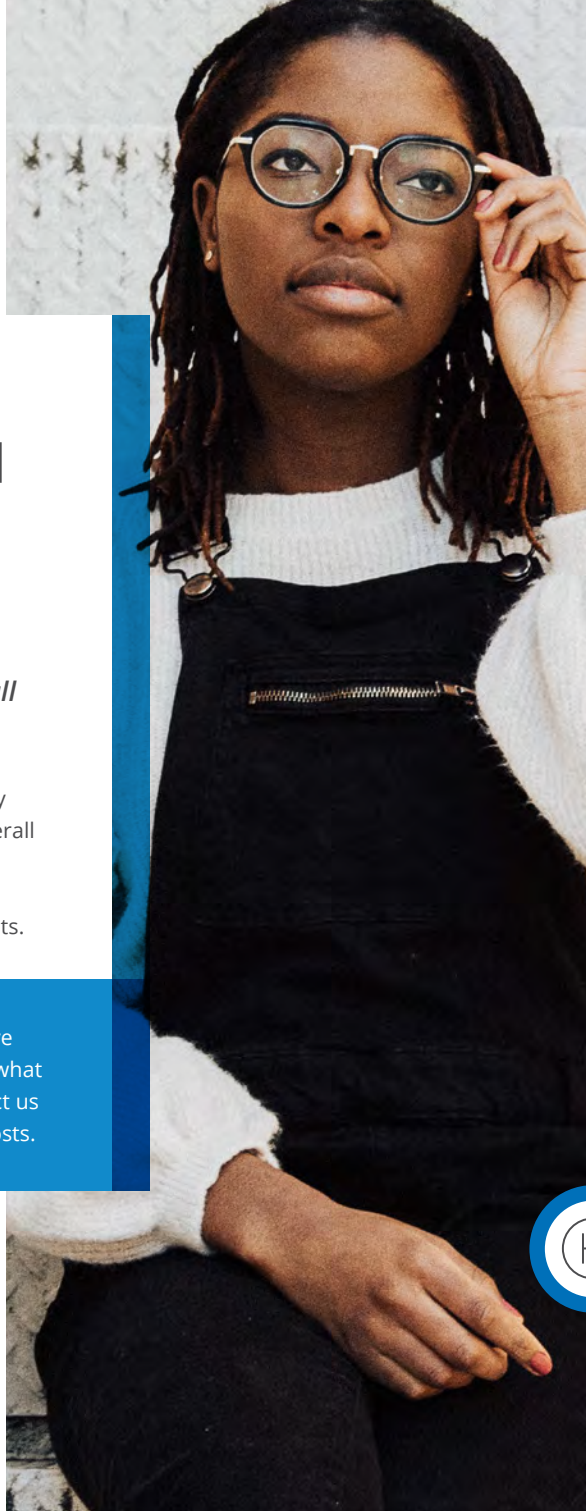
All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). You might have a co-payment if your healthcare professional charges above this rate.

## If you need to be admitted to hospital

*The Smart 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 private hospitals approved by the Scheme, subject to network requirements.

You have cover for planned stays in hospitals in the Smart Hospital Network.

### 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

On the Smart plans you need to use a hospital in the Smart Hospital Network.


### What 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 the Scheme for your hospital stay.

If you use doctors, specialists and other healthcare professionals that we have a payment arrangement 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:

- Using healthcare professionals that we have a payment arrangement with
- Going to a hospital in the network of hospitals for your plan.



View hospitals on the Smart Hospital Network using Find a healthcare provider on the Discovery app

Find a healthcare provider is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.



## Your hospital cover

The Smart 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"> <li>The full account at the agreed rate with the hospital</li> <li>You must pay an upfront payment of R9 650 for planned admissions to hospitals not in the Smart Plan Hospital Network</li> </ul>
Upfront payment for certain procedures when they are performed outside of our day surgery network	You must pay an upfront payment of R9 650
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	<ul style="list-style-type: none"> <li>Classic: up to twice the Discovery Health Rate (200%)</li> <li>Essential: up to the Discovery Health Rate (100%)</li> </ul>
X-rays and blood tests (radiology and pathology) accounts	Up to the Discovery Health Rate (100%)
MRI & CT scans	<ul style="list-style-type: none"> <li>If related to your admission, we cover your scan up to the Discovery Health Rate (100%) from your Hospital Benefit</li> <li>Classic: if not related to your admission or for conservative back and neck treatment, you will have to pay the first R3 040 and the balance will be paid from the Hospital Benefit up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies</li> <li>Essential: if not related to your admission or if for conservative back and neck treatment, we do not pay for it</li> </ul>
Scopes (gastroscopy, colonoscopy, sigmoidoscopy, and proctoscopy)	<ul style="list-style-type: none"> <li>You must pay the first R5 000 upfront. The balance of the hospital account and related accounts will be paid from your Hospital Benefit. If performed outside of our Smart Day Surgery Network, you must pay an upfront payment of R9 650</li> <li>If both a gastroscopy and colonoscopy is performed in the same admission you must pay the first R6 250 and the balance of the hospital and related accounts will be paid from your Hospital Benefit</li> <li>If done in the doctor's rooms, you won't have to pay an amount upfront. We pay the account from the Hospital Benefit</li> </ul>

Benefits with an annual limit



**COCHLEAR IMPLANTS, AUDITORY BRAIN IMPLANTS AND PROCESSORS**

R223 700 per person for each benefit. Available on Classic plan only.



**INTERNAL NERVE STIMULATORS**

R160 500 per person. Available on Classic plan only.



**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. Available on Classic plan only.



**MAJOR JOINT SURGERY**

On Classic, we cover planned hip and knee joint replacements in full when you use a provider in our network. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR) for the hospital account. A limit of R30 000 applies to each prosthesis for each admission. This network will not apply to emergency and trauma-related surgeries. On the Essential plan, cover is limited to arthroscopies only.



**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 per person applies for the first level and R51 000 for two or more levels, limited to one procedure for per person a year. Available on Classic plan only.



**ALCOHOL AND DRUG REHABILITATION**

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



**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 DHR for the hospital account.



**DENTAL TREATMENT IN HOSPITAL**

**Dental limit**

There is no overall dental limit. However, you must pay for the cost of all dental appliances, their placements and orthodontic treatment (including the related accounts for orthognathic surgery).

**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 on the Classic Smart Plan**

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. We pay anaesthetists up to 200% of the DHR on Classic Smart.

For members 13 years and older, you must pay for routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment.

**Upfront payment for dental admissions:**

<b>Hospital account</b>	<b>Day clinic account</b>
<b>Members 13 years and older:</b>	
R6 800	R4 350
<b>Members under 13:</b>	
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 Smart Day Surgery Network, you will have to pay an upfront amount of R9 650.



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 cauterly)
- 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

- 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, orchietomy, epididymectomy, excision hydrocoele, excision varicocoele, vasectomy)

Some of these procedures are not covered on the Essential Smart plan. These are noted by an asterisk \* in the list above.

## 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 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. The benefit does not apply to the Essential Smart Plan.



### INTERNATIONAL TRAVEL BENEFIT

You have cover for emergency medical costs of up to R5 million per person per 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.



## Contributions for the Smart plans

	 Main member	 Adult	 Child*
Classic Smart	R1 954	R1 542	R781
Essential Smart	R1 400	R1 400	R1 400

\* We count a maximum of three children when we calculate your monthly contributions.



## 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](http://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.

### EXTRA EXCLUSIONS ON THE ESSENTIAL SMART PLAN

In addition to the general exclusions that apply to all plans, the Essential Smart Plan does not cover the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits.

#### 1 | Hospital admissions related to, among others:

- Dentistry
- Nail disorders
- Skin disorders, including benign growths and lipomas
- Investigations and diagnostic work-ups
- Functional nasal surgery
- Elective caesarean section, except if medically necessary
- Surgery for oesophageal reflux and hiatus hernia
- Back and neck treatment or surgery

- Knee and shoulder surgery
- Joint replacements, including but not limited to hips, knees, shoulders and elbows
- Cochlear implants, auditory brain implants and internal nerve stimulators (this includes procedures, devices, processors and hearing aids)
- Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary

#### 2 | Correction of hallux valgus (bunion) and Tailor's bunion (bunionette)

#### 3 | Removal of varicose veins

#### 4 | Refractive eye surgery

#### 5 | Non-cancerous breast conditions



# 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](http://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

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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](http://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](http://www.discovery.co.za) or by e-mailing [principalofficer@discovery.co.za](mailto: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](mailto:complaints@medicalschemes.com) | 0861 123 267 | [www.medicalschemes.com](http://www.medicalschemes.com)

