Discovery
Health Medical Scheme

KEYCARE

Plans

Taking on every moment

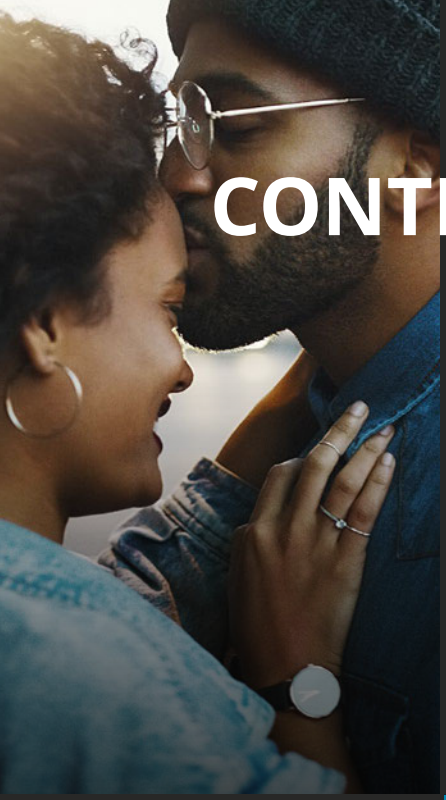
Plus | Core | Start

LIVE HEALTHY IN EVERY MOMENT

At Discovery Health Medical Scheme, we are reimagining healthcare so you can experience quality care with advanced technology that supports you through every life stage because we want you to live healthy in every moment.

Read this guide to understand more about your health plan including:

- What to do when you need to go to a doctor or to a hospital
- How you are covered for preventative screening, medical conditions, medicine and treatments
- Which benefits you need to apply for and if there are any limits for certain benefits
- Tips on how you can use technology to conveniently manage and access all the information you need through the Discovery app and website



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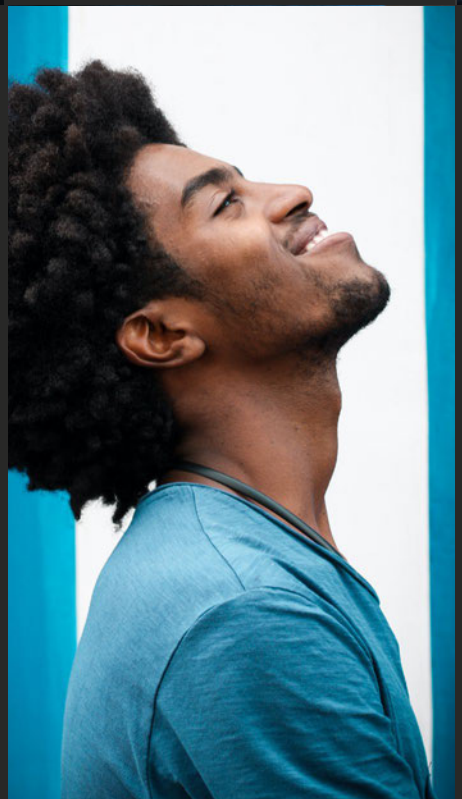

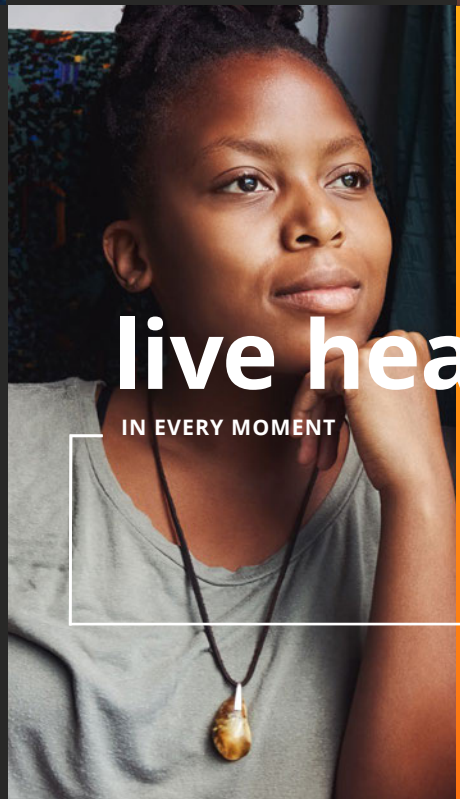

live healthy

IN EVERY MOMENT

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.

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. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.

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

You have cover for a defined set of day-to-day medical expenses such as medically appropriate GP consultations, blood tests, X-rays or medicine in our KeyCare networks.

DEDUCTIBLE

Depending on the plan you choose, this is the amount that you must pay upfront to the hospital or day clinic for specific treatments/procedures or if you use a facility outside of the network. If the upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.

DESIGNATED SERVICE PROVIDER (DSP)

A healthcare provider (for example doctor, specialist, allied healthcare professionals, 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 provider on the Discovery app to view the full list of DSPs.

Key TERMS

About some of the terms we use in this document

D

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. This rate may vary depending on the plan you choose.

DISCOVERY HEALTH RATE FOR MEDICINE

This is the rate 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.

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.

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

Key TERMS

About some of the terms we use in this document

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, specialists or allied healthcare professionals 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

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

Doctor Networks

You have full cover for GPs, specialists or allied healthcare professionals in our networks 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 a pharmacy in our network to enjoy full cover and avoid co-payments when claiming for chronic medicine on the prescribed 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.

Key TERMS

About some of the terms we use in this document

P 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 (PMBs), 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 (PMB) 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.

S SHARIAH COMPLIANT ARRANGEMENT

An arrangement which enables members to have their health plan administered in accordance with investment principles that are Shariah compliant.

W WHO GLOBAL OUTBREAK BENEFIT

The WHO Global Outbreak Benefit provides cover for global disease outbreaks recognised by the World Health Organization (WHO) such as COVID-19. This benefit offers cover for out-of-hospital management and appropriate supportive treatment.

Key FEATURES

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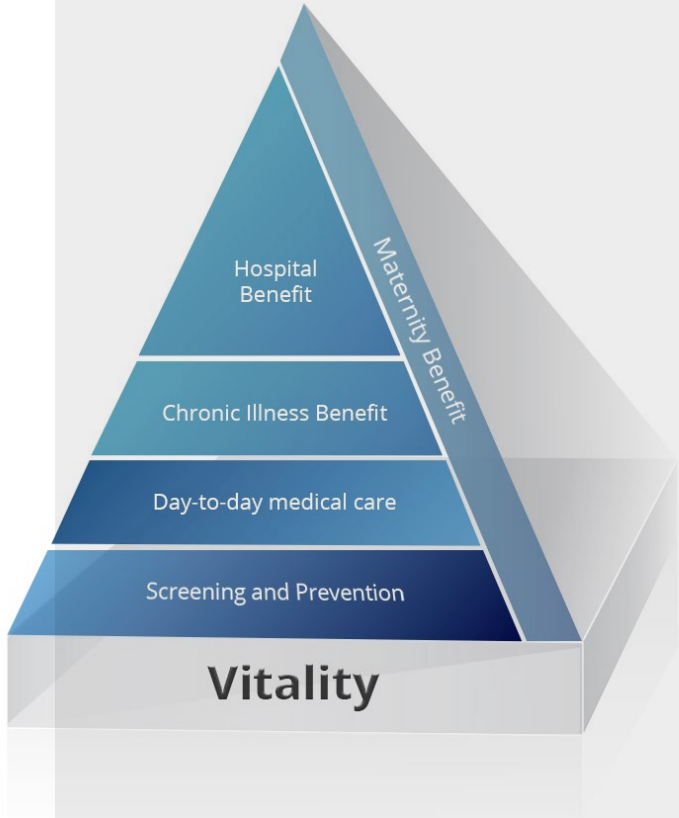

Shariah compliant arrangement available on all health plans.

THE BENEFITS
on the different KeyCare plans

The three 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.

	Plus	Core	Start
Day-to-day cover	Day-to-day cover at your chosen KeyCare GP. Medicine from our medicine list is covered at a network pharmacy Specialists are covered up to R4 530 per person per year, if you are referred by your KeyCare Network GP	Specialists are covered up to R4 530 per person per year. This plan does not offer any additional day-to-day cover	Primary care is covered at your chosen KeyCare Start GP Medicine from our medicine list is covered in full if you use a network pharmacy Two specialist visits up to R2 270 per person per year, if you are referred by your KeyCare Start Network GP
Non-emergency casualty visits	Cover for one casualty visit per person per year in any casualty unit at a hospital in the KeyCare network. Unlimited for emergencies You pay the first R405 of the consultation. You must get approval before your visit	Not covered	We cover after-hours care at your chosen KeyCare Start GP or network provider
Chronic medicine prescriptions	Your approved chronic medication must be dispensed by your KeyCare GP, or you must get your approved chronic medicine from a pharmacy in the network	Any KeyCare Network GP can prescribe your approved chronic medicine and you must get your approved chronic medicine from a pharmacy in the network	Your chronic medicine is covered in a state facility
Cancer	We cover your treatment if it is a Prescribed Minimum Benefit (PMB). You must use a network provider		Your treatment is covered in a state facility
Chronic Dialysis	You must use a network provider once you are registered, or you can go to a state facility. If you go elsewhere we will pay 80% of the Discovery Health Rate (DHR)		You are covered at a provider in a state facility
Full Cover Hospital Network	We pay up to the Discovery Health Rate (DHR) (100%)		We pay the Discovery Health Rate (DHR) at your chosen KeyCare Start Network Hospital
Partial Cover Hospital Network	We pay up to 70% of the hospital account and you must pay the balance of the account. If the admission is a Prescribed Minimum Benefit (PMB), we will pay 80% of the Discovery Health Rate (DHR)		No cover for non-emergency admissions
Defined list of procedures in a day surgery network	Covered in the KeyCare Day Surgery Network		Covered in the KeyCare Start Day Surgery Network

EMERGENCY
Cover

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.

Assistance during or after a traumatic event

You have access to dedicated assistance in the event of a traumatic incident or after a traumatic event. By calling Emergency Assist you and your family have access to trauma support 24 hours a day. This service also includes access to counseling and additional benefits for trauma related to gender-based violence.

PMB
Prescribed Minimum Benefits

What are Prescribed Minimum Benefits?

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 (PMBs), 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 (PMB) 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.

You have access to essential

SCREENING AND PREVENTION BENEFITS

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 smear or HPV test for cervical screening, mammograms and prostate screenings.

SCREENING FOR KIDS

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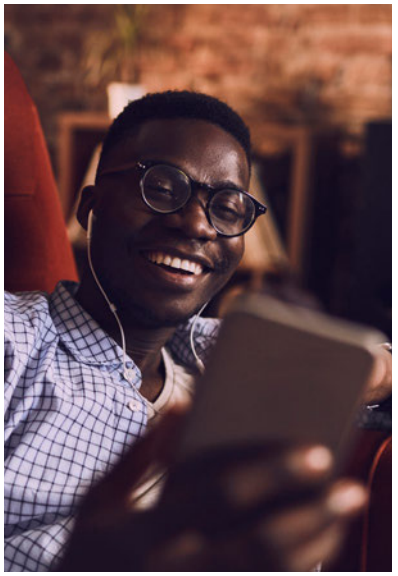

SCREENING FOR ADULTS

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SCREENING FOR SENIORS

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We cover various screening tests at our wellness providers.

WHAT WE PAY FOR

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

ADDITIONAL TESTS

READ MORE

CONNECTED CARE

Access quality healthcare from home

Discovery Health Medical Scheme gives you access to health and wellness services from the comfort of your home. Connected Care is an integrated healthcare ecosystem of benefits, services and connected digital capabilities to help you manage your health and wellness at home.

HEALTH MONITORING DEVICES

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ELECTRONIC PRESCRIPTIONS

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HOME NURSES

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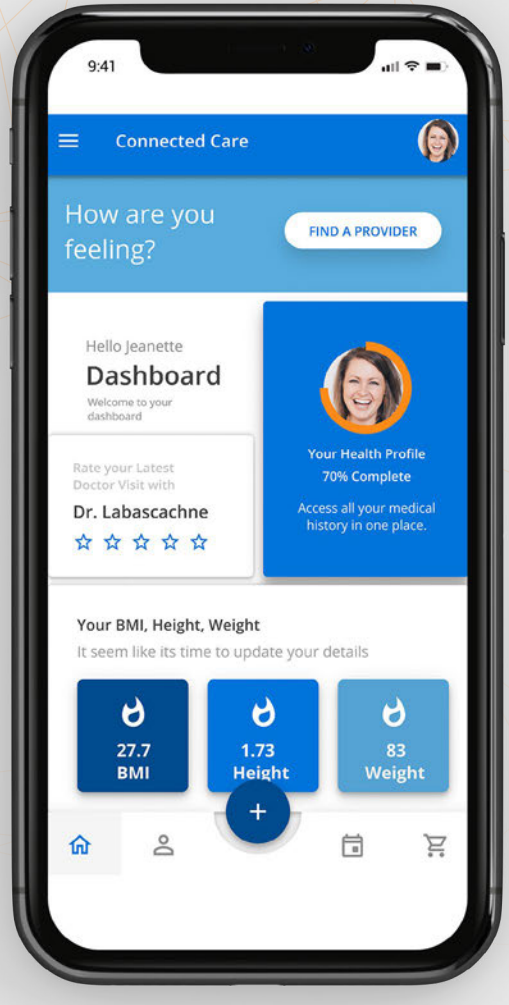

MEDICINE ORDERING AND TRACKING

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ONLINE COACHES

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CONDITION-SPECIFIC INFORMATION

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Introducing your access to

CONNECTED CARE

Access to quality care from home

Through advanced digital technology and smart health and point-of-care devices, Connected Care enables you and your doctor to access and deliver healthcare whenever you need it from the comfort of your home.

CONNECTED CARE FOR MEMBERS AT HOME

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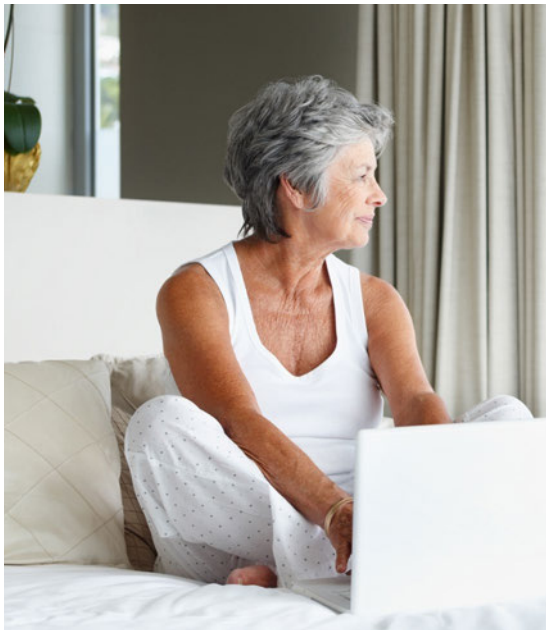

CONNECTED CARE FOR ACUTE CARE AT HOME

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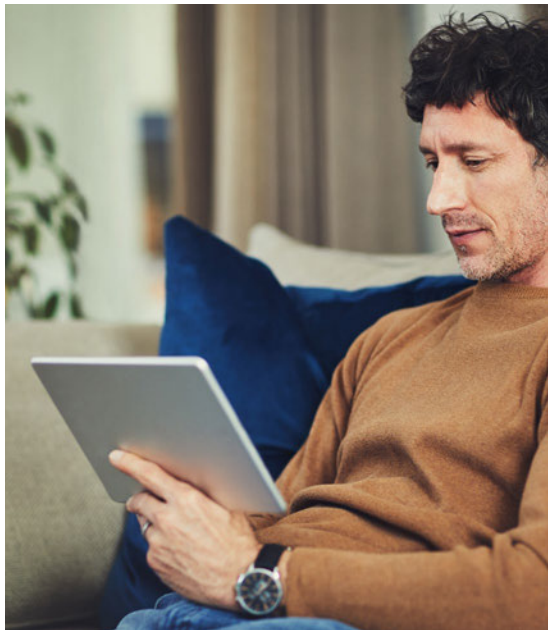

CONNECTED CARE FOR MEMBERS WITH CHRONIC CONDITIONS

READ MORE

Your benefits through

CONNECTED CARE

You have access to a Home Monitoring Device Benefit for essential home monitoring

If you meet the Scheme's clinical entry criteria, you have healthcare cover up to a limit of R4 000 per person per year, at 100% of the Discovery Health Rate (DHR), for the monitoring of defined conditions such as chronic obstructive pulmonary disease, congestive cardiac failure, diabetes and pneumonia.

Home-based care for follow up treatment after an admission

Clinically appropriate conditions such as chronic obstructive pulmonary disease, chronic cardiac failure, ischaemic heart disease and pneumonia have access to enhanced home-based care once discharged from hospital. If you meet the clinical entry criteria you have cover for bedside medicine reconciliation prior to admission discharge, a follow up consultation with a GP or specialist, and a defined basket of supportive care at home that includes a face-to-face consultation and virtual consultations with a Discovery Home Care nurse.

HOME CARE BENEFIT

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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.

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

Day-to-day
BENEFITS

You have access to the following day-to-day cover on KeyCare Plus and KeyCare Start plans. On KeyCare Start your chosen KeyCare Start GP must refer you and you must use providers in your chosen KeyCare Start network.

Day-to-day cover	What we pay
GP visits	You have unlimited cover for medically appropriate GP consultations. When joining, you must choose a GP from the KeyCare or KeyCare Start GP network, depending on the plan you choose. You must go to your chosen GP for us to cover your consultations, including some minor procedures. Preauthorisation is required after your 15th GP visit.
Blood, urine and other fluid and tissue tests	We pay for a list of blood, urine and other fluid and tissue tests from a network provider. Your chosen GP must ask for these tests by filling in a KeyCare pathology form.
Day-to-day medicine	We pay for medicine from our medicine list if they are prescribed and/or dispensed by your chosen KeyCare Network GP or chosen KeyCare Start network GP, depending on the plan you choose.
Basic X-rays	We pay for a list of basic X-rays at a network provider. Your chosen GP must ask for the X-rays to be done.
Out-of-network GP visits	On KeyCare Plus, if you need to see a doctor and your chosen GP is not available, each person on your plan can go to any GP for an out-of-network visit. On KeyCare Start you can go to any KeyCare Network GP for an out-of-nework visit. Out-of-network GP visits are limited to four visits per person on KeyCare Plus and two per person on KeyCare Start each year, covered up to the Discovery Health Rate (DHR), depending on the plan you choose. We will cover the GP visit, selected blood tests and X-rays, and medicine on our medicine list.
Eye care	We cover one eye test for each person, but you must go to an optometrist in the KeyCare Optometry Networks. The optometrist will have a specific range of glasses which you can choose from. You can get a set of contact lenses instead of glasses if you choose to. You can get new glasses or contact lenses every 24 months.
Dentistry	We cover consultations, fillings and tooth removals at a dentist in our dentist network. Certain rules and limits may apply.
Casualty visits	On KeyCare Plus you have cover for one casualty visit per person per year at any casualty unit at a hospital in the KeyCare network. You must pay the first R405. On KeyCare Start you can go to your chosen KeyCare Start GP or network provider for after-hours care.
Medical equipment	On KeyCare Plus, we cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg calipers, crutches and walkers on the medical equipment list, if you get them from a network provider. There is an overall limit of R5 400 for each family.
Specialist Benefit	Specialist cover up to R4 530 on KeyCare Plus and KeyCare Core, and up to two visits up to R2 270 on KeyCare Start per person per year. Your chosen GP must refer you to a specialist and you need a reference number from us before your consultation with the specialist. On KeyCare Plus, if you need to see a maxillo-facial surgeon, periodontist, ophthalmologist or a specialist for maternity care, you do not need a referral from your GP or a reference number from us. Out-of-hospital MRI and CT scans are paid up to the Specialist Benefit limit.
Other types of healthcare	We do not cover other types of healthcare professionals, such as physiotherapists, psychologists, speech therapists, audiologists, homeopaths or chiropractors.

You have cover for **MATERNITY** and early childhood

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

READ MORE

PRE- AND POSTNATAL CARE

READ MORE

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.

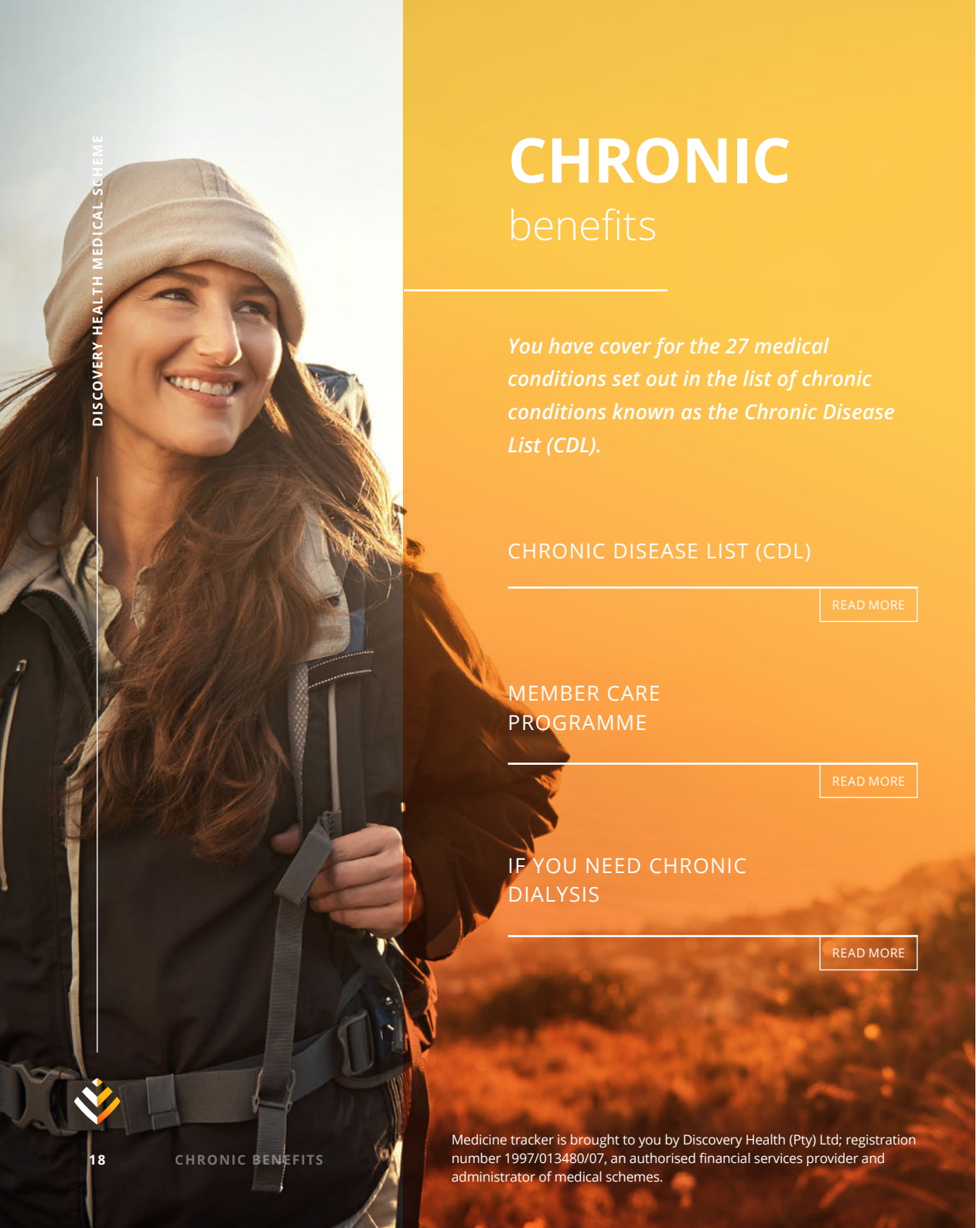
After you give birth

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, either as part of your delivery or if there are complications, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.



CHRONIC benefits

You have cover for the 27 medical conditions set out in the list of chronic conditions known as the Chronic Disease List (CDL).

CHRONIC DISEASE LIST (CDL)

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MEMBER CARE PROGRAMME

READ MORE

IF YOU NEED CHRONIC DIALYSIS

READ MORE

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

What is this benefit

The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions on 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.

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. For medicine not on our list, we cover you up to the cost of the lowest equivalent formulary listed drug.

WHERE TO GET YOUR MEDICINE

You need to get your approved chronic medicine that is on the KeyCare medicine list from one of our network pharmacies or from your chosen KeyCare GP (if he or she dispenses medicine). If you get your medicine from anywhere else, you will have to pay 20% of the Discovery Health Rate (DHR) for medicines.

On KeyCare Start, you must use a state facility.

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 (CIB) guide.

MEDICINE TRACKER

READ MORE

CARE
programmes

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.

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

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

MENTAL HEALTH PROGRAMME

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CARDIO CARE PROGRAMME

READ MORE

DIABETES CARE PROGRAMME

READ MORE

HIV CARE PROGRAMME

READ MORE

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

You have comprehensive cover for **CANCER**

01

ADVANCED ILLNESS BENEFIT

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02

PRESCRIBED MINIMUM BENEFITS (PMB)

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03

ONCOLOGY BENEFIT

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04

COLORECTAL CANCER SURGERY

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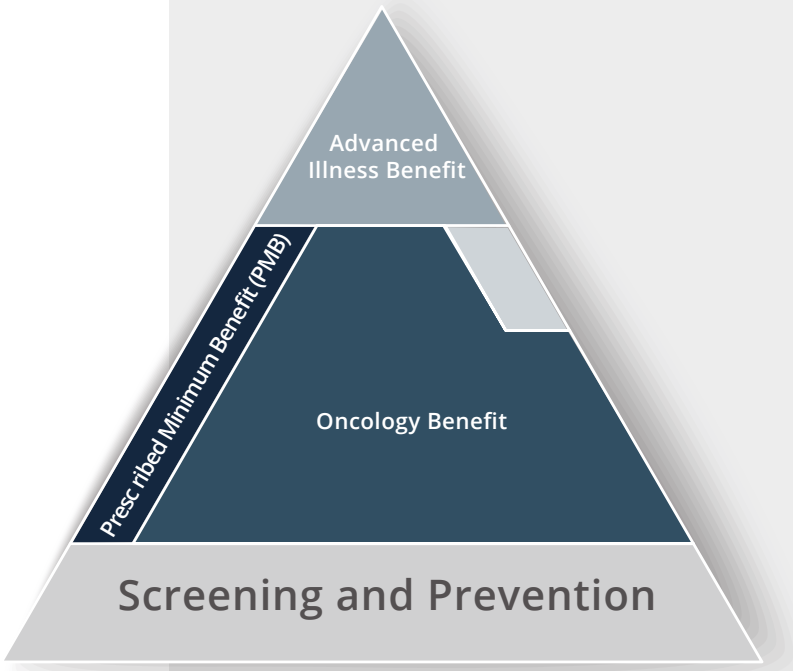


You need to get your approved oncology medicine on our medicine list from a Designated Service Provider (DSP) to avoid a 20% co-payment. Speak to your treating doctor to confirm that they are using our DSPs for your medicine and treatment received in rooms or at a treatment facility.

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

If you 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 do not contact us before you go, you may be responsible for some of the costs.

HOSPITAL BENEFIT

If you need to be admitted to hospital

The KeyCare plans offer cover for hospital stays.
There is no overall limit for the Hospital Benefit.

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 the KeyCare network requirements. The funding of newly licensed facilities is subject to approval by the Scheme, on all health plans.

You have cover for planned stays in our KeyCare hospital networks.

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 have cover for planned admissions in a defined network. For planned admissions at hospitals outside these KeyCare networks, you either have to pay the full amount or a portion of the hospital account.

View the KeyCare hospital networks on our website, www.discovery.co.za.

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 and 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 the Discovery Health Rate (DHR) for other healthcare professionals.

You can avoid co-payments by:

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

View hospitals in the KeyCare Hospital Networks using Find a healthcare provider on the Discovery app

HOSPITAL
cover

The KeyCare Plans offer unlimited hospital cover. The table below shows how we pay for your approved hospital admissions:

	Plus	Core	Start
Full Cover Hospital Network	We pay up to the Discovery Health Rate (DHR) (100%).		Covered in full at your chosen KeyCare Start Network Hospital.
	If you do not use your chosen hospital in the networks, you will have to pay all the costs. This does not apply in an emergency.		
Partial Cover Hospital Network	We pay up to 70% of the hospital account and you must pay the balance of the account. If the admission is a Prescribed Minimum Benefit, we will pay 80% of the Discovery Health Rate (DHR).		No cover for non-emergency admissions.
Defined list of procedures in a day surgery network	Covered in the KeyCare Day Surgery Network.		Covered in the KeyCare Start Day Surgery Network.
Non-network hospitals	We will not pay the hospital and related accounts if you are admitted to a non-network hospital for a planned procedure. If the admission is a Prescribed Minimum Benefit (PMB), we will pay 80% of the Discovery Health Rate (DHR).		
Specialists and healthcare professionals in our network	Full cover.		Full cover at a contracted provider in your KeyCare Start Network Hospital.
Specialists and healthcare professionals not in our network	The Discovery Health Rate (DHR). If they charge more, you must pay the balance of the account.		We will pay the Discovery Health Rate (DHR) for providers at your KeyCare Start hospital who we do not have a payment arrangement with, you must pay the balance of the account.
X-rays and blood tests (radiology and pathology accounts)	The Discovery Health Rate (DHR).		The Discovery Health Rate (DHR).
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	Prescribed Minimum Benefit (PMB) cover in the KeyCare Day Surgery Network. Authorised scopes done in the doctor's rooms will be covered from your Hospital Benefit.		Prescribed Minimum Benefit (PMB) cover in the KeyCare Start Day Surgery Network. Authorised scopes done in the doctor's rooms will be covered from your Hospital Benefit.
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 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.		

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 day clinic or at a standalone facility.

How to get the benefit

View the list of day surgery procedures when you click on READ MORE below. 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 and 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

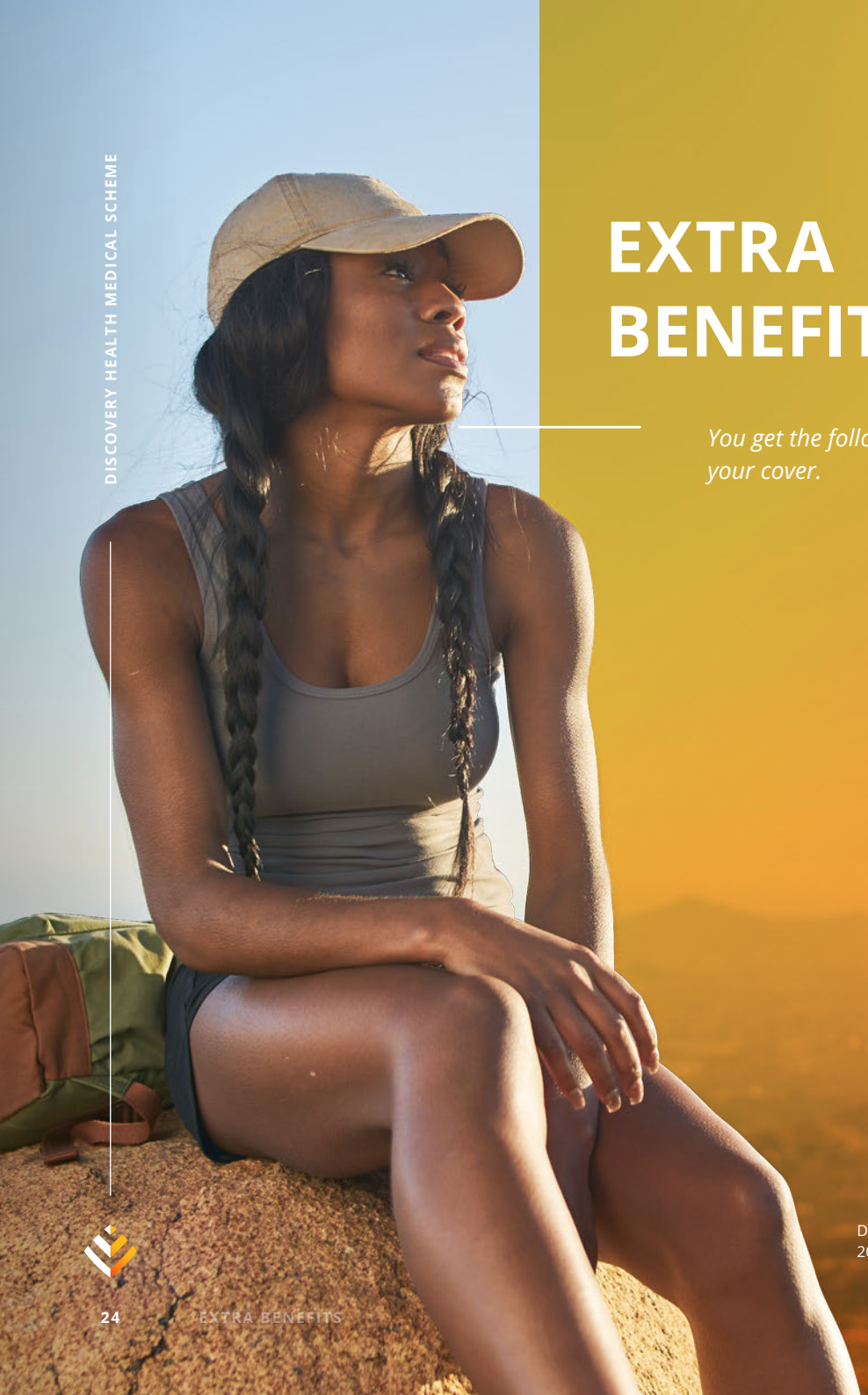
If you go to a facility that is not in your plan's day surgery network, you will have to pay the full account.

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

LIST OF PROCEDURES COVERED IN THE DAY SURGERY NETWORK

READ MORE

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.



EXTRA BENEFITS on your plan

You get the following extra benefits to enhance your cover.

COMPASSIONATE CARE BENEFIT

READ MORE

CLAIMS RELATED TO TRAUMATIC EVENTS

READ MORE

INTERNATIONAL SECOND OPINION SERVICES

READ MORE

WHO GLOBAL OUTBREAK BENEFIT

READ MORE

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

KeyCare income bands	Main member	Adult	Child*
KeyCare Plus			
13 801+	R2 450	R2 450	R656
8 551 – 13 800	R1 659	R1 659	R468
0 – 8 550	R1 207	R1 207	R439
KeyCare Core			
13 801+	R1 809	R1 809	R410
8 551 – 13 800	R1 183	R1 183	R292
0 – 8 550	R949	R949	R245
KeyCare Start			
13 801+	R2 394	R2 394	R650
9 151 – 13 800	R1 538	R1 538	R601
0 – 9150	R914	R914	R550

* *We count a maximum of three children when we calculate your monthly contributions. For any additional children, cover is free.*

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

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 (PMB) 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 (PMBs) 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
- Infertility
- Frail care
- 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 (PMBs).

Extra exclusions specific to KeyCare plans

In addition to the general exclusions that apply to all plans, KeyCare plans do not cover the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits (PMBs).

1 **Hospital admissions related to, among others:**

- Dentistry
- Nail disorders
- Skin disorders, including benign growths and lipomas Investigations
- 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
- Arthroscopy
- 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
- Endoscopic procedures

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**

6 **Healthcare services outside South Africa.**

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

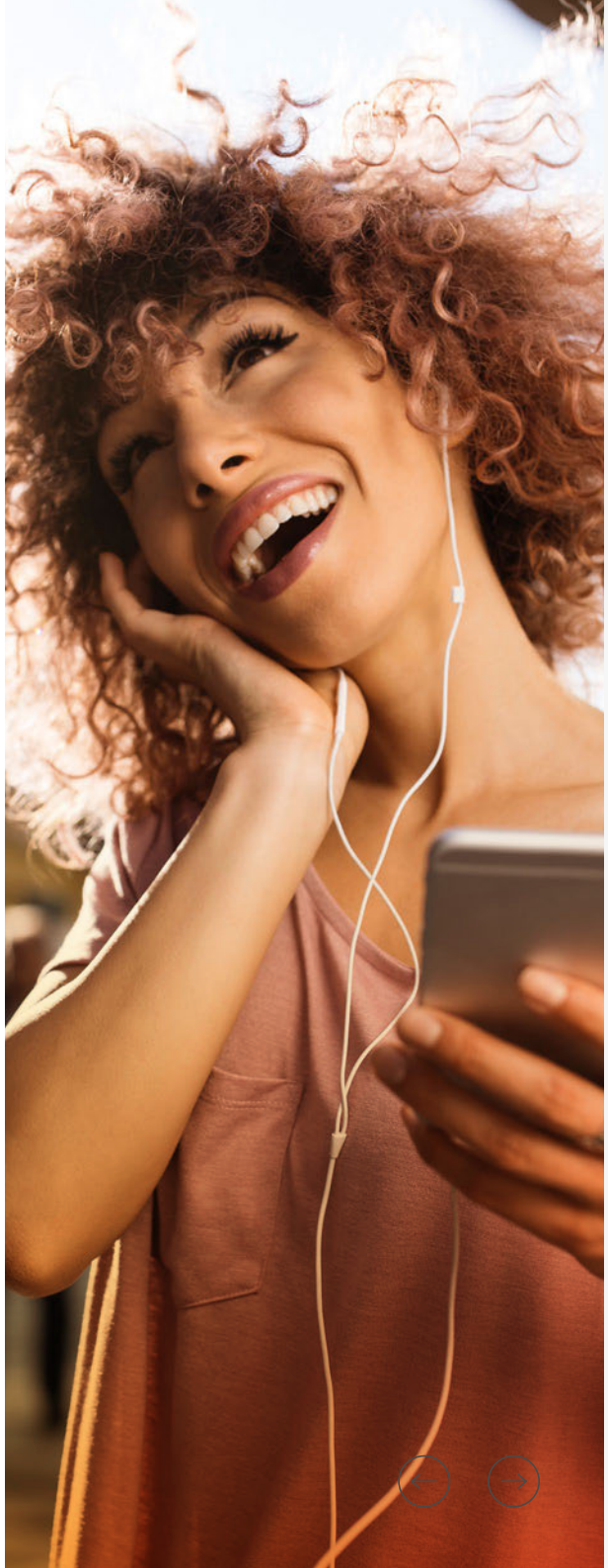
You can sign up for Healthy Care to get savings on a vast range of personal and family care products at any Clicks or Dis-Chem. Healthy Care items include a list of baby care, dental care, eye care, foot care, sun care and hand care products, as well as first aid and emergency items and over-the-counter 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.



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.

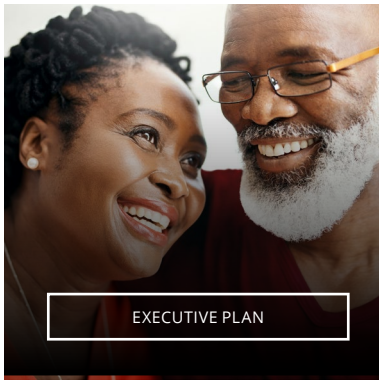
04

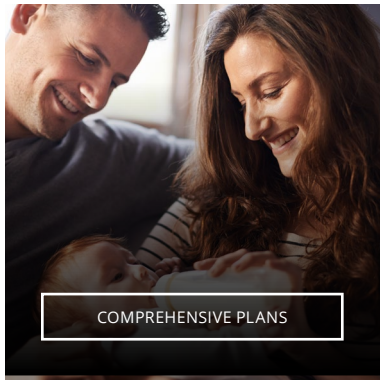
TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES

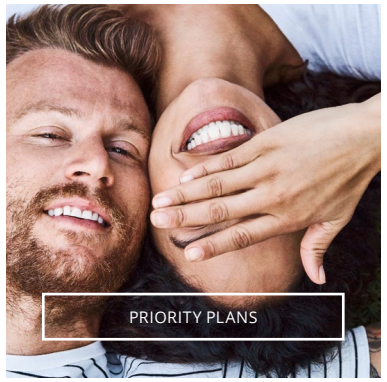
Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.co.za | 0861 123 267 | www.medicalschemes.co.za

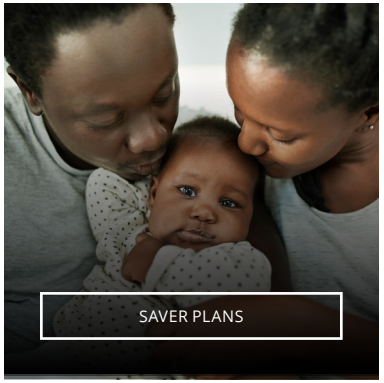
Discovery
Health Medical Scheme

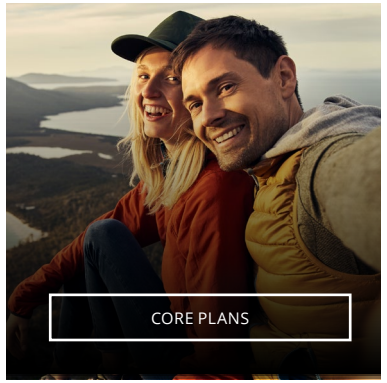
VIEW MORE HEALTH PLANS











Discovery Health Medical Scheme is regulated by the Council for Medical Schemes.

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 and administrator of medical schemes. 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 to 'we' in the context of benefits, members, payments or cover, in this brochure this is reference to Discovery Health Medical Scheme.

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