

2019

DISCOVERY HEALTH MEDICAL SCHEME
KEYCARE SERIES

For complete peace of mind

Discovery Health Medical Scheme Join SA's leading medical aid

Discovery Health Medical Scheme gives you complete peace of mind that your healthcare is in good hands at every stage of your health journey

01 Widest range of plans to choose from

Choose from 23 health plan options designed to suit your individual health and financial needs

02 Rich benefits tailored to your health needs

Unmatched benefits with unlimited private hospital cover and full cover in our networks

03 Real value through affordable contributions

Contributions are on average 16.4% lower than other South African medical aids

04 Highest financial stability rating

Our industry-leading financial stability means you can have complete peace of mind

05 Access to the most advanced digital health technology

Seamless support is just one click away for you at every step of your healthcare journey

06 Get rewarded for being healthy

You have access to the world's leading science-based wellness programme, Vitality

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.

Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07, an authorised financial services provider. Reference to the lower cost analysis is a comparison of our contributions with those of open scheme competitors, based on an internal analysis of publicly available marketing material.

A world of digital support is one click away

Manage your health plan anywhere, anytime, in the palm of your hand



Ask Discovery

- Our chat bot powered by artificial intelligence is available 24/7 to provide instant answers online
- If you need an important document or need to know about your benefits, start a conversation by saying Hello, and Ask Discovery will process your request or answer your question



Manage your health

Proactive support

- Understand your health risks with MyFamilyHistory and access progress dashboards for specific chronic conditions
- Unlock additional benefits when you are pregnant and after your baby is born



Download key documents

Hassle free admin

- Download your tax certificates when you need them
- View information on hospital procedures for your authorised hospital admissions



Easily find doctors and hospitals

Get the best care

- Fully interactive, real time technology that helps you find doctors and hospitals, on our networks, near you
- Give your doctor consent to view your health records before your consultation
- Choose a doctor that suits your needs, view the doctor's practice information to schedule your appointment
- Book a follow-up video consultation with your doctor at your convenience



Doctor advice on your device

Anywhere anytime

- When it's simply not possible to see your doctor, get trusted advice from doctors on the Discovery App at no additional cost



Manage benefits and track claims

Real time, on the go

- Submit and track your claims and benefits real time
- Confirm your plan benefits by simply dialing *120*DISCO# or *120*34726#



Track your health

Get rewarded for managing your health

- Follow personalised health checks, recommended for you, to help you track and manage your health
- You will also get tips on how you can improve your weight, nutrition and exercise levels and get rewarded along the way



Your medicine comes to you

No queues, no fuss

- Order your medicine on the Discovery app from MedXpress and have it delivered to your door, or collect at a network pharmacy near you



Never forget to take your medicine

Get reminders on your phone

- Stay on track with your prescribed medicine
- Get monthly reminders to refill your prescription

Download the Discovery app or visit www.discovery.co.za

KeyCare Series

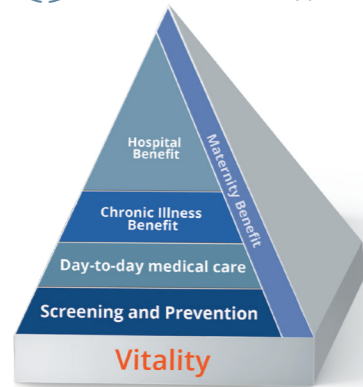
Key benefits

Unlimited hospital cover in our KeyCare hospital networks



Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood

Guaranteed full cover in hospital for specialists on the KeyCare network, and up to 100% of the Discovery Health Rate (DHR) for other healthcare professionals



Unlimited cover for medically appropriate GP consultations, blood tests, X-rays or medicine in our KeyCare networks on the KeyCare Plus and KeyCare Start plans



Essential cover for chronic medicine on the KeyCare medicine list for all Chronic Disease List conditions when you use a designated service provider (DSP). Cover depends on the plan you choose.



The KeyCare Series has three health plan options

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

	Plus	Core	Start
Full Cover Hospital Network	Unlimited cover in the KeyCare Hospital Network	Unlimited cover in the KeyCare Hospital Network	Unlimited cover in your chosen KeyCare Start Network Hospital
Partial Cover Hospital Network	70% of the Discovery Health Rate (DHR)	70% of the Discovery Health Rate (DHR)	No cover in this network
Defined list of procedures in a day surgery network	Covered in the KeyCare Day Surgery Network	Covered in the KeyCare Day Surgery Network	Covered in the KeyCare Start Day Surgery Network
Day-to-day medical cover	Primary care cover through your chosen KeyCare GP and day-to-day medicine from our medicine list	This plan does not offer day-to-day medical cover	Primary care cover through your chosen KeyCare Start GP and day-to-day medicine from our medicine list
	Private specialist cover up to a limit of R4 050 per person, if referred by your chosen KeyCare Network GP	Private specialist cover up to a limit of R4 050 per person	Two private specialist visits covered up to R2 000 per person, if referred by your chosen KeyCare Start Network GP
Casualty visits	Cover in any casualty unit at one of the KeyCare network hospitals. You have to pay the first R355 of the consultation. Subject to preauthorisation	Casualty visits are not covered	Casualty visits are not covered. You have after-hours care at your chosen KeyCare Start GP or network hospital
Chronic medicine prescriptions	Your chosen KeyCare GP must dispense your approved chronic medicine or you can get your approved medicine from network pharmacies	Any KeyCare Network GP can prescribe your approved medicine	Your chronic medicine is covered in a state facility
Cancer	We cover treatment only if it is a Prescribed Minimum Benefit. We will allocate you to a network provider	We cover treatment only if it is a Prescribed Minimum Benefit. We will allocate you to a network provider	Your treatment is covered in a state facility
Chronic dialysis	Once you are registered, we will allocate you to a network provider or you can go to a state facility. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR)		You have cover at a provider in a state facility

You have unlimited hospital cover

All Discovery Health Medical Scheme plans offer unlimited hospital cover. Your hospital cover includes the account from the hospital and the accounts from your admitting doctor, anaesthetist and any other approved healthcare professional.

What is the Discovery Health Rate (DHR)?

This is a rate set by us. We pay for healthcare services from hospitals, pharmacies and healthcare professionals at this rate.

Unlimited cover in private hospitals

For any planned or non-emergency admission, you need to contact us to confirm your admission.

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.

You have full cover for a defined list of procedures in our KeyCare day surgery network. You will not have cover if you choose to have these procedures performed outside the network facilities.

PG 11 FOR THE DEFINED LIST OF PROCEDURES

How we cover your hospital and related accounts

We cover your hospital account from your Hospital Benefit.

Doctors, specialists and other healthcare professionals we have a payment arrangement with are covered in full for approved procedures in hospital. You benefit from access to the broadest range of specialists, which represent over 90% of our members' specialist interactions. If you use healthcare professionals that we don't have payment arrangements with, we will pay at the rate applicable to your chosen plan and you may have a co-payment.

Prescribed Minimum Benefit (PMB) conditions

In terms of the Medical Schemes Act 131 of 1998 and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- An emergency medical condition
- A defined list of 270 diagnoses
- A defined list of 27 chronic conditions.

To access Prescribed Minimum Benefits, there are rules 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. However, even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network once your condition has stabilised.

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

Emergencies are covered in full

If you have an emergency, you can go straight to hospital. If you need medically equipped transport, call Discovery 911 on 0860 999 911.

What is an 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.

You have cover for a defined list of procedures in our day surgery network

We cover the following procedures in our day surgery network

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

Breast*: Mastectomy for gynaecomastia, lumpectomy (fibroadenoma)

Ear, Nose and Throat

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

Eye

- Corneal transplant*
- Cataract surgery
- 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)

Ganglionectomy

Gastrointestinal

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

Gynaecological

- Cerclage of uterine cervix
- D&C (dilatation and curettage)
- Endometrial ablation
- Hysteroscopy
- Sterilisation
- Laparoscopic gynaecological procedures (aspiration ovarian cyst, myomectomy, salpingectomy, fulguration/ablation/lysis of lesions)

Incision and Drainage of abscess and/or cyst: Skin*, subcutaneous tissue, soft tissue, bone, bursa, mouth, tonsil, pilonidal, ovary, Bartholin's gland, vagina

Orthopaedic

- Arthroscopy, arthrotomy (shoulder, elbow, knee, ankle, hand, wrist, foot, temporomandibular joint), arthrodesis (hand, wrist, foot)*
- Minor joint procedures (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

Removal of foreign body

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

Simple superficial lymphadenectomy

Skin: Debridement, removal of lesions*, (dependent on size and diameter), simple repair of superficial wound repair

Urological

- Cystoscopy
- Removal of ureteral stones
- Repair of bladder prolapse
- Male genital procedures (circumcision, repair of penis, exploration of testes and scrotum, orchiectomy, epididymectomy, excision hydrocoele, excision varicocele, vasectomy)

* SOME OF THESE PROCEDURES MAY NOT BE COVERED AS THEY FORM PART OF THE KEYCARE PLAN EXCLUSIONS, SEE PG 33 1 1

Visit www.discovery.co.za or click on find a provider in the Discovery app to find hospitals or providers in our network.

You have cover for chronic conditions

Get the best care and support for your chronic conditions

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 the PMBs. Cover depends on the plan you choose. To access PMBs, certain rules apply.

PG 13 FOR A LIST OF CONDITIONS

Chronic Illness Benefit (CIB)

The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions, as long as your chronic medicine is on the KeyCare medicine list. You need to apply to have your medicine covered for your chronic condition.

On the KeyCare Plus plan, your chosen KeyCare GP must prescribe your approved chronic medicine.

Medicine on KeyCare Start is covered in a state facility.

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.

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

On KeyCare Start, you must use a state facility.

Chronic conditions covered

Chronic Disease List (CDL) conditions

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



You have access to condition-specific care programmes through your Premier Plus GP

Our condition-specific care programmes together, with your Premier Plus GP, help you manage specific conditions

Premier Plus GP

A Premier Plus GP is a network GP who has contracted with us to provide you with quality healthcare for your condition. You have to be registered on these condition-specific care programmes to unlock additional benefits and services. You and your GP can track progress on a personalised dashboard to identify the next steps to optimally manage your condition and stay healthy over time.



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 and 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.



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.



Mental Health Care programme

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

Track your health

Get healthier with goals tailored to your specific health needs

If you are at risk of developing or diagnosed with cardiovascular disease or diabetes, we will provide you with tailored goals you need to take to help you manage your health and track your progress.

Health checks

Tailored recommendations about general screening tests, as well as additional tests you may need to complete based on your age, gender and health profile

Clinical entry criteria may apply to some of these tests.

SEE PG 17 FOR A LIST OF SCREENING TESTS THAT ARE COVERED BY THE SCHEME

Medicine tracker

Reminders and prompts to keep you on track with taking medicine on time and as prescribed



You will get rewarded for achieving each of your recommended **personalised goals**

Exercise goals

You will get personalised weekly exercise goals to help you get healthy

HealthyFood

Get recommendations on which foods to buy more or less of based on your food purchasing behaviour

Weight management

A tailored weight loss journey designed to help you achieve or maintain your recommended weight goal



Download the Discovery app to track your health

You have comprehensive cover for cancer

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.

All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). You might have a co-payment if you do not use the designated service provider or if your healthcare professional charges above this rate.

Prescribed Minimum Benefits (PMB)

Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full. On the KeyCare plans we cover cancer treatment in our network, or in a state facility if you are on KeyCare Start.

If you choose to use any other provider, we will only cover up to 80% of the DHR.

Advanced Illness Benefit

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

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.

You get screening and prevention benefits

Preventive screening is important to ensure that medical conditions are detected early

As a Discovery Health Medical Scheme member, you have access to screening and prevention benefits at any one of our wellness providers



Screening for adults

The Screening and Prevention 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 and a PSA test (prostate screening) each year.



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.



How we pay

These tests and consultations do not affect your day-to-day benefits as they 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.

You may qualify for the following additional tests:

- Defined diabetes and cholesterol screening tests
- Breast MRI or mammogram and once-off BRCA testing for breast screening
- Pap smear for cervical screening
- Seasonal flu vaccine for members:
 - during pregnancy
 - 65 years or older
 - registered for certain chronic conditions

*Clinical entry criteria may apply to some of these tests.
Visit www.discovery.co.za to find out more.*

You also have additional benefits that **enhance your cover**



International second opinion services

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



Home-based Care

Discovery HomeCare is a unique home-based 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 when appropriate, with minimum disruption to your normal routine and family life. Cover includes postnatal care, end-of-life care, IV infusions (drips) and wound care. These services are paid from the Hospital Benefit, subject to approval. Discovery HomeCare is the designated service provider (DSP) for administration of defined intravenous infusions. Avoid a 20% co-payment by using Discovery HomeCare for these infusions.



Compassionate Care

The CompassionateCare Benefit gives you access to holistic home-based end-of-life care up to R44 050 for each person in their lifetime



Non-invasive prenatal testing

For expecting mothers who meet the Scheme's clinical entry criteria, we will cover non-invasive prenatal screening from your available maternity benefits at the agreed rate.

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

There is no overall hospital limit. Some healthcare services and procedures have a limit or we may have rules for how these are paid.

This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts).

	Plus	Core	Start
Hospital cover			
Full Cover Hospital Network	We cover you in full at the rate agreed with the hospital.		We cover you 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 costs. This does not apply in an emergency.		
Partial Cover Hospital Network	We pay up to a maximum of 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).	We pay up to a maximum of 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 in this network
Defined list of procedures in a day surgery network	Private day surgery facility in the KeyCare day surgery network	Private day surgery facility in the KeyCare day surgery network	Private day surgery facility 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 admission. If the admission is a Prescribed Minimum Benefit, we will pay 80% of the Discovery Health Rate (DHR).		
Related accounts			
Specialists and healthcare professionals in our network	Full cover	Full cover	Full cover at a contracted provider in your allocated KeyCare Start network hospital. Other providers within your allocated KeyCare Start network hospital is covered at 100% of the DHR.
Specialists and healthcare professionals not in our network	100% of the DHR. If they charge above the DHR you must pay the balance of the account.	100% of the DHR. If they charge above the DHR you must pay the balance of the account.	
Radiology and pathology	100% of the DHR	100% of the DHR	

Healthcare services with an annual limit



Mental health

21 days for admissions or up to 15 out-of-hospital consultations for each person for major affective disorders, anorexia and bulimia, and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma. 3 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.



Alcohol and drug rehabilitation

21 days for each person per year. 3 days per approved admission per person for detoxification.



Chronic dialysis

Once you are registered, we will allocate you to a network provider or you can go to a state facility. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate (DHR).

On KeyCare Start you have cover at a provider in a state facility.

Care for members on KeyCare with multiple chronic conditions

KeyCare members who are diagnosed with one or more significant chronic conditions may be required to participate in our Member Care Programme. We will contact you if you meet our entry criteria for participation. The programme offers care coordination that will help you manage your condition and get the best quality healthcare. You are covered in full if you are registered on the programme. If you choose not to participate, we will cover hospital and related accounts up to 80% of the DHR.

Maternity benefits

Cover for maternity and early childhood

These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate. Benefits will be activated once your pregnancy profile is created in the Discovery app, on our website at www.discovery.co.za, when you preauthorise your delivery or when you register your baby onto the Scheme. To activate these benefits on KeyCare Start your chosen GP must refer you. These benefits are available per pregnancy per child, up to two years after birth.



Antenatal consultations

You are covered for eight consultations with your gynaecologist, chosen KeyCare or KeyCare Start GP or midwife.



Ultrasound scans and prenatal screening

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 Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria.



Blood tests

You get cover for a defined basket of blood tests per pregnancy.



Pre- and postnatal care

You have cover for up to five pre- or postnatal classes or consultations, up until two years after birth, with a registered nurse. You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist.



GP and specialist care after birth

Your baby under the age of two years is covered for two visits to your chosen GP, paediatrician or an ear, nose and throat specialist.



Other healthcare services

You are covered for one flu vaccination during your pregnancy. 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.

Day-to-day cover

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.



Cover for 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 and 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.



You get 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-network 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 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.



Cover for dentistry

We cover consultations, fillings and tooth removals at a dentist in our dentist network. Certain rules and limits may apply.



Cover for 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.



Casualty visits

On KeyCare Plus, you can go to any casualty unit at one of the KeyCare network hospitals. You have to pay the first R355 of the consultation. 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.



Other types of healthcare




We do not cover other types of healthcare professionals, such as physiotherapists, psychologists, speech therapists, audiologists, homeopaths or chiropractors.



Specialist Benefit

Specialist cover up to R4 050 on KeyCare Plus and KeyCare Core, and up to two visits up to R2 000 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.

Contributions

KeyCare income bands  Main member  Adult  Child*

KeyCare Plus			
13 051+	R2 249	R2 249	R602
8 551 - 13 050	R1 523	R1 523	R429
0 - 8 550	R1 088	R1 088	R396

KeyCare Core			
13 051+	R1 661	R1 661	R376
8 551 - 13 050	R1 086	R1 086	R268
0 - 8550	R871	R871	R225

KeyCare Start			
13 051+	R2 198	R2 198	R596
9 151 - 13 050	R1 412	R1 412	R551
0 - 9 150	R839	R839	R505

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, pension and/or provident fund; receipt of any financial assistance in terms of any statutory social assistance programme.

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

KeyCare Hospital Networks

You must go to a hospital in the KeyCare Hospital Network for planned admissions on the KeyCare Plus and KeyCare Core plans. If you do not use one of these hospitals for a planned admission, you will need to pay these claims. On KeyCare Start you must go to your chosen KeyCare Start hospital in the network.

Full Cover Hospital Network for KeyCare Plus and KeyCare Core plans

We cover you in full at the rate agreed with the hospital in accordance with your health plan benefits.

Eastern Cape

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East London

- Life Beacon Bay Hospital
- Life East London Private Hospital*
- Life St James Operating Theatres*
- Life St Dominic's Private Hospital

Humansdorp

- Life Isivivana Private Hospital

Port Elizabeth

- Life Mercantile Hospital

Queenstown

- Life Queenstown Private Hospital

Uitenhage

- Netcare Cuyler Clinic

Umtata

- Life St Mary's Private Hospital

Free State

.....

Bethlehem

- Mediclinic Hoogland

Bloemfontein

- Horizon Eye Care Centre
- Netcare Pelonomi Private Hospital
- Life Rosepark Hospital
- Life Pasteur Hospital*
- Netcare Universitas Private Hospital*

Sasolburg

- Netcare Vaalpark Hospital

Welkom

- Mediclinic Welkom
- St Helena Hospital

Gauteng

Benoni

- Life The Glynnwood Hospital
- Sunshine Hospital
- Netcare Optiklin Eye Hospital

Brakpan

- Life Dalview Hospital

Germiston

- Life Roseacres Hospital

Heidelberg

- Life Suikerbosrand Hospital

Johannesburg

- Netcare Rand Hospital
- Netcare Garden City Hospital
- Life Brenthurst Hospital

Midrand

- Life Carstenhof Hospital

Pretoria

- Netcare Bougainville Private Hospital
- Life Eugene Marais Hospital
- Netcare Jakaranda Hospital*
- Mediclinic Legae*
- Mediclinic Medforum
- Mediclinic Muelmed
- Pretoria Eye Institute

Randfontein

- Life Robinson Private Hospital
- Lenmed Randfontein Private Hospital

Saxonwold

- Life Genesis Clinic

Soshanguve

- Botshilu Private Hospital

Soweto

- Clinix Tshepo – Themba Private Hospital
- Dr S K Matseke Memorial Hospital

Springs

- Life Springs Parkland Hospital
- Life St Mary's Maternity Hospital*

Tembisa

- Lenmed Zamokuhle Private Hospital

Vanderbijlpark

- Mediclinic Emfuleni
- Ocumed

Vereeniging

- Clinix Naledi-Nkanyezi Private Hospital
- Midvaal Private Hospital

Vosloorus

- Clinix Botshelong-Empilweni Private Hospital

KwaZulu-Natal

Amanzimtoti

- Netcare Kingsway Hospital

Chatsworth

- Life Chatsmed Garden Hospital

Durban

- JMH City Hospital
- Life Entabeni Hospital

Empangeni

- Life Empangeni Garden Clinic

Isipingo

- JMH Isipingo Clinic

Kokstad

- Kokstad Private Hospital

Ladysmith

- Lenmed La Verna Hospital

Newcastle

- Mediclinic Newcastle

Phoenix

- Life Mount Edgecombe Hospital

* Hospitals with no casualty unit

Pietermaritzburg

- Netcare St Anne's Hospital

Pinetown

- Life Crompton Hospital

Port Shepstone

- Hibiscus Hospital

Richards Bay

- Netcare The Bay Hospital

Tongaat

- Mediclinic Victoria

Limpopo

Bela-Bela

- St Vincent's Hospital

Polokwane

- Mediclinic Limpopo

Thabazimbi

- Mediclinic Thabazimbi

Tzaneen

- Mediclinic Tzaneen

Mpumalanga

Barberton

- Barberton Hospital

Emalahleni

- Life Cosmos Hospital

Ermelo

- Mediclinic Ermelo

Middelburg

- Life Midmed Private Hospital

Nelspruit

- Mediclinic Nelspruit

Piet Retief

- Life Piet Retief Hospital

Trichardt

- Mediclinic Highveld

North West

Brits

- Mediclinic Brits

Carletonville

- The Fountain Private Hospital

Klerksdorp

- Life Anncron Hospital

Mafikeng

- Victoria Private Hospital*

Potchefstroom

- Mediclinic Potchefstroom

Rustenburg

- Life Peglerae Hospital

Vryburg

- Vryburg Private Hospital

Northern Cape

Kathu

- Lenmed Kathu Private Hospital

Kimberley

- Mediclinic Kimberley
- Finsch Mine Hospital*

Upington

- Mediclinic Upington

Western Cape

Bellville

- Melomed Bellville
- Mediclinic Louis Leipoldt
- Cape Eye Hospital

Cape Town

- Netcare Christiaan Barnard Memorial Hospital
- Netcare UCT Medical Centre*

Ceres

- Netcare Ceres Hospital

Gatesville

- Melomed Gatesville

George

- Mediclinic Geneva*
- Mediclinic George

Hermanus

- Mediclinic Hermanus

Kuils River

- Netcare Kuilsriver Hospital

Milnerton

- Mediclinic Milnerton

Mitchells Plain

- Melomed Mitchells Plain

Mossel Bay

- Life Bayview Hospital

Oudtshoorn

- Mediclinic Klein Karoo

Paarl

- Mediclinic Paarl

West Coast

- Life West Coast Private Hospital

Worcester

- Mediclinic Worcester

Lesotho

.....

- Willies Hospital*

* Hospitals with no casualty unit

Partial Cover Hospital Network for KeyCare Plus and KeyCare Core plans

We pay up to a maximum of 70% of the hospital account, you must pay the balance of the hospital account. If the admission is a Prescribed Minimum Benefit, we will pay 80% of the Discovery Health Rate.

Gauteng

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Kempton Park

- Arwyp Medical Centre

Lenasia

- Lenmed Ahmed Kathrada Private Hospital

Pretoria

- Louis Pasteur Hospital
- Zuid-Afrikaans Hospital

KwaZulu-Natal

.....

Pietermaritzburg

- Midlands Medical Centre

Sydenham

- Lenmed Shifa Hospital

KeyCare Plus Casualty Hospitals

On KeyCare Plus you are covered in any network casualty unit at one of the KeyCare network hospitals. You have to pay the first R355 of the consultation and cover is subject to authorisation. If you use a casualty unit outside of the KeyCare Casualty Network, you will have to pay the difference between what the Scheme pays and what is charged. On KeyCare Start you have access to after-hours care at your chosen KeyCare Start GP or network provider for after-hours care.

Western Cape

Bellville

- Mediclinic Louis Leipoldt
- Melomed Bellville

Cape Town

- Netcare Christiaan Barnard Memorial Hospital

Paarl

- Mediclinic Paarl

Gauteng

Benoni

- Sunshine Hospital

Germiston

- Life Roseacres Hospital

Johannesburg

- Life Brenthurst Hospital
- Netcare Garden City Clinic

Midrand

- Life Carstenhof Hospital

Pretoria

- Mediclinic Muelmed

Springs

- Life Springs Parkland Hospital

Tembisa

- Lenmed Zamokuhle Private Hospital

Vosloorus

- Clinix Botshelong-Empilweni Private Hospital

Vereeniging

- Midvaal Private Hospital

KwaZulu-Natal

Chatsworth

- Life Chatsmed Garden Hospital

Phoenix

- Life Mount Edgecombe Hospital

Amanzimtoti

- Netcare Kingsway Hospital

Durban

- JMH City Hospital Ltd

Ladysmith

- Lenmed La Verna Hospital

Newcastle

- Mediclinic Newcastle

Richards Bay

- Netcare The Bay Hospital

North West

Brits

- Mediclinic Brits

Klerksdorp

- Life Anncron Hospital

Vryburg

- Vryburg Private Hospital

Limpopo

Polokwane

- Mediclinic Limpopo

Thabazimbi

- Mediclinic Thabazimbi

Northern Cape

Kathu

- Lenmed Kathu Private Hospital

Kimberley

- Mediclinic Kimberley

Free State

Bloemfontein

- Life Rosepark Hospital

Sasolburg

- Netcare Vaalpark Medical Centre

Mpumalanga

Emalahleni

- Life Cosmos Hospital

Middelburg

- Life Midmed Private Hospital

Nelspruit

- Mediclinic Nelspruit

Secunda

- Mediclinic Highveld

Eastern Cape

East London

- Life Beacon Bay Hospital
- Life St Dominic's Private Hospital

Port Elizabeth

- Life Mercantile Hospital

KeyCare Start Hospital Network

This list applies to members on the KeyCare Start plan. We cover you in full at the agreed rate in your chosen KeyCare Start Network Hospital. If you do not use your chosen hospital for a planned admission, you will need to pay these claims.

Eastern Cape

East London

- Life Beacon Bay Hospital

Port Elizabeth

- Life Mercantile Hospital

Free State

Bloemfontein

- Life Rosepark Hospital

Gauteng

East Rand (South)

- Clinix Botshelong-Empilweni Private Hospital

East Rand (North)

- Lenmed Zamakhule Private Hospital

Johannesburg (Central)

- Life Brenthurst Hospital

Pretoria

- Life Eugene Marais Hospital

Soweto

- Clinix Tshepo-Themba Private Hospital

Vaal Triangle

- Clinix Naledi-Nkanyezi Private Hospital

KwaZulu-Natal

Durban

- Life Entabeni Hospital
- JMH City Hospital (maternity only)

Pietermaritzburg

- Netcare St Annes Hospital

Empangeni/Richards Bay

- Life Empangeni Garden Clinic

Limpopo

Polokwane

- Mediclinic Limpopo

Mpumalanga

Middelburg

- Life Midmed Private Hospital

Nelspruit

- Mediclinic Nelspruit

North West

Rustenburg

- Life Peglerae Hospital

Western Cape

Cape Flats

- Melomed Gatesville

Cape Town

- Netcare Christiaan Barnard Memorial Hospital
- Melomed Bellville

George

- Mediclinic George
- Mediclinic Geneva (maternity only)



General exclusions

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

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.

Waiting periods

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.

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

01 | 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
- 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

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

03 | Removal of varicose veins

04 | Refractive eye surgery

05 | Non-cancerous breast conditions

06 | Healthcare services outside South Africa



Value-added
offers

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.



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.



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.



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.

Go to www.discovery.co.za to access these value-added offers

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.

Complaints

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 and we encourage you to follow the process.

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

 Contact centre 0860 99 88 77

 healthinfo@discovery.co.za

 www.discovery.co.za

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. Discovery Health Medical Scheme, registration number 1125, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.