

SPLAN SCOMPARISON

EXECUTIVE

COMPREHENSIVE

PRIORITY

SAVER

SMART

CORE

KEYCARE



Discovery Health Medical Scheme 2025 contributions

SERIES	PLAN		CONTRIBUTIONS (R)		CONTRIBUTIO	NS TO MEDICAL SAVINGS	S ACCOUNT (R)	TOTAL CONTRIBUTIONS (R)			
		MAIN MEMBER	ADULT	CHILD**	MAIN MEMBER	ADULT	CHILD**	MAIN MEMBER	ADULT	CHILD	
Executive	Executive Plan	8,573	8,573	1,639	2,857	2,857	546	11,430	11,430	2,185	
Camananahanaissa	Classic Comprehensive	6,975	6,596	1,392	2,323	2,197	464	9,298	8,793	1,856	
Comprehensive	Classic Smart Comprehensive	6,754	6,237	1,577	1,191	1,100	278	7,945	7,337	1,855	
Duiavita	Classic Priority	4,348	3,429	1,739	1,448	1,142	579	5,796	4,571	2,318	
Priority	Essential Priority	4,234	3,330	1,691	747	587	298	4,981	3,917	1,989	
	Classic Saver	3,629	2,862	1,455	906	715	362	4,535	3,577	1,817	
	Classic Delta Saver	2,900	2,291	1,164	724	572	291	3,624	2,863	1,455	
Saver	Essential Saver	3,271	2,453	1,310	363	272	145	3,634	2,725	1,455	
	Essential Delta Saver	2,609	1,969	1,047	289	218	116	2,898	2,187	1,163	
	Coastal Saver	3,228	2,427	1,303	569	428	230	3,797	2,855	1,533	
	Classic Smart	2,822	2,227	1,127				2,822	2,227	1,12	
	Essential Smart	2,021	2,021	2,021				2,021	2,021	2,02	
Smart	Essential Dynamic Smart	1,681	1,681	1,681	N	lo Medical Savings Accour	it .	1,681	1,681	1,68	
	Active Smart	1,350	1,350	1,350				1,350	1,350	1,35	
	Classic Core	3,652	2,882	1,461				3,652	2,882	1,46	
	Classic Delta Core	2,923	2,305	1,169				2,923	2,305	1,16	
Core	Essential Core	3,138	2,354	1,260	N	lo Medical Savings Accour	nt	3,138	2,354	1,26	
	Essential Delta Core	2,507	1,887	1,006				2,507	1,887	1,000	
	Coastal Core	3,011	2,259	1,196				3,011	2,259	1,19	
	KeyCare Plus 0 – 9,900	1,817	1,817	661				1,817	1,817	661	
	KeyCare Plus 9,901 – 15,990	2,497	2,497	704	N	lo Medical Savings Accour	nt	2,497	2,497	704	
	KeyCare Plus 15,991 +	3,687	3,687	986				3,687	3,687	986	
	KeyCare Core 0 – 9,900	1,381	1,381	361				1,381	1,381	361	
	KeyCare Core 9,901 – 15,990	1,723	1,723	427	N	lo Medical Savings Accour	nt	1,723	1,723	427	
	KeyCare Core 15,991 +	2,636	2,636	598				2,636	2,636	598	
KeyCare*	KeyCare Start 0 – 10,550	1,331	1,331	811				1,331	1,331	811	
	KeyCare Start 10,551 – 15,950	1,952	1,952	878				1,952	1,952	878	
	KeyCare Start 15,951 – 24,250	3,063	3,063	919	N	lo Medical Savings Accour	it	3,063	3,063	919	
	KeyCare Start 24,251 +	3,488	3,488	949				3,488	3,488	949	
	KeyCare Start Regional 0 – 10,550	1,184	1,184	713				1,184	1,184	713	
	KeyCare Start Regional 10,551 - 15,950	1,790	1,790	805				1,790	1,790	805	
	KeyCare Start Regional 15,951 - 24,250	2,790	2,790	854	N	lo Medical Savings Accour	nt	2,790	2,790	854	
	KeyCare Start Regional 24,251 +	3,178	3,178	890				3,178	3,178	890	

Shariah Compliant Arrangement available on all health plans.

^{*} Income verification will be conducted for the lower income bands. Income is considered as: The higher of the main member 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 received from any statutory social assistance programme.

^{**} We count a maximum of three children when we work out the monthly contribution and annual Medical Savings Account, except when a child has been placed in the custody of a member, such as foster care, in which case every child on the membership will be counted.

Annual Medical Savings Account

		MAIN MEMBER (R)	ADULT (R)	CHILD* (R)
Executive	Executive Plan	34,284	34,284	6,552
Camanahanaiya	Classic Comprehensive	27,876	26,364	5,568
Comprehensive	Classic Smart Comprehensive	14,292	13,200	3,336
Duiauitas	Classic Priority	17,376	13,704	6,948
Priority	Essential Priority	8,964	7,044	3,576
	Classic Saver	10,872	8,580	4,344
	Classic Delta Saver	8,688	6,864	3,492
Saver	Essential Saver	4,356	3,264	1,740
	Essential Delta Saver	3,468	2,616	1,392
	Coastal Saver	6,828	5,136	2,760

^{*} We count a maximum of three children when we work out the annual Medical Savings Account, except when a child has been placed in the custody of a member, such as foster care, in which case every child on the membership will be counted.

Annual Threshold Amounts

Annual Threshold

	MAIN MEMBER (R)	ADULT (R)	CHILD* (R)
Executive	39,440	39,440	7,480
Classic Comprehensive	32,250	32,250	6,160
Classic Smart Comprehensive	32,250	32,250	6,160
Priority	25,400	19,090	8,460

Above Threshold Benefit limits

MAIN MEMBER (R)	ADULT (R)	CHILD* (R)
	Unlimited	
35,000	35,000	8,500
30,000	30,000	7,500
19,370	13,820	6,770
	35,000 30,000	35,000 35,000 30,000 30,000

^{*} We count a maximum of three children when we work out the Annual Threshold and Above Threshold Benefit limit, except when a child has been placed in the custody of a member, such as foster care, in which case every child on the membership will be counted.

If you join the medical scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

	EXECUTIVE	COMPREHENSIVE	PI	RIORITY		SAVER			SMART			CORE			KE	YCARE	
		CLASSIC CLASSIC SM	RT CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	COASTAL	CLASSIC	ESSENTIAL ACTI	IVE	CLASSIC	ESSENTIAL	COASTAL	PLUS	CORE	START	START REGIONA
Prescribed Minimum Benefits (PMB) Medical Savings Account (MSA) and day-to- day benefits	the treatments in th up to 80% of the Dis Pays for day- to-day medical expenses like GP consultation	Medical Scheme (DHMS) plans cover the defined benefits. You must use descovery Health Rate (DHR). You will be Pays for day-to-day medical expens like GP consultation fees, prescribe over-the-counter medicine, radiolog and pathology as long as you have money available. On the Classic Smart Comprehensing you have cover for consultations with a Smart GP before the annual threshas been reached, with a fixed co-payment.	gnated service provider responsible for the diffe s Pays for day-to-d and medicine, radiolo	s (DSPs) in our network -	this does not apply pay and the actual of GP consultation fee	in emergencies. Where cost of your treatment. es, prescribed and over	e appropriate and a			red to a ho its ain al check		ce providers in our ne			This plan does not offer an MSA. Specialist cover up to R5,550 per person per year when referred by a GP.		This plan does noffer an MSA. Do to-day benefits through referral by the KeyCare Online Practice and day-to-day medicine from our medicine liss when prescribed by your nominat KeyCare Start Regional GP. We pay for basic radiology and pathology if referred by your nominated KeyCare Start Regional GP. As well as basic optometry and dentistry, and specialist cover up to R2,780 per person per year

If you join the medical scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

	EXECUTIVE	COMPREHENSI		PRIORITY	SAVER	SMART		CORE		/CARE		
Day-to-day Extender Benefit	Pays for certain day-to-day benefits after you have run out of money in your MSA and before you reach the Annual Threshold. Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	Pays for certain day-to-day benefits after you have run out of money in your MSA and before you reach the Annual Threshold. Covers pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also	is benefit.	Pays for certain day-to-day benefits after you have run out of money in your MSA and before you reach the Annual Threshold. Covers pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have cover for consultations with an etwork GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	Pays for certain day-to-day benefits after you have run out of money in your MSA. Covers limited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	ave run out ur wellness network GP. ork GP who						
Above Threshold Benefit	The Scheme continues to cover day-to-day healthcare services once you reach your Annual Threshold. The Above Threshold Benefit is unlimited on the Executive Plan. Annual benefit limits may apply.	your Annual Threshold.		healthcare services once you reach these plans. Annual benefit limits			These	plans do not offer this benefit.				
MRI and CT scans		350 of your MRI or CT scan fror ck and neck scans a limit of on			e scan from the Hospital Benefit, up to the DHR.	You must pay the first R3,850 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies	ot offer	These plans do not offer this benefit.	MRI and CT scans are paid from the Specialist Benefit up to a limit of R5,550 for a person a year.	MRI and CT scans are paid from the Specialist Benefit up to a limit of R2,780 for a person a year.		
Cover during your pregnancy and for two years after your baby's birth once the benefit is activated	 Two 2D ultrasound scans or one 2D ultrasound scan and one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria Private ward cover up to R2,700 per day for your delivery in hospital A defined basket of blood tests After you give birth Your baby is covered for up to two visits to a GP, paediatrician or an ENT You are covered for one six week post-birth consultation Two mental health consultations with a strength wife of the page and page and			 8 antenatal consultations with your gg Two 2D ultrasound scans or one 2D u for 2D scans One chromosome test or Non-Invasiv A defined basket of blood tests After you give birth Your baby is covered for up to two vis You are covered for one six week pos are any complications Pre- and postnatal care Five antenatal or postnatal classes or One nutritional assessment at a dietit Two mental health consultations with 	Itrasound scan and one nuchal translucency test. 3D and 4D scale Prenatal Test (wNIPT) if you meet the clinical entry criteria its to a GP, paediatrician or an ENT t-birth consultation at your midwife, GP or gynaecologist either a consultations with a registered nurse up until two years after you ian	s part of your delivery or if there	These services are subject to the defined day-to-day benefits.	During pregnancy 8 antenatal consultations with your gynaecologist, GP or r Two 2D ultrasound scans or one 2D ultrasound scan and 3D and 4D scans are paid up to the rate we pay for 2D sca One chromosome test or Non-Invasive Prenatal Test (NIP) A defined basket of blood tests After you give birth Your baby is covered for up to two visits to a GP, paediatr You are covered for one six week post-birth consultation either as part of your delivery or if there are any complicate Pre- and postnatal care Five antenatal or postnatal classes or consultations with a after you have given birth One nutritional assessment at a dietitian Two mental health consultations with a counsellor or psystem of the present of	one nuchal translucency test. ans T) if you meet the clinical entry criteria ician or an ENT at your midwife, GP or gynaecologist tions registered nurse up until two years	These services are subject to the defined day-to-day benefits on these plans.		

	EXECUTIVE COMP	REHENSIVE	PRIORITY	SAVER	SMART		CORE	KE	CARE		
	CLASSIC	CLASSIC SMART	CLASSIC ESSENTIAL	CLASSIC ESSENTIAL COASTAL	CLASSIC ESSENTIAL	ACTIVE	CLASSIC ESSENTIAL COASTAL	PLUS CORE	START START REGIONA		
Conditions	You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits list as we as additional conditions on our Additional Disease List.			You hav	e cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits						
Medicine cover	Approved medicine on our medicine list covered in full at a network provider (not applicable to ADL conditions). Medicine not on our list, paid up to 100% of the DHR or generic reference price up to a maximum of the monthly Chronic Drug Amount. Full cover for approved medicine on our medicine list at a network provider (not applicable to ADL) Medicine not on our list, paid up to 100% of the DHR or generic reference price up to a maximum of the monthly Chronic Drug Amount.	on our medicine list at a network provider. Medicine not on our list, paid up to 100% of the DHR or generic reference price up to a maximum of the monthly	Approved medicine on our medicine list covered in full when you use a MedXpress Network Pharmacy. Medicine not on our list, paid up to 100% of the DHR or generic reference price up to a maximum of the monthly Chronic Drug Amount.	Approved medicine on our medicine list covered in full when you use a MedXpress Network Pharmacy. Medicine not on our list, paid up to 100% of the DHR or generic reference price up to a maximum of the monthly Chronic Drug Amount.	Approved medicine on our medicine list you use a MedXpress Network Pharmacy our list, we cover up to the therapeutic re equivalent medicine or group of medicin	. For medicine not on eference price of the	Approved medicine on our medicine list covered in full when you use a MedXpress Network Pharmacy. Medicines not on our list paid up to 100% of the DHR or generic reference price up to a maximum of the monthly Chronic Drug Amount.	Approved medicine covered in full when you use one of our network pharmacies or your nominated KeyCare Network GP. Your nominated KeyCare Network GP must prescribe the chronic medicine. For medicine not on our list, we cover up to the cost of the therapeutic reference price of the equivalent medicine or group of medicines.	We cover your chronic medicine in a state facility. We cover your chronic medicine when you use one of our network pharmacies or you nominated KeyCa Start Regional Network GP. Your nominated Regior Network GP must prescribe the chronic medicine. For medicine not on our list, we covup to the cost of the therapeutic reference price of the equivalent medicine or group.		
Specialised Medicine and Technology Benefit	Cover for a defined list of the latest treatments through the Specialised Medicine and Technology Benefit. We pay up to R200,000 per person per year A co-payment of up to 20% applies.				These	plans do not offer thi	s benefit		of medicines.		
Oncology Benefit	We cover the first R500,000 of your approved cancer treatment over a 12-month cycle in full.	We cover the first R375,000 of your approved cancer treatment over a 12-month cycle in full.	related healthcare services are covered Minimum Benefit (PMB) is always cover	roved cancer treatment over a 12-month cycle in full. All cancer- up to 100% of the DHR. Cancer treatment that is a Prescribed ed in full, subject to the use of a designated service provider ent costs add up to the cover amount. If your treatment costs ever up to 80% of the DHR.	We cover the first R250,000 of your approved cancer treatment over a 12-month cycle in full. All cancer-related healthcare services are covered up to 100% of the DHR. Cancer treatment that is a Prescribed Minimum Benefit (PMB) is	Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use	We cover the first R250,000 of your approved cancer treatment over a 12-month cycle in full. All cancer-related healthcare services are covered up to 100% of the DHR. Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where applicable. All	Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where applicable. You have cover for cancer treatment in our network.	Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), whe applicable. You have cover for cancer treatment in a state facility.		
	All cancer-related healthcare services a of the DHR. Cancer treatment that is a Benefit (PMB) is always covered in full, a designated service provider (DSP), wh PMB treatment costs add up to the cove treatment costs more than the cover ar up to 80% of the DHR.	Prescribed Minimum subject to the use of ere applicable. All er amount. If your			always covered in full, subject to the use of a designated service provider (DSP), where applicable. If your treatment costs more than the cover amount, we will cover up to 80% of the DHR. On Essential Smart and Essential Dynamic Smart plans, we cover cancer treatment in our network. If you choose to use any other provider, we will cover up to 80% of the DHR.	of a designated service provider ((DSP), where applicable. You have cover for cancer treatment in our network. If you choose to use any other provider, we will cover up to 80% of the DHR.	PMB treatment costs add up to the cover amount. If your treatment costs more than the cover amount, we will cover up to 80% of the DHR.	If you choose to use any other provider we will cover up to 80% of the DHR.	If you choose to use any other provide we will cover up to 80% of the DHR.		
Extended Oncology Benefit	Once you have reached your cover limit you have extended cover in full for a defined list of cancers and treatments that meet the Scheme's criteria.				These plans do n	ot offer this benefit.					
Oncology Innovation Benefit	defined list of cancers and treatments		Scheme's	over for a sub-set of the defined list of innovative cancer medicine clinical entry criteria. You will need to pay 50% of the cost of thes		This plan does not offer this benefit.	You have cover for a sub-set of the defined list of innovative cancer medicine, subject to the Scheme's clinical entry criteria. You will need to pay 50% of the cost of these treatments.	These plans do r	ot offer this benefit.		

	EXECUTIVE	COMPR	EHENSIVE	PRIC	ORITY		SAVER			SMART			CORE			KEYCARE	
		CLASSIC	CLASSIC SMART	CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	COASTAL	CLASSIC	ESSENTIAL	ACTIVE	CLASSIC	ESSENTIAL	COASTAL	PLUS	CORE STAF	T START REGIONA
Private hospital cover in a general ward	Unlimited cover plus private ward cover of up to R2,700 each day.	Unlimited cover plu up to R2,700 per da	is private ward cover ay for your delivery.	Unlimited cover		Unlimited cover			Unlimited cover		Neonatal hospitalization: Limited to R70 000 per family per year. Unlimited cover for other admissions.	Unlimited cover			Unlimited cover		
Private hospital	You are covered in any facility approved by the Scheme.	You are covered in any facility approved by the Scheme.	Full cover in the Smart Hospital Network. For planned admissions at hospitals outside of the Smart Hospital Network, you must pay an upfront payment of R12,200 to the hospital.	by the Scheme. An abetween R4,800 to a defined list of pro Where these procedure the list of procedure	dures form part of es to be performed Network, the higher	by the Scheme. Full cover on Delta in the Delta Hospital Nospitals or our desprovider (DSP) for high where clinically app admissions outside Network, you must payment to the hos If you are admitted planned admissions criteria for home-by	Il cover on Delta options when using e Delta Hospital Network of private population of the Delta Hospital or our designated service ovider (DSP) for home-based care, here clinically appropriate. For planned missions outside of the Delta Hospital twork, you must pay an upfront tyment to the hospital of R10,700. You are admitted to any facility for anned admissions that meet the iteria for home-based care, you must pay an upfront payment to the hospital R5,250.		ar for home-based care, where clinically appropriate. For planned admissions at hospitals outside of the Smart Hospital Network, you must pay an upfront payment of R12,200 to the hospital. For the Essential Dynamic Smart plan, full cover in the Dynamic Smart Hospital Network as referred by Ask Discovery, or our designated service provider (DSP) for home-based care, where clinically		You must pay an upfront payment of R7,500 to the hospital for any planned admissions in the Dynamic Smart Hospital Network as referred by Ask Discovery, or	You are covered in a by the Scheme. Full cover on Delta of the Delta Hospital Nospitals or our des provider (DSP) for hwhere clinically appire For planned admissional Delta Hospital Netwan upfront payment R10,700. If you are admitted the planned admissions criteria for home-bapay an upfront paym of R5,250.	pptions when using etwork of private ignated service ome-based care, ropriate. ions outside of the ork, you must pay to the hospital of to any facility for that meet the sed care, you must	Full cover in any approved private hospital in the four coastal provinces network. If you use a hospital outside the coastal network, we pay up to 70% of the DHR of the hospital account and you must pay the difference.	Full cover if you use a hospit KeyCare Hospital Network of designated service provider home-based care, where cli appropriate. If you use a hospital in the Fine Network, we pay up to 70% If you do not use hospitals in networks, you will have to pil you are admitted to any faplanned admissions that macriteria for home-based care pay an upfront payment to of R5,250.	or our (DSP) for Start Networ (DSP) for hospital or designated provider (D home-base where clinic appropriate apropriate actility for eact the e, you must chosen Key Start Networ (DSP) for designated provider (D home-base where clinic appropriate appropriate appropriate the hospital in a network, you must chosen Key Start Network (DSP) for designation of the provider (DSP) for designated provider (DSP) for designation of the provider (DSP) for designated provider (DSP) for designation of the provider (DSP) for designation of t	care chosen KeyCare Start Regional Network hospital or our designated service provider (DSP) for service provider (DSP) for home-based care, where clinically appropriate. If you do not use your chosen use your chosen use your chosen hospital in the network, you will have to pay all costs. If you are admitted to any facility for planned admissions that meet the criteria used both care, you must pay an upfront
Defined list of procedures in our Day Surgery Network	You are covered in any facility approved by the Scheme.	We cover a defined list of procedures in a day surgery facility. An upfront payment of R7,000 applies for admission to a facility outside of the Day Surgery Network.	We cover a defined list of procedures in the Smart Day Surgery Network. An upfront payment of R12,200 applies for admissions to a facility outside of the Smart Day Surgery Network.	We cover a defined in a Day Surgery Ne An upfront paymen for admissions to a the Day Surgery Ne procedures form pa in-hospital procedu payment, the highe payments will apply	at of R7,000 applies facility outside of twork. Where these art of the list of tres with an upfront or of the upfront	An upfront paymen a facility outside of payment of R10,700	on upfront payment of R7,000 applies for admissions to facility outside of the Day Surgery Network. An upfront layment of R10,700 applies on the Delta options, if erformed outside of the Delta Day Surgery Network.			list of procedures in gery Network. at of R12,200 applies facility outside of the Network as advised in a common standard in a common s	We cover a defined list of procedures in a Day Surgery Networ An upfront payment of R7,000 applies for admissions to a facility outside of the Day Surgery Network. An upfront payment of R10,700 applies on the Delta options, if performed outside of the Delta Day Surgery Network.			We cover a defined list of pr in the KeyCare Day Surgery		re in the KeyCare	
Full cover option for specialists we have a payment arrangement with	Full cover	Full cover		Full cover		Full cover			Full cover			Full cover			Full cover		
Reimbursement rate for specialists we do not have a payment arrangement with	300% of the DHR	200% of the DHR		200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		200% of the DHR	100% of the DHR		200% of the DHR	100% of the DHR		100% of the DHR		
Reimbursement rate for GPs and other nealthcare professionals not specialists)	200% of the DHR	200% of the DHR	200% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		200% of the DHR	100% of the DHR		200% of the DHR	100% of the DHR		100% of the DHR		
	100% of the DHR	100% of the DHR		100% of the DHR		100% of the DHR			100% of the DHR			100% of the DHR			100% of the DHR		

	EXECUTIVE	COMPREHENSIVE	PRIORITY	SAVER	SMART	CORE	KEYCARE			
		CLASSIC CLASSIC SMART	CLASSIC ESSENTIAL	CLASSIC ESSENTIAL COASTAL	CLASSIC ESSENTIAL ACTIVE	CLASSIC ESSENTIAL COASTAL	PLUS CORE	START START REGIONAL		
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when performed in-hospital	Depending on where you have your scope done, we pay a portion of between R4,500 and R6,550 from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy are performed, a higher co-payment will apply. If scopes are performed as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.	Depending on where you have your scope done, we pay a portion of between R4,500 and R6,550 from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher co-payment will apply. If scopes are performed as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit. If performed outside of the Day Surgery Network, the highest of the out-of-network upfront payment or scopes co-payment will apply.	approved for dyspepsia, or the patient is under the age of 12, you will not have	Depending on where you have your scope done, we pay a portion of between R4,500 and R7,700 from your available MSA and the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher co-payment will apply. If scopes are performed as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit. If performed outside of the Day Surgery Network, the highest of the out-of-network upfront payment or scopes co-payment will apply.	the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy	Depending on where you have your scope done, you will have to pay a portion of between R4,500 and R7,700 and we pay the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher upfront payment will apply. If scopes are performed as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit. If performed outside of the Day Surgery Network, the highest of the out-of-network upfront payment or scopes co-payment will apply.	Prescribed Minimum Benefit cover, in the KeyCare Day Surgery Network. If done in the doctor's rooms, we pay the account from the Hospital Benefit.	Prescribed Minimum Benefit cover, in the KeyCare Start Day Surgery Network. If done in the doctor's rooms, we pay the account from the Hospital Benefit. Prescribed Minimum Benefit cover, in the KeyCare Start Regional Day Surgery Network. If done in the doctor's rooms, we pay the account from the Hospital Benefit.		
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when	colonoscopy is done	750 of the scope from your day-to-day bene, we pay the first R3,000 from your availab he is performed at a network provider.	efits. Where both a gastroscopy and le day-to-day benefits. The co-payment will	We pay the first R1,750 of the scope from your day-to-day benefits. Where both a gastroscopy and colonoscopy is done, we pay the first R3,000 from your available day-to-day benefits. The co-payment will not apply if the scope is performed at a network provider.	You will have to pay the first R1,750 of the scope. Where both an upfront payment of R3,000 applies. The co-payment will not					
performed in-rooms	We pay the balance of the account from the Hospital Benefit up to 300% of the Discovery Health Rate.	We pay the balance of the account from the Hospital Benefit up to 200% of the Discovery Health Rate.	We pay the balance of the account from the Hospital Benefit up to 200% of the Discovery Health Rate. We pay the balance of the account from the Hospital Benefit up to 100% of the Discovery Health Rate.	We pay the balance of the account from the Hospital Benefit up to 100% of the Discovery Health Rate. We pay the balance of the account from the Hospital Benefit up to 100% of the Discovery Health Rate.	We pay the balance of the account from the Hospital Benefit up to 100% of the Discovery Health Rate. We pay the balance of the account from the Hospital Benefit up to 100% of the Discovery Health Rate.	We pay the balance of the account from the Hospital Benefit up to 100% of the Discovery Health Rate. We pay the balance of the account from the Hospital Benefit up to 100% of the Discovery Health Rate.				
Cover for MRI and CT scans related to admission	If done as part of an	approved admission, we will pay up to 100	0% of the DHR from the Hospital Benefit.	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.	If done as part of an approved hospital admission, we will pay up to 100% of the DHR from the Hospital Benefit.	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.	If done as part of an approved admissio the Hospital Benefit.	n, we will pay up to 100% of the DHR from		
Cover for MRI and CT scans if not related to admission or for back and neck treatment	We pay the first R3,850 of the scan from your day-to- day benefits. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR. Limited to one scan per spinal and neck region.	We pay the first R3,850 of the scan from your day-to-day benefits. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR. Limited to one scan per spinal and neck region.	day-to-day benefits. We pay the balance of the scan from the Hospital Benefit up	We pay the first R3,850 of the scan from your available MSA. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR. Limited to one scan per spinal and neck region.	You need to pay the first R3,850 of the scan. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR. Limited to one scan per spinal and neck region.	These plans do not offer this benefit.	We pay scans from the Specialist Benefi up to a limit of R5,550 for each person each year.	t We pay scans from the Specialist Benefit up to a limit of R2,780 for each person each year.		
Advanced Illness Benefit	Members have acce	ss to a comprehensive palliative care progr	ramme. This programme offers unlimited co	over for approved care at home, care coordination, counselling s	services and supportive care for appropriate end-of-life clinical ar	nd psychologist services. You also have access to a GP consultation	on to facilitate your palliative care treatme	nt plan.		
Africa Evacuation Benefit			Cover for emergency medica	l evacuations from certain sub-Saharan African countries back t	to South Africa. Pre-existing conditions are excluded.		These plans do no	ot offer these benefits.		
Assisted Reproductive Therapy (ART)	Scheme's benefit en care which includes oocyte retrieval, em costs including lab f storage. This benefit cycles. If you are reg meet the Scheme's egg and sperm cryo	up to two cycles of ART if you meet the try criteria. Cover includes a basket of cover for consultations, ultrasounds, bryo transfer and freezing, admission ees, medication and embryo and sperm t also includes cover for egg donated gistered on the Oncology Programme and clinical entry criteria, you have access to preservation for up to five years. We pay ,000 per person per year at 75% of the of 25% will apply.			These plans do not offer these	e benefits.				
Care Programmes					grammes that help you to manage diabetes, mental health, HIV althy over time. Cover is subject to the Scheme's clinical entry o		ed on these condition-specific care progra	ammes to unlock additional benefits and		
					Members diagnosed with depression must be enrolled on the Mental Health Care Programme to avoid a 20% co-payment on their consultations.			Members diagnosed with depression must be enrolled on the Mental Health Care Programme to avoid a 20% co-payment on their consultations.		

	EXECUTIVE					SAVER		SMART		CORE			KEY	CARE	
		CLASSIC CLASSIC SMAR	T CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL COASTA	L CLASSIC	ESSENTIAL	ACTIVE CLASSIC	ESSENTIAL	COASTAL	PLUS	CORE	START	START REGIONAL
Mental Wellbeing			lepression following a me	ental wellbeing asse	ssment, have access to	o to a virtual or face-to-face consultati	on, where applicable, with	a Premier Plus GP or netwo	rk psychologist, coaching session	s with a social worker, two	consultations witl	h a dietitian, and a clinic	ally appropriate digital	mental wellbeing co	ourse.
Care at Home	You have access to hospital care. The clinical and benefit monitoring and ho Device Benefit offe and acute conditio	hospital-level care in your home insteat Hospital at Home devices and healthcar criteria. You will receive a Home Monit ime-based care for follow up treatment ers a range of essential and registered h ns. Approved cover for these devices with clinical entry criteria, you have healthco	e services are accessible oring Device Benefit for a after an admission. The ome monitoring devices Il not affect your day-to- are cover up to a limit of	e if you meet the essential home Home Monitoring 5 for certain chronic day benefits. If you f R4,700 per person	essential home mo will not affect your for home-based ca once a healthcare p	hospital-level care in your home inste initoring and home-based care for foll day-to-day benefits. If you meet the st re for qualifying conditions such as ch provider has recommended it as part of	ow up treatment after an cheme's clinical entry crite ronic obstructive pulmon of their care, an upfront d	admission. The Home Monit ria, you have healthcare cov ary disease, pneumonia, com	oring Device Benefit offers a ranger up to a limit of R4,700 per per pplicated urinary tract infection, h	ge of essential and registere son per year, at 100% of the	ed home monitori e DHR. Hospital at vein thrombosis,	ng devices for certain ch Home is the designated	nronic and acute condit I service provider (DSP nould members choose	ions. Approved cove) for the Delta, Smart	er for these devices t and KeyCare plans
Virtual Physical Therapy		sed and evidence-based virtual physical y benefits, if applicable.						lised and evidence-based vir	tual physical therapy, prescribed	by an appropriate healthc	111111111111			l Physical Therapy	
Virtual Urgent Care		om and urgently consult with a doctor 24 per year, subject to clinical entry criteria						o four virtual urgent care se	th a doctor 24/7 online and get di ssions per family per year, subjec			nd prescriptions - no		We cover you for one	
Screening and Prevention Benefit	tests. Seasonal flu v	a health check which is made up of certain raccine during pregnancy, or for members r clinical criteria. Consultations that do no	65 years or older and/or	registered for certai	n chronic conditions. P	neumococcal vaccine for persons over	tered for certain chronic con-	ditions. We also cover bowel canc	er screening tests every two	years for membe					
Personal Health Fund		h Fund covers a comprehensive list of ou ledical Scheme members for 2025, you w			your individual health	h needs once you've activated Persona	l Health Pathways and co	mpleted your recommended	d next best action. Your Personal	Health Fund limit depends	on your plan type	, the size and make up o	of your family (accordin	ng to your policy). If y	ou are a new
		1,250 per child, max R10,000 per family.		R1,500 per adult, R750 per child, max R6,000 per family	R2,500 per adult, R1,250 per child, max R10,000 per family.	R1,500 per adult, R750 per child, max R6,000 per family	R2,000 per adult, R1,000 per child, max R8,000 per family	R1,000 per adult, R500 p max R4,000 per family	er child, R2,000 per adu R1,000 per chi max R8,000 pe family	d, max R4,000 per fam		R500 per adult, R2	50 per child, max R1,00	00 per family	
Outbreak Benefit Digital Mental	Access an on-dema		evidence-based support				*************							he criteria or have u	sed your benefits,
Health International Travel Benefit	claims will fund from your available day-to-day benefits, if applicable.												These plans do not	offer these benefits.	
Overseas Treatment Benefit															

Discovery Health Rate (DHR) is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.





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

Complaints process: The following channels are available for your complaints: Step 1 – To take your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query further if you have already contacted the Discovery Health 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 to the Principal Officer of the Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by e-mailing principal officer@discovery.co.za. Step 3 – 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 is regulated by the Council for Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme is regulated by 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 (Proceeding Schemes) (Proceeding Schemes) (Procedure Schemes) (Pro

The benefits explained in this brochure are provided by Discovery Health Medical Scheme, registration number 1997/013480/07, an authorised financial services provider and administrator of medical scheme is only a summary of the key benefits and features of Discovery Health Medical Scheme plans subject to the approval from the Council for Medical Schemes. In all instances, Discovery Health Medical Scheme Rules on www.discovery.co.za. When reference to Discovery Health Medical Scheme. We are continuously improving our communication to you. The most up to date and detailed benefit information is available on www.discovery.co.za. Discovery Health app, Ask Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.