



flexicare

Flexicare

Affordable private day-to-day
healthcare cover for you

Contents

Flexicare gives you peace of mind and certainty with smart, affordable private day-to-day healthcare cover





Why Flexicare?

Everyone deserves access to quality healthcare. With Flexicare, you can have access to affordable private healthcare cover and a world-class suite of digital tools to help you manage your membership and access your benefits on the go. Experience the peace-of-mind and certainty that comes with being in control of your health and wellbeing.

WHY
FLEXICARE

With more than 30 years' experience, Discovery Health is a trusted healthcare partner in the South African and international healthcare environments. Over this time, we have developed industry-leading expertise in high-quality, affordable healthcare solutions. Our extensive healthcare provider networks include doctors (GPs), pharmacies, dentists and optometrists across the country, supported by cutting-edge, real-time payment models with seamless claims processing.

Flexicare is offered by Auto&General and administered by Discovery Health. It was introduced to provide quality, affordable access to primary healthcare for members who are unable to access medical scheme benefits.

Flexicare leverages the combined expertise of Discovery Health and Auto&General to provide a truly innovative, integrated healthcare product to complement the existing healthcare solutions available to members.

Flexicare offers you access to essential day-to-day benefits through high-quality, private healthcare providers in the Discovery Health network.



















This extensive Flexicare cover pairs perfectly with the comprehensive emergency cover accessed through Discovery Emergency Cover.

Everyone deserves access to quality healthcare

Flexicare gives you access to affordable private healthcare and a world-class suite of digital tools to help manage your membership and access benefits on the go. Experience the peace of mind and certainty that comes with being in control of your health and wellbeing.

KEY FEATURES
OF FLEXICARE

	FLEXICARE CORE BENEFITS	FLEXICARE PLUS BENEFITS
 Unlimited nurse consultations	✓	
 Unlimited GP consultations	Available with Nurse referral or via the Intercare Online Platform	✓
 Virtual GP consultations	✓	✓
 Specialist consultations		✓
 Dentistry		✓
 X-rays	✓	✓
 Flu vaccine	✓	✓
 Eye care		✓
 Medicine	✓	✓
 Health Check	✓	✓
 Maternity benefit	✓	✓
 Procedures in GP's rooms	✓	✓
 Blood tests	✓	✓
 HIV care	✓	✓
OPTIONAL ADD-ONS		
 Discovery Emergency Cover	✓	✓
 Vitality Active	✓	✓

Benefits on Flexicare

PRIMARY HEALTHCARE

GP consultations and services	Flexicare Core	Flexicare Plus
Nurse consultations	Unlimited cover for primary care clinic network nurse consultations at 100% of the Agreed Rate.	No cover
Virtual consultations	Unlimited cover for virtual consultation via the Discovery website covered at 100% of the Agreed Rate. Virtual consultations available through the Online Platform without a nurse referral.	Unlimited cover for virtual consultation via the Discovery website covered at 100% of the Agreed Rate. Virtual consultations available through the Online Platform without a nurse referral.
Doctor consultations (via nurse referral or directly when using the Online Intercare Platform - for Flexicare Core members)	Unlimited cover for face-to-face network General Practitioner (GP) consultations at 100% of the Agreed Rate in the following instances: <ul style="list-style-type: none"> When a referral for a face-to-face visit is requested by the virtual GP during the primary care clinic visit. When you have a virtual GP consultation through the Intercare Online Platform and there is a need for a face-to-face GP referral. 	Unlimited cover for network doctor (GP) consultations at 100% of the Agreed Rate. You can substitute your network doctor visit with a virtual consultation, meaning doctor visits can either be face-to-face or virtual. Risk management protocols apply. Ability to change an allocated network doctor twice per year
Specialist consultations	No cover	Cover for 1 out-of-hospital specialist consultations per member per year, at the agreed rate up to a R2,000 benefit limit: <ul style="list-style-type: none"> Consultations with a network specialist are covered up to R1,400 which includes a R1,300 consultation fee and a R100 SOAP note for referral where appropriate/ needed. Members who are referred for radiology or pathology post the network specialist consultation, will access R600 for diagnostic tests with accumulation to the overall R2,000 benefit limit. If the treatment costs more than the benefit limit, the member will be responsible for the difference. Consultations with a non-network specialists will only be paid up to 100% of the Discovery Health Rate and member will be responsible for the difference. Members who are referred for radiology or pathology post the non-network specialist consultation, will be covered subject to the availability of funds. Members are required to pay for the specialist visit and radiology/pathology services out of pocket (at the time of the consult) and thereafter submit their claim to Discovery for reimbursement. If a member visits a specialist, network or non-network, and is not referred for radiology/pathology during the first visit and subsequently visits another specialist, both the consultation and referrals for radiology/pathology from the second visit will not be funded as the benefit would be depleted with the first consultation.
Dentistry	No cover	Full mouth examination, preventive treatments, cleaning, scaling, polishing, restorations, treatment of pain and sepsis, infection control and extractions at a network dentist
Optometry (eye care)	No cover	Cover for one eye test every year in the optometry network and one pair of glasses (no contact lenses) every 24 months
Pathology (blood tests)	Only when referred by a network GP after a nurse consultation. 100% of the Agreed Rate. Limited to approved pathology codes. Must be requested by a network doctor (GP) and performed by a network pathologist	100% of the Agreed Rate. Limited to approved pathology codes. Must be requested by a network doctor (GP) and performed by a network pathologist

BENEFITS ON
FLEXICARE

GP consultations and services	Flexicare Core	Flexicare Plus
Radiology (X-rays)	Only when referred by a network GP after a nurse consultation. 100% of the Agreed Rate for black-and-white X-rays and soft-tissue ultrasounds. Must be requested by a network doctor (GP) and performed by a network radiologist	100% of the Agreed Rate for black-and-white X-rays and soft-tissue ultrasounds. Must be requested by a network doctor (GP) and performed by a network radiologist
Maternity benefits	Only when referred by a network GP after a nurse consultation. Unlimited network doctor visits throughout the pregnancy. Unlimited acute medicine in line with a defined medicine list prescribed or dispensed by a network doctor and collected from a network pharmacy. Essential blood and screening tests through a network pathologist when referred by a network doctor. Two ultrasound scans for each pregnancy at a network provider (first ultrasound between week 10 and 14, and the second between week 20 and 24)	Unlimited network doctor visits throughout the pregnancy. Unlimited acute medicine in line with a defined medicine list prescribed or dispensed by a network doctor and collected from a network pharmacy. Essential blood and screening tests through a network pathologist when referred by a network doctor. Two ultrasound scans for each pregnancy at a network provider (first ultrasound between week 10 and 14, and the second between week 20 and 24)
GP consultations and services	Flexicare	Flexicare Plus
HIV management	Access to HIV treatment, counselling and education. Cover for antiretroviral medicine, multivitamins and supportive medicine, blood tests, X-rays and post-exposure prophylaxis medicine. All HIV-related queries and cases are treated with complete confidentiality	
COVID-19 testing	Only when referred by a network GP after a nurse consult For confirmed positive COVID-19 results: Cover for one positive COVID-19 test, with access to out-of-hospital management and appropriate supportive treatment, including diagnostic testing, basic chest X-rays and prescribed medicine	For confirmed positive COVID-19 results: Cover for one positive COVID-19 test, with access to out-of-hospital management and appropriate supportive treatment, including diagnostic testing, basic chest X-rays and prescribed medicine
Procedural treatment		
Medical procedures in doctor's room only	Only in an network GP's rooms. Cover for a defined list of medical procedures that can be performed in a network doctor's rooms, such as biopsies, wound care and stitching	Cover for a defined list of medical procedures that can be performed in an network GP's rooms, such as biopsies, wound care and stitching
	Code	Description
	0206	Intravenous treatment, intravenous infusions, insertion of cannula – chargeable once every 24 hours
	0244	Repair of nail bed
	0255	Drainage of abscess
	0259	Removal of foreign body
	0300	Stitching of additional wound
	0301	Stitching of additional wound
	0307	Excision and repair
	0308	Each additional small procedure done at the same time
	0316	Fine-needle aspiration for soft tissue (all areas)
	0317	Aspiration of cyst or tumour
	0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma

Procedural treatment	
0887	Limb cast (excluding aftercare)
0922	Removal of foreign bodies requiring incision
1136	Nebulisation (in rooms)
1192	Peak expiratory flow only
1228	General practitioner's fee for taking of an ECG only (without effort:) ½ (item 1232)
1229	General practitioner's fee for taking of an ECG only (with or without effort:) ½ (item 1233)
1232	Electrocardiogram without effort
1233	Electrocardiogram with or without effort
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus
1235	Multi-stage treadmill test
1236	Electrocardiogram without effort: under 4 years old
1996	Bladder catheterisation: male (not at operation)
1997	Bladder catheterisation: female (not at operation)
2133	Circumcision: clamp procedure
2137	Circumcision: surgical excision other than by clamp or dorsal slit, any age
2139	Circumcision: dorsal slit of prepuce (independent procedure)
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age, preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment

You will not need to pay for approved treatments received from a network provider. However, if you use a provider that is not a part of the network, or if an unapproved treatment is provided, you will be responsible for 100% of the costs.

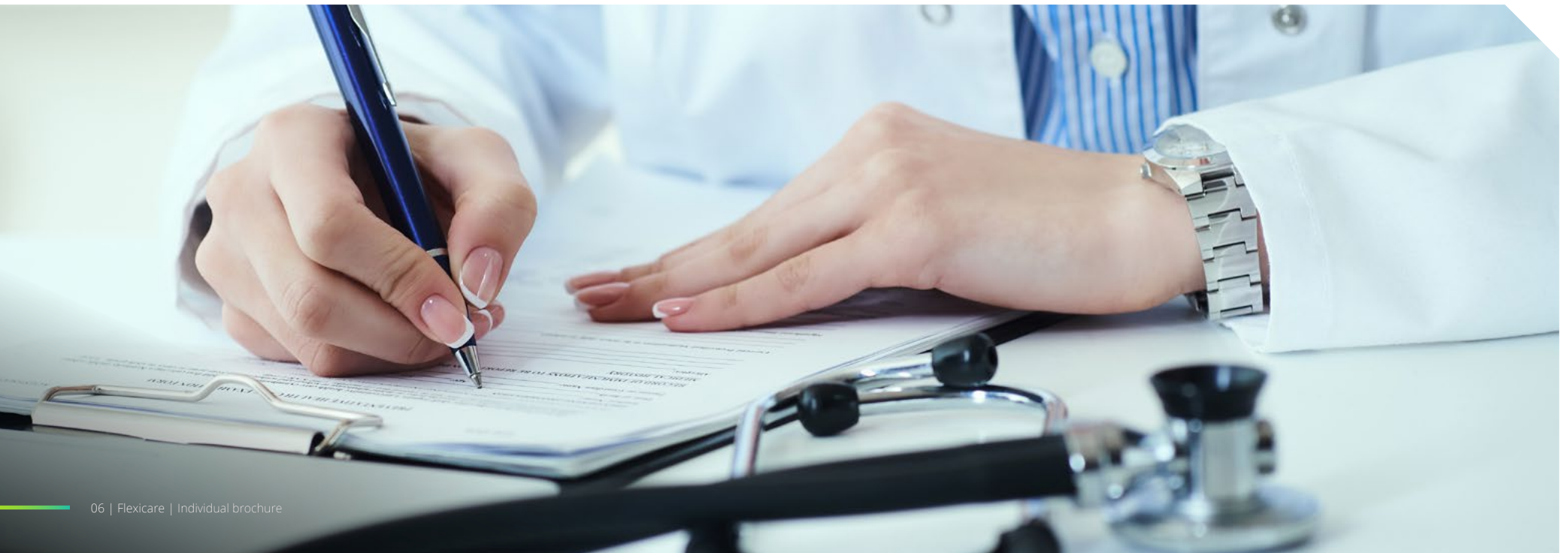
Medicine

Day-to-day medicine	Medication can be prescribed and dispensed by the nurse as part of the primary care clinic consultation. A referral to the network GP will be done by the nurse in instances where the medication can only be prescribed by a GP The medication must be on the medicine list (formulary) for acute medicine and will be available without a co-payment	Cover for medicine on our list if a network doctor prescribes it or gives it to you
Over-the-counter (OTC) medicine	Cover for self-medication on our list, up to R160 per policy per year, up to R80 bi-annual limit, at a network pharmacy	Cover for self-medication on our list, up to R115 per quarter – a maximum of R460 per member per year, at a network pharmacy
Chronic medicine	Cover for HIV medicine on the defined medicine list at a network pharmacy	Cover for chronic medicine on the defined medicine list for 27 chronic conditions (including HIV) at a network pharmacy



Screening and prevention

Flu vaccine	Cover for a flu vaccine once a year from a network pharmacy	
Wellness screening	Cover for one wellness screening per year at a network pharmacy or wellness day. Screening includes blood pressure, blood glucose (blood sugar), cholesterol and body mass index (BMI). You can have an HIV test done at the same time	

You will not need to pay for approved treatments received from a network provider. However, if you use a provider that is not a part of the network, or if an unapproved treatment is provided, you will be responsible for 100% of the costs.








Detailed benefits

Benefit name	Benefit description	Limit
<div style="display: flex; align-items: center;">  <div> <p>Primary healthcare</p> </div> </div>		
<p>General practitioner (GP) visits</p>	<p>Flexicare Plus: This benefit provides access to visit a network doctor (GP), and such visits will be covered at 100% of the Agreed Rate in the following instances:</p> <ul style="list-style-type: none"> ■ You can substitute your visits to a network doctor (GP) with virtual consultations. <p>Flexicare Core: This benefit provides access to visit a network doctor (GP), and such visits will be covered at 100% of the Agreed Rate in the following instances:</p> <ul style="list-style-type: none"> ■ When a referral for a face-to-face visit is requested by the virtual GP during the primary care clinic visit. ■ When you have a virtual GP consultation through the Intercare Online Platform and there is a need for a face-to-face GP referral. ■ You have cover for a defined list of medical procedures that can be done in a network doctor's rooms, such as biopsies, wound care and stitching 	<p>The number of visits to a network doctor (GP) is unlimited for each member every year</p>
<p>Nurse visits (Flexicare Core only)</p>	<p>This benefit provides access to visit a primary care clinic network nurse, and such visits will be covered at 100% of the Agreed Rate.</p>	
<p>Virtual consultations</p>	<p>This benefit provides access to a virtual consultation via the Discovery website and such visits will be covered at 100% of the Agreed Rate. You can have a virtual consultation with an network GP through the Online Platform without a nurse referral.</p>	<p>Unlimited visits</p>
<div style="display: flex; align-items: center;">  <div> <p>Medicine</p> </div> </div>		
<p>Acute medicine (short-term medicine)</p>	<p>Flexicare Plus: This benefit provides access to acute medication. Cover is at 100% of the Agreed Rate if the following conditions are met:</p> <p>All acute medicine must be prescribed or dispensed by a network doctor (GP).</p> <p>The medication must be on the medicine list (formulary) for acute medicine and will be available without a co-payment.</p> <p>The acute medicine must be provided by either a dispensing network doctor (GP) or by a network pharmacy (if the prescribing doctor is part of the network but does not dispense medicine).</p> <p>The acute medicine will not be covered if it is prescribed by a non-network doctor (GP) or if it is obtained from a non-network pharmacy.</p>	<p>This benefit is unlimited</p>

DETAILED
BENEFITS

Benefit name	Benefit description	Limit
Acute medicine (short-term medicine)	<p>Flexicare Core: This benefit provides access to acute medication. Cover is at 100% of the Agreed Rate if the following conditions are met:</p> <p>As part of the primary care clinic visit, the nurse may dispense acute medicine. Where needed and included in the visit, the nurse can consult with the virtual GP.</p> <p>The medication must be on the medicine list (formulary) for acute medicine and will be available without a co-payment.</p> <p>The acute medicine must be provided by the nurse during the primary care clinic visit. Medicine will also be available if a referral is needed to a face-to-face network GP, or where the GP refers the member to a network pharmacy in the event that the GP is non-dispensing. The acute medicine will not be covered if it is prescribed by a non-network nurse or doctor (GP) or if it is obtained from a non-network pharmacy.</p>	This benefit is unlimited
Over-the-counter (OTC) medicine	OTC medicine may only be obtained at a network pharmacy and on advice of the pharmacist. OTC medicine must be on the medicine list (formulary)	<p>Flexicare Core: The OTC medicine benefit is limited to R160 per policy per year, up to R80 bi-annual limit.</p> <p>Flexicare Plus: The OTC medicine benefit is limited to R115 every quarter, up to a maximum of R460 for each member every year</p>
Flu vaccine	Members have cover for one flu vaccination every year	This benefit is limited to one flu vaccination
Chronic medicine (long-term medicine) (Flexicare Plus only)	<p>Chronic medicine will be covered in full (100% of Agreed Rate) if the prescribed medicine is on the medicine list (formulary) for chronic medicine.</p> <p>You can get your chronic medicine at a network pharmacy</p>	<p>Chronic medicine is available for the following conditions:</p> <ul style="list-style-type: none"> ■ Addison's disease ■ Asthma ■ Bipolar mood disorder ■ Bronchiectasis ■ Cardiac failure ■ Cardiomyopathy ■ Chronic renal disease ■ COPD (chronic obstructive pulmonary disease) ■ Coronary artery disease ■ Crohn's disease ■ Diabetes insipidus ■ Diabetes mellitus type 1 ■ Diabetes mellitus type 2 ■ Dysrhythmias ■ Epilepsy ■ Glaucoma ■ Haemophilia ■ HIV (see details in section below) ■ Hyperlipidaemia (high cholesterol) ■ Hypertension (high blood pressure) ■ Hypothyroidism (underactive thyroid) ■ Multiple sclerosis ■ Parkinson's disease ■ Rheumatoid arthritis ■ Schizophrenia ■ Systemic lupus erythematosus ■ Ulcerative colitis
HIV cover (Flexicare Core and Flexicare Plus)	<p>HIV medicine will be covered in full (100% of Agreed Rate) if the prescribed medicine is on the medicine list (formulary) for chronic medicine.</p> <p>You can get your HIV medicine at a network pharmacy</p>	

Benefit name	Benefit description	Limit												
 HIV care														
HIV Programme	<p>The HIV Programme is designed to optimise the health and wellbeing of HIV-positive patients. The HIV Management Programme includes:</p> <ul style="list-style-type: none"> ■ Voluntary counselling and testing ■ Antiretroviral therapy, prophylactic antibiotics and supplements ■ Treatment support and guidance ■ Pathology and monitoring (including CD4, viral load, liver enzymes, cholesterol, glucose, urine tests), according to protocols ■ Emergency post-exposure medicine is provided if the accidental exposure is brought to the attention of the network doctor (GP) within 72 hours 	<p>Unlimited HIV medicine is covered from the date of registration of your chronic medicine by your network doctor (GP) or allocated doctor (GP)</p>												
 Dentistry														
Dentistry (Flexicare Plus only)	<p>The benefit is only covered when making use of a network dentist</p>	<table border="1"> <tr> <td data-bbox="501 722 1319 754">Consultations</td> <td data-bbox="1319 722 2033 754">A single consultation for a full mouth examination for each member every year</td> </tr> <tr> <td data-bbox="501 762 1319 794">Preventive treatments include cleaning, scaling, polishing</td> <td data-bbox="1319 762 2033 794">Limited to one for each member every year</td> </tr> <tr> <td data-bbox="501 802 1319 834">Restorations</td> <td data-bbox="1319 802 2033 834">Limited to three restorations per member per year.</td> </tr> <tr> <td data-bbox="501 842 1319 898">Extractions</td> <td data-bbox="1319 842 2033 898">For a single tooth extraction, a maximum of 1 per quadrant per 365 days. Extraction of each additional tooth in the same quadrant: 1 per member per 365 days</td> </tr> <tr> <td data-bbox="501 906 1319 938">Oral radiography</td> <td data-bbox="1319 906 2033 938">Maximum number of 7 per year, according to dental protocol</td> </tr> <tr> <td data-bbox="501 946 1319 1082">Additional dentistry benefits</td> <td data-bbox="1319 946 2033 1082"> <ul style="list-style-type: none"> ■ Diagnosis and treatment of pain and sepsis ■ Infection control ■ Oral hygiene advice on how to keep the mouth and teeth clean to prevent dental problems ■ Local anaesthetic </td> </tr> </table>	Consultations	A single consultation for a full mouth examination for each member every year	Preventive treatments include cleaning, scaling, polishing	Limited to one for each member every year	Restorations	Limited to three restorations per member per year.	Extractions	For a single tooth extraction, a maximum of 1 per quadrant per 365 days. Extraction of each additional tooth in the same quadrant: 1 per member per 365 days	Oral radiography	Maximum number of 7 per year, according to dental protocol	Additional dentistry benefits	<ul style="list-style-type: none"> ■ Diagnosis and treatment of pain and sepsis ■ Infection control ■ Oral hygiene advice on how to keep the mouth and teeth clean to prevent dental problems ■ Local anaesthetic
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Oral radiography	Maximum number of 7 per year, according to dental protocol													
Additional dentistry benefits	<ul style="list-style-type: none"> ■ Diagnosis and treatment of pain and sepsis ■ Infection control ■ Oral hygiene advice on how to keep the mouth and teeth clean to prevent dental problems ■ Local anaesthetic 													

Benefit name	Benefit description	Limit
 Optometry	<p>Eye examinations: The Optometry Benefit is subject to availability at a network optometrist only</p> <p>Spectacles and lenses: The Optometry Benefit is subject to availability at a network optometrist only</p> <p>Frames: The Optometry Benefit is subject to availability at a network optometrist only</p>	<p>Eye examinations are limited to one for each member every year and includes a visual evaluation, screening and a diagnosis</p> <p>Spectacles and lenses will be limited to one pair for each member in a 24-month period. The benefit includes standard, high-quality clear plastic lenses, single-vision lenses and bi-focal lenses. Qualifying norms will apply</p> <p>Frames will be limited to a single frame for each member in a 24-month period. You have full cover for approved frames at a provider in the network. If you choose a frame that is not part of the approved selection, you will have to pay the extra cost</p>
 Radiology	<p>The Radiology Benefit provides access to black-and-white X-rays and soft-tissue ultrasounds according to a list of the approved codes and are paid at 100% of the Agreed Rate. A network doctor (GP) must request the radiology tests and you have to take the radiology request form to the radiologist</p>	<p>This benefit is unlimited</p>
 Pathology	<p>Pathology tests are limited to the list of approved pathology codes and are paid at 100% of the Agreed Rate. The tests must be requested by a network doctor (GP) and the tests must be done by a pathology laboratory in the network – Ampath, Lancet, Pathcare. You have to take the pathology request form to the pathology lab</p>	<p>This benefit is unlimited</p>

Discovery Emergency Cover

The expanded Discovery Emergency Cover range provides flexibility and peace of mind that you will receive access to comprehensive, quality emergency healthcare when they need it most.

This extensive emergency cover pairs perfectly with the comprehensive primary healthcare benefits accessed through the Flexicare product, ensuring you have cover for their day-to-day healthcare needs and financial certainty in the unfortunate case of an accident, emergency or unforeseen hospital admission.







DISCOVERY
EMERGENCY
COVER

Emergency Cover treatment is based on the Emergency Cover option the member has chosen.

Discovery Emergency Cover

OPTIONAL DISCOVERY EMERGENCY COVER, OFFERED BY DISCOVERY INSURE

	EMERGENCY CORE	EMERGENCY PLUS	EMERGENCY MAX
Emergency Cover package detail	Cover for emergency healthcare services, including casualty and in-hospital treatment, for a broad range of accidental and traumatic events	Cover for accidents and trauma, the stabilisation and treatment of any emergency condition in a casualty facility, including admission and treatment for heart attacks and strokes.	Cover for accidents and trauma, the stabilisation and treatment of any emergency condition in a casualty facility and the admission and treatment of a defined list of emergency conditions including heart attacks and strokes.
Conditions covered	<p>Cover for casualty and in-hospital treatment for the following accidental and traumatic events:</p> <ul style="list-style-type: none"> ■ Burns ■ Loss of an arm, hand, leg or foot ■ Near-drowning ■ Poisoning or a serious allergic reaction that may cause death ■ Injuries resulting from a crime, sexual assault, a car accident or an injury at work. 	<p>Cover for the in-hospital treatment of defined accidental and traumatic events.</p> <p>Cover for any medical emergency condition in a casualty facility, including hospital admission for the treatment of heart attacks and strokes</p> <ul style="list-style-type: none"> ■ R200 co-payment when using network facility ■ R250 co-payment when using a non-network facility ■ This co-payment will be refunded if the claimant is diagnosed with a heart attack or stroke 	<ul style="list-style-type: none"> ■ Cover for the in-hospital treatment of defined accidental and traumatic events. ■ Cover for any medical emergency condition in a casualty facility, including hospital admission for the treatment of heart attacks and strokes. The casualty co-payment of R200 at a network facility or R250 outside of the network, will be refunded if the claimant is diagnosed with one of the qualifying emergency in-hospital conditions. ■ Admission and treatment for the following additional emergency conditions: ■ Acute appendicitis, acute asthma, ectopic pregnancy, acute inflammation of gall bladder, fit or seizure, acute pneumonia, kidney stones, acute renal failure, pulmonary embolism.
Differentiating benefits	Discovery Emergency Core provides affordable cover for the unforeseen costs of private ambulance transport and emergency medical treatment for trauma and accidents.	Discovery Emergency Plus ensures access to quality healthcare at a private casualty facility for swift evaluation and assistance. You have cover for emergency transport and treatment for defined trauma conditions, including admission for heart attacks and strokes.	Discovery Emergency Max provides ultimate peace of mind for a defined list of trauma conditions, assessment and stabilisation in casualty as well as in-hospital cover for 9 of the most likely high-cost emergency admissions facing the workforce.
Cover limits	R400,000 and R1million limit	R400,000 and R1million limit	R400,000 and R1million limit, a sublimit of R400,000 will apply to the nine defined conditions.
Pre and post emergency event support	 Medical evacuation	 Counselling sessions	 Take-home medicine  Premium-waiver

Your monthly premiums

Flexicare premiums for you and your family, with pricing for the optional Discovery Emergency Cover and Vitality Active.

Role	Flexicare Core	Flexicare Plus	Vitality Active
Principal member	R368.00	R499.00	R145.00
Spouse	R368.00	R462.00	R145.00
Adult	R368.00	R462.00	R145.00
Child*	R251.00	R265.00	R145.00

* There is no limit to the number of children that we allow on the policy. We charge separately for each child and they can stay on Flexicare if they depend on you financially. For child dependants, we charge the adult dependant premium from the month after their 21st birthday.

** The Discovery Emergency Cover is optional. If you activate this benefit, it will apply to you and your registered dependants on Flexicare. You must select a cover limit of either R400,000 or R1 million.

Role	R400,000			R1,000,000		
	Principal member	Adult	Child	Principal member	Adult	Child
Emergency Core	R198.00	R198.00	R84.00	R285.00	R285.00	R125.00
Emergency Plus	R285.00	R285.00	R199.00	R400.00	R400.00	R218.00
Emergency Max	R399.00	R399.00	R275.00	R570.00	R570.00	R310.00

Join Flexicare today



WHATSAPP

Add us on 0860 44 47 79 and get in touch whenever you need information or have questions about Flexicare.

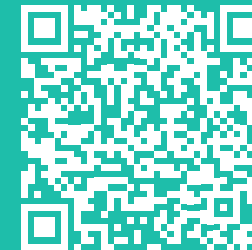


CALL CENTRE

0860 44 47 79



SCAN BELOW TO REQUEST A CALLBACK



YOUR MONTHLY PREMIUMS

Underwriting

WAITING PERIOD

A waiting period means that you or your dependants cannot claim for the associated healthcare services during the waiting period. Unless otherwise approved the following waiting periods will apply. A 12-month, condition-specific waiting period may be applied for any condition (including chronic illnesses and HIV) that existed before the start date of the membership.

WAITING PERIOD DESCRIPTIONS

- **General waiting period**
1-month general waiting period on all benefits
- **Radiology and Pathology Waiting Period**
1-month waiting period
- **Dentistry Waiting Period**
3-month waiting period
- **Optometry Waiting Period**
3-month total waiting period
- **Maternity Waiting Period**
12-month waiting period
- **HIV Waiting Period**
12-month waiting period
- **Chronic Conditions Waiting Period**
12-month waiting period
- **Over-The-Counter Medicine Waiting Period**
1-month waiting period
- **Trauma Benefit Waiting Period**
1-month waiting period





Important information

EXTENDING COVER TO DEPENDANTS

- Newborns can join without waiting periods if you add them to your policy within 90 days of birth.
- If you or your dependants have a break of more than 30 days in your membership, all waiting periods will be applied when reapplying for cover.
- There is no limit to the number of children that will be allowed on the policy. Each child will be charged for separately and can stay on Flexicare if they depend on the main member financially. Child dependants who turn 21 will be charged the adult dependant premium rates from the month after their 21st birthday.

Contact us

COMPLAINTS

Email: flexicareescalations@discovery.co.za

If you still have concerns, you can contact Discovery's Group Compliance at the address below.

Email: compliance@discovery.co.za

HIV

HIV_Queries_Flexicare@discovery.co.za

HOSPITAL PREAUTHORISATION

Telephone: 0860 44 47 79

USSD SERVICES

You can use our USSD service to confirm your policy number, find your allocated GP, or get benefit information.

To access this service, dial:

*120*DISCO# or *120*34726#

Note: Members must access the USSD menu using the same cellphone number we have on record for you.

EMERGENCY SERVICES

If you have the Emergency Cover activated, you can call the Flexicare call centre on 0860 44 47 79. If you call after hours, we will divert the call to our Emergency Cover partner, Netcare 911.

FINDING A HEALTHCARE PROVIDER

To find out which providers are part of the Flexicare network, contact our Flexicare call centre on 0860 44 47 79. You can also use the **Find a healthcare provider** tool on the Discovery website at www.discovery.co.za to locate healthcare providers in our networks.

WEBSITE SUPPORT

For all internet-related questions, such as registration problems, security issues, compatibility issues, login problems, a forgotten password and trouble with navigating the site, call 0860 10 06 96. This contact number is available weekdays only, from 07:00 to 18:00.



WHATSAPP

Add us on 0860 44 47 79 and get in touch whenever you need information or have questions about Flexicare.



CALL CENTRE

0860 44 47 79

SERVICING TEAM



GENERAL QUERIES

flexicare@discovery.co.za



ESCALATIONS

flexicareescalations@discovery.co.za



BILLING SERVICES

flexicareadmin@discovery.co.za



Underwritten by
Auto&General

Flexicare is not a medical scheme. The cover is not the same as that of a medical scheme and is not intended to be a substitute for medical scheme membership. Flexicare and Auto&General Accident Cover is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07 an authorised financial services provider and underwritten by Auto & General Insurance Company Limited, registration number 1973/016880/06, a licensed non-life insurer and financial services provider. Terms, conditions and limits apply.

Discovery Vitality (Proprietary) Limited, registration number: 1999/007736/07. Terms, conditions and limits apply.

Discovery Emergency Cover is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07 an authorised financial services provider. Terms, conditions and limits apply. Discovery Emergency Cover is a non-life insurance policy, underwritten by Discovery Insure Ltd, registration number 2009/011882/06, a licensed non-life insurer and an authorised financial services provider.