

Discovery
Health Medical Scheme

CLASSIC

CLASSIC SMART

COMPREHENSIVE PLANS 2027

Reimagining your **healthcare**

For the best quality healthcare to support life's inevitable moments, Discovery Health Medical Scheme provides comprehensive healthcare that is just right for you.



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

- What to do when you need to go to a doctor or hospital
- How we cover you for the preventive screening, diagnosis and treatment of medical conditions
- Your access to enhanced day-to-day cover
- Which benefits you need to apply for and if there are limits for certain benefits
- How to have a truly personalised health experience through the Discovery Health app, which helps you navigate the healthcare system easily.

The benefits explained in this brochure are provided by Discovery Health Medical Scheme, registration number 1125, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes. This brochure is only a summary of the key benefits and features of Discovery Health Medical Scheme plans, all 2027 updates including contributions are subject to 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**. In this brochure, when reference is made to 'we' in the context of benefits, members, payments or cover, this refers to Discovery Health Medical Scheme.

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Key Terms

This section explains some of the terms that you will find in this document.

A

Above Threshold Benefit (ATB)

Once the day-to-day claims that you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit, at the Discovery Health Rate or a portion of it. The Comprehensive plans have a limited Above Threshold Benefit.

Additional Disease List (ADL)

On the Classic Comprehensive Plan, once you are approved on the Chronic Illness Benefit, we cover you for medicine for an additional list of life-threatening or degenerative conditions, as defined by us.

Annual Threshold

The Annual Threshold is the amount that your claims must add up to before we pay your day-to-day claims from the limited Above Threshold Benefit.

We set the Annual Threshold amount at the beginning of each year. The number and type of dependants (spouse, adult or child) on your plan will determine the amount.

C

Chronic Disease List (CDL)

This is a defined list of chronic conditions that we cover according to the Prescribed Minimum Benefits.

Chronic Drug Amount (CDA)

The Chronic Drug Amount is the monthly amount that we pay up to for a medicine class. This amount is subject to a member's plan type. It applies to chronic medicine that is not listed on the medicine list (formulary).

Chronic Illness Benefit (CIB)

The Chronic Illness Benefit covers medicine and treatment for a defined list of chronic conditions. You need to apply for the cover first.

Comprehensive cover

This cover exceeds the essential healthcare services and Prescribed Minimum Benefits that are prescribed by the Medical Schemes Act 131 of 1998. Comprehensive cover offers you extra cover and benefits to complement your basic cover.

It gives you the flexibility to choose your healthcare options and service providers. Whether you choose full cover or options outside of full cover, we give you the freedom to decide what suits your needs. Our cover is in line with defined clinical best practices. This ensures that you receive treatment that is expected for your condition and that is clinically appropriate.

We may review these principles from time to time to stay current with changes in the healthcare landscape. While comprehensive, your cover remains subject to the Scheme's treatment guidelines, protocols and designated service providers. We still prioritise managed care to make sure you get the best outcomes for your health.

Co-payment

This is an amount that you have to pay towards a healthcare service. The amount can vary, depending on the type of healthcare service, the place of service and whether the amount that the service provider charges is higher than the rate that we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.

Cover

Refers to the benefits that you can access on your health plan and how we pay for these healthcare services. The services may include consultations, medicine and hospital visits.

D

Day-to-day benefits

The day-to-day benefits are the available money allocated to your Personal Health Fund, Medical Savings Account, cover from the limited Above Threshold Benefit or defined benefits for day-to-day healthcare services.

Day-to-day Extender Benefit (DEB)

On the Classic Comprehensive Plan, you have extra cover from the Day-to-day Extender Benefit. The benefit extends your day-to-day cover for essential healthcare services in our network. You can access the benefit if you have spent the yearly amount that is in your Medical Savings Account but have not yet reached your Annual Threshold.

Designated service provider (DSP)

This refers to a healthcare professional or provider (for example, a doctor, specialist, allied healthcare professional, pharmacy or hospital) who/that has agreed to provide Discovery Health Medical Scheme members with treatment or services at a contracted rate. To view the full list of designated service providers, visit **www.discovery.co.za** or click on 'Find a healthcare provider' on the Discovery Health app.

Discovery Health Rate (DHR)

This is the rate that we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant healthcare services.

Discovery Health Rate for medicine

This is the rate that we pay for medicine. It is the Single Exit Price of medicine plus the relevant dispensing fee.

Discovery HomeCare

Discovery HomeCare is an extra service that offers you quality care in the comfort of your home. You can use this for healthcare services like intravenous (IV) infusions (drips), wound care, postnatal care and advanced illness care.

E

Emergency medical condition

An emergency medical condition may be referred to, simply, as an emergency. It is the sudden and, at the time, unexpected onset of a health condition that requires immediate medical and surgical treatment. Failure to give this medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or it would place the person's life in serious jeopardy.

An emergency does not necessarily need you to be admitted to a hospital and you may be treated in casualty only. We may ask you for more information to confirm the emergency.

F

Find a healthcare provider

'Find a healthcare provider' is a medical provider search tool that is available on the Discovery Health app and website.

H

HealthID

Discovery HealthID is an online digital platform that gives your doctor fast, up-to-date access to your health information. Once you have given consent, your doctor can use HealthID to access your medical history, refer you to other healthcare professionals and check your relevant test results.



Discovery HomeCare is a service provider, Practice 080 000 8000190, Grove Nursing Services (Pty) Ltd, registration number 2015/191080/07, trading as Discovery HomeCare. The Discovery Health app and 'Find a healthcare provider' are brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes. Discovery HealthID are brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.



M

Medical Savings Account (MSA)

You have access to a Medical Savings Account (MSA) at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution.

We pay your day-to-day medical expenses from the money allocated in your MSA. These day-to-day expenses are for general practitioner (GP) and specialist consultations, acute medicine, and radiology and pathology services, among others.

You can choose to have your claims paid from the MSA, either at the Discovery Health Rate or at cost. If you have unused money in the account, this will carry over to the next year. If you leave the Scheme or change your plan during the year and have used more of the MSA money than what you have contributed, you will need to pay the difference to us.

Medicine list (formulary)

This is a list of medicine that we cover in full. You can use the medicine to treat approved chronic conditions. This list is also known as a formulary.

N

Networks

Depending on your chosen plan, you may need to use specific hospitals, doctors, specialists or allied healthcare professionals in a network. We have payment arrangements with these providers to make sure you can access quality care that is affordable. When you use a network provider, you avoid having to pay extra costs and co-payments.

Hospital networks

If you are on the Classic Smart Comprehensive Plan, we cover your hospital account in full if you use a hospital in the Smart Hospital Network.

Doctor networks

We cover you in full for GPs, specialists and allied healthcare professionals who we have a payment arrangement with.

Day surgery networks

We cover you in full for a defined list of procedures in our Day Surgery Network.

P

Payment arrangements

The Scheme has payment arrangements with many healthcare professionals and providers. This helps us to cover you in full, with no shortfalls.

Personal Health Fund

The Personal Health Fund covers a comprehensive list of out-of-hospital healthcare services according to your individual health needs once you've activated Personal Health Pathways and completed your recommended next best action.

P

Personal Health Pathways

Personal Health Pathways is a personalised care programme that predicts and recommends the most important actions you can take to improve your health.

Personal Health Pathways leverages a sophisticated digital health platform that combines actuarial, clinical and lifestyle data with behavioural science to engage you in a personalised programme that drives you towards healthier habits and behaviour change.

Preferred medicine

Preferred medicine includes specially priced generic and branded medicine.

Premier Plus GP

A Premier Plus GP is a network GP who has contracted with us to provide you with coordinated care and enrolment on one of our Care programmes for defined chronic conditions.

Primary Care doctor

A Primary Care doctor helps you to take care of your general health. You are likely to have better health outcomes when you nominate one doctor to manage your health and coordinate your care. Your Primary Care doctor knows your complete medical history and takes the healthcare approach that is best for you.

Prescribed Minimum Benefits (PMB)

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

- An emergency medical condition
- A defined list of 271 diagnoses
- A defined list of 27 chronic conditions.

The Council for Medical Schemes has set the following rules for how to access Prescribed Minimum Benefits:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions.
- The treatment that you need must be provided for in the defined benefits.
- You must use designated service providers in our network. This does not apply in emergencies. Where appropriate and in line with the rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a designated service provider, we will pay up to 80% of the Discovery Health Rate. You will be responsible for the difference between what we pay and the actual cost of your treatment.

If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.

Public Facility

A Public Facility is a healthcare facility that provides medical services through the public healthcare system. Care may be received in a hospital or in an out-of-hospital setting including community health clinics, medical consultations, dental care, and other healthcare treatments. Your benefits and cover apply at both private and public facilities, and claims received from these providers will be processed against your available benefits, subject to your health plan benefits and limits, where applicable.

R

Reference price

The Reference Price is the set amount that we pay for a medicine category. This applies for medicine that is not listed on the medicine list (formulary).

Related accounts

'Related accounts' refers to any account that is separate from your hospital account but related to in-hospital care that you have received. This could include the accounts for your admitting doctor, anaesthetist, and any approved healthcare expenses, like radiology or pathology.

S

Shariah-compliant arrangement

This refers to an arrangement that allows you to have your health plan managed according to principles that comply with Shariah.

U

Upfront payment

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

Key features

This section explains some of the key features available to you on the Comprehensive plans.

Unlimited cover for hospital admissions

There is no overall limit for hospital cover on the Comprehensive plans.

Full cover for chronic medicine

For all Chronic Disease List conditions, we pay in full for chronic medicine on our formulary. On the Classic Comprehensive Plan, you have access to an Additional Disease List as well as the Specialised Medicine and Technology Benefit, which covers specific advanced or high-cost treatments and medicine.

Discovery Health app and virtual benefits

The Discovery Health app gives you access to a truly personalised health experience and lets you navigate the healthcare system easily. Access the Personal Health Pathways, receive the advice and healthcare support that you need, 24/7, through a set of innovative features.

Extensive cover for maternity

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

Personal Health Fund

The Personal Health Fund covers out-of-hospital healthcare services according to your individual health needs once you've activated Personal Health Pathways and completed your recommended next best action.

Full cover in hospital for related accounts

Guaranteed full cover in hospital for specialists who we have a payment arrangement with. We pay up to 200% of the Discovery Health Rate for other healthcare professionals.

Screening and prevention

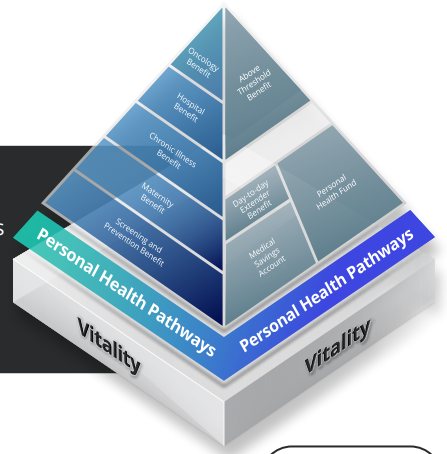
We provide a Screening and Prevention Benefit, which covers tests that are important for detecting early warning signs of serious illness.

Cover when travelling

We cover you for medical emergencies when you are travelling. We also give you access to specialised, advanced medical care when you are travelling in South Africa and abroad.

A Shariah-compliant arrangement is available on all health plans.

Personal Health Pathways is a personalised programme that predicts and recommends the most important actions you can take to improve your health and unlock your Personal Health Fund.



Day-to-day cover

We pay your day-to-day medical expenses from the available money allocated to your Personal Health Fund and Medical Savings Account. This empowers you to manage your spending. The Classic Comprehensive Plan provides extra cover from the Day-to-day Extender Benefit, which extends your day-to-day cover for essential healthcare services in our network. On the Classic Smart Comprehensive Plan, you have access to visits at a Smart GP with a fixed co-payment.

You also have a limited Above Threshold Benefit, which gives you extra day-to-day cover once you have reached your Annual Threshold.

The Discovery Health app and Personal Health Pathways are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes. Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply.

The difference in benefits offered on the **Comprehensive plans**

The two Comprehensive plans give you different benefits, as shown in this table. All other benefits, which are not mentioned in the table, are the same across the plan options, unless otherwise stipulated.

	Classic Comprehensive	Classic Smart Comprehensive
DAY-TO-DAY COVER		
Medical Savings Account (MSA)	25% of your monthly contribution	15% of your monthly contribution
Day-to-day Extender Benefit (DEB)	The DEB extends your day-to-day cover (while you are in your self-payment gap) for essential healthcare services in our network.	Not available on this plan
Cover for GP consultations	Claims are paid from the available money allocated to your Personal Health Fund, MSA and limited ATB.	You have access to unlimited GP consultations in the Smart GP Network. You will have to pay the first R80. We will pay the rest of the consultation fee, up to the DHR. We cover video consultations with a Smart Network GP in full, up to the DHR. Once you reach the Annual Threshold, we pay your claims, up to 100% of the DHR, from the available money in the limited Above Threshold Benefit.
ADDITIONAL CHRONIC COVER		
Specialised Medicine and Technology Benefit	You have cover for a defined list of advanced or high-cost treatments through this benefit. The benefit pays up to R200,000 per person per year.	Not available on this plan
Medicine cover for the Additional Disease List (ADL)	You have cover for medicine for an additional list of life-threatening or degenerative conditions. This list is called the Additional Disease List.	



The difference in benefits offered on the Comprehensive plans

The two Comprehensive plans give you different benefits, as shown in this table. All other benefits, which are not mentioned in the table, are the same across the plan options, unless otherwise stipulated.

	Classic Comprehensive	Classic Smart Comprehensive
CANCER COVER		
Oncology Benefit	We cover the first R500,000 of your approved cancer treatment over a 12-month cycle at 100% of the DHR. After you reach the cover amount, we pay up to 80% of the DHR.	We cover the first R375,000 of your approved cancer treatment over a 12-month cycle at 100% of the DHR. After you reach the cover amount, we pay up to 80% of the DHR.
Extended Oncology Benefit	You have extended cover for defined cancers and treatments.	Not available on this plan
Oncology Innovation Benefit	You have cover for a defined list of innovative cancer medicine that meet the Scheme's criteria. We pay up to 50% of the Discovery Health Rate or generic reference price.	You have cover for a sub-set of precision cancer medicine (on our defined list) that meet the Scheme's criteria. We pay up to 50% of the Discovery Health Rate or generic reference price.
HOSPITAL COVER		
Hospitals you can go to	Any private hospital approved by the Scheme	Private hospitals in the Smart Hospital Network
Defined list of procedures in a Day Surgery Network	Private day surgery facility in the Day Surgery Network	Private day surgery facility in the Smart Day Surgery Network



Your access to **Prescribed Minimum Benefits and cover in an emergency**

What are Prescribed Minimum Benefits?

According to the Prescribed Minimum Benefits, the Medical Schemes Act 131 of 1998 and its Regulations indicate that all medical schemes must cover the costs for the diagnosis, treatment and care of:

- An emergency medical condition
- A defined list of 271 diagnoses
- A defined list of 27 chronic conditions.

If your treatment doesn't meet the criteria, we will pay according to your plan benefits.

A network of facilities apply for PMB admissions, which includes private and public facilities. To find facilities in the PMB network, use 'Find a healthcare provider' on the Discovery Health app.

The Council for Medical Schemes (CMS) provides the following rules for accessing Prescribed Minimum Benefits:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions.
- The treatment that you need must match the treatments in the defined benefits.
- You must use designated service providers in our network. This does not apply in emergencies. In an emergency, where appropriate and in line with the rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a designated service provider, we will pay up to 80% of the Discovery Health Rate. You will be responsible for the difference between what we pay and the actual cost of your treatment.

What is considered a medical emergency?

An emergency medical condition may be referred to, simply, as an emergency. It is the sudden and unexpected onset of a health condition that requires immediate medical or 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 it would place the person's life in serious jeopardy. An emergency does not necessarily require you to be admitted to a hospital and may be treated in casualty. We may ask you or your treating provider for information to confirm the emergency.

What we pay for

We pay for the following medical services, which you may receive in an emergency:

- The ambulance (or other medical transport)
- Your stay at the hospital
- The services that you receive from the doctor who admitted you to the hospital
- The anaesthetist's services
- Services from any other healthcare professional or provider who/that we approve.

Assistance during or after a traumatic event

You have access to dedicated assistance during or after a traumatic incident. This can be any traumatic experience such as crime, violence or loss of a family member, including loss of a child or pregnancy. By calling the Emergency Assist number or using the 'Emergency Assist' feature on the Discovery Health app, you and your family can access trauma support 24 hours a day. This service also includes counselling and extra benefits for trauma related to gender-based violence.

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

Everyone can be healthier with **Personal Health Pathways**

Personal Health Pathways leverages a sophisticated digital health platform that combines actuarial, clinical and lifestyle data with behavioural science to engage you in a personalised programme that drives you towards healthier habits and behaviour change.



Improving long-term health

Everyone can improve their long-term health and lifespan through a few simple and consistent actions and habits.

These actions can be:

- **Clinical,** such as taking your prescribed medicine, getting a simple screening test or having a routine health assessment.
- **Lifestyle related,** such as staying active through regular exercise and eating healthily.
- **Sleep related,** such as getting 7-9 hours of uninterrupted sleep every night.

Brought to all eligible members over the age of 18 years.

Personal Health Pathways is an innovative personalised care programme designed to help everyone achieve better health. Your pathway consists of a curated sequence of health, lifestyle and sleep actions, tailored to your unique needs, encouraging you to adopt and maintain healthier habits and positive behaviour changes.

Get more from your Personal Health Pathway

Your pathway also gives you access to Personal Health Challenges, designed to help you turn healthy actions into lasting habits. Each challenge includes a personalised series of health or lifestyle actions to complete consistently over a defined period. Complete up to two challenges during the year to earn additional funds in your Personal Health Fund.

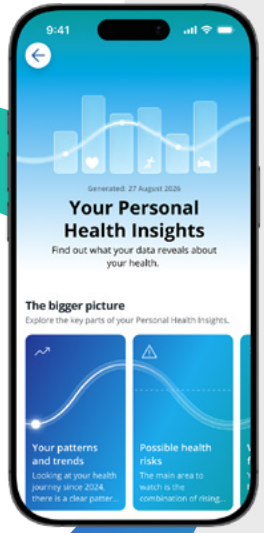
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NEW

Introducing Personal Health Insights and Personalised Next Best Actions

Personal Health Insights

For the first time, your **Personal Health Insights** brings your data together into a single, living view of your health.



Your whole story brought together

Your Personal Health Insights bring together three connected views: the patterns shaping your health, risks that may be emerging, and the habits that could reveal how your body is responding. Together, these views help you understand what is supporting your health and what may need attention.

Get answers tailored to you

See a list of questions chosen for you in your unique Personal Health Insights. The questions are based on your own risk factors, protective factors, overdue screenings and outstanding clinical actions. Choose any of them, and receive an explanation grounded in your own health data and the evidence behind it.

Explore the trends shaping your health

Scroll down from your story to explore the three areas behind it. Health, sleep and exercise each get their own view, so you can see which metrics shaped your insights and how each one is trending. Together they show how your daily habits are influencing your overall wellbeing.

Personalised Next Best Actions

By looking at how your health is likely to change over time, we can recommend the actions that are most likely to improve your future health and help reduce potential health risks.



Your health history

Previous diagnoses, test results, health screenings, family history, and other important health events provide valuable context for understanding your overall health.

Your current health and risk

Your current health status and key risk factors help identify and prioritise the actions that are most relevant to improving your health today.

Your treatment and healthcare utilisation

Your healthcare usage patterns, treatments received, prescribed medications, and follow-up care help tailor recommendations to your specific health needs.

Your lifestyle and behaviour

Daily habits such as exercise, sleep, and activity levels help identify opportunities to build, improve, or maintain healthy lifestyle behaviours.

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Personal Health Fund is delivering more value in flexible day-to-day benefits

New Discovery Health Medical Scheme members can access an additional once-per-lifetime benefit in your Personal Health Fund

Members who join for the first time, will receive their full Personal Health Fund allocation, up to R12,000 per policy, available immediately in the first year of membership.

Members must:

- Activate Personal Health Pathways
- Enable physical activity and sleep tracking.
- Complete their once-off high-value action on Personal Health Pathways.

This is a once-per-lifetime benefit, designed to give new members the strongest possible start to their healthcare journey.

Members must complete their high-value next best action tile on Personal Health Pathways within 90 days of joining the Scheme in order to activate the benefit.

Build your fund

By completing simple actions within Personal Health Pathways, you can earn meaningful funding for healthcare.
See how below:



Health check and device linkage

Complete your Health Check, activate your Personal Health Pathway, and enable sleep and physical activity tracking to start the next year with a R1,000 advance in your Personal Health Fund. The advance accumulates toward your annual Personal Health Fund value.



Personal Health Pathways actions

Complete your personalised Next Best Actions. Earn up to R500 for each recommended Personal Health Pathway action completed, **up to R3,000 per adult** and R1,500 per child.



Personal Health Pathways Challenges

Build habits by completing your Personal Health Pathway Challenges. **Earn up to R3,000 per adult** in your Personal Health Fund for successfully completing your personalised Challenges.

Spend your fund

The Personal Health Fund can be used for any out-of-hospital healthcare expenses such as GP visits, specialists, medicines, pathology and radiology.

This benefit is available to all eligible Discovery Health Medical Scheme members, and for qualifying healthcare services, we pay up to a maximum of the Discovery Health Rate or a portion thereof, subject to the overall benefit limit. The amount available in additional day-to-day funding in your Personal Health Fund is determined by your membership plan.

You can accumulate up to R24,000 in your Personal Health Fund by taking the necessary steps to get healthier. The Personal Health Fund Base and Challenge Boost limits are shown below.

	Advance on 1 January	For completing Personal Health Pathways Actions			For completing Personal Health Pathways Challenges	
PLAN CHOICE	Adult	2027 Personal Health Fund Base			Challenge Boost	
		Adult	Child	Total Maximum Base value	Adult per challenge	Total Maximum Challenge Boost value
Classic and Classic Smart Comprehensive	Up to R1,000*	Up to R3,000**	Up to R1,500**	**Up to R12,000****	Up to R1,500**	**Up to R12,000****

* Your advance accumulates to your maximum base rate.
** If you join the Scheme after January, you will not receive the full amount because we calculate the amount based on how many months are left in the year.

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Discovery Health app, virtual benefits and services

The Discovery Health app puts personalised healthcare at your fingertips, helping you manage your health and access support anytime, anywhere.

Health app features

Order medicine online and get it delivered to your door.

Emergency Assist: Get immediate access to emergency help when you need it.

Managing your plan: Seamlessly manage your medical aid plan – find healthcare providers, submit and track your claims, monitor your benefits, and more.

Personal Health Pathways: Get started on the homepage of the Discovery Health app and view your next best actions and challenges that are personalised for you. Find out more in section 4.



Digital mental health care: Access Digital Mental Health for on-demand, evidence-based mental healthcare programmes and tools. Find out more in section 9.

Virtual urgent care: Consult a doctor online 24/7, and get digital prescriptions wherever you are. Cover includes four virtual urgent-care consultations per family each year, subject to clinical criteria.

Download the app

GET IT ON Google Play | Download on the App Store

Virtual benefits

Enhanced maternity support: As a new parent, you have access to the Parent Sense app once you create your pregnancy profile on the Discovery Health app. Find out more in section 8.

Menopause care: The Stella app offers menopause management, like symptom assessment tools, curated content, personalised behavioural and lifestyle plans, virtual GP consults trained in menopause care (subject to clinical entry criteria), one-on-one coaching, and a supportive online community. If you meet the clinical entry criteria, consults are funded through Prescribed Minimum Benefits. If you do not meet the criteria, or if you have used your benefits, claims will be paid from your available day-to-day benefits.

Virtual physical therapy: Access personalised and evidence-based virtual physical therapy from anywhere. Virtual physical therapy (VPT) should be prescribed by an appropriate healthcare professional such as a physiotherapist, chiropractor or biokineticist. Once prescribed, you will receive an email to access Virtual physical therapy. Claims are funded from your available day-to-day benefits.

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Your access to **care at home**

Delivering hospital-level care safely and effectively in your home for many medical conditions for which you would otherwise be admitted to hospital.

Hospital at Home

Discovery Hospital at Home provides qualifying members with the option to receive hospital-level home-based care instead of being admitted to a traditional hospital or after an early discharge from hospital for continuation of care in the home.

Members receiving treatment in the home have access to enhanced benefits and services, delivered through their personalised care team of participating providers in the Home-based hospital network.

You have access to the following Home-based hospital network providers giving you access to Discovery Hospital at Home services, for home-based treatment:

- Discovery Home Health
- Mediclinic at Home
- Quro Medical

If you meet the Scheme's clinical and benefit entry criteria, this gives you access to:

- Physical and virtual 24-hour care, facilitated by a dedicated care team
- A remote monitoring device that automatically transmits information to a hospital-based care team, 24 hours a day, 7 days a week
- Access to an improved range of clinical diagnostic procedures and interventions to manage medical or postsurgical hospital-level care at home.

Home monitoring device benefit for essential home monitoring

The Home Monitoring Device Benefit gives you access to a range of essential and registered home monitoring devices for certain chronic and acute conditions up to a limit of R4,850 per person per year. Approved cover for these devices will not affect your day-to-day benefits.

Discovery HomeCare

When your doctor recommends that you receive home care as an alternative to a hospital stay, Discovery HomeCare will provide you with quality care in the comfort of your home. Services include postnatal care, end-of- life care, IV infusions and wound care. We pay for these services from the Hospital Benefit. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.

Discovery HomeCare is the designated service provider for defined IV infusions. Avoid having to pay 20% out of your own pocket by using Discovery HomeCare for these infusions.

Home-based virtual care for the elderly

If you are 65 years or older and identified as being at high-risk, you may have access to a basket of care to manage your condition at home. This includes a virtual consultation with a GP or nurse as an alternative to a casualty visit as well as virtual coaching sessions to help coordinate your care.

Virtual chronic care programme

If you meet the clinical entry criteria, you will have access to a supportive out-of-hospital basket of care, to help you manage your chronic conditions at home. The basket of care may include remote monitoring devices, a home nurse visit, care coordination which includes health coaching sessions, and ongoing patient management by your nominated primary care provider. Cover is subject to meeting the Scheme's clinical entry criteria, treatment guidelines and managed care protocols.

Hospital at Home is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes. Discovery HomeCare is a service provider. Practice 080 000 8000190, Grove Nursing Services (Pty) Ltd registration number 2015/191080/07, trading as Discovery HomeCare.

Essential screening and prevention benefits

This benefit pays for certain tests that can detect early warning signs of serious illnesses. The tests must be carried out by our wellness providers.



What we pay for

We cover various screening tests at our wellness providers. We pay for these tests from the Screening and Prevention Benefit. For consultations that do not form part of the Prescribed Minimum Benefits, we will pay from your available day-to-day benefits.

Screening for kids

This benefit covers the assessment of your child's growth and development. We pay for you to have your child's weight, height, body mass index and blood pressure measured at one of our wellness providers.

Screening for adults

This benefit covers a Health Check – a simple but helpful set of basic health screenings, which we pay for every year. A Health Check is performed at the point of care, with finger-prick tests where appropriate. Some of the screenings are for BMI, blood pressure, blood glucose, cholesterol and HIV.

We also cover a mammogram or ultrasound of the breast every two years. We pay for a pap smear once every three years or an HPV test (including self-sampling kits) once every five years as well as a mental wellbeing assessment and a prostate-specific antigen (PSA) test annually. Every two years, for members between 45 and 75 years, we pay for a bowel cancer screening test (including self-sampling kits).

Screening for seniors

In addition to screening for adults, members who are 65 years and older have cover for an age-appropriate falls-risk screening assessment. This assessment must be carried out at a pharmacy in our defined pharmacy network. We may cover you for an extra falls-risk assessment when you are referred to a Premier Plus GP. This depends on your screening test results and if you meet the Scheme's clinical entry criteria.

Additional tests

Clinical entry criteria apply to these tests:

- Defined diabetes and cholesterol screening tests
- Breast MRI or mammogram and once-off BRCA testing for breast screening
- Colonoscopy for bowel cancer screening
- Pap smear or HPV test for cervical screening.

Vaccines

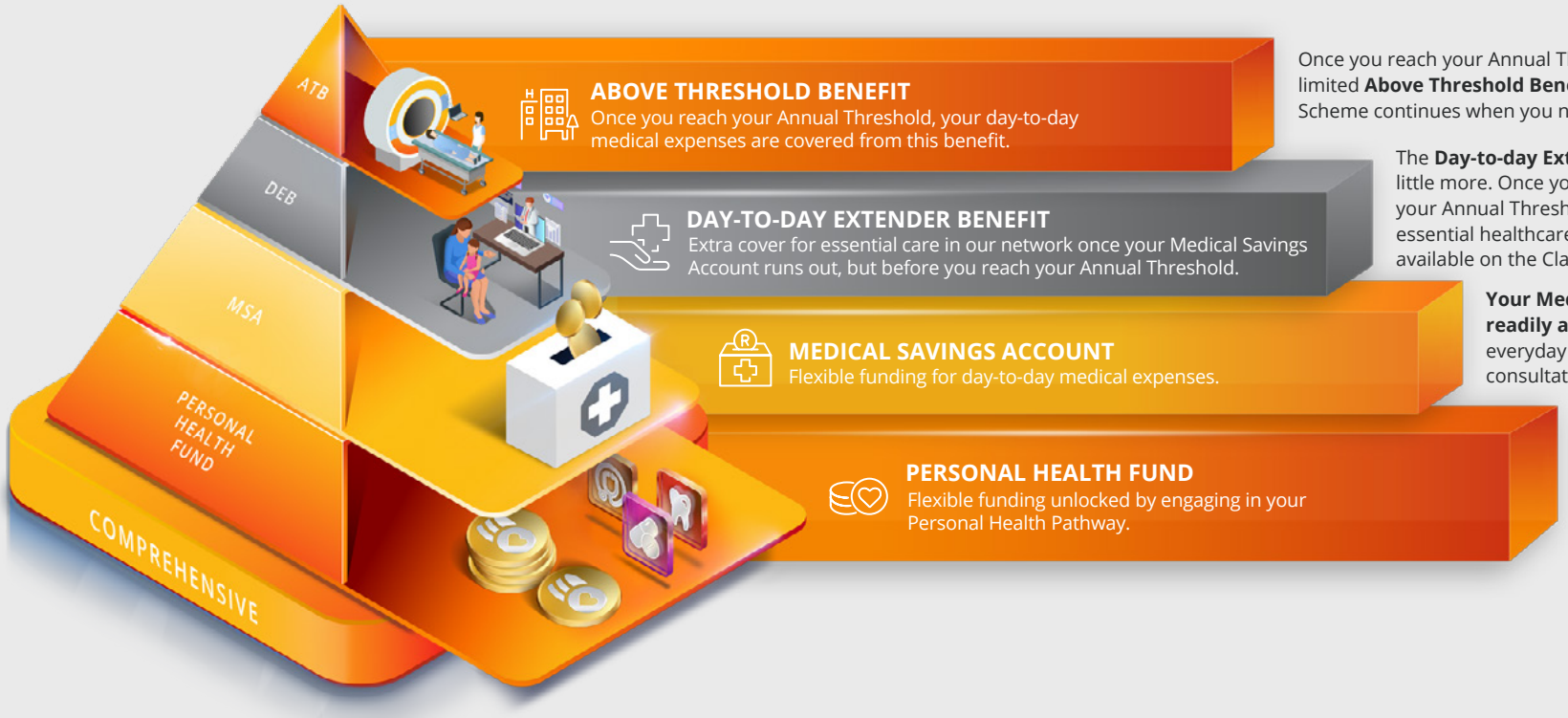
Clinical entry criteria apply to these vaccines:

- A seasonal flu vaccine for healthcare professionals and members who are pregnant, 65 years or older, or registered for certain chronic conditions
- The pneumococcal vaccine for members 65 years or older or those who are registered or certain chronic conditions. You need a prescription from your doctor to get this vaccine.

Visit www.discovery.co.za to view the detailed Screening and Prevention Benefit guide.

Experience more for your day-to-day healthcare needs

When it comes to your day-to-day healthcare, every rand counts. You get more with Discovery Health Medical Scheme. We're here to help you get healthier while you stretch your benefits, keep your healthcare spending in check and celebrate every saving.



Once you reach your Annual Threshold, your claims are paid from your limited **Above Threshold Benefit**, so your healthcare cover from the Scheme continues when you need it most.

The **Day-to-day Extender Benefit** is there when you need a little more. Once you've used your MSA but haven't yet reached your Annual Threshold, this benefit gives you extra cover for essential healthcare services in our network. This benefit is not available on the Classic Smart Comprehensive Plan.

Your Medical Savings Account (MSA) is your **readily available** funds set aside to pay for everyday healthcare needs like GP visits, specialist consultations, medicine and tests.

Personal Health Fund brings a new dimension to your cover. This benefit helps you **earn up to R24,000** in day-to-day cover as you complete personalised actions and challenges on **Personal Health Pathways.**

Personal Health Pathways is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider, administrator and managed care provider of medical schemes. Personal Health Pathways is enabled by the combination of Discovery Health's healthcare capabilities and Vitality's incentivised behaviour change expertise.

Day-to-day benefits

We cover your day-to-day healthcare expenses from your defined day-to-day benefits, Personal Health Fund, Medical Savings Account (MSA), Day-to-day Extender Benefit (DEB) and/or limited Above Threshold Benefit (ATB).

Medical Savings Account

We pay your day-to-day medical expenses, such as those for GP and specialist consultations, medicine (excluding registered chronic medicine), radiology and pathology, from the available money in your MSA. If you have money left over at the end of the year, this will carry over to the next year.

You have the option for us to pay your claims from the MSA at either the DHR or at cost.

If you have chosen to have your claims paid from the MSA at cost, we will automatically pay your claims that are more than the DHR. If you have chosen to have your claims paid from your MSA at the DHR, and you wish to have claims that are more than the DHR or benefit limits paid from the available money in your MSA, you can request a special payment from your MSA. Claims that are paid from the MSA and which are more than the DHR do not add up to the Annual Threshold.

On the Classic Smart Comprehensive Plan, you can access unlimited GP consultations in the Smart GP Network, until you reach the Annual Threshold. You will have to pay the first R80; the rest of the consultation fee will be covered up to the Discovery Health Rate (DHR). If your MSA is set to pay at cost, the R80 co-payment will be paid from the available money allocated to your MSA. We pay for video consultations with a Smart Network GP in full, up to the DHR. Once you reach the Annual Threshold, we pay your claims from the available money in your limited Above Threshold Benefit.

Self-payment Gap

If the money in your MSA runs out before you reach your Annual Threshold, you will have to pay for claims from your own pocket until your claims reach the Annual Threshold amount. This period is known as the Self-payment Gap. It is important that you continue sending in your claims during the Self-payment Gap so that we know when you reach your Annual Threshold for claims. Claims will reduce your Self-payment Gap and accumulate towards your Annual Threshold at 100% of the DHR, or a portion of this, as shown in the first table on the next page. Certain claims will not accumulate.

Day-to-day Extender Benefit

This 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. It covers video call consultations with a network GP and pharmacy clinic consultations in our defined Wellness Network. We also cover you for face-to-face consultations with a network GP when you are referred after a video call consultation or by the pharmacy clinic virtual GP. We cover face-to-face consultations up to the DHR. Kids younger than 10 years have cover for two kids' casualty visits a year at a network provider. This benefit is not available on the Classic Smart Comprehensive Plan.

Above Threshold Benefit

We start paying day-to-day expenses from your Above Threshold Benefit once you have reached your Annual Threshold.

Some claims do not add up to your Annual Threshold and are not paid from your Above Threshold Benefit, for example:

- Medicine that you do not need a prescription for (over-the-counter medicine)
- Childhood vaccines and immunisations
- Lifestyle-enhancing products, including GLP-1 medicine
- Claims that are more than the DHR
- Claims paid in excess of the yearly benefit limits.

What we pay for

The Above Threshold Benefit is limited and covers all day-to-day expenses at the DHR or at a portion of the DHR. Certain benefit limits may apply. You will need to pay any difference between the DHR and the amount claimed. You will also have to pay any amount that exceeds the yearly benefit limit (where applicable) or the Above Threshold Benefit limit.

For more detail on how you are covered visit *Do we cover* on our website **www.discovery.co.za.**

Personal Health Fund

This benefit provides you with additional day-to-day medical funding. You can start the year with an advance on your Personal Health Fund allocation of up to R1,000 per adult by completing a Health Check, activating Personal Health Pathways, and enabling fitness and sleep tracking in the previous benefit year. You can earn up to R3,000 towards your fund, per adult per year by completing recommended actions. On top of this, the Challenge Boost allows you can earn up to an additional R3,000 per adult by completing two health-related challenges in the year.



Day-to-day benefits

We cover your day-to-day healthcare expenses from your defined day-to-day benefits, Personal Health Fund, Medical Savings Account (MSA), Day-to-day Extender Benefit (DEB) and limited Above Threshold Benefit (ATB).

Some day-to-day healthcare services have limits. These are not separate benefits. Limits apply to claims that are paid from your MSA and limited ATB. We pay day-to-day benefits up to the ATB limit or up to the benefit limit that applies – whichever you reach first.

We add these amounts to the Annual Threshold and pay them from your limited ATB, once you reach your Annual Threshold. If the claimed amount is less than the Discovery Health Rate (DHR), we will pay and add the claimed amount to the Annual Threshold. Claims paid from your Personal Health Fund, defined day-to-day benefits or DEB will not accumulate to the Annual Threshold or benefit limits.

The tables below show you how much we pay for your day-to-day expenses on the Comprehensive plans.

When you claim, we add up the following amounts to get to the Annual Threshold.

Healthcare professionals and medicine	What we pay
Specialists who we have a payment arrangement with	Up to the rate that we have agreed on with the specialist
Specialists who we do not have a payment arrangement with	100% of the Discovery Health Rate (DHR)
GPs and other healthcare professionals	100% of the Discovery Health Rate (DHR)
Preferred medicine	100% of the Discovery Health Rate (DHR)
Non-preferred medicine	Up to 75% of the Discovery Health Rate if the price of the medicine is within 25% of the preferred equivalent. Up to 50% of the DHR if the price of the medicine is more than 50% of the price of the preferred equivalent.

Medicine	Single member	One dependant	Two dependants	Three or more dependants
Prescribed medicine* (Schedule 3 and above)	R45,300	R53,100	R61,650	R70,300
Over-the-counter medicine, childhood vaccines, immunisations and lifestyle-enhancing products, including GLP-1 medicine	We pay these claims from the available money in your Personal Health Fund or MSA. These claims do not add up to the Annual Threshold and are not paid from the limited ATB. GLP-1 medicine is not covered from the Personal Health Fund.			

* If you join the Scheme after January, you will not receive your full limit because we calculate the limit based on how many months are left in the year.

Day-to-day benefits

Professional services	Single member	One dependant	Two Dependants	Three or more dependants
Allied, therapeutic and psychology healthcare services* (Acousticians, biokineticists, chiropractors, counsellors, dietitians, homeopaths, nurses, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrists, social workers, speech and language therapists, and audiologists.)	R26,500	R36,050	R43,900	R50,950
Dental appliances and orthodontic treatment*	R38,950 per person			
Antenatal classes	R2,600 for your family			

Appliances and equipment

Optical* (This limit covers lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye.)	R7,800 per person
External medical items* (Like wheelchairs, crutches and prostheses)	R64,200 for your family
Hearing aids (Certain hearing aid accessories are covered as described above for external medical items)	R32,450 for your family

* If you join the Scheme after January, you will not receive your full limit because we calculate the limit based on how many months are left in the year.

We cover your day-to-day healthcare expenses from your defined day-to-day benefits, Personal Health Fund, Medical Savings Account, Day-to-day Extender Benefit or limited Above Threshold Benefit.

Additional benefits for allied, therapeutic and psychology healthcare services and external medical items

For a defined list of conditions, we give you additional cover for clinically appropriate, evidence-based external medical items and treatment from acousticians, social workers, biokineticists, physiotherapists or chiropractors, psychologists, occupational therapists, speech and language therapists.

You need to apply for these benefits. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.



Maternity benefit

We pay for healthcare services related to your pregnancy and treatment for the first two years of your baby's life. When you are pregnant, your cover applies from the date on which the benefit is activated. Each child's cover applies from birth until they are 2 years old. Claims are funded up to 100% of the Discovery Health Rate (DHR).

How to access the benefit

You can activate the Maternity Benefit by:

- Creating your pregnancy or baby profile on the Discovery Health app or on our website at **www.discovery.co.za**
- Preauthorising your delivery or by registering your baby as a dependant on the Scheme.

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

During pregnancy

- **Antenatal consultations:** We pay for up to 12 consultations with your gynaecologist, GP or midwife.
- **Ultrasound scans and screenings during pregnancy:** You are covered for up to two 2D ultrasound scans or one 2D ultrasound scan and one nuchal translucency test. If you get a 3D or 4D scan, we pay up to the rate that we pay for 2D scans. You are also covered for one chromosome test or non-invasive prenatal test (NIPT), if you meet the clinical entry criteria.
- **Flu vaccinations:** We pay for one flu vaccination during your pregnancy.
- **Private ward for delivery:** The healthcare services related to childbirth are covered by your Hospital Benefit. For your delivery, we cover you for up to R2,900 per day in a private ward.
- **Blood tests:** We pay for a defined list of blood tests to confirm your pregnancy.

After you give birth

- **Essential devices:** We pay up to R6,750 for essential registered devices such as breast pumps (for adult female beneficiaries) and smart thermometers. You must pay 25% towards the cost of these devices. Clinical protocols and treatment guidelines apply.
- **GP and specialists to help you after birth:** We cover your baby under the age of 2 for two visits to a GP, paediatrician or ear, nose and throat specialist.
- **Other healthcare services:** We cover postnatal care. This includes a postnatal consultation for complications after delivery.

Pre- and postnatal care

We pay for a maximum of five antenatal or postnatal classes (including online cases) or consultations with a registered nurse, for up to two years after you have given birth. We also pay for one breastfeeding consultation with a registered nurse or breastfeeding specialist. We cover you for a nutritional assessment with a dietitian, and up to two mental healthcare consultations with a counsellor or psychologist during pregnancy or after you give birth.

Enhanced support

- Parent sense: As a new parent, you have access to the Parent Sense app where you can access helpful resources, personalised breastfeeding schedules, sleep routines, and more. Access the Women's Health Hub on the Discovery Health app for more information.
- Nurture at Home: If your baby is admitted to the Neonatal Intensive Care Unit (NICU) immediately after birth for 7 days or more, the Nurture at Home Programme offers additional support. You may qualify for a defined basket of care to help you adjust after discharge, if you meet the clinical entry criteria. Refer to section 13 for full details on eligibility and benefits.

The Discovery Health app and Parent Sense are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

Chronic benefits

The Chronic Illness Benefit (CIB) covers you for a defined list of 27 medical conditions known as the Chronic Disease List (CDL).

On the Classic Comprehensive Plan, you have cover for 22 extra conditions, set out on the Additional Disease List . This is not available on the Classic Smart Comprehensive Plan.



What we cover

Prescribed Minimum Benefit conditions

You have access to treatment for a list of medical conditions under the Prescribed Minimum Benefits. The Prescribed Minimum Benefits cover the 27 chronic conditions on the CDL.

Our plans offer you benefits that exceed Prescribed Minimum Benefits. Certain rules apply for accessing Prescribed Minimum Benefits.

Medicine cover for the Chronic Disease List

We cover you in full for approved chronic medicine on our medicine list (formulary). For medicine that is not on our list, we cover you up to the Generic Reference Price, where a generic alternative exists, up to a set monthly rand amount. This amount is called the Chronic Drug Amount (CDA).

Medicine cover for the Additional Disease List

We cover you for medicine on the Additional Disease List. We pay up to the set monthly CDA for this medicine. No medicine list (formulary) applies. This benefit is not available on the Classic Smart Comprehensive Plan.

How we pay for consultations and medicine

You must nominate a GP in the Discovery Health Network to be your Primary Care GP and manage your chronic conditions. You can change your nominated Primary Care GP up to three times a year. To find a doctor and learn more about the nomination process, use **www.discovery.co.za,** or the Discovery Health app.

To be covered in full for your GP consultations, you must visit your nominated Primary Care network GP. If you see a GP who is not your nominated Primary Care GP or your nominated GP is not a network GP, you will have to pay a co-payment. For more information on our Care programmes and enrolment by your Premier Plus Network GP, please refer to the last page in Section 9.

We pay up to a maximum of the Discovery Health Rate (DHR) for medicine that you buy from one of our network pharmacies.

How to activate the benefit

You must apply for the CIB. Your Primary Care GP must complete the form online or send it to us for approval.

Visit **www.discovery.co.za** to view the detailed CIB guide.

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

Chronic benefits and where to get your medicine

Chronic Disease List conditions

Chronic conditions covered on both Comprehensive plans

- **A** Addison's disease, asthma
- **B** Bipolar mood disorder, bronchiectasis
- **C** Cardiac failure, cardiomyopathy, chronic obstructive pulmonary disease, chronic renal disease, coronary artery disease, Crohn's disease
- **D** Diabetes insipidus, diabetes type 1, diabetes type 2, dysrhythmia
- **E** Epilepsy
- **G** Glaucoma
- **H** Haemophilia, HIV, hyperlipidaemia, hypertension, hypothyroidism
- **M** Multiple sclerosis
- **P** Parkinson's disease
- **R** Rheumatoid arthritis
- **S** Schizophrenia, systemic lupus erythematosus
- **U** Ulcerative colitis

Additional Disease List conditions

Additional chronic conditions covered on the Classic Comprehensive Plan

- **A** Ankylosing spondylitis
- **B** Behçet's disease
- **C** Cystic fibrosis
- **D** Delusional disorder, dermatopolymyositis
- **G** Generalised anxiety disorder
- **H** Huntington's disease
- **I** Isolated growth hormone deficiency
- **M** Major depression, motor neuron disease, muscular dystrophy and other inherited myopathies, myasthenia gravis
- **O** Obsessive compulsive disorder, osteoporosis
- **P** Paget's disease, panic disorder, polyarteritis nodosa, post-traumatic stress disorder, psoriatic arthritis, pulmonary interstitial fibrosis
- **S** Sjögren's syndrome, systemic sclerosis

Using a pharmacy in our networks

On the Comprehensive plans, you can buy your medicine from any pharmacy in our pharmacy network. There are over 2,500 pharmacies to choose from.

How to get your medicine

You now have greater convenience and flexibility in managing your medicine needs. Order for collection from your preferred pharmacy partner. Our partners include Clicks, Dis-Chem (delivery option available), Medirite and other independent pharmacies.

Our enhanced online platforms give you greater control. From uploading your prescriptions to tracking your deliveries, you can now manage all your medicine needs more smoothly than ever before.

Care programmes

We provide condition-specific care programmes for diabetes, mental health, HIV and heart conditions.

Our preventive and condition-specific care programmes help you to manage diabetes, HIV, mental health and heart-related medical conditions. You have to be registered on these care programmes to unlock their extra benefits and services. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.

Find out more about Personal Health Pathways in section 4.

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

Chronic Care Programme

If you are registered for type 1 diabetes, type 2 diabetes, hypertension, hyperlipidaemia, coronary artery disease, or HIV, you may have access to additional benefits to help you and your doctor to manage your health.

Once enrolled by your nominated Premier Plus GP, the programme provides coordinated, condition-specific benefits to help you and your doctor to manage your health and improve treatment outcomes. Depending on the condition and clinical requirements, you may have access to an additional consultation with healthcare professionals, coaching, care coordination services, pathology tests, and other clinically appropriate interventions and support services.

The programme is designed to assist you in understanding and managing your condition, adhering to treatment plans, and reducing the risk of complications through ongoing monitoring and support.

Cover is subject to the Scheme's clinical entry criteria, treatment guidelines, protocols, and approved benefits.

Depression Risk Management Programme

If you are identified as being at risk of depression, you will have access to a 6-month long care programme with a defined basket of care. This includes a consultation with a Premier Plus GP or network psychologist, coaching sessions with a social worker to coordinate your care, consultations with a dietitian, and a clinically appropriate digital mental wellbeing course. Cover is subject to clinical entry criteria treatment guidelines and protocols.

Mental Health Care Programme

Once you are enrolled in this programme by your network psychologist or nominated Premier Plus GP, we give you defined cover to manage episodic depression. Enrolment unlocks cover for prescribed medicine, access to either individual or group psychotherapy sessions (virtual and face-to-face therapy), digital mental health care with internet-based cognitive behavioural therapy (iCBT), and extra GP consultations. The GP consultations help ensure that your treatment is effectively evaluated, tracked and monitored.

Additionally, members with depression may qualify to access a relapse prevention programme. This includes extra cover for a defined basket of care for psychiatry consultations, counselling sessions and care coordination services. Cover is subject to clinical entry criteria, treatment guidelines and protocols.

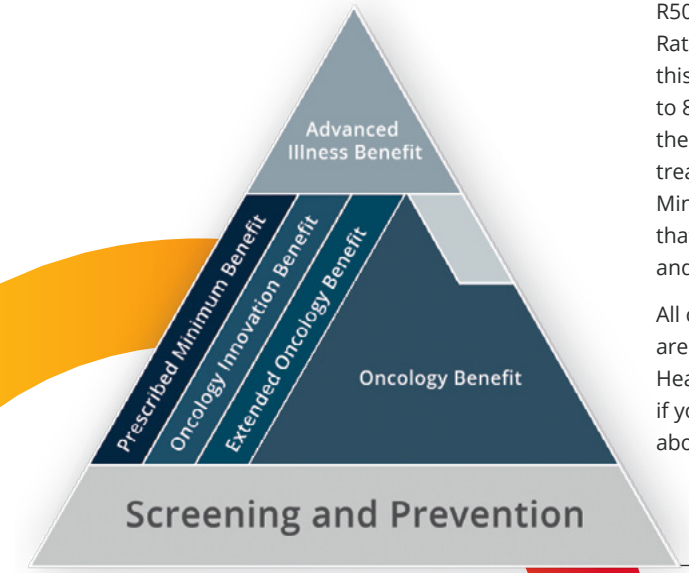
Oncology Care Programme

If you are diagnosed with cancer, we give you comprehensive cover, including cover for high-cost medicine and innovative treatment. We also provide extended cover once you reach certain limits.

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

Prescribed Minimum Benefits

All Prescribed Minimum Benefit treatment costs add up to the cover amount. If your treatment costs more than the cover amount, we will continue to cover your Prescribed Minimum Benefit cancer treatment in full if you use a designated service provider.



Oncology Benefit

If you are diagnosed with cancer, we cover you on the Oncology Care Programme once we have approved your treatment. We pay for approved cancer treatment over a 12-month cycle.

On Classic Smart Comprehensive, we cover the first R375,000; on Classic Comprehensive, we cover the first R500,000 at 100% of the Discovery Health Rate. If your treatment costs more than this cover amount, we will pay for up to 80% of the Discovery Health Rate of the subsequent treatment , unless the treatment forms part of the Prescribed Minimum Benefits or the extended cover that is offered by the Oncology Innovation and Extended Oncology Benefit.

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

Oncology Innovation Benefit

We pay for a defined list of innovative cancer medicine that meets the Scheme's criteria. We pay up to 50% of the Discovery Health Rate or generic reference price. On Classic Smart Comprehensive, you have cover for a sub-set of oncology precision medicine. This is subject to the Scheme's clinical entry criteria. We pay up to 50% of the Discovery Health Rate or generic reference price.

Extended Oncology Benefit

Once you have reached your cover limit, we give you extended cover, in full, for a defined list of cancers and treatments that meet the Scheme's criteria. This is not available on the Classic Smart Comprehensive Plan.



How we cover medicine

To avoid a 20% co-payment, you need to get your approved oncology medicine from a designated service provider. Speak to your treating doctor to confirm that they are using our designated service providers for your medicine and for any treatment that you are receiving in a doctor's rooms or a treatment facility. Oncology medicine is paid up to 100% of the Discovery Health Rate or up to the Oncology Reference Price, whichever is applicable.

Advanced Illness Benefit

Members can access a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home, care coordination, counselling services and supportive care for appropriate end-of-life clinical and psychologist services. We also pay for a GP consultation to facilitate your palliative care treatment plan.

Hospital Benefit

The Hospital Benefit covers you if you need to be admitted to hospital

On the Comprehensive plans, you don't have an overall limit for the Hospital Benefit.

View the hospitals in the Smart Hospital Network using 'Find a healthcare provider' on the Discovery Health app.

What the benefit does

This benefit pays the costs for your stay when you are admitted into hospital.

What we cover

We give you unlimited cover for stays in any private or public hospitals that are approved by the Scheme. On the Classic Smart Comprehensive Plan, you need to use a facility in the Smart Hospital Network.



How to access the benefit

Getting your confirmation first

Contact us to confirm your hospital stay before you are admitted. This is known as preauthorisation.

Where to go

If you are on the Classic Smart Comprehensive Plan, you need to use a hospital in the Smart Hospital Network. If you are on the Classic Comprehensive Plan, you can go to any private or public hospital that is approved for payment by the Scheme. Payment for healthcare services at newly licensed facilities is subject to approval by the Scheme.

What we pay

We pay for planned hospital stays from your Hospital Benefit. Specifically, we pay for your medicine in hospital, the hospital stay itself, and the services that you receive from all healthcare professionals who provide you with care and treatment. Payment is subject to the Scheme authorising your hospital stay.

If you use doctors, specialists and other healthcare professionals who we have a payment arrangement with, we will pay for their services in full. On both plans, we pay up to 200% of the Discovery Health Rate for other healthcare professionals.

You can avoid co-payments by:

- Using healthcare professionals who we have a payment arrangement with
- Going to a hospital in the Smart Hospital Network if you are on the Classic Smart Comprehensive Plan.

If you have to go to hospital, we will pay your hospital expenses. There is no overall hospital limit for the year on any of the plans. However, we limit how much you can claim for some treatments. Contact us well before you have to go in to hospital. We will let you know what you are covered for. If you do not contact us before you go, we might not cover the costs.

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

Hospital cover

The Comprehensive plans offer unlimited hospital cover.

The table below shows how we pay for your approved hospital admissions:

	Healthcare professionals, providers and services	What we pay for
	**The hospital account**	▪ We pay the full account, at the rate agreed on with the hospital. ▪ We pay up to R2,900 per day in a private ward from the Maternity Benefit for deliveries. ▪ On Classic Smart Comprehensive, you must pay an upfront amount of R13,150 for planned admissions to hospitals that are not in the Smart Hospital Network.
	**Upfront payment for a defined list of procedures performed outside of the Day Surgery Network**	**Classic:** You will have to pay an upfront payment of R7,550. **Classic Smart:** You will have to pay an upfront payment of R13,150.
	**Defined list of procedures performed in specialist rooms**	We pay up to the agreed rate, where authorised by the Scheme.
	**Specialists who we have a payment arrangement with**	We pay the full account, at the agreed rate.
	**Specialists who we do not have a payment arrangement with, and other healthcare professionals**	We pay up to twice the Discovery Health Rate (200%).
	**X-ray and blood test (radiology and pathology) accounts**	We pay up to the Discovery Health Rate (100%).
	**MRI and CT scans**	▪ We pay up to the the Discovery Health Rate (DHR) if the scan is related to your current and approved hospital admission from your Hospital Benefit. ▪ If the scan is not related to your admission or is for conservative back and neck treatment, we pay the first R4,155 from your available day-to-day benefits and the rest from your Hospital Benefit, up to the DHR. For conservative back and neck scans, cover is limited to one scan per spinal and neck region per year.
	**Cataract Surgery at a network provider**	▪ We pay the full account at the agreed rate at a network facility for cataract surgery. ▪ We pay the hospital account at up to 80% of the Discovery Health Rate at any other facility.

Hospital cover

The Comprehensive plans offer unlimited hospital cover.



Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)

Admissions for scopes

Depending on where you have your scope done, we pay the following amounts from your available day-to-day benefits and the rest of the hospital and related accounts from your Hospital Benefit. If you do not have money in your day-to-day benefits, you will need to pay this amount.

Co-payments for scope admissions:

Day clinic account	Hospital account
R4,850	R7,100. This co-payment will reduce to R5,650 if the scope is performed by a doctor who is part of the Scheme's value-based network.
IF BOTH A GASTROSCOPY AND COLONOSCOPY ARE PERFORMED IN THE SAME ADMISSION	
R5,900	R8,750. This co-payment will reduce to R7,100 if scopes are performed by a doctor who is part of the Scheme's value-based network.

Visit www.discovery.co.za to view the hospital network providers applicable to your plan.

Upfront payments for scopes performed outside of the Day Surgery Network:

If you are on Classic Comprehensive, you must pay an upfront amount of R7,550. If you have both a gastroscopy and colonoscopy, the higher co-payment of R8,750 will apply.

If you are on Classic Smart Comprehensive, you must pay an upfront amount of R13,150.

Scopes performed in-rooms:

No co-payment applies for scopes performed at an in-rooms network provider. The following co-payment will apply for scopes performed at a non-network provider:

Single scope	Bi-directional scopes
R1,880	R3,220

When there is no upfront payment:

If your scopes are performed as part of a confirmed Prescribed Minimum Benefits condition, where indicated and approved for dyspepsia, the patient is aged 12 or under, or for in-rooms scopes performed at a network provider, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.

Hospital cover

Benefits with a yearly limit



Bone-Anchored Hearing Aids

Limited to R155,850 per person. A limit of R81,050 applies per person every three years for processor upgrades.



Cochlear implants, auditory brain implants and processors

Limited to R261,850 per person. A limit of R197,400 applies per person every three years for processor upgrades.



Internal nerve stimulators

Limited to R199,500 per person.



Shoulder joint prosthesis

If you get your prosthesis from a provider in our network, there is no limit. We pay up to R53,500 if you use a provider outside our network.



Alcohol and drug rehabilitation

We pay for 21 days of rehabilitation for each person each year. For detoxification, we cover for three days per approved admission, per person. All drug and rehabilitation admissions are covered in full at a network facility. If you go somewhere else, we will pay up to 80% of the DHR for the facility account.



Prosthetic devices used in spinal surgery

There is no overall limit if you get your prosthesis from one of our preferred suppliers. If you do not use a preferred supplier, a limit of R27,000 applies for the first spinal level, and a limit of R53,950 applies for two or more levels. This benefit is limited to one procedure per person per year.

We cover you in full for approved spinal surgery admissions if you use a provider in our spinal surgery network. We will pay up to 80% of the DHR for your hospital account if you have a planned admission outside our network.

You also have cover for out-of-hospital conservative spinal treatment. See Section 13.



Major joint surgery

If you use a provider in our network, you will not have a limit for planned hip and knee joint replacements. We pay up to 80% of the Discovery Health Rate (DHR) if you use a provider outside our network, to a maximum of R33,100 for each prosthesis, for each admission. The network does not apply to emergency or trauma-related surgeries.



Mental health

We cover the following:

- 21 days of admissions or up to 15 out-of-hospital consultations per person for major affective disorders, anorexia and bulimia
- Up to 12 out-of-hospital consultations for acute stress disorder that is accompanied by recent significant trauma
- 3 days (per approved admission) for attempted suicide
- 21 days for all other mental health admissions.

All mental health admissions are covered in full at a network facility. If you go somewhere else, we will pay up to 80% of the DHR for the hospital account.



Hospital cover

Benefits with a yearly limit

Dental treatment in hospital

Dental limit

There is no overall limit for basic dental treatment. However, we pay 100% of the Discovery Health Rate (DHR) for all dental appliances and prostheses, the placement of dental appliances and prostheses, and orthodontic treatment. For orthodontic treatment, we also pay the related accounts for orthognathic surgery. For anaesthetists, we pay up to 200% of the DHR.

We cover these claims from your day-to-day benefits, up to a yearly limit of R38,950 per person or up to the Above Threshold Benefit limit – whichever one you reach first. If you join the Scheme after January, you will not receive the full limit, as we will calculate the benefit limit based on the number of months remaining in the year.

Severe dental and oral surgery in hospital

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures. You do not have to pay an upfront payment for these, and there is no overall limit on the benefit. This benefit is subject to authorisation and the Scheme's Rules.

Basic Dental Trauma Benefit

The Basic Dental Trauma Benefit covers sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment after an accident or trauma injury. Where you meet the clinical entry criteria, we pay up to a yearly limit of R73,550 per person for dental appliances and prostheses and for the placement of these.

Dental treatment in hospital

You need to pay a portion of your hospital or day clinic account upfront for dental admissions, except where you are approved for severe dental and oral surgery. The amount that you pay varies, depending on your age and where you are receiving treatment.

We cover the rest of the hospital account from your Hospital Benefit. (We pay up to 100% of the DHR.) The related accounts, which include the dental surgeon's account, are paid from your Hospital Benefit. (We pay up to 100% of the DHR.) For anaesthetists, we pay up to 200% of the DHR.

For members 13 years and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment, from your available day-to-day benefits.

Upfront payment for dental admissions:

	Hospital account	Day clinic account
MEMBERS 13 YEARS AND OLDER:		
	R9,300	R5,970
MEMBERS UNDER 13 YEARS:		
	R3,600	R1,610

Cover for procedures in the **Day Surgery Network**

We cover specific procedures that can be carried out in the Day Surgery Network.

About the benefit

We cover certain planned procedures in a day surgery facility. A day surgery may be inside a hospital, in a day clinic or at a standalone facility.

How to access the benefit

View the list of day surgery procedures on the next page. You must contact us to get confirmation of your procedure. This confirmation is called preauthorisation.

View all Day Surgery Network facilities using 'Find a healthcare provider' on the Discovery Health app.

How we pay

We cover these services from your Hospital Benefit. Specifically, we pay for the medicine and services related to your hospital stay, including the services by all your healthcare professionals, provided that the medicine and services are authorised by the Scheme.

If you use doctors, specialists and other healthcare professionals who we have a payment arrangement with, we cover their services in full. For other healthcare professionals, we pay up to 200% of the Discovery Health Rate (DHR).

When you need to pay

If you go to a facility that is not in your plan's Day Surgery Network, you will have to pay an amount upfront as per the below table:

	Day Surgery Network for your plan	Your out-of-network upfront payment
Classic	Day Surgery Network	R7,550
Classic Smart	Smart Day Surgery Network	R13,150



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

List of procedures covered in the Day Surgery Network

The following is a list of procedures to be performed in our Day Surgery Network.

B

Biopsies

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

Breast procedures

- Mastectomy for gynaecomastia
- Lumpectomy (fibroadenoma)

E

Ear, nose and throat procedures

- Tonsillectomy and/or adenoidectomy
- Repair nasal turbinates, nasal septum
- Simple procedures for nosebleed (extensive cautery)
- Sinus lavage
- Scopes (nasal endoscopy, laryngoscopy)
- Middle ear procedures (mastoidectomy, myringoplasty, myringotomy and/or grommets)

Eye procedures

- Corneal transplant
- Treatment of glaucoma
- Other eye procedures (removal of foreign body, conjunctival surgery (repair laceration, pterygium), glaucoma surgery, probing and repair of tear ducts, vitrectomy, retinal surgery, eyelid surgery, strabismus repair)

G

Ganglionectomy

Gastrointestinal

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

Gynaecological procedures

- Diagnostic dilatation and curettage
- Endometrial ablation
- Diagnostic hysteroscopy
- Colposcopy with LLETZ
- Examination under anaesthesia
- Diagnostic laparoscopy
- Simple vulval and introitus procedures: Simple hymenotomy, partial hymenectomy, simple vulvectomy, excision of Bartholin's gland cyst
- Vaginal, cervix and oviduct procedures: Excision vaginal septum, cyst or tumour, tubal ligation or occlusion, uterine cervix cerclage, removal of cerclage suture
- Suction curettage
- Uterine evacuation and curettage

O

Orthopaedic procedures

- Arthroscopy, arthrotomy (shoulder, elbow, knee, ankle, hand, wrist, foot, temporomandibular joint), arthrodesis (hand, wrist, foot)
- Minor joint arthroplasty (intercarpal, carpometacarpal and metacarpophalangeal, interphalangeal joint arthroplasty)
- Tendon and/or ligament repair, muscle debridement, fascia procedures (tenotomy, tenodesis, tenolysis, repair/reconstruction, capsulotomy, capsulectomy, synovectomy, excision tendon sheath lesion, fasciotomy and fasciectomy) (all subject to individual case review)
- Repair bunion or toe deformity
- Treatment of simple closed fractures and/or dislocations, removal of pins and plates (all subject to individual case review)

N

Nerve procedures

- Neuroplasty median nerve, ulnar nerve, digital nerve of hand or foot

R

Removal of foreign body

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

S

Simple superficial lymphadenectomy

Skin procedures

- Debridement
- Removal of lesions (dependent on site and diameter)
- Simple repair of superficial wounds

Simple hernia procedures

- Umbilical hernia repair
- Inguinal hernia repair

U

Urological

- Cystoscopy
- Male genital procedures (circumcision, repair of penis, exploration of testes and scrotum, orchiectomy, epididymectomy, excision hydrocoele, excision varicocele, vasectomy)

Extra benefits on your plan

You get the following extra benefits to enrich your cover. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.

Advanced Illness Benefit

Members have access to a comprehensive palliative care programme. The programme offers unlimited cover for approved care at home and for care coordination. It includes unlimited cover for counselling services and supportive care (appropriate end-of-life clinical and psychologist services). We also pay for a GP consultation, so your GP can facilitate your palliative care treatment plan.

Africa Evacuation Benefit

We cover you for emergency medical evacuations from certain sub-Saharan African countries back to South Africa. Pre-existing conditions are excluded.

Assisted Reproductive Therapy (ART)

If you meet the Scheme's benefit entry criteria, we cover you for one or two cycles of Assisted Reproductive Therapy Benefit per year, depending on your age.

The benefit includes cover for consultations, ultrasounds, oocyte retrieval, embryo transfer and freezing, admission costs (including lab fees), medicine, and embryo and sperm storage. This benefit also includes cover for egg donated cycles.

If you are registered on the Oncology Programme and meet the Scheme's clinical entry criteria, you have access to cryopreservation and egg and sperm storage for up to five years.

We pay up to a maximum of 75% of the Discovery Health Rate (DHR) and up to a limit of R145,450 per person per year. You will need to pay 25% of the costs and any amount that is over the DHR.

Claims related to traumatic events

The Trauma Recovery Extender Benefit extends your cover for out-of-hospital claims that are related to certain traumatic events. Claims are paid from the benefit for the rest of the year in which the trauma takes place and for the year after that. You and the dependants on your plan can access six counselling sessions per person per year. The sessions must be with a psychologist, clinical social worker or registered counsellor. They are available during the year in which the trauma takes place and in the year after.

Conservative care pathway for Arthroscopy

For selected arthroscopic procedures and clinically appropriate conditions, eligible members may have access to a conservative care pathway which includes physiotherapy sessions before surgery. Cover is subject to meeting the Scheme's clinical entry criteria, treatment guidelines and managed care protocols.

Disease management for sleep disorders

If you are identified as being at risk following the completion of a validated sleep assessment, you may have access to a defined basket of care. This includes one consultation with a network GP or psychologist, cognitive-behavioural-therapy for insomnia (CBT-i), and sleep health coaching.

Extra benefits on your plan

You get the following extra benefits to enrich your cover. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.



In-room procedures

We pay for a defined list of procedures that are performed in specialists' rooms. Provided that your procedure is authorised by the Scheme, we will cover you from your Hospital Benefit and pay up to the agreed rate.



International Travel Benefit

When you travel outside of South Africa and have a medical emergency, we pay for the medical costs. This benefit provides up to R5 million per person on each journey. The cover is for a period of 90 days from the time you leave South Africa. Pre-existing conditions are excluded.

For elective (non-emergency) treatment that you receive outside of South Africa, we may cover you at equivalent local costs, provided that the treatment is readily and freely available in South Africa and that it would normally be covered by your plan.



International medical second opinion services

Through your local treating specialist, you can access a medical second opinion from an international expert or centre of excellence through MediGuide*. This cover is for complex conditions. We pay 100% of the cost of the second opinion service.



Nurture at Home

This programme provides additional support to parents of premature or medically complex infants admitted to Neonatal Intensive Care Unit (NICU) immediately after birth for at least 7 days. You will have access to a defined basket of care which may include cover for one overnight stay in hospital for one of the parents registered on the Scheme, virtual health coaching sessions, home nurse visits, mental health support, a follow-up visit to the paediatrician, and access to support groups.



Overseas Treatment Benefit

We pay for treatment that is not available in South Africa. The treatment must be provided by a recognised professional. We pay up to a limit of R500,000 per person. You will need to pay and claim back from us when you return to South Africa. A co-payment of 20% applies.



Smoking Cessation Programme

If you activated your Personal Health Pathway, you may have access to the GoSmokeFree* smoking cessation programme up to three times per lifetime. Cover is subject to clinical entry criteria, treatment guidelines and managed care protocols.



Specialised Medicine and Technology Benefit

We cover you for a defined list of high-cost medicine, advanced or high-cost technologies and procedures through the Specialised Medicine and Technology Benefit. We pay up to R200,000 per person per year. You have a co-payment of up to 20%. This benefit is not available on the Classic Smart Comprehensive Plan.



Spinal Care Programme

For conservative spinal treatment out of hospital, eligible members may have access to a defined basket of care. The basket includes cover for virtual and face-to-face consultations with an appropriately registered allied healthcare professional. Cover is subject to meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.

*Independent service provider appointed by the Scheme.

Extra benefits on your plan

You get the following extra benefits to enrich your cover. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.

Supportive care after an admission

If you have a qualifying condition, we give you access to a readmission prevention programme. Through the programme, we pay for approved follow-up care and health coaching sessions to help you navigate the first 30 days of recovery after you are discharged from hospital. Cover is subject to benefit entry criteria. If you meet the criteria, we will contact you and help you to access the benefit.

Supportive Post-surgery Programme

For unilateral hip and knee joint replacement procedures performed in the Scheme's Short Stay Surgical network, you can unlock access to a defined basket of care for post-operative care related to your procedure. This basket of care includes cover for home nursing and virtual physical therapy.

WHO Global Outbreak Benefit

The WHO Global Outbreak Benefit is available to all members during a declared outbreak period. Through the benefit, we pay for the administration of vaccinations (where applicable). The benefit also gives you a defined basket of care for out-of-hospital healthcare services related to outbreak diseases, such as COVID-19 and Mpox.



Your contributions, Personal Health Fund, Medical Savings Account, Annual Thresholds and limited Above Threshold Benefit

	Main member	Adult	Child**
CONTRIBUTIONS			
Classic Comprehensive	R10,934	R10,342	R2,181
Classic Smart Comprehensive	R9,343	R8,628	R2,181
ANNUAL MEDICAL SAVINGS ACCOUNT AMOUNTS* **			
Classic Comprehensive	R32,796	R31,020	R6,540
Classic Smart Comprehensive	R16,812	R15,528	R3,924
ANNUAL THRESHOLD AMOUNTS**			
Comprehensive	R37,930	R37,930	R7,250
LIMITED ABOVE THRESHOLD BENEFIT AMOUNTS* **			
Classic Comprehensive	R37,640	R37,640	R9,140
Classic Smart Comprehensive	R32,260	R32,260	R8,060

Personal Health Fund

You can accumulate up to **R24,000** in your PHF by taking the necessary steps to get healthier. The Personal Health Fund Base and Challenge Boost limits are shown below.

	Advance on 1 January	For completing Personal Health Pathways Actions			For completing Personal Health Pathways Challenges	
PLAN CHOICE	Adult	2027 Personal Health Fund Base			Challenge Boost	
		Adult	Child	Total Maximum Base value	Adult per challenge	Total Maximum Challenge Boost value
Classic and Classic Smart Comprehensive	Up to R1,000*	Up to R3,000***	Up to R1,500***	**Up to R12,000*****	Up to R1,500***	**Up to R12,000*****

* Your advance accumulates to your maximum base value.
** We count a maximum of three children when we calculate the monthly contribution, yearly MSA, Annual Threshold, and limited Above Threshold Benefit. In the case of foster children, we account for every child added to the policy.
*** If you join the Scheme after January, you will not receive the full amount because we calculate the amount based on how many months are left in the year.

Exclusions

Healthcare services that are not covered on your plan

Discovery Health Medical Scheme (DHMS) has certain exclusions. We do not pay for healthcare services related to the following, except where required as part of a defined benefit or under the Prescribed Minimum Benefits. For a full list of exclusions, please visit **www.discovery.co.za.**

Medical conditions during a waiting period

We apply waiting periods if you have never belonged to a medical scheme or if you have had a break in membership of more than 90 days before joining DHMS and have a pre-existing condition. During your waiting periods, you will not have access to the Prescribed Minimum Benefits. This includes cover for emergency admissions. If you had a break in cover for less than 90 days before joining the Scheme, you may have access to Prescribed Minimum Benefits during your waiting periods.

The general exclusion list:

The following are not covered on any of the DHMS plans:

- Reconstructive treatment and surgery, including cosmetic procedures and treatments
- Otoplasty for bat ears, blepharoplasty (eyelid surgery), and treatment or surgery for port-wine stains
- Breast reductions or enlargements and gynaecomastia
- Treatment, surgery and procedures for obesity
- Any treatment related to infertility, unless part of Prescribed Minimum Benefits or the Assisted Reproductive Therapy Benefit
- Frail care services and treatment
- Healthcare services related to 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 and/or territory at war
- Ultra-high cost treatments, 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 on this page, except where required as part of a defined benefit or under the Prescribed Minimum Benefits.

Exclusive access to **value-added offers**

Our members have exclusive access to value-added offers outside the Discovery Health Medical Scheme benefits and Rules.

Go to **www.discovery.co.za** to access these.

Get started on your Personal Health Pathways

We know that everyone is unique, so your approach to health should be as well. Complete your personal actions in the given time to reveal and claim your personalised rewards. It's as easy as accessing Personal Health Pathways in the Discovery Health app.

Trauma counseling sessions

All Discovery Health Medical Scheme members have access to two trauma counseling sessions for any trauma related events. Access the counseling sessions under emergency assist on the Discovery Health app.

Savings on personal and family care items

Sign up for HealthyCare to access savings on a vast range of personal and family care products at any Clicks or Dis-Chem. HealthyCare items include a list of baby care, sun care, dental care, eye care, foot care and handcare products, first aid and emergency items.

Savings on frames and lenses

You get a 20% discount on frames and lenses that you buy from an optometrist in your plan's network of optometrists. You will receive the discount immediately when you pay.

Savings on stem cell banking

We give you access to an exclusive Netcells offer. (Netcells is a stem cell banking service provided by a company called Next Biosciences.) The offer gives expectant parents the opportunity to cryogenically store stem cells from the blood and tissue of their newborn baby's umbilical cord, at a discounted rate. Your newborn's stem cells are a form of health insurance for your child and family, as the cells can potentially be used for future medical treatment.

Accessing Vitality to get healthier

You have the opportunity to join the world's leading science-based wellness programme, Vitality. The programme rewards you for getting healthier. Not only is a healthy lifestyle more enjoyable than an unhealthy one, it is also clinically proven that Vitality members live healthier, longer lives.



HealthyCare is brought to you by Discovery Vitality (Pty) Ltd, registration number 1997/007736/07, an authorised financial services provider. Netcells and the Discovery Health app are is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Vitality is a separate wellness product, sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Limits, terms and conditions apply.

Personal Health Pathways is enabled by the combination of Discovery Health's. Ltd; registration number 1997/013480/07, an authorised financial services provider, administrator and managed care provider of medical schemes.

Working to care for and **protect you**

Our goal is to provide you with support when you need it most.

We hold your privacy in the highest regard. Our unwavering commitment to protecting your personal information and ensuring the security and confidentiality of your data is clearly outlined in our Privacy Statement.

VIEW NOW

What to do if you have a complaint:

01 | To take your query further

If you have already contacted Discovery Health Medical Scheme (DHMS) and feel that your query has 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 the first step, you can escalate your complaint to the Principal Officer of DHMS. You may lodge a query or complaint with DHMS by completing the online form on **www.discovery.co.za** or by emailing **principalofficer@discovery.co.za**.

03 | To lodge a dispute

If you have received a final decision from DHMS and want to challenge it, you may lodge a formal dispute. You can find more information about the Scheme's dispute process on **www.discovery.co.za**.

04 | To contact the Council for Medical Schemes

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



Download the Discovery Health app GET IT ON Google Play Download on the App Store

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

The benefits explained in this brochure are provided by Discovery Health Medical Scheme, registration number 1125, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes. This brochure is only a summary of the key benefits and features of Discovery Health Medical Scheme plans, all 2027 updates including contributions are subject to 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**. In this brochure, when reference is made to 'we' in the context of benefits, members, payments or cover, this refers to Discovery Health Medical Scheme.