

Discovery
Health Medical Scheme

PLUS

CORE

START

START REGIONAL

KEYCARE 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.

C

Chronic Disease List (CDL)

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

Chronic Illness Benefit (CIB)

The Chronic Illness Benefit (CIB) 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 benefit is the available money allocated to your Personal Health Fund and defined day-to-day benefits.

Depending on your chosen plan, you have cover for a defined set of day-to-day medical expenses such as medically appropriate GP consultations, blood tests, X-rays and medicine in our KeyCare networks.

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 a rate we pay for healthcare services from hospitals, pharmacies, healthcare professional and other providers of relevant health care services.

Discovery Health Rate for medicine

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

Discovery 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.

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 HomeCare is a service provider. Practice 080 000 8000190, Grove Nursing Services (Pty) Ltd registration number 2015/191080/07, trading as Discovery HomeCare.

E

Efficiency discount arrangement

An option where members on the KeyCare Start Regional Plan benefit from a lower contribution in exchange for limiting their access to a restricted network.

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 or 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.

K

KeyCare Online Practice

The KeyCare Online Practice is an integrated healthcare and referral platform for KeyCare Start Regional members to access healthcare services. Visit **www.discovery.co.za** or click on KeyCare Online Practice on the Discovery Health app to to access the platform.



'Find a healthcare provider', Discovery HealthID 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.



M

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

You 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

Make sure you use a hospital in the network, specific to your plan to get full cover.

Home-based hospital network

You have full cover for carefully selected low-acuity conditions if you use a designated service provider in the Home-based 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 KeyCare Day Surgery Network.

Medicine networks

Use a pharmacy in our network to enjoy full cover and avoid co-payments when claiming for medicine on the prescribed medicine list.

Regional networks

The KeyCare Start Regional plan provides cover for approved healthcare services in the KeyCare Start Regional Network, when referred by the KeyCare Online Practice.

The KeyCare Start Regional Network consists of hospitals and healthcare professionals in the Gauteng, Limpopo, Mpumalanga and Western Cape regions.

- Free State: Welkom
- Gauteng: Pretoria and Johannesburg Central
- Limpopo: Polokwane and Tzaneen
- Mpumalanga: Mbombela and Trichardt
- Northern Cape: Kimberley
- North West: Potchefstroom
- Western Cape: Belville, Milnerton and George

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.

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.

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.

Prescribed Minimum Benefits (PMB)

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

- An emergency medical condition
- A defined list of 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.

Primary Care doctor

A Primary Care doctor helps you 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.

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 we pay for a medicine category. This applies for medicine that is not listed on the medicine list (formulary).

R

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.

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 KeyCare plans.

Unlimited cover for hospital admissions

You have unlimited hospital cover in our KeyCare hospital networks. Cover and network depends on the plan you choose. On KeyCare Start and KeyCare Start Regional, you have to go to a network hospital in your selected region.

Full cover for chronic medicine

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

Day-to-day cover

Unlimited cover for medically appropriate GP consultations, blood tests, X-rays and medicine in our KeyCare networks. Cover and network depends on the plan you choose.

Full cover in hospital for related accounts

We guarantee full cover in hospital for specialists on the KeyCare networks, and up to 100% of the Discovery Health Rate for other healthcare professionals. Cover and network depends on the plan you choose.

Extensive cover for maternity

You get comprehensive benefits for maternity and early childhood. The benefits cover certain healthcare services before and after birth. This cover depends on the plan you choose.

Screening and prevention

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

Personal Health Fund

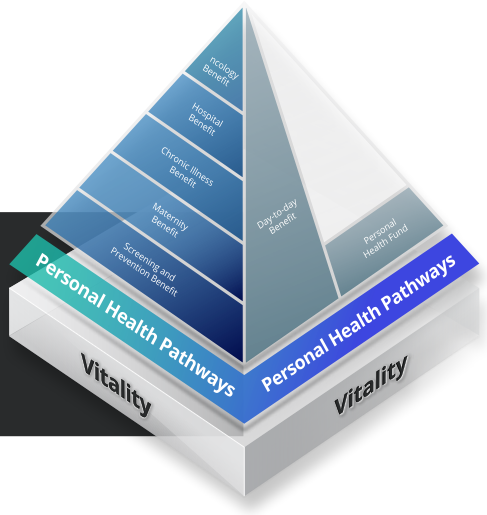
The Personal Health Fund covers a comprehensive list of out-of-hospital healthcare services according to your individual health needs once you've activated Personal Health Pathways and completed your recommended next best action.

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 Personal Health Pathways, receive the advice and healthcare support that you need, 24/7, through a set of innovative features.

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.



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 **KeyCare plans**

The four KeyCare plans give you different benefits, as shown in this table. All other benefits, which are not mentioned in the table, are the same across all the plan options, unless otherwise specified.

	Plus	Core	Start	Start Regional
DAY-TO-DAY COVER				
GP and specialist cover	Day-to-day cover at your nominated KeyCare Network GP. Medicine from our medicine list is covered if you use a network pharmacy. Specialists are covered at the agreed rate or up to 100% of the Discovery Health Rate for specialists we don't have a payment arrangement with, subject to the benefit limit of R5,970 per person per year. You must be referred by your nominated KeyCare Network GP and get a reference number from us before your consultation with the specialist.	Specialists are covered at the agreed rate or up to 100% of the Discovery Health Rate for specialists we don't have a payment arrangement with, subject to the benefit limit of R5,970, per person per year. You must be referred by a GP and get a reference number from us before your consultation with the specialist. This plan does not offer any additional day-to-day cover.	Day-to-day cover at your nominated KeyCare Start Network GP. Medicine from our medicine list is covered if you use a network pharmacy. Two specialist visits covered at the agreed rate or up to 100% of the Discovery Health Rate for specialists we don't have a payment arrangement with, subject to the benefit limit of R2,960 per person per year. You must be referred by your nominated KeyCare Start Network GP and get a reference number from us before your consultation with the specialist.	Day-to-day cover at your nominated KeyCare Start Regional Network GP when referred by the KeyCare Online Practice. Medicine from our medicine list is covered when prescribed by your nominated KeyCare Start Regional Network GP and obtained from a network pharmacy. Two specialist visits covered at the agreed rate or up to 100% of the Discovery Health Rate for specialists we don't have a payment arrangement with, subject to the benefit limit of R2,960 per person per year. You must be referred by your nominated KeyCare Start Regional Network GP to a specialist in the KeyCare Start Regional Network and get a reference number from us before your consultation with the specialist.
Non-emergency casualty visits at network provider	Cover for one casualty visit per person per year in any casualty unit at a hospital in the KeyCare network. You pay the first R540 of the consultation. You must get approval before your visit.	Not available on this plan.	We cover after-hours care at your nominated KeyCare Start Network GP or network provider.	We cover after-hours care at your nominated KeyCare Start Regional Network GP or KeyCare Online Practice.

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

The four KeyCare plans give you different benefits, as shown in this table. All other benefits, which are not mentioned in the table, are the same across all the plan options, unless otherwise specified.

	Plus	Core	Start	Start Regional
Chronic medicine prescriptions	Your approved chronic medication must be dispensed by your nominated KeyCare Network GP, or you must get your approved chronic medicine from a pharmacy in the network.	Your nominated KeyCare Network GP can prescribe your approved chronic medicine and you must get your approved chronic medicine from a pharmacy in the network.	Your chronic medicine is covered in a state facility.	Your approved chronic medication must be dispensed by your nominated KeyCare Start Regional Network GP, or you must get your approved chronic medicine from a pharmacy in the network.
Cancer	We cover your treatment if it is a Prescribed Minimum Benefit. You must use a network provider.		Your treatment is covered in a state facility.	
Chronic Dialysis	You must use a network provider once you are registered, or you can go to a state facility. If you go elsewhere we will pay 80% of the Discovery Health Rate.		You are covered at a provider in a state facility. If you go elsewhere we will pay 80% of the Discovery Health Rate.	
Full Cover Hospital Network	We pay up to the Discovery Health Rate (100%).		We pay the Discovery Health Rate at your chosen KeyCare Start or KeyCare Start Regional Network Hospital.	
Defined list of procedures in a Day Surgery Network	Covered at 100% of the Discovery Health Rate in the KeyCare Day Surgery Network.		Covered at 100% of the Discovery Health Rate in the KeyCare Start Day Surgery Network.	Covered at 100% of the Discovery Health Rate in the KeyCare Start Regional Day Surgery Network.
Maternity cover	Comprehensive benefits for maternity and early childhood that cover certain healthcare services during pregnancy and after birth.		Cover is subject to your available day-to-day benefits.	



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 above 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 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 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.

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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.



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

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.

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.

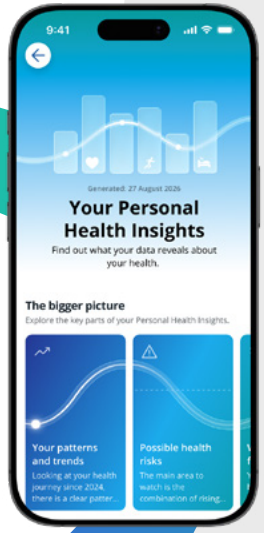
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NEW

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 R1,000 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 R500 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 R500 per adult** and R250 per child.

Personal Health Pathways Challenges

Build habits by completing your Personal Health Pathway Challenges. **Earn up to R500 per adult** in your Personal Health Fund for successfully completing your personalised Challenges.

Spend your fund

The Personal Health Fund can be used for out-of-hospital healthcare expenses such as GP visits, specialists, medicines, pathology and radiology. We pay for over-the-counter medicine and lifestyle enhancing products from your Personal Health Fund, up to R500 per family per year. GLP-1 medicine is not covered. This benefit is available to all eligible Discovery Health Medical Scheme members. Qualifying healthcare services are paid up to the Discovery Health Rate, or a portion thereof, subject to the overall benefit limit. Additional day-to-day funding available is determined by your membership plan.

You can accumulate up to R2,000 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
KeyCare plans	Up to R500*	Up to R500**	Up to R250**	**Up to R1,000****	Up to R250**	**Up to R1,000****

* 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 one virtual urgent-care consultations per person 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 the available funds in your Personal Health Fund

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 the available funds in your Personal Health Fund.

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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.

Home-based Hospital Network

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

Hospital at Home is the designated service provider (DSP) for the KeyCare plans for home-based care for qualifying conditions such as chronic obstructive pulmonary disease, pneumonia, complicated urinary tract infection, heart failure, cellulitis,deep vein thrombosis, asthma, and diabetes.

You do not need to use this network in the event of an emergency, or if not deemed clinically appropriate for homebased care according to the treating provider. Should you choose to not make use of this network once your treating healthcare provider has recommended it as part of your care, an upfront payment of R5,650 will apply to the admission.

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

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. This payment is subject to approval.

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 an casualty visit as well as virtual coaching sessions to help coordinate your care. Cover is subject to meeting the Scheme's clinical entry criteria, treatment guidelines, and protocols.

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.

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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 tests (including self-sampling kits).

Screening for seniors

In addition to screening for adults, members who are 65 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.

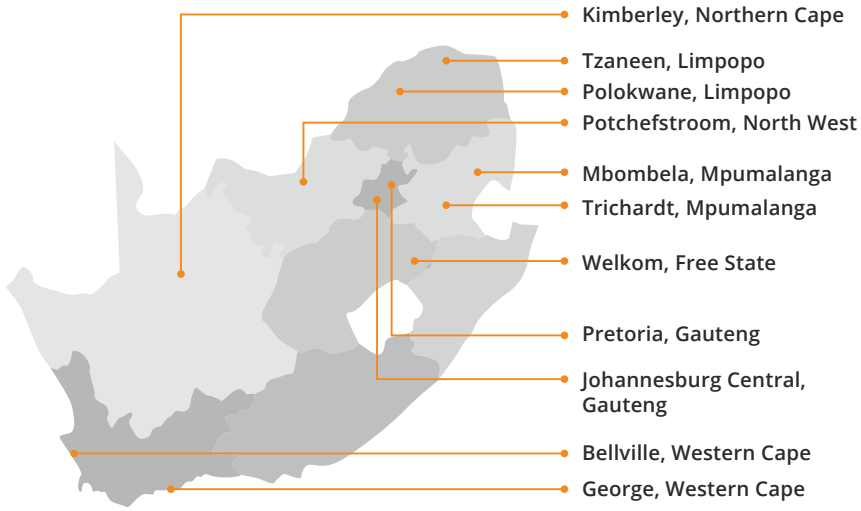
Visit www.discovery.co.za to view the detailed Screening and Prevention Benefit guide.

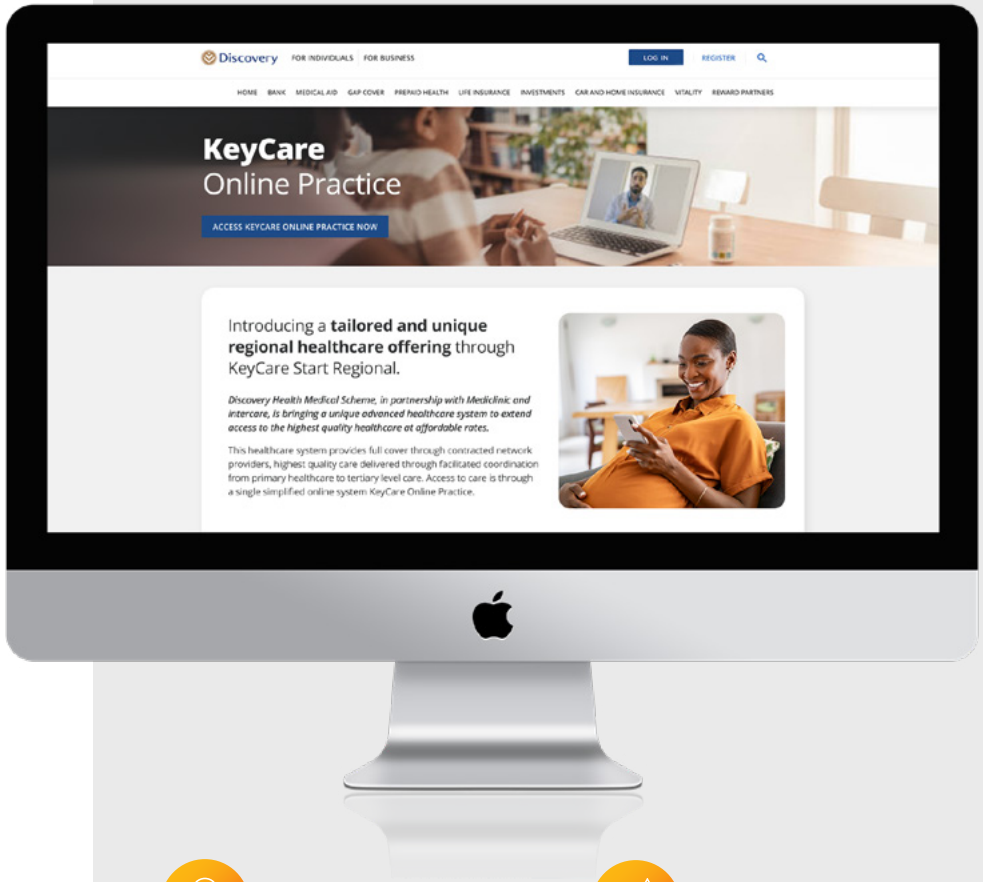
KeyCare
Online Practice

Your access to healthcare on KeyCare Start Regional

KeyCare Start Regional provides cover for healthcare services in selected regions through the integrated healthcare platform, KeyCare Online Practice. The KeyCare Online Practice gives you convenient access to online and face-to-face GP consultations, medicine, basic x-rays, blood tests, specialist referrals and in-hospital treatment.

KeyCare Start Regional is available for these specific locations





- GP consultations
- Blood tests
- Medicine
- Specialist referrals
- Basic x-rays
- In-hospital treatment

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.



Personal Health Fund brings a new dimension to your cover. This benefit helps you **earn up to R2,000** in day-to-day cover as you complete personalised actions and challenges on **Personal Health Pathways.**

You have access to defined day-to-day cover for your GP consultations, prescribed acute medicine, eye and dental check-ups, casualty visits, blood and other tests, basic x-rays and specialist cover, with fixed co-payments and/or limits. **Your cover depends on the plan you choose.**

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

You have access to the following day-to-day cover on KeyCare Plus, KeyCare Start and KeyCare Start Regional plans. If you are on the KeyCare Core Plan, you have access to the Specialist Benefit.

On KeyCare Start your nominated KeyCare Start GP must refer you and you must use providers in your chosen KeyCare Start Network.

On KeyCare Start Regional, you must use the KeyCare Online Practice to access healthcare. Your nominated KeyCare Start Regional GP must refer you for day-to-day cover.

Healthcare professionals, providers and services	What we pay for
GP visits	You have unlimited cover for medically appropriate GP consultations. When joining, you must nominate a GP from the KeyCare, KeyCare Start or KeyCare Start Regional GP Network, depending on the plan you choose. You must go to your nominated GP for us to cover your consultations, including some minor procedures. Preauthorisation is required after your 15th GP visit. On KeyCare Start Regional, GP consultations are covered when referred through the KeyCare Online Practice.
Blood, urine and other fluid and tissue tests	We pay for a list of blood, urine and other fluid and tissue tests from a network GP. Your nominated network GP must ask for these tests by filling in a KeyCare pathology form. Claims are covered up to 100% of the Discovery Health Rate.
Day-to-day medicine	We pay for medicine from our medicine list up to 100% of the Discovery Health Rate if they are prescribed and/or dispensed by your nominated Network GP depending on the plan you choose.
Basic X-rays	We pay for a list of basic X-rays at a network provider. Your nominated network GP must ask for the X-rays to be done.
Nurse-led consultations	Nurse-led consultations at a network provider, with or without video call consultations with a GP, and referral for a face-to-face consultation, where needed and referred by the nurse. Limited to two consultations per person per year. We will cover the GP visit, selected blood tests, X-rays, and medicine on our medicine list if requested by the GP.
Eye care	We cover one eye test per person every two years, but you must go to an optometrist in the KeyCare Optometry Network. The optometrist will have a specific range of glasses which you can choose from. You can get a set of contact lenses instead of glasses if you choose to. You can get new glasses or contact lenses every 24 months.
Dentistry	We cover consultations, fillings and tooth removals at a dentist in our dentist network. Certain rules and limits may apply.
Casualty visits	On KeyCare Plus you have cover for one casualty visit per person per year at any casualty unit at a hospital in the KeyCare network. You must pay the first R540. You need to get preauthorisation for a casualty visit. On KeyCare Start you can go to your nominated KeyCare Start GP or network provider for after-hours care. On KeyCare Start Regional you can go to your nominated KeyCare Start Regional GP or the KeyCare Online Practice for after-hours care.
Medical equipment	On KeyCare Plus, we cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg calipers, crutches and walkers on the medical equipment list, if you get them from a network provider. There is an overall limit of R6,050 per family per year. Not covered on the KeyCare Start or KeyCare Start Regional plans.
Specialist Benefit	Specialist cover up to R5,970 on KeyCare Plus and KeyCare Core, and up to two visits up to R2,960 on KeyCare Start and KeyCare Start Regional per person per year. Your nominated network GP must refer you to a specialist and you need a reference number from us before your consultation with the specialist. On KeyCare Plus, if you need to see a maxillo-facial surgeon, periodontist, or a specialist for maternity care, you do not need a referral from your GP or a reference number from us. Out-of-hospital MRI and CT scans are paid up to the Specialist Benefit limit. Claims are covered from the Specialist Benefit at the agreed rate or up to 100% of the Discovery Health Rate for specialists we don't have a payment arrangement with.
Other types of healthcare	We do not cover other types of healthcare professionals, such as physiotherapists, psychologists, speech therapists, audiologists, homeopaths or chiropractors. These claims may be paid from the available money in your Personal Health Fund.

Maternity benefit

These benefits are available on the KeyCare Plus and KeyCare Core Plans. On the KeyCare Start and KeyCare Start Regional plans, cover is subject to the defined day-to-day benefits as described in section 7.

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 covered up to 100% of the Discovery Health Rate (DHR).

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

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.



During pregnancy

- **Antenatal consultations:** We pay for up to eight consultations with your gynaecologist, nominated KeyCare 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.
- **Blood tests:** We pay for a defined list of blood tests to confirm your pregnancy.

  To access these benefits on KeyCare Plus, your nominated network GP must refer you.



After you give birth

- **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.

  To access these benefits on KeyCare Plus, your nominated network GP must refer you.



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 or 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.

To access these benefits on KeyCare Plus, your nominated network GP must refer you.

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.

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

You have cover for treatment for ongoing medical conditions (chronic conditions).

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



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 pay for medicine up to a maximum of the Discovery Health Rate (DHR). The DHR for medicine is the price of the medicine and the fee for dispensing it. For medicine not on our list, we cover you up to the therapeutic reference price of the equivalent medicine or group of medicines.

How we pay for consultations and medicine

You must nominate a GP in the KeyCare 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 KeyCare Network GP, you will have to pay a co-payment.

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

On KeyCare Start, you must use a state facility

On KeyCare Start Regional, you need to get your approved chronic medicine that is on the KeyCare medicine list from one of our network pharmacies or your nominated KeyCare Start Regional GP. Your nominated regional network GP must prescribe the chronic medicine.

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 all 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

Member Care Programme

If you are diagnosed with one or more chronic conditions, you might qualify for our Member Care Programme. We will contact you to confirm if you do qualify. The programme offers organised care to help you to manage your conditions and to get the best quality healthcare.

If you are registered and take part in the programme, we will pay in full for your treatment.

If you choose not to take part, we will cover the hospital and related accounts up to 80% of the Discovery Health Rate.

If you need chronic dialysis

We cover these expenses in full if we have approved your treatment plan and you use a provider in our network. On KeyCare Start and KeyCare Start Regional, you have cover at a state facility. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate.



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

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 KeyCare 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 KeyCare 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 enrolled on the programme by your nominated KeyCare Premier Plus GP, we give you defined cover to manage episodic depression. On the KeyCare Plus and KeyCare Core Plans, a network psychologist can also enroll you on the programme. 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.

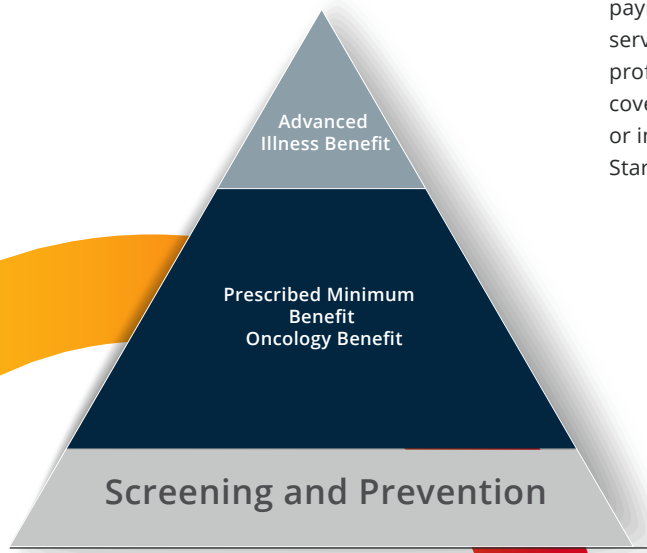
Oncology Care Programme

You have access to comprehensive cover for cancer treatment.

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

Prescribed Minimum Benefits

Cancer treatment that is a Prescribed Minimum Benefit, is always covered in full. We cover cancer treatment in our network, or in a state facility if you are on KeyCare Start or KeyCare Start Regional. If you choose to use any other provider, we will only cover up to 80% of the Discovery Health Rate.



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.

All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate. You might have a co-payment if you do not use the designated service provider or if your healthcare professional charges above this rate. We cover cancer treatment in our network, or in a state facility if you are on KeyCare Start or KeyCare Start Regional.

How we cover medicine

You need to get your approved oncology medicine on our medicine list from a designated service provider (DSP) to avoid a 20% co-payment. Speak to your treating doctor to confirm that they are using our DSPs for your medicine and treatment received in rooms or at a treatment facility. 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 have access to 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. You also have access to 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 KeyCare plans, there is no overall limit for your Hospital Benefit.

View the hospitals in the KeyCare Hospital networks 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 hospital that is approved by the Scheme, subject to the KeyCare network requirements. The network depends on the plan you choose. On KeyCare Start and KeyCare Start Regional, you have to go to a network hospital in your selected region. The funding of newly licensed facilities is subject to approval by the Scheme, on all health plans.

Your doctor may recommend home-based care as part of your treatment. You will need to make use of our Home-based Hospital Network which is the designated service provider for home-based care. If your treating healthcare provider deems it appropriate and you choose not to make use of the DSP, you will need to pay R5,650 upfront for your admission.

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.

How to access the benefit

Get your confirmation first

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

Where to go

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

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. We pay up to 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 network of hospitals for your plan.

'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 KeyCare plans offer unlimited hospital cover.

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

	Plus	Core	Start	Start Regional
Full Cover Hospital Network	We pay up to the Discovery Health Rate (100%)		Covered in full at your chosen KeyCare Start Network Hospital	Covered in full at your chosen KeyCare Start Regional Network Hospital
	You can use any approved hospital in the KeyCare Network		You need to go to your chosen KeyCare Start Network Hospital. If you do not use your chosen KeyCare Start Network Hospital, you will have to pay all the costs. This does not apply in an emergency.	You need to go to your chosen KeyCare Start Regional Network hospital. If you do not use your chosen KeyCare Start Regional Network Hospital, you will have to pay all the costs. This does not apply in an emergency.
Defined list of procedures in a Day Surgery Network	Covered in the KeyCare Day Surgery Network		Covered in the KeyCare Start Day Surgery Network.	Covered in the KeyCare Start Regional Day Surgery Network
Defined list of procedures performed in specialist rooms	We pay up to the agreed rate where authorised by the Scheme			
Non-network hospitals	We will not pay the hospital and related accounts if you are admitted to a non-network hospital for a planned procedure. If the admission is a Prescribed Minimum Benefit, we will pay 80% of the Discovery Health Rate.			
Specialists and healthcare professionals in our network	Full cover			
Specialists and healthcare professionals not in our network	We pay up to 100% of the Discovery Health Rate. If they charge more, you must pay the balance of the account			
X-rays and blood tests (radiology and pathology accounts)	We pay up to 100% of the Discovery Health Rate			
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	Prescribed Minimum Benefit cover in the KeyCare Day Surgery Network. Authorised scopes done in the doctor's rooms will be covered from your Hospital Benefit		Prescribed Minimum Benefit cover in the KeyCare Start Day Surgery Network. Authorised scopes done in the doctor's rooms will be covered from your Hospital Benefit	Prescribed Minimum Benefit cover in the KeyCare Start Regional Day Surgery Network. Authorised scopes done in the doctor's rooms will be covered from your Hospital Benefit
Alcohol and drug rehabilitation	We pay for 21 days of rehabilitation per person per year. Three days per approved admission per person for detoxification. 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.			
Cataract Surgery at a network provider	▪ We pay the full account at the agreed rate at a network facility for cataract surgery. ▪ On KeyCare Plus and KeyCare Core, we pay the hospital account at up to 80% of the Discovery Health Rate at any other facility		▪ We pay the full account at the agreed rate at a network facility for cataract surgery ▪ On KeyCare Start and KeyCare Start Regional, you need to pay an upfront payment of R6,500 at any other facility	
Mental health	▪ 21 days for admissions or up to 15 out-of-hospital consultations per person for major affective disorders, anorexia and bulimia, and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma. Three days per approved admission for attempted suicide. ▪ 21 days for other mental health admissions. ▪ All mental health admissions are covered in full at a network facility. If you go elsewhere, we will pay up to 80% of the Discovery Health Rate for the hospital account.			

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

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 and the network depends on the plan you choose.

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

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.

You can view all the procedures covered in the Day Surgery Network on the next page.

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.

When you need to pay

If you go to a facility that is not in your plan's Day Surgery Network, you will have to pay the full account.



'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.

List of procedures covered in the Day Surgery Network

For us to cover the following list of procedures, they must 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 or 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 varicocoele, vasectomy)

Procedures noted by an asterisk* are not covered on the KeyCare Plans, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits. See section 15 for more information on the exclusions.

Extra benefits on your plan

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



Advanced Illness Benefit

Members have access to a comprehensive palliative care programme. This 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.



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.



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.



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 medical second opinion service

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.



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.



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.



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.

*Independent service provider appointed by the Scheme.

Your contributions



	Main member	Adult	Child*
KEYCARE PLUS			
R17,251+	R4,336	R4,336	R1,159
R10,651 – R17,250**	R2,936	R2,936	R828
R0 – R10,650**	R2,136	R2,136	R776
KEYCARE CORE			
R17,251+	R3,099	R3,099	R702
R10,651 – R17,250**	R2,025	R2,025	R502
R0 – R10,650**	R1,623	R1,623	R425
KEYCARE START			
R26,151+	R4,101	R4,101	R1,115
R17,201 – R26,150**	R3,601	R3,601	R1,081
R11,401 – R17,200**	R2,295	R2,295	R1,031
R0 – R11,400**	R1,564	R1,564	R953
KEYCARE START REGIONAL			
R26,151+	R3,736	R3,736	R1,047
R17,201 – R26,150**	R3,280	R3,280	R1,004
R11,401 – R17,200**	R2,104	R2,104	R947
R0 – R11,400**	R1,392	R1,392	R837

* We count a maximum of three children when we calculate your monthly contributions. For any additional children, cover is free. In the case of foster children, every child added to the policy is charged for.

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

Your Personal Health Fund

You can accumulate up to **R2,000** 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
KeyCare plans	Up to R500*	Up to R500**	Up to R250**	**Up to R1,000****	Up to R250**	**Up to R1,000****

* 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.



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.

We also do not cover the complications or the direct or indirect expenses that arise from any of the exclusions listed above, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits.

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.
- 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.

Extra exclusions specific to KeyCare plans

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

01 | Hospital admissions related to, among others:

- Dentistry
- Nail disorders
- Skin disorders, including benign growths and lipomas
- Investigations
- Functional nasal surgery.
- Elective caesarean section, except if medically necessary
- Surgery for oesophageal reflux and hiatus hernia
- Back and neck treatment or surgery
- Knee and shoulder surgery
- Arthroscopy
- Joint replacements, including but not limited to hips, knees, shoulders and elbows
- Cochlear implants, auditory brain implants and internal nerve stimulators (this includes procedures, devices, processors and hearing aids)
- Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary
- Endoscopic procedures

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

03 | Removal of varicose veins

04 | Refractive eye surgery

05 | Non-cancerous breast conditions

06 | Healthcare services outside South Africa

07 | Tonsillectomies, Myringotomies and Adenoidectomies

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 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 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.