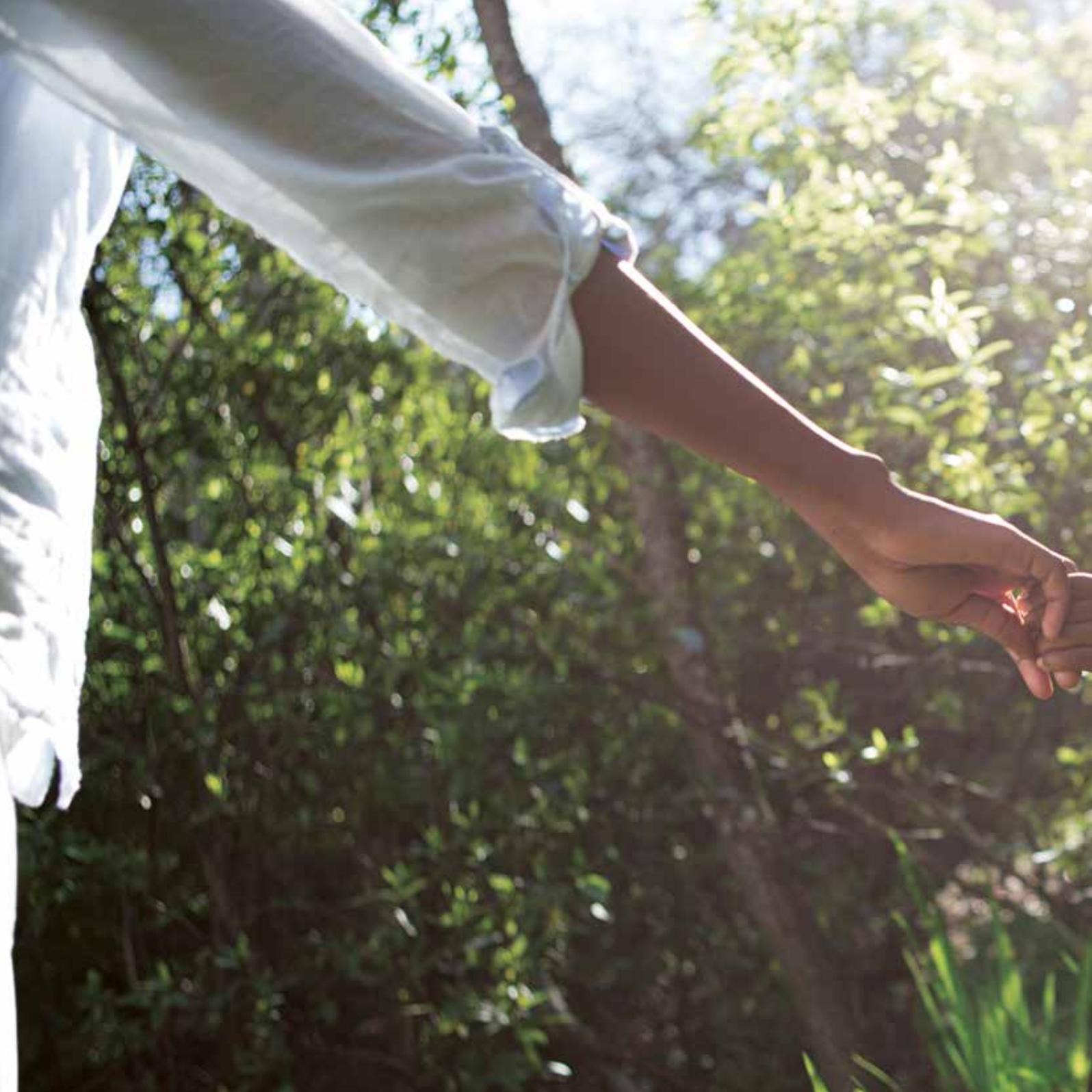




Member guide 2016



Your health is
everything



The Discovery Health Medical Scheme is the best choice for you

When you join the Discovery Health Medical Scheme, you get access to comprehensive healthcare benefits at a lower cost, with a suite of tools and services to manage your health and your health plan



SOUTH AFRICA'S No. 1 CHOICE



CONSUMERS



BUSINESS



WORLD-LEADING HEALTH INSURANCE

In a global study by Deloitte, the Discovery Health Medical Scheme has been ranked among the top 3 health insurers in the world since 2008, based on financial security, contribution levels, membership and innovation.

The benefits explained in this brochure are provided by Discovery Health Medical Scheme, registration number 1125, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. This brochure is only a summary of the key benefits and features of Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical Schemes. In all instances, Discovery Health Medical Scheme Rules prevail. Please consult the Scheme Rules on www.discovery.co.za. When reference is made to "we" in the context of benefits, members, payments or cover, in this brochure this is reference to Discovery Health Medical Scheme. Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd. Registration number 1999/007736/07, an authorised financial services provider.

Comprehensive benefits

Choose from 22 plans, which all offer rich benefits with unlimited private hospital cover, and full cover in our extensive healthcare networks.

Better healthcare

Access to wide-ranging benefits, care programmes and services that ensure you and your doctor can access the best healthcare available when you need it.

Better health

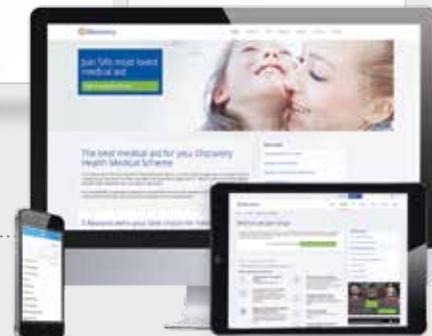
The opportunity to join the world's leading science-based wellness programme, Vitality, that gives you access to and rewards you for a healthy lifestyle.

Lower cost

Lowest contributions, which are on average 14% lower than contributions for comparable cover with other South African medical schemes.

Tools to manage your plan

Technology that empowers you and your doctor to manage your health and your health plan.



The lower cost analysis is a comparison of our contributions with competitor contributions, based on internal analysis of publicly available marketing material.

Vitality is not part of the Discovery Health Medical Scheme. Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd. Registration number 1999/007736/07, an authorised financial services provider.

Our product platform



Hospital

There is no overall limit for hospital cover on any Discovery Health Medical Scheme plan. You can go to any private hospital on most plans.



Chronic Illness Benefit (CIB)

All our plans cover approved medicine for the Prescribed Minimum Benefit Chronic Disease List conditions. Certain plans cover additional conditions.



Screening and Prevention

You and your children have access to screening and prevention benefits that cover tests to detect early warning signs of serious illness. Having these tests done helps you to stay healthy, because prevention is better than cure.

Our product platform



Medical Savings Account (MSA)

On selected plans we pay your day-to-day medical expenses from your MSA to empower you to manage your spend.



Insured Network Benefit (INB)

When you have spent your annual MSA allocation, we extend your day-to-day cover through the Insured Network Benefit for essential healthcare services.



Above Threshold Benefit (ATB)

Certain plans have an Above Threshold Benefit that gives further day-to-day cover.



You can get full cover when using our networks



Hospitals

If you have chosen a plan with a hospital network, make sure you use a hospital in that network.

Medicines

You can enjoy full cover and avoid co-payments when claiming for medicine on the Preferred Medicine List at one of over 2 400 pharmacies in our network or using MedXpress, a convenient medicine ordering service (see page 71).

GPs and Specialists

In hospital, you have full cover for GPs and specialists who we have payment arrangements with.

Insured Network Benefit

Use a network provider to access the Insured Network Benefit to get full cover for GP consultation fees, blood tests, preferred day-to-day medicine, maternity costs, kids' casualty visits, video call consultations with a paediatrician, and certain external medical items.

You get unlimited hospital cover

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

Unlimited cover in private hospitals

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

Some of our plans offer cover for planned admissions in a defined network. These plans include Delta options, Smart, Coastal and KeyCare plans.

For planned admissions at hospitals outside these networks, you will have to pay a portion of the hospital account.

Discovery HomeCare – an alternative to a hospital stay

Discovery HomeCare is a unique home-based service that offers you quality care in the comfort of your own home (see page 73).

Emergencies are covered in full

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

How we cover your hospital and related accounts

We cover your hospital account from your Hospital Benefit.

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

Prescribed Minimum Benefit (PMB) conditions

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

- A life-threatening emergency medical condition; and
- A defined list of 270 diagnoses.
- A defined list of 27 chronic conditions.

To access Prescribed Minimum Benefits, there are rules that apply:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions
- The treatment needed must match the treatments in the published defined benefits
- You must use designated service providers (DSPs) in our network. This does not apply in life-threatening emergencies. However even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network.

If your treatment doesn't meet the above criteria, 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 the Discovery Health Rate (DHR)

This is a rate set by us at which healthcare services from hospitals, pharmacies and healthcare professionals are paid.

You get extensive cover for chronic conditions and cancer

Members living with a chronic illness or cancer get the best care and support at all times through our suite of programmes.

Chronic Illness Benefit (CIB)

.....

The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions. You need to apply to have your medicine covered for your chronic condition.

.....

Prescribed Minimum Benefit (PMB) conditions

.....

You have access to a list of medical conditions and treatments under Prescribed Minimum Benefits (PMBs). The PMBs cover the 27 chronic conditions on the Chronic Disease List (CDL) conditions.

All our plans offer benefits that are far richer than the PMBs. To access PMBs, certain rules apply (see page 7).

Medicine cover for the Chronic Disease List

.....

You get full cover for approved chronic medicine on our medicine list. For medicine not on our list, we cover you up to a set monthly rand amount called the Chronic Drug Amount (CDA).

The CDA does not apply to the Smart Plan and KeyCare plans.

.....

Medicine cover for the Additional Disease List

.....

The Executive and Comprehensive Plans offer cover for medicine on the Additional Disease List (ADL). You can use up to the set monthly CDA for your medicine. No medicine list applies.

Extended chronic medicine list

.....

Members on the Executive Plan also have full cover for an exclusive list of brand medicines.

.....

How we pay for medicine

.....

We pay for medicine up to a maximum of the Discovery Health Rate for medicines. The Discovery Health Rate for medicines is the price of medicine as well as a fee for dispensing it.

Chronic conditions we cover on all plans

Chronic Disease List (CDL) conditions	Addison's disease, Asthma, Bipolar mood disorder, Bronchiectasis, Cardiac failure, Cardiomyopathy, Chronic obstructive pulmonary disease (COPD), Chronic renal disease, Coronary artery disease, Crohn's disease, Diabetes insipidus, Diabetes type 1, Diabetes type 2, Dysrhythmia, Epilepsy, Glaucoma, Haemophilia, HIV, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple sclerosis, Parkinson's disease, Rheumatoid arthritis, Schizophrenia, Systemic lupus erythematosus, Ulcerative colitis
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Additional chronic conditions we cover on Executive and Comprehensive Plans

Additional Disease List (ADL) conditions	Ankylosing spondylitis, Behcet's disease, Cystic fibrosis, Delusional disorder, Dermatopolymyositis, Generalised anxiety disorder, Huntington's disease, Major depression, Muscular dystrophy and other inherited myopathies, Myasthenia gravis, Obsessive compulsive disorder, Osteoporosis, Isolated growth hormone deficiency, Motor neuron disease, Paget's disease, Panic disorder, Polyarteritis nodosa, Post traumatic stress disorder, Psoriatic arthritis, Pulmonary intestinal fibrosis, Sjögren's syndrome, Systemic sclerosis, Wegener's granulomatosis
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Where to get your medicine

Designated service providers (DSP)

To avoid a 20% co-payment, you have to use these DSPs:

Delta options and Core plans	MedXpress
Smart Plan	MedXpress, Clicks or Dis-Chem.
KeyCare plans	You must use a network pharmacy or your allocated GP.

Over 2 400 pharmacies

On other plans, you can use a pharmacy in our network that has agreed to charge no more than the medicine rate.

MedXpress

Get your monthly medicine by using MedXpress, an ordering service that delivers or allows in-store collection (see page 71).

Suite of patient management programmes

Personal Health Programmes

If you are registered on CIB for diabetes or a defined list of heart-related conditions, you can access our Personal Health Programmes to help better manage your condition (see page 72).

HIVCare Programmes

When you register for our HIVCare Programme you are covered for the care that you need. You can be assured of confidentiality at all times. For KeyCare Plans you need to get your medicine from a DSP to avoid a 20% co-payment.

Cover for cancer

If you're diagnosed with cancer and once we have approved your cancer treatment, you are covered by the DiscoveryCare Oncology Programme. We do not limit your cancer treatment costs. We cover the first R400 000 on Executive and Comprehensive plans, and R200 000 on Priority, Saver, Smart and Core Plans of your approved cancer treatment over a 12-month cycle in full. If your treatment costs more than the cover amount, you will need to pay 20% of the additional costs. Cancer treatment that is a Prescribed Minimum Benefit is always covered in full.

For KeyCare plans we cover cancer treatment, if it is a PMB in our network or a state facility. If you choose to use any other provider we will only cover 80% of the DHR.

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

Advanced Illness Benefit

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

Compassionate care

The Compassionate Care Benefit gives you access to holistic home-based end-of-life care up to R34 000 on KeyCare plans and R48 000 on all other plans for each person in their lifetime.

You get screening and prevention benefits

Preventive screening is important in making sure you detect medical conditions early

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



Screening for adults

- Blood glucose
- Blood pressure
- Cholesterol
- Body mass index
- Mammogram
- Pap smear
- PSA (a prostate screening test)
- HIV screening tests
- If you are 65 years and older, or registered for certain chronic conditions, you are also covered for a seasonal flu vaccine.



Screening for kids



Growth assessment tests including:

- Height
- Weight
- Head circumference
- Health and milestone tracking

How we pay

Having these tests (up to the specified number) does not affect your day-to-day benefits and you should not have any out-of-pocket expenses as we pay these costs from the Hospital Benefit.

You get cover for day-to-day medical expenses

The Medical Savings Account (MSA)

Available on the Executive, Comprehensive, Priority and Saver plans

We pay your day-to-day medical expenses like GP and specialist consultations, everyday medicine, radiology and pathology from the available funds in your MSA. Any unused funds will carry over to the next year. On the Executive, Comprehensive and Priority plans, when you run out of MSA, you will have to pay for some healthcare expenses from your pocket before you reach your Annual Threshold. This temporary gap in cover is called a Self-payment Gap (SPG). You must still send claims to us so that we know when to start paying from your ATB. More information on the SPG is available on www.discovery.co.za

The Insured Network Benefit (INB)

We extend your day-to-day cover through the INB when you have spent your annual MSA allocation and before you reach your Annual Threshold. By simply using healthcare providers in our networks, you will be covered for a unique set of healthcare services in full. Cover depends on the plan you choose.

The Above Threshold Benefit (ATB)

Available on the Executive, Comprehensive and Priority plans

Once all the claims you have sent to us add up to the Annual Threshold, we pay the rest of your claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate or a portion of it. The Executive and Comprehensive plans have an unlimited ATB, and the Priority plans have a limited ATB.

Cover for day-to-day expenses on other plans

The Smart Plan offers unlimited cover for GP consultations and a defined list of acute medicine, with a fixed co-payment.

The KeyCare Plus and Access plans offer primary care cover through your chosen GP and day-to-day medicine from our medicine list.

On Core and KeyCare Core plans, you will have to pay for any day-to-day expenses.

Your cover is extended through the Insured Network Benefit

When your annual MSA allocation is used up, you get extra cover for a unique set of healthcare services in our network



Preferred Medicine List

You have cover for schedule 3 and above medicines from our preferred medicine list, subject to the prescribed medicine limit, if you use a pharmacy in our network.



GP consultations

We cover you for face-to-face and video call GP consultations if you use a GP in our network.



Kid's casualty cover and paediatrician video call consultations

Kids younger than 10 years have access to two casualty visits a year and video call consultations with a paediatrician who we have a payment arrangement with.



Blood tests

Full cover for blood tests at one of our partner clinic pharmacies.



Defined list of external medical items

You have cover for external medical items from the defined list of items when you use one of the suppliers in our network. You can view a list of the suppliers on our website. This benefit is subject to the external medical items limit.



Antenatal consultations

You have access to antenatal consultations and 2D pregnancy scans, provided you use a gynaecologist/obstetrician who we have a payment arrangement with.

Cover depends on the plan you choose. Visit www.discovery.co.za to view a list of our preferred providers.

You also get additional benefits that enhance your cover



GP video call consultations

You can conveniently connect with your doctor whenever and wherever needed. Video call consultations are paid from your available day-to-day benefits. Not available on Core and KeyCare plans.



Unique access to DNA sequencing and non-invasive prenatal testing



You have cover for the latest DNA analysis. We will cover the full cost of the test from available day-to-day benefits and accumulate and pay 50% of the cost from ATB, where applicable. For expecting mothers who are at high-risk, we will cover non-invasive prenatal screening from your available day-to-day benefits at the agreed rate. You can also use your MSA for newborn screening to detect metabolic disorders. Not available on Smart, Core and KeyCare plans.



International second opinion services

Through your specialist you have access to second opinion services from Cleveland Clinic for life-threatening and life-changing conditions. We cover 50% of the cost of the second opinion service. Available on all plans.



Additional allied, therapeutic and psychology services

You have access to unlimited clinically appropriate cover for biokineticists, acousticians, physiotherapists or chiropractors, psychologists, occupational therapists, and speech and language therapists. This cover is for a defined list of conditions.

You may need to apply for this benefit. Only available on Executive and Comprehensive plans.



Claims related to traumatic events

The Trauma Recovery Extender Benefit covers out-of-hospital claims related to certain traumatic events. Claims are paid from the Trauma Recovery Extender Benefit for the rest of the year in which the trauma occurred, as well as the year after the event occurred. You may need to apply for this benefit. The benefit does not apply to Classic Zero MSA, Core and KeyCare Core plans.



International travel

You have cover of up to R10 million on the Executive Plan and R5 million on other plans for each person on each journey for emergency medical costs while you travel outside of South Africa. This cover is for a period of 90 days from your departure from South Africa. Pre-existing conditions are excluded. Not available on KeyCare plans.



Frames and lenses

You can enjoy savings of 20% off frames and lenses at an optometrist in our network. Your discount is immediate at the point of sale. Not available on KeyCare plans.



Overseas treatment

You have cover for treatment not available in South Africa. The treatment must be at a registered healthcare professional and is paid up to a limit of R500 000 for each person. You will need to pay and claim back from us when you return to South Africa. A co-payment of 20% applies. Only available on Executive and Comprehensive plans.



Africa evacuation cover

You have cover for emergency medical evacuations from certain sub-Saharan African countries back to South Africa. Pre-existing conditions are excluded. Not available on KeyCare plans.



Specialised medicine and technology

You have cover for a defined list of the latest treatments through the Specialised Medicine and Technology Benefit, up to R200 000 for each person each year.

A co-payment of up to 20% applies. Only available on Executive and Comprehensive plans.

The Discovery Health Medical Scheme plan range

We offer the widest plan range available in the market today, catering for your specific healthcare and financial needs. The plans range from the most comprehensive private healthcare cover through the Executive Plan to our KeyCare plans, that deliver cost-effective private healthcare cover through extensive network providers.



Executive Plan 17



Comprehensive Series 25

Classic | Essential | Zero MSA



Priority Series 35

Classic | Essential



Saver Series 45 | Core Series 45

Classic | Essential | Coastal



Smart Plan 53



KeyCare Series 59

Plus | Access | Core

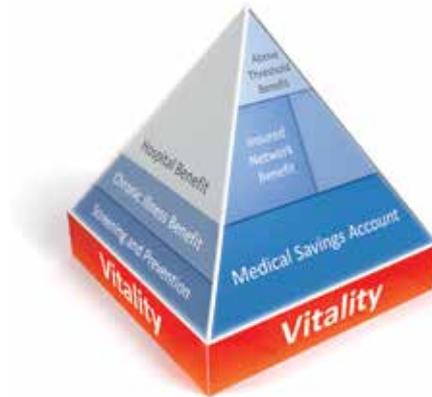


Executive Plan

EXECUTIVE
2016
PLAN

Key features

Benefits available on the Executive Plan



Unlimited cover in any private hospital, including private ward cover



Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 300% of the DHR for other specialists



Full cover for chronic medicine for all Chronic Disease List conditions plus some additional chronic conditions; as well as access to an exclusive list of brand medicines



The highest savings account and an unlimited Above Threshold Benefit for your day-to-day healthcare needs



Additional cover when your Medical Savings Account runs out for GP consultation fees, kid's casualty visits, consultations via video call with paediatricians, preferred medicine, blood tests, maternity costs and some external medical items



Access to specialised, advanced medical care in South Africa and abroad



Unique access to DNA sequencing and non-invasive prenatal testing



Cover for medical emergencies when travelling

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

There is no overall limit for your hospital cover. This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts):

Hospital account

Hospital account	: Covered in full at the rate agreed with the hospital : We cover up to R1 600 a day in a private ward
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Related accounts

Specialists we have a payment arrangement with	: Full cover
Specialists we don't have a payment arrangement with	: 300% of the DHR from your day-to-day benefits
Other healthcare professionals	: 100% of the DHR from your day-to-day benefits
MRI and CT scans	: Paid from available day-to-day benefits up to 100% of the DHR
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	: We pay the hospital account from the Hospital Benefit and all related accounts from your day-to-day benefits

Hospital cover

Healthcare services with an annual limit



Cochlear implants, auditory brain implants and processors

R197 000 for each person for each benefit



Internal nerve stimulators

R135 500 for each person



Hip, knee and shoulder joint prostheses

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R38 200 applies to each prosthesis.



Prosthetic devices used in spinal surgery

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R25 500 for the first level, R51 000 for two or more levels applies, limited to one procedure for each person each year.



Mental health

21 days or 15 out-of-hospital consultations for each person



Alcohol and drug rehabilitation

21 days for each person



Dentistry

There is an overall limit of R44 000 for each person. This limit applies to all related accounts. If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.



Day-to-day cover

We cover your day-to-day healthcare expenses from your MSA, INB or ATB

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

Specialists we have a payment arrangement with	100% of the agreed rate
Specialists we don't have a payment arrangement with	300% of the DHR
GPs and all other healthcare services	100% of the DHR
Preferred medicine	100% of the DHR
Non-preferred medicine	90% of the DHR

We also pay these amounts when you reach your Above Threshold Benefit. Over-the-counter medicines, vaccines and immunisations do not add up to your Annual Threshold or get paid from your Above Threshold Benefit. We add up the amount to the benefit limit available. Where the claimed amount is less than the DHR, we will pay and add the claimed amount to the Annual Threshold.

Some day-to-day healthcare services have limits. These are not separate benefits. Limits apply to claims paid from your MSA, INB (where applicable), claims paid from your pocket and ATB.

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)	R18 000	R21 650	R25 250	R30 350
Antenatal classes	R1 440 for your family			
Dental appliances and orthodontic treatment*	R44 000 for each person			

Medicine	 Single member	 One dependant	 Two dependants	 Three or more dependants
Prescribed medicine* (schedule 3 and above)	R30 100	R35 250	R40 350	R45 450
Over-the-counter medicine, vaccines and immunisations	We pay these claims from the available funds in your Medical Savings Account. These claims do not add up to or pay from the Above Threshold Benefit.			
Appliances and equipment				
Optical* (this limit covers lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R6 200 for each person			
Wearable wellness devices (for a defined list of devices available at Clicks and Dis-Chem)	R800 for each person			
External medical items*	R58 800 for your family			
Hearing aids	R21 850 for your family			

* If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

Contributions, MSA and Annual Threshold amounts

	 Main member	 Adult	 Child*
Contributions	R4 953	R4 953	R942
Annual Medical Savings Account amounts**	R14 856	R14 856	R2 820
Annual Threshold amounts**	R14 850	R14 850	R2 800

* We count a maximum of three children when we work out the monthly contributions, annual Medical Savings Account and Annual Threshold.

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

A close-up photograph of a young boy and girl embracing. The boy, on the right, has his eyes closed and a gentle smile, wearing a blue denim shirt over a white t-shirt. The girl, on the left, is also smiling broadly with her eyes closed, wearing a grey sweater. The background is softly blurred, suggesting an indoor setting with natural light.

Comprehensive Series

COMPREHENSIVE

2016

SERIES

Key features

Benefits available on the Comprehensive Series



Unlimited private hospital cover



Guaranteed full cover in hospital for specialists on a payment arrangement, up to 200% of the DHR on Classic plans and up to 100% of the DHR on Essential plans for other healthcare professionals



Full cover for chronic medicine for all Chronic Disease List conditions plus some additional chronic conditions



A high savings account and an unlimited Above Threshold Benefit for your day-to-day healthcare needs



Additional cover when your Medical Savings Account runs out for GP consultation fees, kid's casualty visits, consultations via video call with paediatricians, preferred medicine, blood tests, maternity costs and some external medical items



Access to specialised, advanced medical care in South Africa and abroad



Unique access to DNA sequencing and non-invasive prenatal testing



Cover for medical emergencies when travelling

The Comprehensive Series has five options

There are differences in benefits as indicated below. The benefits not mentioned in the table are the same across all five options.

	Classic	Classic Delta	Essential	Essential Delta	Classic Zero MSA
Hospital cover					
Hospital Network	Any private hospital	Private hospitals in the Delta network	Any private hospital	Private hospitals in the Delta network	Any private hospital
Cover for specialists, GPs and other healthcare professionals	200% of the DHR		100% of the DHR		200% of the DHR
MRI and CT scans If not related to your admission or if for conservative back or neck treatment	We pay the first R2 750 from your day-to-day benefits and the balance from your Hospital Benefit, up to 100% of the DHR		We pay the first R2 750 from your day-to-day benefits and the balance from your Hospital Benefit, up to 100% of the DHR		Covered at 100% of the DHR once you reach your Annual Threshold
Day-to-day benefits					
Medical Savings Account	25% of your monthly contribution goes into your Medical Savings Account		15% of your monthly contribution goes into your Medical Savings Account		Not available on this plan
Insured Network Benefit provides access to certain healthcare services once your yearly allocated MSA is used up	<ul style="list-style-type: none"> ■ Face-to-face and video call GP consultations ■ Preferred Medicine List (schedule 3 and above) ■ Antenatal consultations and pregnancy scans ■ Blood tests ■ Defined list of external medical items ■ Kid's casualty visits and video call consultations with paediatricians 		<ul style="list-style-type: none"> ■ Face-to-face and video call GP consultations ■ Defined list of external medical items 		Not available on this plan
MRI and CT scans	We pay the first R2 750 from your day-to-day benefits and the balance from your Hospital Benefit (for conservative back and neck scans, specific rules apply)				Covered once you reach your Annual Threshold
Trauma Recovery Extender Benefit	Covers out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma				Not available on this plan
Day-to-day limits	Some day-to-day healthcare services have limits. These limits apply to claims paid from your Medical Savings Account, Insured Network Benefit (where applicable), claims paid from your pocket and Above Threshold Benefit. These are not separate benefits.				
Designated network for chronic medicines	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist	You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress a 20% co-payment applies	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist	You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress a 20% co-payment applies	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

There is no overall limit for your hospital cover. This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts):

Hospital account	
Hospital account	Covered in full at the rate agreed with the hospital
On the Delta options, an upfront payment applies for admissions to hospitals outside of the Delta Hospital Network	R6 450
Related accounts	
Specialists we have a payment arrangement with	Full cover
Specialists we don't have a payment arrangement with and other healthcare professionals	Classic 200% of the DHR Essential 100% of the DHR
Radiology and pathology	100% of the DHR
MRI and CT scans	If related to your admission, we pay up to 100% of the DHR from the Hospital Benefit. If not related to your admission, or for conservative back and neck treatment, we pay the first R2 750 of the scan from your day-to-day benefits and the balance of the scan from the Hospital Benefit, up to 100% of the DHR. On Classic Zero MSA you are covered once you reach your Annual Threshold.
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	We pay the first R2 900 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit. On Classic Zero MSA you are covered once you reach your Annual Threshold.

Hospital cover

Healthcare services with an annual limit



Cochlear implants, auditory brain implants and processors

R197 000 for each person for each benefit



Internal nerve stimulators

R135 500 for each person



Hip, knee and shoulder joint prostheses

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R38 200 applies to each prosthesis.



Mental health

21 days or 15 out-of-hospital consultations for each person



Prosthetic devices used in spinal surgery

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R25 500 for the first level, R51 000 for two or more levels applies, limited to one procedure for each person each year.



Alcohol and drug rehabilitation

21 days for each person

Hospital cover

Cover for dental treatment in hospital

Severe Dental and Oral Surgery

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's clinical rules.

Other dental treatment in hospital

You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment.

We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the DHR. We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the DHR. On Classic plans, we pay anaesthetists up to 200% of the DHR.

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

Dental limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the DHR from your day-to-day benefits, up to an annual limit of R24 100 a person. If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

Amount you need to pay upfront when you go to:

Hospital

	Younger than 13	R1 850
	13 and older	R4 800

Day clinic

	Younger than 13	R850
	13 and older	R3 100



Day-to-day cover

We cover your day-to-day healthcare expenses from your MSA, INB or ATB

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

Specialists we have a payment arrangement with	100% of the agreed rate
Specialists we don't have a payment arrangement with	100% of the DHR
GPs and all other healthcare services	100% of the DHR
Preferred medicine	100% of the DHR
Non-preferred medicine	75% of the DHR

We also pay these amounts when you reach your Above Threshold Benefit. Over-the-counter medicines, vaccines and immunisations do not add up to your Annual Threshold or get paid from your Above Threshold Benefit. We add up the amount to the benefit limit available. Where the claimed amount is less than the DHR, we will pay and add the claimed amount to the Annual Threshold.

Some day-to-day healthcare services have limits. These are not separate benefits. Limits apply to claims paid from your MSA, INB (where applicable), claims paid from your pocket and ATB.

Professional services	 Single member	 One dependant	 Two dependants	 Three or more dependants
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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)

Classic	R14 250	R19 300	R23 600	R27 300
Essential	R8 600	R12 150	R15 750	R18 600
Antenatal classes	R1 440 for your family			
Dental appliances and orthodontic treatment*	R24 100 for each person			

Medicine	 Single member	 One dependant	 Two dependants	 Three or more dependants
Prescribed medicine* (schedule 3 and above)				
Classic	R24 250	R28 500	R33 100	R37 750
Essential	R15 650	R19 000	R22 900	R25 000
Over-the-counter medicine, vaccines and immunisations	We pay these claims from the available funds in your Medical Savings Account. These claims do not add up or pay from the Above Threshold Benefit.			

Appliances and equipment

Optical* (this limit covers lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R4 200 for each person	
Wearable wellness devices (for a defined list of devices available at Clicks and Dis-Chem)	R800 for each person	
External medical items*	Classic	R58 800 for your family
	Essential	R39 400 for your family
Hearing aids	Classic	R21 850 for your family
	Essential	R17 450 for your family

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

Contributions, MSA and Annual Threshold amounts

	 Main member	 Adult	 Child*	
Contributions	Classic	R4 026	R3 809	R802
	Classic Delta	R3 626	R3 432	R721
	Classic Zero MSA	R3 020	R2 857	R602
	Essential	R3 383	R3 198	R681
	Essential Delta	R3 047	R2 877	R611
Annual Medical Savings Account amounts**				
	Classic	R12 072	R11 424	R2 400
	Classic Delta	R10 872	R10 296	R2 160
	Classic Zero MSA	No Medical Savings Account		
	Essential	R6 084	R5 748	R1 224
	Essential Delta	R5 484	R5 172	R1 092
Annual Threshold amounts**				
	All Plans	R13 840	R13 840	R2 620

* We count a maximum of three children when we work out the monthly contributions, annual Medical Savings Account and Annual Threshold.

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



Priority Series

PRIORITY	
20 16	SERIES

Key features

Benefits available on the Priority Series



Unlimited cover in any private hospital



Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on the Classic Plan and up to 100% of the DHR on the Essential Plan for other healthcare professionals



Full cover for chronic medicine for all Chronic Disease List conditions



A savings account and limited Above Threshold Benefit for your day-to-day healthcare needs



Additional cover when your Medical Savings Account runs out for GP consultation fees, blood tests, maternity costs, kid's casualty visits, consultations via video call with paediatricians and some external medical items



Unique access to DNA sequencing and non-invasive prenatal testing



Cover for medical emergencies when travelling

The Priority Series has two health plan options

There are differences in benefits as indicated below. The benefits not mentioned in the table are the same across both plans.

	Classic	Essential
Hospital cover		
Cover for healthcare professionals in hospital	200% of the DHR	100% of the DHR
MRI and CT scans	If related to your admission, we pay 100% of the DHR from the Hospital Benefit. If not related to your admission or for conservative back and neck treatment, you have to pay the first R2 550 of the hospital account and we pay the first R2 750 of the scan from your day-to-day benefits. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR	
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	You must pay the first R3 300 of the hospital account and we pay the balance of the hospital account and related accounts from the Hospital Benefit	
Day-to-day benefits		
Insured Network Benefit Provides access to certain healthcare services once your yearly allocated MSA is used up	<ul style="list-style-type: none"> ▪ Face-to-face and video call GP consultations ▪ Antenatal consultations and two 2D pregnancy scans ▪ Blood tests ▪ Defined list of external medical items ▪ Kid's casualty visits and consultations via video call with paediatricians 	<ul style="list-style-type: none"> ▪ Face-to-face and video call GP consultations ▪ Defined list of external medical items
Medical Savings Account	25% of your monthly contributions goes into your Medical Savings Account	15% of your monthly contributions goes into your Medical Savings Account

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

There is no overall limit for your hospital cover. This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts):

Hospital account

Hospital account	Covered in full at the rate agreed with the hospital
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Upfront payments for in-hospital procedures:

You need to pay an amount upfront to the hospital when one of the procedures listed below is performed during a hospital admission.

Conservative back and neck treatment, adenoidectomy, myringotomy (grommets), tonsillectomy	R2 550	Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation	R6 150
Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, cystoscopy	R3 300	Nissen fundoplication (reflux surgery), spinal surgery (back and neck), joint replacements	R12 600

If the procedure can be done out of hospital, for example in the doctor's rooms, you won't have to pay an amount upfront to the hospital. Please call us beforehand to confirm your benefits.

Related accounts

Specialists we have a payment arrangement with	Full cover
Specialists we don't have a payment arrangement with and other healthcare professionals	Classic 200% of the DHR Essential 100% of the DHR
Radiology and pathology	100% of the DHR

Hospital cover

Healthcare services with an annual limit



Cochlear implants, auditory brain implants and processors

R197 000 for each person for each benefit



Internal nerve stimulators

R135 500 for each person



Hip, knee and shoulder joint prostheses

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R38 200 applies to each prosthesis.



Prosthetic devices used in spinal surgery

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R25 500 for the first level, R51 000 for two or more levels, limited to one procedure for each person each year.



Mental health

21 days or 15 out-of-hospital consultations for each person



Alcohol and drug rehabilitation

21 days for each person



Chronic dialysis

We cover these expenses in full if we have approved your treatment plan and you use a provider in our network.

If you go elsewhere you have to make a co-payment.

Hospital cover

Cover for dental treatment in hospital

Severe Dental and Oral Surgery

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's clinical rules.

Other dental treatment in hospital

You need to pay a portion of your hospital or day-clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment.

We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the DHR. We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the DHR. On the Classic Plan, we pay anaesthetists up to 200% of the DHR.

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

Dental limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the DHR from your day-to-day benefits, up to an annual limit of R15 000 a person.

If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year. The overall Above Threshold Benefit limit applies.

Amount you need to pay upfront when you go to:

Hospital

	Younger than 13	R1 850
	13 and older	R4 800

Day clinic

	Younger than 13	R850
	13 and older	R3 100



Day-to-day cover

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

Specialists we have a payment arrangement with	100% of the agreed rate
Specialists we don't have a payment arrangement with	100% of the DHR
GPs and all other healthcare services	100% of the DHR
Preferred medicine	100% of the DHR
Non-preferred medicine	75% of the DHR

We also pay these amounts when you reach your Above Threshold Benefit. Over-the-counter medicines, vaccines and immunisations do not add up to your Annual Threshold or get paid from your Above Threshold Benefit. We add up the amount to the benefit limit available. Where the claimed amount is less than the DHR, we will pay and add the claimed amount to the Annual Threshold.

Some day-to-day healthcare services have limits. These are not separate benefits. Limits apply to claims paid from your MSA, INB (where applicable), claims paid from your pocket and limited ATB. We pay day-to-day benefits up to the Above Threshold Benefit limit or up to the limit that applies below, whichever you reach first.

Professional services	 Single member	 One dependant	 Two dependants	 Three or more dependants
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Allied, therapeutic and psychology healthcare services*

(acousticians, biokineticists, chiropractors, counsellors, dietitians, homeopaths, nurses, physiotherapists, podiatrists, psychometrists, social workers, speech and language therapists and audiologists)

Classic	R8 600	R12 150	R15 750	R18 600
Essential	R5 700	R 8 600	R10 700	R12 900
Antenatal classes	R1 440 for your family			
Dental appliances and orthodontic treatment*	R15 000 for each person			

Medicine	 Single member	 One dependant	 Two dependants	 Three or more dependants
Prescribed medicine* (schedule 3 and above)				
Classic	R 15 650	R 19 000	R 22 900	R 25 000
Essential	R 11 150	R 13 200	R 15 650	R 19 000
Over-the-counter medicine, vaccines and immunisations	We pay these claims from the available funds in your Medical Savings Account. These claims do not add up to or pay from the Above Threshold Benefit.			
Appliances and equipment				
Optical* (includes cover for lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R3 850 for each person			
Wearable wellness devices (for a defined list of devices available at Clicks and Dis-Chem)	R800 for each person			
External medical items*	Classic		R39 400 for your family	
	Essential		R26 450 for your family	
Hearing aids	Classic		R17 450 for your family	
	Essential		R12 400 for your family	

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

Contributions, MSA and Annual Threshold amounts

		 Main member	 Adult	 Child*
Contributions	Classic	R2 700	R2 125	R1 080
	Essential	R2 321	R1 822	R925
Annual Medical Savings Account amounts**				
	Classic	R8 100	R6 372	R3 240
	Essential	R4 176	R3 276	R1 656
Annual Threshold amounts**				
	All plans	R11 960	R8 990	R3 910
Limited Above Threshold Benefit amount**				
	All plans	R10 180	R7 250	R3 500

* We count a maximum of three children when we work out the monthly contributions, annual Medical Savings Account, Annual Threshold and Limited Above Threshold amounts.

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



Saver and Core Series

SAVER
2016
SERIES

CORE
2016
SERIES

Key features

Benefits available on the Saver and Core Series

Saver



Core



Unlimited private hospital cover



Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on Classic plans and up to 100% of the DHR on Essential and Coastal plans for other healthcare professionals



Full cover for chronic medicine for all Chronic Disease List conditions



A savings account for your day-to-day healthcare needs on the Saver Series



Additional cover when your Medical Savings Account runs out for GP consultation fees, kid's casualty visits, consultations via video call with paediatricians and maternity costs on the Saver Series



Unique access to DNA sequencing and non-invasive prenatal testing on the Saver Series



Cover for medical emergencies when travelling

The Saver and Core Series each have five health plan options

There are differences in benefits as indicated below.
The benefits not mentioned in the table are the same across all five options.

	Classic	Classic Delta	Essential	Essential Delta	Coastal
Hospital cover					
Hospital Network	Any private hospital	Private hospitals in the Delta network	Any private hospital	Private hospitals in the Delta network	Private hospitals in the four coastal provinces
Cover for healthcare professionals in hospital	200% of the DHR		100% of the DHR		
Chronic benefits (designated network for chronic medicines)					
Saver	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist	You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress a 20% co-payment applies	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist	You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress a 20% co-payment applies	You have cover for approved chronic medicine in our network of pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist
Core	You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress a 20% co-payment applies				
Day-to-day benefits (Saver Series only)					
Medical Savings Account	25% of your monthly contribution goes into your Medical Savings Account		15% of your monthly contribution goes into your Medical Savings Account		25% of your monthly contribution goes into your Medical Savings Account
Insured Network Benefit Provides access to certain healthcare services once your yearly allocated MSA is used up	<ul style="list-style-type: none"> Face-to-face and video call GP consultations Antenatal consultations and two 2D pregnancy scans at network providers Kid's casualty visits and consultations via video call with paediatricians 		Face-to-face and video call GP consultations		

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

There is no overall limit for your hospital cover.

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

Hospital account		
Hospital account	Covered in full at the rate agreed with the hospital	
On the Delta options, an upfront payment applies for admissions to hospitals outside of the Delta Hospital Network	R6 450	
On the Coastal Plan, you must go to a hospital in one of the four coastal provinces for a planned admission. If you don't use a coastal hospital, we pay up to a maximum of 70% of the hospital account.		
Related accounts		
Specialists we have a payment arrangement with	Full cover	
Specialists we don't have a payment arrangement with and other healthcare professionals	Classic 200% of the DHR Essential and Coastal 100% of the DHR	
Radiology and pathology	100% of the DHR	
MRI and CT scans	Saver	Core
	If related to your admission we pay up to 100% of the DHR from the Hospital Benefit. If not related to your admission or if for conservative back and neck treatment, we pay the first R2 750 of the scan from your day-to-day benefits and the balance of the scan from the Hospital Benefit, up to 100% of the DHR.	If related to your admission we pay up to 100% of the DHR from the Hospital Benefit. If not related to your admission or if for conservative back and neck treatment, we do not pay for it.
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	We pay the first R3 550 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit.	You pay the first R3 550 of the hospital account and we pay the balance of the hospital account and related accounts from the Hospital Benefit.

Hospital cover

Healthcare services with an annual limit



Cochlear implants, auditory brain implants and processors

R197 000 for each person for each benefit



Internal nerve stimulators

R135 500 for each person



Hip, knee and shoulder joint prostheses

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of **R38 200** applies to each prosthesis.



Prosthetic devices used in spinal surgery

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of **R25 500** for the first level, **R51 000** for two or more levels, limited to one procedure for each person each year.



Mental health

21 days or 15 out-of-hospital consultations for each person



Alcohol and drug rehabilitation

21 days for each person



Chronic dialysis

We cover these expenses in full if we have approved your treatment plan and you use a provider in our network.

If you go elsewhere you have to make a co-payment.

Hospital cover

Cover for dental treatment in hospital

Severe Dental and Oral Surgery

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's clinical rules.

Other dental treatment in hospital

You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment.

We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the DHR. We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the DHR. On Classic plans, we pay anaesthetists up to 200% of the DHR.

For members 13 and older, we cover routine, conservative dentistry, such as preventive treatments, simple fillings and root canal treatments from your available MSA on the Saver Series.

Dental limit

Saver Series

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the DHR from your Medical Savings Account, as long as you have money available.

Core Series

You are responsible for paying the cost of all dental appliances, their placements and orthodontic treatment (including the related accounts for orthognathic surgery).

Amount you need to pay upfront when you go to:

Hospital



Younger than 13	R1 850
13 and older	R4 800

Day clinic



Younger than 13	R850
13 and older	R3 100

Day-to-day cover

We cover your day-to-day healthcare expenses from your MSA and INB

Your Medical Savings Account

We pay for day-to-day medical expenses like visits to healthcare professionals, radiology and pathology from your MSA, as long as you have money available.

Insured Network Benefit limits

GP consultations

We cover your face-to-face and video call GP consultations if you use a GP in our network, up to:



Single member



Family

Classic and Coastal

3 consultations

6 consultations

Essential

2 consultations

4 consultations

Antenatal consultations

On Classic and Classic Delta you have access to eight antenatal consultations and two 2D pregnancy scans, provided you use a gynaecologist who we have a payment arrangement with.

Contributions and MSA amounts

Core Series		 Main member	 Adult	 Child*
Contributions	Classic	R1 745	R1 373	R698
	Classic Delta	R1 397	R1 099	R557
	Essential	R1 499	R1 123	R601
	Essential Delta	R1 198	R900	R480
	Coastal	R1 302	R976	R519
Saver Series				
Contributions	Classic	R2 344	R1 846	R938
	Classic Delta	R1 872	R1 476	R752
	Essential	R1 862	R1 397	R745
	Essential Delta	R1 487	R1 118	R596
	Coastal	R1 862	R1 397	R750
Annual Medical Savings Account amounts**				
	Classic	R7 032	R5 532	R2 808
	Classic Delta	R5 616	R4 428	R2 256
	Essential	R3 348	R2 508	R1 332
	Essential Delta	R2 676	R2 004	R1 068
	Coastal	R5 580	R4 188	R2 244

* We count a maximum of three children when we work out the monthly contributions and annual Medical Savings Account.

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

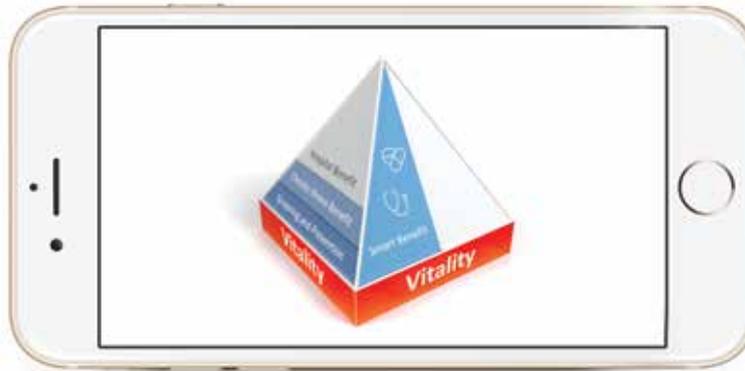


Smart Plan

SMART
2016
PLAN

Key features

Benefits available on the Smart Plan



The Smart Plan embraces the dynamic world of digital technology, empowering you to manage your health plan



Unlimited private hospital cover in the Smart Plan network



Guaranteed full cover in hospital for specialists we have a payment arrangement with, and up to 200% of the DHR for other healthcare professionals



Full cover for chronic medicine for all Chronic Disease List conditions when you use MedXpress, Clicks or Dis-Chem



Unlimited cover for GP consultations with a R50 co-payment in our Smart Plan network



Rich cover for a defined list of acute medicine with a R10 co-payment per item in our Smart Plan network



Full cover for video call consultations with a GP in a Smart Plan network



Cover for medical emergencies when travelling

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

There is no overall limit for your hospital cover. This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts):

Hospital accounts

Hospital account	Covered in full at the rate agreed with the hospital
Upfront payments for planned admissions outside of the Smart Plan Hospital Network	R7 500

Related accounts

Specialists we have a payment arrangement with	Full cover
Specialists we don't have a payment arrangement with and other healthcare professionals	200% of the DHR
Radiology and pathology	100% of the DHR

MRI and CT scans	If done as part of your admission, we cover your scan up to 100% of the DHR from the Hospital Benefit. If not related to your admission or if for conservative back and neck treatment, you will have to pay the first R2 750 and the balance will be paid from the Hospital Benefit.
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Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	You must pay the first R3 550 of the hospital account. The balance of the hospital account and related accounts will be paid from the Hospital Benefit.
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Hospital cover

Healthcare services with an annual limit



Cochlear implants, auditory brain implants and processors

R197 000 for each person for each benefit



Internal nerve stimulators

R135 500 for each person



Hip, knee and shoulder joint prostheses

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of **R38 200** applies to each prosthesis.



Prosthetic devices used in spinal surgery

There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of **R25 500** for the first level, **R51 000** for two or more levels, limited to one procedure for each person each year.



Mental health

21 days or 15 out-of-hospital consultations for each person



Alcohol and drug rehabilitation

21 days for each person



Chronic dialysis

We cover these expenses in full if we have approved your treatment plan and you use a provider in our network.

If you go elsewhere you have to make a co-payment.

Hospital cover

Cover for dental treatment in hospital

Severe Dental and Oral Surgery

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's clinical rules.

Other dental treatment in hospital

You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment.

We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the DHR. We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the DHR. On the Smart Plan, we pay anaesthetists up to 200% of the DHR.

For members 13 and older, you must pay for routine, conservative dentistry, such as preventive treatments, simple fillings and root canal treatments yourself.

Dental limit

There is no overall dental limit. However, you must pay for the cost of all dental appliances, their placements and orthodontic treatment (including the related accounts for orthognathic surgery) yourself.

Amount you need to pay upfront when you go to:

Hospital

	Younger than 13	R1 850
	13 and older	R4 800

Day clinic

	Younger than 13	R850
	13 and older	R3 100

Day-to-day cover

You have access to essential day-to-day cover

Cover for GP visits

You get unlimited GP consultations when visiting a GP in the Smart Plan network. A R50 co-payment will apply and the balance of the consultation fee will be covered up to the DHR. Video call consultations with your GP are covered in full.

Cover for day-to-day medicine

You get cover for a defined list of acute medicine with a R10 co-payment for each medicine item. This is limited to 12 prescriptions a person a year. You need to collect your medicine from a network pharmacy.

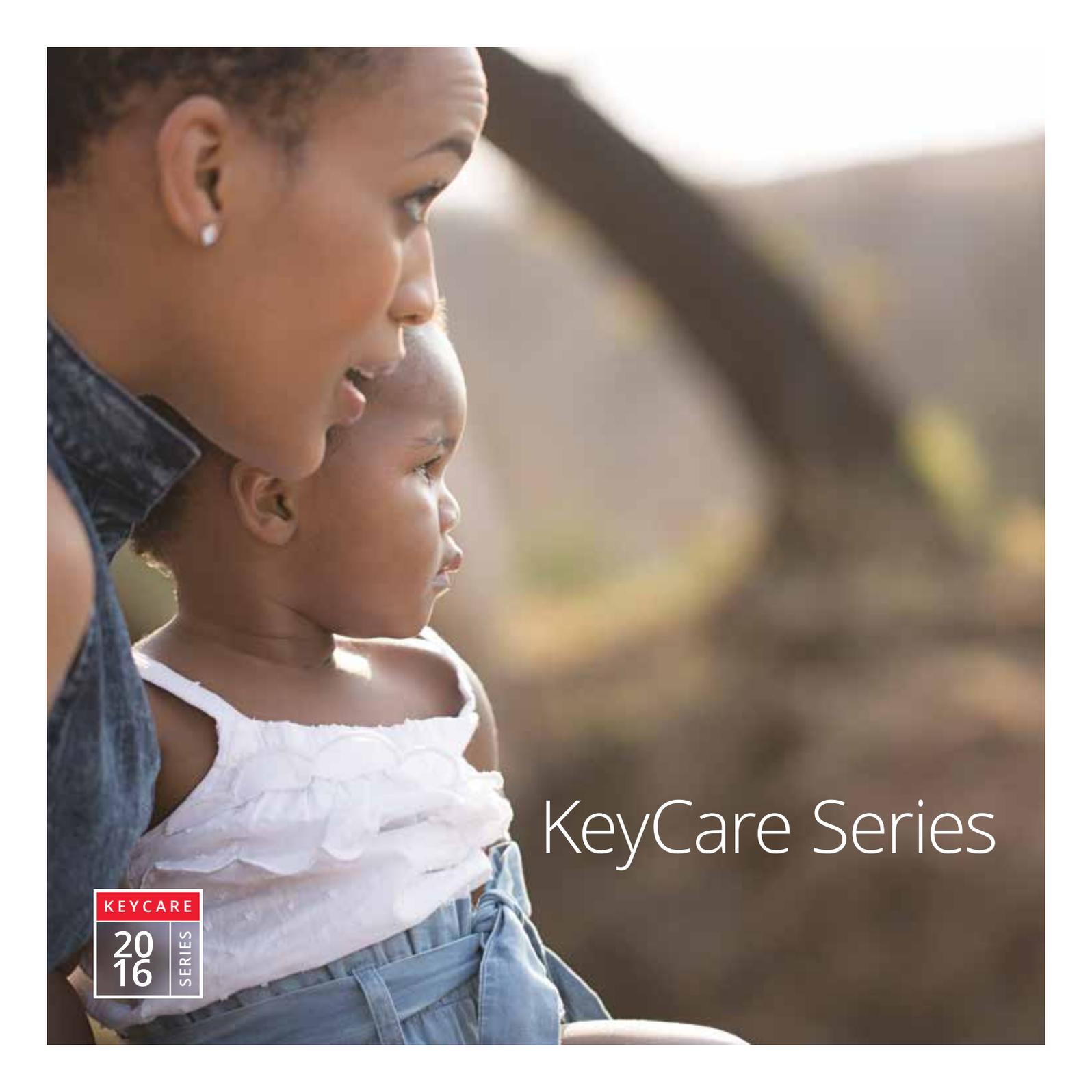
MRI and CT scans

You must pay the first R2 750 of MRI or CT scan yourself. We cover the balance of the scan from your Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules and limits may apply.

Contributions

	 Main member	 Adult	 Child*
Smart Plan	R1 397	R1 099	R557

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

A close-up, profile view of a woman and a young child looking towards the right. The woman is in the foreground, and the child is slightly behind her. They are both looking out over a blurred, natural landscape under bright, warm light. The woman is wearing a dark blue top, and the child is wearing a white ruffled top and a blue denim dress.

KeyCare Series

KEYCARE

20
16

SERIES

Key features

Benefits available on the KeyCare Series



Unlimited hospital cover in our KeyCare network of hospitals



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



Essential cover for chronic medicine on the KeyCare medicine list for all Chronic Disease List conditions



Unlimited cover for medically appropriate GP consultations, blood tests, x-rays or medicine in our KeyCare network on the KeyCare Plus and KeyCare Access plans

The KeyCare Series has three health plan options

There are differences in benefits as indicated below.
The benefits not mentioned in the table are the same across all three plans.

	Plus	Access	Core
Hospitals	Unlimited cover in the KeyCare Hospital Network. There is a list of procedures that are covered in the KeyCare day surgery network	Unlimited cover for emergencies, trauma, childbirth and care for your newborn in the KeyCare Access network of private hospitals. Other conditions are covered in a contracted network of state facilities	Unlimited cover in the KeyCare Hospital Network. There is a list of procedures that are covered in the KeyCare day surgery network
Day-to-day medical cover	Primary care cover through your chosen GP and day-to-day medicine from our medicine list		This plan does not offer day-to-day medical cover
	Private specialist cover up to a limit of R3 250 for each person	Private specialist cover up to R3 250 for emergencies, trauma, childbirth and cover for your baby up to 12 months after childbirth	Private specialist cover up to a limit of R3 250 for each person
Antenatal Benefit	If you are pregnant, the Antenatal Benefit covers you at 100% of the DHR for the following healthcare services: <ul style="list-style-type: none"> ■ four visits to a GP, midwife or gynaecologist at a network hospital ■ one routine scan (between 10 and 20 weeks) ■ selected blood tests requested by your gynaecologist or GP 		
Casualty visits	Cover in any casualty unit at one of the KeyCare network hospitals. You have to pay the first R270 of the consultation	Other than for emergencies and trauma, you have cover in any casualty unit at one of the KeyCare Access hospitals and KeyCare network hospitals once a year. You have to pay the first R270 of the consultation	Casualty visits are not covered
Chronic medicines prescriptions	Your chosen KeyCare GP must prescribe your approved chronic medicine or you can get your approved medicine from approved pharmacies		Any GP can prescribe your approved medicine
Cancer	We cover treatment only if it is a Prescribed Minimum Benefit. We will allocate you to a network provider	We cover treatment if it is a Prescribed Minimum Benefit in a state facility	We cover treatment only if it is a Prescribed Minimum Benefit. We will allocate you to a network provider

Hospital cover

We cover you in hospital for emergency and planned hospital admissions

There is no overall hospital limit. Some healthcare services and procedures have a limit or we may have rules on how we pay for them.

Your hospital cover is made up of:

- Cover for the account of your hospital stay
- Cover for the accounts from your admitting doctor, anaesthetist or any other approved healthcare professional.

Cover for your hospital account on KeyCare Core and KeyCare Plus

We cover you in any hospital in the KeyCare network of hospitals. If you don't go to a KeyCare network hospital for planned admissions, you will have to pay the claims yourself.

We cover these procedures in our day surgery network:

- Adenoidectomy
- Arthrocentesis (joint injection)
- Cautery of vulva warts
- Circumcision
- Colonoscopy
- Cystourethroscopy
- Diagnostic D&C
- Gastroscopy
- Hysteroscopy
- Myringotomy
- Myringotomy with intubation (grommets)
- Prostate biopsy
- Proctoscopy
- Removal of pins and plates
- Sigmoidoscopy
- Simple abdominal hernia repair
- Simple nasal procedure for nose bleeding (nasal plugging and nasal cauterly)
- Tonsillectomy
- Treatment of Bartholin's cyst/abscess
- Vasectomy
- Vulva/cone biopsy

Cover for your hospital account on KeyCare Access

On KeyCare Access, healthcare services for approved admissions for emergencies, trauma, childbirth and care for your baby up to 12 months after childbirth are covered in our network of private hospitals with no overall limit. We pay approved admissions for all other hospital care in our network of state facilities.

We cover the following traumas in our network of private hospitals:

- Injuries at work
- Burns
- Injuries from a crime
- Sexual assault
- Injuries from a car accident
- Injuries from a fall
- The loss of an arm, hand, leg or foot
- Near drowning
- Head injuries
- Poisoning or a serious allergic reaction that may cause death

Care for your baby after childbirth on KeyCare Access

This benefit covers babies that are registered on the Scheme from their date of birth when born to a parent registered on the Scheme. It covers approved hospital admissions in our network of private hospitals for the baby for 12 months from the baby's date of birth.

Babies not added to the Scheme from their date of birth will be covered in our contracted network of state facilities.

Cover for related accounts

We guarantee full cover when you use specialists and healthcare professionals on the KeyCare network.

Other specialists and healthcare professionals

If you are treated by a specialist who we don't have an arrangement with and other healthcare professionals, we pay up to 100% of the DHR. If the healthcare professional charges above the DHR, you must pay the rest.

Healthcare services with an annual limit



Mental health

KeyCare Core and KeyCare Plus

21 days or 15 out-of-hospital consultations for each person

KeyCare Access

21 days in our contracted network of state facilities or 15 out-of-hospital consultations for each person



Alcohol and drug rehabilitation

KeyCare Core and KeyCare Plus

21 days for each person

KeyCare Access

21 days for each person in our contracted network of state facilities



Cataract surgery

KeyCare Core and KeyCare Plus

We cover cataract surgery as long as we have approved your treatment at a doctor and facility in our network for cataract surgery.

KeyCare Access

Covered in our contracted network of state facilities



Chronic dialysis

Once registered, we will allocate you to a network provider or you can go to a state facility. If you choose to use any other provider we will only cover 80% of the DHR.

Day-to-day cover

You have access to the following day-to-day cover:

Applicable to KeyCare Plus and KeyCare Access Plans



Cover for GP visits

You have unlimited cover for medically appropriate GP consultations. When joining, you must choose a GP from the KeyCare GP Network. You must go to your chosen GP for us to cover your consultations and some minor procedures. Preauthorisation is required after your 15th GP visit.



You get four out-of-network GP visits

If you need to see a doctor and your chosen GP from our network is not available for you to see, each person on your plan can go to any GP with a limit of four out-of-network GP visits each year, covered up to the DHR. We will cover the GP visit, with selected blood tests and x-rays and medicines on our medicine list.



Blood, urine and other fluid and tissue tests

We pay for a list of blood, urine and other fluid and tissue tests. Your chosen GP must ask for these tests by filling in a KeyCare pathology form.



Cover for dentistry

We cover consultations, fillings and tooth removals at a dentist in our dentist network.



Day-to-day medicine

We pay for medicines from our medicine list if they are prescribed by your chosen KeyCare network GP.



Cover for eye care

We cover one eye test for each person, but you must go to an optometrist in our network. The optometrist will have a specific range of glasses that 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.



Basic x-rays

We pay for a list of basic x-rays at a network provider. Your chosen GP must ask for the x-rays to be done.



Casualty visits

On KeyCare Plus you can go to any casualty unit at one of the KeyCare network hospitals. You have to pay the first R270 of the consultation. On KeyCare Access, other than for emergencies and trauma, each person can go to casualty at one of the KeyCare network hospitals once a year. You have to pay the first R270 of the consultation. You don't need to call us if you go to casualty.



Medical equipment

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 R4 950 for each family.



Other types of healthcare

We do not cover other types of healthcare professionals, such as physiotherapists, psychologists, speech therapists, audiologists, homeopaths or chiropractors from your day-to-day benefits.

Contributions

KeyCare income bands



Main member



Adult



Child

KeyCare Plus

KeyCare income bands	Main member	Adult	Child
10 751+	R1 734	R1 734	R464
7 551 – 10 750	R1 165	R1 165	R326
291 – 7 550	R832	R832	R301
0 – 290	R290	R290	R290

KeyCare Access

KeyCare income bands	Main member	Adult	Child
10 751+	R1 695	R1 695	R458
7 551 – 10 750	R1 129	R1 129	R317
4 701 – 7 550	R782	R782	R281
0 – 4 700	R586	R586	R256

KeyCare Core

KeyCare income bands	Main member	Adult	Child
10 751+	R1 281	R1 281	R289
7 551 – 10 750	R830	R830	R204
0 – 7 550	R665	R665	R173

Income verification will be conducted for the lower income bands. Income is considered as: The higher of the main member, member beneficiary 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 form of financial assistance received directly or indirectly from any source; and income from any statutory social assistance programme.

General exclusions

Discovery Health Medical Scheme has certain exclusions. We do not pay for healthcare services related to the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits

For a full list of exclusions, please visit www.discovery.co.za

General exclusion list includes

- Cosmetic procedures and treatments
- Otoplasty for bat ears, port-wine stains and blepharoplasty (eyelid surgery)
- Breast reductions or enlargements and gynaecomastia
- Obesity
- Frail care
- Infertility
- Wilfully self-inflicted illness or injury
- Alcohol, drug or solvent abuse
- Wilful and material violation of the law
- Wilful participation in war, terrorist activity, riot, civil commotion, rebellion or uprising
- Injuries sustained or healthcare services arising during travel to or in a country at war
- Experimental, unproven or unregistered treatments or practices
- Search and rescue
- Any costs for which a third party is legally responsible

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

Waiting periods:

If we apply waiting periods because you have never belonged to a medical scheme or have had a break in membership of more than 90 days before joining the Discovery Health Medical Scheme, you will not have access to the Prescribed Minimum Benefits during your waiting periods. This includes cover for emergency admissions.

If you had a break in cover of less than 90 days before joining the Discovery Health Medical Scheme, you may have access to Prescribed Minimum Benefits during waiting periods.

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

01 | Hospital admissions related to, amongst others:

- Dentistry
- Nail disorders
- Skin disorders including benign growths and lipomas
- Investigations and diagnostic work-up
- 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
- 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 and processors
- Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary.

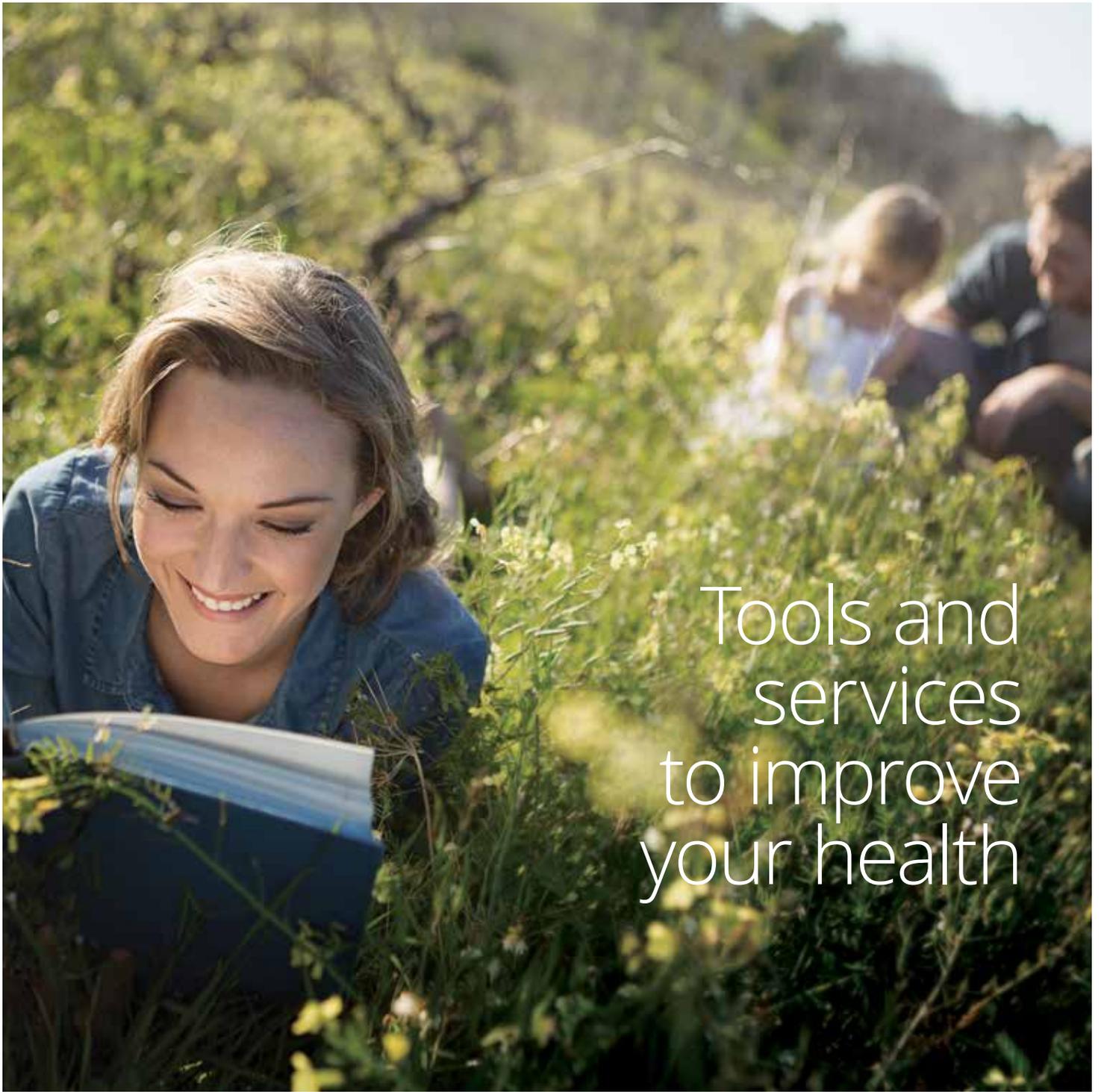
02 | Correction of Hallux Valgus/Bunion and Tailor's Bunion/Bunionette

03 | Removal of varicose veins

04 | Refractive eye surgery

05 | Non-cancerous breast conditions

06 | Healthcare services outside South Africa



Tools and
services
to improve
your health

MedXpress

Convenient medicine ordering service

Discovery MedXpress is a convenient medicine ordering service, particularly for monthly chronic medicine. Using Discovery MedXpress or a pharmacy that is in the designated service provider network will ensure you get favourable rates for your approved chronic medicine.

The benefits of using Discovery MedXpress

- You have full cover with no co-payments for medicine on our medicine list
- It is quick and convenient
- Delivery is free anywhere
- You receive advice and updates
- You can reorder your chronic medicine when it's convenient for you

You have a choice in how you want to receive your medicine



Delivery to your door



Collect in-store*

How to order



Discovery app



www.discovery.co.za



medxpress@discovery.co.za



Fax 011 539 1020

Reorder online at www.discovery.co.za or by using the Discovery app.

Personal Health Programmes

Helping you manage your chronic condition

Our Personal Health Programmes are unique lifestyle programmes to assist you – with the help of your Premier Practice GP – to actively manage your chronic condition to make you healthier.

Our Personal Health Programmes are based on clinical and lifestyle guidelines, and give you and your GP the tools to better monitor and manage your condition.

Any Discovery Health Medical Scheme member registered on the Chronic Illness Benefit for diabetes, hypertension, hyperlipidaemia or ischemic heart disease can join a Personal Health Programme.

Your Premier Practice GP will prescribe a chronic disease management lifestyle programme for you.

You have the option to enrol on one of these programmes via our website or through your GP if they belong to the Discovery Health Premier Practice Network.

In addition, the programme unlocks valuable healthcare services such as dieticians and biokineticists that you may require as part of the programme.



How to join a Personal Health Programme

To join a Personal Health Programme, speak to your Premier Practice GP or visit www.discovery.co.za for more information.

Discovery HomeCare

Private home nursing service

Discovery HomeCare is a unique home-based service that offers you quality care in the comfort of your own home, with minimum disruption to your normal routine and family life.

Care offered	What it entails
Postnatal care	Home visits for healthy mother and baby if your gynaecologist / obstetrician discharges you a day earlier from hospital. We will cover three day nurse visits, or one day nurse visit and two night care giver visits, within a six-week period.
End-of-life care	End-of-life care provided by nurses or care workers in partnership with the Hospice Palliative Care Association of South Africa. Cancer patients have access to this service through the Advanced Illness Benefit.
IV infusions (drips)	The administration of IV antimicrobials, iron treatment, steroids and immunoglobulins for patients whose condition is stable and hospital admission is not required.
Wound care	Wound care for venous ulcers, diabetic foot ulcers, pressure sores and other moderate to severe wounds for patients whose condition is stable and hospital admission is not required.

These services are paid from the Hospital Benefit, subject to approval.

HealthID

Your medical information in your doctors' hands

HealthID is the first electronic health record application of its kind in South Africa. It puts all your health records in your doctor's hands so you won't have to try and remember everything. It also assists your doctor in interacting with us.

Give your doctor consent – log onto www.discovery.co.za



To benefit from HealthID, you will need to give consent to each doctor you visit before that doctor can access your health records.

No unauthorised person will have access to your personal medical information.

With Discovery's HealthID app doctors can:

1



Access your medical history and electronic health records

2



Apply for chronic cover

3



Write electronic prescriptions

4



View your benefit information

5



Refer you to another healthcare professional

6



Prescribe a Personal Health Programme

Tools to help better manage your health plan

The Discovery app and website have both been purpose-built to help you get the most out of your health plan



Submit and track your claims



Plan and authorise hospital admissions



View information on hospital procedures



Check medicine prices and alternatives



Access your healthcare records and grant your doctor consent to view them



Order medicine for home delivery



Find a healthcare professional



Access important documents



Track your benefits and medical spend



Translate your travel cover into one of five languages



Watch educational videos



See your doctors real-time availability and instantly book an appointment



Build your family tree



Consult with your doctor online



www.discovery.co.za

Download the Discovery app



Giving you access to value-added healthcare offers

**Our members have exclusive access to value-added offers
outside of the Discovery Health Medical Scheme benefits and rules
that are not available to members of other open medical schemes.**



Access to a separate wellness product

You have the opportunity to join the world's leading science-based wellness programme, Vitality, that encourages you to get healthier. Not only is a healthy lifestyle more enjoyable, it is clinically proven that Vitality members live longer and have lower healthcare costs.



Savings on stem cell banking

You get an exclusive offer with Netcells® Biosciences that gives expectant parents the opportunity to cryogenically store their newborn baby's umbilical cord blood and tissue stem cells for potential future medical use at a discounted rate.



Savings on personal and family care items

You can sign up for HealthyCare, a separate offer that helps reduce your out-of-pocket spend on a vast range of personal and family care products at any Clicks or Dis-Chem.

HealthyCare items include a list of baby, dental, eye, foot, sun and hand care products, as well as first aid and emergency items, over-the-counter medicine, and products to stop smoking.

Vitality is not part of the Discovery Health Medical Scheme. Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd. Registration number 1999/007736/07, an authorised financial services provider. HealthyCare is brought to you by Discovery Vitality (Pty) Ltd. Registration number 1997/007736/07, an authorised financial services provider. Netcells® Biosciences is brought to you by Discovery Health (Pty) Ltd. Registration number 1997/013480/07, an authorised financial services provider.

Complaints

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints and we encourage you to follow the process.

Step 1 | To take your query further

If you have already contacted us and feel that your query has still not been resolved, please complete our online complaints form on the website. We would also love to hear from you if we have exceeded your expectations.

Step 2 | To contact the Principal Officer

If you are still not satisfied with the resolution of your complaint after following the process in step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme by completing the online form on the website.

Step 3 | To lodge a dispute

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information on the Scheme's disputes process on the website.

Step 4 | To contact the Council for Medical Schemes

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes (CMS). You may contact the CMS at any stage of the complaints process but are encouraged to follow the steps above to resolve your complaint before contacting the CMS directly. Members who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch - Hazel Avenue, Eco Park, Centurion, 0157 or email complaints@medicalschemes.com. Customer care centre: 0861 123 267 / website www.medicalschemes.com

