



*KeyCare
Series*

— 2014 —

YOUR HEALTHCARE COVER IN 2014

Dear Member

Thank you for giving us the opportunity to look after your healthcare cover needs

Our aim is to keep you healthy and provide you with the best of care when you need it most.

We design our integrated product solutions to make sure you get the most value from your health plan, and to assist you in avoiding out-of-pocket payments wherever possible, especially when you or your loved ones experience a critical illness or major hospital admission. This integrated approach to your healthcare is made possible by the combined power of the Discovery Health Medical Scheme and Discovery Health (both referred to as Discovery Health in this brochure), as well as Discovery Vitality.

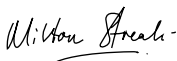
The Discovery Health Medical Scheme offers the widest range of health plans in the market. It is South Africa's largest open medical scheme with over 2, 5 million members and more than 50% share of the local open medical schemes market. As a member of the Discovery Health Medical Scheme, a portion of your monthly contributions goes into your individual Medical Savings Account (depending on your chosen plan) to be used by you to cover your day-to-day medical expenses. The remainder goes into the Scheme's account, and is used to pay all members' approved medical claims. Whatever is left over at the end of each year remains in the Scheme to be used to pay claims in future.

Discovery Health is the administrator of the Discovery Health Medical Scheme, responsible for many functions, including claims processing and payment, and client service touch points such as the website and call centre.

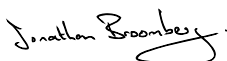
Vitality is a separate Discovery company that offers a wellness programme that you may choose to join as a Discovery Health Medical Scheme member. Vitality's ability to make people healthier and give them great rewards has made it the world's leading wellness programme, with over five million members on four continents.

This guide gives you a summary of the health plans we offer and the rich benefits available within the different plans, so you can choose the one that is right for your healthcare needs and those of your family. You will also find information about the additional benefits and tools provided by Discovery Health and Vitality. Please familiarise yourself with the information we have provided you with so you can make the best choices when it comes to your healthcare.

Regards



Milton Streak
Principal Officer:
Discovery Health Medical Scheme



Dr Jonathan Broomberg
CEO:
Discovery Health

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www.discovery.co.za

TEN REASONS WHY YOUR BEST CHOICE IS THE DISCOVERY HEALTH MEDICAL SCHEME

10 REASONS



The widest range of health plans in the market

We offer the **widest range of health plans** in the market, so you can rest assured that there is one that is exactly right for you and your family's healthcare needs.



The most competitive contributions

Over 2,5 million South Africans entrust their healthcare funding to us. One of the benefits of this scale is the ability it gives us to contain healthcare costs and pass these savings on to you. On a like-for-like basis, Discovery Health Medical Scheme plan **contributions** are as much as **15% lower** than those of any other South African medical scheme.



We give you the choice of full cover

Our extensive network of healthcare providers, combined with our unique tools, mean you can avoid co-payments when visiting a specialist or GP, on day-to-day preferentially priced medicines, blood tests or when going to hospital. Look out for the Full Cover Choice stamp on our website and in our guides to point you in the zero co-payment direction.

AA+

The Discovery Health Medical Scheme has the highest credit rating

The Discovery Health Medical Scheme has more than R9 billion in reserves. Global Credit Ratings has continually given us the highest possible medical scheme rating (AA+) for our ability to pay your claims.



Our technology unlocks the best of care

We believe in giving you every opportunity to engage and interact with us and with your health plan, and to get the most out of it. Our **Discovery app** and our **website** have both been purpose-built to do exactly that. **Discovery HealthID**, our award-winning tablet application for doctors, allows your doctor to digitally access your health records after you have given permission. Your doctor can gain insight into your benefits, study your blood test results and write electronic prescriptions, all with the touch of a finger.



Vitality

By being a Discovery Health Medical Scheme member, you have the opportunity to join Vitality, the world's leading science-based wellness programme that both encourages and rewards healthy behaviour.



We help you save on over-the-counter medicines, chronic care items, optometry and stem cell banking

Discovery Health offers you up to 25% cash back on over-the-counter medicines (schedule 1 and 2) at Clicks, essential chronic care items at Dis-Chem, and umbilical cord blood and tissue stem cell banking at Netcells. You can enjoy more savings of up to 20% on frames and lenses at an optometrist in the Discovery network of optometrists.



We provide you with life-saving emergency support

Emergency HealthID enables emergency personnel to securely access your essential information when you are not able to give it to them, by scanning your unique QR code on your car sticker.



We give you access to the most advanced medical care

You have the best cover among South African medical schemes for cancer treatment. In addition, with an Executive or Comprehensive Plan, you get extra cover for **new and expensive medicines** and for certain treatments that are available only outside South Africa.



We help you to stay healthy

We believe that prevention is better than cure, and so we actively encourage you to detect and treat any illness as early as possible. That's why we cover a range of preventive tests from cholesterol to HIV screening without using the money in your Medical Savings Account.

THE DISCOVERY HEALTH MEDICAL SCHEME PRODUCT PLATFORM

The Discovery Health Medical Scheme offers a range of options to cater for every need – from the Executive Plan to the KeyCare Series. Each plan's cover ranges from hospitalisation to chronic medicine, with many plans offering day-to-day cover as well.

Hospital cover

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. The Delta, Coastal and KeyCare Plans offer hospital cover in a defined network of hospitals.

If you use a specialist who we have a payment arrangement with, we cover you in full for your approved procedure in hospital.

Chronic illness cover

All Discovery Health Medical Scheme plans cover approved medicine for the Chronic Disease List conditions. We pay approved chronic medicines that are on the Scheme's medicine list in full, or up to a set monthly rand amount for medicines not on the medicine list.

The Executive and Comprehensive Plans offer cover for additional conditions.

On the Executive Plan you also have exclusive access to a defined list of brand medicines which we cover in full.

Screening and prevention

The Screening and Prevention Benefit covers blood glucose, blood pressure, cholesterol and body mass index measurements at a Discovery Wellness Network provider. The benefit also pays for a mammogram, Pap smear, PSA (prostate screening test) and HIV screening tests. If you are 65 years or older or are registered for certain chronic conditions, we also cover a seasonal flu vaccine.

Day-to-day cover

Your Medical Savings Account

We pay your day-to-day medical expenses from your Medical Savings Account on Executive, Comprehensive, Priority and Saver Plans. Any unused funds are carried over to the next year – unlike traditional plans where unused cover is lost.

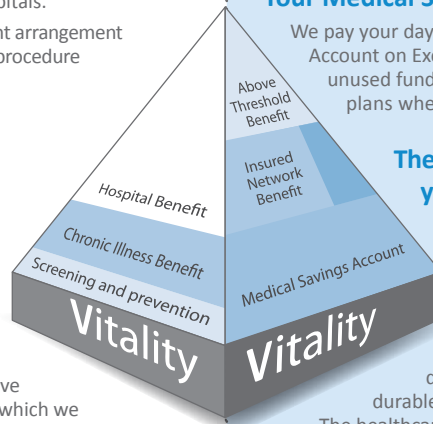
The Insured Network Benefit extends your day-to-day cover for essential healthcare services

We extend your day-to-day cover through the Insured Network Benefit. When you have spent your annual Medical Savings Account allocation and before your claims add up to the Annual Threshold, we cover services such as GP consultation fees, blood tests, day-to-day cost-effective medicine, maternity costs and durable external medical items from a provider in our network.

The healthcare services covered depend on the health plan you have chosen.

The Above Threshold Benefit further extends your day-to-day cover

The Executive, Comprehensive and Priority Plans include an Above Threshold Benefit that gives further day-to-day cover once your claims add up to a set amount (your Annual Threshold). On the Executive and Comprehensive Series, the Above Threshold Benefit is unlimited. On the Priority Series, the Above Threshold Benefit has an overall limit.



Discovery Vitality offers the world's leading science-based programme with a personalised approach to wellness

Vitality helps you get healthier by giving you the knowledge, tools and motivation to improve your health – it's been clinically proven that Vitality members are healthier, live longer and have lower healthcare costs.

A FULL COVER CHOICE EXISTS ON EVERY PLAN



Our extensive networks of healthcare providers, combined with our unique self-service tools, mean you can always avoid co-payments. These tips will guide you to full cover. Remember to look out for the full cover stamp throughout this guide.

1 Use our extensive hospital networks

You are covered in full when you use a network hospital on plans that offer a defined network of hospitals. Use our online MaPS tool to find a hospital in our network.

3 Use our preferred medicine

All Discovery Health Medical Scheme plans offer a comprehensive list of medicine which we cover in full. The Executive Plan offers additional cover for an exclusive list of brand medicines. Under the Insured Network Benefit, we cover preferred medicine once you have spent the annual funds in your Medical Savings Account. Use Discovery MedXpress or ask your pharmacist about your options to avoid a co-payment.

5 Go for preventive screening tests

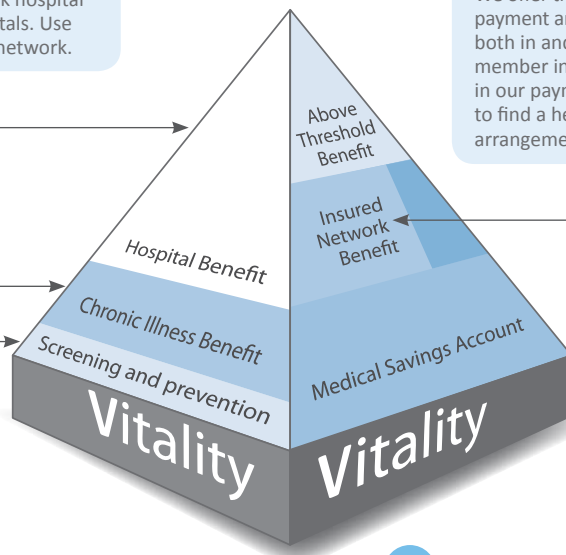
We cover preventive screening tests such as mammograms, blood pressure and cholesterol tests which are great at detecting early warning signs of serious illness. Having these tests done helps you to stay healthy, because prevention is better than cure.

2 Use a GP or specialist who we have a payment arrangement with

We offer the broadest range of GP and specialist payment arrangements, which provides full cover both in and out of hospital. Almost 90% of our member interactions are with a GP or specialist in our payment arrangements. Use our MaPS tool to find a healthcare professional who we have an arrangement with.

4 Use a network provider to access the Insured Network Benefit when you have used up your Medical Savings Account

Once you have spent your annual Medical Savings Account (MSA) allocation and before your claims add up to the Annual Threshold, we extend your day-to-day cover through the Insured Network Benefit. You have cover for unlimited GP consultation fees, blood tests, cost-effective day-to-day medicine, maternity costs and certain durable external medical items. Cover for these healthcare services depends on the health plan you have chosen. Use MaPS to find a network provider.



You can access MaPS and MedXpress at www.discovery.co.za or on the Discovery app. Discovery Vitality (Pty) Ltd is an authorised financial services provider. Registration number: 1999/007736/07.

IMPORTANT CONCEPTS TO HELP YOU UNDERSTAND YOUR HEALTH PLAN

Use these handy definitions to help you understand important concepts discussed in this guide.

DHR
Discovery Health Rate (DHR)
 This is a rate set by the Discovery Health Medical Scheme at which claims and services for healthcare providers (hospitals, pharmacies and healthcare professionals) will be paid.

Payment arrangements
 The Scheme has entered into payment arrangements with various healthcare professionals that have agreed to be reimbursed at the Discovery Health Rate. This ensures no co-payments for you. You benefit from access to the broadest range of GPs and specialists, which represents almost 90% of members' interactions with these healthcare professionals.

Networks
 Some plans, benefits and healthcare services require you to use the Scheme's network providers. If you use these providers we are able to keep your contributions as affordable as possible while ensuring full cover.

Medicine list
 This is a list of approved chronic medicines that the Scheme covers in full. The list includes an extensive range of high-quality medicines for all covered chronic conditions to ensure you always have an option of full cover.

Limits
 Most in- and out-of-hospital healthcare benefits are unlimited but there are some healthcare services such as dentistry and optometry that are subject to annual limits. It is important for you to familiarise yourself with these limits and to track your usage by logging onto www.discovery.co.za or checking your statements.

Hospital cover
 We cover you in hospital for emergency and planned hospital admissions. You have to get authorisation from us for your hospital stay. Your hospital cover is made up of your hospital account and related accounts. A related account is an account from your treating doctor, anaesthetist and any other approved healthcare services like pathology or radiology scans.

PMB
Prescribed Minimum Benefit (PMB) conditions
 These are conditions which all medical schemes are required to cover as set by the Council for Medical Schemes according to clinical guidelines. You may be required to use a Designated Service Provider (DSP). A DSP is a hospital or healthcare provider who has an agreement with the Discovery Health Medical Scheme to provide treatment or services at a contracted rate and without any co-payments by you.

Day-to-day cover
 Day-to-day cover includes your visits to healthcare professionals out of hospital, radiology, pathology and medicines purchased for everyday use. We cover your day-to-day healthcare services from the Medical Savings Account, Insured Network Benefit and Above Threshold Benefit. The level of day-to-day cover depends on the plan you choose.

Medical Savings Account (MSA)
 This is an amount that gets set aside for you at the beginning of the year or when you join the Scheme. You can use it for day-to-day healthcare expenses like doctor visits, optometry, medicine, pathology and radiology as long as you have money available. Money not used at the end of the year will be carried over to the next year.

Self-payment Gap (SPG)
 This is a temporary gap in cover when you run out of funds in your MSA but have not yet reached your Annual Threshold. You will have to pay for day-to-day claims from your own pocket during this period. You must still submit claims to us so that we know when to start paying from your Above Threshold Benefit.

Insured Network Benefit (INB)
 This unique benefit gives you unlimited day-to-day cover for a set of healthcare services at a network provider when you have spent the annual funds in your Medical Savings Account. These healthcare services include GP consultation fees day-to-day cost-effective medicines, blood tests, maternity costs and durable external medical items. The level of cover depends on the plan you choose.

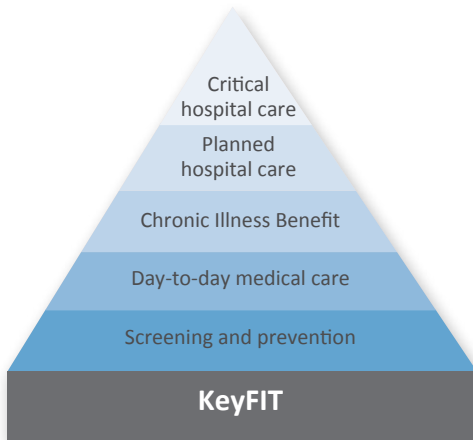
Above Threshold Benefit (ATB)
 The Above Threshold Benefit gives you extra cover at the Discovery Health Rate or a percentage of it when your claims add up to a set amount called the Annual Threshold. The ATB applies to the Executive Plan, Comprehensive Series and Priority Series. The ATB has a limit on Priority Series.

Chronic Illness Benefit (CIB)
 The Chronic Illness Benefit covers a comprehensive list of chronic conditions that includes asthma, diabetes, high cholesterol and high blood pressure. The Chronic Disease List (CDL) is a defined list of chronic conditions we cover according to the Prescribed Minimum Benefits. Executive and Comprehensive Plans offer cover for additional chronic conditions. You have full cover for approved medicine on the Scheme's medicine list or up to a set monthly Chronic Drug Amount for medicine not on the medicine list. The Chronic Drug Amount is a monthly maximum amount we pay for a class of medicine.

KEYCARE SERIES

Plan range

Plus | Access | Core



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 Discovery Health Rate for other healthcare professionals



Essential cover for chronic medicine on the KeyCare medicine list for all CDL chronic conditions



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

KEYCARE SERIES RANGE SUMMARY

Your cover	KeyCare Plus	KeyCare Access	KeyCare Core
Approved hospital admissions for: <ul style="list-style-type: none"> • Emergencies • Trauma • Childbirth • Cover for your baby up to 12 months after childbirth 	Unlimited cover in the KeyCare Hospital Network	Unlimited cover in the KeyCare Access Hospital Network	Unlimited cover in the KeyCare Hospital Network
Other approved hospital admissions	Unlimited cover in the KeyCare Hospital Network	Unlimited cover in our contracted network of state facilities	Unlimited cover in the KeyCare Hospital Network
Chronic medicine	You have cover for a list of chronic conditions and medicine on the KeyCare medicine list		
Day-to-day medical expenses	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	Private specialist cover up to a limit for emergencies, trauma, childbirth and cover for your baby up to 12 months after childbirth	Private specialist cover up to a limit
Screening and prevention and antenatal services	Access to certain screening tests to check your health and a list of healthcare services when you are pregnant		

What to do to **get the most** out of your KeyCare Plan



Always keep your membership card with you; it identifies you as a KeyCare member. Your membership card helps you get access to your benefits.



Always use your chosen GP or a hospital in the KeyCare network.



Check with your GP that your treatment or medicine is on our list of covered services.



If your GP decides you have to see a specialist, your GP will get approval from us so that you can go to the specialist. Make sure you take the reference number with you when you visit the specialist.



In an emergency, go straight to hospital. If you are going to hospital for a planned procedure, call us to confirm your benefits before you are admitted. This way, you will always know what you are covered for.

KEYCARE SERIES HOSPITAL COVER

There is no overall hospital limit. If you have to stay in hospital for a long time, or if your treatment is very expensive, your cover won't run out. 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	Hysteroscopy	Simple nasal procedure for nose bleeding (that is, nasal plugging and nasal cautery)
Arthrocentesis (joint injection)	Myringotomy	
Cautery of vulva warts	Myringotomy with intubation (grommets)	Tonsillectomy
Circumcision	Prostate biopsy	Treatment of Bartholin's cyst/abscess
Colonoscopy	Proctoscopy	Vasectomy
Cystourethroscopy	Removal of pins and plates	Vulva/cone biopsy
Diagnostic D&C	Sigmoidoscopy	
Gastroscopy	Simple abdominal hernia repair	

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

KEYCARE SERIES

HOSPITAL COVER

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 Discovery Health Rate. If the healthcare professional charges more than the Discovery Health Rate, you must pay the rest.

KEYCARE SERIES HOSPITAL COVER

Some healthcare services have an annual limit

		KeyCare Core and KeyCare Plus	KeyCare Access
Mental health		21 days for each person	21 days for each person covered in our contracted network of state facilities
Alcohol and drug rehabilitation		21 days for each person	21 days for each person covered in our contracted network of state facilities
Cataract surgery		We cover cataract surgery as long as we have approved your treatment at a doctor and facility in our network for cataract surgery	Covered in our contracted network of state facilities
Chronic dialysis		We cover these expenses in full as long as we have approved your treatment at a doctor and facility in our network	We cover these expenses in full as long as we have approved your treatment at a doctor and facility in the KeyCare Access Network
Compassionate care		R28 500 for each person in their lifetime	

Your cover for MRI and CT scans

MRI and CT scans are like x-rays, but show much more detail. They are used when an x-ray doesn't show enough. If your scan is related to an approved hospital stay in our network of private hospitals, we pay for it from your Hospital Benefit. If it is not, we pay for it from your Specialist Benefit, up to R2 750 for each person. We do not pay for MRI or CT scans that are related to conservative back or neck treatment (this is treatment for your back or neck that is not surgery).

KEYCARE SERIES

CHRONIC ILLNESS, CANCER AND HIV COVER

Your cover for chronic conditions

You have cover for a list of chronic conditions, as long as your chronic medicine is on the KeyCare medicine list. We need to approve your application before we cover your condition from the Chronic Illness Benefit.

On the KeyCare Plus and KeyCare Access Plans, your chosen KeyCare GP must prescribe your approved chronic medicine. On the KeyCare Core Plan, any GP can prescribe your approved medicine.

How we pay for medicine

You need to get your approved chronic medicine that is on the KeyCare medicine list from one of our network pharmacies or from your chosen KeyCare 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 for medicines. If you use chronic medicine that is not on our medicine list, you will have to pay for it yourself.

Cover for cancer

We cover you for cancer treatment on the *DiscoveryCare* Oncology Programme. If you're diagnosed with cancer you need to register for the programme.

On the KeyCare Core and KeyCare Plus Plans, we cover cancer treatment if it is a Prescribed Minimum Benefit and if you go to a cancer specialist in our network.

On KeyCare Access, we cover cancer treatment if it is a Prescribed Minimum Benefit in a state facility.












Cover for HIV and AIDS

When you register for our *HIVCare* Programme you are covered for the all-inclusive care that you need. You get access to clinically sound and cost-effective treatment and you can be assured of confidentiality at all times. We cover four GP consultations, a specialist visit, blood tests, scans and x-rays at a network provider. Approved medicines on our medicine list are covered in full. You need to get your medicine from a Designated Service Provider to avoid a 20% co-payment.

KEYCARE SERIES




DAY-TO-DAY COVER

Applicable to KeyCare Plus and KeyCare Access Plans

Cover for GP visits		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.
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.
Day-to-day medicine		We pay for medicines from our medicine list if they are prescribed by your chosen KeyCare network GP.
You get one out-of-network GP visit		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 membership can go to any other GP once a year. We will cover the GP visit, with selected blood tests and x-rays and medicines on our medicine list.
Cover for dentistry		We cover consultations, fillings and tooth removals at a dentist in our dentist network.
Cover for eye care		We cover one eye test for each person, but you must go to an eye doctor in our network. The eye doctor 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 R225 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 R225 of the consultation. You don't need to call us if you go to casualty.
Trauma Recovery Extender Benefit		We will cover specific out-of-hospital claims for your recovery after certain traumatic events. We'll cover you for the rest of the year in which the trauma took place, and in the year after your trauma. You may need to apply for this benefit.
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 450 for each family.
Other types of healthcare professionals		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.




KEYCARE SERIES

BENEFITS THAT ENHANCE YOUR COVER

Specialist Benefit		<p>Each person is covered up to R2 750. Your GP must get a reference number before your consultation with the specialist. If you need to see a tooth specialist or a specialist for maternity care, you do not need a referral from your GP or a reference number from us.</p> <p>The KeyCare Access Plan covers specialist visits in our network for maternity, care for your baby up to 12 months after it is born, trauma and emergencies up to the limit. For all other healthcare services we cover specialists employed by a state facility.</p>
Preventive screening		<p>If you go for certain tests to check your health, we will cover them. These screening tests include blood glucose, blood pressure, cholesterol and body mass index at a Discovery Wellness Network providers. We also cover a mammogram, Pap smear, PSA (a prostate screening) and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal injection to prevent flu.</p>
Antenatal Benefit		<p>If you are pregnant, the Antenatal Benefit covers you at 100% of the Discovery Health Rate for the following healthcare services:</p> <ul style="list-style-type: none">• Four visits to a GP or gynaecologist at a network hospital• One routine scan (between 10 and 20 weeks)• Selected blood tests requested by your gynaecologist or GP

KEYCARE SERIES CONTRIBUTIONS

Total contributions

	 Main member	 Adult	 Child*
KeyCare Plus (8 801+)	R1 448	R1 448	R388
KeyCare Plus (6 651-8 800)	R973	R973	R272
KeyCare Plus (0-6 650)	R695	R695	R251
KeyCare Access (8 801+)	R1 416	R1 416	R381
KeyCare Access (6 651- 8 800)	R942	R942	R267
KeyCare Access (4 151-6 650)	R653	R653	R235
KeyCare Access (0-4 150)	R490	R490	R212
KeyCare Core (8 801+)	R1 070	R1 070	R241
KeyCare Core (6 651-8 800)	R693	R693	R171
KeyCare Core (0-6 650)	R556	R556	R143

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



***Additional
Information***

UNIQUE SAVINGS ONLY WITH DISCOVERY HEALTH

Discovery Health has partnered with Clicks, Dis-Chem and Netcells to help you save up to 25% on healthcare-related spend. We've also set up a network of preferred optometrists where you can save up to 20% on frames and eyeglass lenses.



If you are registered on the Chronic Illness Benefit you get up to 25% cash back on a range of specialised products at Dis-Chem Pharmacies countrywide. You get cash back on a selection of monitoring devices, specialty food, health education, footwear and accessories as well as fitness and wellbeing items. Go to www.discovery.co.za/info/chronicare to register, view the catalogue of products and for more information.



You get up to 25% cash back with MedSaver on over-the-counter (schedule 1 and 2) medicines at Clicks Pharmacies. Go to www.discovery.co.za or www.medsaver.co.za to activate MedSaver now and start earning your cash back.



You get an exclusive discount of 25% when you pay upfront for umbilical cord blood and tissue stem cell banking with Netcells Biosciences. When you choose to use a payment plan, you get a discount of 20%. Go to www.discovery.co.za for more information.



You get up to 20% discount on frames and eyeglass lenses when visiting an optometrist in the Discovery Health Optometry Network. To view a list of all optometrists in our network go to www.discovery.co.za

MEDXPRESS

DOOR-TO-DOOR MEDICINE DELIVERY



MedXpress, Discovery Health's convenient medicine delivery service

Now you can take standing in a long queue at the pharmacy off your already-overflowing to-do lists. MedXpress lets you order medicine online or over the phone and have it delivered directly to your door. MedXpress is also the convenient way to order repeatable medicine prescriptions. You have full cover for medicines on the Discovery Health medicine list (formulary). This means that you won't have to make any co-payments and you won't be charged above the Discovery Health Rate for medicines.

What Discovery MedXpress offers you

Convenience

- Delivery to your door – There's no need to wait in queues or leave home to get your medicine.
- A simple process – there are no complicated forms to complete. All we need is a valid script and a phone call.
- Regular updates – we'll keep you up to date on any changes that may affect your cover for chronic medicine when you call us to order their medicine.

Advice to help you save

When using MedXpress, Discovery Health's qualified service agents can also advise you on the most cost-effective alternatives. And you will always be charged at the Discovery Health Rate for medicines or less – in effect getting rid of all those small co-payments that add up over time.

Important points to remember

Delivery

Chronic or repeatable prescription medicine will be delivered to your preferred address anywhere in South Africa.

Once-off prescription medicine delivery orders are currently only available in Johannesburg, Pretoria and Cape Town metropolitan areas.

Delta members

In 2014 all Delta beneficiaries need to order their approved chronic medicine through MedXpress, to avoid a 20% co-payment on the cost of their medicine.

How you can order medicine

If you're placing your order for the first time, you need to clearly mark your prescription with the words "MedXpress" and your Discovery Health Medical Scheme membership number. You can email your prescription to medxpress@discovery.co.za or fax it to 011 539 1020 and you will receive an SMS from Discovery Health MedXpress. Once you've placed your first order for chronic medicine you can use the Discovery smartphone app (downloadable in the App store or Google Play) or you can log in to www.discovery.co.za to have your monthly repeat medicine orders delivered to an address of your choice.

There is no additional administration or delivery cost, so you can take back the time spent in the pharmacy by placing your order now.

THE DIGITAL WORLD OF DISCOVERY

www.discovery.co.za and the Discovery app

Our website has been designed to display optimally, whether you are accessing it on a desktop, laptop, tablet or smartphone. The Discovery app – available on the App store and Google Play – puts your health plan in your pocket. Together they provide a wealth of self-service tools and information to help you to manage your health plan – and your health.

Track your benefits and medical spend



Plan and authorise hospital admission



Order medicine for home delivery



Find a healthcare professional



Submit and track your claims



Access important documents



Access your health records



Check medicine price and alternatives



View information on hospital procedures



Translate your travel cover into one of five languages



Watch our educational videos



View other Discovery products you have



HealthID – PUTTING YOUR MEDICAL INFORMATION IN YOUR DOCTORS’ HANDS

HealthID puts your health records in your doctors’ hands. This is the first electronic health record application of its kind in South Africa.



With Discovery Health’s HealthID tablet app doctors can:



Access medical histories and electronic health records

A doctor can go into your electronic health records and access your health information to see your medical history. So, if you are having trouble remembering particular medicines you’ve taken, this information is available to your doctor immediately. You can save time and money by not having to repeat tests and investigations, because the results of their previous tests are available for your doctor to see.



Apply for chronic cover

If you are diagnosed with a chronic condition, your doctor can complete an electronic Chronic Illness Benefit application using the HealthID app. This application is easy and convenient, because your doctor gets the information they need for your specific condition when completing the application and you can get immediate approval for certain conditions.



Write electronic scripts

Your doctor can prescribe medicine during a consultation with you using electronic scripting. Your doctor can also see medicines on their approved medicine list, as well as the cost of those medicines. You can find ways to reduce or even avoid co-payments on your medicines before you even reach the pharmacy.



View benefit information

Your doctor also has instant access to your health benefit information to help you get the most out of your benefits. All these functions are designed to make doctors’ visits easier and more productive.

To benefit from HealthID, your doctor will need your permission to access your health records. You will need to give consent to each doctor you visit before that doctor can access your health records on HealthID. You can log onto www.discovery.co.za to give your consent. No unauthorised person will have access to your personal medical information.

GENERAL EXCLUSIONS

The 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.

General exclusion list

- 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 members 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, they will not have access to the Prescribed Minimum Benefits during their waiting periods. This includes cover for emergency admissions.

KeyCare Series exclusions

In addition to the general exclusions that apply to all plans, the KeyCare Series does not cover the following, except if the Prescribed Minimum Benefits say schemes must:

1. Hospital admissions related to:
 - Dentistry
 - Nail disorders
 - Skin disorders
 - 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
 - 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
2. Correction of Hallux Valgus/Bunion and Tailor's Bunion/Bunionette
3. Arthroscopy
4. Removal of varicose veins
5. Refractive eye surgery
6. Non-cancerous breast conditions
7. Healthcare services outside South Africa

We also do not cover the cost of treatment for any complications or the direct or indirect expenses related to any of these excluded conditions and treatments.

The benefits outlined in this guide are a summary of the plans registered in the medical scheme rules. These benefits are reviewed annually and amended in line with the requirements of the Medical Schemes Act and also take into account the requirements of the Consumer Protection Act where it relates to the business of a medical scheme.

VITALITY

KNOW YOUR HEALTH | IMPROVE YOUR HEALTH | GET REWARDED

Discovery Vitality: The wellness programme that rewards you for getting healthier

Vitality helps you to get healthier by giving you the knowledge, tools, personalised wellness programmes and motivation to improve your health. Apart from the fact that a healthy lifestyle is generally more rewarding, it's been clinically proven that Vitality members have lower healthcare costs than non-Vitality members. So join today and start the journey to a healthier you and a more rewarding lifestyle.



- Up to 35% savings on local and international flights
- Up to 50% savings on a wide range of hotel accommodation
- Up to 25% savings on car rental
- Free calls* and boosted data with VitalityMobile
- Wide variety of shopping rewards
- Movies at less than half price
- Even more rewards with a DiscoveryCard

To join Vitality or to find out more, visit www.discovery.co.za, call 0860 99 88 77, or contact your financial adviser or your company's HR representative.
To apply for your DiscoveryCard, call 0860 11 22 73. Please note that all information displayed here is only a summary of the Vitality benefits. Specific terms and conditions apply to each benefit. *Subject to a fair usage policy.

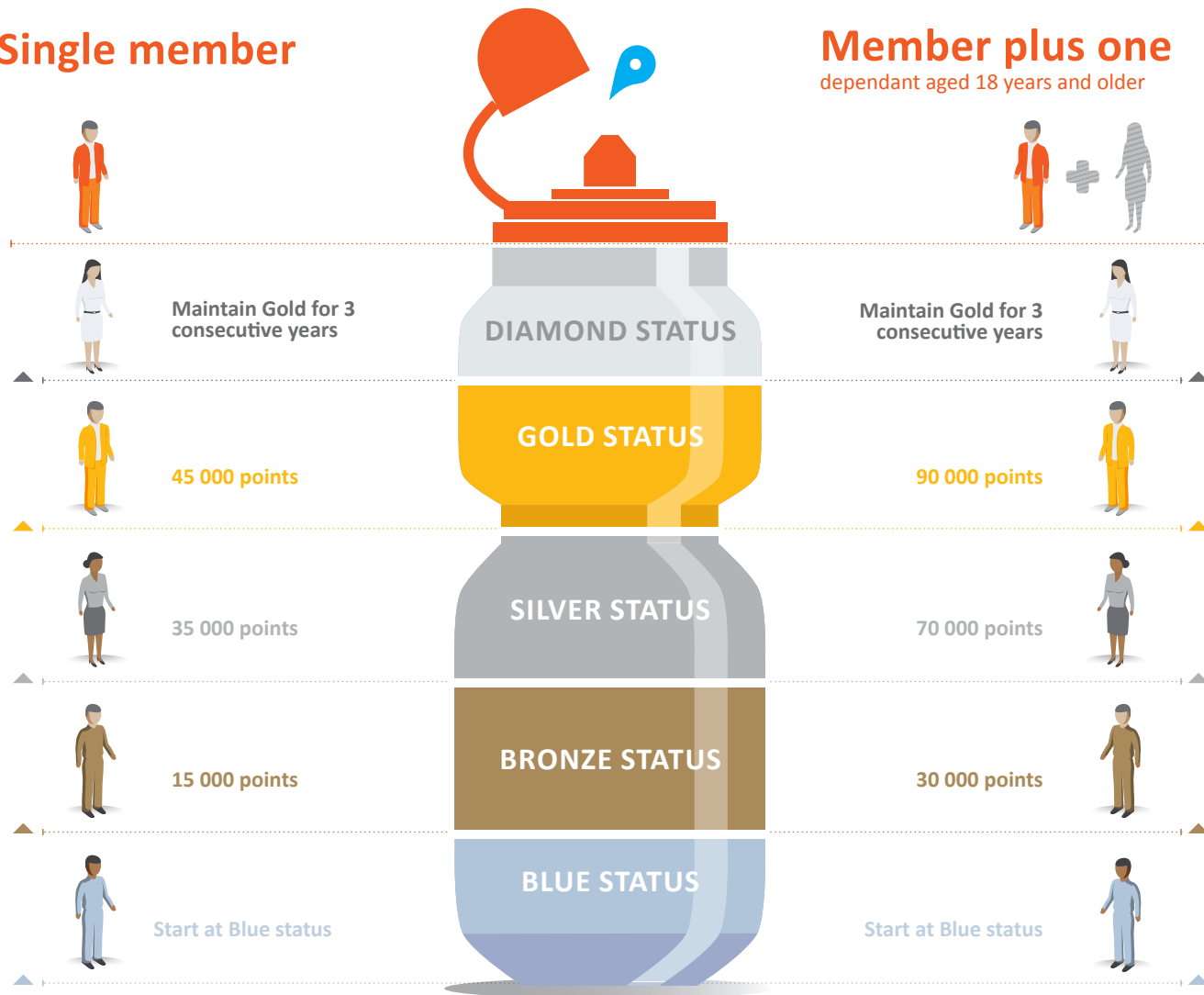
The Vitality points guide

Start at Blue status and move up the Vitality ladder as you improve your health and earn Vitality points through healthy activities. You'll move from Blue status to Bronze, Silver, Gold and finally to the highest – Diamond Vitality status.

Single member

Member plus one

dependant aged 18 years and older



For each additional member aged 18 years and older, add: 10 000 (Bronze), 20 000 (Silver), 30 000 (Gold).



The benefits explained in this brochure are provided by the 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 the Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical Schemes. When reference is made to "we" in the context of benefits, members, payments or cover, in this brochure this is reference to the Discovery Health Medical Scheme. For compliance questions, email compliance@discovery.co.za. Vitality is not part of the Discovery Health Medical Scheme. Vitality is a separate product sold and administered by Discovery Vitality (Pty) Ltd. Registration number 1999/007736/07, an authorised financial services provider.