

		EXECUTIVE COMPREHENSIVE		/E	PRIORITY SAVER			SMART		CORE		KEYCARE						
			Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start
PMB	Prescribed Minimum Benefits (PMB)	All Discovery Health Medical Scheme (DH treatments in the defined benefits. You m of the Discovery Health Rate (DHR). You v	nust use designated s	ervice providers (DSF	s) in our network – this	does not apply in em	nergencies. Where app											
	Medical Savings Account (MSA) and day-to-day benefits	Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology as long as you have money available.	Pays for day-to-day like GP consultation and over-the-count radiology and path have money availal	n fees, prescribed ter medicine, ology as long as you	This plan does not offer a Medical Savings Account. Access to a defined set of benefits including GP consultations, certain specialist visits, certain acute medicine when prescribed by a Smart GP and over-the-counter medicine, dental check up and optometry check up with fixed co-payments and limits.	Pays for day-to		medicine,	fees, prescribed and on a save money available.	over-the-counter	This plan does not offer a Medical Savings Account. Access to a defined set of benefits including GP consultations, certain acute medicine when prescribed by a Smart GP and over-the-counter medicine, dental check up and optometry check up with fixed co-payments and limits.				This plan does not offer a Medical Savings Account. Day-to-day benefits through your chosen GP and day-to-day medicine from our medicine list when prescribed by your chosen KeyCare GP. We pay for basic radiology and pathology at a network provider.	This plan does not offer a Medical Savings Account.	This plan does not offer a Medical Savings Account. Day-to-day benefits through your chosen KeyCare Start GP and day-to-day medicine from our medicine list when prescribed by your chosen KeyCare Start GP. We pay for basic radiology and pathology if referred by your chosen KeyCare Start GP.	
	Day-to-day Extender Benefit	your MSA and before you reach the Annual Threshold. Covers unlimited pharmacy clinic consultations in our	after you have run out of money in your reach the your MSA and before you reach the your MSA and before you reach the Annual Threshold. Covers unlimited ultations in our well as video h a network limited cover na network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. On Classic, you also have		not offer this	Pays for certain da after you have run your Medical Savin and before you rea Threshold.	out of money in ng Account		y-to-day benefits after dical Savings Account.	you have run out of	run out of							
DAY-TO-DAY BENEFITS		wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.			Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR.	Covers limited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	Covers limited phar consultations in our as well as video call a network GP. You a for consultations wi who meets the digit referred. We cover the DHR.	r wellness network, consultations with also have cover ith a network GP tal criteria, when	These plans do not offer this benefit.								
	Above Threshold Benefit	old The Scheme continues to cover day to day healthcare services once you reach your Annual Threshold				The Scheme continues to cover day-to-day healthcare services once you reach your Annual Threshold. The Above Threshold Benefit is limited. Annual benefit limits may apply.				These plans do not offer this benefit.								
-	MRI and CT scans	We pay the first R3 130 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	CT scan from your We cover the balan the Hospital Benefi For conservative ba		You have to pay the first R3 130 of your MRI or CT scan until you reach the Annual Threshold. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	CT scan from your We cover the balar the Hospital Benef For conservative ba	B 130 of your MRI or day-to-day benefits. nce of the scan from fit, up to the DHR. ack and neck scans per spinal and neck	available MSA. We Hospital Benefit, up	130 of your MRI or CT cover the balance of th o to the DHR. For cons of one scan per spinal a	ne scan from the ervative back and	You must pay the first R3 130 of your MRI or CT scan. We cover the balance of the scan from your Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	not offer this benefit.	These plans do r	not offer this benefit.		MRI and CT scans a Specialist Benefit u for a person a year	ip to a limit of R4 530	MRI and CT scans are paid from the Specialist Benefit up to a limit of R2 270 for a person a year.
MATERNITY COVER	Cover during your pregnancy and for two years after your baby's birth once the benefit is activated	During pregnancy 12 antenatal consultations with your gynaecologist, GP or midwife Two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria Private ward cover up to R2 220 per day for your delivery in hospital Cover for up to R5 350 for essential registered devices with 25% copayment A defined basket of blood tests Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth.	paediatrician or You are covered at your midwife, post delivery One nutritional at two mental heat psychologist	rered for up to two vi an ENT I for one six week poor GP or gynaecologist assessment at a dieti Ith consultations with	st-birth consultation for complications tian	Two 2D ultrasou for 2D scansOne chromosorA defined baske	sultations with your gy und scans including on me test or Non-Invasive et of blood tests	e nuchal translucence	idwife y test. 3D and 4D scan: if you meet the clinica registered nurse up un	al entry criteria		 You are covered delivery One nutritional a Two mental healt One breastfeedin 	ered for up to two for one six week p ssessment at a die th consultations w ng consultation wit	visits to a GP, paediatricia ost-birth consultation at y etitian ith a counsellor or psycho h a registered nurse or a tart, your chosen GP mus	your midwife, GP or ologist breastfeeding speci		plications post	

		EXECUTIVE	COMPREHENSIVE		PRIORITY		SAVER		SMART		CORE			KEYCARE						
			Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start		
	Conditions	You have cover for the 27 Chronic Diseas Prescribed Minimum Benefits list as well Disease List.							You hav	e cover for the 27 Chr	onic Disease List cond	ditions according to th	e Prescribed Minimu	m Benefits						
CHRONIC COVER	Medicine cover	cover list covered in full (not applicable to ADL conditions). Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount. Substituting the provided of the DHR up to a maximum of the monthly Chronic Drug Amount. Substituting the provided of the DHR up to a maximum of the monthly Chronic Drug Amount. Substituting the provided in full of the provided in the provided of the provided in the provided		Approved medicine on our medicine list covered in full when you use MedXpress or a MedXpress network pharmacy. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount. Approved medicine on our medicine list covered in full when you use MedXpress or a MedXpress network pharmacy. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.			list covered in full w MedXpress or a Me	when you use edXpress Network dicine not on our list,	you use MedXpress or a MedXpress network pharmacy. Medicines not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.			when you use one of our network chro		We cover your chronic medicine in a state facility.						
				treatment over a 12-month cycle in full.	We cover the first R200 000 of your approved cancer treatment over a 12-month cycle in full. All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where applicable. All PMB treatment costs add up to the cover amount. If your treatment costs more than the cover amount, we will cover up to 80% of the additional costs.				We cover the first R200 000 of your approved cancer treatment over a 12-month cycle in full. All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). Cancer treatment that is a Prescribed Minimum Benefit (PMB) is		Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where		All cancer-related 00% of the Discovery at is a Prescribed ed in full, subject der (DSP), where	Minimum Benefit (PMB) is always that covered in full, subject to the use of is a a designated service provider (DSP), Min where applicable. You have cover for cancer treatment in our network.		Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use				
CANCER COVER		All cancer-related healthcare services are Cancer treatment that is a Prescribed Mir use of a designated service provider (DSP cover amount. If your treatment costs mo additional costs.	nimum Benefit (PMB) P), where applicable. A	is always covered in f Il PMB treatment cos	full, subject to the sts add up to the						always covered in f use of a designated (DSP), where applic treatment costs me amount, you will m the subsequent ad On Essential Smar treatment in our ne	full, subject to the d service provider cable. If your ore than the cover eed to pay 20% of lditional costs. 't, we cover cancer	amount. If your tre	eatment costs more the ver up to 80% of the a	nan the cover	we will cover up to		of a designated service provider (DSP), where applicable. You have cover for cancer treatment in a state facility. If you choose to use any other provider, we will cover up to 80% of the DHR.		
	Extended Oncology Benefit	Once you have reached your cover limit, y defined list of cancers and treatments that									These plans do no	ot offer this benefit.	•					•		
	Oncology Innovation Benefit	You have cover for a defined list of innovative cancer medicines that meet the Scheme's criteria. You will need to pay 25% of the account.									These plans do n	ot offer this benefit.								
	Advanced Illness Benefit	Members with cancer have access to a comprehensive nativative care for appropriate end-of-life clinical and psychologist services. You also have access to a GP consultation to facilitate volir native care treatment plan.												ment plan.						
	Private hospital cover in a general ward	Unlimited cover plus private ward cover of up to R2 220 each day.				20 per Unlimited cover		Unlimited cover		Unlimited cover			Unlimited cover			Unlimited cover				
	Private hospital	You are covered in any facility approved by the Scheme.	Hospital Network of	heme. Full cover nen using the Delta f private hospitals. iions outside of the york, you must pay	Full cover in the Smart Hospital Network. For planned admissions at hospitals outside of the Smart Hospital Network, you must pay an upfront payment of R9 950 to the hospital.		heme. An upfront en R3 850 to R18 600 d list of procedures. dures form part of es to be performed network, the higher	the Delta Hospital N hospitals.	heme. options when using Network of private sions outside of the vork, you must pay	Full cover in any approved private hospital in the four coastal provinces network. If you use a hospital outside the coastal network, we pay up to 70% of the DHR of the hospital account and you must pay the difference.	Full cover in the Sn Network. For planned admis outside of the Sma you must pay an u R9 950 to the hosp	sions at hospitals art Hospital Network, pfront payment of	the Delta Hospital hospitals.	options when using Network of private sions outside of the work, you must pay	Full cover in any approved private hospital in the four coastal provinces network. If you use a hospital outside the coastal network, we pay up to 70% of the DHR of the hospital account and you must pay the difference.	KeyCare Hospital N If you use a hospit Network, we pay u If you do not use h	al in the Partial Cover up to 70% of the DHR.	Full cover at your chosen KeyCare Start Network hospital. If you do not use your chosen hospital in the network, you will have to pay all costs.		
HOSPITAL COVER		You are covered in any facility approved by the Scheme.	a day surgery facility An upfront paymen for admission to a f the day surgery net	t of R5 700 applies acility outside of work. An upfront applies on the Delta ed outside of the	defined list of procedures in the Smart day surgery network.	a day surgery network. An upfront payment of R5 700 applies for admissions to a facility outside of		a day surgery network. An upfront payment of R5 700 applies for admissions to a facility outside of the day surgery network. Where these procedures form part of the list of in-hospital procedures with an upfront payment, the higher		we cover a defined list of procedures in day surgery network. We cover a defined list of procedures in a day sunctive network. An upfront payment of R5 700 applies or admissions to a facility outside of e day surgery network. Where these ocedures form part of the list of chospital procedures with an upfront tyment, the higher		a day surgery or admissions to work. An upfront options,	We cover a defined list of procedures in the Smart day surgery network. An upfront payment of R9 950 applies for admissions to a facility outside of the Smart day surgery network.		in We cover a defined list of procedures in a day su network. S An upfront payment of R5 700 applies for admiss		a day surgery or admissions to vork. An upfront options,	We cover a defined the KeyCare day su	d list of procedures in urgery network.	We cover a defined list of procedures in the KeyCare Start day surgery network.
	Full cover option for specialists we have a payment arrangement with		Full cover			Full cover		Full cover			Full cover		Full cover			Full cover		•		
		300% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		100% of the DHR				
	Reimbursement rate* for GPs and other healthcare professionals (not specialists)		200% of the DHR	100% of the DHR	200% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		100% of the DHR				
		100% of the DHR	100% of the DHR	:	:	100% of the DHR	<u>:</u>	100% of the DHR	<u>:</u>		100% of the DHR	:	100% of the DHR	:		100% of the DHR				

		EXECUTIVE COMPREHENSIVE		PRIORITY SAVER					SMART		CORE		KEYCARE					
			Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start
HOSPITAL COVER (cont.)	Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	Depending on the doctor you use and where you have your scope done, we pay a portion of between R3 650 and R5 300 from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher co-payment will apply. If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.	scope done, we pay 300 from your availa of the hospital and r Benefit. Where both performed, a higher If scopes are perforr confirmed Prescribe or the patient is und pay any amount upf Hospital Benefit. If performed outside highest of the out-of	Depending on the doctor you use and where you have your scope done, we pay a portion of between R3 650 and R5 300 from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher co-payment will apply. If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit. If performed outside of the day surgery network, the highest of the out-of-network upfront payment or scopes co-payment will apply.		Depending on the c where you have you an upfront paymen 650 and R5 900 app balance of the host accounts from your When both a gastrc colonoscopy are pe upfront payment w If scopes are perfor doctor's rooms, as p Prescribed Minimul condition, or the pa age of 12, you will r amount upfront. W from the Hospital B If performed outsid surgery network, th out-of-network upfi scopes co-payment	ur scope done, t of between R3 olies. We pay the olitical and related 'Hospital Benefit. oscopy and rformed, a higher ill apply. med in the oart of a confirmed m Benefits (PMB) tient is under the iot have to pay any e pay the account enefit. le of the day e highest of the ront payment or	scope done, we pay 250 from your avail. of the hospital and Benefit. Where both performed, a higher if scopes are perfor confirmed Prescribe or the patient is une pay any amount up Hospital Benefit. If performed outsid	loctor you use and w a portion of between able day-to-day bene related accounts fror a gastroscopy and or r co-payment will app med in the doctor's r ed Minimum Benefits der the age of 12, you front. We pay the account e of the day surgery if-network upfront pa oly.	n R3 650 and R6 effits and the balance m your Hospital colonoscopy are oly. cooms, as part of a s (PMB) condition, u will not have to count from the network, the	where you have yo will have to pay a p R3 650 and R6 250 balance of the host accounts from you Where both a gasticolonoscopy are pupfront payment wilf scopes are perfodoctor's rooms, as Prescribed Minimu condition, or the page 18 18 18 18 18 18 18 18 18 18 18 18 18	and we pay the oital and related r Hospital Benefit. roscopy and erformed, a higher rill apply. rmed in the part of a confirmed m Benefits (PMB) atient is under the not have to pay any fe pay the account Benefit. de of the day the highest of the ront payment or	scope done, you w and R6 250 and we related accounts fr a gastroscopy and upfront payment w If scopes are perfo confirmed Prescrib or the patient is un pay any amount u Hospital Benefit. If performed outsid	ill have to pay a pore pay the balance of om your Hospital B colonoscopy are pevill apply. I med in the doctor's led Minimum Benefider the age of 12, yofront. We pay the added of the day surger of-network upfront	enefit. Where both rformed, a higher s rooms, as part of a its (PMB) condition, ou will not have to ccount from the	Prescribed Minimur in the KeyCare Day If done in the docto the account from the	Surgery Network. r's rooms, we pay	Prescribed Minimum Benefit cover, in the KeyCare Start Day Surgery Network. If done in the doctor's rooms, we pay the account from the Hospital Benefit.
	Cover for MRI and CT scans related to admission	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.		If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.		If done as part of al admission, we will p the DHR from the H	pay up to 100% of	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.		If done as part of an approved hospital admission, we will pay up to 100% of the DHR from the Hospital Benefit.		If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.		If done as part of an approved admission, we will pay u 100% of the DHR from the Hospital Benefit.				
OH .	Cover for MRI and CT scans if not related to admission or for back and neck treatment	We pay the first R3 130 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. Limited to one scan per spinal and neck region.	We pay the first R3 1 from your day-to-da pay the balance of tl Hospital Benefit, up DHR. Limited to one and neck region.	he scan from the to 100% of the	You need to pay the first R3 130 of your MRI or CT scan until you reach the Annual Threshold. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per body region applies.	We pay the first R3 from day-to-day be balance of the scan Benefit up to 100% conservative back a you must also pay to f the hospital accobalance of the scan Benefit up to 100% Limited to one scar neck region.	nefits. We pay the from the Hospital of the DHR. For and neck treatment, he first R3 850 unt. We pay the from the Hospital of the DHR.	benefits. We pay the	130 of the scan from e balance of the scan of the DHR. Limited ion.	from the Hospital	You need to pay the first R3 130 of the scan. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR. Limited to one scan per spinal and neck region.	This plan does not offer this benefit.	These plans do not	offer this benefit.		We pay scans from Benefit up to a limit person each year.		We pay scans from the Specialist Benefit up to a limit of R2 270 for each person each year.
	Screening and Prevention Benefit	for members 65 years or older and/or registered for certain chronic conditions. We also cover bowel cancer screening tests every two years for members between 45 and 75 years. Additional, and/or more frequent screening tests include a growth assessment and health and milestone tracking at any one of our																
	Connected Care	affect your day-to-day benefits. If you me	access to care at home, including a Home Monitoring Device Benefit for essential home monitor ir day-to-day benefits. If you meet the scheme's clinical entry criteria, you have healthcare cover in me also covers defined point of care medical devices up to 75% of the Discovery Health Rate (DH					ar, at 100% of the Disco	overy Health Rate (Di	HR)	fit gives you access to	a range of essential	and registered home	monitoring devices	for certain chronic an	d acute conditions. App	proved cover for thes	se devices will not
BENEFITS	Trauma Recovery Extender Benefit	Extends your cover for 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.	Extends your cover for 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.			Extends your cover claims for recovery traumatic events fo year in which the tr and a year after the	after certain r the rest of the auma took place,	after certain trauma	for out-of-hospital cl atic events for the res ook place, and a year	st of the year in	Extends your cover for 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.	This plan does not offer this benefit.	These plans do not	offer these benefit	5.	Extends your cover for 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.	This plan does not offer this benefit.	Extends your cover for 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.
DDITIONAL BEN	Assisted Reproductive Therapy (Art)	You have cover for up to two cycles of Al Cover includes a basket of care which in embryo transfers, admission costs inclu pay up to a limit of R110 000 per person 25% will apply.	cludes cover for consul ding lab fees, medication	ltations, ultrasound on and embryo and	ds, oocyte retrieval, d sperm storage. We	These plans do not offer these benefits.												
ADDIT	International Travel Benefit	Cover up to \$1 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and preexisting conditions are excluded.						Cover up to R5 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre-existing conditions are excluded.							These plans do not offer these benefits.			
	Overseas Treatment Benefit	Up to R750 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. You also have cover for R300 000 at a recognised healthcare provider for in-hospital treatment that is available in South Africa. A co-payment of 20% and specific rules apply to these benefits.	Up to R500 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. A co-payment of 20% and specific rules apply to this benefit.					These plans do not offer these benefits.										
	Africa Evacuation Benefit	Cover for emergency medical evacuations from certain sub-Saharan African countries back to South Africa. Pre-existing conditions are excluded. These plans do not offer these benefits.																



Discovery Health Medical Scheme 2021 contributions

Series	Plan		Contributions		Contribut	tions to Medical Saving	s Account	Total contributions			
		Main member	Adult	Child**	Main member	Adult	Child**	Main member	Adult	Child*	
Executive	Executive Plan	5 443	5 443	1 039	1 814	1 814	346	7 257	7 257	1 385	
	Classic Comprehensive	4 466	4 225	891	1 488	1 408	297	5 954	5 633	1 188	
	Classic Delta Comprehensive	4 022	3 808	802	1 340	1 269	267	5 362	5 077	1 069	
Comprehensive	Essential Comprehensive	4 253	4 022	857	750	709	151	5 003	4 731	1 008	
	Essential Delta Comprehensive	3 831	3 619	769	676	638	135	4 507	4 257	904	
	Classic Smart Comprehensive	4 327	3 994	1 378	N	lo Medical Savings Accou	nt	4 327	3 994	1 37	
Duianita	Classic Priority	2 861	2 256	1 145	953	752	381	3 814	3 008	1 52	
Priority	Essential Priority	2 787	2 191	1 114	491	386	196	3 278	2 577	1 31	
	Classic Saver	2 468	1 947	989	822	649	329	3 290	2 596	1 31	
	Classic Delta Saver	1 971	1 557	792	657	519	264	2 628	2 076	1 05	
Saver	Essential Saver	2 223	1 667	891	392	294	157	2 615	1 961	1 04	
	Essential Delta Saver	1 773	1 339	712	312	236	125	2 085	1 575	837	
	Coastal Saver	2 087	1 570	843	521	392	210	2 608	1 962	1 05	
Constant	Classic Smart	1 954	1 542	781		No Medical Savings Account			1 542	781	
Smart	Essential Smart	1 400	1 400	1 400	N	io Medical Savings Accou	nt	1 400	1 400	1 40	
	Classic Core	2 449	1 931	980				2 449	1 931	980	
	Classic Delta Core	1 960	1 545	784				1 960	1 545	784	
Core	Essential Core	2 104	1 577	846	N	lo Medical Savings Accou	nt	2 104	1 577	846	
	Essential Delta Core	1 681	1 265	675				1 681	1 265	675	
	Coastal Core	1 946	1 462	774				1 946	1 462	774	
	KeyCare Plus 0 - 8 550	1 207	1 207	439				1 207	1 207	439	
	KeyCare Plus 8 551 - 13 800	1 659	1 659	468	N	lo Medical Savings Accou	nt	1 659	1 659	468	
	KeyCare Plus 13 801+	2 450	2 450	656				2 450	2 450	656	
	KeyCare Core 0 - 8 550	949	949	245				949	949	245	
KeyCare*	KeyCare Core 8 551 - 13 800	1 183	1 183	292	N	lo Medical Savings Accou	nt	1 183	1 183	292	
	KeyCare Core 13 801+	1 809	1 809	410				1 809	1 809	410	
	KeyCare Start 0 - 9 150	914	914	550				914	914	550	
	KeyCare Start 9 151 - 13 800	1 538	1 538	601	N	lo Medical Savings Accou	nt	1 538	1 538	601	
	KeyCare Start 13 801+	2 394	2 394	650				2 394	2 394	650	

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

 $^{^{**} \}quad \text{We count a maximum of three children when we work out the monthly contribution and annual Medical Savings Account.} \\$



Annual Medical Savings Account

Series	Plan	Main member	Adult	Child*	
Executive	Executive Plan	21 768	21 768	4 152	
	Classic Comprehensive	17 856	16 896	3 564	
Camananah amainta	Classic Delta Comprehensive	16 080	15 228	3 204	
Comprehensive	Essential Comprehensive	9 000	8 508	1 812	
	Essential Delta Comprehensive	8 112	7 656	1 620	
Dui suite s	Classic Priority	11 436	9 024	4 572	
Priority	Essential Priority	5 892	4 632	2 352	
	Classic Saver	9 864	7 788	3 948	
	Classic Delta Saver	7 884	6 228	3 168	
Saver	Essential Saver	4 704	3 528	1 884	
	Essential Delta Saver	3 744	2 832	1 500	
	Coastal Saver	6 252	4 704	2 520	

^{*} We count a maximum of three children when we work out the annual Medical Savings Account.

Annual Threshold Amounts

ANNUAL THRESHOLD

	Main member	Adult	Child*
Executive	26 300	26 300	5 000
Classic, Essential and Delta Comprehensive	21 700	21 700	4 150
Classic Smart Comprehensive	24 850	24 850	850
Priority	17 550	13 200	5 850

ABOVE THRESHOLD BENEFIT LIMITS

	Main member	Adult	Child*								
Executive		unlimited									
Comprehensive		uniimited									
Priority	14 850	10 600	5 200								

^{*} We count a maximum of three children when we work out the Annual Threshold and Above Threshold Benefit limit.







Discovery Health Medical Scheme is regulated by the Council for Medical Schemes.

Complaints process: The following channels are available for your complaints: Step 1 - To take your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations. Step 2 - To contact the Principal Officer if you are still not satisfied with the resolution of your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by e-mailing principalofficer@discovery.co.za. Step 3 – If you have received a final decision from Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.co.za | 0861 123 267 | www.medicalschemes.co.za

The benefits explained in this brochure are provided by Discovery Health Medical Scheme, registration number 1125, administrator of medical services provider and administrator of medical schemes. This brochure is only a summary of the key benefits and features of Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical 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.

We are continuously improving our communication to you. The latest version of this summary as well as detailed benefit information is available on www.discovery.co.za.

* Discovery Health Rate (DHR): This is the rate we reimburse/pay hospitals, pharmacies and healthcare professionals at. To find hospitals or providers in our network, visit www.discovery.co.za. Where we refer to MedXpress is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Discovery Home Care is a service provider. Practice 080 000 8000190, Grove Nursing Services (Pty) Ltd registration number 2015/191080/07, trading as Discovery HomeCare.

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

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