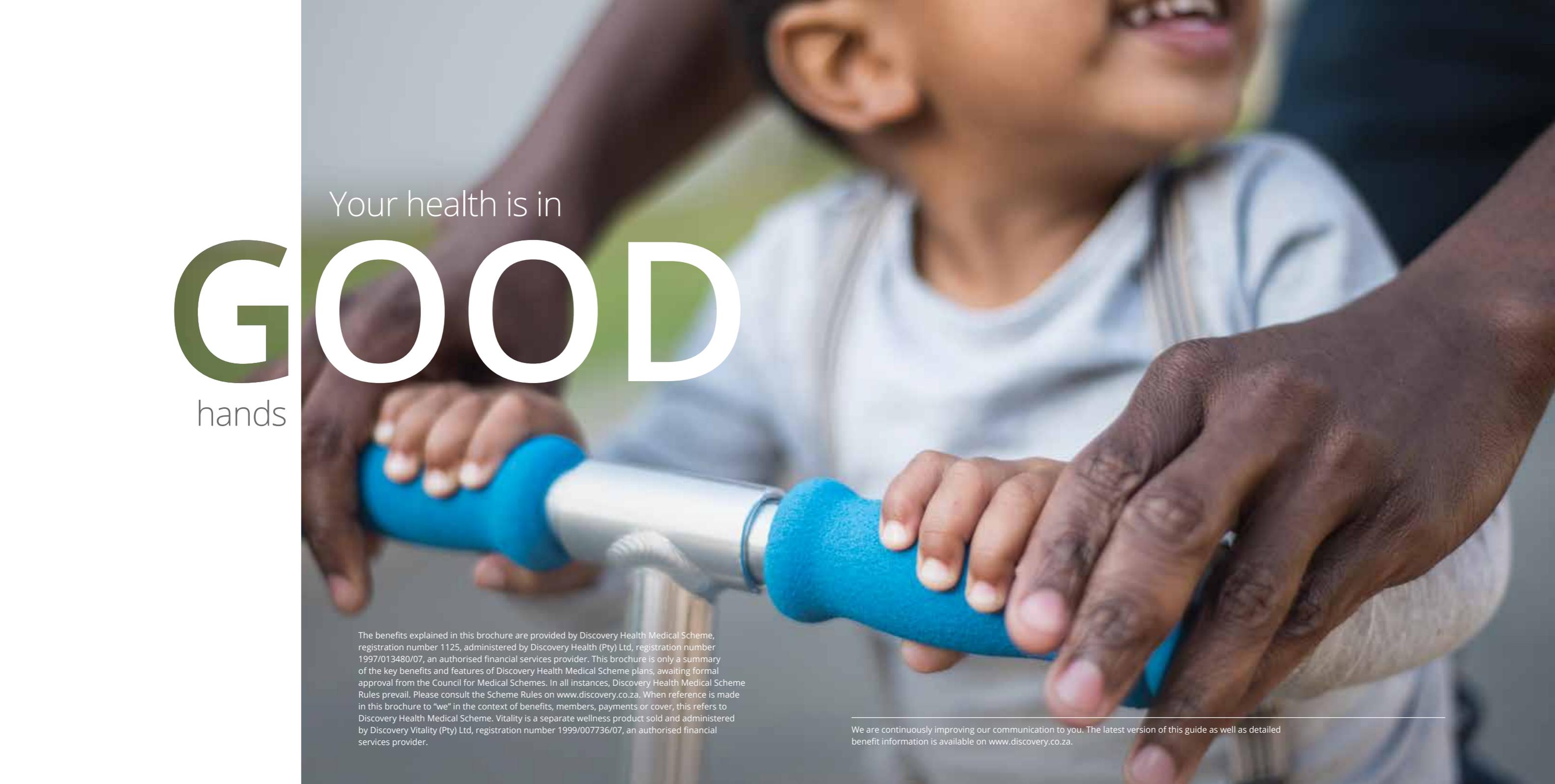




Executive Plan

Health Plan Guide **2018**



Your health is in

GOOD

hands

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 in this brochure to "we" in the context of benefits, members, payments or cover, this refers 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.

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

Discovery Health Medical Scheme

Join SA's leading medical aid

Only Discovery Health Medical Scheme gives you complete peace of mind that your healthcare is in good hands at every stage of your health journey

Widest range of plans to choose from

Choose from 23 health plan options which all offer unmatched benefits with unlimited private hospital cover and full cover in our networks

Most affordable contributions

Contributions that are on average 16.2% lower than other South African medical aids

Unique benefits and services

That further enhance your cover

World-class service

To help you whenever you need it



We exist for our members

LOVED BY CONSUMERS

SundayTimes top brands winner 2016

Sunday Times
TOPBRANDS
2017

INTERNATIONALLY RECOGNISED

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

Extensive networks of high quality doctors, hospitals and pharmacies

To ensure you get the best healthcare at the most affordable cost

Access to the most advanced digital health technology

Seamless support for you and your doctors

Access to care programmes and services

To support you when you need it most

Access to the world's leading science-based wellness programme, Vitality

Because it's never too early or too late to get healthy

The lower cost analysis is a comparison of our contributions with those of open scheme competitors, based on an internal analysis of publicly available marketing material.

Vitality is not part of 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.

Industry-leading digital health technology to support you at every stage of your health journey

Manage your healthcare and health plan anywhere, anytime

■ Download the Discovery app or visit www.discovery.co.za

Track your claims and benefits in real time

- Submit and track your claims
- Track your benefits and medical spend
- View approved chronic conditions

Hassle-free hospital admissions

- Plan and authorise hospital admissions
- View information on hospital procedures
- Check in online for hospital admissions at selected hospitals

Order your medicine through MedXpress

- You have full cover with no co-payments for chronic medicine on our medicine list
- You can re-order your chronic medicine when it's convenient for you

Manage your health

- Access your health record and upload your health data
- Give your doctor consent to view your health record on HealthID
- Understand and manage your health risks with MyFamilyHistory
- Access progress dashboards for specific chronic conditions
- Manage your pregnancy and your baby's health
- Find a healthcare professional in our network

Download key documents when you need them

- Download tax certificates and international travel documents
- Access your digital membership card

Service available when you need it

- Use the Ask Discovery functionality on the website to get any question answered with a click of a button

Connect with your doctors

When it's simply not possible to see your doctor, there is trusted advice at your fingertips

Doctor advice. On your device

- Access trusted doctor advice on your device from over 100 000 doctors worldwide, including doctors in SA
- View your health goals and checklists
- Get doctor-created checklists to help you manage your chronic condition and pregnancy
- Connect with your doctor for follow-up consultations using video, voice or text consultation

Connecting you with your doctors anywhere, anytime

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 who we have a payment arrangement with, and up to 300% of the Discovery Health Rate (DHR) for other specialists



Full cover for chronic medicine on our formulary for all Chronic Disease List (CDL) 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 (ATB) for your day-to-day healthcare needs



Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood



The Global Treatment Platform gives you access to specialised, advanced medical care in South Africa and abroad. Access to full cover for second opinion services. Cover of up to 1 million US Dollars for medical emergencies when travelling outside of South Africa



Additional cover through the Day-to-day Extender Benefit (DEB) for GP consultation fees and kids casualty visits when your Medical Savings Account (MSA) runs out



Unique access to DNA sequencing

You get unlimited hospital cover



All Discovery Health Medical Scheme plans offer unlimited hospital cover. Your hospital cover includes 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 contact us to confirm your admission.

Discovery HomeCare

Discovery HomeCare is a unique home-based nursing service that offers you quality care in the comfort of your own home when approved by your doctor as an alternative to a hospital stay when appropriate (see page 25)

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 represent over 90% of our members' specialist interactions. If you use healthcare professionals that we don't have payment arrangements with, we will pay at the rate applicable to your chosen plan and you may have a co-payment.

Prescribed Minimum Benefit (PMB) conditions

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

- An emergency medical condition
- A defined list of 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 defined benefits.
- You must use designated service providers (DSPs) in our network. This does not apply in 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 once your condition has stabilised.

If your treatment doesn't meet the above criteria, we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.

What is an emergency

An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.

An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.

What is the Discovery Health Rate (DHR)

This is a rate set by us at which we pay for healthcare services from hospitals, pharmacies and healthcare professionals

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 cover	
Hospital account	Covered in full at the rate agreed with the hospital. We cover up to R1 880 a day in a private ward
Related accounts	
Specialists we have a payment arrangement with	Full cover
Specialists we don't have a payment arrangement with	300% of the Discovery Health Rate (DHR)
GPs and other healthcare professionals	200% 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 from your day-to-day benefits.
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	We pay the hospital and related accounts from the Hospital Benefit. If it is done in the doctor's rooms, we pay the account from your Hospital Benefit.

Healthcare services with an annual limit



Cochlear implants, auditory brain implants and processors

R214 500 for each person for each benefit



Internal nerve stimulators

R147 300 for each person



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 R40 000 applies to each prosthesis.



Major joints surgery

We cover planned hip and knee joint replacements in full when you use a provider in our network. If you go elsewhere, we will pay up to 80% of the DHR for the hospital account. A limit of R30 000 applies to each prosthesis for each admission. This network will not apply to emergency and trauma-related surgeries.



Alcohol and drug rehabilitation

21 days 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 and R51 000 for two or more levels applies, limited to one procedure for each person each year.



Mental health

21 days for admissions or up to 15 out-of-hospital consultations for each person for major affective disorders, anorexia and bulimia and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma.

21 days for all other mental health admissions.

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

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 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 dentist and other related accounts, from your Hospital Benefit, up to 100% of the DHR. We pay specialists up to 300% of the DHR.

For members 13 and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment 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 R26 200 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 for dental treatment

Hospital

	Younger than 13	R2 200
	13 and older	R5 650

Day clinic

	Younger than 13	R1 000
	13 and older	R3 650

You get screening and prevention benefits

Preventive screening is important to ensure that medical conditions are detected early

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



Screening for adults

The Screening and Prevention Benefit covers certain tests such as blood glucose, blood pressure, cholesterol, body mass index and HIV screening at one of our wellness providers.

We also cover a mammogram every two years, a Pap smear once every three years and a PSA test (prostate screening) each year.



Screening for kids

This benefit covers growth assessment tests, including height, weight, head circumference and health and milestone tracking at any one of our wellness providers.



How we pay

These tests and consultations do not affect your day-to-day benefits as they are paid from the Screening and Prevention Benefit. Consultations that do not form part of PMBs will be paid from your available day-to-day benefits.

You may qualify for the following additional tests:

- Rapid HbA1c glucose test
- Lipogram cholesterol test
- Breast MRI or mammogram and once-off BRCA testing for breast screening
- Pap smear for cervical screening for members:
 - during pregnancy
 - 65 years or older
 - registered for certain chronic conditions

Clinical entry criteria may apply to some of these tests. Visit www.discovery.co.za to find out more.

You get extensive cover for chronic conditions



Members living with a chronic illness get the best care at all times through our suite of quality care programmes.

Prescribed Minimum Benefit (PMB) conditions

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

Our plans offer benefits that are richer than the PMBs. Cover depends on the plan you choose. To access PMBs, certain rules apply (see page 10).

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.

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).

Medicine cover for the Additional Disease List

Your plan offers cover for medicine on the Additional Disease List (ADL). You are covered up to the set monthly CDA for your medicine. No medicine list applies.

Extended chronic medicine list

You 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 (DHR). The DHR for medicine is the price of the medicine and the 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, 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 the Executive plan

Additional Disease List (ADL) conditions	Ankylosing spondylitis, Behçet'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

Over 2 500 pharmacies

You can use any pharmacy in our pharmacy network.

MedXpress

Get your monthly medicine through MedXpress, a convenient ordering and delivery service, or collect at a network pharmacy. Where we refer to MedXpress, it includes any MedXpress network pharmacy.

You have access to patient management programmes to get the best care



DiabetesCare and HIVCare

Our DiabetesCare and HIVCare programmes, together with your Premier Plus GP, will help you manage your specific chronic conditions. A Premier Plus GP is a network GP who has contracted with us to provide you with high quality healthcare for your condition.

DiabetesCare and HIVCare help you better manage your condition

These programmes give you and your Premier Plus GP access to various tools to monitor and manage your condition and to ensure you get high-quality coordinated healthcare and the best outcomes

You and your GP can track progress on a personalised dashboard displaying your unique management score for your condition. This helps to identify the next steps to optimally manage your condition and stay healthy over time.

The DiabetesCare programme also unlocks cover for additional services from dietitians and biokineticists. Any member registered on the Chronic Illness Benefit for diabetes can join the DiabetesCare programme.

When you register for our HIVCare Programme, you are covered for the care you need, which includes additional cover for social workers. You can be assured of confidentiality at all times. You need to get your medicine from a Designated Service Provider (DSP) to avoid a 20% co-payment.

CompassionateCare

The CompassionateCare Benefit gives you access to holistic home-based end-of-life care up to R57 000 for each person in their lifetime.

OncologyCare

We cover the first part of your approved cancer treatment over a 12-month cycle in full.

We cover the first R400 000. If your treatment costs more than the cover amount, you will need to pay 20% of the subsequent additional costs. Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full.

If you are diagnosed with cancer and once we have approved your cancer treatment, you are covered by the OncologyCare Programme

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

You need to get your approved oncology medicine from a Designated Service Provider (DSP) to avoid a 20% co-payment. Speak to your treating doctor to confirm that they are using our DSPs for your medicine and treatment received in rooms or in a treatment facility.

Advanced Illness Benefit

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

You get comprehensive maternity and post-birth benefits

During your pregnancy



Antenatal consultations

You are covered for 12 visits at your gynaecologist, GP or midwife

Ultrasound scans and prenatal screening

You are covered for up to two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans. You are also covered for one Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria

Blood tests

A defined basket of blood tests per pregnancy are included in the maternity benefit

Private ward

You are covered for your delivery from the Hospital Benefit. In addition, you have private ward cover up to R1 880 per day for your approved hospital stay for the delivery

Essential registered devices

You have cover for up to R5 000 for essential registered devices e.g. breast pumps and smart thermometers, with a co-payment of 25%

You are covered for up to five pre- or postnatal classes (including online antenatal classes) or consultations with a registered nurse.



For two years after birth

GP and specialist visits

Your baby is covered for up to two visits with a GP, paediatrician or an ENT

Six week consultation

You are covered for one six week post-birth consultation with a midwife, GP or gynaecologist

Nutrition assessment

You are covered for one nutrition assessment with a dietitian

Mental health

You are covered for up to two mental health consultations with a counsellor or psychologist

Lactation consultation

You are covered for one lactation consultation with a registered nurse or lactation specialist

Antenatal classes or consultations with a nurse

You get cover for day-to-day medical expenses



Medical Savings Account (MSA)

We pay your day-to-day medical expenses such as GP and specialist consultations, medicine, except for registered and approved chronic medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year.

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 is called the Self-payment Gap (SPG).

When you are in your SPG you must still send your claims to us so that we know when to start paying from your Above Threshold Benefit (ATB)

Day-to-day Extender Benefit (DEB)

Use a network GP on HealthID who meets the digital criteria to access the Day-to-day Extender Benefit (DEB), and get full cover for GP consultation fees. You also have cover for two kids casualty visits, for each child under the age of 10 years.

Above Threshold Benefit (ATB)

Once the claims you have sent to us add up to the Annual Threshold, we pay the rest of your claims from the unlimited Above Threshold Benefit (ATB), at the DHR or a portion of it.

Maternity and early childhood benefits

You have cover for comprehensive healthcare services for maternity and early childhood paid for by the Scheme. These benefits will not affect your day-to-day benefits.

Day-to-day cover

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

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

Specialists we have a payment arrangement with	Up to the agreed rate
Specialists we don't have a payment arrangement with	300% of the DHR
GPs and all other healthcare professionals	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 (ATB). Over-the-counter medicine, vaccines, immunisations and lifestyle-enhancing products do not add up to your Annual Threshold and are not paid from your Above Threshold Benefit (ATB). We add up the amount to the benefit limit available. If the claimed amount is less than the DHR, we will pay and add the claimed amount to the Annual Threshold. Claims paid from your Day-to-day Extender Benefit (DEB) will not accumulate 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, DEB (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)	R21 200	R25 500	R29 800	R35 800
Dental appliances and orthodontic treatment*	R26 200 for each person			
Antenatal classes	R1 670 for your family			

Medicine	 Single member	 One dependant	 Two dependants	 Three or more dependants
Prescribed medicine* (schedule 3 and above)	R35 400	R41 500	R47 500	R53 600
Over-the-counter medicine, vaccines, immunisations and lifestyle-enhancing products	We pay these claims from the available funds in your Medical Savings Account (MSA). These claims do not add up to the Annual Threshold and are not paid from the Above Threshold Benefit (ATB).			
Appliances and equipment				
Optical* (this limit covers lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)				R7 300 for each person
External medical items* (eg. wheelchairs, crutches and prostheses)				R58 800 for your family
Hearing aids				R23 700 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.



You also 
get additional
benefits
that **enhance**
your cover



International second opinion services

Through your specialist, you have 100% cover for the cost of second opinion services from Cleveland Clinic for life-threatening and life-changing conditions.



International travel

You have cover of up to 1 million US Dollars 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. We may cover you at equivalent local costs for elective treatment received outside of South Africa, as long as the treatment is readily and freely available in South Africa and it would normally be covered by your plan according to the Scheme Rules. Pre-existing conditions are excluded.



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.



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 R750 000 for each person. You also have cover up to R300 000 at a registered healthcare provider for in-hospital treatment that is available in South Africa.

You will need to pay and claim back from us when you return to South Africa.

A co-payment of 20% applies.



Home-based care

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. Cover includes postnatal care, end-of-life care, IV infusions (drips) and wound care. These services are paid from the Hospital Benefit, subject to approval.



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.



Frames and lenses

Enjoy savings of 20% for frames and lenses at an optometrist in the network. Your discount is immediate at the point of sale.



Claims related to traumatic events

The Trauma Recovery Extender Benefit extends your cover for 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 need to apply for this benefit.



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

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

You need to apply for these benefits.



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 your available day-to-day benefits and accumulate and pay 50% of the cost from the Above Threshold Benefit (ATB), where applicable.

For expecting mothers who meet the Scheme's clinical entry criteria, we will cover non-invasive prenatal screening from your available maternity benefits at the agreed rate.

You can also use your MSA for newborn screening to detect metabolic disorders.

Contributions, MSA and Annual Threshold amount

	 Main member	 Adult	 Child*
Contributions	R5 950	R5 950	R1 134
Annual Medical Savings Account amounts**	R17 844	R17 844	R3 396
Annual Threshold amounts**	R20 350	R20 350	R3 850

* We count a maximum of three children when we calculate 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.

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

General exclusion list includes:

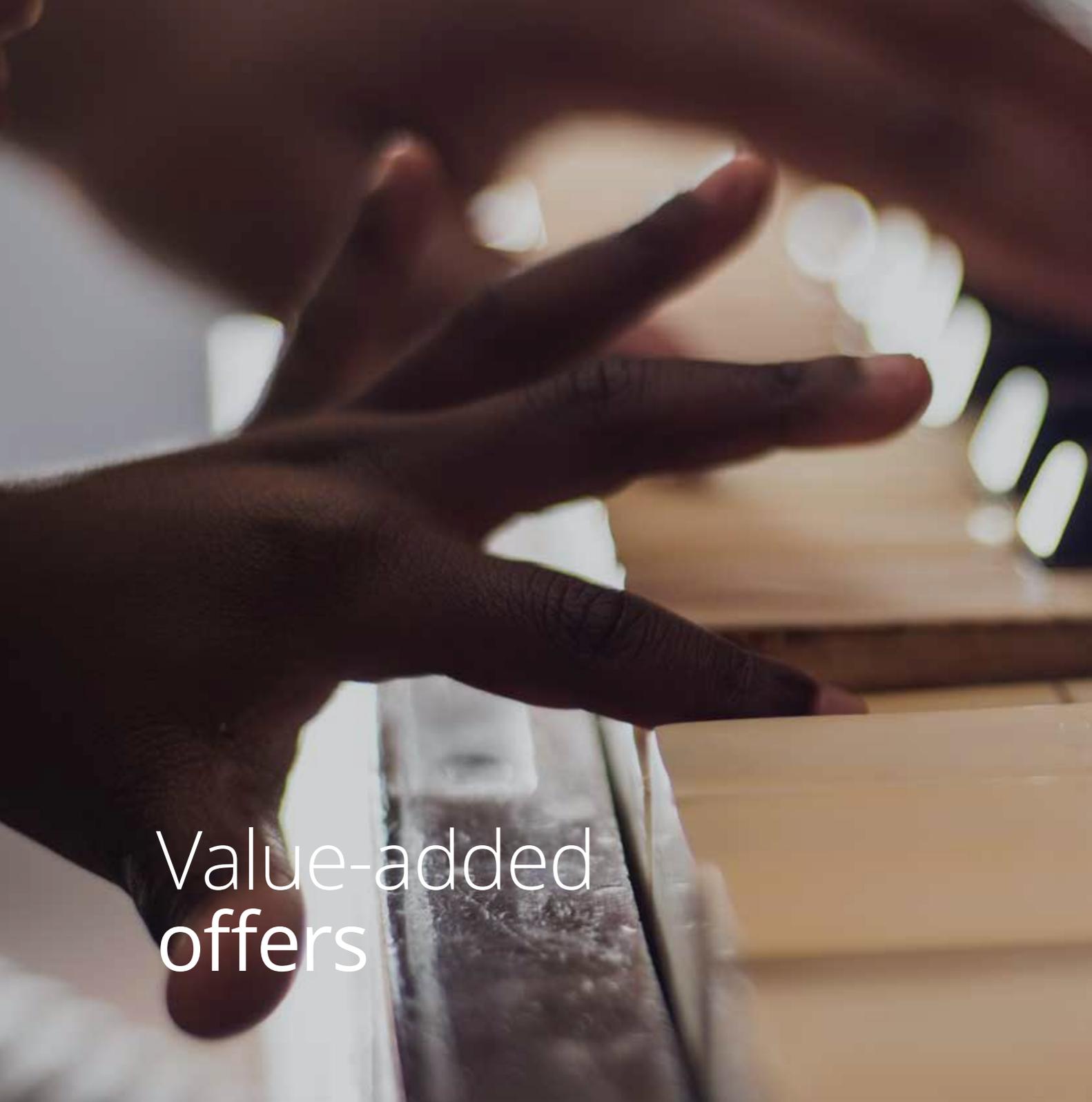
- Reconstructive treatment and surgery, including cosmetic procedures and treatments
- Otoplasty for bat ears, port-wine stains and blepharoplasty (eyelid surgery)
- Breast reductions or enlargements and gynaecomastia
- Obesity
- Frail care
- Infertility
- Wilfully self-inflicted illness or injury
- 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 you have had a break in membership of more than 90 days before joining 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 Discovery Health Medical Scheme, you may have access to Prescribed Minimum Benefits during waiting periods.



Exclusive 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 programme

You have the opportunity to join the world's leading science-based wellness programme, Vitality, which 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 and semen cryopreservation

You get an exclusive offer with Netcells that gives expectant parents the opportunity to cryogenically store their newborn baby's umbilical cord blood and tissue stem cells and semen preservation 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 care, dental care, eye care, foot care, sun care and hand care products, as well as first aid and emergency items and over-the-counter medicine.

Value-added offers

Vitality is not part of 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 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 the Discovery Health Medical Scheme and feel that 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 after following the process in Step 1 you are able to escalate 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 | 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 of the Scheme's dispute 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. 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 complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.com | 0861 123 267 | www.medicalschemes.com