

DISCOVERY HEALTH 2020 OPTION CHANGE FORM – UCT STAFF

EMPLOYEE NUMBER		MEMBERSHIP NUMBER	
NAME AND SURNAME			
ID / PASSPORT NUMBER		CELL PHONE NO	
E-MAIL ADDRESS			

	Option	Choice of Hospital	Rate of Cover (in-hospital)	No. of Chronic Conditions Covered/DSP	Level of Savings (MSA)	Above Threshold Benefit (ATB)	Selection ↓
COMPREHENSIVE	Executive Plan	Any	300%	50 - Any Provider	25%	Yes	
	Classic Comprehensive		200%		25%	Yes	
	Essential Comprehensive		100%		15%	Yes	
	Classic Delta Comprehensive	Delta Network/DNS**	200%	50 – MedXpress, Clicks, Dis-Chem	25%	Yes	
	Essential Delta Comprehensive		100%		15%	Yes	
	Classic Smart Comprehensive	Network	200%	27 – MedXpress, Clicks, Dis-Chem	None	Yes	
PRIORITY	Classic Priority	Any/DSN**	200%	27 - MedXpress***	25%	Yes - limited	
	Essential Priority		100%		15%	Yes - limited	
SAVER	Classic Saver		200%		25%	No	
	Essential Saver		100%		15%	No	
	Classic Delta Saver		Delta Network/DSN**		200%	27 – MedXpress, Clicks, Dis-Chem	25%
	Essential Delta Saver	100%		15%	No		
Coastal Saver	Coastal Network	100%	27 - MedXpress***	20%	No		
SMART	Classic Smart	Smart Network	200%	27 – MedXpress, Clicks or Dis-Chem	No MSA or ATB. Network GP consults/Acute Meds		
	Essential Smart		100%		No MSA or ATB. Network GP consults		
CORE	Classic Core	Any/DSN**	200%		No day-to-day benefits		
	Essential Core		100%				
	Classic Delta Core	Delta Network/DSN**	200%				
	Essential Delta Core		100%				
Coastal Core	Coastal Network	100%					

*If you wish to select a KeyCare option, you must include the **Discovery Health KeyCare option change form.***

KEYCARE SERIES*	KeyCare Plus	Unlimited cover in network hospitals at 100%, chronic medication for 27 conditions via designated service provider, unlimited access for primary healthcare via designated service providers					
	KeyCare Start	Selected Start Network/DSN**	100%	Chronic medicine, Cancer treatment & renal dialysis at state facilities.	Some day-to-day benefits via designated service providers		
	KeyCare Core	Unlimited cover in network hospitals at 100%, chronic medication for 27 conditions, NO primary healthcare cover					



Date: _____

Signature: _____



The details indicated for each option is at a glance & is not intended to serve as a guide for option choice. Kindly refer to the 2020 member brochure which provides a summary of key benefits and features of Discovery Health Medical Scheme plans. For detailed information on all Discovery Health Medical Scheme plan options, please visit www.discovery.co.za for access to plan brochures as well as a full copy of the proposed 2020 Scheme Rules.

PSG Employee Benefits will not be held liable for any errors herein. E & OE apply.

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UCT Staff

**Discovery Health
Members**



2020

**OPTION CHANGE
FORM**

**RETURN OF THE OPTION FORM
DEADLINE, FRIDAY 29TH NOVEMBER 2019**

**Internal mail: Debra De Gouveia-Meyer, UCT HR Dept, Rm 113.1, Bremner Building
Email: debra.degouveia-meyer@uct.ac.za or Fax: 021 650-2968**

- To change your plan for 2020 complete the form overleaf and mark your plan choice with an **X** in the selection column.
- If you **do not** wish to change your plan for 2020, you **do not** need to complete this form.

KEYCARE*

KeyCare plans are income banded.

If you are moving to the Keycare Series you are required to complete an additional form to confirm GP choice (KeyCare Plus & KeyCare Start) and hospital choice (KeyCare Start).

BROKER ASSISTANCE

For advice on plans and benefits contact Dianne Wilson on:
dianne.wilson@psg.co.za / 072 384 1458 / 021 650-5682

GENERAL

Any all other changes to your membership must be in writing and may require additional forms to be completed.

These changes include adding or removing dependents; joining or cancelling Vitality.

Please contact Gaynor May for assistance.

Gaynor.May@uct.ac.za / 021 650-3519

KEY

**** Day Surgery Network (DSN):** For defined procedures.

***** MedXpress Courier and MedXpress Pharmacy Network**



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