



Discovery  
Health Medical Scheme

Health Plan Guide 2017  
Priority Series

PRIORITY

20  
17

SERIES



Your health is everything



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# The Discovery Health Medical Scheme is the best choice for you

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When you join Discovery Health Medical Scheme, you have access to affordable, comprehensive healthcare benefits. These are supported by world-class service and a range of industry leading digital tools and programmes to manage your health and health plan.



## South Africa's No. 1 Choice

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CONSUMERS



FINANCIAL  
ADVISERS



BUSINESS



## World-leading Health Insurance

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

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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](http://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.



### Comprehensive benefits

Choose from 23 plan options, which all offer rich benefits with unlimited private hospital cover, and full cover in our extensive healthcare networks.



### Better healthcare

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



### Lower cost

Affordable contributions, which are on average 14.6% lower than contributions for comparable cover with other South African medical schemes.



### Better health

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

## Tools to manage your health plan

The very latest digital health technology that empowers you and your doctor to manage your health and your health plan, anywhere, anytime.



The lower cost analysis is a comparison of our contributions with open scheme competitor contributions, based on 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.

# Key features

## Benefits available on the Priority Series



Unlimited cover in any private hospital



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



Full cover for chronic medicine for all Chronic Disease List conditions



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



Additional cover through the Day-to-day Extender Benefit (DEB) when your Medical Savings Account (MSA) runs out for GP consultation fees, blood tests, antenatal consultations, kid's casualty visits, consultations via video call with paediatricians and some external medical items. Once the limited Above Threshold Benefit (ATB) is reached, you will continue to have access to GP consultations.



Unique access to DNA sequencing and non-invasive prenatal testing



Cover for medical emergencies when travelling

# The Priority Series has two health plan options

The two plan options have differences in benefits as indicated below. All other benefits not mentioned in the table are the same across both plan options.

	Classic	Essential
<b>Hospital cover</b>		
<b>Cover for healthcare professionals in hospital</b>	200% of the Discovery Health Rate (DHR)	100% of the Discovery Health Rate (DHR)
<b>MRI and CT scans</b>	If related to your admission, we pay 100% of the DHR from the Hospital Benefit. If not related to your admission or for conservative back and neck treatment, you have to pay the first R2 800 of the hospital account and we pay the first R2 750 of the scan from your day-to-day benefits. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR.	
<b>Scopes</b> (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	You must pay the first R3 600 of the hospital account and we pay the balance of the hospital account and related accounts from the Hospital Benefit. If done in the doctor's rooms, you won't have to pay an amount upfront. We pay the account from the Hospital Benefit.	
<b>Day-to-day benefits</b>		
<b>Day-to-day Extender Benefit</b> Provides access to certain healthcare services once your yearly allocated MSA is used up	<ul style="list-style-type: none"> <li>▪ Face-to-face and video call GP consultations</li> <li>▪ Antenatal consultations and two 2D pregnancy scans</li> <li>▪ Blood tests</li> <li>▪ Defined list of external medical items</li> <li>▪ Kid's casualty visits and consultations via video call with paediatricians</li> </ul>	<ul style="list-style-type: none"> <li>▪ Face-to-face and video call GP consultations</li> <li>▪ Defined list of external medical items</li> </ul>
<b>Medical Savings Account</b>	25% of your monthly contribution goes into your Medical Savings Account	15% of your monthly contribution goes into your Medical Savings Account

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# You get unlimited hospital cover

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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

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

### **Discovery HomeCare – an alternative to a hospital stay**

Discovery HomeCare is a unique home-based nursing service that offers you quality care in the comfort of your own home (see page 27).

## Emergencies are covered in full

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

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## How we cover your hospital and related accounts

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We cover your hospital account from your Hospital Benefit.

Doctors, specialists and other healthcare professionals we have a payment arrangement with are covered in full for approved procedures in hospital. You benefit from access to the broadest range of specialists, which represents over 90% of our members' specialist interactions. If you use healthcare professionals 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.



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## Prescribed Minimum Benefit (PMB) conditions

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In terms of the Medical Schemes Act of 1998 (Act No. 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. You will be responsible for the difference between what we pay and the actual cost of your treatment.

## What is an emergency

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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.

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## What is the Discovery Health Rate (DHR)

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

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# 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

#### Upfront payments for in-hospital procedures:

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

Conservative back and neck treatment, adenoidectomy, myringotomy (grommets), tonsillectomy	R2 800	Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation	R6 750
Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, cystoscopy	R3 600	Nissen fundoplication (reflux surgery), spinal surgery (back and neck), joint replacements	R13 850

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

### Related accounts

Specialists we have a payment arrangement with	Full cover
Specialists we don't have a payment arrangement with and other healthcare professionals	<b>Classic</b>   200% of the Discovery Health Rate (DHR) <b>Essential</b>   100% of the Discovery Health Rate (DHR)
Radiology and pathology	100% of the Discovery Health Rate (DHR)

# Hospital cover

## Healthcare services with an annual limit



### Cochlear implants, auditory brain implants and processors

R207 000 for each person for each benefit



### Internal nerve stimulators

R142 200 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 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 R38 200 applies to each prosthesis for each admission.



### 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, 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.



### Chronic dialysis

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

If you go elsewhere, we will pay up to 80% of the DHR.

# Hospital cover

## Cover for dental treatment in hospital

### Severe Dental and Oral Surgery

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

### Other dental treatment in hospital

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

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

For members 13 and older, we cover routine conservative dentistry, such as preventive 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 R15 750 a person.


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

#### Amount you need to pay upfront when you go to:

##### Hospital

	Younger than 13	R2 050
	13 and older	R5 250

##### Day clinic

	Younger than 13	R930
	13 and older	R3 400



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# You get extensive cover for chronic conditions and cancer

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

## Prescribed Minimum Benefit (PMB) conditions

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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).

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

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## Chronic Illness Benefit (CIB)

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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

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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).

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## How we pay for medicine

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

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### Chronic conditions we cover

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<b>Chronic Disease List (CDL) conditions</b>	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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### Where to get your medicine

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#### Over 2 500 pharmacies

You can use any pharmacy in our pharmacy network.

#### MedXpress

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Get your monthly medicine by using MedXpress, a convenient ordering and delivery service or you can collect at a network pharmacy (see page 26).

Where we refer to MedXpress, it includes any MedXpress network pharmacy.

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To find a pharmacy network provider or MedXpress network pharmacy, visit [www.discovery.co.za](http://www.discovery.co.za)

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## Suite of patient management programmes

### DiabetesCare

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Our DiabetesCare programme, together with your Premier Plus GP, will help you actively manage your diabetes. A Premier Plus GP is a network GP that has contracted with us on quality-based metrics.

The DiabetesCare programme is based on clinical and lifestyle guidelines. The programme gives you and your Premier Plus GP access to various tools to monitor and manage your condition and to ensure you have access to high-quality coordinated care.

You and your GP can track progress on a personalised dashboard displaying your unique Diabetes Management Score. This will help to identify the steps you should take to manage your condition and stay healthy over time.

The programme also unlocks cover for valuable healthcare services from healthcare providers like dietitians and biokineticists.

Any Discovery Health Medical Scheme member registered on the Chronic Illness Benefit for diabetes can join the DiabetesCare programme.

You must use a Premier Plus GP to manage your condition to avoid a 20% co-payment.

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#### How to join

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Speak to your Premier Plus GP or visit [www.discovery.co.za](http://www.discovery.co.za) to find a GP and get more information.

### HIVCare

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

### Compassionate care

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The Compassionate Care Benefit gives you access to holistic home-based end-of-life care up to **R52 750** on all other plans for each person in their lifetime.



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## OncologyCare

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If you're diagnosed with cancer and once we have approved your cancer treatment, you are covered by the OncologyCare Programme. We do not limit your cancer treatment costs. We cover the first R200 000 of your approved cancer treatment over a 12-month cycle in full. If your treatment costs more than the cover amount, you will need to pay 20% of the additional costs. Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full.

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.

### **Advanced Illness Benefit**

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

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# You get screening and prevention benefits

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## 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 that cover the following:



### Screening for adults

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This benefit covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol, body mass index and HIV screening.

We also cover a mammogram every 2 years, a Pap smear once every 3 years and a PSA test (prostate screening) each year.

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### If you meet our clinical entry criteria you get access to 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
- Seasonal flu vaccine for members 65 years or older or registered for certain chronic conditions

The clinical entry criteria are available on [www.discovery.co.za](http://www.discovery.co.za)



### Screening for kids

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

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### How we pay

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

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# You get cover for day-to-day medical expenses

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## Medical Savings Account (MSA)

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We pay your day-to-day medical expenses like GP and specialist consultations, everyday medicine, radiology and pathology from the available funds in your MSA. Any unused funds will carry over to the next year. When you run out of MSA, you will have to pay for some healthcare expenses from your pocket before you reach your Annual Threshold.

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## Self-payment Gap (SPG)

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When you run out of MSA, you will have to pay for some healthcare expenses from your pocket before you reach your Annual Threshold. This temporary gap in cover is called a Self-payment Gap (SPG). You must still send claims to us so that we know when to start paying from your Above Threshold Benefit (ATB). More information on the SPG is available on [www.discovery.co.za](http://www.discovery.co.za).

## Day-to-day Extender Benefit (DEB)

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We extend your day-to-day cover through the Day-to-day Extender Benefit (DEB) (previously known as the Insured Network Benefit) when you have spent your annual MSA allocation and before you reach your Annual Threshold, where applicable. By simply using healthcare providers in our networks, you will be covered in full for a unique set of essential healthcare services.

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## Above Threshold Benefit (ATB)

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Once all the claims you have sent to us add up to the Annual Threshold, we pay the rest of your claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate or a portion of it. Your ATB is limited.

# Your cover is extended through the Day-to-day Extender Benefit

## When your annual MSA allocation has been spent, you get extra cover for a set of essential healthcare services in our network



### GP consultations

We cover you for face-to-face and video call GP consultations if you use a GP in the Premier Plus Network. A Premier Plus GP is a network GP that has contracted with us on quality-based metrics. We also cover GP consultations once your limited ATB has been reached.



### Kid's casualty cover and video call consultations with paediatricians

On the Classic Plan, kids younger than 10 years have access to two casualty visits a year and video call consultations with a paediatrician who we have a payment arrangement with.



### Blood tests

On the Classic Plan, you have full cover for blood tests at one of our partner pharmacy clinics.



### Defined list of external medical items

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



### Antenatal consultations

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



# Day-to-day cover

We cover your day-to-day healthcare expenses from your MSA, DEB or limited 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	100% of the DHR
GPs and all other healthcare services	100% of the DHR
Preferred medicine	100% of the DHR
Non-preferred medicine	75% of the DHR

We also pay these amounts when you reach your Above Threshold Benefit. Over-the-counter medicine, vaccines and immunisations do not add up to your Annual Threshold and are not paid from 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 limited ATB. We pay day-to-day benefits up to the Above Threshold Benefit limit or up to the limit that applies below, whichever you reach first.





**Professional services**

 Single member     
  One dependant     
  Two dependants     
  Three or more dependants

### Allied, therapeutic and psychology healthcare services\*

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

<b>Classic</b>	R9 450	R13 350	R17 300	R20 400
<b>Essential</b>	R6 250	R9 450	R11 750	R14 150
<b>Antenatal classes</b>	R1 550 for your family			
<b>Dental appliances and orthodontic treatment*</b>	R15 750 for each person			

Medicine	 Single member	 One dependant	 Two dependants	 Three or more dependants
<b>Prescribed medicine* (schedule 3 and above)</b>				
<b>Classic</b>	R17 200	R20 850	R25 150	R27 450
<b>Essential</b>	R12 250	R14 500	R17 150	R20 850
<b>Over-the-counter medicine, vaccines and immunisations</b>	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).			
<b>Appliances and equipment</b>				
<b>Optical*</b> (includes cover for lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R4 200 for each person			
<b>External medical items*</b>	<b>Classic</b>	R39 400 for your family		
	<b>Essential</b>	R26 450 for your family		
<b>Hearing aids</b>	<b>Classic</b>	R18 300 for your family		
	<b>Essential</b>	R13 000 for your family		

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

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# You also get additional benefits that enhance your cover

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## GP video call consultations

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You can conveniently connect with your doctor whenever and wherever needed. Video call consultations are paid from your available day-to-day benefits.

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## Unique access to DNA sequencing and non-invasive prenatal testing

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You have cover for the latest DNA analysis. We will cover the full cost of the test from available day-to-day benefits and accumulate and pay 50% of the cost from the Above Threshold Benefit (ATB). For expecting mothers who are at high risk, we will cover non-invasive prenatal screening from your available day-to-day benefits at the agreed rate. You can also use your MSA for newborn screening to detect metabolic disorders.



## International second opinion services

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

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### Claims related to traumatic events

The Trauma Recovery Extender Benefit covers out-of-hospital claims related to certain traumatic events. Claims are paid from the Trauma Recovery Extender Benefit for the rest of the year in which the trauma occurred, as well as the year after the event occurred. You may need to apply for this benefit.



### International travel

You have cover of up to R5 million 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 while 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 in terms of the Scheme Rules. Pre-existing conditions are excluded.



### Frames and lenses

You can enjoy savings of 20% off frames and lenses at an optometrist in our network. Your discount is immediate at the point of sale.






### 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.



# Contributions, MSA and Annual Threshold amounts

		 Main member	 Adult	 Child*
Contributions	Classic	R2 968	R2 337	R1 187
	Essential	R2 551	R2 004	R1 017
Annual Medical Savings Account amounts**				
	Classic	R8 904	R7 008	R3 552
	Essential	R4 584	R3 600	R1 824
Annual Threshold amounts**				
	All plans	R13 150	R9 850	R4 300
Limited Above Threshold Benefit amount**				
	All plans	R11 150	R7 950	R3 850

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

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

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# General exclusions

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Discovery Health Medical Scheme has certain exclusions. We do not pay for healthcare services related to the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits. For a full list of exclusions, please visit [www.discovery.co.za](http://www.discovery.co.za)

General exclusion list includes:

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

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

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## 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.

A man and a woman are walking together in a field of yellow flowers. The man is wearing a light blue t-shirt and light-colored pants, and the woman is wearing a blue denim dress. They are both looking towards the right. The background shows a clear sky and some trees in the distance.

Tools and services to  
improve your health

# MedXpress

## Convenient medicine ordering service

Discovery MedXpress is a convenient cost-effective medicine ordering service, particularly for monthly chronic medicine. Using Discovery MedXpress or a MedXpress network pharmacy will ensure you get favourable rates for your approved chronic medicine.

### The benefits of using Discovery MedXpress or a MedXpress network pharmacy

- You have full cover with no co-payments for medicine on our medicine list
- It is quick and convenient
- Delivery is free when you order your medicine with MedXpress
- Alternatively, you can collect your medicine at a MedXpress network pharmacy
- You receive advice and updates
- You can reorder your chronic medicine when it's convenient for you

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



Delivery to your door



Collect in-store

### How to order



Discovery app



[www.discovery.co.za](http://www.discovery.co.za)



Fax 011 539 1020



[medxpress@discovery.co.za](mailto:medxpress@discovery.co.za)

Reorder online at [www.discovery.co.za](http://www.discovery.co.za) or by using the Discovery app

# Discovery HomeCare

## Quality care in the comfort of your own home

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

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

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

# Give your doctor consent to view your health records



HealthID is Discovery Health's market leading app that gives your doctor fast, up-to-date access to your health information. Once you have given consent, your doctor can use HealthID to access your medical history, gain insight into the benefits of your health plan, make referrals to other healthcare professionals, study your blood test results, and write electronic prescriptions and referrals.

These are the ways you can give your consent before you see your doctor



or



or



1

2

3

## Discovery app

On the 'Health' tab in the Discovery app, select "Doctor(s) Consent" to give consent.

## Discovery website

Log in to [www.discovery.co.za](http://www.discovery.co.za) to manage consent.

## SMS 31347

SMS, Consent3, date of birth and doctor's individual practice number to 31347.

For example:  
Consent3,19720726,1543261



When you give consent, you agree to the terms and conditions as listed on [www.discovery.co.za](http://www.discovery.co.za)  
You can revoke your consent at any time using your logged in profile or by calling us.

# Go digital with Discovery Your health 24/7



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



Submit and track your claims



Plan and authorise hospital admissions



View information on hospital procedures



Check medicine prices and alternatives



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



Order medicine for home delivery



Find a healthcare professional



Access important documents



Track your benefits and medical spend



Translate your travel cover into any of five languages



Watch educational videos



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



Build your family health tree



Consult with your doctor using your mobile device



[www.discovery.co.za](http://www.discovery.co.za)

Download the Discovery app



Download on the  
App Store

or



GET IT ON  
Google Play

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# Exclusive access to value-added healthcare offers

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**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

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

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## Savings on stem cell banking and semen cryopreservation

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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.

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## Savings on personal and family care items

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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.

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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.

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# Complaints

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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

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If you have already contacted us and feel that your query has still not been resolved, please complete our online complaints form on [www.discovery.co.za](http://www.discovery.co.za). We would also love to hear from you if we have exceeded your expectations.

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## Step 2 | To contact the Principal Officer

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If you are still not satisfied with the resolution of your complaint after following the process in step 1, you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme by completing the online form on [www.discovery.co.za](http://www.discovery.co.za) or by emailing [principalofficer@discovery.co.za](mailto:principalofficer@discovery.co.za).

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## Step 3 | To lodge a dispute

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

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## Step 4 | To contact the Council for Medical Schemes

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


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Discovery Health Medical Scheme

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Contact Centre 0860 99 88 77 | [healthinfo@discovery.co.za](mailto:healthinfo@discovery.co.za) | [www.discovery.co.za](http://www.discovery.co.za)



 [www.discovery.co.za](http://www.discovery.co.za)

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

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