Cover for medicine and treatment of chronic conditions

Overview

This document explains how Discovery Health Medical Scheme covers you for approved chronic medicine for your condition through the Chronic Illness Benefit. It gives you details about:

- What’s included in your benefits
- How to get the most out of your cover
- How we cover chronic conditions and how to minimise potential shortfalls.

You’ll find information on the cover on all the health plans, including the Prescribed Minimum Benefits and the available benefits for the diagnosis and management of your condition.

About some of the terms we use in this document

You might come across some terms in the document that you may not be familiar with. Here are the terms with their meaning.

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Description</th>
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<tbody>
<tr>
<td>Additional Disease List</td>
<td>An additional list of life-threatening or degenerative conditions, as defined by Discovery Health Medical Scheme, covered on the Executive Plan and Comprehensive Series.</td>
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<tr>
<td>Chronic Disease List</td>
<td>A specified list of chronic conditions we cover according to the Prescribed Minimum Benefits.</td>
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<tr>
<td>Chronic Drug Amount</td>
<td>A monthly amount we pay up to for a medicine class. This applies to medicine that is not listed on the medicine list (formulary).</td>
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<tr>
<td>Chronic Illness Benefit</td>
<td>The Chronic Illness Benefit provides full cover for approved medicine on Discovery Health Medical Scheme’s medicine list or up to a set monthly amount for medicine not on our list. The Chronic Illness Benefit also covers a limited number of tests and consultations each year for approved chronic conditions listed in the Prescribed Minimum Benefits, according to legislation.</td>
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<tr>
<td>Designated Service Provider</td>
<td>A healthcare provider or group of healthcare providers (facility and professionals) who have a payment arrangement with a medical scheme.</td>
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<tr>
<td>Medicine class</td>
<td>Medicines with similar chemical structures or similar therapeutic effects.</td>
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<tr>
<td>Medicine list</td>
<td>A list of medicine we cover in full for the treatment of approved chronic condition(s). This list is also known as a formulary.</td>
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<tr>
<td></td>
<td>The medicine list we use for the Chronic Disease List complies with the guidelines issued by the Council for Medical Schemes. Medicine on the list is safe, clinically appropriate and cost-effective for the treatment of a specific condition.</td>
</tr>
<tr>
<td>Prescribed Minimum Benefits (PMBs)</td>
<td>A set of minimum benefits which, by law, must be provided to all medical scheme members and include the provision of diagnosis, treatment and costs of ongoing care.</td>
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</tbody>
</table>
The Chronic Illness Benefit at a glance

The Chronic Illness Benefit covers approved medicine for a specified list of chronic conditions
The number of chronic conditions covered varies according to your plan type. All health plans on Discovery Health Medical Scheme cover the chronic conditions that fall under the Prescribed Minimum Benefits.

The Chronic Illness Benefit also covers a specific number of tests and consultations for both the diagnosis and the ongoing management of the Prescribed Minimum Benefit conditions.

The Executive and Comprehensive Plans cover additional chronic conditions
We cover additional conditions over and above those stipulated under the Prescribed Minimum Benefits (PMBs) on the Executive and Comprehensive Plans. We pay approved medicines for these additional conditions up to a monthly amount called the Chronic Drug Amount (CDA).

Members on the Executive Plan also have exclusive access to a list of medicines that we cover in full.

You have full cover for approved medicine on our medicine list for PMB conditions
The Chronic Illness Benefit covers approved medicine listed on Discovery Health Medical Scheme’s medicine list (formulary) for the Prescribed Minimum Benefit conditions in full up to the Discovery Health rate for medicine.

Because the medicine list changes every year in response to product and price fluctuations in the market, it will only apply for the year for which it is designed. Always make sure that you are using the latest document.

You have a monthly amount for approved medicines that are not on our medicine list
We cover medicines that are not on the medicine list, or a combination of medicine on and off the medicine list that are in the same medicine class, up to a monthly amount. This is called the Chronic Drug Amount (CDA). The CDA is an amount of money that has been allocated for each medicine class each month. The medicine class is a grouping of medicine with a similar effect for the management of the condition.

The CDA is higher on the Executive and Comprehensive Plans than on other plans.

Members on the KeyCare Plans have access to medicine on the KeyCare medicine list
Members on the KeyCare Plans must pay for medicine not on the Chronic Illness Benefit medicine list (formulary) themselves.

You have full cover for healthcare providers who we have an arrangement with for the diagnosis and ongoing treatment of chronic conditions
You can benefit by using doctors and other healthcare providers like hospitals and pharmacies that we have an arrangement with because we will cover their approved procedures in full.

Use the MaPS tool on www.discovery.co.za to search for healthcare providers who we have an arrangement with.
Chronic conditions that are covered on all plans

The Prescribed Minimum Benefit provides cover for a defined list of conditions as well as chronic conditions called the Chronic Disease List of conditions. These chronic conditions are covered on all health plans. If the condition is approved by the Chronic Illness Benefit, members have automatic cover for a set of defined treatments (including tests or consultations, or both).

Chronic Disease List conditions covered on all plan types

| A | Addison’s disease  
| Asthma |
| B | Bipolar mood disorder  
| Bronchiectasis |
| C | Cardiac failure  
| Cardiomyopathy  
| Chronic obstructive pulmonary disease (COPD)  
| Chronic renal disease  
| Coronary artery disease  
| Crohn’s disease |
| D | Diabetes insipidus  
| Diabetes Type 2 |
| Diabetes Type 1  
| Dysrhythmias |
| E | Epilepsy |
| G | Glaucoma |
| H | Haemophilia  
| HIV and AIDS (antiretroviral therapy)  
| Hyperlipidaemia  
| Hypertension  
| Hypothyroidism |
| M | Multiple sclerosis |
| P | Parkinson’s disease |
| R | Rheumatoid arthritis |
| S | Schizophrenia  
| Systemic lupus erythematosus |
| U | Ulcerative colitis |
What we cover as a Prescribed Minimum Benefit

The Chronic Illness Benefit covers certain diagnostic tests, consultations and medicines each year for the chronic conditions listed in the Prescribed Minimum Benefits (Chronic Disease List). This cover includes tests and consultations during the year for both the diagnosis and ongoing management for each condition.

If you do not use healthcare professionals who we have an arrangement with, you will have to pay part of the treatment costs yourself. Contact us for the latest copy of the treatment guidelines or go to www.discovery.co.za

You can appeal our funding decisions in certain circumstances

Your doctor may appeal for additional funding for medicine, consultations, pathology and radiology. We will review the individual circumstances of the case, however it’s important to note that an appeals process doesn’t guarantee a positive outcome and neither does it change the way we cover Prescribed Minimum Benefits. Go to www.discovery.co.za to download the Chronic medicine appeal form or call us on 0860 99 88 77 to request it.

If you disagree with our decision on the PMB Chronic Disease List cover you requested, there is a disputes process that you can follow.
Additional chronic conditions covered on the Executive and Comprehensive Plans

Members on the Executive and Comprehensive Plans have access to cover for medicine for additional chronic conditions listed on the Additional Disease List. These conditions are:

| A | Ankylosing spondylitis |
| B | Behcet’s disease |
| C | Cystic fibrosis |
|   | Corneal Transplant |
| D | Delusional disorder |
|   | Dermatopolymyositis |
| G | Generalised anxiety disorder |
| H | Huntington’s disease |
| I | Isolated growth hormone deficiency in children younger than 18 years |
| M | Major depression |
|   | Motor neurone disease |
|   | Muscular dystrophy and other inherited myopathies |
|   | Myasthenia gravis |
| O | Obsessive compulsive disorder |
|   | Osteoporosis |
|   | Overlap syndrome (mixed connective tissue disease) |
| P | Paget’s disease |
|   | Panic disorder |
|   | Polyarteritis nodosa |
|   | Post traumatic stress disorder |
|   | Psoriatic arthritis |
|   | Pulmonary interstitial fibrosis |
| S | Sjögren’s syndrome |
|   | Systemic sclerosis |
| W | Wegener’s granulomatosis |

There is no medicine list (formulary) for the Additional Disease List conditions. We pay approved medicines for these conditions up to the monthly Chronic Drug Amount for that medicine class.
Getting the most out of your chronic illness benefits

Get to know all about your chronic illness benefits
Although a condition may be defined as chronic, it may not qualify for cover from the Chronic Illness Benefit. Check whether we cover your specific condition and what benefits apply. The list of conditions and the benefits available to treat the listed chronic conditions depend on your plan type.

Check the conditions and the benefits applicable to your plan type in the section Benefits available for your plan type for more information.

You can also go to www.discovery.co.za, call us on 0860 99 88 77 or refer to your Health Plan Guide.

Apply to have your condition covered
For a condition to be covered from the Chronic Illness Benefit, there are certain criteria the member needs to meet. This ensures that our members receive sustainable funding for cost-effective treatment.

You need to apply for your chronic condition to be covered from the Chronic Illness Benefit. We will only pay for the medicine and treatment from the Chronic Illness Benefit if your condition and medicine is approved.

You and your doctor need to complete a Chronic Illness Benefit application form
You and your doctor will need to complete all the relevant sections of the application form.

If your plan covers your chronic condition, download the Chronic Illness Benefit application form for the applicable year from www.discovery.co.za or call us on 0860 99 88 77 to request a copy.

Take the application form to your doctor who will need to complete the relevant sections of the application form.

Use approved medicine on our medicine list
We do not cover experimental, unproven or unregistered treatments or practices.

You have full cover for approved medicine on the list if your healthcare provider charges the Discovery Health rate for medicine. For approved medicine that is not on the list, we will pay up to a set monthly amount (Chronic Drug Amount). You will be responsible for a co-payment where the cost of the medicine is more than the Chronic Drug Amount or if the pharmacy charges more than the Discovery Health rate for medicine.
Get your medicine from a healthcare provider who charges the Discovery Health rate for medicine
The Chronic Illness Benefit covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit conditions in full up to the Discovery Health rate for medicine at a healthcare provider who we have an arrangement with. If you get your medicine at a pharmacy that charges more than the Discovery Health rate for medicine, you will be responsible to pay the shortfall on the account.

Get your medicine from a healthcare provider who we have an arrangement with
On certain plans, members need to get their approved chronic medicine from any of the pharmacies with whom we have negotiated a payment arrangement for chronic medicine. If you choose to get your medicine from a provider who we don’t have an arrangement with, you will be responsible for a co-payment.

Please refer to the section Benefits available for your plan type to see if this applies to your plan type.

Use a GP, specialist or other healthcare provider who we have an arrangement with
If you choose not to use a doctor, specialist or other healthcare provider who we have an arrangement with, we may only pay 80% of the Discovery Health Rate on your claims. You will then need to pay the balance yourself.

Use the MaPS tool on www.discovery.co.za to search for healthcare providers who we have an arrangement with.

Stick to the rules that apply for Prescribed Minimum Benefit cover
According to the Prescribed Minimum Benefits, in certain circumstances you have the right to get a basic level of cover for a list of medical conditions and treatments.

These benefits include cover for a list of 270 listed conditions, most emergency conditions and 27 listed chronic conditions that include HIV and AIDS. Medical schemes must provide cover for the diagnosis, treatment and costs of the ongoing care of these 27 chronic conditions.

These are the rules that apply to access Prescribed Minimum Benefits

- Your condition must be part of the list of defined conditions for Prescribed Minimum Benefits. You may need to send us the results of your medical tests and investigations that confirm the diagnosis for your medical condition.
- The treatment you need must match the treatments included as part of the defined benefits for your medical condition.
- You must use a doctor, specialist or other healthcare provider who Discovery Health Medical Scheme has an arrangement with. There are some cases where this is not necessary, for example a life-threatening emergency.

More information on our approach to Prescribed Minimum Benefits is available on our website at www.discovery.co.za
Benefits available for your plan type

Executive Plan

**Medicine for approved Chronic Disease List conditions (listed on page 4)**
The Chronic Illness Benefit covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit conditions in full up to the Discovery Health rate for medicine if you get your medicine at a pharmacy or dispensing GP who we have an arrangement with.

We pay approved medicine not on the medicine list (formulary) up to a monthly Chronic Drug Amount, which has been allocated for that medicine class. You will be responsible to pay any shortfall yourself. We pay approved medicine on the exclusive list of medicine as described below in full.

**Tests to diagnose your approved Chronic Disease List condition**
We pay diagnostic tests like blood tests, scans and x-rays listed in the treatment guidelines from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit. Alternatively we will pay the claim from the available funds in your day-to-day benefits.

We will pay these claims only if we have approved the condition as one of the Prescribed Minimum Benefit conditions. We pay listed blood tests, scans and x-rays up to a maximum of 100% of the Discovery Health Rate.

**GP and specialist consultations related to your approved Chronic Disease List condition**
We pay four (4) GP consultations a year related to your approved condition up to the agreed rate for each consultation.

We pay for a limited number of specialist consultations as listed in the treatment guidelines up to a maximum of 300% of the Discovery Health Rate for consultations related to your approved condition.
You have access to an exclusive list of medicines we cover in full

You also have access to an exclusive defined list of medicines that we pay in full if we have approved funding from the Chronic Illness Benefit.

<table>
<thead>
<tr>
<th>Medicine name</th>
<th>Condition it’s used for</th>
</tr>
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<tbody>
<tr>
<td>Symbicord</td>
<td>Asthma</td>
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<tr>
<td>Venlor</td>
<td></td>
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<tr>
<td>Lilly-fluoxetine</td>
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<tr>
<td>Glucophage</td>
<td>Depression</td>
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<tr>
<td>Lantus</td>
<td>Diabetes</td>
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<td>Levernir</td>
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<tr>
<td>Prxum</td>
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<tr>
<td>Tareg</td>
<td>Hypertension</td>
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<tr>
<td>Co-tareg</td>
<td></td>
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<tr>
<td>Zuvamor</td>
<td>Hyperlipidaemia</td>
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<tr>
<td>Crestor</td>
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<tr>
<td>Aspavor</td>
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<tr>
<td>Vusor</td>
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<tr>
<td>Storwin</td>
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</tr>
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</table>

Additional chronic conditions covered on the Executive Plan

You have access to cover for medicine for additional chronic conditions listed on the Additional Disease List. These conditions are listed on Page 6.

Medicine for approved Additional Disease List conditions

There is no medicine list (formulary) for the Additional Disease List conditions. We pay approved medicine for these conditions up to the monthly Chronic Drug Amount for that medicine class. We pay approved medicine on the exclusive list of medicine as described above in full.

Tests and consultations to diagnose your approved Additional Disease List condition

We pay diagnostic tests like blood tests, scans and x-rays and consultations from available funds in your Medical Savings Account and Above Threshold Benefit.

We pay these claims up to a maximum of the Discovery Health Rate.
Comprehensive Series

Medicine for approved Chronic Disease List conditions (listed on page 4)
The Chronic Illness Benefit covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit conditions in full up to the Discovery Health rate for medicine if you get your medicine at a pharmacy or dispensing GP who we have an arrangement with.

We cover approved medicine not on the medicine list up to a monthly Chronic Drug Amount, which has been allocated for that medicine class. You will be responsible to pay any shortfall yourself.

Tests to diagnose your approved Chronic Disease List condition
We pay diagnostic tests like blood tests, scans and x-rays listed in the treatment guidelines from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit. Alternatively we will pay the claim from the available funds in your day-to-day benefits. If you are on the Classic Zero MSA Plan, you have cover from your Above Threshold Benefit once you reach your Annual Threshold.

We will pay these claims only if we have approved the condition as one of the Prescribed Minimum Benefit conditions. We pay listed blood tests, scans and x-rays up to a maximum of 100% of the Discovery Health Rate.

GP and specialist consultations related to your approved Chronic Disease List condition
We pay four (4) GP consultations a year related to your approved condition up to 100% of the Discovery Health Rate. You may still have a co-payment if the health professional charges more than the Discovery Health Rate.

We pay for a limited number of specialist consultations as listed in the treatment guidelines up to 100% of the Discovery Health Rate. You may still have a co-payment if the health professional charges more than the Discovery Health Rate.

Additional chronic conditions covered on the Comprehensive Series
You have access to cover for medicine for additional chronic conditions listed on the Additional Disease List. These conditions are listed on page 6.

Medicine for approved Additional Disease List conditions
There is no medicine list for the Additional Disease List conditions. We pay approved medicine for these conditions up to the monthly Chronic Drug Amount for that medicine class.

Tests and consultations to diagnose your approved Additional Disease List condition
We pay diagnostic tests like blood tests, scans and x-rays and consultations from available funds in your Medical Savings Account and Above Threshold Benefit. If you are on the Classic Zero MSA Plan, you have cover from your Above Threshold Benefit once you reach your Annual Threshold.

We pay these claims up to a maximum of the Discovery Health Rate.
Pharmacy network for members on the Delta option

Discovery MedXpress is the designated service provider for chronic medicine for all Delta plans

This means that when you need to fill your repeat prescription for approved chronic medicines, you need to follow the MedXpress process.

If you don’t use MedXpress for your monthly chronic medicine orders, a 20% co-payment will apply, which means you will have to pay this amount yourself.

You can register for MedXpress in two simple steps:

1. Send your chronic medicine prescription to MedXpress by email at medxpress@discovery.co.za or by fax to 011 539 1020. Remember to write “MedXpress” and your membership number on the prescription. We will send you a SMS to confirm that your prescription has been received.

2. After receiving the confirmation SMS, you need to place your order with MedXpress by calling them on 0860 99 88 77.

They will deliver these medicines to your door at no extra cost. You can be sure you are getting the best value.
Priority Series

Medicine for approved Chronic Disease List conditions (listed on page 4)
The Chronic Illness Benefit covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit conditions in full up to the Discovery Health rate for medicine if you get your medicine at a pharmacy or dispensing GP who we have an arraangement with.

We cover approved medicine not on the medicine list up to a monthly Chronic Drug Amount, which has been allocated for that medicine class. You will be responsible to pay any shortfall yourself.

Tests to diagnose your approved Chronic Disease List condition
We pay diagnostic tests like blood tests, scans and x-rays listed in the treatment guidelines from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit. Alternatively it will be paid from your available funds in your day-to-day benefits.

We will pay these claims only if we have approved the condition as one of the Prescribed Minimum Benefit conditions. We pay listed blood tests, scans and x-rays up to a maximum of 100% of the Discovery Health Rate.

GP and specialist consultations related to your approved Chronic Disease List condition
We pay four (4) GP consultations a year related to your approved condition up to 100% of the Discovery Health Rate. You may still have a co-payment if the health professional charges more than the Discovery Health Rate.

We pay for a limited number of specialist consultations as listed in the treatment guidelines up to 100% of the Discovery Health Rate. You may still have a co-payment if the health professional charges more than the Discovery Health Rate.
Saver Series

Medicine for approved Chronic Disease list conditions (listed on page 4)

The Chronic Illness Benefit covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit conditions in full up to the Discovery Health rate for medicine if you get your medicine at a pharmacy or dispensing GP who we have an arrangement with.

We cover approved medicine not on the medicine list (formulary) up to a monthly Chronic Drug Amount, which has been allocated for that medicine class. You will be responsible to pay any shortfall yourself.

Tests to diagnose your approved Chronic Disease List condition

We pay diagnostic tests like blood tests, scans and x-rays listed in the treatment guidelines from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit. We will pay these claims only if we have approved the condition as one of the Prescribed Minimum Benefit conditions. We pay listed blood tests, scans and x-rays up to a maximum of 100% of the Discovery Health Rate.

GP and specialist consultations related to your approved Chronic Disease List conditions

We pay four (4) GP consultations a year related to your approved condition up to 100% of the Discovery Health Rate. You may still have a co-payment if the health professional charges more than the Discovery Health Rate.

We pay for a limited number of specialist consultations as listed in the treatment guidelines up to 100% of the Discovery Health Rate. You may still have a co-payment if the health professional charges more than the Discovery Health Rate.

Pharmacy network for members on the Delta network option

Discovery MedXpress is the designated service provider for chronic medicine for all Delta plans

This means that when you need to fill your repeat prescription for approved chronic medicines, you need to follow the MedXpress process.

If you don’t use MedXpress for your monthly chronic medicine orders, a 20% co-payment will apply, which means you will have to pay this amount yourself.

You can register for MedXpress in two simple steps:

1. Send your chronic medicine prescription to MedXpress by email at medxpress@discovery.co.za or by fax to 011 539 1020. Remember to write “MedXpress” and your membership number on the prescription. We will send you a SMS to confirm that your prescription has been received.

2. After receiving the confirmation SMS, you need to place your order with MedXpress by calling them on 0860 99 88 77.

They will deliver these medicines to your door at no extra cost. You can be sure you are getting the best value.
Medicine for approved Chronic Disease List conditions (listed on page 4)

The Chronic Illness Benefit covers approved medicine listed on the medicine list for the Prescribed Minimum Benefit conditions in full up to the Discovery Health Rate for medicine if you get your medicine at a pharmacy or dispensing GP who we have an arrangement with.

We cover approved medicine not on the medicine list up to a monthly Chronic Drug Amount, which has been allocated for that medicine class. You will be responsible to pay any shortfall from your own pocket.

Tests to diagnose your approved Chronic Disease List conditions

We pay diagnostic tests like blood tests, scans and x-rays listed in the treatment guidelines from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit.

We will pay these claims only if we have approved the condition as one of the Prescribed Minimum Benefit conditions. We pay listed blood tests, scans and x-rays up to a maximum of 100% of the Discovery Health Rate.

GP and specialist consultations related to your approved Chronic Disease List conditions

We pay four (4) GP consultations a year related to your approved condition at a GP who is part of the Discovery Health GP Network or KeyCare primary care network. If you use any other GP, we will pay up to 80% of the Discovery Health Rate. You will need to pay the balance yourself.

We pay for a limited number of specialist consultations as listed in the treatment guidelines in full if you see a specialist who we have an arrangement with. If you use any other specialist, we will pay up to 80% of the Discovery Health Rate. You will need to pay the balance yourself.

Pharmacy network for members on the Delta network option

Discovery MedXpress is the designated service provider for chronic medicine for all Delta plans.

This means that when you need to fill your repeat prescription for approved chronic medicines, you need to follow the MedXpress process.

If you don’t use MedXpress for your monthly chronic medicine orders, a 20% co-payment will apply, which means you will have to pay this amount yourself.

You can register for MedXpress in two simple steps:

1. Send your chronic medicine prescription to MedXpress by email at medxpress@discovery.co.za or by fax to 011 539 1020. Remember to write “MedXpress” and your membership number on the prescription. We will send you a SMS to confirm that your prescription has been received.

2. After receiving the confirmation SMS, you need to place your order with MedXpress by calling them on 0860 99 88 77.

They will deliver these medicines to your door at no extra cost. You can be sure you are getting the best value.
KeyCare Series

Medicine for approved Chronic Disease List conditions (listed on page 4)
The Chronic Illness Benefit covers approved medicine listed on the medicine list (formulary) for the Prescribed Minimum Benefit conditions in full up to the Discovery Health Medicine Rate if you get your medicine at a pharmacy or dispensing GP in the KeyCare GP network.

Tests to diagnose your approved Chronic Disease List condition
We pay diagnostic tests like blood tests, scans and x-rays listed in the treatment guidelines from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit. We will pay these claims only if we have approved the condition as one of the Prescribed Minimum Benefit conditions. We pay listed blood tests, scans and x-rays up to a maximum of 100% of the Discovery Health Rate.

GP consultations related to your approved Chronic Disease List condition
KeyCare Plus and KeyCare Access members
We pay four (4) consultations a year at your chosen primary or secondary GP in the KeyCare primary care network. If you use any other GP, we will pay up to 80% of the Discovery Health Rate. You will need to pay the balance yourself.

KeyCare Core members
We pay four (4) consultations a year at a GP in the KeyCare primary care network. If you use any other GP, we will pay up to 80% of the Discovery Health Rate. You will need to pay the balance yourself.

Specialist consultations related to your approved Chronic Disease List condition
We pay a limited number of specialist consultations as listed in the treatment guidelines in full, if you see a specialist who we have an arrangement with and who agrees to charge the Discovery Health KeyCare specialist network rate. If you see any other specialist we will pay up to 80% of the Discovery Health Rate. You will need to pay the balance from your pocket.

Pharmacy network for KeyCare members
To avoid a 20% co-payment, members on the KeyCare Series must get their approved chronic medicine from the network of KeyCare pharmacies and dispensing GPs. You can get a list of the pharmacies that are in the network by calling us on 0860 99 88 77 or on our website www.discovery.co.za