



# DiscoveryCare

## Your cover for chronic conditions

You have cover for a list of chronic conditions if your medicine is on the KeyCare medicine list. You must get your approved medicine from one of our network pharmacies or from your chosen GP. If you get your medicine anywhere else, you have to pay a 20% co-payment.

We need to approve your chronic condition before we can pay for it from the Chronic Illness Benefit. On the KeyCare Plus and KeyCare Access Plans, your chosen GP must prescribe the chronic medicine.



### MedXpress – convenient medicine delivery

When you use MedXpress, Discovery's convenient medicine delivery service, you pay no delivery or administration fees. Discovery's service agents can also advise you on the most cost-effective alternatives and you will always be charged at the Discovery Health Rate or less – minimising co-payments. Call us on 0860 99 88 77 to make use of this free service.



## Your cover for cancer treatment

On KeyCare Core and KeyCare Plus we cover cancer treatment if it is a Prescribed Minimum Benefit and if you go to a cancer specialist in our network. On **KeyCare Access**, we cover cancer treatment, if it is a Prescribed Minimum Benefit in a state facility. Please call us to register on the Oncology Programme.

## Savings on essential care items at Dis-Chem

When you shop at Dis-Chem, ChroniCare brings you savings on a wide range of items appropriate to your needs, such as monitoring devices and diabetic footwear, that help manage your chronic condition. You can activate ChroniCare if you are registered on our Chronic Illness Benefit for one of the following chronic conditions: asthma, diabetes, high cholesterol or high blood pressure.



Earn up to 25% cash back by activating ChroniCare at [www.discovery.co.za/info/chronicare](http://www.discovery.co.za/info/chronicare)



# Your cover for additional benefits

### Specialist Benefit

Each person is covered up to R2 550.

Your GP must get a reference number before your consultation with the specialist. If you need to see a tooth specialist or a specialist for maternity care, you do not need a referral from your GP or a reference number from us.

The **KeyCare Access Plan** covers specialist visits in our network for maternity, care for your baby up to 12 months after it is born, trauma and emergencies up to the limit. For all other healthcare services we cover specialists employed by a state facility.

### Screening and Prevention Benefit

If you go for certain tests to check your health, we will cover them. These screening tests include blood glucose, blood pressure, cholesterol and body mass index at a Discovery Wellness Network provider. We also cover a mammogram, Pap smear, PSA (a prostate screening) and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal injection to prevent flu.

### Antenatal Benefit

If you are pregnant, the Antenatal Benefit covers you at 100% of the Discovery Health Rate for the following healthcare services:

- Four visits to a GP or gynaecologist at a network hospital
- One routine scan (between 10 and 20 weeks)
- Selected blood tests requested by your gynaecologist or GP



## Save on self-medication at Clicks

With MedSaver, you can earn up to 25% cash back on self-medication at any Clicks Pharmacy, whether you pay for it or claim for it. Activate MedSaver by going to [www.discovery.co.za/medsaver](http://www.discovery.co.za/medsaver)



## Exclusions on the KeyCare Plans

We do not cover certain healthcare services. You can find a full list of exclusions at [www.discovery.co.za](http://www.discovery.co.za). In addition to the general exclusions that apply to all plans, KeyCare Plans do not cover the following, except if the Prescribed Minimum Benefits say they must:

1. Hospital admissions related to:
  - Dentistry
  - Nail disorders
  - Functional nasal surgery
  - Surgery for oesophageal reflux and hiatus hernia
  - Back and neck treatment or surgery
  - Joint replacements, including but not limited to hips, knees, shoulders and elbows
  - Cochlear implants, auditory brain implants and internal nerve stimulators – this includes procedures, devices and processors
  - Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary
2. Bunionectomy
3. Arthroscopy
4. Removal of varicose veins
5. Brachytherapy for prostate cancer
6. Refractive eye surgery
7. Non-cancerous breast conditions
8. Healthcare services outside South Africa

We also do not cover the cost of treatment for any complications or the direct or indirect expenses related to any of these excluded conditions and treatments.



## Contributions

	 Main member	 Adult	 Child*
KeyCare Plus (8 301+)	R1 330	R1 330	R 356
KeyCare Plus (6 251 – 8 300)	R 893	R 893	R 250
KeyCare Plus (0 – 6 250)	R 638	R 638	R 230
KeyCare Access (8 301+)	R1 300	R1 300	R 350
KeyCare Access (6 251 – 8 300)	R 865	R 865	R 245
KeyCare Access (3 901 – 6 250)	R 600	R 600	R 215
KeyCare Access (0 – 3 900)	R 450	R 450	R 195
KeyCare Core (8 301+)	R 982	R 982	R 222
KeyCare Core (6 251 – 8 300)	R 636	R 636	R 158
KeyCare Core (0 – 6 250)	R 511	R 511	R 129

\* We count a maximum of three children when we work out the monthly contributions.

**General exclusions:** We do not cover certain healthcare services. You will find a full list of exclusions at [www.discovery.co.za](http://www.discovery.co.za)

# KeyCare Series

Plus | Access | Core

The KeyCare Plans offer you **affordable cover** at KeyCare's networks of hospitals and doctors

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Unlimited emergency and trauma cover in our KeyCare network of hospitals and planned hospital cover on KeyCare Core and KeyCare Plus



An ambulance or helicopter sent to you in a critical emergency



Cover in our network for essential antenatal care when you are pregnant



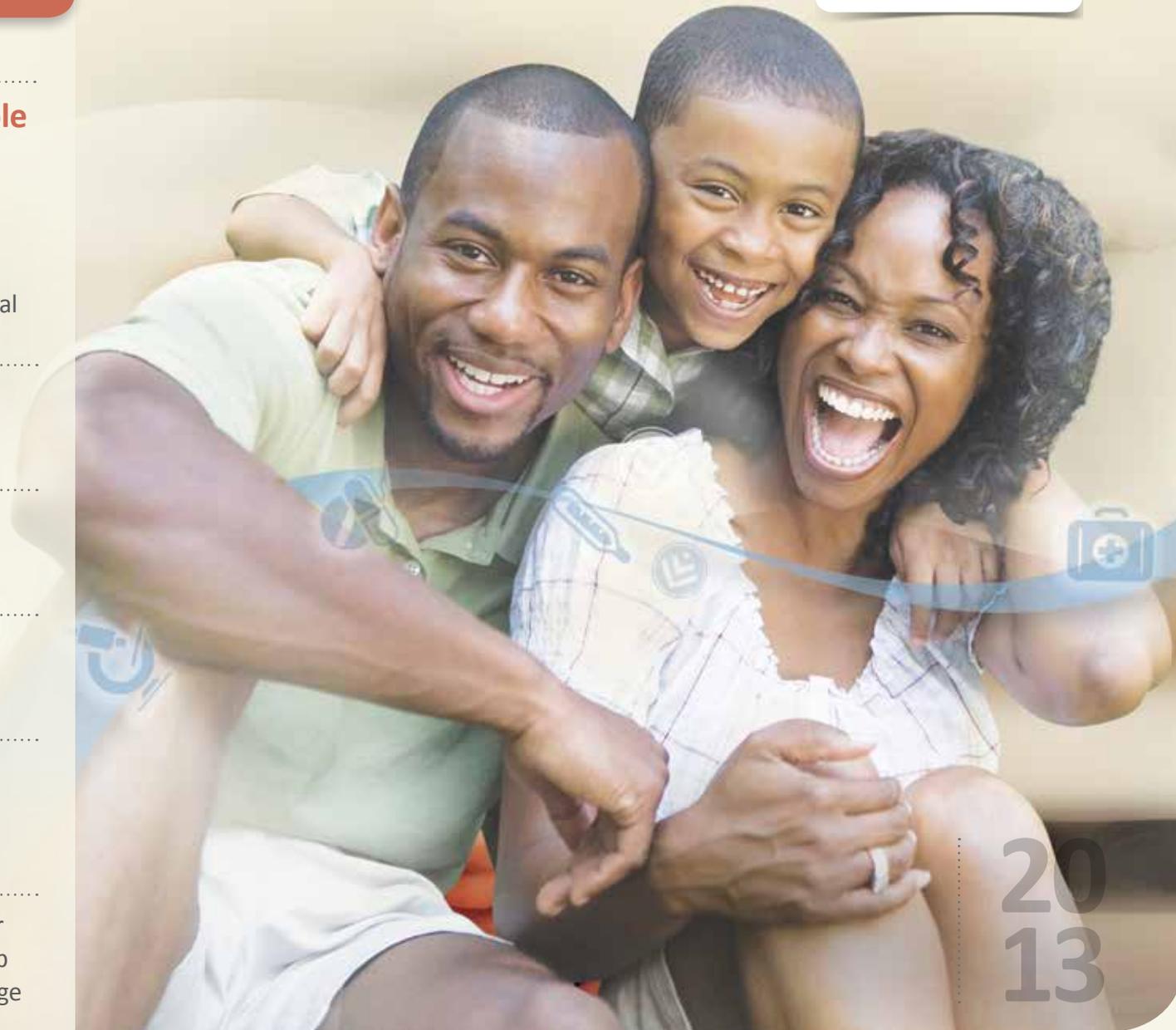
Cover in our network when you need to see a specialist



Unlimited cover for GP consultations when you are sick or need blood tests, x-rays or medicine in our network on the KeyCare Plus and KeyCare Access Plans



We offer you the choice to be covered in full in our networks. Look out for the Full Cover Choice stamp in this brochure. It shows you when to use the range of online tools that guide you to full cover.



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13



# The KeyCare Series

Your cover	KeyCare Plus	KeyCare Access	KeyCare Core
<b>Approved hospital admissions for:</b> <ul style="list-style-type: none"> <li>• Emergencies</li> <li>• Trauma</li> <li>• Childbirth</li> <li>• Cover for your baby up to 12 months after childbirth</li> </ul>	Unlimited cover in the KeyCare Hospital Network	Unlimited cover in the KeyCare Access Hospital Network	Unlimited cover in the KeyCare Hospital Network
<b>Other approved hospital admissions</b>	Unlimited cover in the KeyCare Hospital Network	Unlimited cover in our contracted network of state facilities	Unlimited cover in the KeyCare Hospital Network
<b>Chronic medicine</b>	You have cover for a list of chronic conditions and medicine on the KeyCare medicine list		
<b>Day-to-day medical expenses</b>	Primary care cover through your chosen GP and day-to-day medicine from our medicine list	Private specialist cover up to a limit for emergencies, trauma, childbirth and cover for your baby up to 12 months after childbirth	This plan does not offer day-to-day medical cover
	Private specialist cover up to a limit		
<b>Screening and prevention and antenatal services</b>	Access to certain screening tests to check your health and a list of healthcare services when you are pregnant		



## Your cover in hospital

*The KeyCare Core and KeyCare Plus Plans cover you in any private hospital for emergencies and for planned hospital admissions that you have authorised with us in the KeyCare network of hospitals.*

*KeyCare Access covers you in any private hospital for emergencies, trauma, childbirth and care for your baby up to 12-months after childbirth, and in our contracted network of state facilities for all other hospital care.*

### The cover you need, when you need it

#### Emergency cover when you need it most

In an emergency, go straight to hospital. If you need an ambulance or helicopter, call 0860 999 911. We will send the help you need. It is important that you, a loved one or the hospital let us know of your admission as soon as possible.

#### No overall hospital limit on any of our KeyCare Plans

There is no overall hospital limit. This means that even if you have to stay in hospital for a long time, or if your treatment is very expensive, your cover won't run out. Some healthcare services and procedures have a limit or we may have rules on how we pay for them.

### Unlimited healthcare services

**On the KeyCare Core and KeyCare Plus plans, most in-hospital healthcare services have no overall limit. These are:**

- GPs
- Pathology
- Allied healthcare professionals, like physiotherapists
- Specialists
- Radiology
- HIV cover

On the **KeyCare Access Plan**, healthcare services for approved admissions for emergencies, trauma, childbirth and care for your baby up to 12 months after childbirth are covered in our network of private hospitals with no overall limit. We pay approved admissions for all other hospital care in our contracted network of state facilities.

## Cover for planned hospital admissions (KeyCare Core and KeyCare Plus)

You have cover in a private hospital in the KeyCare Hospital Network. Call us at least two days before you go to hospital. You will not have cover if you do not call us.

We cover these procedures in our day surgery network only:

Adenoidectomy	Hysteroscopy	Simple abdominal hernia repair
Arthrocentesis (joint injection)	Myringotomy	Simple nasal procedure for nose bleeding (that is, nasal plugging and nasal cautery)
Cautery of vulva warts	Myringotomy with intubation (grommets)	Tonsillectomy
Circumcision	Prostate biopsy	Treatment of Bartholin's cyst/abscess
Colonoscopy	Proctoscopy	Vasectomy
Cystourethroscopy	Removal of pins and plates	Vulva/cone biopsy
Diagnostic D&C	Sigmoidoscopy	
Gastroscopy		

## Essential care in a network of private hospitals on KeyCare Access

The **KeyCare Access Plan** covers you in our network of private hospitals for emergencies, trauma, childbirth and care for your baby up to 12 months after childbirth. We pay for approved admissions for other hospital care in our contracted network of state facilities.

A trauma is a serious injury from violence or an accident. We cover the following traumas in our network of private hospitals:

Injuries at work	Injuries from a car accident	Head injuries
Burns	Injuries from a fall	Poisoning or a serious allergic reaction that may cause death
Injuries from a crime	The loss of an arm, hand, leg or foot	
Sexual assault	Near drowning	

## Care for your baby after childbirth

This benefit covers babies that are registered on the medical scheme from their date of birth when born to a parent registered on the medical scheme. It covers approved hospital admissions in our network of private hospitals for the baby for 12 months from the baby's date of birth. Babies not added to the medical scheme from their date of birth will be covered in our contracted network of state facilities.

## Your cover for MRI and CT scans

MRI and CT scans are like x-rays, but show much more detail. They are used when an x-ray doesn't show enough. If your scan is related to an approved hospital stay in our network of private hospitals, we pay for it from your Hospital Benefit. If it is not, we pay for it from your Specialist Benefit, up to R2 550 for each person. We do not pay for MRI or CT scans that are related to conservative back or neck treatment (this is treatment for your back or neck that is not surgery).

## Limited healthcare services in hospital

These services have a limit in hospital:

	KeyCare Core and KeyCare Plus	KeyCare Access
<b>Mental health</b>	 21 days for each person	21 days for each person covered in our contracted network of state facilities
<b>Alcohol and drug rehabilitation</b>	 21 days for each person	21 days for each person covered in our contracted network of state facilities
<b>Cataract surgery</b>	 We cover cataract surgery as long as we have approved your treatment at a doctor and facility in our network for cataract surgery	Covered in our contracted network of state facilities
<b>Chronic dialysis</b>	 We cover these expenses in full as long as we have approved your treatment at a doctor and facility in our network	We cover these expenses in full as long as we have approved your treatment at a doctor and facility in the KeyCare Access Network
<b>Terminal care</b>	 R22 000 for each person in their lifetime	

## Your cover for healthcare professionals

### Full cover for specialists who we have an agreement with

We will cover approved treatment at healthcare professionals who we have an agreement with in full.

These healthcare professionals are also the designated providers for Prescribed Minimum Benefits.



### Other specialists and healthcare professionals

If you are treated by a specialist who we don't have an agreement with and other healthcare professionals, we pay up to:



If the healthcare professional charges more than the Discovery Health Rate, you must pay the rest.

### Your cover for healthcare professionals on KeyCare Access

On **KeyCare Access**, for approved admissions in our network of private hospitals, your cover for healthcare professionals is the same as for KeyCare Core and KeyCare Plus. For all other healthcare services, we cover specialists employed in our contracted network of state facilities.



# Your cover for day-to-day medical expenses (KeyCare Plus and KeyCare Access)

## Cover for GP visits

When joining, you must choose a GP from the KeyCare GP network. You must go to your chosen GP for us to cover your consultations and some minor procedures.

## Basic x-rays

We pay for a list of basic x-rays at a network provider. Your chosen GP must ask for the x-rays to be done.

## Blood, urine and other fluid and tissue tests

We pay for a list of blood, urine and other fluid and tissue tests. Your chosen GP must ask for these tests by filling in a KeyCare pathology form.

## Day-to-day medicine

We pay for medicines from our medicine list if they are prescribed by your chosen KeyCare network GP.

## You get one out-of-network GP visit

If you need to see a doctor and your chosen GP from our network is not available for you to see, each person on your membership can go to any other GP once a year. We will cover the GP visit, with selected blood tests and x-rays and medicines on our medicine list.

## Cover for dentistry

We cover consultations, fillings and tooth removals at a dentist in our dentist network.

## Cover for eye care

We cover one eye test for each person, but you must go to an eye doctor in our network. The eye doctor will have a specific range of glasses that you can choose from. You can get a set of contact lenses instead of glasses if you choose to. You can get new glasses or contact lenses every 24 months.

## Casualty visits

On KeyCare Plus you can go to any casualty unit at one of the KeyCare network hospitals. You have to pay the first R205 of the consultation.

On **KeyCare Access**, other than for emergencies and trauma, each person can go to casualty at one of the KeyCare network hospitals once a year. You have to pay the first R205 of the consultation.

You don't need to call us if you go to casualty.

## Trauma Recovery Extender Benefit

We will cover specific out-of-hospital claims for your recovery after certain traumatic events. We'll cover you for the rest of the year in which the trauma took place, and in the year after your trauma.

## How we cover medical equipment

We cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg calipers, crutches and walkers on the medical equipment list, if you get them from a network provider. There is an overall limit of R4 200 for each family.

## Cover for other types of healthcare professionals

We do not cover other types of healthcare professionals, such as physiotherapists, psychologists, speech therapists, audiologists, homeopaths or chiropractors.