



Health Plan Guide 2016
Priority Series

PRIORITY
2016
SERIES





Your health
is everything

The Discovery Health Medical Scheme is the best choice for you

With Discovery Health Medical Scheme, you get access to comprehensive healthcare benefits at a lower cost, with a suite of tools and services to manage your health and your health plan



SOUTH AFRICA'S No. 1 CHOICE



CONSUMERS



BUSINESS



WORLD-LEADING HEALTH INSURANCE

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.

The benefits explained in this brochure are provided by Discovery Health Medical Scheme, registration number 1125, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. This brochure is only a summary of the key benefits and features of Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical Schemes. In all instances, Discovery Health Medical Scheme Rules prevail. Please consult the Scheme Rules on www.discovery.co.za. When reference is made to "we" in the context of benefits, members, payments or cover, in this brochure this is reference 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 22 plans, 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.

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.

Lower cost

Lowest contributions, which are on average 14% lower than contributions for comparable cover with other South African medical schemes.

Tools to manage your plan

Technology that empowers you and your doctor to manage your health and your health plan.



The lower cost analysis is a comparison of our contributions with competitor contributions, based on internal analysis of publicly available marketing material. Vitality is not part of the 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 on the Classic Plan and up to 100% of the Discovery Health Rate 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 for your day-to-day healthcare needs



Additional cover when your Medical Savings Account runs out for GP consultation fees, blood tests, maternity costs, kid's casualty visits, consultations via video call with paediatricians and some external medical items



Unique access to DNA sequencing and non-invasive prenatal testing



Cover for medical emergencies when travelling

The Priority Series has two health plan options

There are differences in benefits as indicated below. The benefits not mentioned in the table are the same across both plans.

	Classic	Essential
Hospital cover		
Cover for healthcare professionals in hospital	200% of the Discovery Health Rate	100% of the Discovery Health Rate
MRI and CT scans	If related to your admission, we pay 100% of the Discovery Health Rate from the Hospital Benefit. If not related to your admission or for conservative back and neck treatment, you have to pay the first R2 550 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 Discovery Health Rate	
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	You must pay the first R3 300 of the hospital account and we pay the balance of the hospital account and related accounts from the Hospital Benefit	
Day-to-day benefits		
Insured Network Benefit Provides access to certain healthcare services once your yearly allocated MSA is used up	<ul style="list-style-type: none"> ▪ Face-to-face and video call GP consultations ▪ Antenatal consultations and two 2D pregnancy scans ▪ Blood tests ▪ Defined list of external medical items ▪ Kid's casualty visits and consultations via video call with paediatricians 	<ul style="list-style-type: none"> ▪ Face-to-face and video call GP consultations ▪ Defined list of external medical items
Medical Savings Account	25% of your monthly contributions goes into your Medical Savings Account	15% of your monthly contributions goes into your Medical Savings Account

You get unlimited hospital cover

There is no overall limit for hospital cover on all Discovery Health Medical Scheme plans.

Your hospital cover is made up of the account from the hospital and the accounts from your admitting doctor, anaesthetist and any other approved healthcare professional.

Unlimited cover in private hospitals

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

Emergencies are covered in full

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

Discovery HomeCare – an alternative to a hospital stay

Discovery HomeCare is a unique home-based service that offers you quality care in the comfort of your own home (see page 26).

How we cover your hospital and related accounts

We cover your hospital account from your Hospital Benefit.

Doctors, specialists and other healthcare professionals we have a payment arrangement with are covered in full for approved procedures in hospital. You benefit from access to the broadest range of specialists, which represents over 90% of our members' specialist interactions. If you use healthcare professionals we don't have payment arrangements with, we will pay at the rate applicable to your plan (see page 8).

Prescribed Minimum Benefit (PMB) conditions

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

- A life-threatening emergency medical condition; and
- 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 published defined benefits
- You must use designated service providers (DSPs) in our network. This does not apply in life-threatening 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 the Discovery Health Rate (DHR)

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

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 account

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 550	Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation	R6 150
Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, cystoscopy	R3 300	Nissen fundoplication (reflux surgery), spinal surgery (back and neck), joint replacements	R12 600

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	Classic 200% of the DHR Essential 100% of the DHR
Radiology and pathology	100% of the DHR

Hospital cover

Healthcare services with an annual limit



Cochlear implants, auditory brain implants and processors

R197 000 for each person for each benefit



Internal nerve stimulators

R135 500 for each person



Hip, knee and 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 R38 200 applies to each prosthesis.



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



Mental health

21 days or 15 out-of-hospital consultations for each person



Alcohol and drug rehabilitation

21 days for each person



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 you have to make a co-payment.

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 clinical 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 treatments, simple fillings and root canal treatments 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 000 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 limit applies.

Amount you need to pay upfront when you go to:

Hospital

	Younger than 13	R1 850
	13 and older	R4 800

Day clinic

	Younger than 13	R850
	13 and older	R3 100

You get extensive cover for chronic conditions and cancer

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

Chronic Illness Benefit (CIB)

The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions. You need to apply to have your medicine covered for your chronic condition.

Prescribed Minimum Benefit (PMB) conditions

You have access to a list of medical conditions and treatments under Prescribed Minimum Benefits (PMBs). The PMBs cover the 27 chronic conditions on the Chronic Disease List (CDL) conditions (see page 7).

Medicine cover for the Chronic Disease List

You get full cover for approved chronic medicine on our medicine list. For medicine not on our list, we cover you up to a set monthly rand amount called the Chronic Drug Amount (CDA).

How we pay for medicine

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

Chronic conditions we cover

Chronic Disease List (CDL) conditions	Addison's disease, Asthma, Bipolar mood disorder, Bronchiectasis, Cardiac failure, Cardiomyopathy, Chronic obstructive pulmonary disease (COPD), 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

Over 2 400 pharmacies

You can use any pharmacy or a pharmacy in our network that has agreed to charge no more than the medicine rate.

MedXpress

Get your monthly medicine by using MedXpress, an ordering service that delivers or allows in-store collection (see page 24).



Suite of patient management programmes

Personal Health Programmes

If you are registered on CIB for diabetes or a defined list of heart-related conditions, you can access our Personal Health Programmes to help better manage your condition (see page 25).

HIVCare Programmes

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.

Cover for cancer

If you're diagnosed with cancer and once we have approved your cancer treatment, you are covered by the *DiscoveryCare* Oncology 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 is always covered in full.

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

Advanced Illness Benefit

Members with cancer have access to a comprehensive palliative care programme. This programme offers extensive out-of-hospital care for members with cancer at home.

Compassionate care

The Compassionate Care Benefit gives you access to holistic home-based end-of-life care up to R48 000 for each person in their lifetime.

You get screening and prevention benefits

Preventive screening is important in making sure you detect medical conditions early

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



Screening for adults

- Blood glucose
- Blood pressure
- Cholesterol
- Body mass index
- Mammogram
- Pap smear
- PSA (a prostate screening test)
- HIV screening tests
- If you are 65 years and older, or registered for certain chronic conditions, you are also covered for a seasonal flu vaccine.



Screening for kids

Growth assessment tests including:

- Height
- Weight
- Head circumference
- Health and milestone tracking

How we pay

Having these healthcare services (up to a specified number) does not affect your day-to-day benefits as we pay these costs from the Hospital Benefit. Visit www.discovery.co.za for more information.

You get cover for day-to-day medical expenses

The Medical Savings Account (MSA)

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.

Self-payment Gap

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 ATB.

The Insured Network Benefit (INB)

We extend your day-to-day cover through the INB when you have spent your annual MSA allocation and before you reach your Annual Threshold. By simply using healthcare providers in our networks, you will be covered for a unique set of healthcare services in full.

The Above Threshold Benefit (ATB)

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 (see page 22).

Your cover is extended through the Insured Network Benefit

When your annual MSA allocation is used up, you get extra cover for a unique set of 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 our network.



Kid's casualty cover and paediatrician video call consultations

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



Blood tests

On the Classics Plan, you have full cover for blood tests at one of our partner clinic pharmacies.



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.

Visit www.discovery.co.za to view a list of our preferred providers.

Day-to-day cover

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

Specialists we have a payment arrangement with	100% of 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 medicines, vaccines and immunisations do not add up to your Annual Threshold or get paid from your Above Threshold Benefit. We add up the amount to the benefit limit available. Where the claimed amount is less than the DHR, we will pay and add the claimed amount to the Annual Threshold. This also includes amounts paid from your pocket.

Some day-to-day healthcare services have limits. These are not separate benefits. Limits apply to claims paid from your MSA, INB (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
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Allied, therapeutic and psychology healthcare services*

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

Classic	R8 600	R12 150	R15 750	R18 600
Essential	R5 700	R 8 600	R10 700	R12 900
Antenatal classes	R1 440 for your family			
Dental appliances and orthodontic treatment*	R15 000 for each person			

Medicine	 Single member	 One dependant	 Two dependants	 Three or more dependants
Prescribed medicine* (schedule 3 and above)				
Classic	R 15 650	R 19 000	R 22 900	R 25 000
Essential	R 11 150	R 13 200	R 15 650	R 19 000
Over-the-counter medicine, vaccines and immunisations	We pay these claims from the available funds in your Medical Savings Account. These claims do not add up to or pay from the Above Threshold Benefit.			
Appliances and equipment				
Optical* (includes cover for lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R3 850 for each person			
Wearable wellness devices (for a defined list of devices available at Clicks and Dis-Chem)	R800 for each person			
External medical items*	Classic		R39 400 for your family	
	Essential		R26 450 for your family	
Hearing aids	Classic		R17 450 for your family	
	Essential		R12 400 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.

You also get additional benefits that enhance your cover



GP video call consultations

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



Unique access to DNA sequencing and non-invasive prenatal testing

You have cover for the latest DNA analysis. We will cover the full cost of the test from available day-to-day benefits and accumulate and pay 50% of the cost from 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

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.



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

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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. Pre-existing conditions are excluded.
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Africa evacuation cover

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You have cover for emergency medical evacuations from certain sub-Saharan African countries back to South Africa. Pre-existing conditions are excluded.
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Frames and lenses

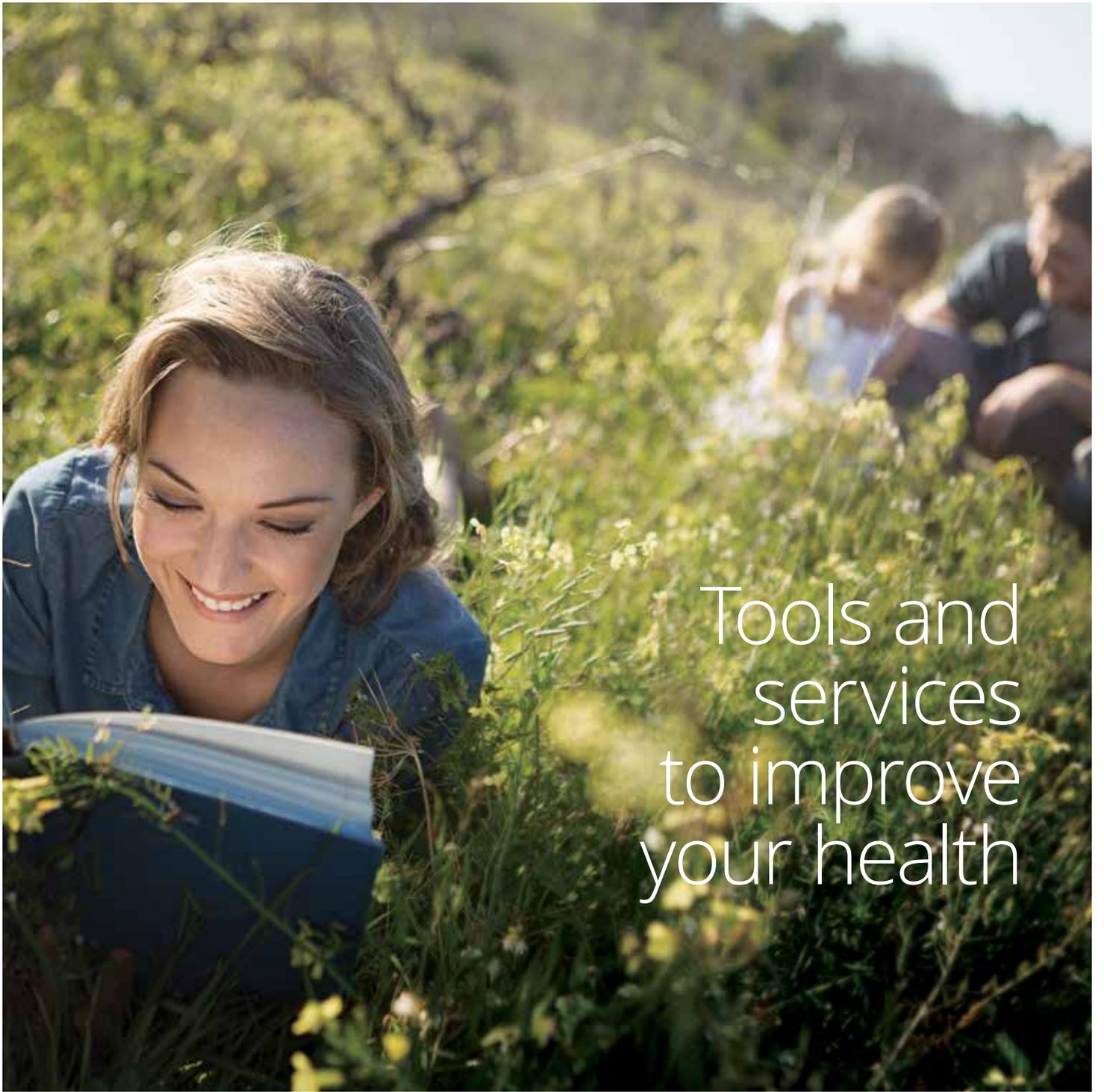
.....
You can enjoy savings of 20% off frames and lenses at an optometrist in our network. Your discount is immediate at the point of sale.
.....

Contributions, MSA and Annual Threshold amounts

		 Main member	 Adult	 Child*
Contributions	Classic	R2 700	R2 125	R1 080
	Essential	R2 321	R1 822	R925
Annual Medical Savings Account amounts**				
	Classic	R8 100	R6 372	R3 240
	Essential	R4 176	R3 276	R1 656
Annual Threshold amounts**				
	All plans	R11 960	R8 990	R3 910
Limited Above Threshold Benefit amount**				
	All plans	R10 180	R7 250	R3 500

* 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.



Tools and
services
to improve
your health

MedXpress

Convenient medicine ordering service

Discovery MedXpress is a convenient medicine ordering service, particularly for monthly chronic medicine. Using Discovery MedXpress or a pharmacy that is in the designated service provider network will ensure you get favourable rates for your approved chronic medicine.

The benefits of using Discovery MedXpress

- You have full cover with no co-payments for medicine on our medicine list
- It is quick and convenient
- Delivery is free anywhere
- 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



medxpress@discovery.co.za



Fax 011 539 1020

Reorder online at www.discovery.co.za or by using the Discovery app.

Personal Health Programmes

Helping you manage your chronic condition

Our Personal Health Programmes are unique lifestyle programmes to assist you – with the help of your Premier Practice GP – to actively manage your chronic condition to make you healthier.

Our Personal Health Programmes are based on clinical and lifestyle guidelines, and give you and your GP the tools to better monitor and manage your condition.

Any Discovery Health Medical Scheme member registered on the Chronic Illness Benefit for diabetes, hypertension, hyperlipidaemia or ischemic heart disease can join a Personal Health Programme.

Your Premier Practice GP will prescribe a chronic disease management lifestyle programme for you.

You have the option to enrol on one of these programmes via our website or through your GP if they belong to the Discovery Health Premier Practice Network.

In addition, the programme unlocks valuable healthcare services such as dieticians and biokineticists that you may require as part of the programme.



How to join a Personal Health Programme

To join a Personal Health Programme, speak to your Premier Practice GP or visit www.discovery.co.za for more information.

Discovery HomeCare

Private home nursing service

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 it entails
Postnatal care	Home visits for healthy mother and baby if your gynaecologist / obstetrician discharges you a day earlier from hospital. We will cover three day nurse visits, or one day nurse visit and two night care giver visits, within a six-week period.
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 hospital admission is not required.
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 hospital admission is not required.

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

Claiming made easier and faster

You can submit your claims in any of these easy ways:



Smartphone app

Submit the claim using the Discovery app. Download the Discovery app from the App Store or Google play.

- Use the camera on your phone to take a picture of your claim
 - Use your phone to scan the QR code on your claim provided by your healthcare professional.
-



www.discovery.co.za

- Log in to www.discovery.co.za
 - On the menu, hover over Health and click on “Submit a claim”
 - Select “Upload now” and follow the step
-



Email

Scan and email your claims to:
claims@discovery.co.za



Post

Post your claims to:
Discovery Claims
PO Box 784262, Sandton 2146

HealthID

Your medical information in your doctors' hands

HealthID is the first electronic health record application of its kind in South Africa. It puts all your health records in your doctor's hands so you won't have to try and remember everything. It also assists your doctor in interacting with us.

Give your doctor consent – log onto www.discovery.co.za



To benefit from HealthID, you will need to give consent to each doctor you visit before that doctor can access your health records.

No unauthorised person will have access to your personal medical information.

With Discovery's HealthID app doctors can:

1



Access your medical history and electronic health records

2



Apply for chronic cover

3



Write electronic prescriptions

4



View your benefit information

5



Refer you to another healthcare professional

6



Prescribe a Personal Health Programme

Tools to help better manage your health plan

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 one of five languages



Watch educational videos



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



Build your family tree



Consult with your doctor online



www.discovery.co.za

Download the Discovery app



Access to value-added healthcare offers

You 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 product

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.



Savings on stem cell banking

You get an exclusive offer with Netcells® Biosciences that gives expectant parents the opportunity to cryogenically store their newborn baby's umbilical cord blood and tissue stem cells for potential future medical use at a discounted rate.



Savings on personal and family care items

You can sign up for HealthyCare, a separate offer that helps reduce your out-of-pocket spend on a vast range of personal and family care products at any Clicks or Dis-Chem.

HealthyCare items include a list of baby, dental, eye, foot, sun and hand care products, as well as first aid and emergency items, over-the-counter medicine, and products to stop smoking.

Vitality is not part of the Discovery Health Medical Scheme. Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd. Registration number 1999/007736/07, an authorised financial services provider. HealthyCare is brought to you by Discovery Vitality (Pty) Ltd. Registration number 1997/007736/07, an authorised financial services provider. Netcells® Biosciences is brought to you by Discovery Health (Pty) Ltd. Registration number 1997/013480/07, an authorised financial services provider.

General exclusions

Discovery Health Medical Scheme has certain exclusions

We do not pay for healthcare services related to the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits.

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.

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

Waiting periods:

If we apply waiting periods because you have never belonged to a medical scheme or have had a break in membership of more than 90 days before joining the 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 the Discovery Health Medical Scheme, you may have access to Prescribed Minimum Benefits during waiting periods.

Complaints

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints and we encourage you to follow the process.

Step 1 | To take your query further

If you have already contacted us and feel that your query has still not been resolved, please complete our online complaints form on the website. We would also love to hear from you if we have exceeded your expectations.

Step 2 | To contact the Principal Officer

If you are still not satisfied with the resolution of your complaint after following the process in step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme by completing the online form on the website.

Step 3 | To lodge a dispute

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

Step 4 | To contact the Council for Medical Schemes

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes (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. Customer care centre: 0861 123 267 / website www.medicalschemes.com



