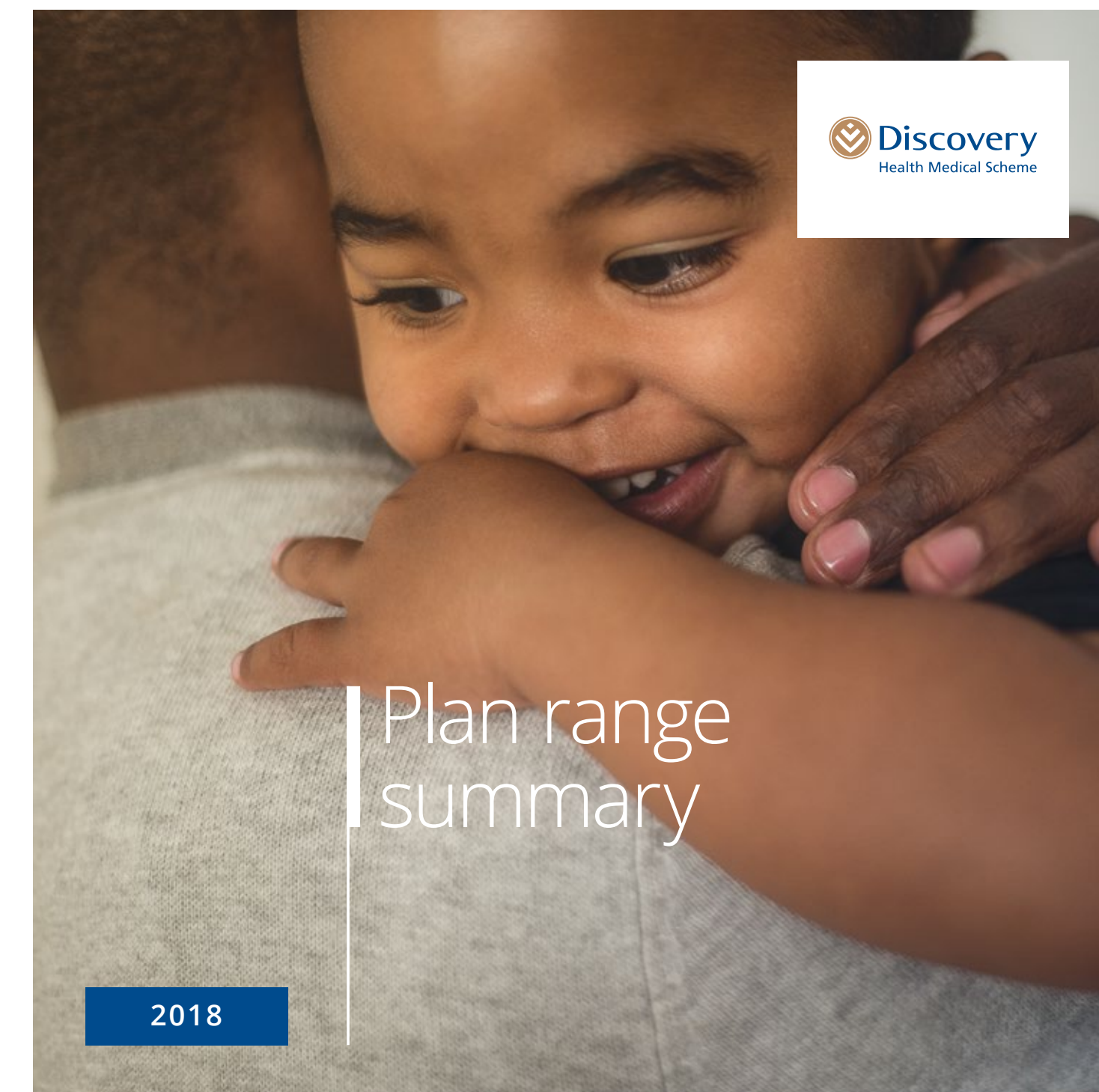


# Discovery Health Medical Scheme 2018 contributions



Series	Plan	Contributions			Contributions to Medical Savings Account			Total contributions		
		Main member	Adult	Child*	Main member	Adult	Child*	Main member	Adult	Child*
<b>Executive</b>	Executive Plan	4 463	4 463	851	1 487	1 487	283	5 950	5 950	1 134
<b>Comprehensive</b>	Classic Comprehensive	3 662	3 464	731	1 220	1 154	243	4 882	4 618	974
	Classic Delta Comprehensive	3 299	3 122	656	1 099	1 040	218	4 398	4 162	874
	Classic Comprehensive Zero MSA	3 662	3 464	731	No Medical Savings Account			3 662	3 464	731
	Essential Comprehensive	3 487	3 299	702	615	582	123	4 102	3 881	825
	Essential Delta Comprehensive	3 140	2 967	631	554	523	111	3 694	3 490	742
<b>Priority</b>	Classic Priority	2 411	1 901	965	803	633	321	3 214	2 534	1 286
	Essential Priority	2 349	1 847	938	414	325	165	2 763	2 172	1 103
<b>Saver</b>	Classic Saver	2 080	1 640	833	693	546	277	2 773	2 186	1 110
	Classic Delta Saver	1 661	1 312	668	553	437	222	2 214	1 749	890
	Essential Saver	1 873	1 405	751	330	247	132	2 203	1 652	883
	Essential Delta Saver	1 495	1 127	600	263	198	105	1 758	1 325	705
<b>Smart</b>	Coastal Saver	1 728	1 297	696	432	324	174	2 160	1 621	870
	Classic Smart	1 647	1 298	658	No Medical Savings Account			1 647	1 298	658
<b>Core</b>	Essential Smart	1 180	1 180	1 180	No Medical Savings Account			1 180	1 180	1 180
	Classic Core	2 064	1 626	826	No Medical Savings Account			2 064	1 626	826
	Classic Delta Core	1 652	1 301	660	No Medical Savings Account			1 652	1 301	660
	Essential Core	1 773	1 329	712	No Medical Savings Account			1 773	1 329	712
	Essential Delta Core	1 417	1 065	569	No Medical Savings Account			1 417	1 065	569
<b>KeyCare</b>	Coastal Core	1 610	1 209	641	No Medical Savings Account			1 610	1 209	641
	KeyCare Plus 0-8 550	990	990	359	No Medical Savings Account			990	990	359
	KeyCare Plus 8 551-12 200	1 386	1 386	389	No Medical Savings Account			1 386	1 386	389
	KeyCare Plus 12 201+	2 064	2 064	553	No Medical Savings Account			2 064	2 064	553
	KeyCare Access 0-5 330	697	697	306	No Medical Savings Account			697	697	306
	KeyCare Access 5 331-8 550	930	930	337	No Medical Savings Account			930	930	337
	KeyCare Access 8 551-12 200	1 344	1 344	378	No Medical Savings Account			1 344	1 344	378
	KeyCare Access 12 201+	2 018	2 018	546	No Medical Savings Account			2 018	2 018	546
	KeyCare Core 0-8 550	792	792	205	No Medical Savings Account			792	792	205
	KeyCare Core 8 551-12 200	988	988	243	No Medical Savings Account			988	988	243
KeyCare Core 12 201+	1 525	1 525	345	No Medical Savings Account			1 525	1 525	345	

\* We count a maximum of three children when we work out the monthly contribution and annual Medical Savings Account.  
 \*\* Income verification will be conducted for the lower income bands. Income is considered as: The higher of the main member or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance received from any statutory social assistance programme.



2018

Discovery Health Medical Scheme  
 Contact Centre 0860 99 88 77 | healthinfo@discovery.co.za | www.discovery.co.za



## Annual Medical Savings Account

Series	Plan	Main member	Adult	Child*
<b>Executive</b>	Executive Plan	17 844	17 844	3 396
<b>Comprehensive</b>	Classic Comprehensive	14 640	13 848	2 916
	Classic Delta Comprehensive	13 188	12 480	2 616
	Essential Comprehensive	7 380	6 984	1 476
	Essential Delta Comprehensive	6 648	6 276	1 332
<b>Priority</b>	Classic Priority	9 636	7 596	3 852
	Essential Priority	4 968	3 900	1 980
<b>Saver</b>	Classic Saver	8 316	6 552	3 324
	Classic Delta Saver	6 636	5 244	2 664
	Essential Saver	3 960	2 964	1 584
	Essential Delta Saver	3 156	2 376	1 260
	Coastal Saver	5 184	3 888	2 088

\* We count a maximum of three children when we work out the annual Medical Savings Account.  
 If you join the medical scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

## Annual Threshold Amounts

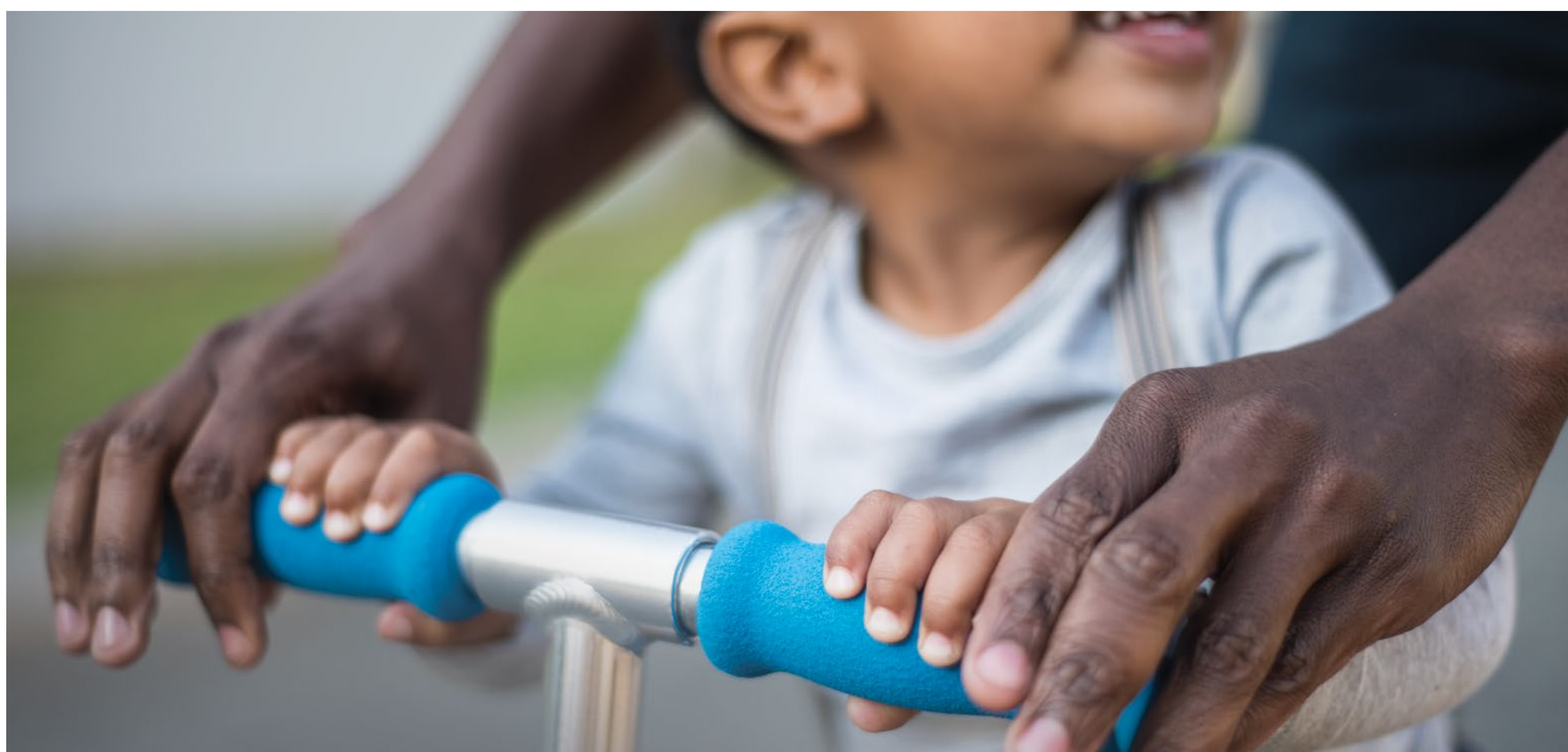
Annual Threshold	Main member	Adult	Child*
<b>Executive</b>	20 350	20 350	3 850
<b>Comprehensive</b>	16 790	16 790	3 200
<b>Priority</b>	14 240	10 670	4 660
Above Threshold Benefit limits	Main member	Adult	Child*
<b>Executive</b>		unlimited	
<b>Comprehensive</b>			
<b>Priority</b>	12 080	8 610	4 170

\* We count a maximum of three children when we work out the Annual Threshold and Above Threshold Benefit limit.  
 If you join the medical 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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Discovery Health Medical Scheme is regulated by the Council for Medical Schemes.  
 Complaints process: 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 the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. 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. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by e-mailing principalofficer@discovery.co.za. 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 of the Scheme's dispute process on the website. Step 4 - Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.com | 0861 123 267 | www.medicalschemes.com  
 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 and administrator of medical schemes. 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.

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	EXECUTIVE		COMPREHENSIVE			PRIORITY		SAVER			SMART		CORE			KEYCARE		
			Classic Zero MSA	Classic	Essential	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Core	Plus	Access
Summary	Compare our plans																	
	The most extensive cover for in-hospital and day-to-day benefits		Comprehensive cover for in-hospital and day-to-day benefits			Cost-effective in-hospital and day-to-day benefits		Economical in-hospital and day-to-day benefits			Affordable in-hospital benefits and day-to-day cover		Value-for-money hospital plan			Affordable medical aid cover		
<ul style="list-style-type: none"> <li>Unlimited cover in any private hospital, including private ward cover.</li> <li>Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 300% of the Discovery Health Rate (DHR) for other specialists and 200% at the DHR for other healthcare professionals.</li> <li>Full cover for chronic medicine for all Chronic Disease List (CDL) conditions plus some additional chronic conditions, as well as access to an exclusive list of brand medicine.</li> <li>The highest savings account and an unlimited Above Threshold Benefit (ATB) for your day-to-day healthcare needs.</li> <li>Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood.</li> <li>The global treatment platform gives you access to specialised, advanced medical care in South Africa and abroad. Access to full cover for second opinion services and travel up to \$1 million for medical emergencies when travelling outside of South Africa.</li> <li>Additional cover from the Day-to-day Extender Benefit (DEB) when your Medical Savings Account (MSA) runs out for GP consultation fees and kids casualty visits.</li> </ul>		<ul style="list-style-type: none"> <li>Unlimited private hospital cover</li> <li>Guaranteed full cover in hospital for specialists on a payment arrangement, up to 200% of the Discovery Health Rate (DHR) on Classic plans and up to 100% of the DHR on Essential plans for other healthcare professionals</li> <li>Full cover for chronic medicine for all Chronic Disease List (CDL) conditions plus some additional chronic conditions</li> <li>A high savings account and an unlimited Above Threshold Benefit (ATB) for your day-to-day healthcare needs</li> <li>Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood</li> <li>Access to specialised, advanced medical care in South Africa and abroad</li> <li>Cover for medical emergencies when travelling</li> <li>Additional cover from the Day-to-day Extender Benefit (DEB) when your Medical Savings Account (MSA) runs out for GP consultation fees and kids casualty visits only available on Classic plans</li> </ul>			<ul style="list-style-type: none"> <li>Unlimited cover in any private hospital</li> <li>Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on the Classic Plan and up to 100% of the DHR on the Essential Plan for other healthcare professionals</li> <li>Full cover for chronic medicine for all Chronic Disease List conditions</li> <li>A savings account and limited Above Threshold Benefit (ATB) for your day-to-day healthcare needs</li> <li>Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood</li> <li>Cover for medical emergencies when travelling</li> <li>Additional cover from the Day-to-day Extender Benefit (DEB) when your Medical Savings Account (MSA) runs out for GP consultation fees and kids casualty visits only available on Classic plan</li> </ul>		<ul style="list-style-type: none"> <li>Unlimited private hospital cover</li> <li>Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on Classic plans and 100% on Essential and Coastal plans for other healthcare professionals</li> <li>Full cover for chronic medicine for all CDL conditions</li> <li>A Medical Savings Account for your day-to-day healthcare needs</li> <li>Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood</li> <li>Cover for medical emergencies when travelling</li> <li>Additional cover from the Day-to-day Extender Benefit (DEB) when your Medical Savings Account (MSA) runs out for GP consultation fees and kids casualty visits only available on Classic plan</li> </ul>			<ul style="list-style-type: none"> <li>Unlimited private hospital cover in the Smart Hospital Network</li> <li>Guaranteed full cover in hospital for specialists, we have a payment arrangement with, and up to 200% of the DHR on Classic and up to 100% of the DHR on Essential for other healthcare professionals</li> <li>Full cover for chronic medicine for all Chronic Disease List conditions on our medicine list when you use MedXpress, Clicks or Dis-Chem.</li> <li>Cover for comprehensive pre- and postnatal healthcare services and maternity and early childhood</li> <li>Day-to-day cover for your GP consultations, acute medicine cover over-the-counter (OTC) medicine, eye and dental check-up and sports-related injuries, with fixed co-payments and/or limits.</li> <li>Cover for medical emergencies when travelling</li> </ul>		<ul style="list-style-type: none"> <li>Unlimited private hospital cover</li> <li>Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on Classic plans and 100% on Essential and Coastal plans for other healthcare professionals</li> <li>Full cover for chronic medicine for all Chronic Disease List conditions, when you use MedXpress or MedXpress network pharmacies.</li> <li>Comprehensive pre- and post-natal healthcare services for maternity and early childhood.</li> <li>Cover for medical emergencies when travelling</li> </ul>			<ul style="list-style-type: none"> <li>Unlimited hospital cover in our KeyCare hospital networks</li> <li>Guaranteed full cover in hospital for specialists on the KeyCare network, and up to 100% of the Discovery Health Rate (DHR) for other healthcare professionals</li> <li>Essential cover for chronic medicine on the KeyCare medicine list for all Chronic Disease List conditions when you use a network pharmacy or your GP</li> <li>Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood</li> <li>Unlimited cover for medically appropriate GP consultations, blood tests, X-rays, basic dentistry, eye care and medicine in our KeyCare network on the KeyCare Plus and KeyCare Access plans</li> </ul>			
Hospitals (private hospital cover in a general ward)	Unlimited cover and private ward cover of up to R1 880 each day		Unlimited cover	Unlimited cover. Full cover on Delta options when using the Delta Hospital Network of private hospitals.	Unlimited cover		Unlimited cover	Unlimited cover at any private hospital in the four coastal provinces.	Unlimited cover in the Smart Hospital Network.		Unlimited hospital cover at any private hospital.	Unlimited cover at any private hospital in the four coastal network.	Full cover in the Full Cover Hospital Network, and up to 70% of the DHR in the Partial Cover Hospital Network.					
Upfront payments to hospitals	No upfront payment		No upfront payment	For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R7 650.	An upfront payment of between R3 050 and to R15 000 applies for a defined list of procedures.		For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R7 650.	If you use a hospital outside the coastal region, we pay up to 70% of the DHR of the hospital account and you must pay the difference. This does not apply in an emergency.	For planned admissions at hospitals outside of the Smart Hospital Network, you must pay an upfront payment of R8 800 to the hospital.		For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R7 650.	If you use a hospital outside the coastal region, we pay up to 70% of the DHR of the hospital account and you must pay the difference. This does not apply in an emergency.	If you use a hospital in the Partial Cover Network, we pay up to 70% of the DHR. If you do not use hospitals in the networks, you will have to pay all costs. This does not apply in an emergency.					
Specialists we have a payment arrangement with	Full cover		Full cover		Full cover		Full cover		Full cover		Full cover		Full cover					
Specialists we do not have a payment arrangement with	300% of the DHR		200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	100% of the DHR			
Other healthcare professionals	200% of the DHR		200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	100% of the DHR			
Radiology and pathology	100% of the DHR		100% of the DHR		100% of the DHR		100% of the DHR		100% of the DHR		100% of the DHR		100% of the DHR					
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	We pay the hospital and related accounts from the Hospital Benefit. If done in the doctor's rooms, we pay the account from your Hospital Benefit.		We pay the first R3 400 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit. If done in the doctor's rooms, we pay the account from your Hospital Benefit.			You must pay R3 900 upfront, we pay the balance of hospital account and related accounts from the Hospital Benefit. If done in the doctor's rooms, we pay the account from your Hospital Benefit.		We pay the first R4 200 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit. If done in the doctor's rooms, we pay the account from your Hospital Benefit.	You must pay the first R4 200 of the hospital account. We pay the balance of the account and related accounts from the Hospital Benefit. If done in the doctor's rooms, we pay the account from your Hospital Benefit.		You must pay the first R4 200 of the hospital account. We pay the balance of the account and related accounts from the Hospital Benefit. If done in the doctor's rooms, we pay the account from your Hospital Benefit.			We cover scopes at our day-surgery network.				
MRI and CT scans	Paid from the Hospital Benefit up to 100% of the DHR.		If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.		If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.		If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.					
<ul style="list-style-type: none"> <li>For conservative back and neck treatment, or</li> <li>If not related to your admission</li> </ul>			If not related to your admission, 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. For conservative back and neck treatment, you must also pay the first R3 050 of the hospital account. We pay the balance of the scan from the Hospital Benefit up to 100% of the DHR.	If not related to your admission, 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.	If not related to your admission, 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.		If not related to your admission, 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.	If not related to your admission, 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.		If not related to your admission, 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.	If not related to your admission or if for conservative back or neck treatment, we do not pay for it.	If not related to your admission or if for conservative back or neck treatment, we do not pay for it.						
Conditions	You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list as well as additional conditions on our Additional Disease List. Your condition needs to be approved for it to be covered.																	
Medicine cover	Approved medicine on our medicine list covered in full (not applicable to ADL conditions). Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount. On the Delta option, your designated service provider is MedXpress.		Approved medicine on our medicine list covered in full. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount. On Delta options, your designated service provider is MedXpress.			Approved medicine on our medicine list covered in full. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount. On Delta options, your designated service provider is MedXpress.		Approved medicine on our medicine list covered in full. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount. On Delta options, your designated service provider is MedXpress.			Approved medicine on our medicine list when you use MedXpress. Medicines not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.		Approved medicine must be purchased from one of our network pharmacies or from your chosen GP. Your chosen GP must prescribe the chronic medicine.					
Benefit	We cover the first R400 000 of approved cancer treatment in full, over a 12-month cycle.		We cover the first R200 000 of the approved cancer treatment in full, over a 12-month cycle.			We cover the first R200 000 of the approved cancer treatment in full, over a 12-month cycle.		We cover the first R200 000 of the approved cancer treatment in full, over a 12-month cycle.			We cover cancer treatment according to the Prescribed Minimum Benefits and if you go to a cancer specialist in our network.		We cover cancer treatment according to the Prescribed Minimum Benefits in a network of contracted state facilities.					
Co-payments	You will be required to pay 20% of the cost on all further treatment once costs for cancer treatment go over R400 000. Prescribed Minimum Benefits are covered in full.		You will be required to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.			You will be required to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.		You will be required to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.			You will be required to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.		You will be required to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.					
Cover during your pregnancy	12 antenatal consultations with your gynaecologist, GP or midwife. One nuchal translucency or Non-Invasive Prenatal Test (NIPT). Two ultrasound scans. Private ward cover up to R1 880 per day for your delivery in hospital. Cover for up to R5 000 for essential registered devices with 25% co-payment. A defined basket of blood tests and five pre- or postnatal classes or consultations with a registered nurse.		8 antenatal consultations with your gynaecologist, GP or midwife. One nuchal translucency or Non-Invasive Prenatal Test (NIPT). Two ultrasound scans. A defined basket of blood tests and five pre- or postnatal classes or consultations with a registered nurse.															
Cover for two years after birth	Your baby is covered for up to two visits to a GP, paediatrician or an ENT; you are covered for one six week post-birth consultation at your midwife, GP or gynaecologist; one nutritional assessment at a dietician; two mental health consultations with a counsellor or psychologist and one lactation consultation with a registered nurse or lactation specialist.																	
Medical Savings Account	Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available.		Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available. Not available on Classic Zero MSA.			Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available.		Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available.			Day-to-day cover at the DHR for your GP consultations, acute and over-the-counter (OTC) medicine, eye and dental check-up and sports-related injuries, with fixed co-payments and/or limits. This cover depends on the plan you choose.		Not applicable to these plans.					
Self-payment Gap	If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay for your medical expenses.		If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay for your day-to-day medical expenses. Not applicable to Classic Zero MSA.			If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay for your day-to-day medical expenses.		You need to pay claims when your Medical Savings Account runs out.			Not applicable to these plans.							
Day-to-day Extender Benefit	Pays for certain day-to-day benefits after you have run out of money in your Medical Savings Account and before you reach the Annual Threshold.		Pays for certain day-to-day benefits after you have run out of money in your Medical Savings account and before you reach the Annual Threshold. Not available on Classic Zero MSA.			Pays for certain day-to-day benefits after you have run out of money in your Medical Saving Account and before you reach the Annual Threshold.		Pays for certain day-to-day benefits after you have run out of money in your Medical Savings Account.			Not applicable to these plans.							
	Covers unlimited GP consultation fees and kids casualty visits. You must use a provider in our network.		This plan does not offer this benefit.	Covers unlimited GP consultation fees and kids casualty visits only available on Classic plans. You must use a provider in our network.	Covers unlimited GP consultation fees and kids casualty visits only available on Classic Plan. You must use a provider in our network.		Covers a defined number of GP consultation fees and kids casualty visits only available on Classic plans. You must use a provider in our network.			Covers a defined number of GP consultation fees and kids casualty visits only available on Classic plans. You must use a provider in our network.		Covers a defined number of GP consultation fees and kids casualty visits only available on Classic plans. You must use a provider in our network.						
Above Threshold Benefit	The Above Threshold Benefit is unlimited.		The Above Threshold Benefit is limited.			The Above Threshold Benefit is limited.		These plans do not offer this benefit.			These plans do not offer this benefit.							
MRI and CT scans	We pay up to 100% of the DHR from the Hospital Benefit.		We pay the first R2 750 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules apply. On Classic Zero MSA, these are covered from the Above Threshold Benefit once you reach it.	We pay the first R2 750 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules apply.	We pay the first R2 750 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules apply.		We pay the first R2 750 of MRI or CT scan from your available Medical Savings Account. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules apply.	On Classic, you must pay the first R2 750 of MRI or CT scan. We cover the balance of the scan from your Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules and limits may apply (only available on Classic plans).		These plans do not offer these benefits.			MRI and CT scans are paid from the Specialist Benefit up to a limit of R3 860 each person each year.					
Screening and Prevention Benefit	Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Seasonal flu vaccine during pregnancy, or for members 65 years or older and/or registered for certain chronic conditions. Additional, and/or more frequent screening is available for those who meet our clinical criteria.																	
Kids screening	Covers growth assessment and health and milestone tracking at any one of our wellness network providers.																	
Trauma Recovery Extender Benefit	Extends your cover for out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma.		This plan does not offer this benefit.	Extends your cover for out-of-hospital claims for recovery after certain traumatic events are covered for the rest of the year in which the trauma took place, and a year after the trauma.	Extends your cover for out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma.		Extends your cover for out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma.	Extends your cover for out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma.		Extends your cover for out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma.	This plan does not offer this benefit.			This plan does not offer this benefit.	Extends your cover for out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma.			
Specialised Medicine and Technology Benefit	Cover up to R200 000 each person for a defined list of the latest and most advanced treatments. A co-payment of up to 20% and specific rules apply to this benefit.		Cover up to R200 000 each person for a defined list of the latest and most advanced treatments. A co-payment of up to 20% and specific rules apply to this benefit.			Cover up to R200 000 each person for a defined list of the latest and most advanced treatments. A co-payment of up to 20% and specific rules apply to this benefit.		Cover up to R200 000 each person for a defined list of the latest and most advanced treatments. A co-payment of up to 20% and specific rules apply to this benefit.			Cover up to R200 000 each person for a defined list of the latest and most advanced treatments. A co-payment of up to 20% and specific rules apply to this benefit.		These plans do not offer these benefits.					
Overseas Treatment Benefit	Up to R750 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. You also have cover for R300 000 at a registered healthcare provider for in-hospital treatment that is available in South Africa. A co-payment of 20% and specific rules apply to these benefits.		Up to R500 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. A co-payment of 20% and specific rules apply to this benefit.			Up to R500 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. A co-payment of 20% and specific rules apply to this benefit.		Up to R500 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. A co-payment of 20% and specific rules apply to this benefit.			Up to R500 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. A co-payment of 20% and specific rules apply to this benefit.		These plans do not offer these benefits.					
International Travel Benefit	Cover up to \$1 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre-existing conditions are excluded.		Cover up to R5 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre-existing conditions are excluded.			Cover up to R5 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre-existing conditions are excluded.		Cover up to R5 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre-existing conditions are excluded.			Cover up to R5 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre-existing conditions are excluded.		Cover up to R5 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre-existing conditions are excluded.					
Additional cover for allied, therapeutic psychology and external medical items	Provides unlimited cover for a list of allied healthcare services, like physiotherapy and external medical items. This unlimited cover is for a defined list of conditions, for example quadriplegia and cerebral palsy. Cover depends on your condition and meeting the criteria for it.		Provides unlimited cover for a list of allied healthcare services, like physiotherapy and external medical items. This unlimited cover is for a defined list of conditions, for example quadriplegia and cerebral palsy. Cover depends on your condition and meeting the criteria for it.			Provides unlimited cover for a list of allied healthcare services, like physiotherapy and external medical items. This unlimited cover is for a defined list of conditions, for example quadriplegia and cerebral palsy. Cover depends on your condition and meeting the criteria for it.		Provides unlimited cover for a list of allied healthcare services, like physiotherapy and external medical items. This unlimited cover is for a defined list of conditions, for example quadriplegia and cerebral palsy. Cover depends on your condition and meeting the criteria for it.			Provides unlimited cover for a list of allied healthcare services, like physiotherapy and external medical items. This unlimited cover is for a defined list of conditions, for example quadriplegia and cerebral palsy. Cover depends on your condition and meeting the criteria for it.		Provides unlimited cover for a list of allied healthcare services, like physiotherapy and external medical items. This unlimited cover is for a defined list of conditions, for example quadriplegia and cerebral palsy. Cover depends on your condition and meeting the criteria for it.					