

Discovery Health Plan Comparison 2011



	<p>Executive Plan</p>	<ul style="list-style-type: none"> Executive Plan
	<p>Comprehensive Series</p>	<ul style="list-style-type: none"> Classic Comprehensive Plan Classic Delta Comprehensive network option Essential Comprehensive Plan Essential Delta Comprehensive network option
	<p>Priority Series</p>	<ul style="list-style-type: none"> Classic Priority Essential Priority
	<p>Saver Series</p>	<ul style="list-style-type: none"> Classic Saver Classic Delta Saver network option Essential Saver Essential Delta Saver network option Coastal Saver
	<p>Core Series</p>	<ul style="list-style-type: none"> Classic Core Classic Delta Core network option Essential Core Essential Delta Core network option Coastal Core
	<p>KeyCare Series</p>	<ul style="list-style-type: none"> KeyCare Plus KeyCare Core

This brochure is only a summary of the key benefits and features of the Discovery Health Medical Scheme Plans, pending formal approval from the Council for Medical Schemes. Full details can be found in the Discovery Health Rules. For a copy of the rules, email compliance@discovery.co.za. Discovery Health Medical Scheme is administered by Discovery Health (Pty) Ltd, Registration number 1997/013480/07, an authorised financial services provider.

A summary of Discovery Health Plans

	Executive Plan	Classic Comprehensive	Essential Comprehensive
Summary	The Executive Plan has the most extensive cover in hospital, for day-to-day healthcare and for emergencies, comprehensive chronic illness benefits and access to funding for the latest medical technology. Members have private ward cover of up to R1 050 a day. Members also have access to the Trauma Recovery Extender Benefit.	The plans in the Comprehensive Series offer extensive in-hospital cover, as well as comprehensive day-to-day benefits, chronic illness benefits, access to funding for the latest medical technology and a Medical Savings Account with an Above Threshold Benefit. The Delta network options are an affordable alternative. It pivots on the Delta Hospital Network, where cover is provided in full, while also offering the choice of other providers, subject to a deductible of R4 150.	
Hospital Benefit (procedures must be confirmed with Discovery Health)	Covers the hospital account from the Hospital Benefit and related accounts, for example specialists and radiology, from the Medical Savings Account and Above Threshold Benefit. Provides full cover if members use a specialist participating in a payment arrangement. We cover other specialists up to 300% of the Discovery Health Rate. We cover radiology, pathology, GP and other healthcare services up to 100% of the Discovery Health Rate.	Provides full cover if members use a specialist who participates in a payment arrangement, subject to available benefits. We cover other healthcare professionals up to 200% of the Discovery Health Rate. We cover radiology and pathology up to 100% of the Discovery Health Rate.	
Deductibles	No deductibles	For Delta network options only: full cover at hospitals in the Delta Hospital Network. For planned hospital admissions at any other hospital, members must pay R4 150 upfront.	
Cochlear implants, auditory brain implants and processors	R133 000 for each person for each benefit	R133 000 for each person for each benefit	
Internal nerve stimulators	R101 000 for each person	R101 000 for each person	
Hip, knee and shoulder joint prostheses	There is no overall limit if the member gets the prosthesis from a preferred supplier. If members choose not to, a limit of R33 000 will apply to each prosthesis.	There is no overall limit if the member gets the prosthesis from a preferred supplier. If members choose not to, a limit of R33 000 will apply to each prosthesis.	
Prosthetic devices used in spinal surgery	R21 000 for the first level, R42 000 for two or more levels, limited to one procedure for each person.	R21 000 for the first level, R42 000 for two or more levels, limited to one procedure for each person.	
Mental health benefit	21 days for each person	21 days for each person	
Alcohol and drug rehabilitation	21 days for each person	21 days for each person	
Terminal care benefit	R25 250 for each person	R25 250 for each person	
Chronic dialysis	We cover these expenses in full as long as we have approved the member's treatment plan and they meet the Scheme's clinical entry criteria.	We cover these expenses in full as long as we have approved the member's treatment plan and they meet the Scheme's clinical entry criteria.	
Oncology	DiscoveryCare's Oncology Programme covers the first R400 000 of members' approved cancer treatment over a 12-month cycle, in full. Cover is unlimited once the member's cancer treatment costs go over this amount, but members will need to pay 20% of the costs of all further treatment from their pockets. The member will also be responsible for a co-payment if the provider charges more than the Discovery Health Rate.	DiscoveryCare's Oncology Programme covers the first R400 000 of members' approved cancer treatment over a 12-month cycle, in full. Cover is unlimited once the member's cancer treatment costs go over this amount, but members will need to pay 20% of the costs of all further treatment from their pockets. The member will also be responsible for a co-payment if the provider charges more than the Discovery Health Rate.	
Chronic Illness Benefit	Members have extensive and flexible cover for a list of chronic conditions. They have full cover for approved medicine on Discovery Health's medicine list or up to a set monthly amount for medicine not on our list. The Executive Plan has a more extensive medicine list and higher monthly medicine amounts.	Members have extensive and flexible cover for a list of chronic conditions. They have full cover for approved medicine on Discovery Health's medicine list or up to a set monthly amount for medicine not on our list. The Comprehensive Plans have a more extensive medicine list and higher monthly medicine amounts.	
Day-to-day benefits	Funded from the Medical Savings Account or from the Above Threshold Benefit once medical expenses have reached the Annual Threshold. We further extend members' day-to-day cover through the Insured Network Benefit by paying for the following when they have spent their annual Medical Savings Account deposit: <ul style="list-style-type: none"> We cover the full cost of members' consultation fees if they go to a GP in our network. We pay the claim directly to the GP. We cover pathology at our network providers if the member's GPs or specialists request the appropriate tests using the Discovery Health pathology form. 	Funded from the Medical Savings Account or from the Above Threshold Benefit once day-to-day expenses have reached the Annual Threshold. We further extend members' day-to-day cover through the Insured Network Benefit by paying for the following when they have spent their annual Medical Savings Account deposit: <ul style="list-style-type: none"> We cover the full cost of members' consultation fees if they go to a GP in our network. We pay the claim directly to the GP. We cover pathology at our network providers if the member's GPs or specialists request the appropriate tests using the Discovery Health pathology form. 	
Screening and Prevention Benefit	If members go for certain preventive screening tests, we will cover the claim. The screening tests include: blood glucose, blood pressure, cholesterol and body mass index at a Discovery Wellness Network provider. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.	If members go for certain preventive screening tests, we will cover the claim. The screening tests include: blood glucose, blood pressure, cholesterol and body mass index at a Discovery Wellness Network provider. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.	
Trauma Recovery Extender Benefit	We cover certain out-of-hospital claims for members' recovery after certain traumatic events from the Trauma Recovery Extender Benefit. This cover applies for the rest of the year in which the trauma takes place, as well as the year after the trauma.	We cover certain out-of-hospital claims for members' recovery after certain traumatic events from the Trauma Recovery Extender Benefit. This cover applies for the rest of the year in which the trauma takes place, as well as the year after the trauma.	
Above Threshold Benefit	The Above Threshold Benefit is unlimited	The Above Threshold Benefit is unlimited	
MRI and CT scans	We pay the hospital account from the Hospital Benefit and all related accounts from the Medical Savings Account or Above Threshold Benefit if performed during an approved admission. We pay MRI or CT scans up to 100% of the Discovery Health Rate.	As part of an approved hospital admission, we cover MRI or CT scans up to 100% of the Discovery Health Rate from the Hospital Benefit. If members are admitted for conservative neck and back treatment, we pay the first R2 100 of the scan code from their day-to-day benefits. We pay the balance from the Hospital Benefit up to 100% of the Discovery Health Rate.	
Dentistry	There is an overall limit of R28 000 for each person. We pay the hospital account from the Hospital Benefit. We pay all related accounts from the Medical Savings Account and Above Threshold Benefit. The hospital account and all related accounts add up to this limit.	Members need to pay a portion (deductible) upfront for dental admissions. This amount varies depending on the member's age and place of treatment. We pay the balance of the hospital account and related accounts from the Hospital Benefit up to 100% of the Discovery Health Rate. All dental devices, appliances and orthodontic treatments (including related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate from members' day-to-day benefits regardless of the place of treatment, up to an annual sub-limit of R16 000 a person.	

	Classic Priority	Essential Priority	Classic Saver	Essential Saver	Coastal Saver
Summary	The plans in the Priority Series offer extensive in-hospital cover and day-to-day benefits, through the Medical Savings Account and limited Above Threshold Benefit. Members also have cover for approved chronic medicine and access to the Trauma Recovery Extender Benefit.		The plans in the Saver Series offer a high level of in-hospital cover and a Medical Savings Account for day-to-day medical expenses. Members also have cover for approved chronic medicine and access to the Trauma Recovery Extender Benefit. The Delta network options are an affordable alternative. They pivot on the Delta Hospital Network, where cover is provided in full, while also offering the choice of other providers, subject to a deductible of R4 150.		
Hospital Benefit (procedures must be authorised by Discovery Health)	Provides full cover if members use a specialist who participates in a payment arrangement, subject to available benefits.		Provides full cover if members use a specialist who participates in a payment arrangement, subject to available benefits.		Covers procedures and consultations in a network of coastal hospitals in full if members use a specialist who participates in a direct payment arrangement, or up to 100% of the Discovery Health Rate if not. Members have to pay 30% of the hospital account if they choose to go out of the network of coastal hospitals for an elective procedure.
	We cover other healthcare professionals up to 200% of the Discovery Health Rate. We cover radiology and pathology up to 100% of the Discovery Health Rate.	We cover other healthcare professionals up to 100% of the Discovery Health Rate.	Other healthcare professionals are covered up to 200% of the Discovery Health Rate. We cover radiology and pathology up to 100% of the Discovery Health Rate.	We cover other healthcare professionals up to 100% of the Discovery Health Rate.	
Deductibles	Members need to pay between R1 600 and R7 900 upfront to the hospital when they are admitted for a defined list of procedures.		For Delta network options only: full cover at hospitals in the Delta Hospital Network. For planned hospital admissions at any other hospital, members must pay R4 150 upfront.		No deductibles
Cochlear implants, auditory brain implants and processors	R133 000 for each person for each benefit		R133 000 for each person for each benefit		
Internal nerve stimulators	R101 000 for each person		R101 000 for each person		
Hip, knee and shoulder joint prostheses	There is no overall limit if the member gets the prosthesis from a preferred supplier. If members choose not to, a limit of R33 000 will apply to each prosthesis.		There is no overall limit if the member gets the prosthesis from a preferred supplier. If members choose not to, a limit of R33 000 will apply to each prosthesis.		
Prosthetic devices used in spinal surgery	R21 000 for the first level, R42 000 for two or more levels, limited to one procedure for each person.		R21 000 for the first level, R42 000 for two or more levels, limited to one procedure for each person.		
Mental health benefit	21 days for each person		21 days for each person		
Alcohol and drug rehabilitation	21 days for each person		21 days for each person		
Terminal care benefit	R25 250 for each person		R25 250 for each person		
Chronic dialysis	We cover these expenses in full as long as we have approved the member's treatment plan and they meet the Scheme's clinical entry criteria. Members are only covered if they use a provider in our network. If members go elsewhere, they will be responsible for a co-payment.		We cover these expenses in full as long as we have approved the member's treatment plan and they meet the Scheme's clinical entry criteria. Members are only covered if they use a provider in our network. If members go elsewhere, they will be responsible for a co-payment.		
Oncology	DiscoveryCare's Oncology Programme covers the first R200 000 of members' approved cancer treatment over a 12-month cycle, in full. Cover is unlimited once the member's cancer treatment costs go over this amount, but member's will need to pay 20% of the costs of all further treatment from their pockets. The member will also be responsible for a co-payment if the provider charges more than the Discovery Health Rate.		DiscoveryCare's Oncology Programme covers the first R200 000 of members' approved cancer treatment over a 12-month cycle, in full. Cover is unlimited once the member's cancer treatment costs go over this amount, but members will need to pay 20% of the costs of all further treatment from their pockets. The member will also be responsible for a co-payment if the provider charges more than the Discovery Health Rate.		
Chronic Illness Benefit	Members have cover for a list of chronic conditions. They have full cover for approved medicine on Discovery Health's medicine list or up to a set monthly amount for medicine not on our list.		Members have cover for a list of chronic conditions. Members have full cover for approved medicine on Discovery Health's medicine list or up to a set monthly amount for medicine not on our list. For Delta network options , only members must get their approved medicine from a network pharmacy. If they get their medicine anywhere else they will need to pay a 25% co-payment.		
Day-to-day benefits	Funded from the Medical Savings Account or from the limited Above Threshold Benefit once day-to-day expenses have reached the Annual Threshold. The Above Threshold Benefit has an overall annual limit. We pay all day-to-day benefits up to the overall Above Threshold Benefit limit or the amounts of benefits available, whichever applies first. We further extend members' day-to-day cover through the Insured Network Benefit by paying for the following when they have spent their annual Medical Savings Account deposit: <ul style="list-style-type: none"> We cover the full cost of members' consultation fees if they go to a GP in our network. We pay the claim directly to the GP. We cover pathology at our network providers if the member's GPs or specialists request the appropriate tests using the Discovery Health pathology form. 		Funded from the Medical Savings Account. We extend members' day-to-day cover through the Insured Network Benefit by paying for the cost of their GP consultations if they go to a GP in our network when they have spent their annual Medical Savings Account deposit. The maximum number of consultations that we cover for a single member and a family each year depends on the plan type: <p>Classic and Coastal plans: Single member: three consultations Family: six consultations</p> <p>Essential plan: Single member: two consultations Family: four consultations</p>		
Screening and Prevention Benefit	If members go for certain preventive screening tests, we will cover the claim. The screening tests include: blood glucose, blood pressure, cholesterol and body mass index at a Discovery Wellness Network provider. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.		If members go for certain preventive screening tests, we will cover the claim. The screening tests include: blood glucose, blood pressure, cholesterol and body mass index at a Discovery Wellness Network provider. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.		
Trauma Recovery Extender Benefit	We cover certain out-of-hospital claims for members' recovery after certain traumatic events from the Trauma Recovery Extender Benefit. This cover applies for the rest of the year in which the trauma takes place, as well as the year after the trauma.		We cover certain out-of-hospital claims for members' recovery after certain traumatic events from the Trauma Recovery Extender Benefit. This cover applies for the rest of the year in which the trauma takes place, as well as the year after the trauma.		
Above Threshold Benefit	The Above Threshold Benefit is limited. Above Threshold Benefit limit*: Main member – R6 350 Adult dependant – R4 500 Child** – R2 200		There is no Above Threshold Benefit		
MRI and CT scans	As part of an approved hospital admission, we cover MRI or CT scans up to 100% of the Discovery Health Rate from the Hospital Benefit. If members are admitted for conservative neck and back treatment, they will need to pay the first R1 600 of the hospital account, and the first R2 100 of the scan code may be paid from their day-to-day benefits. We pay the balance from the Hospital Benefit up to 100% of the Discovery Health Rate.		As part of an approved hospital admission, we cover MRI or CT scans up to 100% of the Discovery Health Rate from the Hospital Benefit. If members are admitted for conservative back or neck treatment, we pay the first R2 100 of the scan code from their day-to-day benefits. We pay the balance from the Hospital Benefit up to 100% of the Discovery Health Rate.		
Dentistry	Members need to pay a portion (deductible) upfront for dental admissions. This amount varies depending on the member's age and place of treatment. We pay the balance of the hospital account and the related accounts from the Hospital Benefit up to 100% of the Discovery Health Rate. All dental devices, appliances and orthodontic treatments (including related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate from members' day-to-day benefits regardless of the place of treatment, up to an annual sub-limit of R10 000 a person. The overall Above Threshold Benefit limit applies.		Members need to pay a portion (deductible) upfront for dental admissions. This amount varies depending on the member's age and place of treatment. We pay the balance of the hospital account and the related accounts from the Hospital Benefit up to 100% of the Discovery Health Rate. All dental devices, appliances and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate from the Medical Savings Account, regardless of the place of treatment.		

*We prorate this benefit according to when you join the medical scheme.

**We count a maximum of three children when we calculate the Annual Threshold and Above Threshold benefit limit amounts.

	Classic Core	Essential Core	Coastal Core	KeyCare Plus	KeyCare Core
Summary	The plans in the Core Series offer a high level of in-hospital cover. Members also have cover for approved chronic medicine. The Delta network options are an affordable alternative. It pivots on the Delta Hospital Network, where cover is provided in full, while also offering the choice of other providers, subject to a deductible of R4 150.			The plans in the KeyCare Series provide cost-effective cover for the low-income market. The KeyCare Series pivots on a network of hospitals and primary care doctors. KeyCare Plus members also have access to the Trauma Recovery Extender Benefit.	
Hospital Benefit (procedures must be authorised by Discovery Health)	Provides full cover if the member uses a specialist who participates in a payment arrangement, subject to available benefits. We cover radiology and pathology up to 100% of the Discovery Health Rate. Other healthcare professionals are covered up to 200% of the Discovery Health Rate.	We cover other healthcare professionals up to 100% of the Discovery Health Rate.	Covers procedures and consultations in a network of coastal hospitals in full if members use a specialist who participates in a payment arrangement, or up to 100% of the Discovery Health Rate. Members have to pay 30% of the hospital account if they choose to go out of the network of coastal hospitals for an elective procedure.	Covers medical expenses incurred when members are admitted to hospital within a network of KeyCare hospitals. Provides full cover if they use a specialist who participates in the KeyCare payment arrangement. We cover other healthcare professionals up to 100% of the Discovery Health Rate. Members are only covered in a network of day-case facilities for a defined list of procedures.	
Deductibles	For Delta network options only: full cover at hospitals in the Delta Hospital Network. For planned hospital admissions at any other hospital, members must pay R4 150 upfront.		No deductibles	If members go to one of our preferred casualty units in the KeyCare network of hospitals, they pay the first R110 of the consultation. If they go to other casualty units in the KeyCare network of hospitals they will have to pay the first R250 of the consultation. Members must remember to call us to confirm benefits.	No benefit
Cochlear implants, auditory brain implants and processors	R133 000 for each person for each benefit			No benefit	
Internal nerve stimulators	R101 000 for each person			No benefit	
Hip, knee and shoulder joint prostheses	There is no overall limit if the member gets the prosthesis from a preferred supplier. If members choose not to, a limit of R33 000 will apply to each prosthesis.			No benefit	
Prosthetic devices used in spinal surgery	R21 000 for the first level, R42 000 for two or more levels, limited to one procedure for each person each year			No benefit	
Mental health benefit	21 days for each person			21 days for each person	
Alcohol and drug rehabilitation	21 days for each person			21 days for each person	
Terminal care benefit	R25 250 for each person			R18 250 for each person	
Chronic dialysis	We cover these expenses in full as long as we have approved the member's treatment plan and they meet the Scheme's clinical entry criteria. Members are only covered if they use a provider in our network. If members go elsewhere, they will be responsible for a co-payment.			We cover these expenses in full as long as we have approved the member's treatment plan and they meet the Scheme's clinical entry criteria. Members are only covered if they use a provider in our network. If members go elsewhere, they will be responsible for a co-payment.	
Oncology	DiscoveryCare's Oncology Programme covers the first R200 000 of members' approved cancer treatment over a 12-month cycle, in full. Cover is unlimited once the member's cancer treatment costs go over this amount, but they will need to pay 20% of the costs of all further treatment from their pockets. The member will also be responsible for a co-payment if the provider charges more than the Discovery Health Rate.			We cover members' cancer treatment if it is a Prescribed Minimum Benefit and if they go to a cancer specialist in our network. The member will also be responsible for a co-payment if the provider charges more than the Discovery Health Rate.	
Chronic Illness Benefit	Members have cover for a list of chronic conditions. Members have full cover for approved medicine on Discovery Health's medicine list or up to a set monthly amount for medicine not on our list. For Delta network options, members must get their approved medicine from a network pharmacy. If they get their medicine anywhere else they will need to pay a 25% co-payment.			Members have cover for a list of chronic conditions as long as their medicine is on the KeyCare medicine list and they get their approved medicine from our network pharmacy or from their chosen GP. If they get their medicine anywhere else, they will need to pay 40% of the Discovery Health Medication Rate.	
Day-to-day benefits	No day-to-day benefits available to Core Plan members.			Offers access to day-to-day cover through the KeyCare network of GPs, dentists and optometrists. Selected radiology is covered at a network provider only. Selected pathology is covered if requested by your chosen GP. The Mobility Devices Benefit covers any wheelchair, wheelchair batteries and cushions, transfer boards, mobile ramps, commodes, long-leg callipers, crutches and walkers on the KeyCare mobility list, from a network provider up to a limit of R3 500 a family.	No day-to-day benefits available to KeyCare Core members.
Screening and Prevention Benefit	If members go for certain preventive screening tests, we will cover the claim. The screening tests include: blood glucose, blood pressure, cholesterol and body mass index at a Discovery Wellness Network provider. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.			If members go for certain preventive screening tests, we will cover the claim. The screening tests include: blood glucose, blood pressure, cholesterol and body mass index at a Discovery Wellness Network provider. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.	
Trauma Recovery Extender Benefit	The Trauma Recovery Extender Benefit is not available.			We cover certain out-of-hospital claims for members' recovery after certain traumatic events from the Trauma Recovery Extender Benefit. This cover applies for the rest of the year in which the trauma takes place, as well as the year after the trauma.	The Trauma Recovery Extender Benefit is not available.
Above Threshold Benefit	There is no Above Threshold Benefit.			There is no Above Threshold Benefit.	
MRI and CT scans	If members' MRI or CT scans are done as part of an approved hospital admission, we pay it from the Hospital Benefit. If they are admitted for conservative back or neck treatment or the scan is not related to the admission, we do not pay for it.			If members' scans are related to an approved hospital admission we pay them from the Hospital Benefit. If it is not related to an approved hospital admission we pay it from their Specialist Benefit up to R2 100 for each person. We do not pay for MRI or CT scans that are related to conservative back or neck treatment.	
Dentistry	Members need to pay a portion (deductible) upfront for dental admissions. This amount varies depending on the member's age and place of treatment. We pay the balance of the hospital account and the related accounts from the Hospital Benefit up to 100% of the Discovery Health Rate. The member needs to pay all dental devices, appliances and orthodontic treatments (including related accounts for orthognathic surgery) regardless of the place of treatment.			We cover selected basic dentistry (consultations, fillings and extractions) at a dentist in the KeyCare dentist network. There is no dentistry cover.	

Out-of-hospital limits

Professional services		Plans	
Benefit	Executive	Comprehensive	Priority
Mental health benefit* (including psychologists and psychiatrists)	R16 200 for each family	Classic Comprehensive: R16 200 for each family Essential Comprehensive: R14 000 for each family	Classic Priority: R14 000 for each family Essential Priority: R12 000 for each family
Private nursing	R6 650 for each family	R6 650 for each family	R6 650 for each family
Antenatal classes	R900 for each family	R900 for each family	R900 for each family
Dental devices, appliances and orthodontic treatment*	R28 000 for each person**	R16 000 for each person***	R10 000 for each person***
Medicine			
Benefit	Executive	Comprehensive	Priority
Prescribed medicine (schedule 3 and above)*	Single member: R20 800 Member with one dependant: R24 300 Member with two dependants: R27 850 Member with three or more dependants: R31 400	Classic Comprehensive: Single member: R16 900 Member with one dependant: R19 850 Member with two dependants: R23 050 Member with three or more dependants: R26 300 Essential Comprehensive: Single member: R10 950 Member with one dependant: R13 250 Member with two dependants: R15 950 Member with three or more dependants: R17 450	Classic Priority: Single member: R10 950 Member with one dependant: R13 250 Member with two dependants: R15 950 Member with three or more dependants: R17 450 Essential Priority: Single member: R7 800 Member with one dependant: R9 200 Member with two dependants: R10 950 Member with three or more dependants: R13 250
Over-the-counter medicine, including prescribed schedule 0, 1 and 2 medicine and lifestyle-enhancing products	We pay these claims from available funds in the Medical Savings Account	We pay these claims from available funds in the Medical Savings Account	We pay these claims from available funds in the Medical Savings Account
Appliances and equipment			
Benefit	Executive	Comprehensive	Priority
External medical items	R43 250 for each family	Classic Comprehensive: R43 250 for each family Essential Comprehensive: R28 750 for each family	Classic Priority: R28 750 for each family Essential Priority: R19 500 for each family
Hearing aids	R15 800 for each family	Classic Comprehensive: R15 800 for each family Essential Comprehensive: R12 800 for each family	Classic Priority: R12 800 for each family Essential Priority: R9 100 for each family
Optical* (includes cover for spectacles, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, for example excimer laser)	R4 100 for each person	R2 800 for each person	R2 600 for each person

*We prorate this benefit according to when the member joins the medical scheme.

**This limit applies to all in- and out-of-hospital dentistry on the Executive Plan.

***This limit applies regardless of the place of treatment.

Plan	Benefit
Saver Series	All day-to-day benefits are limited to funds available in the Medical Savings Account
Core Series	All day-to-day benefits are paid from the member's own pocket

KeyCare Plus Plan day-to-day benefits

KeyCare Plus	
Cover for GP visits	When joining KeyCare Plus, members must choose a GP from the KeyCare GP network. When members go to their chosen GP, we will cover their consultations and some minor procedures. We will cover members for one out-of-network visit for each person; this includes a GP visit, with selected blood tests and x-rays and acute medicines (they must be on the KeyCare acute medicine list).
Radiology	We pay for selected basic x-rays at a radiology facility in our network, if requested by the member's chosen KeyCare network GP.
Pathology	We pay for selected pathology, if requested by the member's chosen KeyCare network GP.
Acute medicines	We pay for medicines on the KeyCare acute medicine list when they are prescribed by the member's chosen KeyCare network GP.
Cover for dentistry	We cover selected basic dentistry (consultations, fillings and extractions) at a dentist within the KeyCare dentist network.
Cover for eye care	We cover one eye test and one pair of clear single-vision, bifocal or multi-focal lenses with a basic frame or a basic set of contact lenses for each person 24 months from the member's last claim, at an optometrist within the KeyCare optometry network.
Casualty visits	If members go to one of our preferred casualty units in the KeyCare network of hospitals, they only pay the first R110 of the consultation. If members go to other casualty units in the KeyCare network of hospitals they will have to pay the first R250 of the consultation.
Trauma Recovery Extender Benefit	We will cover specific out-of-hospital claims for members' recovery after certain traumatic events. Cover applies for the rest of the year in which the trauma takes place, as well as the year after your trauma.
Mobility Devices Benefit	We cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg calipers, crutches and walkers on the KeyCare mobility list, from a network provider. There is an overall limit of R3 500 for each family.
Cover for allied and alternative healthcare professionals	We do not cover allied and alternative healthcare professionals, for example physiotherapists, psychologists, speech therapists, audiologists and chiropractors.
KeyCare Core and Plus Plans	
Specialist benefit	The member's GP must call us before their consultation with the specialist to get a valid reference number. The member is covered up to R2 100 for each person.
Antenatal benefit	<ul style="list-style-type: none"> We cover four visits to a gynaecologist in a KeyCare Network Hospital. One routine scan (between 10 and 20 weeks). Selected antenatal blood tests requested by your gynaecologist or GP.

Discovery Health Contributions 2011

Series	Plan	Contributions			Contributions to Medical Savings Account			Total contributions			Annual Thresholds		
		Main member	Adult	Child*	Main member	Adult	Child*	Main member	Adult	Child*	Main member	Adult	Child*
Executive	Executive	2 317	2 317	440	772	772	146	3 089	3 089	586	9 260	9 260	1 750
Comprehensive	Classic Comprehensive	1 900	1 797	380	633	599	126	2 533	2 396	506	8 450	8 450	1 600
	Classic Delta Comprehensive	1 711	1 618	341	570	539	113	2 281	2 157	454	8 450	8 450	1 600
	Essential Comprehensive	1 810	1 711	362	319	301	63	2 129	2 012	425	8 450	8 450	1 600
	Essential Delta Comprehensive	1 629	1 540	326	287	271	57	1 916	1 811	383	8 450	8 450	1 600
Priority	Classic Priority	1 274	1 003	510	424	334	170	1 698	1 337	680	7 450	5 600	2 450
	Essential Priority	1 241	975	495	219	172	87	1 460	1 147	582	7 450	5 600	2 450
Saver	Classic Saver	1 137	895	455	379	298	151	1 516	1 193	606	No Annual Threshold		
	Classic Delta Saver	909	715	364	303	238	121	1 212	953	485	No Annual Threshold		
	Essential Saver	1 024	767	409	180	135	72	1 204	902	481	No Annual Threshold		
	Essential Delta Saver	819	614	327	144	108	57	963	722	384	No Annual Threshold		
	Coastal Saver	879	658	354	293	219	118	1 172	877	472	No Annual Threshold		
Core	Classic Core	1 128	888	451	No Medical Savings Account			1 128	888	451	No Annual Threshold		
	Classic Delta Core	903	710	361	No Medical Savings Account			903	710	361	No Annual Threshold		
	Essential Core	969	726	388	No Medical Savings Account			969	726	388	No Annual Threshold		
	Essential Delta Core	775	581	311	No Medical Savings Account			775	581	311	No Annual Threshold		
	Coastal Core	819	614	327	No Medical Savings Account			819	614	327	No Annual Threshold		
KeyCare	KeyCare Plus (R8 301+)	1 112	1 112	297	No Medical Savings Account			1 112	1 112	297	No Annual Threshold		
	KeyCare Plus (R6 251 - R8 300)	747	747	208	No Medical Savings Account			747	747	208	No Annual Threshold		
	KeyCare Plus (R3 901 - R6 250)	533	533	155	No Medical Savings Account			533	533	155	No Annual Threshold		
	KeyCare Plus (R0 - R3 900)	445	445	119	No Medical Savings Account			445	445	119	No Annual Threshold		
	KeyCare Core (R8 301+)	821	821	185	No Medical Savings Account			821	821	185	No Annual Threshold		
	KeyCare Core (R6 251 - R8 300)	531	531	133	No Medical Savings Account			531	531	133	No Annual Threshold		
	KeyCare Core (R0 - R6 250)	427	427	107	No Medical Savings Account			427	427	107	No Annual Threshold		

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

Vitality and KeyFIT monthly contributions

	Single member	Member with one dependant	Member with two or more dependants
Vitality contributions	125	145	153
KeyFIT contributions	27	33	42
Vitality and KeyFIT contributions	133	158	177

KeyClub Starter Benefit: R5 000 funeral cover for R1 a month.



Discovery Health offers a range of options to meet the individual needs of our members. For detailed information visit www.discovery.co.za