WHY GAP COVER FROM DISCOVERY?

You and your family already have medical scheme cover, but unexpected medical costs can place significant financial strain on your family. This could include when healthcare professionals charge more than what your medical scheme pays or when you have a life-changing event.

Gap cover from Discovery is a cost-effective solution that gives you additional financial protection against these unforeseen costs.

IN- AND OUT-OF-HOSPITAL COVER
Discovery Gap Cover gives you rich protection against shortfalls in medical scheme cover for specialist treatment received in-hospital and extended cover for specific shortfalls incurred out-of-hospital.

EXTENDED COVER FOR SCOPES AND SCANS
You get cover for co-payments and deductibles that apply to MRI and CT scans out-of-hospital, and endoscopies done in-hospital.

COMPREHENSIVE COVER FOR CANCER
Discovery Gap Cover provides additional funding to help cover oncology co-payments. Discovery Supplementary Gap Cover helps fund high-cost treatments and gives you access to advanced genomic sequencing for certain cancers.

INTERNATIONAL TRAVEL COVER
Discovery Gap Comprehensive provides cover for shortfalls on approved international claims while you travel outside of South Africa.

HASSLE-FREE PAYMENTS
With Discovery Gap Cover, you do not need to submit a separate claim to us. Gaps are identified, assessed and paid once the medical scheme claim has been processed.

AFFORDABLE PREMIUMS
Starting at just R100 for a single member for Discovery Gap Cover and R75 for Discovery Supplementary Gap Cover, you get cost-effective protection at competitive rates.

This brochure is a summary of the key features and benefits of Discovery Gap Cover and Discovery Supplementary Gap Cover. You can read full details on www.discovery.co.za and in your policy schedule after activating the product.

Discovery Gap Cover and Discovery Supplementary Gap Cover are insurance products. This is not a medical scheme and the cover is not the same as that of a medical scheme. These policies are not a substitute for medical scheme membership. Discovery Gap Cover is a short-term insurance policy, underwritten by Discovery Insure Ltd, registration number 2009/011882/06, an authorised financial services provider. Discovery Supplementary Gap Cover is a long-term insurance policy, underwritten by Discovery Life Limited. Registration number 1966/003901/06, is a registered long-term insurer, and an authorised financial services and registered credit provider, NCR Reg No. NCRCP3555.
Discovery Gap Cover

You can choose between the Discovery Gap Comprehensive and Core options to suit your needs. You get cover for tariff shortfalls on in-hospital specialist claims, cancer-related claims, specific out-of-hospital costs, private ward cover and cover for international claims and scopes and scans, depending on the option you choose.

IN-HOSPITAL SPECIALIST GAP COVER

Pays you up to 250% of your medical scheme rate on the Core option or up to 500% of your medical scheme rate on the Comprehensive option when your approved in-hospital specialist claim is higher than what your medical scheme pays your specialist.

HOSPITAL ADMISSION BENEFIT EXTENDER

On the Comprehensive option, you get additional cover of up to R15 000 on each policy for gaps in cover over and above what is covered by In-hospital Specialist Gap Cover, private ward cover and specific out-of-hospital shortfalls related to an authorised hospital admission. On the Core option, you get additional cover of up to R7 500 over and above what is covered by In-hospital Specialist Gap Cover.

BENEFIT EXTENDERS

Oncology Benefit Extender

Provides cover of up to R100 000 a year on the Comprehensive option or up to R75 000 a year on the Core option for shortfalls on approved cancer-related claims once the medical scheme’s oncology threshold has been reached. Your cover depends on the option you choose.

Travel Benefit Extender *

Provides cover for shortfalls on approved emergency international claims incurred while you travel outside of South Africa.

Scopes and Scans Benefit Extender *

Provides cover for co-payments and deductibles that apply to MRI and CT scans out-of-hospital, and for endoscopies performed in-hospital.

MEDICAL BREAKTHROUGH FUNDER

Provides you with a lump-sum payout of up to R600 000 on diagnosis of qualifying illnesses associated with high-treatment costs, as well as access to advanced genomic sequencing for certain cancers.

HOME SUPPORT BENEFIT

Pays you R11 000 every month for a year if you or your spouse suffer a qualifying life-changing event.

ANNUAL PAYBACK

Pays back up to 25% of your Discovery Supplementary Gap Cover premiums every year.

COMPREHENSIVE PREMIUM PROTECTOR

Covers your medical scheme, Discovery Vitality and Discovery Gap Cover premiums for up to two years in the event of death, disability or severe illness.

* Only available on the Discovery Gap Comprehensive option.

An overall annual limit of R160 000 applies to each person.
### You can choose from two Discovery Gap Cover options

<table>
<thead>
<tr>
<th>Discovery Gap Comprehensive</th>
<th>Discovery Gap Core</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-hospital Specialist Gap Cover</strong></td>
<td>Provides cover of up to 500% of the medical scheme rate over and above what your medical scheme pays</td>
</tr>
<tr>
<td></td>
<td>You will receive up to R15 000 extra gap cover for:</td>
</tr>
<tr>
<td></td>
<td>Shortfalls still remaining on approved specialist claims in-hospital, over and above what is covered by your In-hospital Specialist Gap Cover</td>
</tr>
<tr>
<td><strong>Hospital Admission Benefit Extender</strong></td>
<td>Provides cover of up to 250% of the medical scheme rate over and above what your medical scheme pays</td>
</tr>
<tr>
<td></td>
<td>You will receive up to R7 500 extra gap cover for:</td>
</tr>
<tr>
<td></td>
<td>Specified out-of-hospital expenses related to your authorised hospital admission</td>
</tr>
<tr>
<td></td>
<td>Private ward cover for an approved admission, Gap Cover subject to hospital availability. Covers the difference in cost between the general ward fee your medical scheme covers for your authorised hospital admission and the private ward fee you are charged when you are admitted to a private ward, subject to a maximum of 5 nights a person a year</td>
</tr>
<tr>
<td><strong>Oncology Benefit Extender</strong></td>
<td>Oncology Benefit Extender</td>
</tr>
<tr>
<td></td>
<td>Provides up to R100 000 a person a year, to cover shortfalls on approved cancer-related claims once you have reached your scheme’s oncology threshold</td>
</tr>
<tr>
<td></td>
<td>Provides up to R75 000 a person a year, to cover shortfalls on approved cancer-related claims once you have reached your scheme’s oncology threshold</td>
</tr>
<tr>
<td><strong>Scopes and Scans Benefit Extender</strong></td>
<td>Scopes and Scans Benefit Extender</td>
</tr>
<tr>
<td></td>
<td>Provides cover for co-payments or deductibles on the hospital account for endoscopies (gastroscopy, sigmoidoscopy, proctoscopy and colonoscopy), related to an authorised hospital admission</td>
</tr>
<tr>
<td></td>
<td>Provides cover for the co-payment that applies to out-of-hospital MRI and CT scans when the balance is covered by your medical scheme</td>
</tr>
<tr>
<td><strong>Travel Benefit Extender</strong></td>
<td>Travel Benefit Extender</td>
</tr>
<tr>
<td></td>
<td>You get cover for shortfalls on approved emergency medical claims while traveling outside of South Africa, including the $150 / €100 deductible on emergency out-of-hospital claims.</td>
</tr>
<tr>
<td></td>
<td>This benefit also covers shortfalls on the Cleveland MyClinic second opinion consultation fee</td>
</tr>
</tbody>
</table>

An overall annual limit of R160 000 applies to each person.
You have additional hospital cover

**IN-HOSPITAL SPECIALIST GAP COVER**

When you are admitted to hospital, your specialist may charge more than the amount covered by your medical scheme. When this happens, our gap cover pays for these tariff shortfalls on your approved specialist in-hospital claims. Your dental specialist’s claims qualify for funding from this benefit where the claim was funded by your scheme’s hospital benefit.

<table>
<thead>
<tr>
<th>Plan type</th>
<th>Medical scheme covers</th>
<th>In-hospital Specialist Gap Cover</th>
<th>Total cover for in-hospital specialist claims*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discovery Health Medical Scheme Executive Plan</td>
<td>300%</td>
<td>800%</td>
<td>550%</td>
</tr>
<tr>
<td>where your medical scheme covers specialist claims in-hospital up to a maximum of three times (300%) of the Scheme Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discovery Health Medical Scheme Classic plans</td>
<td>200%</td>
<td>500%</td>
<td>250%</td>
</tr>
<tr>
<td>where your medical scheme covers specialist claims in-hospital up to a maximum of two times (200%) the Scheme Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discovery Health Medical Scheme Essential and Coastal plans</td>
<td>100%</td>
<td>600%</td>
<td>350%</td>
</tr>
<tr>
<td>where your medical scheme covers specialist claims in-hospital up to a maximum of the Scheme Rate (100%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Gaps still experienced over and above those covered by In-hospital Specialist Gap Cover are covered by the Hospital Admission Benefit Extender.

In-hospital Specialist Gap Cover gives you cover of up to 500% of the medical scheme rate on Discovery Gap Comprehensive and up to 250% on Discovery Gap Core.

The Hospital Admission Benefit Extender further extends your cover for shortfalls on approved, in-hospital specialist claims up to the rate your specialist charges, subject to your benefit entitlements.
You have additional hospital cover

HOSPITAL ADMISSION BENEFIT EXTENDER

Discovery Gap Comprehensive and Core
You will receive up to R15 000 extra gap cover on the Comprehensive option and up to R7 500 extra gap cover on the Core option, which you can use for shortfalls still remaining on approved specialist claims in-hospital, over and above what is covered by your In-hospital Specialist Gap Cover.

Discovery Gap Comprehensive
On Discovery Gap Comprehensive, the following additional healthcare services are covered by the Hospital Admission Benefit Extender where your hospital admission was approved by your medical scheme:

01 PRIVATE WARD COVER*
Covers the difference in cost between the general ward fee covered by your medical scheme and the private ward fee for approved hospital admissions

02 OUT-OF-HOSPITAL SPECIALIST CLAIMS**
Covers shortfalls on your admitting specialist’s claims that occur within one month before a hospital admission if your admitting specialist charges more than the amount covered by your medical scheme

03 THIRD-TRIMESTER MATERNITY CLAIMS***
Covers shortfalls where specific third-trimester maternity claims are higher than the amount covered by your medical scheme’s maternity benefit

04 MEDICINE PRESCRIBED ON DISCHARGE**
Covers shortfalls on your claims for medicine to take home when you are discharged from hospital

05 OUT-OF-HOSPITAL RADIOLOGY**
Covers shortfalls on radiology claims that occur within one month before a hospital admission if your radiologist charges more than the amount covered by your medical scheme

06 OUT-OF-HOSPITAL REHABILITATION**
Covers shortfalls on claims for the professional fees charged by certain allied healthcare professionals in the month after your discharge from hospital if your allied healthcare professionals charge more than the amount covered by your medical scheme

* Subject to a maximum of 5 nights a person a year and subject to hospital availability
** Only available to medical scheme plans with a Medical Savings Account
*** If your medical scheme plan does not include a Medical Savings Account, your gap cover only covers shortfalls on third trimester claims paid from the Scheme’s maternity risk benefit.
ANNUAL HOSPITAL ADMISSION BENEFIT EXTENDER

The amount of additional cover you get depends on your family structure, Discovery Vitality Health status and health plan type, and is subject to the overall annual limit of R160 000 a person.

**DISCOVERY GAP COMPREHENSIVE**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Family structure</th>
<th>Discovery Vitality Health status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None/Blue</td>
<td>Bronze</td>
</tr>
<tr>
<td>MSA plans*</td>
<td>Single</td>
<td>3 750</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>7 500</td>
</tr>
<tr>
<td>Non-MSA plans**</td>
<td>Single</td>
<td>1 875</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>3 750</td>
</tr>
</tbody>
</table>

**DISCOVERY GAP CORE**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Family structure</th>
<th>Discovery Vitality Health status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None/Blue</td>
<td>Bronze</td>
</tr>
<tr>
<td>Single</td>
<td>1 875</td>
<td>2 345</td>
</tr>
<tr>
<td>Family</td>
<td>3 750</td>
<td>4 685</td>
</tr>
</tbody>
</table>

* Plans with a Medical Savings Account
** Plans without a Medical Savings Account.
### Additional benefits

#### BENEFIT EXTENDERS

**Oncology Benefit Extender**
- Once you are registered on your scheme’s oncology benefit and you have reached the oncology threshold, the Oncology Benefit Extender will help you cover co-payments for cancer-related expenses approved by your medical scheme.
- You will receive up to R100 000, depending on the Discovery Gap Cover option you choose, to cover shortfalls on approved cancer-related claims once you have reached your scheme’s oncology threshold.

**Travel Benefit Extender**
On the Discovery Gap Comprehensive option you can get cover for shortfalls on emergency medical claims incurred while travelling outside of South Africa.

Your policy covers the following shortfalls on International Travel Benefit claims, approved by your medical scheme:
- The $150 / €100 deductible on emergency out-of-hospital claims
- Shortfalls on claims approved by your Scheme, once you have reached your scheme’s travel limit of R5 million ($1 million on Executive plans) a person a trip
- Shortfalls on the Cleveland MyClinic second opinion consultation fee.

**Scopes and Scans Benefit Extender**
On the Discovery Gap Comprehensive option you get cover for co-payments that apply to:
- The hospital account for approved endoscopies (gastroscopy, sigmoidoscopy, proctoscopy and colonoscopy)
- Out-of-hospital MRI and CT scans, when your medical scheme covers the rest of the account.

Cover starts after any applicable waiting periods have ended.

#### Oncology Benefit Extender

<table>
<thead>
<tr>
<th>Plan type</th>
<th>Discovery Gap Comprehensive</th>
<th>Discovery Gap Core</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discovery Health Medical Scheme Executive and Comprehensive plans</td>
<td>R100 000</td>
<td>R75 000</td>
</tr>
<tr>
<td>Other plans</td>
<td>R40 000</td>
<td>R30 000</td>
</tr>
</tbody>
</table>

#### HASSLE-FREE CLAIMS PAYMENT

- You do not need to submit a separate Discovery Gap Cover claim to us.
- By providing consent to access your claims information, we will automatically identify any potential gap cover claims, and then pay according to your Discovery Gap Cover benefits once the medical scheme claim is processed.
- You will also receive a claims statement where you will see how your gap cover policy has covered any shortfalls.
Eligibility for Discovery Gap Cover Comprehensive and Core options

Only members of Discovery Health Medical Scheme qualify for Discovery Gap Cover. KeyCare plans are excluded. If you downgrade your health plan to a KeyCare plan, your Gap Cover policy will be cancelled. The new benefits described in this brochure are effective from 1 January 2020.

EXCLUSIONS

- All claims excluded by your medical scheme plan
- All claims where the hospital admission was not approved by your medical scheme and you did not get an authorisation number (except for in-hospital dentistry specialist claims, where the admission is not subject to a hospital authorisation)
- Claims not processed, approved or covered by your medical scheme for any reason including plan deductibles (with the exception of MRI and CT scans, as well as endoscopies) and where you have exceeded your available plan limits or benefit entitlements (except for International Travel Benefit limits), or if the claim is not recognised as valid by your medical scheme
- Claims defined as out-of-hospital claims by your medical scheme, unless specified as an approved out-of-hospital claim that qualifies for funding from the policy’s Benefit Extenders as specified in your Discovery Gap Cover policy guide
- All oncology-related co-payments that are part of innovative cancer treatments related to the scheme’s Oncology Innovation Benefit
- Any claim where the Discovery Gap Cover overall limit of R160 000 a person a year has been reached
- Any claim related to weight-loss surgery.
- Any claim where the healthcare service or treatment was not provided by an appropriately registered specialist (except for healthcare services specified in the Gap Cover Comprehensive Benefit Extender)
- Any claim that is incurred outside the borders of the Republic of South Africa or charged in any foreign currency, except claims that qualify for funding from the Travel Benefit Extender
- Any shortfalls on your scheme’s Overseas Treatment Benefit claims
- Out-of-pocket payments not covered by the medical scheme, such as deductibles, exclusions and amounts claimed above health plan benefit limits, are excluded from Discovery Gap Cover. This does not apply to co-payments and deductibles that qualify for funding as part of Discovery Gap Comprehensive’s Benefit Extenders

WAITING PERIODS

- We apply waiting periods and exclusions to certain healthcare services from the start date of each person’s gap cover policy
- There is an automatic three-month general waiting period for all healthcare services and treatment, except authorised emergency hospital admissions
- There is an automatic 12-month waiting period for any claims directly or indirectly related to the treatment of pregnancy and childbirth, endometrial ablations, hysterectomy, joint replacements, scopes (including minimally invasive scopes, endoscopies, hysteroscopies and arthroscopies) cataracts, cholecystectomy, wisdom teeth, orthognathic surgery, dental implants, tonsillectomy, grommets, adenoidectomy, nasal procedures, hernia procedures and reflux surgery
- If you or any of your dependants have a pre-existing medical condition when you apply for cover or upgrade your cover, we will exclude any claims relating to the treatment of this condition for the first 12 months
- If you can show that you have had gap cover with another insurance company for at least six consecutive months with less than 90 days’ break in cover between the time you ended your policy with them and activated your policy with us, the three-month general, 12-month automatic and 12-month pre-existing-condition waiting periods may not apply to you
- If you have an existing Discovery Gap Cover policy and later downgrade your health plan from an Executive or Classic plan to an Essential or Coastal plan, you will need to complete a health questionnaire and a 12-month condition-specific waiting period may apply to any new conditions
Lump-sum payouts for severe illnesses

**MEDICAL BREAKTHROUGH FUNDER**

Certain severe illnesses and types of cancer are associated with extremely high treatment costs. These costs are largely driven by new, advanced technologies that can be life-saving, but also very expensive.

*The Medical Breakthrough Funder increases your access to the very latest treatments and reduces the financial burden that often accompanies these illnesses. This will assist you and your family to maintain your quality of life after a life-changing event.*

We provide you, your spouse or child with a tax-free lump-sum payout of up to R600 000 on diagnosis of certain types of cancers and other severe illnesses typically associated with high treatment costs.

You can use this lump-sum payout for any shortfalls in medical scheme cover that you would otherwise have to fund yourself, or use the money for other financial needs. The amount paid out depends on the medical condition or the type and stage of cancer. We group these amounts into four benefit categories.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td>R60 000</td>
</tr>
<tr>
<td>Category 2</td>
<td>R150 000</td>
</tr>
<tr>
<td>Category 3</td>
<td>R300 000</td>
</tr>
<tr>
<td>Category 4</td>
<td>R600 000</td>
</tr>
</tbody>
</table>

In addition to and in line with increasing your access to breakthrough treatments, the Medical Breakthrough Funder will also assist with funding advanced genomic sequencing of certain cancers, to inform the optimal treatment regime.

The Medical Breakthrough Funder does not end after the first payout of a single claim. Cover will continue for unrelated conditions up until the maximum claim amount of R1 000 000 for each insured person. It is possible for you to qualify for a payout under more than one category at the same time. In such cases, the benefit amount is based on the condition that provides the highest payout.

Discovery Supplementary Gap Cover is a long-term insurance policy, underwritten by Discovery Life Limited. Registration number 1966/003901/06, is a registered long-term insurer, and an authorised financial services and registered credit provider, NCR Reg No. NCRCP3555.
Premium protection and home support when you need it most

**COMPREHENSIVE PREMIUM PROTECTOR**

The Comprehensive Premium Protector will make sure that you and your family can continue membership of your medical scheme, Vitality and Discovery Gap Cover products in the event of a qualifying severe illness, disability or death.

Loss of income and the additional costs that accompany a life-changing event could make it difficult for you to pay your monthly expenses.

This benefit pays these contributions for up to two years after a qualifying life-changing event.

The Comprehensive Premium Protector also gives you the option to upgrade your medical scheme plan to a Classic Comprehensive Plan or an equivalent plan on your medical scheme while you receive a claim payout, enhancing your family's protection against unforeseen health events. This is subject to your medical scheme's rules.

This benefit will also cover a baby born to you and your spouse within nine months of the benefit payment start date. The Comprehensive Premium Protector will not cover any other new members that you add to your medical scheme while you are receiving a claim payout.

The Comprehensive Premium Protector premiums will be paid directly to your medical scheme.

**HOME SUPPORT BENEFIT**

The Home Support Benefit pays you a monthly amount of R11 000 for a year if you or your spouse suffer a qualifying life-changing event that results in a loss of ability to perform a certain number of Activities of Daily Living. This amount can be used as you see fit.

Activities of daily living are routine activities like eating, bathing and dressing that people usually do without needing assistance.

If there is a severe illness in your family, one of your family members may have to stop working to care for the affected person. You may also need to employ someone to help at home.

**ANNUAL PAYBACK**

With Discovery Supplementary Gap Cover, you can receive an Annual PayBack of up to 25% of the total premiums paid over the calendar year. This is based on how you manage your health and driving behaviours. This is paid to you at the beginning of each year.

<table>
<thead>
<tr>
<th>Vitality Drive status</th>
<th>None/Blue</th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
<th>Diamond</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/Blue/Bronze</td>
<td>0%</td>
<td>5%</td>
<td>7.5%</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Silver</td>
<td>5%</td>
<td>10%</td>
<td>12.5%</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Gold/Diamond</td>
<td>10%</td>
<td>15%</td>
<td>17.5%</td>
<td>20%</td>
<td>25%</td>
</tr>
</tbody>
</table>

**PayBack considerations**

- For Discovery Supplementary Gap Cover, any claims will be deducted from the PayBack amount in that year.
- The Annual PayBack calculation will exclude payments made under the Comprehensive Premium Protector.
EXCLUSIONS

- For the purposes of the Discovery Supplementary Gap Cover policy, a pre-existing condition is defined as any injury, illness or physical defect that arose prior to the commencement or reinstatement date of the policy that the principal, spouse or child suffered from, was aware of, or received medical treatment or advice for. Any pre-existing condition is specifically excluded.

- The principal life or spouse must be younger than 60 years of age to apply for Discovery Supplementary Gap Cover. Cover for all individuals will cease at the end of the month before they turn 65.

- Members on Discovery Health Medical Scheme KeyCare plans or their equivalent plans on other schemes do not qualify for Discovery Supplementary Gap Cover.
**Discovery Supplementary Gap Cover**

- From as little as R75, you can get Discovery Supplementary Gap Cover.
- Your premium for Discovery Supplementary Gap Cover will depend on your age, smoker status and the number of members on your medical scheme plan.
- Your spouse’s premium will depend on their age and smoking status. If your spouse is on a separate medical scheme plan, they will have to take out a separate Discovery Supplementary Gap Cover policy.

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**Discovery Gap Cover**

- Your Discovery Gap Cover premium depends on the option you choose, your medical scheme plan and the age that the oldest member on your medical scheme plan will turn in the year of applying for the policy.
- Every person on your medical scheme plan must also be on your Discovery Gap Cover policy, subject to underwriting.
- If the oldest person leaves or joins the Scheme, or your family structure or plan type changes, your Discovery Gap Cover policy may be rated again.

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**Premiums**

**Discovery Gap Comprehensive**

<table>
<thead>
<tr>
<th>Age at entry of the oldest member on the Scheme plan</th>
<th>Discovery Health Medical Scheme Executive and Classic plans</th>
<th>Discovery Health Medical Scheme Essential and Coastal plans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single member</td>
<td>Family</td>
</tr>
<tr>
<td>0 – 54</td>
<td>159</td>
<td>270</td>
</tr>
<tr>
<td>55 – 64</td>
<td>270</td>
<td>410</td>
</tr>
<tr>
<td>65+</td>
<td>345</td>
<td>570</td>
</tr>
</tbody>
</table>

**Discovery Gap Core**

<table>
<thead>
<tr>
<th>Age at entry of the oldest member on the Scheme plan</th>
<th>Discovery Health Medical Scheme Executive and Classic plans</th>
<th>Discovery Health Medical Scheme Essential and Coastal plans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single member</td>
<td>Family</td>
</tr>
<tr>
<td>0 – 54</td>
<td>100</td>
<td>175</td>
</tr>
<tr>
<td>55 – 64</td>
<td>180</td>
<td>215</td>
</tr>
<tr>
<td>65+</td>
<td>210</td>
<td>315</td>
</tr>
</tbody>
</table>
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