Discovery
Health Medical Scheme

FREQUENTLY ASKED QUESTIONS

DISCOVERY HEALTH MEDICAL SCHEME

HEALTH LAUNCH 2025 | CONTRIBUTION INCREASES, BENEFIT AND PRODUCT UPDATES

Discovery Health Medical Scheme (DHMS) benefit changes and contribution increases for 2025 subject to Council for Medical Schemes (CMS) approval.

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

Contribution Increases

Technical questions relating to the contribution increase strategy

1. What factors informed Discovery Health Medical Scheme (DHMS) weighted average increase of 9.3% for 2024?

The DHMS contribution increases for 2025 were carefully considered to balance ongoing affordability with continued best-in-class healthcare provision and future scheme solvency and sustainability.

Each year, healthcare claims paid by the Scheme are expected to increase in line with medical inflation, and the Scheme needs to increase contributions accordingly, to ensure that contributions received can continue to match claims paid. Medical inflation in any year is informed by:

- Tariff inflation which is the increase in the cost of healthcare services linked to the Consumer Price Index (CPI)
- Demand-side utilisation which is driven by an increase in the disease burden or demand for healthcare services from the members of the Discovery Health Medical Scheme and
- Supply-side utilisation which changes as a result of increases in the supply of healthcare services, such as the use of new technologies.

On 1 January 2025, risk contributions will increase by:

- 10.9% on the Executive plan, Comprehensive and Coastal plans
- 9.9% on KeyCare Plus plan, Core (excluding Coastal Core) and Priority plans
- 8.4% on Saver plans (excluding Coastal Saver)
- 7.4% for all other KeyCare plans (excluding KeyCare Plus) and Smart plans

50% of Discovery Health Medical Scheme members will experience a gross contribution increase of under 8.4% in 2025.

2. Why does the contribution increase in 2024 different across different DHMS plan series?

Contribution increases take into account expected medical inflation at a plan level. One of the reasons why medical inflation differs by plan is the difference in the demographic profile of the plans, for example the average age and the chronic ratio which differ by plan. Another factor is utilisation rates which vary across different plan types. As a result, projected medical inflation and corresponding contribution increases for 2025 vary by plan.

Benefit Enhancements

Technical questions relating to benefit limits, thresholds, co-payments and deductibles

1. Will all benefit limits increase from 1 January 2025?

On 1 January 2025, all benefit limits will increase by 4.8%, with the following exceptions:

- Specialised Medicine and Technology Benefit
- International Travel Benefit
- Oncology Benefit Thresholds
- Overseas Treatment Benefit
- Surgical and appliance items including hip, knee and shoulder joint prosthesis, and external medical appliances.

In addition, the following increases will apply to co-payments, deductibles and thresholds:

- Co-payments and deductibles will be increased by 4.8% in line with expected consumer price inflation.
- Annual thresholds for the Executive, Comprehensive and Priority options will be increased by 1% more than the contribution increases on each plan.
- The Above Threshold Benefit limit for Comprehensive and Priority plans will not increase. Members who have activated their Personal Health Pathway will have access to the Personal Health Fund alongside their Medical Savings Account.

Discovery Health Medical Scheme updates for 2024 are subject to approval by the Council for Medical Schemes.
Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

Technical questions relating to the Depression Risk Management Programme

2. What is the Depression Risk Management Programme?

The Depression Risk Management Programme is a 6-month long care programme aimed at reducing the risk of depression and enhancing mental wellbeing. Eligible members are identified by a mental wellbeing assessment, or by a cutting-edge machine learning algorithm designed to dynamically identify depression risk.

3. What will be available to members to reduce the risk of being diagnosed with Depression?

Members identified as being at risk of depression will have access to the following benefits to reduce their risk of being diagnosed with depression:

- **One** Face-to-face or virtual mental wellbeing consultations with a Premier Plus Network GP or psychologist on the Mental Health Network,
- Cover for **three** virtual coaching sessions with a suitably trained healthcare professional to monitor progress and identify the appropriate next steps,
- **Two** sessions with a dietician,
- Access to approved digital therapeutics and internet based cognitive therapy (iCBT) to improve mental wellbeing and depression symptom severity and
- Continued monitoring and screening of symptom severity through validated mental health and wellbeing assessments.

On diagnosis of Depression, benefits for management and support of mental health are available through the Mental Health Care Programme and Prescribed Minimum Benefits.

Technical questions relating to Enhanced Female Health Management Tools

4. What digital tools will be available in 2025?

Discovery Health (Pty) Ltd. is partnering with Parent Sense and Stella to provide female members with access to world-class support during pregnancy and early childhood and during menopause.

Technical questions relating to the Parent Sense App

5. What is the Parent Sense App?

Parent Sense is an all-in-one parenting app and baby tracker, provide enhanced maternity support to members. The Parent Sense app provides support tools through the maternity journey, from prenatal to post-partum including feeding tracking, sleep schedules and tracking milestones, mother care and more.

6. Who is eligible for Parent Sense

All DHMS members who register for the maternity programme in 2025 will be eligible for enrolment into the Parent Sense platform. Members will receive unrestricted access to the premium version of the platform for a period of 18 months from date of being granted access.

7. How is Parent Sense funded?

The 18-month programme is brought to you by Discovery Health (Pty) Ltd, at no extra cost to you, the member.

Technical questions relating to the Stella App

8. What is the Stella App?

The Stella app provides end-to-end, personalized menopause care including symptom assessment tools, a curated content library, 1-on-1 coaching support, personalized behavioural and lifestyle change plans, a supportive online community, and virtual consults with GPs trained and accredited by Stella on menopause-care.

9. Who is eligible for the Stella App?

Female members will be eligible for the Stella App where:

- You have been **diagnosed** with menopause

  Members already diagnosed with menopause will be immediately eligible for Stella.

- You may **potentially be menopausal** but have not been clinically diagnosed

  Female members over the age of 45, or where a medical procedure or medication induces menopause, will be engaged via their Personal Health Pathways and asked to complete the Stella online assessment. If the assessment confirms that the member is likely to be menopausal, the member will be requested to confirm the diagnosis with a clinician and subsequently gain access to the menopause programme, including the Stella app.

- You have been identified as **peri-menopausal**

  Members who are potentially eligible will be engaged through their Personal Health Pathways and asked to complete the Stella online menopause assessment. If the member is identified as perimenopausal, they will be eligible for the Stella app.

10. How is the Stella funded?

Access to the Stella App will be funded by Discovery Health. For members diagnosed with menopause and registered under the Prescribed Minimum Benefits, virtual consultations with the virtual GPs will be funded from their available Prescribed Minimum Benefit consultations. Claims for members diagnosed with perimenopause will be funded from the member's available Personal Health Fund or day-to-day benefits.

11. Will the Stella virtual GPs be able to prescribe medication?

Yes, the GP that you consulted through the Stella app will be able to prescribe medication, where required. Medication will be reviewed under the Prescribed Minimum Benefits for members who are registered for Menopause and will be funded from the available funds in the Personal Health Fund or day-to-day benefits for members diagnosed with perimenopause.

Technical questions relating to the enhancements to the Screening and Prevention Benefit

12. How has the Screening and Prevention Benefit been enhanced?

The Screening and Prevention benefits now include:

- Self-sampling testing kits and related pathology tests for bowel cancer screening, once every two years
- Self-sampling testing kits and related pathology tests for Human Papilloma Virus (HPV) testing, once every five years

13. How will members access the testing kits?

Members can obtain the self-sampling kits from any pharmacy that stocks them or from their GP, if the GP has these kits available in their rooms. They can also be obtained directly from some pathology labs.

Technical questions relating to the introduction of the supportive post-surgery programme

14. What is the supportive post-surgery programme?

For unilateral hip and knee replacement procedures performed in the Scheme's Short Stay Surgical network, members who are discharged within 2 days will unlock access to a defined risk-funded basket of care for post-operative care, including:

- Access to two days (12 hours per day) of Home Care Nursing provided by a qualified Discovery HomeCare health professional,
- Intramuscular pain management as required to supplement oral medicine and
- At home post-operative recovery care through the Scheme's approved Virtual Therapy programme, available for a four-week period.

The benefit will be unlocked during the pre-authorisation process, provided the length of stay is less than 2 days.

Technical questions relating to changes to chronic illness benefit, specialised medicine and technology benefit, oncology medicine, chronic drug amounts and formularies

15. What are the changes for 2025?

Annual formulary changes and Chronic Drug Amount (CDA) updates will be applied. Medicine on the formulary list will be funded in full.

Generic reference pricing will be introduced for Chronic Disease List medicine, where a generic alternative exists. Non-formulary medicine will be funded up to the Discovery Health Rate (DHR) or Generic Reference Price, whichever is applicable subject to the CDA according to the chosen plan type.

These changes will be communicated directly to affected members.

16. How does that impact members currently utilising the chronic illness benefit for their medication requirements?

Members will have until the end of 2024 to make changes to their treatment to avoid or reduce co-payments that may result from changes to the formulary and chronic drug amount. Members registering for the chronic illness benefit for the first time in 2025 will have to make use of the new formulary in order to avoid co-payments on their medication.

Technical questions relating to changes to cover for scopes

17. What will the co-payment be and to which plans will it apply?

In 2025, the scheme will introduce a quality network for in-room scopes. Scopes performed in-room outside of this network will attract a co-payment. The co-payment will not apply to Prescribed Minimum Benefits, children 12 years and younger, where approved as part of dyspepsia programme or if the scopes are performed at an in-room network provider.

The co-payment will be applicable to all Discovery Health Medical Scheme plans, with the exception of the KeyCare Series where only PMB scopes are covered, and will be as follows:

- For a single scope, the co-payment will be R1,750
- For bi-directional scopes, the co-payment will be R3,000

The co-payment is payable from the member's available Medical Savings Account (MSA) or Above Threshold Benefit (ATB), where applicable, with the exception of the Priority Plans. Members on a Priority Plan will need to pay this amount upfront.

18. Where can one access the quality network list of providers?

The list of providers will be available through the Find a Provider tool on the Discovery Health website and Discovery Health app. Network lists will be available for download once finalised.

Discovery Health Medical Scheme updates for 2024 are subject to approval by the Council for Medical Schemes.
Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

Technical questions regarding the introduction of a designated service provider (DSP) for cataract surgery

19. What are the changes for 2025?

In 2025, the scheme will introduce a DSP for cataract surgery. When cataract surgery is performed within this DSP, the hospital account will be paid at 100% of the Discovery Health Rate. Related accounts will be paid according to your chosen plan type.

If you go outside the DSP for your surgery, then a 20% co-payment will apply to the hospital account. The co-payment will be applicable to all Discovery Health Medical Scheme plans, with the exception of KeyCare Start and KeyCare Start Regional Plans where a deductible of R6,000 will apply. The co-payment or deductible will not apply in the case of involuntary access to a non-DSP.

Technical questions relating to KeyCare Start and KeyCare Start Regional Plan changes

20. How will the income bands change on KeyCare Start and KeyCare Start Regional Plans in 2025?

The current income band structure consists of three income bands across the KeyCare Series. In 2025, the structure of the KeyCare Start and KeyCare Start Regional income bands will be adjusted to allow for four income bands.

This means that:

- The highest income band will be split into two income bands for those earning between R15,951 and R24,250 and those earning more than R24,250.
- Members on the KeyCare Start plan earning between R10,551 and R15,950 and R15,951 and R24,250 will experience a 6.4% and 5.7% reduction in contributions in 2025, respectively.

21. Which regions have been added to the KeyCare Start Regional plan?

In 2025, the regions of KeyCare Start Regional have been expanded beyond the six existing regions to include Johannesburg Central and Pretoria. This means that 42% of KeyCare members will now live in regions that are covered by the KeyCare Start Regional plan.

The table below sets out all the regions covered, including the two new regions for 2025:

Region	Mediclinic (MC) Hospital	Intercare GPs
Pretoria	Medforum MC	Intercare Tramshed
Johannesburg Central	Donald Gordon Medical Centre MC	Intercare Linden
Cape Town	Milnerton MC | Louis Leipoldt MC	Intercare Century City
George	George MC | Geneva MC	Intercare George
Trichardt	Highveld MC	Contracted
Mbombela	Nelspruit MC	Contracted
Polokwane	Limpopo MC	Contracted
Tzaneen	Tzaneen MC	Contracted

Discovery Health Medical Scheme updates for 2024 are subject to approval by the Council for Medical Schemes.
Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

INTRODUCTION OF THE PERSONAL HEALTH FUND

Technical question relating to the Personal Health Fund

22. What is the Personal Health Fund?

The Personal Health Fund is a new category of healthcare funding. Members accumulate funds toward their Personal Health Fund through engaging with their Personal Health Pathways and completing their recommended next best actions. Accumulated funds can be used for eligible day-to-day medical expenses. For example, this could include doctor and specialist visits, and other allied care or medicine. A maximum cover amount of R500 per family per year applies to over-the-counter medication.

New members to Discovery Health Medical Scheme will have access to an additional once-off Personal Health Fund allocation. Members will need to complete their personalised high-value action within 90 days of joining the Scheme in order to access this additional benefit.

The maximum annual benefit limit amount is determined by the member's chosen plan type and family structure on their membership.

23. How will my Personal Health Pathways work?

All adult members (18 years and older) of the Discovery Medical Health Scheme will have access to Personal Health Pathways. Members will be presented with health and exercise actions. Detailed FAQs on the Personal Health Pathways are available here: Personal Health Pathways.

24. How will my Personal Health Fund be made available to me?

Once a member has activated their Personal Health Pathway, they will accumulate funds toward their Personal Health Fund every time they complete a recommended next best action as part of their Personal Health Pathway.

The Personal Health Fund will automatically be used to fund eligible day-to-day claims if there are funds available in the Personal Health Fund, and the Personal Health Fund will be used to fund these eligible claims before the Medical Savings Account is used.

The allocation for children on the policy will be added to the Personal Health Fund once all adult members 18 and older have unlocked their Personal Health Pathway and completed two next best actions.

25. How do I build up my Personal Health fund?

Members who engage with their Personal Health Pathways and complete their recommended next best actions will accumulate value in their Personal Health Fund.

Personal Health Pathways will provide members with health actions and a weekly exercise action. Members will earn up to R500 for their Personal Health Fund, subject to the annual Personal Health Fund benefit limit, for each health action completed within the deadline. If there are no health actions available to the member (which means that there are no currently surfaced health action tiles, no snoozed health actions and no temporarily dismissed health actions) then completion of the weekly exercise actions will earn up to R100 for their Personal Health Fund, subject to the annual benefit limit, until a health action is recommended again. For recommended exercise actions to earn value towards their Personal Health Fund, the member must link a device and activate the Exercise Ring on their Personal Health Pathway.

The fund is subject to maximum limits which apply based on the chosen plan type and family structure on the membership.

Discovery Health Medical Scheme updates for 2024 are subject to approval by the Council for Medical Schemes.
Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

26. How will the Personal Health Fund vary across plan series?

There will be annual benefit limits which apply based on the plan type and family structure on the membership.

Annual Maximum Personal Health Fund Allocation By Plan	**Per Adult** **Members aged 18 and over**	**Per child** **Members under the age of 18**	**Per Family**
Executive plan	R2,500	R1,250	R10,000
Classic Comprehensive Classic Smart Comprehensive Classic Priority Classic Saver	R2,500	R1,250	R10,000
Classic Core Classic Smart	R2,000	R1,000	R8,000
Essential Priority Essential Saver Coastal Saver	R1,500	R750	R6,000
Essential Core Essential Smart Active Smart Coastal Core	R1,000	R500	R4,000
KeyCare Plans	R500	R250	R1,000

Members will be able to accumulate funds up a maximum per member and subject to an overall family or policy limit. For example, a Classic Saver policy providing cover for one adult will be allocated funds up to a maximum of R2,500 per annum. If the policy covers one adult and one child, the maximum value allocated will be R3,750 and if the policy covers 3 adults and 3 children, a maximum of R10,000 per annum will apply.

27. How is the benefit available for children unlocked?

Personal Health Pathways will only be available for members over the age of 18. For these members, including child dependants over the age of 18, engagement with their Personal Health Pathways will be required to unlock and earn benefits. For children under the age of 18, the full child value for the annual benefit will be unlocked and allocated when all adults on the plan have completed two qualifying next best actions. For the once-off benefit for new members, the child value will be unlocked and allocated when all adults on the plan have completed their high-value action. All registered dependants may use the Personal Health Fund, regardless of who earned the value.

28. Will claims paid from my Personal Health Fund accumulate towards annual threshold or benefit limits?

No, the Personal Health Fund is available alongside the Medical Savings Account and claims will not accumulate towards the annual threshold, above threshold limit, or benefit limits.

Discovery Health Medical Scheme updates for 2024 are subject to approval by the Council for Medical Schemes.
Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

29. Can I use my Personal Health Fund to pay for co-payments or deductibles?

No, the Personal Health Fund cannot be used to fund co-payments or deductibles. Only co-payments that currently fund from the Medical Savings Account will be funded from the Personal Health Fund, like co-payments for MRI/CT scans or scopes.

30. Is the funding specific to the member who completed the recommended next best action?

No, once accumulated, the Personal Health Fund can be used by any member or dependant on the plan.

31. Does the Personal Health Fund expire?

The Personal Health Fund is an annual benefit and will be available to members each year. Benefits accumulated during a calendar year must be utilised in that calendar year and will not roll over into the following year.

The exception to this is the once-off benefit available to new members joining the scheme, where the once-off benefit will be available in the year a member joined and will carry over into the following year if it hasn't been depleted.

32. Will I be able to withdraw my Personal Health Fund if I leave the Discovery Health Medical Scheme?

No, because this is a risk-funded benefit in the event of withdrawal from the scheme, any accumulated value in the Personal Health Fund will be forfeited.

33. If I join or change plan during the year, will this impact my available Personal Health Fund?

The maximum benefit limit you can earn as an individual or family may be adjusted to reflect the new plan and/or family size. However, no adjustments will be made to funds that you have already earned or claims that have already been paid from your Personal Health Fund.

34. I'm new to Discovery Health Medical Scheme, how do I unlock my additional once-off benefit?

The once-off benefit is only available to new members to the Discovery Health Medical Scheme, who have not had access to the Wellth Fund (have not been members since 1 January 2023). New beneficiaries added to existing plans (plans existing prior to 1 January 2025) will not qualify for the benefit.

In order to unlock the additional once-off benefit, the member must complete a high-value action, which will be appropriately indicated on their Personal Health Pathway. For most new members, this high-value action will likely be a health check, however it may also be a mental wellbeing assessment or some other eligible health action. In order to unlock the once-off benefit available for children, all adult members on the plan must have completed their high-value actions. The high-value action must be completed within 90 days of joining the scheme.

The same maximum limits as per the annual Personal Health Fund apply to the once-off benefit but the once-off benefit will be available over a two-year period (calendar years).

35. I'm new to Discovery Health Medical Scheme, and in a 3-month general waiting period. Will my Health Check be funded so I can unlock my additional once-off benefit?

Yes, from 2025 onwards, Health Checks will be funded from the Screening and Prevention benefit if you are in a 3-month general waiting period. This test forms part of your health assessment as part of your application to join Discovery Health Medical Scheme. This means that if a Health Check is indicated as your high-value action on your Personal Health Pathway, and you complete it, the Health Check will be funded by Discovery Health Medical Scheme.

36. What if I'm unable to participate in the Personal Health Pathways?

If you are younger than 18 and the main member on your policy, but not eligible to participate in Personal Health Pathways, you will be able to unlock the full value of your Personal Health Fund by completing a Kids Health Check. If you are unable to participate in Personal Health Pathways for medical reasons, for example due to severe illness or because you are on palliative care, then the full value of the Personal Health Fund will be made available to you, subject to eligibility criteria.

37. Where can I view the balance, limits and usage of my Personal Health Fund?

The Personal Health Fund dashboard will be available on both the Discovery Health App and Website.

Discovery Health Medical Scheme updates for 2024 are subject to approval by the Council for Medical Schemes.
Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

38. What does it mean if I no longer see a Personal Health Fund value on my Personal Health Pathway tiles?

Once you have reached your Personal Health Fund limit (at either an individual or policy level), then you will no longer be able to accumulate funds towards your Personal Health Fund by completing actions on your Pathway. You will continue to earn other rewards in Personal Health Pathway for completing your actions, if and where eligible, but your action tiles will no longer show a Personal Health Fund value.

39. Why has my Personal Health Fund value on my Next Best Action tile disappeared?

It is likely that you completed multiple actions when you were close to reaching your Personal Health Fund limit. Once these actions are marked as complete, and your Personal Health Fund limit has been reached, you will no longer accumulate funds towards your Personal Health Fund. This means that any recommended next best actions still to be completed will no longer carry a Personal Health Fund value.

40. Why was my claim for over-the-counter medication not paid from my available Personal Health Fund?

Over-the-counter medication will be funded from the available funds in the Personal Health Fund up to a maximum cover amount of R500 per family per year. Once this limit has been reached, then any additional claims for over-the-counter medication will be funded from your Medical Savings Account (where applicable) or self-funded.

INTRODUCTION OF THE ACTIVE SMART PLAN

Technical question relating to the Active Smart Plan

41. What does Active Smart offer?

Active smart has been designed with the healthcare needs of young professionals starting out their careers in mind, while keeping affordability at the forefront.

The plan offers customised day-to-day benefits that young professionals would get the most utility from, financial protection for medical emergencies and achieves precision in care through the Dynamic Smart Network.

The day-to-day benefits include:

- Unlimited GP Consults, at a Smart GP, with a co-payment of R125
- One basic dental check-up per member with a co-payment of R190
- One eye test per member at provider in the Smart Optometry Network at a cost of R125
- Over-the-counter medication, up to a family limit of R535 per annum
- Access to the Discovery Health Medical Scheme Mental Health Care Programme

The hospital care benefits include:

- Full cover for emergencies (meeting the PMB requirements) in any private hospital
- Unlimited cover for admissions in the Dynamic Smart Hospital network, with a standard deductible of R7,500 per admission for elective non-PMB admissions
- Doctors and allied healthcare service providers while hospitalised are covered up to a maximum of 100% of the Discovery Health Rate
- A limit of R70,000 will apply for neonatal admissions per family per year.

42. How does the Dynamic Smart Hospital Network work?

The Dynamic Smart Network uses a unique algorithm to present the member with the most efficient hospitals within the Smart network. All recommended hospitals are part of the Smart network.

Members can select which of the recommended hospitals they'd like to utilise. All Smart regions will have at least one Smart hospital available on the Dynamic Smart network at all times.

Discovery Health Medical Scheme updates for 2024 are subject to approval by the Council for Medical Schemes.
Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

43. Can a member use a provider outside of the Dynamic Smart Network?

Members who choose to be treated in a hospital outside of the Dynamic Smart Network will be liable for a deductible of R14,750 instead of the R7,500 applicable to network hospitals. This deductible applies to any hospital that is not the recommended Dynamic Smart Hospital, regardless of whether the hospital is a hospital in the Smart network or any other hospital.

Members are fully covered for emergency admissions in any private hospital.

44. How will the deductible be applied?

The deductible must be funded upfront by the member. Where a member has paid the deductible and the admission is ultimately a PMB-type admission, the deductible will be refunded.

45. What maternity benefits are included in the plan?

The plan includes PMB level of care for maternity. This includes antenatal and obstetric care necessitating hospitalization, including delivery, which will be covered per the hospital plan rules. Note that elective caesarean section, unless medically necessary, is excluded. For out-of hospital treatment, PMB level of care relates to complications such as gestational diabetes and hypertension (pre-existing hypertension complicating pregnancy), which will be covered from the Chronic Illness Benefit.

Members can consult their Smart GP (subject to the co-payment) during pregnancy but the richer maternity benefits (for example, pathology, scans, ante-natal classes, post birth consults with paediatrician) would not be covered.

A R70,000 limit per family per year applies to neo-natal admissions.

46. Are deliveries covered under the PMB maternity care provided on the Active Smart plan?

Yes, the plan will cover deliveries in the Dynamic Smart Hospital Network.

47. What are the co-payments and limits that apply to day-to-day healthcare benefits?

The following co-payments and limits will apply:

- Members have access to unlimited GP consultations at a Smart GP, subject to a co-payment of R125 for face-to-face consultations (virtual consultations do not attract a co-payment).
- Members also have access to a basic dental check-up once a year, subject to a co-payment of R190, and optometry check-up at a cost of R125.
- Members also have access to the Chronic Illness Benefit (if applicable), through their nominated Smart network GP. Medicine on the medicine list that relates to the Chronic Illness Benefit will be covered in full when members use a Network Pharmacy.
- Similarly, over-the-counter medication obtained through the pharmacy network will be fully covered up to a family limit of R535 per annum. For Oncology, members will have access to Prescribed Minimum Benefit level of care at a network provider.

48. Will members on Active Smart qualify for the Personal Health Fund?

Yes, Active Smart members will be eligible for the Personal Health Fund. Members will be able to accumulate up to a maximum of R1,000 per adult and R4,000 per family per annum to fund additional day-to-day healthcare expenditure based on their engagement with their Personal Health Pathways.

New members will also qualify for the once-in-a-lifetime additional Personal Health Fund benefit up to a maximum of R1,000 per adult and R4,000 per family.

49. Who is eligible for the Active Smart plan?

The plan is open to all prospective members, subject to the scheme rules. However, the benefits are suited to young professionals.

50. When will the Active Smart plan be available?

The plan will be available for activation from 1 January 2025.

Discovery Health Medical Scheme updates for 2024 are subject to approval by the Council for Medical Schemes.
Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

51. What are the exclusions that apply to the plan?

Active Smart will be subject to the general scheme exclusions and the exclusions which apply to Essential Smart and Essential Dynamic Smart. In addition, tonsillectomies, adenoidectomies, and myringotomies (current KeyCare exclusions) also apply.

-

Discovery Health Medical Scheme updates for 2024 are subject to approval by the Council for Medical Schemes.
Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.