

FREQUENTLY ASKED QUESTIONS

DISCOVERY HEALTH MEDICAL SCHEME

HEALTH LAUNCH 2027 | CONTRIBUTION INCREASES AND BENEFIT CHANGES

Discovery Health Medical Scheme (DHMS) benefit changes and contribution increases for 2027 subject to Council for Medical Schemes (CMS) approval.



Contribution Increases

Technical questions relating to the contribution increase strategy

1. What factors informed the Discovery Health Medical Scheme (DHMS) weighted average increase of 8.2% for 2027?

The DHMS contribution increases for 2027 were carefully considered to balance ongoing affordability with continued best-in-class healthcare provision and the 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 DHMS and;
- Supply-side utilisation which changes as a result of increases in the supply of healthcare services, such as the use of new technologies.
- Additionally, the impact of Discovery Health's risk management interventions, such as tariff negotiations and fraud interventions, as well as the improved healthcare outcomes as a result of members' engagement behaviour change programmes moderates the expected overall medical inflation of DHMS.

In 2027, total contributions will increase by:

- 7.4% on Active Smart plans
- 7.9% on Saver, Core, Smart Saver and Smart (excluding Active Smart)
- 8.4% on Coastal Saver plans
- 8.9% Executive, Comprehensive, Priority, Coastal Core and KeyCare plans.

2. Why is the 2027 contribution increase higher than CPI?

Medical inflation is not determined by CPI alone. While CPI influences tariff inflation and therefore the cost of healthcare services, medical inflation also reflects changes in the utilisation of healthcare services.

Utilisation includes demand-side factors, such as changes in disease burden and members' use of healthcare services, as well as supply-side factors, including changes in the availability and use of healthcare services and new technologies.

Contribution increases therefore need to reflect the expected overall increase in healthcare claims costs, rather than changes in CPI alone. This approach is consistent with the broader medical scheme pricing principle of considering both CPI inflation and healthcare utilisation when determining appropriate contribution increases.

3. Why is the contribution increase in 2027 different across different DHMS plan series?

Contribution increases take into account expected medical inflation at a plan level. One of the reasons medical inflation can differ between plans is due to differences in their underlying demographic and risk profiles, for example the average age and chronic prevalence. Another factor is supply-side utilisation rates which can also vary across different plan types. As a result, expected medical inflation and the corresponding contribution increases for 2027 vary by plan, ensuring that contribution increases are appropriately aligned with the expected healthcare costs of each plan.

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4. Why has the Active Smart contribution increased by 7.4% in 2027, after a 0% increase in 2026?

Active Smart received a 0% contribution increase in 2026 as part of a deliberate decision to preserve affordability and accessibility for younger members, particularly those aged 20 to 29. This decision was informed by the relatively low medical scheme penetration within this demographic and the importance of maintaining an attractive entry point into private healthcare cover. Additionally, the risk profile of the lives who joined Active Smart was better than initially assumed when the plan was priced. While contributions were held constant in 2026, healthcare costs and claims expenditure continue to increase annually in line with medical inflation. To ensure the ongoing sustainability of the plan and mitigate the risk of price shocks in future years, Active Smart contributions need to increase in line with underlying healthcare cost trends for 2027. A contribution increase of 7.4% is therefore proposed for 2027, ensuring that contribution levels remain appropriately aligned to the plan's risk profile and the expected cost of healthcare claims, while supporting the long-term financial sustainability and affordability of the option.

Benefit updates

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

5. Will all benefit limits increase from 1 January 2027?

On 1 January 2027 benefit limits will increase in line with relevant inflation, with the following exceptions remaining constant:

- Personal Health Fund
- Oncology Benefit Thresholds
- Specialised Medicine and Technology Benefit
- International Travel Benefit
- Overseas Treatment Benefit
- Surgical and appliance items which include the following limits:
 - External medical appliances, including the Home Monitoring Device Benefit and KeyCare mobility benefit
 - Cardiac stent
 - Prosthesis used in spinal surgery

In addition, Co-payments and deductibles will be increased by 3.9%.

Technical questions relating to risk-funded support for better knee health

6. Who is eligible for this benefit?

All DHMS members (excl KeyCare members and members on the new Active Core Plan due to these plans not offering funding for knee arthroscopies) with knee conditions that may require arthroscopy surgery will have access to a 3-month, risk-funded conservative care programme. The benefit can be activated by the member's orthopedic surgeon before knee surgery is required.

7. What does the benefit cover?

The 12-week programme provides access to a network physiotherapist to help members manage their condition, improve knee function and, where clinically appropriate, avoid surgery.

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Technical questions relating to the hospital network updates for 2027

8. How has the KeyCare hospital network changed for 2027?

Mediclinic Hermanus and Netcare Kroon hospital have been removed from the KeyCare Hospital Network. These changes will be communicated directly to affected members.

9. How will Active Smart be impacted by the introduction of the new Active Hospital Network?

The new Active Hospital Network will apply to both the Active Smart and Active Core plans. Active Smart previously utilised the Dynamic Smart Hospital Network and will now transition to the Active Hospital Network.

As a result, Active Smart members will have access to a static, published list of network hospitals, allowing them to clearly identify facilities where they can receive treatment without incurring an out-of-network penalty.

These changes will be communicated directly to affected members.

Active Smart members will be able to use the Discovery Health App as well as published network lists to view available network facilities.

10. Why has Active Smart's network changed from the Dynamic Smart Hospital Network to the Active Hospital Network?

The transition from the Dynamic Smart Network to the Active Hospital Network forms part of an enhancement to the Active Smart offering, aimed at providing members with greater certainty, transparency and ease of use when accessing hospital care.

The change was informed by feedback from members and brokers, who expressed a preference for a static, published hospital network that clearly identifies which hospitals are available to them. Members can now easily view participating hospitals in advance through published network lists and the Discovery Health App, making the network simpler to understand and navigate while still providing access to a carefully selected network of high-quality private hospitals.

11. Does the Active Hospital Network cover the same areas that the Dynamic Smart Hospital network covered?

While the Active Hospital Network does not include all of the regions that were previously part of the Dynamic Smart Hospital Network, it has been designed to provide strong coverage in the urban areas where the majority of Active members live and work.

The network spans 32 regions across South Africa and continues to provide access to a carefully selected network of leading private hospitals that deliver high-quality healthcare services. While the vast majority of members will continue to have convenient access to network hospitals, there will be a small number of members who may be affected by the network changes.

12. What is the geographic coverage of the Active Hospital Network?

The Active Hospital Network provides access to quality, private healthcare across 32 regions in South Africa. These regions were selected to provide access to hospital care in areas with a high concentration of working individuals and families.

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Technical questions relating to the enhanced Disease Management Programmes, Smoking Cessation Programme and CIB benefits

13. How is the DHMS Disease Management programme being enhanced in 2027?

DHMS is introducing additional benefits to support earlier intervention and closer monitoring for members with heart, kidney and cardiometabolic conditions. The benefits include:

- Earlier access to statin therapy for eligible members registered for hyperlipidaemia at increased risk of cardiovascular disease. To access this benefit members do not need to be enrolled on any specific Care Programme however, members will need to be registered on the Chronic Illness Benefit.
- An additional lipogram test for eligible members registered for hyperlipidaemia and enrolled on the Diabetes Care or Cardio Care Programmes as well as members enrolled on the Cardiometabolic Care programme (which is new in 2027) to support closer monitoring and timely treatment adjustments. Where cholesterol levels remain above target despite treatment, an additional specialist consultation will also be covered.

14. What is the smoking cessation programme, who is eligible for it and how is the benefit activated?

DHMS will fund access to a structured, evidence-based smoking cessation support programme which can increase the likelihood of successfully stopping smoking by up to three times.

Eligible members who have activated Personal Health Pathways will have access to the Go Smoke Free programme. All DHMS members who smoke are eligible for the programme and may activate the benefit up to three times in their lifetime.

15. What is the Virtual Chronic Care programme that is being introduced for 2027?

The CIB benefits have been enhanced by introducing the Virtual Chronic Care programme. This is a 9-month program that gives eligible members coordinated clinical care and ongoing virtual support. The programme combines the following:

Intelligent identification – predictive models identify members most likely to benefit from additional support

Coordinated Care – a dedicated care team works with the members and their nominated primary care provider to coordinate care

Ongoing support – members receive regular virtual support and can track their progress through the Discovery Health app.

16. What benefits does the Virtual Chronic Care programme provide?

The Virtual Chronic Care programme includes care coordination led by the member's primary care provider and supported by the Discovery Care team. The programme also covers remote monitoring devices suited to the member's chronic conditions as well as a home visit from a nurse to assess the member's health and assist with the monitoring devices. Additionally, a consultation with the member's primary care provider and up to 6 coaching sessions with a health and lifestyle coach is included in the programme.

17. How do members gain access to the Virtual Chronic Care programme?

Eligible members (i.e., members identified with complex chronic conditions) will be invited to enrol in the programme through a personalised WhatsApp message. Access to the programme is subject to the scheme's clinical entry criteria, treatment guidelines, and managed care protocols.

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Personal Health Fund Updates

Technical questions relating to updates to the Personal Health Fund for 2027

18. What is the Personal Health Fund?

The Personal Health Fund can be used for qualifying out-of-hospital healthcare expenses such as GP visits, specialists, medicines, pathology and radiology. For members with a Medical Savings Account, the Personal Health Fund preserves the Medical Savings Account, since healthcare expenses are funded from the Personal Health Fund first.

19. Are there any changes to items that are funded from the Personal Health Fund?

The following changes are necessitated to ensure long term sustainability of the fund, thus aligning to risk-funded basket funding principles similar to that of the Above Threshold Benefit. Selected lifestyle-enhancing products, including GLP-1 medicines, will no longer be funded from the Personal Health Fund. The R500 per policy per annum limit on OTC medicines has been retained to fund for OTCs and other lifestyle enhancing products/medicines (excluding GLPs). OTCs will continue to fund at 100% of the DHR up to the R500 limit. Copayment funding for scopes has also been removed and will not be funded from the Personal Health Fund any longer.

Additionally, medicine currently funds according to MSA reimbursement rules from PHF. In 2027, pharmacy claims being paid from PHF will align to the current rules and tiers which govern medicine claims paid from the Above Threshold Benefit (ATB). Payment for non-preferentially priced generic and brand medicine will be up to either 50% or 75% of the Discovery Health Rate, depending on the price of the medication relative to the cost of the preferentially priced medication. This will apply to all plans.

20. Will the once-off PHF boost introduced for 2026, still be applicable in 2027?

No, the once-off PHF boost was introduced for 2026 only and will end on 31 December 2026. Members will still be able to earn additional funds in their Personal Health Fund by completing Personal Health Pathway challenges that consist of a series/combination of clinically appropriate actions. New members will also still qualify for the once-in-a-lifetime additional PHF benefit.

21. Do the same rules apply to the PHF advance that were applicable in 2026?

No, in 2026 the advance (occurring in Jan 2026) was applicable to all members who completed the required actions during 2025, however, because it was a new benefit special dispensation was granted for 2026 so that members who completed those actions during the course of 2026 would still get the advance at the point of those actions being completed during 2026. From 1 January 2027, only those members who complete the actions in the previous year will receive the advance in January of the following year. Thus, the special dispensation is falling away.

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22. Why has the amount earned for completing digital screening actions decreased for 2027?

The amount allocated for digital actions has changed from R500 to R100, to match the effort involved, while higher effort clinical actions continue to attract a value of R500 per action. The value of each action will be displayed on the relevant tile as part of a member's Personal Health Pathway. The member is still able to earn the same maximum amount of funds in their PHF for 2027 as they were able to earn in 2026. The 4 digital screening actions for which the amount earned in the PHF has reduced includes; nominating a primary care provider, complete a 'My Breast Cancer Assessment', complete a Vitality Age assessment, and complete a mental wellness assessment.



Introduction of Active Core

Technical question relating to Active Core

23. What is Active Core?

Active Core is the newest addition to the Discovery Health Medical Scheme (DHMS) range and forms part of the Core Series, which offer purpose-built hospital cover. Designed for early-career and lower-income families, it is the most affordable plan in the DHMS range for families, while providing quality foundational cover. For a family of three (PAC), Active Core is 13% more affordable than the next most affordable DHMS option.

The plan provides protection for major healthcare events which can have significant financial impact on families, notably medical emergencies and the maternity journey. It also includes limited day-to-day funding through the Personal Health Fund, supporting members who prefer to direct their healthcare spending according to their needs. Cover is delivered through the Active Network, helping members access quality, cost-effective healthcare at an affordable cost.

Hospital care benefits:

- Full cover for emergencies (meeting the PMB requirements) in any private hospital
- Unlimited cover for admissions in the Active Hospital Network, with a standard deductible of R8,050 per admission for elective non-PMB procedures. An out-of-network deductible of R15,900 will also be applied to non-emergency admissions at any hospital that does not form part of the Active Hospital Network.
- Specialists who we do not have a payment arrangement with, and other healthcare professionals are covered up to a maximum of 100% of the Discovery Health Rate on Active Core during hospital admissions

Day-to-day benefits:

Personal Health Fund:

- Active Core members will be able to accumulate funds up to a maximum of R1,000 per adult, R500 per child, and up to R4,000 per family based on the completion of clinically appropriate (next best) actions.
- Members will also be able to accumulate additional funds through completing Personal Health Pathway challenges (consisting of a series/combination of clinically appropriate actions). Adult members will be able to accumulate an additional R1,000 for challenges up to a maximum of R4,000 per family.
- 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, R500 per child, and up to R4,000 per family
- The overall limit on the Personal Health Fund for Active Core policies is R8,000 per family

Additional benefits include:

- Screening and prevention benefits that cover vital tests to detect early warning signs of serious illness
- Comprehensive cover for pregnancy and early childhood which include 8 antenatal consultations, 2 2D scans, and 5 antenatal/postnatal consults.
- Full cover for chronic medicine on the formulary for all Chronic Disease List (CDL) conditions at a pharmacy in the network. For medicine not on the network, the Scheme pays up to the therapeutic reference price. Chronic dialysis is covered in state facilities.
- Benefits offered as part of the Scheme's disease management Care Programmes, including access to the Personal Health Pathways Programme

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24. What maternity benefits are included in the plan?

Members on the Active Core option have access to a comprehensive set of maternity and early childhood benefits, designed to support families throughout pregnancy, birth, and the early years of a child's life.

These benefits include:

- **Antenatal Consultations:** Members can access up to 8 antenatal consultations per pregnancy with a GP, gynaecologist, or midwife.
- **Pregnancy Scans:** Each pregnancy is covered for two scans, including 3D and 4D scans (funded up to the cost of a 2D scan).
- **Prenatal Screening:** Cover includes Non-Invasive Prenatal Testing (NIPT) or defined chromosome testing, subject to clinical entry criteria.
- **Routine Pregnancy Blood Tests:** A defined basket of pregnancy-related blood tests is covered once per pregnancy.
- **Antenatal Classes and Postnatal Visits:** Members are entitled to 5 consultations or classes with a registered nurse per pregnancy and/or delivery.
- **Postnatal Consultations:** One consultation is covered for complications following delivery, with a GP, gynaecologist, or midwife.
- **Mental Health Support:** Members can access 2 consultations during pregnancy or after delivery with a GP, psychologist, or counsellor.
- **Dietician Support:** One nutrition assessment is covered during pregnancy or after delivery.
- **Infant Consultations:** Children under the age of two are covered for 2 consultations with a paediatrician, ENT specialist, or GP.

25. What oncology benefits are covered on Active Core?

Active Core includes PMB level of care for oncology. Oncology care must be accessed through a ICON network facility to avoid the out-of-network copayment of 40%.

26. Will members on Active Core qualify for the Personal Health Fund?

Yes, the Personal Health Fund is available to all members of Discovery Health Medical Scheme (DHMS) and members will be able to accumulate funds for additional day-to-day healthcare expenditure based on their engagement with their Personal Health Pathway.

27. Does the Active Core plan include a Medical Savings Account (MSA)?

No, the Active Core plan does not have a Medical Savings Account. The plan has been designed to provide essential healthcare cover for major health events. The Personal Health Fund (PHF) can be used to cover day-to-day healthcare expenses up to a limit. Once the PHF has run out, the member will need to fund day-to-day healthcare expenses out-of-pocket except for where these day-to-day benefits are covered as part of approved baskets of care included on the plan (for example out-of-hospital maternity benefits like antenatal consultations with your doctor, Chronic Illness Benefit and/or out of hospital Prescribed Minimum Benefits).

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28. How does the Active Hospital Network work?

The Active Hospital Network is the hospital network Active Core and Active Smart members should use to avoid out-of-network penalties. The network was intentionally designed to provide coverage in regions with a high concentration of working families. Members have access to a selection of leading private hospitals that offer high-quality, efficient healthcare services in locations that are most relevant to their needs. By partnering with trusted facilities the network ensures seamless, reliable hospital cover while keeping healthcare affordable. The list of network hospitals can be accessed on the Discovery website as well as through the 'Find a Provider' tool on the Discovery Health App.

29. Can a member use a hospital outside of the Active Network?

The Active Hospital Network is the hospital network for Active Core and Active Smart members. Members on these options who choose to be treated in a hospital outside of the Active Hospital Network will be liable for a deductible of R15,900. Members are fully covered for emergency admissions in any private hospital.

30. 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 an emergency admission, the deductible will be refunded.

An upfront deductible of R8,050 also apply to all elective and non-PMB admissions, which the member must pay upfront to the hospital.

31. Must a Primary Care Provider (PCP) be selected for the management of chronic conditions?

Yes, members must nominate a Primary Care Provider who is on the Discovery Health GP Network. For members who choose a primary care provider that is outside of the Discovery Health GP Network or choose to use a GP other than their nominated GP, a copayment of 20% will apply to any of their consultations with the GP.

Members on this plan must also be referred for radiology and pathology services by their nominated GP to avoid a 20% co-payment.

32. Who is eligible for the Active Core plan?

Active Core is open to all existing and prospective members, subject to the Scheme Rules. However, the benefits are designed to cater for the unique needs of early career and lower income families seeking private, high quality foundation healthcare cover.

33. When will the Active Core plan be available?

The plan will be available for activation from 1 January 2027, subject to approval by the Council for Medical Schemes.



34. What are the exclusions that apply to the plans?

The Active Core plan will be subject to the general scheme exclusions.

In addition, the plan will have the following exclusions:

- 01 | All cosmetic treatment including but not limited septoplasties, osteotomies and nasal tip surgery,
- 02 | Benign breast disease,
- 03 | All costs relating to cochlear implants, processors and hearing aids,
- 04 | All costs relating to auditory brain implants,
- 05 | All costs relating to internal nerve stimulators,
- 06 | All costs relating to joint replacements,
- 07 | Arthroscopy,
- 08 | Back surgery,
- 09 | Neck surgery,
- 10 | Knee and shoulder surgery,
- 11 | In-hospital management of:
 - Conservative back treatment
 - Conservative neck treatment
 - Dentistry (services of surgical procedures which involve the hard or soft tissue of the mouth)
 - Skin disorders (non-life threatening) including benign growths and lipomas
 - Nail disorders
 - Investigations and diagnostic work-up
 - Endoscopic procedures
 - Functional nasal problems and functional sinus problems,
- 12 | Surgery for oesophageal reflux and hiatus hernia repairs,
- 13 | Removal of Varicose Veins,
- 14 | Correction of Hallux Valgus/Bunion and Tailor's bunion/Bunionette,
- 15 | Surgery and other healthcare services to correct refractive errors of the eye.