Enhancing benefits, without compromising affordability

Discovery Health Medical Scheme members have access to a platform that offers a comprehensive suite of healthcare professional networks, patient-management programmes, proprietary digital healthcare technology and state-of-the-art service capabilities.

Discovery Health Medical Scheme leverages this platform to provide you with quality healthcare and peace of mind:

- The most comprehensive plan range available in the market, with 23 plans to match members’ unique healthcare needs
- Contributions that are on average 16.2% below the market average
- Access to the most advanced digital health technology
- Access to care programmes and services to support you when you need them most
- Extensive networks of high quality doctors, hospitals and pharmacies to ensure you get the best healthcare at the most affordable cost
- Access to the world’s leading science-based wellness programme, Vitality

The strength of this platform also allows members to benefit from a series of enhancements in 2018, without compromising affordability.

Comparisons of our contributions with those of open scheme competitors is based on an internal analysis of publicly available marketing material for 2017.

Visit www.discovery.co.za to find pharmacies and doctors in our network

Discovery Health Medical Scheme, Registration 1125 is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorized financial services provider. This brochure is only a summary of the key benefits and features of the Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical Schemes. For detailed information on all Discovery Health Medical Scheme plan options, please visit www.discovery.co.za for access to your plan brochure as well as a full copy of the 2018 Scheme Rules once approved. Vitality is a separate product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07, an authorized financial services provider. HealthID is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorized financial services provider and administrator of medical schemes.
ENHANCEMENTS FOR 2018

2018 Discovery Health Medical Scheme benefit updates

Discovery Health Medical Scheme benefit updates

Over-the-counter medicine benefit on the Smart Plan

- In 2018, all Smart Plan members will have cover for over-the-counter medicine from a network pharmacy, subject to an annual limit
- Classic Smart Plan: R400 per family per year
- Essential Smart Plan: R600 per family per year

Day-to-day Extender Benefit

- In 2018, a member has spent their annual MSA allocation, the Day-to-day Extender Benefit will cover casual visits for children under the age of 10 at a network casualty unit, and GP consultations at healthCARE GPs that meet the digital criteria in the Discovery GP network. Cover depends on the plan you choose. Cover for pathology, acute medicine and external medical items through the Day-to-day Extender Benefit will be discontinued.

Limits, co-payments, deductibles and updates

The Scheme reviews benefit limits on an annual basis to ensure appropriate and sustainable cover.

- For 2018, all benefit limits will be increased in line with your plan-specific contribution increase, with the exception of the strategy threshold, External Medical items (EMI) and internal prostheses limits.
- All co-payments and deductibles will increase in line with your plan-specific contribution increase with the exception of 5% increases for co-payments on MRI and CT scans.
- KeyCare preauthorisation required for casual visits.
- If you are registered on the KeyCare Programme and you are on a Priority, Saver, Smart or KeyCare plan, you have to use a Premier Plus GP to manage your condition to avoid a 20% co-payment.

Executive Plan Enhancements

The Executive Plan currently offers members the most comprehensive benefits of all Discovery Health Medical Scheme plans, at a contribution that is 28% lower than that of comparable plans in the market. The extensive benefits of the Executive Plan provide members with absolute peace of mind that the healthcare needs of their families, regardless of their current state of health, are comprehensively catered for. In 2018, the Executive Plan will offer enhanced benefits for treatment overseas and restructured day-to-day and in-hospital benefits.

Executive Plan – A Global Treatment Platform

- The Global Treatment Platform offers members access to medical treatment outside South Africa.

- International Second Opinion Services
  - Members and their treating specialist can access a second opinion for the investigation, specification and treatment from world leaders in specific fields at the Cleveland Clinic, funded in full by the Executive Plan.

- Overseas Treatment Benefit
  - Executive Plan members can access advanced medical care outside South Africa.
  - Members have R750 000 to cover the cost of medical treatment and includes in South Africa.
  - Members are allowed R300 000 to cover the cost of voluntary in-hospital medical treatment outside South Africa.

- Both these benefits are subject to Scheme guidelines and managed care protocols, and a 20% co-payment.

International Travel Benefit

- In 2018, Executive Plan members will have US$ 1 million per member to cover the cost of medical emergencies while travelling outside SA.

Restructuring cover for day-to-day and in-hospital healthcare expenses

- In 2018, the Executive Plan will offer members cover for day-to-day healthcare expenses through the following benefit structure:
  - A Medical Savings Account, equal to 25% of annual contributions
  - Once the MSA has been exhausted, members can self-fund through the Self-payment Gap.
  - The Day-to-day Extender Benefit will cover a defined list of healthcare services during this Self-payment Gap.
  - An Unlimited Above Threshold Benefit

Currently, other than MSA, day-to-day benefits cover the cost of in-hospital treatment by healthcare professionals. In 2018, these will only be covered by the Hospital Benefit, and the Medical Savings Account will be exclusively for out-of-hospital medical expenses.

MTW 2017-2018

Introducing DrConnect

Every year over a billion people turn to the internet to get information about their health and wellness. It is estimated that 1 in 2 of these searches are about health-related concerns. Unfortunately, these searches yield the correct answer less than 34% of the time.

Discovery Health (Pty) Ltd., an administrator of your Discovery Health Medical Scheme membership, has partnered with HealthTap Inc to provide DrConnect. The DrConnect functionality provides you with seamless access to high quality medical information from a worldwide network of doctors and facilitates personalised interactions between you and your doctor.

DrConnect. Doctor Advice. On your device.

105 000 doctors available worldwide to answer medical questions

174 countries

5 billion doctor-created medical answers

Connect with your doctors

- When it’s simply not possible to see your doctor, there is trusted advice at your fingertips.
- Access trusted doctor advice on your device from over 100 000 doctors worldwide, including doctors in SA.
- View your health guide and checklists.
- Get doctor-created checklists to help you manage your chronic condition and pregnancy.

DrConnect. Doctor Advice. On your device.

When you access the Ask a doctor functionality on the Discovery app, you will automatically be prompted to download the DrConnect app on your phone.

Ask a doctor a medical question anywhere, anytime.

Subscribe to health goals to manage chronic conditions, pregnancy and other wellness goals.

Get personalised doctor-created checklists.

Virtual follow-up consultations can only be conducted with a doctor that you have visited in the past 12 months.

These consultations will be paid from your available day-to-day benefits.

You need to download the Discovery DrConnect app once and then the DrConnect functionality will be available, and accessed directly from the Discovery app.

Benefits of DrConnect

- If your doctor is available for follow-up virtual consultations, these can be booked and conducted using the app.
- Virtual follow-up consultations can only be conducted with a doctor that you have visited in the past 12 months.
- These consultations will be paid from your available day-to-day benefits.
My Pregnancy and My Baby app features

**During your pregnancy**

**Antenatal consultations**
You are covered for up to 12 visits at your gynaecologist, GP or midwife, based on the plan you choose.

**Ultrasound scans and prenatal screening**
You are covered for up to two ultrasound scans and one nuchal translucency or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria.

**Blood tests**
A defined basket of blood tests per pregnancy are included in the maternity benefit.

**Private ward**
You have cover for up to R1 880 per day in a private ward for your delivery in hospital, on the Executive and Comprehensive plans.

**Essential registered devices**
Executive and Comprehensive plans have cover for up to R5 000 for essential registered devices e.g. breast pumps and smart thermometers, with a co-payment of 25%.

**For two years after birth**

**GP and specialist visits**
Your baby is covered for up to two visits with a GP, paediatrician or an ENT. Cover depends on the plan you choose.

**Six week consultation**
You are covered for one six week post-birth consultation with a midwife, GP or gynaecologist.

**Nutrition assessment**
You are covered for one nutrition assessment with a diettian.

**Mental health**
You are covered for up to two mental health consultations with a counsellor or psychologist.

**Lactation consultation**
You are covered for one lactation consultation with a registered nurse or lactation specialist.

Visit www.discovery.co.za for detailed benefit information.

*These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate (the Discovery Health Rate is a rate set by us at which we pay for healthcare services from hospitals, pharmacies and healthcare professionals). This cover does not affect your day-to-day benefits and depends on the plan you choose. Benefits will be activated when your pregnancy profile is created in the Discovery app, on our website www.discovery.co.za, when you pre-authorise your delivery or when you register your baby onto the Scheme. These benefits are available from 2018 per pregnancy per child up to two years after birth. Births before 2018 are subject to activation.*
Discovery Health Medical Scheme is regulated by the Council for Medical Schemes.

The following channels are available for your complaints and we encourage you to follow the process.

**Step 1** – To take your query further: If you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on [www.discovery.co.za](http://www.discovery.co.za). We would also love to hear from you if we have exceeded your expectations.

**Step 2** – To contact the Principal Officer: If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on [www.discovery.co.za](http://www.discovery.co.za) or by e-mailing principalofficer@discovery.co.za.

**Step 3** – To lodge a dispute: If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the website.

**Step 4** – To contact the Council for Medical Schemes: Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.com | 0861 123 267 | www.medicalschemes.com

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