

2019 | PRODUCT INFORMATION

Contribution sustainability, enhanced benefits and greater access to healthcare

Discovery Health Medical Scheme offers more than 2.8 million members affordable access to comprehensive healthcare benefits, with a superior digital experience, and peace of mind that your healthcare is in good hands at every stage of your health journey.

In 2019, Discovery Health Medical Scheme will prioritise you healthcare and wellness by:

- Continuing to offer the widest range of plans to choose from, designed to suit your individual health and financial needs
- Offering unmatched benefits with unlimited private hospital cover and full cover in our networks, at the most affordable cost
- Access to the most advanced digital health technology providing seamless support for you and your doctors.

A world of digital support is one click away



Discovery Find a Provider, fully interactive, real time technology that helps you find doctors and hospitals on our networks, matched to your needs and benefits

Track your health, if you are at risk of developing or diagnosed with cardiovascular disease or diabetes, we will provide you with tailored goals you need to take to help you manage your health and track your progress

Medicine Tracker, a digital pillbox in the Discovery member app that allows you to add your medicines and set reminders and prompts

2019

Discovery Health Medical Scheme **Benefit Updates**



Key updates to Discovery Health Medical Scheme benefits for 2019



Introducing the Discovery Day Surgery Network

The Discovery Day Surgery Network, which includes both day surgery centres and acute hospitals, provides national coverage for a range of medical procedures that can be performed on a same day basis.

The list of network facilities will be available on www.discovery.co.za from December 2018.

The Discovery Day Surgery Network as Designated Service Provider

In 2019, the Discovery Day Surgery Network will be the Designated Service Provider for a defined list of clinically appropriate procedures on Priority, Saver, Core, Smart and KeyCare plans.

The list of procedures is available on www.discovery.co.za and listed in your plan series guide.

Priority, Saver, Core and Smart Plans

For the defined list of clinically appropriate procedures, you will be covered in full if the procedure is performed in the Discovery Day Surgery Network.

You will have to pay an upfront payment if you choose to have these procedures performed outside of your plan's day surgery network:

- Priority, Saver and Core plans: R5 000
- Delta options: R7 650
- Smart plans: R8 800

Where a benefit co-payment is applicable, the higher of the co-payment or upfront payment will apply.

In the case of an emergency, no upfront payment will be applied outside the network.

KeyCare Plans

For the defined list of clinically appropriate procedures, you will be covered in full if the procedure is performed in the Discovery Day Surgery Network.

You will not have cover if you choose to have these procedures performed outside of the network facilities unless in the case of an emergency.



Changes to the Chronic Illness Benefit for 2019

From 1 January 2019, certain formulary changes and Chronic Drug Amount updates will be applied. We have communicated these changes to you if you are impacted.

You have until the end of 2018 to make changes to your treatment to avoid co-payments.



Updates to the funding of scopes for the KeyCare Plans:

Funding for in-hospital endoscopies on all KeyCare plans will be covered for children under the age of 12, or if related to a surgical procedure or subject to Prescribed Minimum Benefits in 2019.



Introduction of MedXpress as Designated Service Provider for Priority and Saver plans

From 2019, the MedXpress Pharmacy Network will be the Designated Service Provider for chronic medication on the Priority and Saver plans.

Should you choose to use a pharmacy outside the MedXpress Pharmacy Network, a 20% co-payment will apply.

The change will be implemented with effect from 1 April 2019 if you are already registered on the Chronic Illness Benefit, and from 1 January 2019 if you are newly registered on the Chronic Illness Benefit.

The MedXpress Pharmacy Network includes all Clicks pharmacies, all Dis-Chem pharmacies and a large proportion of independent pharmacies.

If you do not have access to a MedXpress network pharmacy you can also use the MedXpress delivery service for nationwide delivery of chronic medicine.



Updates to benefit limits, co-payments, upfront payments and thresholds

- Co-payments and upfront payments will increase by the plan-specific contribution increases.
- Thresholds for the Above Threshold Benefits will increase as follows:
 - Executive Plan: 11,9%
 - Comprehensive Plans: 11,9%
 - Priority Plans: 10,9%
- Benefit limits will increase by the plan-specific contribution increases, with the exception of the following:
 - Internal prosthesis limit, which will increase by surgical inflation
 - The following benefit limits will remain the same:
 - International Travel Benefit limit
 - Overseas Treatment Benefit limit
 - Oncology Benefit threshold
 - Specialised Medicine and Technology Benefit limit
 - Hip, knee and spinal prostheses limit
 - External Medical Items limit.



Introduction of Designated Service Provider for Renal Dialysis and Oncology on Essential Smart

In 2019, Essential Smart will cover oncology and renal dialysis in full through a network of Designated Service Providers:

- Oncology will be covered in full in the ICON network
- Renal dialysis will be covered in full in state facilities

If you choose to use providers outside the Designated Service Provider network, the Scheme will cover healthcare expenses up to 80% of the Discovery Health Rate.

Essential Smart members with an approved oncology treatment plan continuing into 2019 may complete their active treatment plan at their current provider.

Enhanced cover for members with cancer

Oncology Care 2019

Discovery Health Medical Scheme provides you with comprehensive cover relating to cancer, from specific screening programmes for cancer, to comprehensive cover for treatment options, to compassionate palliative care benefits.

In 2019, the Oncology Care programme will provide Executive and Comprehensive plan members with enhanced cover for a number of non-PMB treatment options through the Extended Oncology Benefit.

These members will also benefit from access to innovative cancer treatments through the Oncology Innovation Benefit.

Oncology Benefit

If you are diagnosed with cancer and once we have approved your cancer treatment, you are covered by the Oncology Care Programme. We cover your approved cancer treatment over a 12-month cycle.

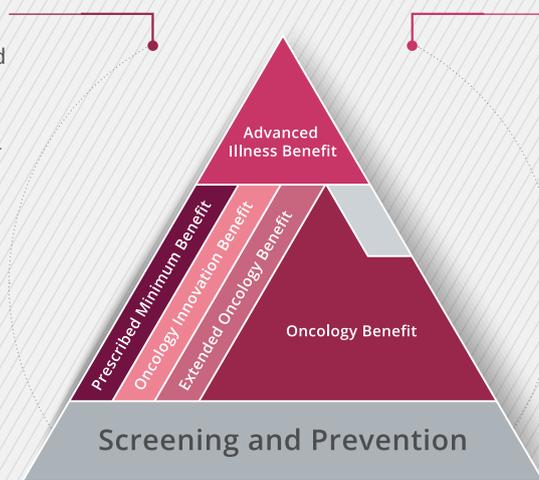
On Executive and Comprehensive plans we cover the first R400 000.

On Priority, Saver, Smart and Core plans we cover the first R200 000.

If your treatment costs more than the cover amount, we will cover up to 80% of the subsequent additional costs, except if the treatment forms part of the extended cover offered on the Comprehensive and Executive plans, which we will cover in full.

On Essential Smart we cover cancer treatment in our network.

All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). You might have a co-payment if your healthcare professional charges above this rate.



Advanced Illness Benefit

Members with cancer have access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home.

Screening for cancer

Members have cover for mammograms, Pap smears and prostate screening, as well as specialised cancer screening, eg BRCA and MRI for breast cancer if you meet the clinical entry criteria.

NEW FOR 2019

Prescribed Minimum Benefits

Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full. On the KeyCare plans we cover cancer treatment in our network, or in a state facility if you are on KeyCare Start. If you choose to use any other provider, we will only cover up to 80% of the DHR.

The Oncology Innovation Benefit

On the Executive and Comprehensive Plans you have cover for a defined list of innovative cancer medicines that meet the Scheme's criteria. You will need to pay 25% of the cost of these treatments.

NEW FOR 2019

The Extended Oncology Benefit

On the Executive and Comprehensive plans you also have extended cover in full for a defined list of cancers and treatments that meet the Scheme's criteria.

You need to get your approved oncology medicine on our medicine list from a Designated Service Provider (DSP) to avoid a 20% co-payment. Speak to your treating doctor to confirm that they are using our DSPs for your medicine and treatment received in rooms or at a treatment facility.

You have access to condition-specific **care programmes** through your Premier Plus GP

Discovery Health Medical Scheme offers you a number of condition-specific care programmes. The care programmes are managed through the Discovery Premier Plus GP network, and provide you and your Premier Plus GP with benefits, care pathways and digital tools to manage your health.

Introducing Cardio Care

If you are registered on the Chronic Illness Benefit for hypertension, hyperlipidaemia and ischaemic heart disease you have access to a defined basket of care and an annual cardiovascular assessment, if referred by your Premier Plus GP and enrolled on the Cardio Care programme.

Diabetes Care

If you are registered on the Chronic Illness Benefit for diabetes, you can join the Diabetes Care programme. The programme unlocks cover for additional consultations with dietitians and biokineticists. In 2019, you also have access to a nurse educator to help you with the day-to-day management of your condition. On all plans except the Executive and Comprehensive plans you have to see a Premier Plus GP to avoid a 20% co-payment.

Introducing Mental Health Care

If you meet the Scheme's clinical entry criteria you have access to defined cover for the management of episodes of major depression. Enrollment on the programme unlocks cover for prescribed medicine, and additional GP consultations to allow for effective evaluation, tracking and monitoring of treatment.

HIV Care programme

If you are registered on the HIV programme, you are covered for the care you need, which includes additional cover for social workers. You can be assured of confidentiality at all times. On all plans except the Executive and Comprehensive plans you have to see a Premier Plus GP to avoid a 20% co-payment. You need to get your medicine from a designated service provider (DSP) to avoid a 20% co-payment.

Track your health

Get healthier with goals tailored to your specific health needs

If you are at risk of developing or diagnosed with cardiovascular disease or diabetes, we will provide you with tailored goals you need to take to help you manage your health and track your progress.



Health checks

Tailored recommendations about general screening tests, as well as additional tests you may need to complete based on your age, gender and health profile. Clinical entry criteria may apply to some of these tests



HealthyFood

Get recommendations on which foods to buy more or less of based on your food purchasing behaviour



Weight management

A tailored weight loss journey designed to help members achieve or maintain their recommended weight goal



Medicine tracker

Reminders and prompts to keep members on track with taking medicine on time and as prescribed



You will get rewarded for achieving each of your recommended personalised goals.

You will be prompted to register for these programmes through the Discovery member app.



You can set up medicine reminders, pre-populated from your approved chronic medicines



You will be prompted to take your medicine and confirm the time each dose is taken



If you achieve at least 85% weekly medicine adherence you will earn Vitality reward points



KeyCare 2019

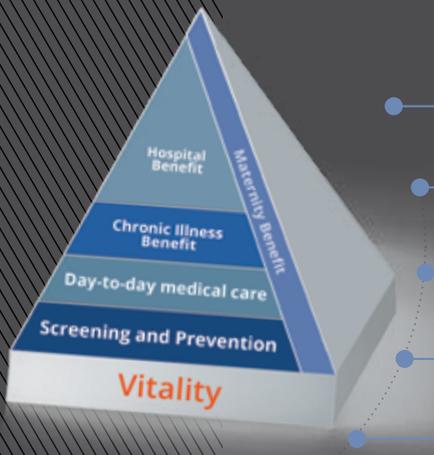
To expand access to private healthcare and to ensure that KeyCare remains sustainable in the long term for all members, the plan range will be restructured in 2019. The changes include the following:

01 | KeyCare Access will be renamed KeyCare Start, with a redesigned benefit structure

02 | The income bands below R13 050 per annum for KeyCare Plus and Core will be consolidated

The changes aim to maintain benefits for members with significant healthcare needs on KeyCare Plus and KeyCare Core, while retaining affordable access to private healthcare through KeyCare Start.

KeyCare 2019



KeyCare Start

KeyCare Core

KeyCare Plus

	KeyCare Start	KeyCare Core	KeyCare Plus
Extensive day-to-day and hospital cover through private healthcare providers			
Hospital Benefit	✓	✓	✓
Maternity	✓	✓	✓
Chronic Illness Benefit	S	✓	✓
Day-to-day medical care	✓	✓	✓
Screening and Prevention	✓	✓	✓

S State

✓ Cover for antenatal services and specialist consultations only

KeyCare Start

KeyCare Start offers extensive day-to-day and hospital cover and preventative care benefits through an innovative combination of healthcare networks, from as little as R839 per month.

UTILISING REGIONAL NETWORKS FOR THE MOST COST-EFFICIENT HEALTHCARE DELIVERY

KeyCare Start members will access healthcare through regional networks. Each regional network is designed around a KeyCare Start GP and hospital that offers a full array of medical, surgical and emergency services. The KeyCare Start hospitals are supported by the day surgery network and a network of facilities and healthcare professionals that provide

routine healthcare services, including health screening, primary care, dentistry, optometry, after-hours care and day surgeries.

This ensures that you receive the best healthcare possible through the network for your particular needs.

THE KEYCARE START HOSPITAL NETWORK

We cover you in full at the agreed rate in your chosen KeyCare Start Network Hospital. If you do not use your chosen hospital for a planned admission, you will need to pay these claims.

Based on your chosen KeyCare Start GP you have access to a KeyCare Start Network Hospital in your region.

Eastern Cape

- East London**
Life Beacon Bay Hospital
- Port Elizabeth**
Life Mercantile Hospital

Free State

- Bloemfontein**
Life Rosepark Hospital

Gauteng

- East Rand (South)**
Clinix Botshelong Empilweni Private Hospital
- East Rand (North)**
Lenmed Health Zamakhule Private Hospital
- JHB Central**
Life Brenthurst Hospital

Gauteng (continued)

- Pretoria**
Life Eugene Marais Hospital
- Soweto**
Clinix Tshepo-Themba Private Hospital
- Vaal Triangle**
Clinix Naledi-Nkanyezi Private Hospital

KZN

- Durban**
Life Entabeni Hospital
JMH City Hospital (maternity only)
- Pietermaritzburg**
Netcare St Annes Hospital
- Empangeni/Richards Bay**
Life Empangeni Garden Clinic

Limpopo

- Polokwane**
Mediclinic Polokwane

Mpumalanga

- Middelburg**
Life Midmed Private Hospital
- Nelspruit**
Mediclinic Nelspruit

North West

- Rustenburg**
Life Peglere Hospital

Western Cape

- Cape Flats**
Melomed Gatesville
- Cape Town**
Netcare Christiaan Barnard Memorial Hospital
Melomed Bellville
- George**
Mediclinic George
Mediclinic Geneva (maternity only)

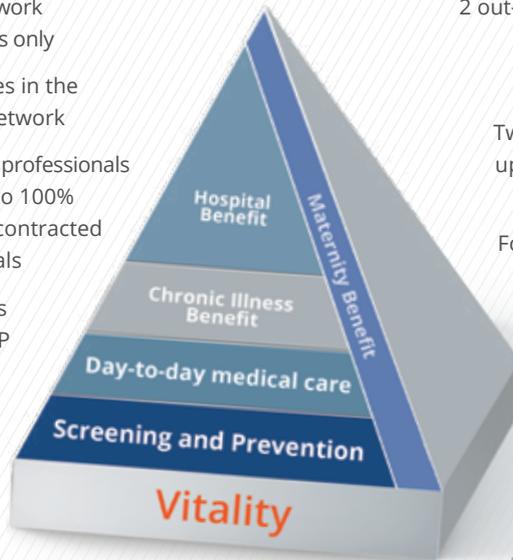
KEYCARE START IN 2019



- Unlimited cover for admissions in your chosen KeyCare Start Network hospital
- Outside your chosen KeyCare Start Network hospital you have cover for emergencies only
- Unlimited cover for a list of procedures in the regional KeyCare Start Day Surgery Network
- Full cover for specialists and healthcare professionals contracted to KeyCare, and cover up to 100% of the Discovery Health Rate for non-contracted specialists and healthcare professionals
- Cover for after-hours emergency visits to your chosen KeyCare Start GP or GP network provider



- Unlimited GP visits at your chosen KeyCare Start GP
- 2 out-of-network visits to a KeyCare GP
- Acute medicine dispensed by your KeyCare Start GP
- Two private specialist visits covered up to R2 000 per person, if referred by your KeyCare Start GP
- Formulary radiology and pathology
- Conservative dentistry in the KeyCare network
- Defined optometry in the KeyCare network



- Cover for chronic medicine through a state facility
- Cover for cancer treatment through a state facility
- Cover for renal dialysis through a state facility



- Annual health check at a wellness provider for adults and children

KeyCare members have additional flexibility in plan selection for 2019

KeyCare members will have the option to change their current plan choices during the year-end review period.

Where you do not request an option change the following default options will be applied on 1 January 2019:

01 | If you are on the lowest income band of KeyCare Plus in 2018 you will remain on the new lowest income band of KeyCare Plus in 2019. You will have the option to change your plan until **30 June 2019**.

02 | If you are on the lowest income band of KeyCare Core in 2018 you will remain on the new lowest income band of KeyCare Core in 2019. You will have the option to change your plan until **30 June 2019**.

03 | If you are on KeyCare Access in 2018 you will remain on KeyCare Start in 2019 based on your income band as at 31 December 2018. You will have the option to change your plan until **30 June 2019**.

Discovery Find a provider

Get the best care

Fully interactive, real time technology that helps you find doctors and hospitals, on our networks matched to your needs and benefits.

Find a provider



EMPOWERS YOU

You can manage your health through self-directed digital tools



ACCESS INFORMATION

You have the information you need to navigate the healthcare system more effectively



HEALTH DATA ACCESS

You can share your health record with your doctor



IMPROVE ACCESS TO CARE

You have access to care when and where you need it, including video consultations through DrConnect



LOWERING COSTS

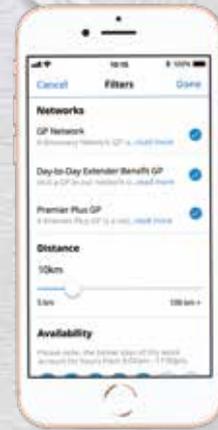
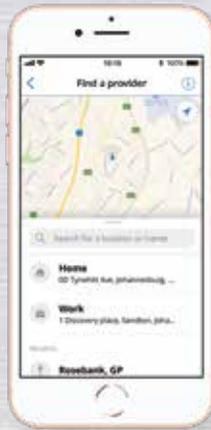
Search results enable you to find options for full cover



Download the Discovery app

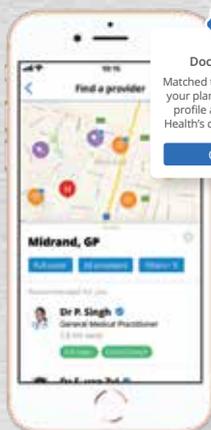


Available 2019



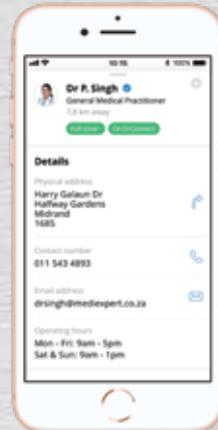
You can perform a general search based on your location, or for specific doctors or healthcare facilities

You can apply filters to narrow your search based on plan benefits, provider type, distance and availability



Doctor Maps
Matched to you based on your plan choice, health profile and Discovery Health's doctor database

Got it



See results for all healthcare professionals and facilities based on your search criteria, with all recommended doctors and Designated Service Providers highlighted.

Recommendations are made according to your health profile, health plan and location

Once you have chosen a doctor, you can:

- > View how your plan will cover the visit to the doctor
- > View how other Discovery Health Medical Scheme members rate the doctor
- > Grant consent for your doctor to view your health record on HealthID
- > Share your doctor's profile and add the doctor to a list of favourites
- > Get directions to your doctor's practice, or link straight to Uber to go to the practice



Discovery Emergency Assist

Discovery is enhancing the Emergency Assist functionality on the Discovery member app to take better care of you in an emergency.

You will be able to access emergency services for medical emergencies by requesting these on the Discovery app. This will be available from both the logged out screen and within the Discovery App. You can have peace of mind in knowing that their location and important emergency information is sent to the dispatcher with an immediate call-back.

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. 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 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



www.discovery.co.za



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