2021 PLAN COMPARISON





EXECUTIVE		COMPREHENSIV	Έ	PRIC	DRITY		SAVER		SM	ART		CORE			KEYCARE	
	Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start

PMB

Prescribed Minimum Benefits (PMB) All Discovery Health Medical Scheme (DHMS) plans cover the costs related to the diagnosis, treatment and care of: an emergency medical condition, a defined list of 270 diagnoses, a defined list of

(PMB)				,								
Medical Savings Account (MSA) and day-to-day benefits	Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology as long as you have money available.	Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology as long as you have money available.	This plan does not offer a Medical Savings Account. Access to a defined set of benefits including GP consultations, certain specialist visits, certain acute medicine when prescribed by a Smart GP and over-the-counter medicine, dental check up and optometry check up with fixed co-payments and limits.	Pays for day-to-		medicine,	n fees, prescribed and over-the-counter have money available.	This plan does not offer a Medical Savings Account. Access to a defined set of benefits including GP consultations, certain acute medicine when prescribed by a Smart GP and over-the-counter medicine, dental check up and optometry check up with fixed co-payments and limits.		This plan does not offer a Medical Savings Account.	This plan does not offer a Medical Savings Account. Day-to-day benefits through your chosen GP and day-to-day medicine from our medicine list when prescribed by your chosen KeyCare GP. We pay for basic radiology and pathology at a network provider.	This plan does not offer a Medical Savings Account. Day-to-day benefits through your chosen KeyCare Start GP and day-to-day medicine from our medicine list when prescribed by your chosen KeyCare Start GP. We pay for basic radiology and pathology if referred by your chosen KeyCare Start GP.
Day-to-day Extender Benefit		Pays for certain day-to-day benefits after you have run out of money in your MSA and before you reach the Annual Threshold. Covers unlimited pharmacy clinic consultations in our	This plan does not offer this benefit.	Pays for certain day after you have run o your Medical Saving and before you read Threshold.	out of money in g Account		ay-to-day benefits after you have run out of dical Savings Account.					
	wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. On Classic, you also have additional cover for kids casualty visits.		Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR.	Covers limited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	Covers limited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR.			These plans do not offer this benefit.		
Above Threshold Benefit		day healthcare services once you reach you efit is unlimited. Annual benefit limits may			s limited. Annual				These	olans do not offer this benefit.		
	We pay the first R3 130 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	We pay the first R3 130 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.		We pay the first R3 CT scan from your C We cover the baland the Hospital Benefit For conservative ba a limit of one scan p region applies.	130 of your MRI or day-to-day benefits. ce of the scan from t, up to the DHR. ack and neck scans	available MSA. We Hospital Benefit, u	3 130 of your MRI or CT scan from your cover the balance of the scan from the up to the DHR. For conservative back and of one scan per spinal and neck region	You must pay the first R3 130 of your MRI or CT scan. We cover the balance of the scan from your Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	not offer this benefit.	These plans do not offer this benefit.	MRI and CT scans are paid from the Specialist Benefit up to a limit of R4 530 for a person a year.	MRI and CT scans are paid from the Specialist Benefit up to a limit of R2 270 for a person a year.
Cover during your pregnancy and for two years after your baby's birth once the benefit is activated	 During pregnancy 12 antenatal consultations with your gynaecologist, GP or midwife Two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria Private ward cover up to R2 220 per day for your delivery in hospital Cover for up to R5 350 for essential registered devices with 25% copayment A defined basket of blood tests Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth. 	 After you give birth Your baby is covered for up to two vipaediatrician or an ENT You are covered for one six week pos at your midwife, GP or gynaecologist post delivery One nutritional assessment at a dieti Two mental health consultations with psychologist One breastfeeding consultation with a breastfeeding specialist. 	st-birth consultation for complications tian n a counsellor or	 Two 2D ultrasour for 2D scans One chromosom A defined basket 	ne test or Non-Invasive t of blood tests	e nuchal translucenc	nidwife cy test. 3D and 4D scans are paid up to the r) if you meet the clinical entry criteria registered nurse up until two years after you		 You are covered delivery One nutritional Two mental hea One breastfeedi 	ered for up to two visits to a GP, paediatrician or an ENT for one six week post-birth consultation at your midwife, GP or assessment at a dietitian th consultations with a counsellor or psychologist ng consultation with a registered nurse or a breastfeeding speci hefits on KeyCare Start, your chosen GP must refer you.		

		EXECUTIVE		COMPREHENSI	/E	PRIC	DRITY		SAVER		SN	IART		CORE			KEYCARE	
			Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start
	Conditions	You have cover for the 27 Chronic Diseas Prescribed Minimum Benefits list as well Disease List.							You have	e cover for the 27 Chro	onic Disease List cond	ditions according to th	ne Prescribed Minimu	m Benefits				
CHRONIC COVER	Medicine cover	Approved medicine on our medicine list covered in full (not applicable to ADL conditions). Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	our medicine list (ADL). Full cover for Delt MedXpress or a M pharmacy. Medici paid up to 100% c	roved medicine on (not applicable to ta options if you use MedXpress network ine not on our list of the DHR up to a monthly Chronic Drug	Full cover for approved medicine on our medicine list. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine list covered in full v MedXpress or a Me pharmacy. Medicin paid up to 100% of maximum of the m Amount.	vhen you use edXpress network e not on our list	you use MedXpress Medicine not on ou	e on our medicine list s or a MedXpress net ir list paid up to 100% maximum of the mo	6	Approved medicin- list covered in full v MedXpress or a Me Pharmacy. For mer we cover up to the formulary drug.	when you use edXpress Network dicine not on our list,	you use MedXpress Medicines not on o	s or a MedXpress net	9% of the DHR up to a		of our network r chosen GP. Your rescribe the chronic icine not on our list,	We cover your chronic medicine in a state facility.
		We cover the first R400 000 of your appro cycle in full.	oved cancer treatme	ent over a 12-month	We cover the first R300 000 of your approved cancer treatment over a 12-month cycle in full.	cancer-related heat treatment that is a a designated service	8200 000 of your appr lthcare services are co Prescribed Minimum re provider (DSP), whe atment costs more th	overed up to 100% of Benefit (PMB) is alwa ere applicable. All PME	the Discovery Health ys covered in full, sub 3 treatment costs add	Rate (DHR). Cancer oject to the use of d up to the cover	up to 100% of the Rate (DHR). Cancer	reatment over a full. All cancer- services are covered Discovery Health t reatment that is a	treatment over a 1 healthcare services Health Rate (DHR). Minimum Benefit (I to the use of a desi	Cancer treatment the PMB) is always cover gnated service provid	All cancer-related 00% of the Discovery at is a Prescribed ed in full, subject der (DSP), where	Minimum Benefit (covered in full, sub a designated servio where applicable. cancer treatment in	ject to the use of e provider (DSP), (ou have cover for n our network.	Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full,
CANCER COVER		All cancer-related healthcare services are Cancer treatment that is a Prescribed Mir use of a designated service provider (DSP cover amount. If your treatment costs mo additional costs.	nimum Benefit (PME P), where applicable.	B) is always covered in f . All PMB treatment cos	full, subject to the its add up to the	-					Prescribed Minimu always covered in 1 use of a designater (DSP), where applic treatment costs m amount, you will n the subsequent ad On Essential Smar treatment in our n	full, subject to the d service provider cable. If your ore than the cover eed to pay 20% of ditional costs. t, we cover cancer	amount. If your tre	treatment costs add atment costs more tl ver up to 80% of the	han the cover	If you choose to us we will cover up to		 subject to the use of a designated service provider (DSP), where applicable. You have cover for cancer treatment in a state facility. If you choose to use any other provider, we will cover up to 80% of the DHR.
		Once you have reached your cover limit, y defined list of cancers and treatments that									These plans do n	ot offer this benefit.	1			1		
	Oncology Innovation Benefit	You have cover for a defined list of innova Scheme's criteria. You will need to pay 25		nes that meet the							These plans do n	ot offer this benefit.						
	Advanced Illness Benefit	Members with cancer have ac	cess to a comprehe	nsive palliative care pro	ogramme. This progra	mme offers unlimited	l cover for approved o	care at home, care co	ordination, counsellin	ng services and suppor	rtive care for appropr	iate end-of-life clinica	l and psychologist ser	vices. You also have	access to a GP consul	tation to facilitate you	r palliative care treat	ment plan.
	Private hospital cover in a general ward	Unlimited cover plus private ward cover of up to R2 220 each day.	Unlimited cover	r plus private ward cove day for your delivery		Unlimit	ed cover		Unlimited cover		Unlimi	ted cover		Unlimited cover			Unlimited cover	
	Private hospital	You are covered in any facility approved by the Scheme.	approved by the S on Delta options v Hospital Network For planned admi Delta Hospital Ne	in any facility Scheme. Full cover when using the Delta c of private hospitals. issions outside of the twork, you must pay ent to the hospital of	Full cover in the Smart Hospital Network. For planned admissions at hospitals outside of the Smart Hospital Network, you must pay an upfront payment of R9 950 to the hospital.	payment of betwee applies for a define Where these proce the list of procedur	theme. An upfront en R3 850 to R18 600 ed list of procedures. dures form part of res to be performed network, the higher	the Delta Hospital I hospitals. For planned admiss Delta Hospital Netv	heme. options when using Network of private sions outside of the	Full cover in any approved private hospital in the four coastal provinces network. If you use a hospital outside the coastal network, we pay up to 70% of the DHR of the hospital account and you must pay the difference.		sions at hospitals rt Hospital Network, pfront payment of	You are covered in approved by the So Full cover on Delta the Delta Hospital I hospitals. For planned admiss Delta Hospital Netv an upfront paymer R8 700.	heme. options when using Network of private sions outside of the vork, you must pay	Full cover in any approved private hospital in the four coastal provinces network. If you use a hospital outside the coastal network, we pay up to 70% of the DHR of the hospital account and you must pay the difference.	Network, we pay u If you do not use h	letwork. al in the Partial Cove p to 70% of the DHR	
HOSPITAL COVER		You are covered in any facility approved by the Scheme.	a day surgery faci An upfront payme for admission to a the day surgery n payment of R8 70	ent of R5 700 applies a facility outside of letwork. An upfront 00 applies on the Delta med outside of the	We cover a defined list of procedures in the Smart day surgery network. An upfront payment of R9 950 applies for admissions to a facility outside of the Smart day surgery network.	a day surgery netw An upfront paymer for admissions to a the day surgery net procedures form p	nt of R5 700 applies facility outside of twork. Where these art of the list of ures with an upfront er	network. An upfront paymer a facility outside of payment of R8 700	list of procedures in at of R5 700 applies fo the day surgery netw applies on the Delta le of the Delta day su	or admissions to vork. An upfront options,	We cover a defined the Smart day surg An upfront paymen for admissions to a the Smart day surg	nt of R9 950 applies a facility outside of	network. An upfront paymer a facility outside of payment of R8 700	list of procedures in at of R5 700 applies fi the day surgery netw applies on the Delta le of the Delta day su	or admissions to vork. An upfront options,	We cover a defined the KeyCare day su	l list of procedures ir rgery network.	We cover a defined list of procedures in the KeyCare Start day surgery network.
	Full cover option for specialists we have a payment arrangement with	Full cover	Full cover			Full cover		Full cover			Full cover		Full cover			Full cover		
	Reimbursement rate* for specialists we do not have a payment arrangement with	300% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		100% of the DHR		
	Reimbursement rate [*] for GPs and other healthcare professionals (not specialists)	200% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		100% of the DHR		
		100% of the DHR	100% of the DHR			100% of the DHR		100% of the DHR			100% of the DHR		100% of the DHR			100% of the DHR		

		EXECUTIVE	C	COMPREHENSIV	E	PRI	ORITY		SAVER		SM	ART		CORE			KEYCARE	
			Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start
/ER (cont.)	Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	Depending on the doctor you use and where you have your scope done, we pay a portion of between R3 650 and R5 300 from your available day-to- day benefits and the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher co-payment will apply. If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.	scope done, we pay 300 from your avail of the hospital and Benefit. Where bott performed, a highe If scopes are perfor confirmed Prescrib- or the patient is un pay any amount up Hospital Benefit. If performed outsid	doctor you use and wi y a portion of between lable day-to-day bene related accounts from h a gastroscopy and c r co-payment will app rmed in the doctor's r ed Minimum Benefits der the age of 12, you front. We pay the acc le of the day surgery i of-network upfront pa ply.	n R3 650 and R5 fits and the balance n your Hospital iolonoscopy are bly. ooms, as part of a (PMB) condition, a will not have to count from the network, the	where you have y an upfront payme 650 and R5 900 aj balance of the ho accounts from yoo When both a gast colonoscopy are p upfront payment If scopes are perfi doctor's rooms, as Prescribed Minim condition, or the p age of 12, you will	ent of between R3 pplies. We pay the spital and related ur Hospital Benefit. roscopy and berformed, a higher will apply. ormed in the s part of a confirmed um Benefits (PMB) patient is under the I not have to pay any We pay the account Benefit. side of the day the highest of the ofront payment or	scope done, we pa 250 from your avai of the hospital and Benefit. Where bot performed, a highe If scopes are perfo confirmed Prescrib or the patient is un pay any amount up Hospital Benefit. If performed outsid	doctor you use and w y a portion of between lable day-to-day bene related accounts fror h a gastroscopy and c r co-payment will app rmed in the doctor's r ed Minimum Benefits der the age of 12, you ofront. We pay the acc de of the day surgery i of-network upfront pa ply.	n R3 650 and R6 fits and the balance n your Hospital colonoscopy are bly. cooms, as part of a s (PMB) condition, u will not have to count from the network, the	where you have yo will have to pay a p R3 650 and R6 250 balance of the hosp accounts from you Where both a gastr colonoscopy are pe upfront payment w If scopes are perfor doctor's rooms, as Prescribed Minimu condition, or the pa	and we pay the bital and related r Hospital Benefit. oscopy and erformed, a higher ill apply. rmed in the part of a confirmed m Benefits (PMB) titient is under the not have to pay any e pay the account benefit. le of the day he highest of the ront payment or	scope done, you w and R6 250 and we related accounts fr a gastroscopy and upfront payment w If scopes are perfor confirmed Prescrib or the patient is un pay any amount up Hospital Benefit. If performed outsid	rmed in the doctor's yed Minimum Benefit ider the age of 12, yo ofront. We pay the ac de of the day surgery of-network upfront p	on between R3 650 he hospital and nefit. Where both formed, a higher rooms, as part of a s (PMB) condition, u will not have to count from the network, the	Prescribed Minimu in the KeyCare Day If done in the docto the account from t	Surgery Network. or's rooms, we pay	Prescribed Minimum Benefit cover, in the KeyCare Start Day Surgery Network. If done in the doctor's rooms, we pay the account from the Hospital Benefit.
HOSPITAL COVER	Cover for MRI and CT scans related to admission	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.		n approved admissior om the Hospital Bene		If done as part of admission, we wil the DHR from the	l pay up to 100% of		n approved admission rom the Hospital Bene		If done as part of a hospital admission 100% of the DHR fr Benefit.	, we will pay up to		n approved admissio rom the Hospital Ben			n approved admissio om the Hospital Ben	
HO		We pay the first R3 130 of the scan from your day-to-day benefits. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR. Limited to one scan per spinal and neck region.	We pay the first R3 from your day-to-da pay the balance of 1 Hospital Benefit, up DHR. Limited to one and neck region.	ay benefits. We the scan from the o to 100% of the	You need to pay the first R3 130 of your MRI or CT scan until you reach the Annual Threshold. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per body region applies.	balance of the sca Benefit up to 100 conservative back you must also pay of the hospital acc	penefits. We pay the an from the Hospital % of the DHR. For c and neck treatment, y the first R3 850 count. We pay the an from the Hospital % of the DHR.	benefits. We pay th	130 of the scan from le balance of the scan 6 of the DHR. Limited gion.	from the Hospital	You need to pay the first R3 130 of the scan. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR. Limited to one scan per spinal and neck region.	This plan does not offer this benefit.	These plans do not	t offer this benefit.		We pay scans from Benefit up to a limi person each year.	the Specialist t of R4 530 for each	We pay scans from the Specialist Benefit up to a limit of R2 270 for each person each year.
	Screening and Prevention Benefit	Covers certain tests at one of our wellnes for members 65 years or older and/or re wellness network providers.																
	Connected Care	You have access to care at home, includi affect your day-to-day benefits. If you me The Scheme also covers defined point of	eet the scheme's clinic	cal entry criteria, you l	have healthcare cover	r up to a limit of R4 (000 per person per yea	ar, at 100% of the Disc	overy Health Rate (DF	HR)	fit gives you access to	a range of essential	and registered home	monitoring devices f	or certain chronic and	l acute conditions. Ap	proved cover for thes	e devices will not
EFITS	Trauma Recovery Extender Benefit	Extends your cover for out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma.	after certain trauma	for out-of-hospital cla atic events for the res ook place, and a year	st of the year in	claims for recover traumatic events	for the rest of the trauma took place,	after certain traum	for out-of-hospital cl atic events for the res ook place, and a year	st of the year in	Extends your cover for out-of- hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma.	This plan does not offer this benefit.	These plans do not	t offer these benefits.		Extends your cover for out-of- hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma.	This plan does not offer this benefit.	Extends your cover for out-of- hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma.
ADDITIONAL BENEFITS	Assisted Reproductive Therapy (Art)	You have cover for up to two cycles of AR Cover includes a basket of care which inc embryo transfers, admission costs includ pay up to a limit of R110 000 per person 25% will apply.	ludes cover for consuling lab fees, medicati	ultations, ultrasounds, ion and embryo and s	, oocyte retrieval, sperm storage. We			1			These pla	ans do not offer these	benefits.			1		
UDDA	International Travel Benefit	Cover up to \$1 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre- existing conditions are excluded.					up to R5 million for eac eriod of 90 days from y									These pl	ans do not offer these	e benefits.
	Treatment	Up to R750 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. You also have cover for R300 000 at a recognised healthcare provider for in-hospital treatment that is available in South Africa. A co-payment of 20% and specific rules apply to these benefits.	based healthcare tr	each person travellin, eatment not availabl % and specific rules a	e in South Africa.						These pla	ans do not offer these	benefits.					
	Africa Evacuation Benefit				Cover for emergen	cy medical evacuatio	ons from certain sub-S	aharan African count	ries back to South Afri	ica. Pre-existing cond	itions are excluded.					These pla	ans do not offer these	e benefits.

RE			KEYCARE	
tial	Coastal	Plus	Core	Start
y a portio ance of th spital Ben are perfo doctor's m Benefits of 12, you ay the acc surgery i	here you have your in between R3 650 e hospital and efit. Where both ormed, a higher ooms, as part of a (PMB) condition, i will not have to ount from the network, the yment or scopes	Prescribed Minimu in the KeyCare Day If done in the docto the account from the	Surgery Network. or's rooms, we pay	Prescribed Minimum Benefit cover, in the KeyCare Start Day Surgery Network. If done in the doctor's rooms, we pay the account from the Hospital Benefit.
admissior bital Bene	n, we will pay up to fit.		n approved admissior om the Hospital Bene	
enefit.		We pay scans from Benefit up to a limi person each year.	the Specialist t of R4 530 for each	We pay scans from the Specialist Benefit up to a limit of R2 270 for each person each year.

benefits.	Extends your cover for out-of- hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma.	This plan does not offer this benefit.	Extends your cover for out-of- hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma.

Discovery Health Medical Scheme 2021 contributions July - December

Series	Plan		Contributions		Contribut	tions to Medical Saving	s Account		Total contributions	
		Main member	Adult	Child**	Main member	Adult	Child**	Main member	Adult	Child
Executive	Executive Plan	5 766	5 766	1 101	1 922	1 922	367	7 688	7 688	1 46
	Classic Comprehensive	4 732	4 475	944	1 577	1 491	314	6 309	5 966	1 25
	Classic Delta Comprehensive	4 261	4 034	849	1 420	1 344	283	5 681	5 378	1 13
Comprehensive	Essential Comprehensive	4 506	4 259	909	795	751	160	5 301	5 010	1 06
	Essential Delta Comprehensive	4 059	3 834	814	716	676	143	4 775	4 510	957
	Classic Smart Comprehensive	4 585	4 230	1 459	N	lo Medical Savings Accou	nt	4 585	4 230	1 45
Drievity	Classic Priority	3 031	2 390	1 213	1 010	796	404	4 041	3 186	1 61
Priority	Essential Priority	2 952	2 322	1 180	520	409	208	3 472	2 731	1 38
	Classic Saver	2 614	2 063	1 048	871	687	349	3 485	2 750	1 39
	Classic Delta Saver	2 088	1 650	839	696	550	279	2 784	2 200	1 11
Saver	Essential Saver	2 355	1 767	944	415	311	166	2 770	2 078	1 11
	Essential Delta Saver	1 878	1 418	754	331	250	133	2 209	1 668	887
	Coastal Saver	2 211	1 663	893	552	415	223	2 763	2 078	1 11
Consert	Classic Smart	2 070	1 634	827				2 070	1 634	827
Smart	Essential Smart	1 483	1 483	1 483	N	lo Medical Savings Accou	nt	1 483	1 483	1 48
	Classic Core	2 594	2 046	1 038				2 594	2 046	1 03
	Classic Delta Core	2 076	1 637	830				2 076	1 637	830
Core	Essential Core	2 229	1 671	896	N	lo Medical Savings Accou	nt	2 229	1 671	896
	Essential Delta Core	1 781	1 340	715				1 781	1 340	715
	Coastal Core	2 062	1 548	820				2 062	1 548	820
	KeyCare Plus 0 - 8 550	1 279	1 279	464				1 279	1 279	464
	KeyCare Plus 8 551 - 13 800	1 758	1 758	495	N	lo Medical Savings Accou	nt	1 758	1 758	495
	KeyCare Plus 13 801+	2 595	2 595	695				2 595	2 595	695
	KeyCare Core 0 - 8 550	1 005	1 005	260				1 005	1 005	260
KeyCare*	KeyCare Core 8 551 - 13 800	1 253	1 253	310	N	lo Medical Savings Accou	nt	1 253	1 253	310
	KeyCare Core 13 801+	1 916	1 916	435				1 916	1 916	435
	KeyCare Start 0 - 9 150	968	968	583				968	968	583
	KeyCare Start 9 151 - 13 800	1 629	1 629	637	N	lo Medical Savings Accour	nt	1 629	1 629	637
	KeyCare Start 13 801+	2 536	2 536	688				2 536	2 536	688

* Income verification will be conducted for the lower income bands. Income is considered as: The higher of the main member or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance received from any statutory social assistance programme.

** We count a maximum of three children when we work out the monthly contribution and annual Medical Savings Account.



Series	Plan	Main member	Adult	Child*
Executive	Executive Plan	22 416	22 416	4 278
	Classic Comprehensive	18 390	17 394	3 666
Commente	Classic Delta Comprehensive	16 560	15 678	3 300
Comprehensive	Essential Comprehensive	9 270	8 760	1 866
	Essential Delta Comprehensive	8 352	7 884	1 668
Dui suites	Classic Priority	11 778	9 288	4 710
Priority	Essential Priority	6 066	4 770	2 424
	Classic Saver	10 158	8 016	4 068
	Classic Delta Saver	8 118	6 414	3 258
Saver	Essential Saver	4 842	3 630	1 938
	Essential Delta Saver	3 858	2 916	1 548
	Coastal Saver	6 438	4 842	2 598

Annual Medical Savings Account

* We count a maximum of three children when we work out the annual Medical Savings Account.

If you join the medical scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year

Annual Threshold Amounts

ANNUAL THRESHOLD

	Main member	Adult	Child*
Executive	26 300	26 300	5 000
Classic, Essential and Delta Comprehensive	21 700	21 700	4 150
Classic Smart Comprehensive	24 850	24 850	850
Priority	17 550	13 200	5 850
	MITS		5 850 Child*
	1 1	13 200 Adult	5 850 Child*
OVE THRESHOLD BENEFIT LI	MITS		

	Main member	Adult	Child*
Executive	26 300	26 300	5 000
Classic, Essential and Delta Comprehensive	21 700	21 700	4 150
Classic Smart Comprehensive	24 850	24 850	850
Priority	17 550	13 200	5 850
Priority BOVE THRESHOLD BENEFIT LIN	ЛІТЅ		
	1	13 200 Adult	5 850 Child*
BOVE THRESHOLD BENEFIT LIN	ЛІТЅ		

If you join the medical scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

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Discovery Health Medical Scheme is regulated by the Council for Medical Schemes.

Complaints process: The following channels are available for your complaints: 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 by completing the online form on www.discovery.co.za or by e-mailing principalofficer@discovery.co.za. Step 3 - 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 - 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 complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process, but we encourage you to first follow the steps above to resolve your complaints process. Eco Park, Centurion 0157 | complaints@medicalschemes.co.za | 0861 123 267 | www.medicalschemes.co.za

The benefits explained in this brochure are provided by Discovery Health Medical Scheme, registration number 1125, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes. This brochure is only a summary of the key benefits and features of Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical Schemes. In all instances, Discovery Health Medical Scheme Rules on www.discovery.co.za. When reference is made to 'we' in the context of benefits, members, payments or cover, in this brochure this is reference to Discovery Health Medical Scheme.

We are continuously improving our communication to you. The latest version of this summary as well as detailed benefit information is available on www.discovery.co.za.

* Discovery Health Rate (DHR): This is the rate we reimburse/pay hospitals, pharmacies and healthcare professionals at. To find hospitals or providers in our network, visit www.discovery.co.za. Where we refer to MedXpress it includes any MedXpress is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Discovery Home Care is a service provider. Practice 080 000 8000190, Grove Nursing Services (Pty) Ltd registration number 2015/191080/07, trading as Discovery HomeCare.

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