

GAP COVER FOR MEMBERS



2027

Discovery Gap Cover

500 Plus Pro

FOR YOU AND YOUR FAMILY



Cover **that goes further**

You and your family have medical scheme cover. Even so, healthcare costs can still catch you out. A specialist may charge more than your scheme pays. You may face a co-payment you did not expect, reach a benefit limit partway through the year or need care after hours when your day-to-day benefits have run dry.

Discovery Gap 500 Plus Pro is designed for those moments. It covers the shortfalls that sit between what you are charged and what your medical scheme pays, in hospital, in a day clinic, in a casualty unit and, for the first time, in your day-to-day care.

This brochure is for Discovery Health Medical Scheme members who take out gap cover for themselves and their families. You choose the cover, you sign up as the main member and everyone on your health plan is covered.

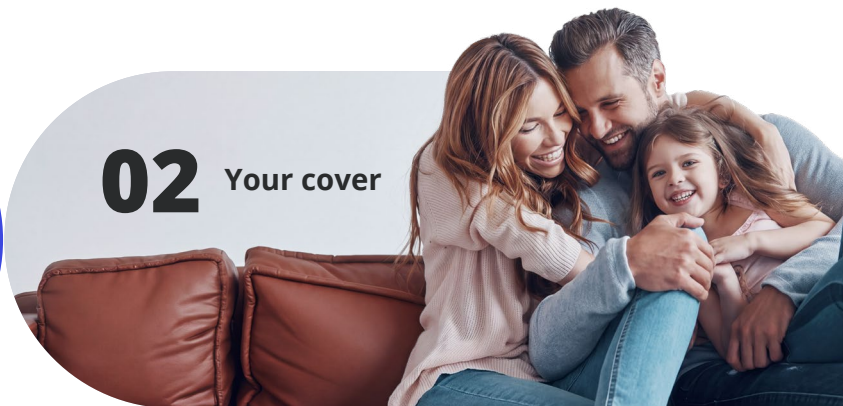
This brochure is a summary of the key features and benefits of Discovery Gap 500 Plus Pro. You can read full details on www.discovery.co.za and in your policy schedule after activating the product. Discovery Gap 500 Plus Pro is an insurance product. It is not a medical scheme and the cover is not the same as that of a medical scheme. It is not a substitute for medical scheme membership. Discovery Gap 500 Plus Pro is a non-life insurance policy, underwritten by Discovery Insure Ltd., registration number 2009/011882/06, a licensed insurer and an authorised financial services provider.



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Why Discovery **Gap** **500 Plus Pro?**

You get:



Cover in a hospital and in a day clinic

We cover shortfalls on your approved healthcare professional claims, whether you are admitted to hospital or treated in a day clinic.



Cover for your day-to-day shortfalls

The Day-to-day Protector helps with the smaller gaps in your everyday healthcare that no gap cover has reached before.



Cover for co-payments and deductibles

We cover the co-payments and deductibles your scheme applies to certain procedures, and the deductible you pay if you use a hospital outside your network.



Comprehensive cover for cancer

Once you reach your scheme's oncology threshold, we cover approved cancer-related shortfalls up to your full overall annual limit and a cash payout on diagnosis.



Hassle-free claims

You do not have to submit a separate claim. We identify the gap and pay it once your medical scheme has processed the claim.

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Your Cover

Discovery Gap 500 Plus Pro gives you eight benefits. They work together, and all of them draw from one overall annual limit. You also have an additional benefit, the Oncology Protector benefit, which is free and sits outside your annual limit.

BENEFIT	WHAT IT COVERS	LIMIT
Specialist Shortfall Cover (in a hospital or day clinic)	Shortfalls on approved specialist and GP claims where your healthcare professional charges more than the medical scheme rate.	Up to 500% of the medical scheme rate
Deductibles and co-payments	Co-payments and deductibles for specified procedures and admissions that your scheme applies.	Up to your overall annual limit. Robotic surgery: R10,000 per policy a year
Non-network deductibles	The fee your scheme charges when you choose a hospital outside your network.	R17,000 per claim, up to two claims per policy a year
Sub-limits	Shortfalls when you reach a scheme sub-limit during an approved hospital admission.	For each sub-limit, see section 4
Casualty	Casualty visits after an accident or trauma, and after-hours visits for illness.	Up to R18,000 per policy a year
Oncology Benefit Extender	Approved cancer-related shortfalls once you reach your scheme's oncology threshold or limit.	Up to your overall annual limit
Travel Benefit Extender	Emergency medical shortfalls while you travel outside South Africa.	See section 6



The Protector Benefit



Day-to-day Protector**

Cover for shortfalls on your day-to-day healthcare, unlocked through a Health Check and your Personal Health Pathways engagement.

Up to
R2,000

Per policy a year



Oncology Protector*

A cash amount paid to you if you are diagnosed with cancer, unlocked through a Health Check and your Personal Health Pathways engagement.

Up to
R250,000

See Section 7

* The Protector Benefit: Oncology Protector is a complementary add-on product. It is free of charge and available to every Discovery Gap 500 Plus Pro policyholder, but you need to activate it. It is a separate policy, underwritten by Discovery Life, and it does not draw from your overall annual limit. **Unused benefits roll over to the next year subject to an overall maximum of R8,000 per policy.



Cover for specialist shortfalls

Specialist Shortfall Cover in hospital or in a day clinic

When you are admitted to hospital or treated in a day clinic, your specialist or healthcare professional may charge more than your medical scheme covers. Discovery Gap 500 Plus Pro pays these fee shortfalls on your approved healthcare professional claims. You are covered for up to 500% of the medical scheme rate, over and above what your medical scheme pays. This applies no matter which Discovery Health Medical Scheme plan you are on.

This is how your cover adds up:

YOUR MEDICAL SCHEME PLAN	EXECUTIVE PLAN	CLASSIC PLANS	ESSENTIAL, ACTIVE AND COASTAL PLANS
What your scheme covers	300%	200%	100%
What Discovery Gap 500 Plus Pro adds	500%	500%	500%
Total Cover	800%	700%	600%

The percentages above show how your cover is worked out against the rate your medical scheme pays.



What is covered under this benefit

We cover shortfalls on the claims of:

- Specialists, with some exclusions
- General practitioners (GPs) who perform specialist procedures in hospital
- General practitioner (GP) anaesthetists and general practitioner (GP) oncologists
- Dental specialists where the procedure is done in hospital and your scheme pays it from your hospital benefit. Dental specialists are orthodontists, maxillofacial surgeons, periodontists and prosthodontists
- Dentists, for selected procedures
- Pathologists and radiologists, where the service is performed in a hospital or day clinic and ordered by a qualifying specialist



What this benefit does not cover

This benefit covers tariff shortfalls only. It does not cover other out-of-pocket amounts, such as treatment your scheme excludes or amounts you claim above your scheme's benefit limits. Co-payments and deductibles are covered separately, under the benefit set out in section 4.





Cover for **co-payments** and **deductibles**



Deductibles and Co-payments Benefit

Your medical scheme might apply a co-payment or deductible to certain procedures, hospital admissions and surgery. It is a rand amount, and it is shown on the authorisation for your procedure.

Discovery Gap 500 Plus Pro covers these amounts when the procedure is done in hospital or in a day clinic, up to your overall annual limit.

- For co-payments on robotic surgery, you are covered up to R10,000 on your policy each year.



Non-network deductibles

If you choose a hospital that is not on your medical scheme's network, your scheme may charge you a fee (called a deductible). It is a rand amount, depending on your plan and scheme rules.

Discovery Gap 500 Plus Pro covers this fee up to R17,000 for each claim, for up to two claims per policy each year. We will never pay more than the penalty you were actually charged.

This benefit applies when you choose to use a hospital outside your network, including a network hospital for which you have partial cover. It does not cover co-payments for administration charges, penalties for not telling your scheme about an admission or any other amount arising from a penalty fee.

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Cover when you reach a **scheme limit**



Sub-limit Benefit

Your medical scheme sets a limit on certain procedures and items. If you reach one of these limits during an approved hospital admission, Discovery Gap 500 Plus Pro covers the shortfall for the following:

WHAT IS COVERED	HOW MUCH YOU GET
Scopes	R7,800 a person for each event
Scans	R6,500 a person for each event
Prostheses	R40,000 a person for each event
Rehabilitation in a step-down facility	R10,000 a person each year
A private room	R3,500 a policy each year

A few things to know

- This benefit applies during an approved hospital admission. If you had already gone past your scheme's sub-limit before you were admitted, and your scheme paid nothing towards the claim, this benefit does not apply.
- **Scopes** include gastroscopy, sigmoidoscopy, proctoscopy and colonoscopy for endoscopies.
- **Scans** include MRI and CT scans done in hospital and those done in the doctor's rooms.
- **Internal prostheses:** including cochlear implants, nerve simulators, joint prostheses and cardiac stents.
- **Physical rehabilitation:** at a step-down or sub-acute facility following an accident, stroke or cancer treatment.
- **Private room** upgrades when your scheme benefit has been depleted or pays up to the general ward fee rate.



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Cover in a **casualty unit**



Casualty Benefit

An accident or a sudden illness after hours often means a trip to a casualty unit, and the cost usually comes out of your Medical Savings Account or your own pocket. Discovery Gap 500 Plus Pro covers these visits, up to R18,000 per policy each year.

We cover the cost of the casualty visit whether your medical scheme paid it from your Medical Savings Account or you paid it yourself.

WHEN YOU ARE COVERED	HOW MUCH YOU GET
After an accident or a trauma event, at any time of day	Up to the R18,000 annual casualty limit
For an after-hours illness, for children aged 12 and younger	Up to R8,000 per policy a year
For an after-hours illness, for members aged 13 and older	Up to R3,000 per policy for one visit each year

After hours means from 18:00 to 08:00 on Monday to Friday, and all day on Saturdays, Sundays and public holidays. This benefit does not cover the cost of an ambulance. We use the diagnosis code on your claim to tell whether your visit was for an accident or an illness.

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Cover for **cancer** treatment



Oncology Benefit Extender

Cancer treatment is expensive, and most medical schemes cover it in full only up to a set threshold or limit. After that, you usually pay a share of the cost yourself.

Once you reach your medical scheme's oncology threshold or limit, Discovery Gap 500 Plus Pro covers your approved cancer-related shortfalls and co-payments, up to your full overall annual Discovery Gap 500 Plus Pro limit.

To use this benefit

- You must be registered and flagged for oncology with your medical scheme.
- You must have reached your scheme's oncology threshold or limit.
- You must have an active oncology authorisation, which is different from a normal hospital authorisation.

What we cover

- Shortfalls on your specialists' claims, in hospital and out of hospital, where your scheme has paid from its oncology benefit.
- Your doctors' professional fees, including consultations, radiotherapy treatment and chemotherapy facility fees.
- Medicine and materials billed by your doctor or pharmacy, including chemotherapy and supportive therapy.
- Pathology and radiology claims.

Your Discovery Gap 500 Plus Pro policy year runs from 1 January to 31 December. Your medical scheme's oncology cycle may run on different dates, so the two will not always line up.



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Cover when you **travel**



Travel Benefit Extender

If you have a medical emergency while you are travelling outside South Africa, Discovery Gap 500 Plus Pro covers the shortfall on your approved **emergency claims**.

How the benefit works

- We cover the shortfall once your medical scheme's international travel benefit limit has run out. Your scheme must have paid at least part of the claim.
- If your scheme's travel benefit has an upfront deductible on out-of-hospital claims, we cover it, up to \$150 or €100.
- You are covered for one trip on your policy each year, for up to 31 days. If you travel with a dependant, you share the 31 days between you.
- We cover acute illness and injury while you are travelling for leisure.

What you need to do

- Tell us about your trip at least seven days before you leave and send us proof of travel.

What is not covered

- This benefit is available to members under the age of 80.
- It covers emergencies and unforeseen medical expenses only. It does not cover treatment you planned to have outside South Africa's borders.



Your Protector Benefit

Discovery Gap 500 Plus Pro rewards you for looking after your health. It works with Personal Health Pathways, which means when you complete certain health actions, you unlock extra cover. The more you do, the more cover you build up.



Day-to-day Protector



There are two Protector Benefits:



The Oncology Protector

which pays you a cash amount if you are diagnosed with cancer.



The Day-to-day Protector

which helps with your everyday shortfalls.

Most gap cover reaches only as far as the hospital door. The Day-to-day Protector goes further, helping with the smaller shortfalls on your everyday healthcare.

How you unlock it

Complete all four of these health actions in a year and you unlock R1,000 for each adult on your policy, up to R2,000 for each policy a year:

- 01 | Complete a Health Check, which covers your blood pressure, blood glucose, cholesterol and a weight assessment. It also includes signing a non-smoker's declaration
- 02 | Activate Personal Health Pathways and link a device
- 03 | Complete a health action on Personal Health Pathways
- 04 | Complete an exercise goal

You need to complete all four actions. A partly completed Health Check does not count.

Your unused balance rolls over to the next year, up to a maximum of R8,000 for your family at any one time.

What the Day-to-day Protector pays for

You can use it for shortfalls on your everyday healthcare, including:

- Shortfalls when your Medical Savings Account, Above Threshold Benefit or Personal Health Fund pays only up to the Scheme Rate.
- Shortfalls on day-to-day scheme benefits, such as your Maternity Benefit or Sports-related Injury Benefit
- Day-to-day co-payments, such as those on Smart GP visits, dentistry and optometry
- Medicine paid up to the Scheme Rate or the Chronic Drug Amount
- Shortfalls on everyday care once your medical scheme benefits have run out

A few things to know

- Only adults aged 18 and older can complete the health actions, so children cannot unlock additional money.
- If you are already a Discovery Health Medical Scheme member when you take out Discovery Gap 500 Plus Pro, we look back at this year and last year to see which actions you have completed and unlock your benefit accordingly. If you have not completed any actions before, you must first complete the actions before your benefit is unlocked.
- If you are new to Discovery Health Medical Scheme, you can start by completing the actions in your first year.
- This benefit is not worked out pro rata. If you join part way through the year, you still get the full amount you unlock.
- If your policy lapses, is suspended or is withdrawn, you lose access to the benefits you still had left.
- If a dependant leaves your policy during the year, we do not reduce the amount already allocated to your Day-to-day Protector.

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Oncology Protector

The Oncology Protector is a separate policy and it works differently from the other benefits under Discovery Gap 500 Plus Pro. It is a cash payment, not a payment towards a claim.

If you're diagnosed with cancer, a lump sum is paid into your bank account. You don't need claims from doctors or hospitals, and you won't have to spend money on medical bills. You can use it for taking time off work, travel to your treatment, childcare or anything else.

That makes it fundamentally different from every other benefit in this product. The rest of Discovery Gap 500 Plus Pro pays the shortfalls between what you were charged and what your scheme paid. The Oncology Protector pays you cash.

The amount is not fixed

You don't automatically get the full amount for this benefit. You earn access to it by doing health actions. In this respect, it works like the other Protector Benefit, the Day-to-day Protector; both work with Personal Health Pathways.

You must do these things every year.

You must do these things every year.

WHAT YOU MUST DO

You must do a full Health Check, which is made up of:

1. Blood pressure measurement
2. Blood glucose measurement
3. Cholesterol measurement
4. Weight assessment
(which includes weight, height and waist circumference)
5. Signing a non-smoker's declaration

You must also do this after you have completed the Health Check:

1. Activate Personal Health Pathways and link a device
2. Complete a health action
3. Complete an exercise goal

Total available

WHAT YOU UNLOCK (for each unrelated diagnosis)

Up to **R50,000**

Up to **R200,000**

Up to **R250,000**



A few things to know

- Once you have completed your first Health Check, the R50,000 stays unlocked. You do not have to repeat it.
- The amount paid depends on the severity of your diagnosis.
- Children on your policy get the highest benefit unlocked by an adult on the same policy. In the year a child turns 18, they need to complete the actions themselves to keep the benefit the following year.
- This benefit is available to members aged 65 and younger, based on your age at your next birthday.
- A cancer diagnosed before you unlocked the benefit is not covered.
- The admin works a bit differently from the others. You still just talk to Discovery Health to get your benefit, but behind the scenes, they work with Discovery Life:
 - Discovery Health checks that you qualify and takes your claim, but **Discovery Life** is the underwriter and actually assesses the claim and pays it.
 - This money is not part of your overall annual limit.

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How your **benefits** work together



Your overall annual limit

Discovery Gap 500 Plus Pro pays up to R226,881 for each person on your policy in a year, across all your benefits.

Once you reach this limit, you have no further cover for the rest of the calendar year. If someone else on your policy has not reached their limit, they still have cover.

The limit is not worked out pro rata. Even if you join part way through the year, you get the full amount.

This limit increases every year, in line with short-term insurance regulations.



Which benefit pays first

Some claims could be paid from more than one benefit. When that happens, we pay in this order:

- 01 | Sub-limit Benefit
- 02 | Specialist Shortfall Cover
- 03 | Oncology Benefit Extender
- 04 | Deductibles and Co-payments Benefit
- 05 | Protector Benefit: Day-to-day Protector

The Protector Benefit: Oncology Protector works differently. It is a cash amount paid on diagnosis, so it does not draw from your overall annual limit and does not form part of this order.

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Who can join, and when your **cover starts**

Who can take out Discovery Gap 500 Plus Pro

Only members of Discovery Health Medical Scheme qualify for Discovery Gap 500 Plus Pro (excluding KeyCare plans). If you downgrade your health plan to a KeyCare plan, your Discovery Gap 500 Plus Pro policy will be cancelled.

- Only the main member on your Discovery Health Medical Scheme policy can sign up for Discovery Gap 500 Plus Pro.
- Once you have signed up, everyone on your health plan is automatically covered, including all your dependants. You cannot choose who on your health plan is covered and who is not.
- You can take out Discovery Gap 500 Plus Pro at any time of the year. Your cover starts on the first day of the following month.

When your cover starts

We apply waiting periods and exclusions to certain healthcare services from the day each person's cover begins.

- A three-month general waiting period.
 - We do not pay any claims in the first three months of your policy.
- A twelve-month waiting period on certain procedures.
 - For the first twelve months, no one on the policy is covered for healthcare services for pregnancy and childbirth, endometrial ablations, hysterectomy, joint replacements, scopes (including minimally invasive scopes, such as endoscopies, hysteroscopies and arthroscopies), cataracts, cholecystectomy, wisdom teeth, orthognathic surgery, dental implants, tonsillectomy, grommets, adenoids, nasal procedures, hernia procedures and reflux surgery. After twelve months, you are covered.
 - A twelve-month waiting period on pre-existing conditions.
- If you or a dependant has a medical condition when you apply, we exclude claims for the treatment of that condition for the first twelve months. After twelve months, you are covered.

When waiting periods may not apply

- If you have had gap cover with another insurer and less than 90 days has passed since that policy ended, we may not apply the three-month general waiting period or the twelve-month pre-existing condition waiting period. You need to send us proof of your previous cover.
 - If your waiting periods with another insurer have not yet ended, we may apply only the remaining part of them. You need to send us proof.
- A newborn added to your policy within 90 days of birth joins without underwriting. You still need to send us proof of prior cover.
- New dependants added to your policy will be underwritten. They will need to complete an application form and, where it applies, their own waiting periods will be worked out.

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What is not **covered**

Discovery Gap 500 Plus Pro does not cover:

- Any claim your medical scheme excludes. If your scheme will not pay it, we cannot pay it either (such as claims related to weight-loss surgery)
- Any claim where your hospital admission was not approved by your medical scheme and you did not get an authorisation number. Dental specialist claims are an exception, where the admission does not need a hospital authorisation.
- Any claim where the healthcare service or treatment was not provided by an appropriately registered healthcare professional.
- Any claim once you have reached your overall annual limit of R226,881 for the year.
- The cost of an ambulance.
- Claims arising from intentional self-harm.
- During the first twelve months of your policy, any claim for a condition you or a dependant had before your cover started.

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Premiums

What you pay depends on the Discovery Health Medical Scheme plan you are on, and the age the oldest member on your plan will turn at their next birthday.

Age at next birthday of the oldest member on the health plan	EXECUTIVE AND CLASSIC PLANS		ESSENTIAL AND ACTIVE PLANS		COASTAL PLANS	
	Single member	Family	Single member	Family	Single member	Family
0 to 54	R385	R547	R499	R862	R612	R1,387
55 to 64	R602	R805	R729	R997	R1,080	R2,088
65 and older	R796	R1,314	R1,524	R2,830	R1,624	R2,930

A few things to know

- The premiums shown apply to new members only.
- Everyone on your medical scheme plan must also be on your Discovery Gap 500 Plus Pro policy.
- Your premium may be adjusted if:
 - The oldest person on your plan leaves
 - Someone older than the current oldest person joins your plan
 - Your family structure changes
 - Your plan type changes
- Premiums increase on 1 January each year.



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