

CLASSIC COMPREHENSIVE PLAN – 2023

TABLE A – HEALTH CARE COVER (INCLUDING HOSPITAL BENEFIT AND OUT-OF-HOSPITAL SERVICES) FUNDED AS PER SECTION IIA OF ANNEXURE B		
Healthcare Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
Statutory Prescribed Minimum Benefits	<p>Basis of cover is contained in Annexure 7.</p> <p>All Prescribed Minimum Benefits (PMBs) to accumulate to available limits. Once benefit limits are reached funding in respect of PMBs will continue to be funded in accordance with the basis of cover as specified in Annexure 7.</p>	Unlimited
Specialists	<p>Premier Rate providers: Up to a maximum of the Premier Rate.</p> <p>Classic Direct providers: Up to a maximum of the Classic Direct Rate.</p> <p>Other Specialists: Up to a maximum of 200% of the Discovery Health Rate.</p>	Unlimited
Radiology & Pathology	<p>Up to a maximum of 100% of the Discovery Health Rate.</p> <p>Pathology is subject to a preferred provider network. Where members use a non-preferred provider payment will be made directly to the member.</p> <p>Point-of-care pathology testing is subject to meeting the Scheme's treatment guidelines and managed care criteria.</p>	Unlimited
Doctors and allied healthcare service providers while hospitalised	<p>Up to a maximum of 200% of the Discovery Health Rate.</p>	Unlimited
Accommodation, theatre fees, materials used, prescribed medication for duration of hospitalisation	<p>Up to a maximum of 100% of the Discovery Health Rate.</p> <p>For maternity deliveries: up to a maximum of 100% of the Discovery Health Rate plus up to a maximum of R2 460 per approved day in respect of private wards where applicable.</p> <p>Subject to authorisation and/or approval and meeting the Scheme's clinical and managed care criteria.</p>	Unlimited

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Healthcare Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
Administration of defined intravenous infusions	<p>Up to a maximum of 100% of the Discovery Health Rate at the Scheme's network provider.</p> <p>A 20% co-payment shall be payable by the beneficiary in respect of the hospital account when treatment is received at a provider who is not a network provider.</p> <p>Medicines paid at 100% of the Discovery Health Medication Rate.</p> <p>Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical criteria.</p>	Unlimited
Health care services reflected in Annexure 9 in a defined list of network facilities	<p>Up to a maximum of 100% of the Discovery Health Rate at the Scheme's defined list of day-surgery providers. A R6 300 Deductible shall be payable by the beneficiary in respect of the hospital account for elective admissions at a facility which is not a network facility.</p> <p>Up to a maximum of 200% for the Discovery Health Rate for related accounts. Medicines paid at 100% of the Discovery Health Medication Rate.</p> <p>Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical criteria.</p>	Unlimited
Home-based healthcare for clinically appropriate chronic and acute treatment and conditions that can be treated at home	<p>In addition to cover contained in Annexure 7, up to a maximum of 100% of the Discovery Health Rate.</p> <p>Subject to authorisation and/or approval, the Scheme's preferred provider (where applicable) and the treatment meeting the Scheme's treatment guidelines and clinical and benefit entry criteria.</p>	Basket of care as set by the Scheme
Home-monitoring devices for clinically appropriate chronic and acute conditions	<p>Up to a maximum of 100% of the Discovery Health Rate paid from Health Care Cover.</p> <p>The device must be approved by the Scheme, subject to the Scheme's protocols and clinical and benefit entry criteria.</p>	Up to R4 250 per person per year

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Point-of-care medical devices	Up to a maximum of 75% of the Discovery Health Rate paid from Health Care Cover. The device must be approved by the Scheme, subject to the Scheme's protocols and clinical and benefit entry criteria.	One device per family
Conservative treatment programme for tonsillitis	Up to a maximum of 100% of the Discovery Health Rate, for children under the age of 16 years. Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.	Basket of care as set by the Scheme which includes cover for point-of-care medical devices as stipulated in Table A
Pre-operative assessment for the following list of major surgeries: arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy and mastectomy	Up to a maximum of 100% of the Discovery Health Rate. Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.	Basket of care as set by the Scheme
Severe dental and oral procedures reflected in Annexure 3	Up to a maximum of 200% of the Discovery Health Rate for related accounts. Up to a maximum of 100% of the Discovery Health Rate for hospital account. Where such event is also subject to Annexure 9, a R6 300 Deductible shall be payable by the beneficiary in respect of the hospital account for elective admissions at a facility which is not a network facility. Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.	Unlimited

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Dentistry	<p>A Deductible of R7 800 for admissions to hospital or a Deductible of R5 000 for admissions to day-case facilities shall be payable by the beneficiary in respect of the hospital/day-case facility account. The balance of the hospital/day-case facility account will be paid from Health Care Cover up to a maximum of 100% of the Discovery Health Rate.</p> <p>For beneficiaries younger than 13 years a Deductible of R3 000 for admissions to hospital or a Deductible of R1 350 for admissions to day-case facilities shall be payable by the beneficiary in respect of the hospital/day-case facility account. The balance of the hospital/day-case facility account will be paid from Health Care Cover up to a maximum of 100% of the Discovery Health Rate.</p> <p>Dentist and related accounts will be paid from Health Care Cover up to a maximum of 100% of the Discovery Health Rate.</p> <p>Premier Rate providers: Up to a maximum of the applicable Premier Rate. Classic Direct Anaesthetists: Up to a maximum of the Classic Direct Rate. Other Anaesthetists: Up to 200% of the Discovery Health Rate.</p> <p>All dental appliances and prostheses and the placement of such appliances/prostheses as well as orthodontics (surgical and non-surgical) are paid from MSA or ATB up to a maximum of 100% of the Discovery Health Rate. Claims paid from the MSA and once in ATB accumulate to the benefit limit.</p> <p>Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.</p>	<p>R32 600 per person per year applicable to dental appliances and prostheses and the placement of such appliances/prostheses and orthodontics (surgical and non-surgical)</p> <p>Limit applies regardless of place of service and is pro-rated if beneficiary joins after 01 January</p>

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Basic Dental Trauma Benefit	<p>Basis of cover as contained in Annexure B.</p> <p>A Deductible of R7 800 for admissions to hospital or a Deductible of R5 000 for admissions to day-case facilities shall be payable by the beneficiary in respect of the hospital/day-case facility account. The balance of the hospital/day-case facility account will be paid from Health Care Cover up to a maximum of 100% of the Discovery Health Rate.</p> <p>For beneficiaries younger than 13 years a Deductible of R3 000 for admissions to hospital or a Deductible of R1 350 for admissions to day-case facilities shall be payable by the beneficiary in respect of the hospital/day-case facility account. The balance of the hospital/day-case facility account will be paid from Health Care Cover up to a maximum of 100% of the Discovery Health Rate.</p> <p>Dentist and related accounts will be paid from Health Care Cover up to a maximum of 100% of the Discovery Health Rate. Premier Rate providers: Up to a maximum of the applicable Premier Rate.</p> <p>Classic Direct Anaesthetists: Up to a maximum of the Classic Direct Rate. Other Anaesthetists: Up to 200% of the Discovery Health Rate.</p> <p>Subject to the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.</p>	R61 500 per person per year for dental appliances and prostheses and the placement such appliances/prostheses
MRI and CT Scans	<p>Up to a maximum of 100% of the Discovery Health Rate for in-hospital scans performed in respect of treatment related to an authorised admission. Subject to referral by appropriate specialist.</p> <p>If done for conservative back or neck treatment or unrelated to admission, the first R3 470 paid from MSA or ATB and the balance from Health Care Cover up to a maximum of 100% of the Discovery Health Rate.</p> <p>Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.</p>	Unlimited

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Gastrosopies, colonoscopies, proctoscopies and sigmoidoscopies	<p>Save for the cover contained in Annexure 8, or where indicated and approved for dyspepsia or for children aged 12 and under, the first R4 050 in respect of the hospital account when performed in a day clinic, or R5 900 in respect of the hospital account when performed in acute facilities, per admission is paid from MSA or ATB. Where performed in an acute facility by a doctor who is part of the Scheme’s value-based network, the first R4 700 in respect of the hospital account is paid from MSA or ATB.</p> <p>Where both a gastroscopy and colonoscopy are performed per admission the first R4 950 in respect of the hospital account when performed in a day clinic, or R7 300 in respect of the hospital account when performed in acute facilities, per admission is paid from MSA or ATB. Where performed in an acute facility by a doctor who is part of the Scheme’s value-based network, the first R5 950 in respect of the hospital account is paid from MSA or ATB.</p> <p>The balance of the hospital account will be paid from Health Care Cover up to a maximum of 100% of the Discovery Health Rate.</p> <p>Where such event is also subject to Annexure 9, the higher of the amount stated above or Deductible amount shall be payable by the beneficiary in respect of the hospital account for elective admissions at a facility which is not a network facility.</p> <p>Related accounts paid from Health Care Cover up to a maximum of 200% of the Discovery Health Rate. Up to 200% of the Discovery Health Rate from Health Care Cover if done in the doctor's rooms.</p> <p>Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.</p>	Unlimited
Conservative treatment for dyspepsia	<p>Up to a maximum of 100% of the Discovery Health Rate.</p> <p>Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.</p>	Basket of care as set by the Scheme
Chemotherapy, Radiotherapy and Oncological treatment	Basis of cover is contained in Annexure 8.	Unlimited, save as provided for elsewhere in these Rules

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Healthcare Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
Chronic Dialysis	Up to a maximum of 100% of the Discovery Health Rate. Subject to authorisation and/or approval and the treatment meeting the Scheme's treatment guidelines and clinical criteria. Drugs paid at 100% of the Discovery Health Medication Rate.	Unlimited
Mental health disorders	Up to a maximum of 200% of the Discovery Health Rate for related accounts. Up to a maximum of 100% of the Discovery Health Rate for the hospital account in a network facility. Up to a maximum of 80% of the Discovery Health Rate for the hospital account if a non-network facility is used.	Up to 21 days in-hospital, or up to 15 out-of-hospital consultations, for conditions as defined in Annexure A of the Regulations All other conditions up to 21 days in-hospital
Disease Management for major depression for members registered on the Scheme's Disease Management Programme	In addition to the cover contained in Annexure 7 up to 100% of the Discovery Health Rate for services covered in the Scheme's basket of care if referred by the Scheme's DSP. Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.	Basket of care as set by the Scheme
Alcohol and drug rehabilitation	Basis of cover is contained in Annexure 7.	21 days in-hospital treatment per person per year
Disease Management for cardio-metabolic risk syndrome for members registered on the Scheme's Disease Management Programme	Up to a maximum of 100% of the Discovery Health Rate. Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.	Basket of care as set by the Scheme.

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Specialised Medicine and Technology treatment contemplated in Rule 15.18 of the Main Body of the Rules	<p>Up to a maximum of 200% of the Discovery Health Rate for related accounts.</p> <p>Up to a maximum of 100% of the Discovery Health Rate for the hospital account.</p> <p>Subject to authorisation and/or approval and the treatment meeting the Scheme's treatment guidelines and clinical entry criteria.</p> <p>The Scheme will pay between 80% and 100% of the Discovery Health Rate or up to a maximum of the reference price for preferentially priced medicine from Health Care Cover, as stipulated in Annexure B. Cover is subject to the annual limit. The balance of the claim is payable by the beneficiary.</p>	<p>R200 000 per person per year</p> <p>Limit applies to all treatment contemplated in Rule 15.18 of the Main Body of the Rules</p>
Cochlear implants and auditory brain implants (including processors)	<p>Up to a maximum of 100% of the Discovery Health Rate.</p> <p>Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria.</p> <p>The device and processors accumulate to the limit. The balance of the hospital and related accounts do not accumulate to the annual limit.</p>	R230 400 per benefit per person per year
Internal nerve stimulators	<p>Up to a maximum of 100% of the Discovery Health Rate.</p> <p>Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria.</p> <p>The device accumulates to the limit. The balance of the hospital and related accounts do not accumulate to the annual limit.</p>	R175 200 per person per year
Shoulder joint prostheses	<p>Up to a maximum of 100% of the Discovery Health Rate.</p> <p>Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria.</p> <p>The prostheses accumulate to the limit. The balance of the hospital and related accounts do not accumulate to the annual limit.</p>	<p><u>Network supplier:</u> Unlimited if prosthesis is supplied by the Scheme's network provider</p> <p><u>Non-network supplier:</u> R45 550 per prosthesis per admission if prosthesis is not supplied by the Scheme's network provider</p>

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Hip and knee joint replacements	<p>Up to a maximum of 100% of the Discovery Health Rate at a network provider. Network does not apply to any admissions related to trauma.</p> <p>Up to 80% of the Discovery Health Rate for the hospital account if performed at a non-network facility.</p> <p>Up to a maximum of 200% of the Discovery Health Rate for related accounts paid from Health Care Cover for treatment received at a non-network facility.</p> <p>The prostheses accumulate to the limit. The balance of the hospital and related accounts do not accumulate to the annual limit.</p> <p>Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria.</p>	<p>Unlimited at a network provider</p> <p><u>Non-network provider:</u> R30 900 per prosthesis per admission</p>
In-and out-of-hospital management for spinal care and surgery for defined clinically appropriate procedures which include Lumbar Fusion, Cervical Fusion, Laminectomy, Laminotomy	<p>Up to a maximum of 100% of the Discovery Health Rate for the hospital account at a network facility. Network does not apply to any admissions related to trauma.</p> <p>Up to 80% of the Discovery Health Rate for the hospital account if performed at a non-network facility.</p> <p>Up to a maximum of 200% of the Discovery Health Rate for related accounts paid from Health Care Cover.</p> <p>Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria.</p>	<p>Unlimited at a network provider for in-hospital treatment</p> <p>Basket of care as set by the Scheme for out-of-hospital conservative treatment</p>

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Spinal prostheses and/or devices	<p>Up to a maximum of 100% of the Discovery Health Rate.</p> <p>Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria.</p> <p>The prostheses and/or devices accumulate to the limit. The balance of the hospital and related accounts do not accumulate to the annual limit.</p> <p>Where the prostheses and/or device is subject to the spinal surgery being performed in a network facility, up to 80% of the Discovery Health Rate if performed at a non-network facility.</p>	<p>Maximum of one procedure per person per year</p> <p><u>Network supplier:</u> Unlimited if prosthesis is supplied by the Scheme's network provider</p> <p><u>Non-network supplier:</u> R26 250 per person for one spine level if prosthesis is not supplied by the Scheme's network provider</p> <p>R52 500 per person for two or more spine levels if prosthesis is not supplied by the Scheme's network provider</p>
Cardiac stents	<p>Up to a maximum of 100% of the Discovery Health Rate.</p> <p>Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria.</p> <p>The device accumulates to the limit. The balance of the hospital and related accounts do not accumulate to the annual limit.</p>	<p><u>Network supplier:</u> Unlimited if stent is supplied by the Scheme's network provider</p> <p><u>Non-network supplier:</u> Drug-eluting stent: R14 520 per stent per admission if not supplied by the Scheme's network provider Bare metal stent limit: R10 330 per stent per admission if not supplied by the Scheme's network provider</p>
Intra-ocular lenses for cataract surgery	<p>Up to a maximum of 100% of the Discovery Health Rate.</p> <p>Where such event is also subject to Annexure 9, a R6 300 Deductible shall be payable by the beneficiary in respect of the hospital account for elective admissions at a facility which is not a network facility.</p> <p>Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria.</p>	<p>Covered in full when supplied by the Scheme's preferred suppliers, otherwise covered up to the Discovery Health Rate for the lens</p>

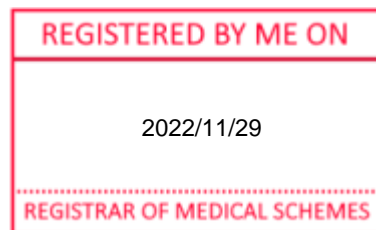


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External Medical Items (EMI) including those supplied by orthotists and prosthetists	Up to a maximum of 100% of the Discovery Health Rate. Unless part of a defined benefit, those listed in Annexure 6 are paid from MSA or ATB at 100% of the Discovery Health Rate. Claims paid from the MSA and once in ATB accumulate to the benefit limit. Subject to the annual limit and subject to the item meeting the Scheme's guidelines and managed care criteria.	Unlimited R64 200 per family per year for items listed in Annexure 6 Limit is pro-rated when beneficiary joins after 01 January
Mobility and breathing devices for conditions such as: Hemiplegia, paraplegia, quadriplegia, Cerebral Palsy, Parkinson's disease, Multiple Sclerosis, respiratory disorders, Extra-pulmonary, pleural or parenchymal respiratory diseases, connective tissue disorders, neonatal congenital defects, Muscular Dystrophy and Chronic obstructive Pulmonary disease	Up to a maximum of 100% of the Discovery Health Rate. Available once the EMI limit is reached, subject to authorisation and the condition meeting the Scheme's treatment guidelines and clinical entry criteria.	Unlimited
HIV/AIDS and AIDS-related treatment	Basis of cover is contained in Annexure 7.	Unlimited
Post-exposure HIV prophylaxis following occupational exposure, traumatic exposure or sexual assault	Up to a maximum of 100% of cost.	Unlimited
HIV prophylaxis for mother-to-child transmission	Up to a maximum of 100% of cost.	Unlimited
Advanced Illness Benefit	Up to a maximum of 100% of the Discovery Health Rate. Subject to authorisation and the treatment meeting the Scheme's guidelines and managed care criteria.	Unlimited
Medication and materials billed by hospital as TTO	Save for cover contained in Annexure 7, TTOs are not covered from Hospital Benefits, but paid from Chronic Illness Benefit where applicable or from the MSA or ATB as per the Prescribed Medication Benefit.	Subject to Chronic Illness Benefit and Prescribed Medication Benefit where appropriate
Screening Benefit A - Group of tests consisting of blood glucose test, blood pressure test, cholesterol test and Body Mass Index (BMI)	Up to a maximum of 100% of the Discovery Health Rate for group of tests at a network provider. Subject to meeting the Scheme's clinical entry criteria.	Unlimited

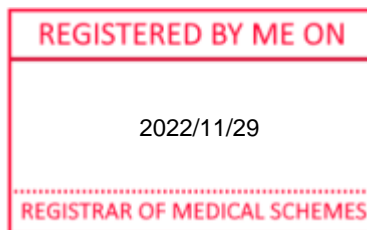


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Defined diabetes and cholesterol screening tests	Up to a maximum of 100% of the Discovery Health Rate for test code. Subject to meeting the Scheme's clinical entry criteria. Note: Consultation paid from MSA or ATB. Where the consultation relates to a PMB the consultation will be paid from Health Care Cover.	Unlimited
Screening Benefit B - Consist of appropriate tests as determined by the Scheme: HIV screening, Mammogram, Prostate-Specific Antigen (PSA), colorectal and cervical cancer screening	Up to a maximum of 100% of the Discovery Health Rate for test code. Subject to meeting the Scheme's clinical entry criteria. Tests in excess of annual limit paid from MSA and ATB. Note: Consultation paid from MSA or ATB. Where the consultation relates to a PMB the consultation will be paid from Health Care Cover.	Appropriate HIV screening tests as determined by the Scheme – Unlimited One Mammogram every 2 years, one Pap Smear every 3 years or one HPV test every 5 years and one PSA test per person per year One fecal occult blood test or immunochemical test every 2 years per person for persons between the ages of 45 to 75 years
Additional cover for Mammogram, breast MRI, BRCA testing, colonoscopy and cervical cancer screening	Up to a maximum of 100% of the Discovery Health Rate for test code. Subject to meeting the Scheme's clinical entry criteria. Note: Consultation paid from MSA or ATB. Where the consultation relates to a PMB the consultation will be paid from Health Care Cover.	Basket of care as set by the Scheme Once off BRCA testing and colonoscopy
Screening Benefit C - Group of age appropriate tests including but not limited to growth assessment, blood pressure and health and milestone tracking	Up to a maximum of 100% of the Discovery Health Rate at a network provider, for children between the ages of 2 and 18. Subject to meeting the Scheme's clinical entry criteria.	Unlimited
Screening Benefit D – Group of age appropriate screening tests	Up to a maximum of 100% of the Discovery Health Rate at a network provider, for members 65 years and older. Subject to meeting the Scheme's clinical entry criteria.	Unlimited
Additional screening assessment or consultation	Up to a maximum 100% of the Discovery Health Rate at an accredited network provider. Subject to meeting the Scheme's clinical entry criteria and treatment guidelines.	One consultation per person per year

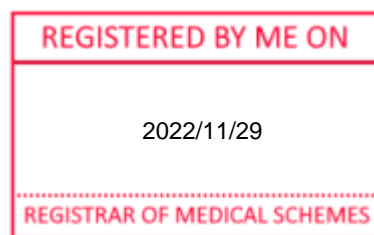


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Preventative Benefit - Seasonal Influenza Vaccination	<p>Up to a maximum of 100% of the Discovery Health Medication Rate for the vaccination.</p> <p>Seasonal flu vaccines in excess of the annual limit paid from MSA or ATB.</p> <p>Note: Consultation and other healthcare services to administer the vaccine, paid from MSA or ATB.</p> <p>Subject to the Scheme's protocols and clinical entry criteria.</p>	One seasonal influenza vaccine per person per year
Preventative Benefit - Pneumococcal Vaccination	<p>Up to a maximum of 100% of the Discovery Health Medication Rate for the vaccination.</p> <p>Pneumococcal vaccines in excess of the limit paid from MSA or ATB.</p> <p>Note: Consultation and other healthcare services to administer the vaccine, paid MSA or ATB.</p> <p>Subject to the Scheme's protocols and clinical entry criteria.</p>	Up to 2 pneumococcal vaccine doses per person per lifetime
<p>Additional screening benefit for:</p> <ul style="list-style-type: none"> – Primary healthcare screening services for visual, hearing, dental and skin conditions – Physical well-being screening at a dietician, biokineticist and/or physiotherapist – Women and men's screening and prevention healthcare services – Screening and prevention healthcare services for children – Cover for a defined list of registered screening and health monitoring devices 	<p>Up to a maximum of 100% of the Discovery Health Rate, subject to completion of the group of tests as set out in Screening Benefit A and Screening Benefit C, as applicable and stipulated in Table A.</p> <p>The benefit is available for a maximum of 2 years. For any beneficiary joining the Scheme, the benefit is available in the year of joining and the year thereafter.</p> <p>Subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.</p>	<p>Basket of care as set by the Scheme limited to:</p> <p>R2 500 per adult beneficiary once per lifetime; R1 250 per child beneficiary once per lifetime; up to a maximum of R10 000 per family</p>
International clinical review service	<p>Up to a maximum of 75% of the cost of the consultation.</p> <p>Subject to the Scheme's preferred provider, protocols and clinical entry criteria.</p>	Unlimited

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Allied healthcare services including: occupational therapists, physiotherapists, chiropractors or biokineticists, psychologists, social workers, speech and hearing therapists for the following conditions: Quadriplegia, hemiplegia or paraplegia, hearing loss, prematurity at birth, congenital defects including those of the heart, lungs and neurological system, autism, cerebral palsy, certain degenerative neurological conditions, certain connective tissue disorders, bronchiectasis, fibrosing restrictive lung diseases, trauma-related event resulting in the following PMB conditions: near-drowning-related injury, severe anaphylactic reaction, poisoning, crime-related injury, severe burns, external and internal head injuries, loss of limb; aphasia, dysarthria, apraxia, dysphagia, Prader Willi Syndrome, verbal apraxia, Fragile X Syndrome, Asperger’s Syndrome, Rett’s Syndrome, achondroplasia, West Syndrome (infantile spasm), inborn errors of metabolism, Down Syndrome, Strokes	Up to a maximum of 100% of the Discovery Health Rate from Health Care Cover once the Annual Threshold is reached. Subject to authorisation and the condition meeting the Scheme's treatment guidelines and clinical entry criteria.	Unlimited
Emergency Medical Services local	Up to a maximum of 100% of the Discovery Health Rate. Inter-hospital transfers subject to authorisation.	Unlimited

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International Travel Benefit as set out in Annexure B	<p>Basis of cover as contained in Annexure B. Up to 100% of the cost for in- and out-of-hospital treatment and where such treatment is paid in a foreign currency, the cost will be paid at an exchange rate for such currency as set by the bank at which the Scheme has its account.</p> <p>The first US\$150 or €100 in respect of out-of-hospital treatment per person per journey is payable by the member. The balance will be paid from Health Care Cover.</p> <p>Subject to authorisation.</p> <p>Not exceeding 90 days from date of departure from South Africa, for medical emergencies only.</p>	R5 000 000 per person per journey for both in- and out-of-hospital treatment
Africa Evacuation Benefit as set out in Annexure B	<p>Basis of cover as contained in Annexure B. Up to 100% of the cost and where such treatment is paid in a foreign currency, the cost will be paid at an exchange rate for such currency as set by the bank at which the Scheme has its account.</p> <p>Subject to authorisation. For medical emergencies only.</p>	
Overseas Treatment Benefit as set out in Annexure B	<p>Basis of cover as contained in Annexure B. Up to 80% of the cost from Health Care Cover for in- and out-of-hospital, evidence-based medical treatment not available in South Africa, provided by a registered medical professional where clinically appropriate.</p> <p>Where such treatment is paid in a foreign currency, the cost will be paid at an exchange rate for such currency as set by the bank at which the Scheme has its account. Payment is directly to the member, with the balance of the claim payable by the member.</p> <p>Subject to pre-authorisation.</p> <p>Subject to proof of travel and submission of valid medical claims.</p>	R500 000 per person per year for both in- and out-of-hospital treatment

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TABLE A – HEALTH CARE COVER (INCLUDING HOSPITAL BENEFIT AND OUT-OF-HOSPITAL SERVICES) FUNDED AS PER SECTION IIA OF ANNEXURE B		
Healthcare Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
Benefit for out-of-hospital management and appropriate supportive treatment of specific global World Health Organisation (WHO) recognised disease outbreaks: <ul style="list-style-type: none"> – COVID-19 – Monkeypox 	In addition to cover contained in Annexure 7, up to a maximum of 100% of the Discovery Health Rate. Subject to the Scheme’s preferred provider (where applicable), protocols and the condition and treatment meeting the Scheme’s entry criteria and guidelines.	Basket of care as set by the Scheme per condition
Over and above the DTPMB entitlement, this benefit also covers certain out-of-hospital healthcare services arising from an emergency, trauma-related event resulting in the following PMB conditions: <ul style="list-style-type: none"> – Paraplegia – Quadriplegia – Near-drowning related injury – Severe anaphylactic reaction – Poisoning – Crime-related injury – Severe burns – External and internal head injuries – Loss of limb Trauma benefit services covered under this benefit include: <ul style="list-style-type: none"> – Allied healthcare services – External medical items – Hearing aids – Prescribed Medicine 	Basis of cover as contained in Annexure B and up to a maximum of 100% of the Discovery Health Rate. Paid from Health Care Cover and is subject to applicable limits. Excludes OTC medicines (inclusive of schedule 0, 1 and 2 drugs whether prescribed or not), optometry, antenatal classes and dentistry (other than severe dental and oral procedures contemplated in Annexure 3). Cover applies to 31 December of the following year after the trauma occurred. Subject to authorisation and/or approval and treatment meeting the Scheme's treatment guidelines and entry criteria. Cover is not restricted to the Scheme's DSPs as stipulated in Annexure 7. Healthcare services related to counselling is applicable to all registered beneficiaries.	Services: <ul style="list-style-type: none"> – External Medical Items: Limited to external medical items as stipulated in the Table C, except for prosthetic limbs which shall be subject to a limit of R93 550 per person per year – Hearing aids: Limited to hearing aids as stipulated in Table C – Allied healthcare services limited to: <ul style="list-style-type: none"> ○ The allied and therapeutic services limit as stipulated in Table C; ○ Up to 6 additional counselling sessions per beneficiary per year – Prescribed Medication: Limited to Prescribed Medication benefit limits as stipulated in Table C

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TABLE A – HEALTH CARE COVER (INCLUDING HOSPITAL BENEFIT AND OUT-OF-HOSPITAL SERVICES) FUNDED AS PER SECTION IIA OF ANNEXURE B

Healthcare Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
<p>Out-of-hospital healthcare services related to pregnancy and delivery:</p> <ul style="list-style-type: none"> – antenatal classes and/or postnatal visits with a registered nurse – antenatal consultations with a GP, gynaecologist or midwife – prenatal screening or Non Invasive Prenatal Testing (NIPT) or defined chromosome testing, – pregnancy scans – a defined basket of pregnancy blood tests – registered essential medical devices – postnatal consultation with a GP, gynaecologist or midwife for complications post delivery – dietician nutrition assessment – postnatal mental health consultation with a GP, psychologist or counsellor – paediatrician, ENT or GP consultations for infants 	<p>Up to 100% of the Discovery Health Rate, or agreed rate.</p> <p>Paid from Health Care Cover and is subject to applicable limits.</p> <p>Subject to pre-authorisation and/or registration and the treatment meeting the Scheme's treatment guidelines and clinical entry criteria.</p> <p>3D and 4D scan will be paid up to the maximum of the cost of a 2D scan.</p> <p>Cover for related essential devices is up to a maximum of 75% of the Discovery Health Rate or agreed rate.</p> <p>Cover for infant consultations up to a maximum of 100% of the Discovery Health Rate, or agreed rate, for children under the age of 2 years.</p> <p>Services in excess of the limit paid from MSA and ATB.</p> <p>Limits apply for the duration of the pregnancy.</p>	<p>Services:</p> <ul style="list-style-type: none"> – antenatal classes and/or postnatal visits: 5 consultations or classes per pregnancy and/or delivery – antenatal consultations: 12 per pregnancy – prenatal screening, including chromosome testing or Non Invasive Prenatal Testing (NIPT): 1 per pregnancy – pregnancy scans: 2 per pregnancy – blood tests: 1 routine basket of pregnancy tests per pregnancy – registered essential medical devices: R5 650 per pregnancy and/or delivery – postnatal consultations for complications post-delivery: 1 per delivery – dietician nutrition assessment: 1 per delivery – mental health consultation: 2 per delivery – consultations for infants: 2 per child <p>Services in excess of the above mentioned limits will be in accordance with the relevant healthcare service as stipulated elsewhere in Table C</p>
<p>Assisted Reproductive Therapy (ART) healthcare services which include:</p> <ul style="list-style-type: none"> – consultations – radiology, including ultrasound scans, and pathology – oocyte retrieval – embryo freezing, storage and transfer – related admission costs – related laboratory fees – supportive medication – oocyte and sperm cryopreservation – egg donor matching fee 	<p>In addition to the cover contained in Annexure 7, up to a maximum of 75% of the Discovery Health Rate.</p> <p>Subject to the Scheme's preferred provider (where applicable), protocols and the condition and treatment meeting the Scheme's entry criteria and guidelines.</p> <p>Cryopreservation for up to maximum of 5 years.</p>	<p>R122 000 per person per year</p> <p>Basket of care as set by the Scheme</p>

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TABLE A – HEALTH CARE COVER (INCLUDING HOSPITAL BENEFIT AND OUT-OF-HOSPITAL SERVICES) FUNDED AS PER SECTION IIA OF ANNEXURE B		
Healthcare Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
Day-to-day Extender Benefit for: <ul style="list-style-type: none"> – pharmacy clinic consultations with or without video call consultations with a General Practitioner; – General Practitioner consultations; – non-PMB trauma services obtained from a casualty unit for children under the age of 10 years 	Available once the MSA has been depleted and before the Threshold is reached (during the self-payment gap). Out-of-hospital consultation codes billed by a network pharmacy clinic or GP that meets the digital platform criteria shall be paid from Health Care Cover up to a maximum of 100% of the Discovery Health Rate. Subject to meeting the Scheme's treatment guidelines and managed care criteria. Out-of-hospital consultation, facility fee and consumable codes billed by the casualty unit for children under the age of 10 shall be paid from Health Care Cover up to a maximum of 100% of the Discovery Health Rate.	<u>Unlimited</u> <u>In network casualty visit:</u> Once MSA has been used up and before Threshold is reached, limited to 2 visits per child <u>Not in the network:</u> Limited to funds available in MSA
<p>On Classic Delta Comprehensive, where members have elected network restrictions for the purposes of attaining a discounted premium, a R9 650 Deductible shall be payable by the beneficiary in respect of the hospital account for elective admissions at private hospitals which are not a "Network Hospital". No Deductible shall be payable by the beneficiary in the case of emergency services rendered at private hospitals which are not a "Network Hospital".</p> <p>For day-case procedures, as reflected in Annexure 9, a R9 650 Deductible shall be payable by the beneficiary in respect of the hospital account for elective admissions at private hospitals which are not part of the defined list of network facilities for day-case procedures. No Deductible shall be payable by the beneficiary in the case of emergency services rendered at private hospitals which are not a "Network Hospital" or the defined list of network facilities for day-case procedures.</p>		
<p>Annual Cumulative Out of Hospital Threshold: Member, spouse and adult dependant – R25 740 each. Child – R4 910 each for maximum 3 children subject to Annexure A. Before reaching the Threshold, payment is effected from the member's MSA. All payments from MSA subject to funds being available therein. Where claims are paid from accumulated funds in the MSA during the self-payment gap, such amounts shall accumulate towards the Annual Threshold as set out in Table C. After Threshold is reached payment is made by the Scheme. Claims paid from the MSA and ATB accumulate to the benefit limits.</p>		

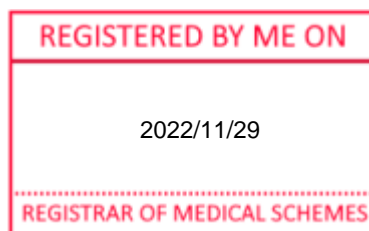
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REGISTRAR OF MEDICAL SCHEMES

CLASSIC COMPREHENSIVE PLAN - 2023

TABLE B - CHRONIC ILLNESS BENEFIT		
Healthcare Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
Medication for the chronic Prescribed Minimum Benefit conditions	Save for medication contemplated in Rule 15.18 of the Main Body of the Rules, basis of cover contained in Annexure 7. Subject to the Scheme's protocols, clinical entry criteria and drug utilisation review.	As contained in Annexure 7
Prescribed medications for conditions listed in Annexure 2	Up to 100% of the Discovery Health Medication Rate.	Chronic Drug Amount per drug class as set by the Scheme
Specialised Medicine and Technology treatment contemplated in Rule 15.18 of the Main Body of the Rules	The Scheme will pay between 80% and 100% of the Discovery Health Rate or up to the reference price for preferentially priced medicine from Health Care Cover, as stipulated in Annexure B, subject to the annual limit. The balance of the claim is payable by the beneficiary. Subject to the Scheme's protocols and clinical entry criteria.	R200 000 per person per year Limit applies to all treatment contemplated in Rule 15.18 of the Main Body of the Rules
Diabetes Management for members registered on the Scheme's Disease Management Programme	Basis of cover is contained in Annexure 7. Up to 100% of the Discovery Health Rate for services covered in the Scheme's basket of care if referred by the Scheme's DSP.	Basket of care as set by the Scheme
HIV Management for members registered on the Scheme's Disease Management Programme	Basis of cover is contained in Annexure 7. Up to 100% of the Discovery Health Rate for services covered in the Scheme's basket of care if referred by the Scheme's DSP.	Basket of care as set by the Scheme
Cardiovascular Disease Management for members registered on the Scheme's Disease Management Programme	Basis of cover is contained in Annexure 7. Up to 100% of the Discovery Health Rate for services covered in the Scheme's basket of care if referred by the Scheme's DSP.	Basket of care as set by the Scheme
Blood glucose monitoring devices	Any beneficiary approved and registered on the Scheme's Chronic Illness Benefit for Diabetes is covered up to 100% of the Discovery Health Rate, paid from Health Care Cover. The device must be approved by the Scheme, subject to the Scheme's protocols and clinical entry criteria.	1 per beneficiary per year limited to the home-monitoring device limit as stipulated in Table A



CLASSIC COMPREHENSIVE PLAN – 2023

TABLE C – MEDICAL SAVINGS ACCOUNT AND ABOVE THRESHOLD BENEFIT (OUT-OF-HOSPITAL BENEFITS) FUNDED AS PER SECTIONS I AND IIB OF ANNEXURE B		
Healthcare Services Covered	Basis of cover from Medical Savings Account (MSA) and Above Threshold Benefit (ATB) and rate of accumulation to Threshold: Subject to Prescribed Minimum Benefits	Annual Limits (Limits apply to claims paid from MSA and ATB)
Pharmacy clinic consultation with or without video call consultation with a General Practitioner	<p>Paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Rate.</p> <p>Accumulation to the Threshold up to a maximum of 100% of the Discovery Health Rate.</p>	Unlimited
General Practitioner	<p>Paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Rate.</p> <p>Accumulation to the Threshold up to a maximum of 100% of the Discovery Health Rate.</p>	
Specialists	<p>Paid from MSA first and then ATB: Premier Rate providers: Up to a maximum of the Premier Rate. All other specialists: Up to a maximum of 100% of the Discovery Health Rate.</p> <p>Accumulation to the Threshold up to a maximum of the Discovery Health Rate.</p>	Unlimited
Non-PMB trauma services obtained from a casualty unit	<p>Paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Rate for children under the age of 10.</p>	Unlimited
Dentistry	<p>Paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Rate.</p> <p>Accumulation to the Threshold up to a maximum of the Discovery Health Rate.</p> <p>Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.</p> <p>Claims paid from the MSA and once in ATB accumulate to the benefit limit.</p>	<p>R32 600 per person per year applicable to dental appliances and prostheses and the placement of such appliances/prostheses and orthodontics (surgical and non-surgical)</p> <p>Limit applies regardless of place of service and is pro-rated if beneficiary joins after 01 January</p>

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TABLE C – MEDICAL SAVINGS ACCOUNT AND ABOVE THRESHOLD BENEFIT (OUT-OF-HOSPITAL BENEFITS) FUNDED AS PER SECTIONS I AND IIB OF ANNEXURE B		
Healthcare Services Covered	Basis of cover from Medical Savings Account (MSA) and Above Threshold Benefit (ATB) and rate of accumulation to Threshold: Subject to Prescribed Minimum Benefits	Annual Limits (Limits apply to claims paid from MSA and ATB)
Prescribed medication for schedule 3 and above medication	<p><u>Preferentially priced generic and brand medication:</u> Paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Medication Rate with accumulation to Threshold at up to 100% of the Discovery Health Medication Rate.</p> <p><u>Non-preferentially priced generic and brand medication:</u> Payment from MSA first up to a maximum of 100% of the Discovery Health Medication Rate. Then payment from and accumulation to Threshold at up to either 50% or 75% of the Discovery Health Medication Rate, depending on the price of the medication relative to the cost of the preferentially priced medication.</p> <p>Claims paid from the MSA and once in ATB accumulate to the benefit limit.</p>	<p>Member – R37 900 Member + dependant – R44 450 Member + 2 dependants – R51 600 Member + 3 or more dependants – R58 850</p> <p>Limits are pro-rated when beneficiary joins after 01 January</p>
Over the counter medication (OTC) inclusive of schedule 0, 1 and 2 drugs whether prescribed or not, and products that are considered lifestyle enhancing	Paid from MSA with no accumulation to Threshold and not covered from ATB.	Limited to funds available in MSA
Vaccines and immunisations	Save for where stipulated under a defined benefit, paid from MSA with no accumulation to Threshold and not covered from ATB.	Limited to funds available in MSA
Non-invasive Prenatal Screening Test or defined chromosome testing	<p>Paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Rate.</p> <p>Accumulation to the Threshold up to a maximum of the Discovery Health Rate.</p> <p>Subject to the Scheme's protocols and clinical entry criteria.</p>	Unlimited
New born screening	Paid from MSA with no accumulation to Threshold and not covered from ATB.	Limited to funds available in MSA
Pathology	<p>Paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Rate.</p> <p>Accumulation to the Threshold up to a maximum of the Discovery Health Rate.</p> <p>Point-of-care pathology testing is subject to meeting the Scheme's treatment guidelines and managed care criteria.</p>	Unlimited

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TABLE C – MEDICAL SAVINGS ACCOUNT AND ABOVE THRESHOLD BENEFIT (OUT-OF-HOSPITAL BENEFITS) FUNDED AS PER SECTIONS I AND IIB OF ANNEXURE B		
Healthcare Services Covered	Basis of cover from Medical Savings Account (MSA) and Above Threshold Benefit (ATB) and rate of accumulation to Threshold: Subject to Prescribed Minimum Benefits	Annual Limits (Limits apply to claims paid from MSA and ATB)
X-rays and radiology not otherwise specified	<p>Paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Rate.</p> <p>Accumulation to the Threshold up to a maximum of the Discovery Health Rate.</p>	Unlimited
MRI and CT Scans	<p>The first R3 470 in respect of each out-of-hospital MRI and CT scan is payable from MSA or ATB, and accumulated to the Annual Threshold, with the balance from Health Care Cover up to a maximum of 100% of the Discovery Health Rate.</p> <p>Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.</p> <p>Subject to referral by appropriate specialist.</p>	Unlimited
Pregnancy scans	<p>Once the out-of-hospital cover related to pregnancy and delivery is reached, paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Rate.</p> <p>Accumulation to the Threshold up to a maximum of the Discovery Health Rate.</p> <p>3D and 4D scan will be paid up to the maximum of the cost of a 2D scan.</p>	Unlimited
Allied and therapeutic healthcare services including: acousticians, biokineticists, chiropractors, dieticians, homeopaths, nursing providers, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrics, counsellors, social workers, speech and hearing therapists	<p>Paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Rate.</p> <p>Accumulation to the Threshold up to a maximum of the Discovery Health Rate.</p> <p>Claims paid from the MSA and once in ATB accumulate to the benefit limit.</p>	<p>Member – R22 200 Member + dependant – R30 150 Member + 2 dependants – R36 750 Member + 3 or more dependants – R42 650</p> <p>Limits are pro-rated when beneficiary joins after 01 January</p>
Other alternative allied healthcare services as listed in Annexure 1	Paid from MSA with no accumulation to Threshold and not covered from ATB.	Limited to funds available in MSA

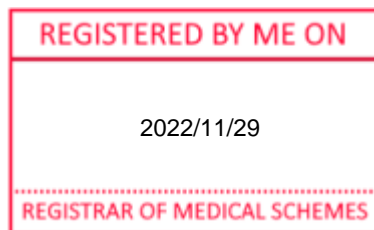


TABLE C – MEDICAL SAVINGS ACCOUNT AND ABOVE THRESHOLD BENEFIT (OUT-OF-HOSPITAL BENEFITS) FUNDED AS PER SECTIONS I AND IIB OF ANNEXURE B		
Healthcare Services Covered	Basis of cover from Medical Savings Account (MSA) and Above Threshold Benefit (ATB) and rate of accumulation to Threshold: Subject to Prescribed Minimum Benefits	Annual Limits (Limits apply to claims paid from MSA and ATB)
External Medical Items (EMI) including those supplied by orthotists and prosthetists	<p>Paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Rate.</p> <p>Accumulation to the Threshold up to a maximum of the Discovery Health Rate.</p> <p>Claims paid from the MSA and once in ATB accumulate to the benefit limit.</p> <p>Subject to the annual limit and subject to the item meeting the Scheme's guidelines and managed care criteria.</p> <p>Point-of-care medical devices: Payment from MSA up to a maximum of 100% of the Discovery Health Rate. Payment from ATB and accumulation to Threshold at 75% of the Discovery Health Rate.</p>	<p>R64 200 per family per year Limit is pro-rated when beneficiary joins after 01 January</p> <p>One device per family</p>
Hearing aids	<p>Paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Rate.</p> <p>Accumulation to the Threshold up to a maximum of the Discovery Health Rate.</p> <p>Claims paid from the MSA and once in ATB accumulate to the benefit limit.</p>	R28 200 per family per year
Optometry consultations and optometry not otherwise specified	<p>Paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Rate.</p> <p>Accumulation to the Threshold up to a maximum of the Discovery Health Rate.</p>	Unlimited
Spectacles, frames, contact lenses, intra-ocular lenses, refractive eye surgery and other health care services to treat errors of refraction irrespective of cause	<p>Paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Rate.</p> <p>Accumulation to the Threshold up to a maximum of the Discovery Health Rate.</p> <p>Claims paid from the MSA and once in ATB accumulate to the benefit limit.</p>	<p>R6 550 per person per year</p> <p>Limit is pro-rated if beneficiary joins after 01 January</p>

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TABLE C – MEDICAL SAVINGS ACCOUNT AND ABOVE THRESHOLD BENEFIT (OUT-OF-HOSPITAL BENEFITS) FUNDED AS PER SECTIONS I AND IIB OF ANNEXURE B		
Healthcare Services Covered	Basis of cover from Medical Savings Account (MSA) and Above Threshold Benefit (ATB) and rate of accumulation to Threshold: Subject to Prescribed Minimum Benefits	Annual Limits (Limits apply to claims paid from MSA and ATB)
Antenatal classes	Once the out-of-hospital cover related to pregnancy and delivery is reached, paid from MSA first and then ATB up to a maximum of 100% of the Discovery Health Rate. Accumulation to the Threshold up to a maximum of the Discovery Health Rate. Claims paid from the MSA and once in ATB accumulate to the benefit limit.	R2 170 per family per pregnancy
Annual Cumulative Out of Hospital Threshold: Member, spouse and adult dependant – R25 740 each. Child – R4 910 each for maximum 3 children subject to Annexure A. Before reaching the Threshold, payment is effected from the member's MSA. All payments from MSA subject to funds being available therein. Where claims are paid from accumulated funds in the MSA during the self-payment gap, such amounts shall accumulate towards the Annual Threshold as set out above. After Threshold is reached payment is made by the Scheme. Claims paid from the MSA and ATB accumulate to the benefit limits.		

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