

ESSENTIAL SAVER PLAN – 2023

TABLE A – HEALTH CARE COVER (INCLUDING HOSPITAL BENEFIT AND OUT-OF-HOSPITAL SERVICES) FUNDED AS PER SECTION IIA OF ANNEXURE B		
Health Care 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 fund in accordance with the basis of cover as contained in Annexure 7.</p>	Unlimited
Specialists	<p>Premier Rate specialists: Up to a maximum of the Premier Rate.</p> <p>Classic Direct specialists: Where a procedure is performed in the Scheme's day-surgery network, claims will be funded up to a maximum of the agreed Discovery Health Rate.</p> <p>Other specialists: Up to a maximum of 100% of the Discovery Health Rate.</p>	Unlimited
Doctors and allied health care service providers while hospitalised	Up to a maximum of 100% of the Discovery Health Rate.	Unlimited
Radiology and 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
Accommodation, theatre fees, materials used, prescribed medication for duration of hospitalisation	Up to a maximum of 100% of the Discovery Health Rate. Subject to authorisation and/or approval and meeting the Scheme's clinical and managed care criteria.	Unlimited

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REGISTRAR OF MEDICAL SCHEMES

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Health Care 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 100% for the Discovery Health Rate for related accounts.</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
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

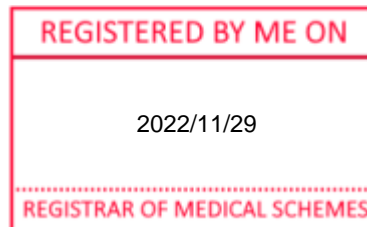


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Health Care Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
Home-monitoring devices for clinically appropriate chronic and acute conditions	Up to a maximum of 100% of the Discovery Health Rate paid from Health Care Cover. The device must be approved by the Scheme, subject to the Scheme's protocols and clinical and benefit entry criteria.	Up to R4 250 per person per year
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
MRI and CT Scans	Up to a maximum of 100% of Discovery Health Rate for in-hospital scans performed in respect of treatment related to an authorised admission. Subject to referral by appropriate specialist. If done for conservative back or neck treatment or unrelated to admission, the first R3 470 paid from MSA and the balance from Health Care Cover up to a maximum of 100% of the Discovery Health Rate. Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.	Unlimited

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<p>Gastrosopies, colonoscopies, proctoscopies and sigmoidoscopies</p>	<p>Save for the cover contained in Annexure 8, or where indicated and approved for dyspepsia or for children aged 12 years and under, the first R4 050 in respect of the hospital account when performed in a day clinic, or R6 950 in respect of the hospital account when performed in acute facilities, per admission is paid from MSA. Where performed in an acute facility by a doctor who is part of the Scheme's value-based network, the first R5 750 in respect of the hospital account is paid from MSA.</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 R8 650 in respect of the hospital account when performed in acute facilities, per admission is paid from MSA. Where performed in an acute facility by a doctor who is part of the Scheme's value-based network, the first R7 200 in respect of the hospital account is paid from MSA.</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>Doctor, anaesthetist and related accounts paid from Health Care Cover up to a maximum of 100% of the Discovery Health Rate.</p> <p>Up to 100% 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>	<p>Unlimited</p>

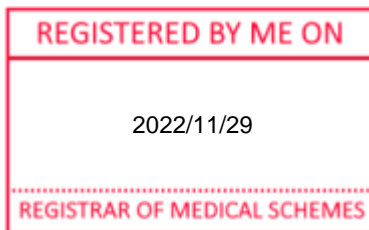


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Health Care Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
Conservative treatment for dyspepsia	Up to a maximum of 100% of the Discovery Health Rate. Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.	Basket of care as set by the Scheme
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 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>All dental appliances and prostheses and the placement of such appliances/prostheses as well as orthodontics (surgical and non-surgical) are paid from MSA up to 100% of the Discovery Health Rate.</p> <p>Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.</p>	Unlimited

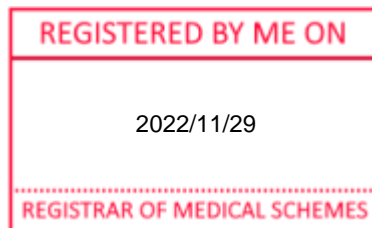


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Health Care Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
Severe dental and oral procedures reflected in Annexure 3	<p>Up to a maximum of 100% of the Discovery Health Rate for related accounts. Up to a maximum of 100% of the Discovery Health Rate for hospital account.</p> <p>Where such event is also subject to Annexure 9, the higher 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>Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.</p>	Unlimited
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>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 prosthesis and the placement of such appliances/prosthesis

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Chemotherapy, Radiotherapy and Oncological treatment	Basis of cover is contained in Annexure 8.	Unlimited, save as provided for elsewhere in these Rules
Chronic Dialysis	Up to a maximum of 100% of the Discovery Health Rate at the Scheme's network provider. 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 100% 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 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.

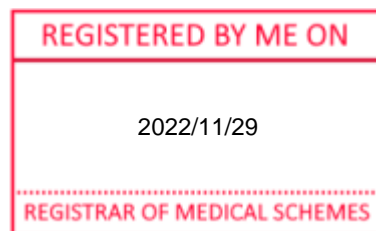


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Health Care Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
Cochlear implants (including processors) and auditory brain implants	<p>Up to a maximum of 100% of the Discovery Health Rate at the Scheme's network provider.</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>

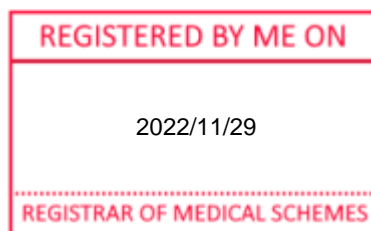


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Health Care Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
Hip and knee joint replacements	<p>Up to a maximum of 100% of the Discovery Health Rate at a network provider. Network does not apply to any admissions related to trauma.</p> <p>Up to 80% of the Discovery Health Rate for the hospital account if performed at a non-network facility. Up to a maximum of 100% 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 a defined list of 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. Up to a maximum of 100% 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 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;</p> <p>Bare metal stent limit: R10 330 per stent per admission if not supplied by the Scheme's network provider</p>

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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, the higher 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>Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria.</p>	Covered in full when supplied by the Scheme's preferred suppliers, otherwise covered up to the Discovery Health Rate for the lens
External Medical Items (EMI) including those supplied by orthotists and prosthetists	<p>Up to a maximum of the Discovery Health Rate. Unless part of a defined benefit those listed in Annexure 6 are paid from MSA at 100% of the Discovery Health rate.</p> <p>All subject to the Scheme's clinical and managed care criteria.</p>	<p>Unlimited</p> <p>Limited to funds available in MSA for items listed in Annexure 6</p>
HIV/AIDS and AIDS-related treatment	Basis of cover 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	<p>Up to a maximum of 100% of the Discovery Health Rate.</p> <p>Subject to authorisation and the treatment meeting the Scheme's guidelines and managed care criteria.</p>	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 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)	<p>Up to a maximum of 100% of the Discovery Health Rate for group of tests at a network provider.</p> <p>Subject to meeting the Scheme's clinical entry criteria.</p>	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. 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. Note: Consultation paid from MSA. 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. 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.</p> <p>Note: Consultation and other healthcare services to administer the vaccine, paid from MSA.</p> <p>Subject to Scheme protocols and clinical entry criteria.</p>	One seasonal influenza vaccine per person per year
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
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.</p> <p>Note: Consultation and other healthcare services to administer the vaccine, paid from MSA.</p> <p>Subject to the Scheme's protocols and clinical entry criteria.</p>	Up to 2 pneumococcal vaccine doses per person per lifetime

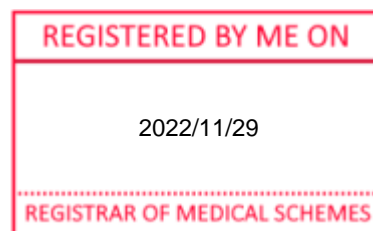


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Additional screening benefit for: <ul style="list-style-type: none"> – Primary healthcare screening services for visual, hearing, dental and skin conditions – Physical well-being screening at a dietician, biokineticist and/or physiotherapist – Women 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 	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. 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. Subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.	Basket of care as set by the Scheme limited to: 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
Emergency Medical Services local	Up to a maximum of 100% of the Discovery Health Rate. Inter-hospital transfers subject to authorisation.	Unlimited
International Travel Benefit as set out in Annexure B	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. 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. Subject to authorisation. Not exceeding 90 days from date of departure from South Africa, for medical emergencies only.	R5 000 000 per person per journey for both in- and out-of-hospital treatment
Africa Evacuation Benefit as set out in Annexure B	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. Subject to authorisation. For medical emergencies only.	

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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

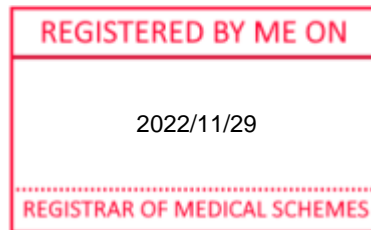


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Health Care Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
<p>Over and above the DTPMB entitlement, this benefit also covers out-of-hospital health care services arising from an emergency, trauma-related event resulting in the following PMB conditions:</p> <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 <p>Trauma benefit services covered under this benefit include:</p> <ul style="list-style-type: none"> – Allied healthcare services – External medical items – Hearing aids – Prescribed Medicine 	<p>Basis of cover as contained in Annexure B and up to a maximum of 100% of the Discovery Health Rate.</p> <p>Paid from Health Care Cover and is subject to applicable limits.</p> <p>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).</p> <p>Cover applies to 31 December of the following year after the trauma occurred.</p> <p>Subject to authorisation and/or approval and treatment meeting the Scheme's treatment guidelines and entry criteria.</p> <p>Cover is not restricted to the Scheme's DSP's as stipulated in Annexure 7.</p> <p>Healthcare services related to counselling is applicable to all registered beneficiaries.</p>	<p>Services:</p> <ul style="list-style-type: none"> – External Medical Items: Limited to R28 900 per family per year, except for prosthetic limbs which shall be subject to a limit of R93 550 per person per year – Hearing aids: Limited to R16 100 per family per year – Allied and therapeutic healthcare services including: <ul style="list-style-type: none"> o Acousticians, biokineticists, chiropractors, dieticians, homeopaths, nursing providers, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrics, counsellors, social workers, speech and hearing therapists limited to: <ul style="list-style-type: none"> • Member: R8 800 • M + 1 dependant: R13 250 • M + 2 dependants: R16 500 • M + 3 dependants or more: R19 850 o Up to 6 additional counselling sessions per beneficiary per year – Prescribed Medicine limited to: <ul style="list-style-type: none"> Member: R17 150 M + 1 dependant: R20 300 Member + 2 dependants: R24 100 Member + 3 dependants or more: R29 300

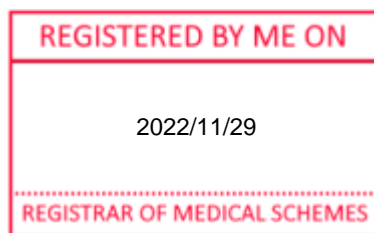
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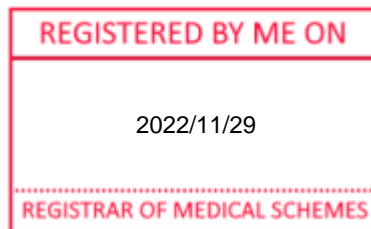
TABLE A – HEALTH CARE COVER (INCLUDING HOSPITAL BENEFIT AND OUT-OF-HOSPITAL SERVICES) FUNDED AS PER SECTION IIA OF ANNEXURE B

Health Care 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 – 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 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.</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: 8 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 – postnatal consultations for complications post delivery: 1 per delivery – dietician nutrition assessment: 1 per delivery – mental health consultations: 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>On Essential Delta, 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>All payments from MSA subject to funds being available therein.</p>		



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TABLE B - CHRONIC ILLNESS BENEFIT		
Health Care Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Annual 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 Scheme protocols, clinical entry criteria and drug utilisation review.	As contained in Annexure 7
Specialised Medicine and Technology treatment contemplated in Rule 15.18 of the Main Body of the Rules	No cover.	Not applicable
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 device	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 Scheme protocols and clinical entry criteria.	1 per beneficiary per year limited to the home-monitoring device limit as stipulated in Table A



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TABLE C - OUT-OF-HOSPITAL BENEFITS		
Health Care Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
Pharmacy clinic consultation with or without video call consultation with a General Practitioner	Up to a maximum of 100% of the Discovery Health Rate. Once the MSA has been depleted, out-of-hospital consultation codes billed by a network provider shall be paid from Health Care Cover up to a maximum of 100% of the Discovery Health Rate.	<u>Network provider and network GP that meets the digital platform criteria</u> : Limited to funds available in MSA. Once MSA has been used up, out-of-hospital consultation codes paid from Health Care Cover limited to: 2 consultations per principal member; or 4 consultations per family <u>Non-network providers</u> : Limited to funds available in MSA
General Practitioners	Up to a maximum of 100% of the Discovery Health Rate. Once the MSA has been depleted, out-of-hospital consultation codes billed by a network 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 guidelines and managed care criteria.	
Specialists	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.	Limited to funds available in MSA
MRI and CT Scans	The first R3 470 in respect of each out-of-hospital MRI and CT scan is payable from MSA and the balance is payable from Health Care Cover up to a maximum of 100% of the Discovery Health Rate. Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria. Subject to referral by an appropriate specialist.	Co-payment limited to funds available in MSA
Prescribed medication	Preferentially priced as well as non-preferentially priced generic and brand medication: Up to a maximum of 100% of the Discovery Health Medication Rate.	Limited to funds available in MSA
Non-invasive Prenatal Screening Test or defined chromosome testing	Up to a maximum of 100% of the Discovery Health Rate. Subject to the Scheme's protocols and clinical entry criteria.	Limited to funds available in MSA

TABLE C - OUT-OF-HOSPITAL BENEFITS		
Health Care Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
New born screening	Up to a maximum of 100% of the Discovery Health Rate.	Limited to funds available in MSA
Dentistry	Up to a maximum of 100% the Discovery Health Rate. Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.	Limited to funds available in MSA
Pregnancy scans	Once the out-of-hospital cover related to pregnancy and delivery is reached, up to a maximum of 100% of the Discovery Health Rate. 3D and 4D scan will be paid up to the maximum of the cost of a 2D scan.	Limited to funds available in MSA
All other healthcare practitioners listed in Annexure 1	Up to a maximum of the Discovery Health Rate.	Limited to funds available in MSA
All payments from MSA subject to funds being available therein.		

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