

KEYCARE CORE 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
Hospitalisation in Full Cover network hospital	<p>Up to a maximum of 100% of the Discovery Health Rate of the hospital account.</p> <p>Subject to authorisation and/or approval and the meeting the Scheme's clinical and managed care criteria.</p>	Unlimited
Hospitalisation in Partial Cover network hospital	<p>Up to a maximum of 70% of the Discovery Health Rate of the hospital account.</p> <p>Subject to authorisation and/or approval and the meeting the Scheme's clinical and managed care criteria.</p>	Unlimited
Hospitalisation in non-network hospital. Emergency Admissions	<p>Up to a maximum of 100% of the Discovery Health Rate.</p> <p>Subject to pre-authorisation and in accordance with criteria.</p> <p>Patient to be transferred to a network hospital as soon as stabilised, unless otherwise agreed by the Scheme. Subject to PMBs.</p>	Unlimited
Hospitalisation in non-network hospital. Non-emergency admissions	No cover.	Not applicable

REGISTERED BY ME ON

2022/11/29

REGISTRAR OF MEDICAL SCHEMES

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
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 network providers.</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
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
Hospitalisation for selected members suffering from one or more significant chronic conditions. Non-emergency admissions	<p>Up to a maximum of 100% of the Discovery Health Rate.</p> <p>Subject to registration on the Scheme's Disease Management Programme.</p> <p>Up to a maximum of 100% of the Discovery Health rate and subject to authorisation and/or approval and the Scheme's Disease Management Programme clinical entry criteria.</p> <p>Up to a maximum of 80% of the Discovery Health Rate of the hospital and related accounts for members who are not registered on the programme.</p>	Unlimited

REGISTERED BY ME ON

2022/11/29

REGISTRAR OF MEDICAL SCHEMES

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
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
Pre-operative assessment for the following list of major surgeries: arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy and mastectomy	<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
Specialists	<p>KeyCare Specialists: Up to a maximum of 100% of the KeyCare Direct Payment Arrangement Rate.</p> <p>Other Specialists who work within the network hospitals: Up to a maximum of 100% of the Discovery Health Rate.</p> <p>Member must be referred by a GP.</p>	Unlimited
Other providers	Up to a maximum of 100% of the Discovery Health Rate.	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

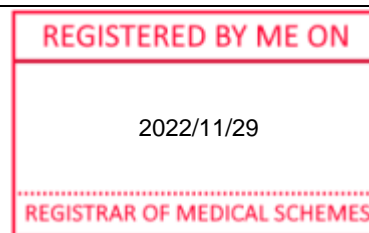


TABLE A – HEALTH CARE COVER (INCLUDING HOSPITAL BENEFIT AND OUT-OF-HOSPITAL SERVICES) FUNDED AS PER SECTION IIA OF ANNEXURE B

Health Care Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
Chronic dialysis	<p>Up to a maximum of 100% of the Discovery Health rate at the Scheme's network provider.</p> <p>Subject to authorisation and/or approval and the treatment meeting the Scheme's treatment guidelines and clinical criteria.</p> <p>Medicines paid at 100% of the Discovery Health Medication Rate.</p>	Unlimited
Organ transplant	Cover only in a public facility according to the PMB. Subject to Regulation 8 (3).	Unlimited
Chemotherapy, Radiotherapy and Oncological treatment	Basis of cover is contained in Annexure 8.	Unlimited, save as provided for elsewhere in these Rules
Severe dental and oral procedures in Annexure 3	<p>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
Mental health disorders	<p>Up to a maximum of 100% 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 in a network facility.</p> <p>Up to a maximum of 80% of the Discovery Health Rate for the hospital and related accounts if a non-network facility is used.</p>	<p>Up to 21 days in-hospital, or up to 15 out-of-hospital consultations, for conditions as defined in Annexure A of the Regulations</p> <p>All other conditions up to 21 days in-hospital</p>
Disease Management for major depression for members registered on the Scheme's Disease Management Programme	<p>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.</p> <p>Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.</p>	Basket of care as set by the Scheme
Disease Management for cardio-metabolic risk syndrome for members registered on the Scheme's Disease Management Programme	<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.

REGISTERED BY ME ON

2022/11/29

REGISTRAR OF MEDICAL SCHEMES

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
Drug and alcohol rehabilitation	Up to a maximum of 100% of the Discovery Health Rate.	21 days in-hospital treatment per person per year
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
Prophylaxis for mother-to-child transmission	Up to a maximum of 100% of cost.	Unlimited
Cardiac stents	Up to a maximum of 100% of the Discovery Health Rate. Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria. The device accumulates to the limit. The balance of the hospital and related accounts do not accumulate to the annual limit.	<u>Network supplier:</u> Unlimited if stent is supplied by the Scheme's network provider <u>Non-network supplier:</u> Drug-eluting stent: R7 350 per stent per admission if not supplied by the Scheme's network provider; Bare metal stent limit: R6 200 per stent per admission if not supplied by the Scheme's network provider
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

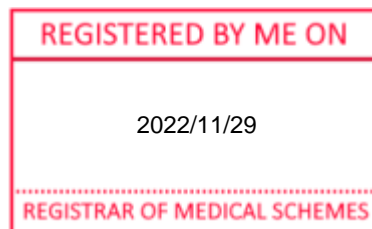


TABLE A – HEALTH CARE COVER (INCLUDING HOSPITAL BENEFIT AND OUT-OF-HOSPITAL SERVICES) FUNDED AS PER SECTION IIA OF ANNEXURE B

Health Care Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
MRI and CT Scans	<p>Up to a maximum of 100% of Discovery Health Rate for in-hospital scans performed in respect of treatment related to an authorised admission.</p> <p>Where MRI and CT scan is unrelated to the admission it will be covered from the Specialist Benefit subject to the Specialist Benefit limit of R5 000 per person per year.</p> <p>Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.</p> <p>Scan must be performed by a specialist at a network hospital.</p>	Unlimited
Gastrosopies, colonoscopies, proctoscopies and sigmoidoscopies	<p>Save for cover as contained in Annexure 8, or where indicated and approved for dyspepsia or children aged 12 years and under, subject to PMBs in a defined list of network facilities as contained in Annexure 9.</p> <p>Up to 100% of the Discovery Health Rate from Health Care Cover if done in the doctor's rooms and subject to authorisation.</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
TTO medicine (medicine to take home)	<p>Save for cover contained in Annexure 7, up to a maximum of 100% of Discovery Health Medication Rate.</p>	R200 per hospital admission
Emergency Medical Services within the borders of South Africa.	<p>Up to a maximum of 100% of the Discovery Health Rate.</p> <p>Inter-hospital transfer subject to pre-authorisation.</p>	Unlimited
Dentistry	<p>No cover.</p>	Not applicable
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

REGISTERED BY ME ON

 2022/11/29

REGISTRAR OF MEDICAL SCHEMES

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
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
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 available day-to-day benefits as defined in Table C, or by the member where no benefits are available. 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 payable by the member. Note: Consultation payable from available day-to-day benefits as defined in Table C, or by the member where no benefits are available. Where the consultation relates to a PMB condition the consultation will pay 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 available day-to-day benefits as defined in Table C, or by the member where no benefits are available. 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

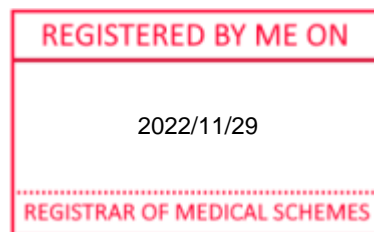


TABLE A – HEALTH CARE COVER (INCLUDING HOSPITAL BENEFIT AND OUT-OF-HOSPITAL SERVICES) FUNDED AS PER SECTION IIA OF ANNEXURE B		
Health Care Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
Screening Benefit C - Group of age appropriate tests including but not limited to 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
Preventative Benefit - Pneumococcal vaccination	Up to a maximum of 100% of the Discovery Health Medication Rate for the vaccination. Subject to the Scheme's protocols and clinical entry criteria. Note: Pneumococcal vaccines in excess of the limit, consultation and other healthcare services to administer the vaccine, paid by the member.	Up to 2 pneumococcal vaccine doses per person per lifetime
Preventative Benefit - Seasonal Influenza Vaccination	Up to a maximum of 100% of the Discovery Health Medication Rate for the vaccination. Seasonal flu vaccines in excess of annual limit is payable by the member. Subject to Scheme protocols and clinical entry criteria. Note: Consultation and other healthcare services to administer the vaccine, paid from available day-to-day benefits as defined in Table C, or by the member where no benefits are available.	One seasonal influenza vaccine per person per year

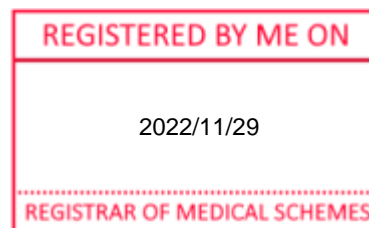


TABLE A – HEALTH CARE COVER (INCLUDING HOSPITAL BENEFIT AND OUT-OF-HOSPITAL SERVICES) FUNDED AS PER SECTION IIA OF ANNEXURE B		
Health Care Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Limits
<p>Additional screening benefit for:</p> <ul style="list-style-type: none"> – Primary 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>
<p>Benefit for out-of-hospital management and appropriate supportive treatment of specific global World Health Organisation (WHO) recognised disease outbreaks:</p> <ul style="list-style-type: none"> - COVID-19 - Monkeypox 	<p>In addition to cover contained in Annexure 7, up to a maximum of 100% 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>Basket of care as set by the Scheme per condition</p>

REGISTERED BY ME ON

2022/11/29

REGISTRAR OF MEDICAL SCHEMES

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>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:</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>Up to a maximum of 100% of the Discovery Health Rate. 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"> ○ 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 ○ Up to 6 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

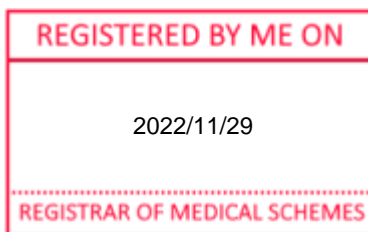


TABLE A – HEALTH CARE COVER (INCLUDING HOSPITAL BENEFIT AND OUT-OF-HOSPITAL SERVICES) FUNDED AS PER SECTION IIA OF ANNEXURE B

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 network 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 network GP, gynaecologist or midwife for complications post delivery – dietician nutrition assessment – postnatal mental health consultation with a network GP, psychologist or counsellor – paediatrician, ENT or GP ns for infants 	<p>Up to 100% of the Discovery Health Rate, or agreed rate. Only for a gynaecologist who practices within the KeyCare network within the selected network hospitals. Subject to Scheme Health protocol.</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 are for the member's account.</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

REGISTERED BY ME ON
 2022/11/29

REGISTRAR OF MEDICAL SCHEMES

KEYCARE CORE PLAN – 2023

TABLE B - CHRONIC ILLNESS BENEFIT		
Healthcare Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Annual Limits
Medication for the chronic Prescribed Minimum Benefit condition.	Save for medication contemplated in clause 15.18 of the Main Body of the Rules, basis of cover contained in Annexure 7. Subject to Scheme protocols, clinical entry criteria and medicine utilisation review.	As contained in Annexure 7
Specialised Medicine and Technology treatment contemplated in clause 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

REGISTERED BY ME ON

2022/11/29

REGISTRAR OF MEDICAL SCHEMES

KEYCARE CORE PLAN – 2023

TABLE C - OUT-OF-HOSPITAL BENEFIT		
Healthcare Services Covered	Basis of Cover: Subject to Prescribed Minimum Benefits	Annual Limits
Specialists	<p>KeyCare DPA Specialists: Up to a maximum of 100% of the KeyCare Direct Payment Arrangement Rate.</p> <p>Other Specialists who work within the network hospitals - Up to the Discovery Health Rate.</p> <p>Radiology and pathology services referred as part of the specialist visit up to 100% of the Discovery Health Rate, subject to the overall annual specialist benefit limit. Member must be referred by a GP.</p> <p>Subject to authorisation and/or approval and treatment meeting the Scheme's treatment guidelines and entry criteria.</p>	R5 000 per person per year

