

COVER FOR PREGNANCY, CHILDBIRTH AND EARLY CHILDHOOD

DISCOVERY HEALTH MEDICAL SCHEME
2023





Overview

Discovery Health Medical Scheme members have comprehensive maternity and post-birth benefits with access to 24/7 support, advice and guidance through the My Pregnancy and My Baby programmes on the Discovery app and website.

This document tells you about how you are covered for pregnancy, childbirth and early childhood, and which benefits they are covered from. Read further to understand what is included and how to get the most out of your maternity benefits. It's important to refer to the section Maternity Benefits available for your plan type for information specific to your chosen health plan.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Above Threshold Benefit (ATB)	Available on the Executive, Comprehensive and Priority plans Once the day-to-day claims you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate (DHR) or a portion of it. The Executive and Comprehensive plans have an unlimited Above Threshold Benefit (ATB), and the Priority plans have a limited ATB.
Connected Care	Connected Care is an integrated healthcare ecosystem of benefits, services and connected digital capabilities to help you manage your health and wellness at home.
Co-payment	This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service, or if the amount the service provider charges is higher than the rate we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB), where applicable. Depending on the plan you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the plan you choose.
Deductible	This is the amount that you must pay upfront to the hospital or day clinic for specific treatments/procedures or if you use a facility outside of the network. If the upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
Discovery Home Care	Discovery Home Care is an additional service that offers you quality home-based care in the comfort of your home for healthcare services like IV infusions, wound care, post-natal care and advanced illness care.
Emergency medical condition	An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy. An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.
Maternity Benefit	Comprehensive benefits for maternity and early childhood that cover certain healthcare services before and after birth at the Discovery Health Rate (DHR). This cover does not affect your day-to-day benefits.

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TERMINOLOGY	DESCRIPTION
	It is important to note that the maternity and early childhood benefits will only be effective from the date of activation. Please read the rest of the document for more details.
Medical Savings Account (MSA)	<p>Available on the Executive, Comprehensive, Priority and Saver plans</p> <p>The Medical Savings Account (MSA) is an amount that gets allocated to you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to your MSA. You can choose to have your claims paid from the MSA either at the Discovery Health Rate, or at cost. Any unused funds will carry over to the next year. Should you leave the Scheme or change your plan during the year and have used more of the funds than what you have contributed, you will need to pay the difference to us.</p>
My Pregnancy and My Baby programmes	<p>Create your pregnancy or baby profile by accessing the My Pregnancy and My Baby programmes on the website or the Discovery app as soon as you know you are pregnant. Once you activate your maternity and early childhood benefits, you also get immediate support, advice and tools such as:</p> <ul style="list-style-type: none"> • 24/7 doctor advice on your device • A pregnancy health record • A digital vaccination card <p>You can also preauthorise your hospital admission for the birth of your baby on the My Pregnancy programme.</p>
Prescribed Minimum Benefits (PMBs)	<p>In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions. <p>To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:</p> <ul style="list-style-type: none"> • Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions • The treatment needed must match the treatments in the defined benefits • You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a designated service provider (DSP) we will pay up to 80% of the Discovery Health Rate (DHR). You will have to pay the difference between what we pay and the actual cost of your treatment. <p>If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.</p>
Private ward	A hospital ward in a private hospital containing a single bed, that gives a patient privacy.
Related accounts	Any account other than the hospital account for in-hospital care. This could include the gynaecologist/obstetrician and anaesthetist's account.
Surrogate mother	A woman who bears a child on behalf of another person or a couple.

You get comprehensive maternity and early childhood benefits

The Maternity Benefit is available per pregnancy per child up to two years after birth. Please refer to the Maternity benefits available for your plan type section for more details.

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Note: These benefits will only be effective from the date of activation. Learn more about how to activate these benefits below.

How to activate the Maternity Benefit

The maternity and early childhood benefits will be effective from the date of activation.

You can activate your maternity and early childhood benefits:

- When you create your pregnancy or baby profile on the My Pregnancy or My Baby programmes on www.discovery.co.za or on the Discovery app under Medical Aid > Benefits and cover
- By calling us on 0860 99 88 77 and following the voice prompts
- When you register your baby onto the Scheme.

During your pregnancy

These healthcare services are covered from the Maternity Benefit at the Discovery Health Rate (DHR) from the date of activation. This cover does not affect your day-to-day benefits and depends on the plan you choose. Once you have used up your Maternity Benefit, we pay for out-of-hospital healthcare expenses related to your pregnancy from your available day-to-day benefits. If you do not have day-to-day benefits, or if you have run out of funds, you will have to pay for these costs. Please refer to the Maternity benefits available for your plan type section for more details.

Antenatal consultations

Once activated, you are covered for between 8 to 12 visits (including the urine dipstick) at your gynaecologist, GP or midwife, depending on the plan you choose from the date of activation. If you are on a Classic Smart Comprehensive, Classic Smart, Essential Smart or KeyCare plan, you need to use your network GP for GP visits and ultrasounds if performed as part of the GP visit. Please refer to the Maternity benefits available for your plan type section for more details.

We will pay the initial ante-natal consultation to confirm your pregnancy with either your gynaecologist, GP or midwife, from the Maternity Benefit as long as you activate the benefit within 30-days of the diagnosing consultation.

Ultrasound scans and prenatal screening

Once activated, you have cover for up to two 2D ultrasound scans or one 2D ultrasound scan and one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans from the date of activation of the Maternity Benefit. Where performed by a GP, your chosen plan GP network rules will apply, where applicable.

You also have cover for one non-invasive prenatal test (NIPT) or T21 chromosome test if you meet the clinical entry criteria, and/or amniocentesis or chorionic villus sampling (CVS). Once activated, we pay for non-invasive prenatal test (NIPT) screening or T21 chromosome test from the Maternity Benefit up to 100% of the Discovery Health Rate if you use of one of our preferred providers:

- Ampath Laboratories
- Lancet Laboratories
- Next Biosciences
- Professor E Nicolaou (Practice number 1608495)
- Dr Lou Pistorius (Practice number 1607391)
- Dr M Venter (Practice number 0951846).

If you use any other provider, you will have to pay the difference between what is charged and what we pay. If you do not meet the clinical entry criteria, the test will be covered from your available day-to-day benefits, up to 100% of the Discovery Health Rate (DHR).

Any additional costs such as consultations with a genetic counsellor or any other healthcare provider, or additional tests that might be needed, will be covered according to your chosen health plan.

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Blood tests

Once activated, you have cover for a defined basket of blood tests per pregnancy from the Maternity Benefit that includes one of each of the following:

To confirm pregnancy (qualitative bHCG)	Glucose
HIV (Elisa)	Blood cross-matching (Rh antigen)
Syphilis (RPR and TPHA)	Anaemia (Haemoglobin)
German Measles (Rubella)	Blood group (A, B and O antigen)
Hepatitis B	

Tests will be covered at 100% of the Discovery Health Rate.

Antenatal classes with a nurse

You are covered for up to five pre- or postnatal classes up until two years after birth, from the date of activation. If your healthcare professional charges for a combination of classes, it will count towards your allocation of five classes. You will have to pay the difference between the amount charged and the amount we pay.

Essential registered devices

If you are on the Executive or Comprehensive plans you have cover for up to R5 650 for essential registered devices from the Maternity Benefit e.g. breast pumps and smart thermometers, with a co-payment of 25%. These items must be registered products and must be bought from registered providers.

For other plans, we pay external medical items like breast pumps and apnoea monitors from the available funds in your day-to-day benefits, and subject to annual benefit limits, where applicable. If your plan does not have available day-to-day benefits or you have run out of funds, you need to pay these costs yourself.

Point-of-care devices

If you are on an Executive, Comprehensive, Priority, Saver or Smart plan, and you are registered on the My Pregnancy or My Baby Programmes, you also have access to the latest remote monitoring medical examination device called TytoHome from the date of activation until your youngest child turns six. TytoHome allows you to conduct a medical examination from home by sending throat and ear images and heart and lung sounds to your doctor in real-time. If you meet the clinical entry criteria, the TytoHome kit is covered up to 75% of the Discovery Health Rate (DHR). You will need to pay 25% towards the cost of this device. Your cover depends on your chosen health plan. For more information, refer to the Connected Care for healthcare at home guide available on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

Birth-related benefits

Your cover for your hospital stay depends on the type of delivery

You have cover for your delivery from your Hospital Benefit once your delivery is preauthorised and approved. For approved admissions we will give you an authorisation number to use when booking your bed at the hospital.

Private ward cover

If you are on the Executive or Comprehensive plans you have private ward cover up to R2 460 per day for your approved hospital stay for the delivery. If you need an extended length of stay, it will be covered in a general ward, once approved.

We cover home births or birthing home deliveries with a registered midwife

We pay for home births, or birthing home deliveries from your Hospital Benefit up to the Discovery Health Rate (DHR). We will cover the costs of a registered midwife in our network with a valid practice number only. If you choose to use a midwife that is

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not in our network, you will have to pay the difference between the amount charged and what we pay. Visit www.discovery.co.za under Medical Aid > Find a doctor or click on Find a healthcare provider on the Discovery app to find a midwife in our network.

We cover doulas from your Medical Savings Account (MSA)

A doula is a person who gives support, help and advice to a woman during pregnancy, as well as during and after birth. Doula services are covered from the available funds allocated to your Medical Savings Account (MSA), where applicable. If you are on a plan that does not offer a Medical Savings Account (MSA) you have to pay for these costs yourself. Cover for doulas does not accumulate or pay from the Above Threshold Benefit (ATB), where applicable.

We cover water births in hospital, at birthing homes or at home

You have cover for a water birth in hospital for the approved stay. If you choose to have a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit up to the Discovery Health Rate (DHR). This must be hired from a registered provider who has a valid practice number. In addition, if you choose to use a midwife that is not in our network, you will have to pay the difference between the amount charged and what the Scheme pays. Visit www.discovery.co.za under Medical Aid > Find a doctor or click on Find a healthcare provider on the Discovery app to find a provider in our network.

Cover for you and your baby up to two years after birth

You have cover for healthcare services for you and your baby for up to two years after birth, up to the Discovery Health Rate (DHR) and from the date of activation of the Maternity Benefit.

Cover from the Maternity Benefit does not affect your day-to-day benefits and depends on the plan you choose. Once you have used up your maternity benefits, we pay for out-of-hospital healthcare expenses for you and your baby from your available day-to-day benefits. If you do not have day-to-day benefits, or if you have run out of funds, you will have to pay for these costs.

The early childhood benefits under the Maternity Benefit can be activated when:

- You create your pregnancy or baby profile on the My Pregnancy or My Baby programmes on www.discovery.co.za or on the Discovery app
- You call us on 0860 99 88 77 and follow the voice prompts
- You register your baby onto the Scheme.

Please refer to the Maternity benefits available for your plan type section for more details.

GP and specialist visits

Your baby is covered for up to two visits with a GP, paediatrician or an ear, nose and throat specialist from the Maternity Benefit for up to two years after birth. Cover depends on the plan you choose and is available from the date of activation. For GP visits, if you are on a Classic Smart Comprehensive, Smart or KeyCare plan, you need to use your network GP.

Follow-up consultation

You are covered for one post-birth six-week follow-up consultation with a midwife, GP or gynaecologist for complications post-delivery. Cover depends on the plan you choose and is available from the date of activation. For GP visits, if you are on a Classic Smart Comprehensive, Smart or KeyCare plan, you need to use your network GP.

Breastfeeding consultation

You are covered for one breastfeeding consultation with a registered nurse or lactation specialist at the Discovery Health Rate (DHR), available from the date of activation.

Nutrition assessment

You are covered for one nutrition assessment with a registered dietitian at the Discovery Health Rate (DHR), available from the date of activation.

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Mental health

You are covered for up to two mental health consultations with a GP, gynaecologist or psychologist at the Discovery Health Rate (DHR), available from the date of activation.

We also pay for newborn screening from your day-to-day benefits

Newborn screening provides members with the opportunity to test their infants for genetic, metabolic and endocrine disorders. You may be referred by a paediatrician for this test. The sample is a single drop of blood from your baby's heel which will be taken in hospital after the baby's birth.

We pay for newborn screening up to 100% of the Discovery Health Rate (DHR) from your Medical Savings Account (MSA), where applicable. Newborn screening does not accumulate or pay from the Above Threshold Benefit (ATB). If your plan does not have a Medical Savings Account (MSA), or you have run out of funds, you will have to pay these costs.

Any additional costs such as consultations with a genetic counsellor or any other healthcare provider, and additional tests that might be needed, will be covered according to the health plan you have chosen.

We cover medically necessary circumcisions from the Hospital Benefit

If the procedure is being done in hospital, please preauthorise the procedure by calling 0860 99 88 77. If it is done in the doctor's rooms for specified conditions, you don't need to preauthorise the procedure.

Circumcisions that are not medically necessary are covered from the available funds in your day-to-day benefits, where applicable. If your plan does not have day-to-day benefits or you have run out of funds, you have to pay these costs.

There are certain items we do not cover

- Mother and baby packs that hospitals supply
- The bed-booking fee that some hospitals may require you to pay
- Your lodging or boarding fees if your baby needs to stay in hospital for longer and you choose to stay on.

Cover for surrogate mothers and adoption

The Scheme will cover pre- and post-natal care and childbirth, as long as the surrogate mother and/or pregnant person is a registered member of the Scheme and activates the Maternity Benefit.

In the case of adoption, the biological mother must be a registered member of the Scheme to access cover for pre- and post-natal care and the birth-related benefits. The early childhood benefits will be available once the baby is registered on the Scheme.

Getting the most out of your maternity benefits

Preauthorise the delivery of your baby

It is important to notify us of your pregnancy so that you always know how we cover you for your pregnancy-related healthcare expenses, whether these are received in- or out-of-hospital.

You can preauthorise your hospital admission for the birth of your baby online on the My Pregnancy programme on www.discovery.co.za or on the Discovery app.

You can also call us on 0860 99 88 77 to preauthorise your delivery. When you do, remember to have the following information at hand:

- Expected delivery date
- Name or practice number of the hospital or clinic
- Name and practice number of the treating doctors and anaesthetist (if available)
- ICD-10 code from your treating doctor (this is an alphanumeric code that describes your diagnosis e.g. pregnancy)
- Procedure code from your treating doctor (this is a code that describes how you plan to deliver your baby).

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Use healthcare providers who we have a payment arrangement with for full cover in hospital

You have full cover for in-hospital claims from healthcare providers who we have a payment arrangement with, and up to the Discovery Health Rate (based on your plan type) for other healthcare professionals.

Visit www.discovery.co.za under Medical Aid > Find a doctor or click on Find a healthcare provider on the Discovery app to find a healthcare provider we have a payment arrangement with.

Use a hospital in our network if you are on the Classic Smart Comprehensive, Smart, KeyCare, Coastal or Delta plans

If you are on a Classic Smart Comprehensive, Smart, KeyCare, Coastal or Delta plan, you must use a network hospital for your childbirth to avoid a co-payment or deductible, or to avoid having to pay for the entire account yourself. This does not apply if the admission is a medical emergency. For more information on the network hospitals for your plan type, use the Find a healthcare provider tool on www.discovery.co.za under Medical Aid > Find a doctor or click on Find a healthcare provider using your Discovery app.

Adding newborns to Discovery Health Medical Scheme

Register your baby within 30 days of their birth

To ensure all medical treatment for your baby is covered, it is advisable to register your baby on your medical aid within 30 days from their date of birth by completing the Application for registration of a newborn baby form. Up-to-date forms are always available on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

Your baby will be registered from their date of birth, however, contributions will only be charged from the first day of the month following the birth.

Include your baby's ID number

It is compulsory to include a newborn's ID number when you add your newborn baby to your Discovery Health Medical Scheme membership. We allow up to 90 days for your baby to be added, after which we may apply certain conditions to your baby's registration with the Scheme. If the baby is added after 90 days from birth or you want cover to start on any other day after the date of birth, we may apply certain conditions to your baby's membership with the Scheme. When you provide your baby's ID number this helps us to keep up-to-date and complete records for your health policy, which is important for delivering the best service.

Maternity benefits available for your plan type

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These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate (DHR) from the date of activation. This cover does not affect your day-to-day benefits.

Benefits will be activated when your pregnancy or baby profile is created on the My Pregnancy or My Baby programme on the Discovery app, or on our website www.discovery.co.za or when you register your baby onto the Scheme. You can also activate the programmes by calling us on 0860 99 88 77 and following the voice prompts.

These benefits are available per pregnancy, per child up to two years after birth. Once these limits are used up, we pay for out-of-hospital healthcare expenses related to your pregnancy from the available funds allocated to your Medical Savings Account (MSA) or Above Threshold Benefit (ATB) once you have reached your Annual Threshold.

Antenatal consultations

You are covered for up to 12 consultations at your gynaecologist, GP or midwife covered from the Maternity Benefit at the Discovery Health Rate (DHR).

Pre- and postnatal classes and consultations

You have cover for up to five pre- or postnatal classes (including online classes) or post-birth consultations with a registered nurse, up until two years after birth.

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Once these have been used, we pay antenatal classes from the available funds allocated to your Medical Savings Account (MSA) and Above Threshold Benefit (ATB) up to a maximum of R2 170 per family per year.

Prenatal screening

You are covered for one non-invasive prenatal testing (NIPT) or one T21 chromosome test subject to clinical entry criteria, and/or amniocentesis or chorionic villus sampling (CVS) from the Maternity Benefit at the Discovery Health Rate (DHR).

Essential registered devices

You have cover of up to R5 650 for essential registered devices, for example breast pumps and smart thermometers. You have to pay a 25% co-payment.

Ultrasound scans

You are covered for up to two 2D ultrasound scans or one 2D ultrasound scan and one nuchal translucency test from the Maternity Benefit at the Discovery Health Rate (DHR). 3D and 4D scans are paid up to the rate we pay for 2D scans.

GP and specialist care after birth

Your baby under the age of two years is covered for two visits to a GP, paediatrician or an ear, nose and throat specialist from the Maternity Benefit at the Discovery Health Rate (DHR).

Blood tests

You get cover for a defined basket of blood tests per pregnancy from the Maternity Benefit at the Discovery Health Rate (DHR).

Other healthcare services

You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care which includes a postnatal consultation within six-weeks post-birth for complications post-delivery, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist. You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist from the Maternity Benefit at the Discovery Health Rate (DHR).

Point-of-care devices

If you are registered on the My Pregnancy or My Baby Programmes, you also have access to the latest remote monitoring medical examination device called TytoHome until your youngest child turns six. We pay up to 75% of the Discovery Health Rate for one device per family every five years. You will need to pay 25% of the cost of the device. For more information, refer to the Connected Care for healthcare at home guide available on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

Medicines for morning sickness, iron supplements and folic acid

We pay for medicines and supplements that are taken during the pregnancy from the available funds allocated to your Medical Savings Account (MSA). Schedule 0, 1 and 2 medicines and vitamin and mineral supplements do not add up to your Annual Threshold and will not pay from the Above Threshold Benefit (ATB).

Antiretroviral medicines

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the HIV Care Programme brochure on our website or call us on 0860 99 88 77.

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We cover the registered midwife for water births or normal vaginal deliveries at home or at a birthing home

If you choose to have a water birth or normal vaginal delivery at home or at a birthing home, we will pay for care from a midwife for your approved delivery from your Hospital Benefit. The midwife must be registered with a valid practice number.

For a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit at the Discovery Health Rate (DHR). This must be hired from a registered provider who has a valid practice number. If you use a midwife within our network, the birthing pool is included in the amount we pay.

Hospitalisation for your delivery

You have private ward cover for your delivery up to an amount of R2 460 for each day that is approved in hospital. If the cost of the private ward is above the limit, you will have to pay the difference. You have cover for a water birth in hospital. The midwife must be registered with a valid practice number.

You have cover for hospitalisation for your delivery from the Hospital Benefit if approved. We pay the hospital account from your Hospital Benefit up to the Discovery Health Rate (DHR). Contact us to confirm your benefits before you are admitted.

Remember, if your treating doctor is in favour of you and your baby being discharged earlier, you may qualify for the postnatal care service in the comfort of your home. This service is brought to you by Discovery Home Care.

How we pay the accounts related to your admission

We pay all related accounts such as those from your gynaecologist/obstetrician, midwife, anaesthetist and other approved healthcare services, from your Hospital Benefit.

You can benefit by using healthcare professionals who we have an arrangement with because we will cover their approved procedures in full. We pay specialists up to 300% of the Discovery Health Rate (DHR). We pay GPs and other approved healthcare services up to 200% of the Discovery Health Rate (DHR) and radiology and pathology at 100% of the Discovery Health Rate (DHR).

How we pay for medicines to take home

We pay for any prescribed medicines (Schedule 3 and above) you need to take home from the available funds allocated to your Medical Savings Account (MSA) and Above Threshold Benefit (ATB), unless these form part of cover for Prescribed Minimum Benefits (PMBs). These will count towards the annual limit for prescribed medicines. These are not separate benefits. Limits apply to claims paid from your Medical Savings Account (MSA) and paid from the Above Threshold Benefit (ATB):

Single member	R46 450
With one dependant	R54 450
With two dependants	R62 350
With three or more dependants	R70 300

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this. Please ask the treating doctor for the treatment codes so that we can give you an authorisation number for this treatment.

COVER FOR PREGNANCY, CHILDBIRTH AND EARLY CHILDHOOD

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, HealthID, Connected Care and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes. Discovery Home Care is a service provider. Practice 080 000 8000190, Grove Nursing Services (Pty) Ltd registration number 2015/191080/07, trading as Discovery HomeCare.



COMPREHENSIVE SERIES

These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate (DHR) from the date of activation. This cover does not affect your day-to-day benefits.

Benefits will be activated when your pregnancy or baby profile is created on the My Pregnancy or My Baby programme on the Discovery app, or on our website www.discovery.co.za or when you register your baby onto the Scheme. You can also activate the programmes by calling us on 0860 99 88 77 and following the voice prompts.

These benefits are available per pregnancy, per child up to two years after birth. Once these limits are used up, we pay for out-of-hospital healthcare expenses related to your pregnancy from the available funds allocated to your Medical Savings Account (MSA). We will also pay for this from your Above Threshold Benefit (ATB) once you have reached your Annual Threshold.

Antenatal consultations

You are covered for up to 12 consultations at your gynaecologist, GP or midwife covered from the Maternity Benefit at the Discovery Health Rate (DHR).

Pre- and postnatal care

You have cover for up to five pre- or postnatal classes (including online classes) or post-birth consultations with a registered nurse, up until two years after birth.

Once these have been used, we pay antenatal classes from the available funds allocated to your Medical Savings Account (MSA) and Above Threshold Benefit (ATB) up to a maximum of R2 170 per family per year.

Prenatal screening

You are covered for one non-invasive prenatal testing (NIPT) or one T21 chromosome test subject to clinical entry criteria, and/or amniocentesis or chorionic villus sampling (CVS) from the Maternity Benefit at the Discovery Health Rate (DHR).

Essential registered devices

You have cover of up to R5 650 for essential registered devices, for example breast pumps and smart thermometers. You are responsible for a 25% co-payment.

Ultrasound scans

You are covered for up to two 2D ultrasound scans or one 2D ultrasound scan and one nuchal translucency test from the Maternity Benefit at the Discovery Health Rate (DHR). 3D and 4D scans are paid up to the rate we pay for 2D scans.

GP and specialist care after birth

Your baby under the age of two years is covered for two visits to a GP, paediatrician or an ear, nose and throat specialist from the Maternity Benefit at the Discovery Health Rate (DHR).

Blood tests

Cover for a defined basket of blood tests per pregnancy from the Maternity Benefit at the Discovery Health Rate (DHR).

Other healthcare services

You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care which includes a postnatal consultation within six-weeks post-birth for complications post-delivery, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist. You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist from the Maternity Benefit at the Discovery Health Rate (DHR).

Point-of-care devices

COVER FOR PREGNANCY, CHILDBIRTH AND EARLY CHILDHOOD

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COMPREHENSIVE SERIES

If you are registered on the My Pregnancy or My Baby Programmes, you also have access to the latest remote monitoring medical examination device called TytoHome until your youngest child turns six. We pay up to 75% of the Discovery Health Rate for one device per family every five years. You will need to pay 25% of the cost of the device. For more information, refer to the Connected Care for healthcare at home guide available on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

Medicines for morning sickness, iron supplements and folic acid

We pay for medicines and supplements that are taken during your pregnancy only from the available funds allocated to your Medical Savings Account (MSA). Schedule 0, 1 and 2 medicines and vitamin and mineral supplements do not add up to your Annual Threshold and will not pay from the Above Threshold Benefit (ATB). If you are on the Classic Smart Comprehensive Plan, you have cover for over-the-counter medicine up to R910 per family per year if obtained from a network pharmacy.

Antiretroviral medicines

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the HIV Care Programme brochure on our website or call us on 0860 99 88 77.

We cover the registered midwife for water births or normal vaginal deliveries at home or at a birthing home. If you choose to have a water birth or normal vaginal delivery at home or at a birthing home, we will pay for care from a midwife from your Hospital Benefit. The midwife must be registered with a valid practice number. For a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit at the Discovery Health Rate (DHR). This must be hired from a registered provider who has a valid practice number. If you use a midwife within our network, the birthing pool is included in the amount we pay.

Hospitalisation for your delivery

You have private ward cover for your delivery up to of R2 460 for each day that is approved in hospital. If the cost of the private ward is above the limit, you will have to pay the difference. You have cover for hospitalisation for your delivery, if approved. We pay the hospital account from your Hospital Benefit up to the Discovery Health Rate (DHR). Contact us to confirm your benefits before you are admitted.

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number.

Remember, if your treating doctor is in favour of you and your baby being discharged earlier, you may qualify for the postnatal care service in the comfort of your home. This service is brought to you by Discovery Home Care.

If you are on the Classic Delta or Essential Delta Comprehensive network option

You must use a Delta network hospital. If you go to a hospital not on the Delta Hospital Network, you must pay an upfront amount of R9 650 for planned admissions. You will not have to pay this amount if the admission is an emergency.

If you are on Classic Smart Comprehensive Plan

You must use a Smart network hospital. If you go to a hospital not on the Smart Hospital Network, you must pay an upfront amount of R11 000 for planned admissions. You will not have to pay this amount if the admission is an emergency.

How we pay the accounts related to your admission

We pay all related accounts such as those from your gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Hospital Benefit. You can benefit by using healthcare professionals who we have a payment arrangement with because we will pay their approved procedures in full.

We pay GPs, other healthcare professionals and specialists who we do not have an arrangement with up to 200% of the Discovery Health Rate (DHR) on the Classic Comprehensive, Classic Delta Comprehensive and Classic Smart Comprehensive Plans and up to 100% of the Discovery Health Rate (DHR) on the Essential Comprehensive and Essential Delta Comprehensive Plans.



COMPREHENSIVE SERIES

We pay for radiology and pathology and other approved healthcare services up to 100% of the Discovery Health Rate (DHR). If any of these providers charge more than what we cover, you will have to pay the difference yourself.

How we pay for medicines to take home

We will pay for any prescribed medicines (Schedule 3 and above), you need to take home from the available funds allocated to your Medical Savings Account (MSA) and Above Threshold Benefit (ATB), unless these form part of cover for Prescribed Minimum Benefits (PMBs). These costs will count towards the annual limit for prescribed medicines. These are not separate benefits. Limits apply to claims paid from your Medical Savings Account (MSA) and paid from the Above Threshold Benefit (ATB):

	CLASSIC	ESSENTIAL
Single member	R37 900	R24 300
With one dependant	R44 450	R29 600
With two dependants	R51 600	R35 650
With three or more dependants	R58 850	R38 900

If you are on the Classic Smart Comprehensive Plan, you have cover from your Above Threshold Benefit (ATB) once you reach your Annual Threshold. Acute medicine prescribed by a Smart GP will be covered up to R2 860 per member or R4 600 per family a year, if obtained from a network pharmacy and subject to the annual prescribed medicine benefit limit.

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this with us. Please ask the treating doctor for the treatment codes so we can give you an authorisation number for this treatment.

PRIORITY SERIES

These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate (DHR) from the date of activation. This cover does not affect your day-to-day benefits.

Benefits will be activated when your pregnancy or baby profile is created on the My Pregnancy or My Baby programme on the Discovery app, or on our website www.discovery.co.za or when you register your baby onto the Scheme. You can also activate the programmes by calling us on 0860 99 88 77 and following the voice prompts.

These benefits are available per pregnancy per child up to two years after birth. Once these limits are depleted, we pay for out-of-hospital healthcare expenses related to your pregnancy from the available funds allocated to your Medical Savings Account (MSA). We will also pay for this from your limited Above Threshold Benefit (ATB) once you have reached your Annual Threshold.

COVER FOR PREGNANCY, CHILDBIRTH AND EARLY CHILDHOOD

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PRIORITY SERIES

Antenatal consultations

You are covered for up to 8 consultations at your gynaecologist, GP or midwife covered from the Maternity Benefit at the Discovery Health Rate (DHR).

Pre- and postnatal care

You have cover for up to five pre- or postnatal classes (including online classes) or post-birth consultations with a registered nurse, up until two years after birth.

Once these have been used, we pay antenatal classes from the available funds allocated to your Medical Savings Account (MSA) and Above Threshold Benefit (ATB) up to a maximum of R2 170 per family per year.

Prenatal screening

You are covered for one non-invasive prenatal testing (NIPT) or one T21 chromosome test subject to clinical entry criteria, and/or amniocentesis or chorionic villus sampling (CVS) from the Maternity Benefit at the Discovery Health Rate (DHR).

GP and specialist care after birth

Your baby under the age of two years is covered for two visits to a GP, paediatrician or an ear, nose and throat specialist from the Maternity Benefit at the Discovery Health Rate (DHR).

Ultrasound scans

You are covered for up to two 2D ultrasound scans or one 2D ultrasound scan and one nuchal translucency test from the Maternity Benefit at the Discovery Health Rate (DHR). 3D and 4D scans are paid up to the rate we pay for 2D scans.

Other healthcare services

You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care which includes a postnatal consultation within six-weeks post-birth for complications post-delivery, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist from the Maternity Benefit at the Discovery Health Rate (DHR).

Blood tests

Cover for a defined basket of blood tests per pregnancy from the Maternity Benefit at the Discovery Health Rate.

Point-of-care devices

If you are registered on the My Pregnancy or My Baby Programmes, you also have access to the latest remote monitoring medical examination device called TytoHome until your youngest child turns six. We pay up to 75% of the Discovery Health Rate for one device per family every five years. You will need to pay 25% of the cost of the device. For more information, refer to the Connected Care for healthcare at home guide available on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

Medicines for morning sickness, iron supplements and folic acid

We pay for medicines and supplements that are taken during your pregnancy only from the available funds allocated to your Medical Savings Account (MSA). Schedule 0, 1 and 2 medicines and vitamin and mineral supplements do not add up to your Annual Threshold and will not pay from the Above Threshold Benefit (ATB).

Antiretroviral medicines

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the HIV Care Programme brochure on our website or call us on 0860 99 88 77.

COVER FOR PREGNANCY, CHILDBIRTH AND EARLY CHILDHOOD

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PRIORITY SERIES

We cover the registered midwife for water births or normal vaginal deliveries at home or at a birthing home. If you choose to have a water birth or normal vaginal delivery at home or at a birthing home, we will pay for care from a midwife for your approved delivery from your Hospital Benefit. The midwife must be registered with a valid practice number.

For a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit at the Discovery Health Rate (DHR). This must be hired from a registered provider who has a valid practice number. If you use a midwife within our network, the birthing pool is included in the amount we pay.

Hospitalisation for your delivery

You have cover for hospitalisation for your delivery from the Hospital Benefit if approved. We pay the hospital account from your Hospital Benefit up to the Discovery Health Rate (DHR). Contact us to confirm your benefits before you are admitted.

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number.

Remember, if your treating doctor is in favour of you and your baby being discharged earlier, you may qualify for the postnatal care service in the comfort of your home. This service is brought to you by Discovery Home Care.

How we pay the accounts related to your admission

We pay for all related accounts such as those from the gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Hospital Benefit. You can benefit by using healthcare providers who we have a payment arrangement with because we will pay for their approved procedures in full.

We pay GPs, other healthcare professionals and specialists who we don't have an arrangement with up to 200% of the Discovery Health Rate (DHR) on the Classic Priority Plan and up to 100% of the Discovery Health Rate (DHR) on the Essential Priority Plan. We pay for radiology and pathology and other approved healthcare services up to 100% of the Discovery Health Rate (DHR). If any of these providers charge more than what we cover, you will have to pay the difference yourself.

How we pay for medicines to take home

We will pay for any prescribed medicines (schedule 3 and above) you need to take home from the available funds allocated to your Medical Savings Account (MSA) and limited Above Threshold Benefit (ATB), unless these form part of cover for Prescribed Minimum Benefits (PMBs). These will count towards the annual limit for prescribed medicines. These are not separate benefits. Limits apply to claims paid from your Medical Savings Account (MSA) and paid from the Above Threshold Benefit (ATB):

	CLASSIC	ESSENTIAL
Single member	R24 200	R17 150
With one dependant	R29 350	R20 300
With two dependants	R35 350	R24 100
With three or more dependants	R38 550	R29 300

We pay these claims up to the Above Threshold Benefit (ATB) limit or benefit limit, whichever you reach first.

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this with us. Please ask the treating doctor for the treatment codes so we can give you an authorisation number for this treatment.

COVER FOR PREGNANCY, CHILDBIRTH AND EARLY CHILDHOOD

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SAVER SERIES

These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate (DHR) from the date of activation. This cover does not affect your day-to-day benefits.

Benefits will be activated when your pregnancy or baby profile is created on the My Pregnancy or My Baby programme on the Discovery app, or on our website www.discovery.co.za or when you register your baby onto the Scheme. You can also activate the programmes by calling us on 0860 99 88 77 and following the voice prompts.

These benefits are available per pregnancy, per child up to two years after birth. Once these limits are used up, we pay for out-of-hospital healthcare expenses related to your pregnancy from the available funds allocated to your Medical Savings Account (MSA).

Antenatal consultations

You are covered for up to 8 consultations at your gynaecologist, GP or midwife covered from the Maternity Benefit at the Discovery Health Rate (MSA).

Pre- and postnatal care

You have cover for up to five pre- or postnatal classes (including online classes) or post-birth consultations with a registered nurse, up until two years after birth.

Once these have been used, we pay antenatal classes from the available funds allocated to your Medical Savings Account (MSA).

Prenatal screening

You are covered for one non-invasive prenatal testing (NIPT) or one T21 chromosome test subject to clinical entry criteria and/or amniocentesis or chorionic villus sampling (CVS) from the Maternity Benefit at the Discovery Health Rate (DHR).

GP and specialist care after birth

Your baby under the age of two years is covered for two visits to a GP, paediatrician or an ear, nose and throat specialist from the Maternity Benefit at the Discovery Health Rate (DHR).

Ultrasound scans

You are covered for up to two 2D ultrasound scans or one 2D ultrasound scan and one nuchal translucency test from the Maternity Benefit at the Discovery Health Rate (DHR). 3D and 4D scans are paid up to the rate we pay for 2D scans.

Other healthcare services

You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care which includes a postnatal consultation within six-weeks post-birth for complications post-delivery, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist from the Maternity Benefit at the Discovery Health Rate (DHR).

Blood tests

Cover for a defined basket of blood tests per pregnancy from the Maternity Benefit at the Discovery Health Rate (DHR).

Point-of-care devices

If you are registered on the My Pregnancy or My Baby Programmes, you also have access to the latest remote monitoring medical examination device called TytoHome until your youngest child turns six. We pay up to 75% of the Discovery Health Rate for one device per family every five years. You will need to pay 25% of the cost of the device. For more information, refer to the Connected Care for healthcare at home guide available on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

Medicines for morning sickness, iron supplements and folic acid

We pay for medicines and supplements that are taken during your pregnancy from the available funds allocated to your Medical Savings Account (MSA). If these accounts are more than the money you have available in your Medical Savings Account (MSA), you will have to pay these costs.



SAVER SERIES

Antiretroviral medicines

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the HIV Care Programme brochure on our website or call us on 0860 99 88 77.

We cover the registered midwife for water births or normal vaginal deliveries at home or at a birthing home

If you choose to have a water birth or normal vaginal delivery at home or at a birthing home, we will pay for care from a midwife for your approved delivery from your Hospital Benefit. The midwife must be registered with a valid practice number.

For a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit at the Discovery Health Rate (DHR). This must be hired from a registered provider who has a valid practice number. If you use a midwife within our network, the birthing pool is included in the amount we pay.

Hospitalisation for your delivery

You have cover for hospitalisation for your delivery from the Hospital Benefit, if approved. We pay the hospital account from your Hospital Benefit up to the Discovery Health Rate (DHR). Contact us to confirm your benefits before you are admitted.

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number.

Remember, if your treating doctor is in favour of you and your baby being discharged earlier, you may qualify for the post-natal care service in the comfort of your home. This service is brought to you by Discovery Home Care.

If you are on the Classic Delta or Essential Delta Saver network option

You must use a Delta network hospital. If you go to a hospital not on the Delta Hospital Network, an upfront payment of R9 650 applies for admissions. You will not have to pay this amount if the admission is an emergency

If you are on the Coastal Saver Plan

You have to go to an approved hospital in one of the four coastal provinces. If you don't go to a coastal network hospital, we will pay up to a maximum of 70% of the hospital account and you will have to pay the difference. This will not apply if the admission is an emergency.

How we pay the accounts related to your admission

We pay all related accounts such as those from the gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Hospital Benefit. You can benefit by using healthcare professionals who we have a payment arrangement with because we will pay their approved procedures in full.

We pay GPs other healthcare professionals and specialists who we don't have a payment arrangement with up to 200% of the Discovery Health Rate (DHR) on the Classic Saver and Classic Delta Saver plans and up to 100% of the Discovery Health Rate (DHR) on the Essential Saver, Essential Delta Saver and Coastal Saver Plans.

We pay for radiology and pathology and other approved healthcare services up to 100% of the Discovery Health Rate (DHR). If any of these providers charge more than what we cover, you will have to pay the difference yourself.

How we pay for medicines to take home

We pay for any prescribed medicines (schedule 3 and above) you need to take home from the available funds allocated to your Medical Savings Account (MSA), unless these form part of cover for Prescribed Minimum Benefits (PMBs). If these accounts are more than the money you have available in your Medical Savings Account (MSA), you will have to pay these costs.

Treatment for neonatal jaundice

COVER FOR PREGNANCY, CHILDBIRTH AND EARLY CHILDHOOD

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SAVER SERIES

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this. Please ask the treating doctor for the treatment codes so we can give you an authorisation number for this treatment.

SMART SERIES

These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate (DHR) from the date of activation. We pay for pregnancy related GP consultations in the Smart GP network.

Benefits will be activated when your pregnancy or baby profile is created on the My Pregnancy or My Baby programme on the Discovery app, or on our website www.discovery.co.za or when you register your baby onto the Scheme. You can also activate the programmes by calling us on 0860 99 88 77 and following the voice prompts.

These benefits are available per pregnancy, per child up to two years after birth. Once these limits are used up, we pay for out-of-hospital healthcare expenses related to your pregnancy from the relevant and available day-to-day benefits.

Antenatal consultations

You are covered for up to 8 consultations at your gynaecologist, Smart network GP or midwife covered from the Maternity Benefit at the Discovery Health Rate (DHR).

Pre- and postnatal care

You have cover for up to five pre- or postnatal classes (including online classes) or post-birth consultations with a registered nurse, up until two years after birth.

Prenatal screening

You are covered for one non-invasive prenatal testing (NIPT) or one T21 chromosome test subject to clinical entry criteria, and/or amniocentesis or chorionic villus sampling (CVS) from the Maternity Benefit at the Discovery Health Rate (DHR).

GP and specialist care after birth

Your baby under the age of two years is covered for two visits to a Smart network GP, paediatrician or an ear, nose and throat specialist from the Maternity Benefit at the Discovery Health Rate (DHR).

Ultrasound scans

You are covered for up to two 2D ultrasound scans, or one 2D ultrasound scan and one nuchal translucency test from the Maternity Benefit at the Discovery Health Rate (DHR). 3D and 4D scans are paid up to the rate we pay for 2D scans.

Other healthcare services

You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care which includes a postnatal consultation within six-weeks post-birth for complications post-delivery, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist from the Maternity Benefit at the Discovery Health Rate (DHR).

Blood tests

Cover for a defined basket of blood tests per pregnancy from the Maternity Benefit at the Discovery Health Rate (DHR).

Point-of-care devices

If you are registered on the My Pregnancy or My Baby Programmes, you also have access to the latest remote monitoring medical examination device called TytoHome until your youngest child turns six. We pay up to 75% of the Discovery Health Rate for one device per family every five years. You will need to pay 25% of the cost of the device. For more information, refer to the Connected Care for healthcare at home guide available on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

Medicines for morning sickness, iron supplements and folic acid

COVER FOR PREGNANCY, CHILDBIRTH AND EARLY CHILDHOOD

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SMART SERIES

You are responsible for paying these costs.

Antiretroviral medicines

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the HIV Care Programme brochure on our website or call us on 0860 99 88 77.

We cover the registered midwife for water births or normal vaginal deliveries at home or at a birthing home

If you choose to have a water birth or normal vaginal delivery at home or at a birthing home, we will pay for care from a midwife for your approved delivery from your Hospital Benefit. The midwife must be registered with a valid practice number.

For a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit at the Discovery Health Rate (DHR). This must be hired from a registered provider who has a valid practice number. If you use a midwife within our network, the birthing pool is included in the amount we pay.

Hospitalisation for your delivery

You have cover for hospitalisation for your delivery from the Hospital Benefit, if approved. We pay the hospital account from your Hospital Benefit up to the Discovery Health Rate (DHR).

Contact us to confirm your benefits before you are admitted.

The Essential Smart and Essential Dynamic Smart plans cover only normal vaginal deliveries. We will pay for caesarean section deliveries only if it is medically necessary and we have approved it.

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number.

You must use a hospital in the Smart Hospital Network. If you go to a hospital not on the network, an upfront payment of R11 000 applies for planned admissions on the Classic Smart and Essential Smart plans. You will not have to pay this amount if the admission is an emergency.

If you are on the Essential Dynamic Smart Plan, you must use the Essential Dynamic Smart Hospital Network for your childbirth admission. You can use Ask Discovery on the Discovery App to guide you to the most appropriate Dynamic Smart network hospital. Ask Discovery and the full extent of the Essential Dynamic Smart Hospital Network will become available during the second quarter of 2023. Prior to that, Essential Dynamic Smart members may use any Smart network hospital for planned admissions.

Remember, if your treating doctor is in favour of you and your baby being discharged earlier, you may qualify for the post-natal care service in the comfort of your home. This service is brought to you by Discovery Home Care.

How we pay the accounts related to the hospitalisation

We pay for all related accounts such as those from the gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Hospital Benefit. You can benefit by using healthcare professionals who we have a payment arrangement with because we will pay their approved procedures in full.

We pay GPs, other healthcare professionals and specialists who we don't have a payment arrangement with up to 200% of the Discovery Health Rate (DHR) on the Classic Smart plan and up to 100% on the Discovery Health Rate (DHR) on the Essential Smart and Essential Dynamic Smart plans.

We pay for radiology and pathology and other approved healthcare services up to 100% of the Discovery Health Rate (DHR). If any of these providers charge more than what we cover, you will have to pay the difference yourself.

How we pay for medicines to take home

If you are on the Classic Smart Plan:

Acute medicine prescribed by a Smart GP will be covered up to R1 720 per member or R2 860 per family a year, if obtained from a network pharmacy, unless this medicine forms part of cover for Prescribed Minimum Benefits (PMBs).

COVER FOR PREGNANCY, CHILDBIRTH AND EARLY CHILDHOOD

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SMART SERIES

If you are on the Essential Smart or Essential Dynamic Smart Plan:

You will need to pay for any prescribed medicine unless this medicine forms part of cover for Prescribed Minimum Benefits (PMBs).

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this with us. Please ask the treating doctor for the treatment codes so we can give you an authorisation number for this treatment.

CORE SERIES

These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate (DHR) from the date of activation.

Benefits will be activated when your pregnancy or baby profile is created on the My Pregnancy or My Baby programme on the Discovery app, or on our website www.discovery.co.za or when you register your baby onto the Scheme. You can also activate the programmes by calling us on 0860 99 88 77 and following the voice prompts.

These benefits are available per pregnancy per child up to two years after birth. Once these limits are depleted, you will have to pay for out-of-hospital healthcare expenses related to your pregnancy.

Antenatal consultations

You are covered for up to 8 consultations at your gynaecologist, GP or midwife covered from the Maternity Benefit at the Discovery Health Rate (DHR).

Pre- and postnatal care

You have cover for up to five pre- or postnatal classes (including online classes) or post-birth consultations with a registered nurse, up until two years after birth.

Prenatal screening

You are covered for one non-invasive prenatal testing (NIPT) or one T21 chromosome test subject to clinical entry criteria, and/or amniocentesis or chorionic villus sampling (CVS) from the Maternity Benefit at the Discovery Health Rate (DHR).

GP and specialist care after birth

Your baby under the age of two years is covered for two visits to a GP, paediatrician or an ear, nose and throat specialist from the Maternity Benefit at the Discovery Health Rate (DHR).

Ultrasound scans

You are covered for up to two 2D ultrasound scans or one 2D ultrasound scan and one nuchal translucency test from the Maternity Benefit at the Discovery Health Rate (DHR). 3D and 4D scans are paid up to the rate we pay for 2D scans.

Other healthcare services

You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care which includes a postnatal consultation within six-weeks post-birth for complications post-delivery, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist from the Maternity Benefit at the Discovery Health Rate (DHR).

Blood tests

Cover for a defined basket of blood tests per pregnancy from the Maternity Benefit at the Discovery Health Rate (DHR).

Point-of-care devices

You are responsible for paying the costs of these devices.

COVER FOR PREGNANCY, CHILDBIRTH AND EARLY CHILDHOOD

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CORE SERIES

Medicines for morning sickness, iron supplements and folic acid

You are responsible for paying these costs.

Antiretroviral medicines

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the HIV Care Programme brochure on our website or call us on 0860 99 88 77.

We cover the registered midwife for water births or normal vaginal deliveries at home or at a birthing home

If you choose to have a water birth or normal vaginal delivery at home or at a birthing home, we will pay for your approved delivery from your Hospital Benefit. The midwife must be registered with a valid practice number.

For a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit at the Discovery Health Rate (DHR). This must be hired from a provider who has a registered practice number. If you use a midwife within our network, the birthing pool is included in the amount we pay.

Hospitalisation for your delivery

You have cover for hospitalisation for your delivery from the Hospital Benefit, if approved. We pay the hospital account from your Hospital Benefit up to the Discovery Health Rate (DHR). Contact us to confirm your benefits before you are admitted.

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number.

Remember, if your treating doctor is in favour of you and your baby being discharged earlier, you may qualify for the post-natal care service in the comfort of your home. This service is brought to you by Discovery Home Care.

If you are on the Classic Delta or Essential Delta Core network option:

You must use a Delta network hospital. If you go to a hospital not on the Delta Hospital Network, an upfront payment of R9 650 applies for admissions. You will not have to pay this amount if the admission is an emergency

If you are on the Coastal Core Plan:

If you don't go to a Coastal network hospital, we will pay up to a maximum of 70% of the hospital account and you will need to pay the difference.

How we pay the accounts related to your admission

We pay for all related accounts such as those from the gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Hospital Benefit. You can benefit by using healthcare professionals who we have a payment arrangement with because we will pay their approved procedures in full.

We pay GPs, other healthcare professionals and specialists who we don't have a payment arrangement with up to 200% of the Discovery Health Rate (DHR) on the Classic Core and Classic Delta Core plans and up to 100% of the Discovery Health Rate (DHR) on the Essential Core, Essential Delta Core and Coastal Core plans.

We pay for radiology and pathology and other approved healthcare services up to 100% of the Discovery Health Rate (DHR).

If any of these providers charge more than what we cover, you will have to pay the difference yourself.

How we pay for medicines to take home

You are responsible for paying these out-of-hospital healthcare services, unless they form part of cover for Prescribed Minimum Benefits (PMBs).

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this with us. Please ask the treating doctor for the treatment codes so we can give you an authorisation number for this treatment.



KEYCARE SERIES

These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate (DHR) from the date of activation. This cover does not affect your day-to-day benefits.

Benefits will be activated when your pregnancy or baby profile is created on the My Pregnancy or My Baby programme on the Discovery app, or on our website www.discovery.co.za or when you register your baby onto the Scheme. You can also activate the programmes by calling us on 0860 99 88 77 and following the voice prompts.

To activate these benefits on KeyCare Start, your chosen network GP must refer you. On KeyCare Start Regional, you must access the KeyCare Online Practice for your chosen regional network GP to refer you. These benefits are available per pregnancy, per child up to two years after birth. Once these limits are used up, we pay for out-of-hospital healthcare expenses related to your pregnancy from the relevant and available day-to-day benefits.

Antenatal consultations

You are covered for up to 8 consultations at your gynaecologist, chosen KeyCare, chosen KeyCare Start or chosen KeyCare Start Regional GP or midwife covered from the Maternity Benefit at the Discovery Health Rate (DHR).

Pre- and postnatal care

You have cover for up to five pre- or postnatal classes (including online classes) or post-birth consultations with a registered nurse, up until two years after birth.

Prenatal screening

You are covered for one non-invasive prenatal testing (NIPT) or one T21 chromosome test subject to clinical entry criteria and/or amniocentesis or chorionic villus Sampling (CVS) from the Maternity Benefit at the Discovery Health Rate (DHR).

GP and specialist care after birth

Your baby under the age of two years is covered for two visits to your chosen network GP, paediatrician or an ear, nose and throat specialist from the Maternity Benefit at the Discovery Health Rate (DHR).

Ultrasound scans

You are covered for up to two 2D ultrasound scans or one 2D ultrasound scan and one nuchal translucency test from the Maternity Benefit at the Discovery Health Rate (DHR). 3D and 4D scans are paid up to the rate we pay for 2D scans.

Other healthcare services

You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care which includes a postnatal consultation within six-weeks post-birth for complications post-delivery, a postnatal nutritional assessment with a dietitian and two postnatal mental healthcare consultations with a counsellor or psychologist. You are also covered for one breastfeeding consultation with a registered nurse or breastfeeding specialist from the Maternity Benefit at the Discovery Health Rate (DHR).

Blood tests

Cover for a defined basket of blood tests per pregnancy from the Maternity Benefit at the Discovery Health Rate (DHR).

Point-of-care devices

You are responsible for paying the costs of these devices.

Medicines for morning sickness, iron supplements and folic acid

This is subject to medicine on the KeyCare formulary (medicine list). If you use medicine that is not on the formulary, you will have to pay these costs.

Antiretroviral medicines

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the HIV Care Programme brochure on our website or call us on 0860 99 88 77.

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KEYCARE SERIES

We cover the registered midwife for water births or normal vaginal deliveries at home or at a birthing home

If you choose to have a water birth or normal vaginal delivery at home or at a birthing home, we will pay for the approved delivery from your Hospital Benefit. The midwife must be registered with a valid practice number. For a water birth at home, we will pay for the cost of the hire of a birthing pool up to a maximum of the Discovery Health Rate (DHR) from your Hospital Benefit. This must be hired from a registered provider who has a valid practice number. If you use a midwife within our network, the birthing pool is included in the amount we pay.

Hospitalisation for your delivery

Contact us to confirm your benefits before you are admitted.

KeyCare Plans cover only normal vaginal deliveries, not elective or chosen caesarean sections. We will pay delivery by caesarean section only if it is medically necessary and we have approved it.

If you are on the KeyCare Plus or KeyCare Core Plan:

You have full cover up to the Discovery Health Rate (DHR) for planned and authorised hospital admissions in the KeyCare Full Cover Hospital network and up to 70% of the Discovery Health Rate (DHR) in the Partial Cover Hospital network.

You must be admitted to a hospital in the KeyCare Hospital Network. If you choose to have your baby at a hospital that is not in this network, you will have to pay these claims, unless the situation was an emergency.

If you are on the KeyCare Start or KeyCare Start Regional Plan:

You have full cover up to the Discovery Health Rate (DHR) for planned and authorised admissions in your chosen KeyCare Start or chosen KeyCare Start Regional Network Hospital. If you choose to have your baby in a hospital that is not your chosen network hospital, you will have to pay these claims, unless the admission is a medical emergency.

Remember, if your treating doctor is in favour of you and your baby being discharged earlier, you may qualify for the post-natal care service in the comfort of your home. This service is brought to you by Discovery Home Care.

We cover water births in hospital

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number. The cost of the birthing pool is included in the global fee we pay the hospital for the confinement.

How we pay the accounts related to the hospitalisation

We pay for all related accounts such as those from the gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Hospital Benefit. You can benefit by using healthcare professionals who we have a payment arrangement with because we will pay their approved procedures in full.

We pay GPs, other healthcare professionals and specialists who we don't have a payment arrangement with up to 100% of the Discovery Health Rate (DHR).

How we pay for medicines to take home

If the take-home medicine is on the hospital account, we will pay for any prescribed medicine you need to take home up to R200. If these accounts are more than R200 you must pay these costs, unless these form part of cover for Prescribed Minimum Benefits (PMBs). If your doctor gives you a prescription for medicine you need to take after you leave the hospital, you must pay for these costs.

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this with us. Please ask the treating doctor for the treatment codes so we can give you an authorisation number for this treatment.

COVER FOR PREGNANCY, CHILDBIRTH AND EARLY CHILDHOOD



Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66

Go to www.discovery.co.za to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.

PO Box 784262, Sandton, 2146. 1 Discovery Place, Sandton, 2196.

Complaints process

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints and we encourage you to follow the process:

1 | STEP 1 – TO TAKE YOUR QUERY FURTHER:

COVER FOR PREGNANCY, CHILDBIRTH AND EARLY CHILDHOOD

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If you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations.

2 | STEP 2 – TO CONTACT THE PRINCIPAL OFFICER:

If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by emailing principalofficer@discovery.co.za.

3 | STEP 3 – TO LODGE A DISPUTE:

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the website.

4 | STEP 4 – TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES:

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.co.za | 0861 123 267 | www.medicalschemes.co.za.

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