Discovery
Health Medical Scheme

COVER FOR DENTAL TREATMENT

DISCOVERY HEALTH MEDICAL SCHEME
2026

Overview

This benefit guide is to help you navigate the details of your dental cover. It explains how the Discovery Health Medical Scheme defines and funds dental treatment – whether at your dentist's or dental specialist's rooms, in hospital, or at a day clinic.

You'll also find information on how we cover severe dental procedures through the Severe Dental and Oral Surgery Benefit, and how dental trauma is taken care of under the Basic Dental Trauma Benefit.

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 Executive, Comprehensive and Priority plans** Once the day-to-day claims that 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 or a portion of it. The Executive plan has an unlimited ATB, the Comprehensive and Priority plans have a limited ATB.
Annual Threshold	**Available on the Executive, Comprehensive and Priority plans** The Annual Threshold is the amount that your claims must add up to before we pay your day-to-day claims from the Above Threshold Benefit. We set the Annual Threshold amount at the beginning of each year. The number and type of dependants (spouse, adult or child) on your plan will determine the amount.
Basic Dental Trauma	The sudden and unanticipated impact injury to teeth and mouth that requires urgent care and extraction and replacement implant after partial or complete loss of one or more teeth as a result of an accident or injury which occurred in the preceding 30 days.
Basic Dental treatment	We define basic dental treatment as the diagnosis, prevention and treatment of diseases of the teeth, gums and related structures of the mouth.
Comprehensive cover	This cover exceeds the essential healthcare services and Prescribed Minimum Benefits that are prescribed by the Medical Schemes Act 131 of 1998. Comprehensive cover offers you extra cover and benefits to complement your basic cover. It gives you the flexibility to choose your healthcare options and service providers. Whether you choose full cover or options outside of full cover, we give you the freedom to decide what suits your needs. Our cover is in line with defined clinical best practices. This ensures that you receive treatment that is expected for your condition and that is clinically appropriate. We may review these principles from time to time to stay current with changes in the healthcare landscape. While comprehensive, your cover remains subject to the Scheme's treatment guidelines, protocols and designated service providers. We still prioritise managed care to make sure you get the best outcomes for your health.
Day clinic	This is a healthcare facility in which patients spend part of the day under medical supervision but do not stay overnight.
Day-to-day benefits	The day-to-day benefits are the available money allocated to your Personal Health Fund, Medical Savings Account, cover from the Above Threshold Benefit or defined benefits for day-to-day healthcare services.
Day-to-day Extender Benefit (DEB)	The Day-to-day Extender Benefit extends your day-to-day cover for essential healthcare services in our network. You can access the benefit if you have spent the yearly amount that is in your Medical Savings Account but have not yet reached your Annual Threshold, where applicable

TERMINOLOGY	DESCRIPTION
Deductible	This is the amount that you must pay upfront to the hospital or day clinic for specific treatments/procedures. If this amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Dental appliances, their placement and orthodontic treatment	Dental appliances, their placement and orthodontics are subject to a limit and pay from the day-to-day benefits, unless approved under the Basic Dental Trauma Benefit. Related accounts for orthognathic surgery are also funded from the day-to-day benefit and are subject to this limit. This limit is only applicable on certain plans. Dental appliances include crowns, dentures, bridges, clasps, veneers, implants, inlays or onlays and pontics. Professional fees, laboratory fees and the cost of the components used in placing dental appliances add up to the limit.
Discovery Health Rate (DHR)	This is the rate that we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant healthcare services.
External Cause Code (ECC)	This is an ICD-10 code that describes the cause of an injury or poisoning. It is used together with the injury code to provide a comprehensive picture of the injury and its circumstances i.e. how it happened or what caused the injury. The ECC is always placed in a secondary coding position, following the injury code.
ICD-10 code	A clinical code that describes diseases and signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).
Medical Savings Account (MSA)	**Available on the Executive, Comprehensive, Priority, Saver and Smart Saver plans** You have access to a Medical Savings Account (MSA) 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 from the money allocated in your MSA. These day-to-day expenses are for general practitioner (GP) and specialist consultations, acute medicine, and radiology and pathology services, among others. You can choose to have your claims paid from the MSA, either at the Discovery Health Rate or at cost. If you have unused money in the account, this will carry over to the next year. If you leave the Scheme or change your plan during the year and have used more of the MSA money than what you have contributed, you will need to pay the difference to us.
Orthognathic surgery	Orthognathic surgery is the realignment of the mandible (lower jaw) or maxilla (upper jaw). The realignment of the lower jaw can be done with or without a Genioplasty (re-alignment of the chin). Osteotomies are mostly done as part of severe orthodontic treatment
Payment arrangements	The Scheme has payment arrangements with many healthcare professionals and providers. This helps us to cover you in full, with no shortfalls.
Related accounts	Related accounts refers to any account that is separate from your hospital account but related to in-hospital care that you have received. This could include the accounts for your admitting doctor, anaesthetist, and any approved healthcare expenses, like radiology or pathology.

Understanding the different types of dental providers

Dental care is delivered by a team of healthcare professionals, each with a specific role in supporting your oral health. From routine check-ups to complex procedures, knowing who does what can help you make informed decisions about your care. Here's a breakdown of the different types of dental providers and what they're responsible for:

TERMINOLOGY	DESCRIPTION
Dental technician	Dental technicians do not see patients directly. Working from models of the patient's mouth, they make appliances like dentures, crowns and orthodontic plates after referral from a dental practitioner.
Dental therapist	Dental therapists focus on the holistic care of patients, which ranges from prevention of oral disease and promotion of oral health to the alleviation of oral abnormalities, pain and disease and function in the fields of preventive, promotive and rehabilitative health. disease and promotion of oral health to the alleviation of oral abnormalities, pain and disease and function in the fields of preventive, promotive and rehabilitative health.
Dentist	Dentists generally deal with the normal maintenance of oral hygiene, for example fillings, extractions and root canal treatment.
Maxillo-facial and oral surgeon	Maxillo-facial and oral surgeons specialise in the treatment of structures in and around the mouth, for example extraction of fractured or impacted teeth, orthognathic surgery and the repair of fractures to the jaw and other facial bones.
Oral pathologist	Oral pathologists deal with pathology of the oral cavity.
Oral hygienist	Oral hygienists work with a dental practitioner doing oral examinations, x-rays, scaling and polishing, oral hygiene instruction, and fluoride treatment.
Orthodontist	Orthodontists correct and preserve the ideal position of the teeth and dentofacial structures using braces, retainers, and other appliances.
Periodontist	Periodontists specialise in the diagnosis, prevention and treatment of gum disease, for example root planning, flap surgery and gingivectomy.
Prosthodontist	Prosthodontists specialise in replacing absent teeth and tooth structures as well as the restoration of natural teeth. This includes for example crowns, bridges and dentures.

Severe Dental and Oral Surgery benefit

Tell us about your surgery and we'll help you understand if it qualifies for cover under this benefit

This benefit is subject to preauthorisation and the treatment must meet the Scheme's clinical entry criteria, treatment guidelines, and managed care protocols.

Once you share the details of your planned surgery with us, we'll assess the information and confirm whether the procedure qualifies for cover from this benefit.

We cover a defined list of maxillo-facial procedures through the Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit provides cover for a specific list of serious procedures that are paid from your Hospital Benefit, based on the plan you're on.

These include:

- Internal temporomandibular joint (TMJ) surgery
- Cleft lip and palate repairs
- Surgery for severe, life-threatening infections
- Cancer-related surgery

There is no overall limit for procedures approved under this benefit. However, costs related to dental appliances and their placement, even if part of one of the approved procedures, are paid from your available day-to-day benefits, and may be subject to an annual limit, depending on your plan.

Get full cover when you use specialists we have payment arrangements with

When you choose to see a specialist who we have a payment arrangement with, you'll have full cover for approved procedures paid from your Hospital Benefit.

This means you won't face unexpected co-payments or shortfalls

You may have a co-payment if you use other specialists

If you are treated in hospital by a specialist who we do not have a payment arrangement with, we cover you as follows:

- On the *Executive Plan*, up to 300% of the Discovery Health Rate (DHR)
- On the *Classic Plans*, up to 200% of the Discovery Health Rate (DHR)
- On the *Active, Essential, Coastal, and KeyCare Plans*, up to 100% of the Discovery Health Rate (DHR).

How we cover other healthcare professionals

We cover GPs and other healthcare professionals up to 200% of the Discovery Health Rate (DHR) on the *Executive* and *Classic Plans* and 100% of the Discovery Health Rate (DHR) on the *Active, Essential, Coastal and KeyCare Plans,* from the Hospital Benefit.

How we cover radiology and pathology

We cover radiology and pathology up to 100% of the Discovery Health Rate (DHR) on all plans

Basic Dental Trauma Benefit

This benefit is available on all plans except Essential Smart, Essential Dynamic Smart, Active Smart and KeyCare plans.

When the unexpected happens, we're here to support you. The Basic Dental Trauma Benefit covers the urgent dental treatment you may need following a sudden and unanticipated injury to the teeth or mouth.

This benefit pays from your Hospital Benefit and may include the extraction and replacement of teeth, as well as certain dental appliances or prostheses, provided the treatment meets the required clinical entry criteria.

If approved, cover is provided regardless of where the treatment takes place and is subject to an annual limit per person. For more details on your plan's cover, please refer to the *Benefits available on your plan type* section.

What qualifies for payment from the Basic Dental Trauma Benefit?

To access this benefit, the following clinical and benefit entry criteria must be met:

- There is partial or complete loss of one or more teeth due to trauma.
- In cases of partial tooth loss, the remaining dental tissue isn't sufficient for a crown or other conservative treatment—requiring surgical extraction and replacement with an implant.
- Treatment must begin within 30 days of the injury.
- The claim must include valid trauma-related ICD-10 codes and external cause codes to confirm eligibility.

No need to call us first, your provider's claim will guide us

- You don't need to get preauthorisation for treatment under this benefit. If your treatment qualifies and meets the clinical criteria, we'll assess your claim using the relevant ICD-10 diagnosis codes and external cause codes.
- If the codes confirm that your treatment is related to a qualifying basic dental trauma event, we'll pay the claim from the Basic Dental Trauma Benefit, without using your day-to-day benefits.

Please note that if your dental treatment takes place in-hospital or at a day clinic, you'll need to pay an upfront amount (a deductible) to the facility. You can read more about this in the *Dental treatment in-hospital* section below.

Orthognathic Surgery

Orthognathic surgery (also known as jaw surgery) is done to realign the upper jaw (maxilla) or lower jaw (mandible) due to a range of conditions affecting function or appearance.

You don't need to call us before having the Orthognathic surgery

You don't need to call us before having orthognathic surgery. For all in-hospital dental treatments or surgeries (other than those covered under the Severe Dental and Oral Surgery Benefit, such as treatment for congenital abnormalities, Prescribed Minimum Benefit (PMB) conditions, or severe pathology due to malocclusion), preauthorisation is not required, even if an overnight hospital stay is needed.

However, for dental procedures done in-hospital or in a day clinic, you will need to pay an upfront amount (deductible) directly to the facility. You can find more information in the Dental treatment in-hospital section.

How your claims are paid

The way we pay for your orthognathic surgery depends on your chosen health plan:

- Procedure and dental appliance codes related to the surgery are paid from your available day-to-day benefits and are subject to the dental appliances and orthodontic treatment limit, where applicable.
- Other related accounts, such as your anaesthetist's fee, are paid from your Hospital Benefit, based on the cover offered by your plan.

For more details on how this works for your specific plan, please refer to the *Benefits available for your plan type* section.

Dental treatment in-hospital not approved under the Severe Dental and Oral Surgery Benefit

No need to call us before in-hospital dental treatment

For in-hospital dental treatment that is not covered under the Severe Dental and Oral Surgery Benefit, you don't need to contact us for preauthorization, even if you're being admitted to hospital.

Upfront deductible for in-hospital or day clinic treatment

If you're receiving dental treatment in a hospital or day clinic, you will need to pay an upfront amount (deductible) directly to the facility.

This amount depends on your age and whether the treatment is done in hospital or in a day clinic.

If the deductible is more than the cost of the treatment, you will need to cover the full cost of the healthcare service.

We cover the remaining balance of the hospital or day clinic account from your Hospital Benefit, according to the benefits of your selected plan.

Important plan-specific information

- Cover for in-hospital dentistry is not available on the Essential Smart, Essential Dynamic Smart, Active Smart, and KeyCare plans, unless the dental treatment is approved under the Severe Dental and Oral Surgery Benefit.
- If you're on a network plan, you must use a facility that's part of the approved provider network for your plan.

This is the amount you need to pay upfront:

	HOSPITAL	DAY CLINIC
Member younger than 13 years	R3,470	R1,550
Member 13 years or older	R8,950	R5,750

If you're 13 years or older, we cover routine dental treatment such as preventive care, simple fillings, and root canal treatments performed in-hospital from your available day-to-day benefits

We pay the related accounts for hospital or day clinic admissions from the Hospital Benefit
We pay related accounts from the Hospital Benefit.

This is how we pay for dental treatment, anaesthetics and dental appliances

DENTAL TREATMENT	
Executive Plan	Specialists paid up to 300% of the Discovery Health Rate (DHR), all other Health Care Professionals are paid at 100% of the Discovery Health Rate (DHR)
All other plans	Paid up to 100% of the Discovery Health Rate (DHR)
Other healthcare professionals paid up to 100% of the Discovery Health Rate (DHR) on all plans	

ANAESTHETISTS	
Executive Plan	Specialist anaesthetist paid up to 300%, GP anaesthetist paid up to 200% of the Discovery Health Rate (DHR)
Classic Plans	Paid at agreed rate or up to 200% of the Discovery Health Rate (DHR)
Essential and Coastal Plans	Paid at agreed rate or up to 100% of the Discovery Health Rate (DHR)

DENTAL APPLIANCES	
All plans excluding the Essential Smart, Essential Dynamic Smart, Active Smart and KeyCare plans	How we cover dental appliances, orthodontic treatment and related procedures • Accounts for dental appliances and orthodontic treatment, including those related to orthognathic (jaw) surgery, are paid from your available day-to-day benefits, regardless of whether treatment takes place in or out of hospital. These payments may be subject to an annual benefit limit, based on your chosen plan. • If your dental treatment is approved under the Basic Dental Trauma Benefit, it will not affect your day-to-day benefits. In these cases, the cost of approved dental appliances, prostheses and their placement will be covered from the Basic Dental Trauma Benefit, up to the annual limit.

How we cover preventive dental treatments

- If you are 16 years or younger, you're covered for two dental sealants per dental quadrant, each year. These sealants help protect teeth from decay during the important early years of development.
- If you are older than 16, you're covered for two professional fluoride treatments and cleanings per year to help maintain strong, healthy teeth.
- These services are covered from your available day-to-day benefits, where applicable.

Dental limits

No overall limit for basic dental treatment

There is no overall limit for basic dental treatment on our plans. Cover depends on the plan you choose.

How we cover basic dental treatment in the dentist's rooms

We cover basic dental treatment such as check-ups, fillings and cleanings performed in a dentist or dental specialist's rooms from your available day-to-day benefits at 100% of the Discovery Health Rate (DHR).

Claims are paid from the available funds in your day-to-day benefits. If you have used your day-to-day benefits, you must pay the dentist and dental specialist's account

If you're on the Executive, Comprehensive or Priority plans, you have access to the Above Threshold Benefit (ATB), which gives you additional cover for day-to-day healthcare costs once you reach your Annual Threshold. If your Medical Savings Account (MSA) runs out before you reach your threshold and you pay for any healthcare expenses out of pocket, please send us the claims. This ensures we can count them toward your Annual Threshold, so that you can access your ATB as soon as you reach your Annual Threshold.

If you are on a Smart Saver or Smart Plan

You're covered for one defined dental check-up per member, per year at any registered dentist or dental therapist.

Your annual check-up includes:

- A consultation
- Two bitewing X-rays
- A professional scale and polish
- A fluoride treatment

A co-payment applies at the time of your visit:

- R130 on the Classic Smart Saver and Classic Smart Plans
- R195 on the Essential Smart Saver, Essential Smart, Essential Dynamic Smart, and Active Smart plans

We cover check-up from your defined day-to-day benefits, up to 100% of the Discovery Health Rate (DHR). If your provider charges more than the DHR, you will be liable for the balance.

If you are on a Core Plan:

We do not cover out-of-hospital day-to-day dentistry on Core Plans so you must pay these claims.

If you are on a KeyCare Plus, KeyCare Start or KeyCare Start Regional Plan:

We cover selected basic dental treatment (consultations, fillings and extractions) only at a dentist who is on the KeyCare dentist network. Certain rules and limits may apply.

Dental appliances and orthodontic treatment limit on Executive, Comprehensive and Priority Plans

For treatment not approved under the Basic Dental Trauma Benefit

If you're on the Executive, Comprehensive or Priority Plan, we cover dental appliances and orthodontic treatment from your available day-to-day benefits, which include your Personal Health Fund, Medical Savings Account (MSA) and the Above Threshold Benefit (ATB).

When we refer to dental appliances, we refer to any fixed or removable dental appliances such as implants, crowns, veneers, bridges, dentures, and inlays. This also includes orthodontic treatment, such as braces and retainers and related accounts for orthognathic (jaw) surgery

These costs are covered from available day-to-day benefits up to a set annual limit per person, regardless of whether the treatment takes place in or out of hospital.

PLAN	DENTAL APPLIANCES AND ORTHODONTIC TREATMENT LIMIT
Executive and Comprehensive	R37,500
Priority	R23,400

Important: This is not a separate benefit. The annual limit applies to claims paid from both your MSA and ATB.

If you join Discovery Health Medical Scheme after January, your annual limit is pro-rated based on the number of months remaining in the year.

Cover for dental appliances, prostheses and their placement under the Basic Dental Trauma Benefit

If your treatment is approved under the Basic Dental Trauma Benefit, we cover dental appliances (such as implants), prostheses, and their placement, up to an annual limit of R70,800 per person.

This cover is separate from your day-to-day benefits, so it does not affect your Personal Health Fund, Medical Savings Account or Above Threshold Benefit.

PLAN	BASIC DENTAL TRAUMA DENTAL APPLIANCE LIMIT
Executive	R70,800 for dental appliance, prosthesis and the placement thereof
Comprehensive	
Priority	
Smart Saver	
Smart *(Classic Smart plan only)*	
Saver	
Core	

Getting the most out of your dental benefits

Use a dental specialist who we have a payment arrangement with

To help you avoid out-of-pocket costs, we recommend using a dental specialist with whom we have a payment arrangement.

- If your dental specialist is part of our payment arrangement network, we will pay their account up to the agreed rate.
- If you choose a provider outside of our network, you may be responsible for the shortfall between what the specialist charges and what we cover.

You can easily find a network dental specialist by visiting www.discovery.co.za or by using the 'Find a healthcare provider' tool on the Discovery Health app.

Information your dentist or dental specialist must include on claims

To ensure we process and pay your claims correctly and from the right benefit, your dental provider must include the following details on every account submitted:

1. Tooth numbers

Dentists and dental specialists use a standard numbering system to identify each tooth. This is required for us to process your claim.

If the tooth number(s) are not provided, we won't be able to pay the claim.

2. Place of service indicator

The claim must show where the treatment took place, whether in the dentist's rooms, in hospital, or at a day clinic.

Without this, we'll assume it was done in the rooms and pay from your day-to-day benefits, even if it qualifies for payment from the Hospital Benefit.

3. ICD-10 and external cause codes

These clinical codes explain the reason for the treatment (ICD-10) and how the injury occurred (external cause code).

Without both codes, we cannot assess the claim or pay it from the appropriate benefit.

Benefits available to your plan type

EXECUTIVE PLAN

Cover for Severe Dental and Oral Surgery

If you need treatment for a serious dental or oral health condition, you have access to the Severe Dental and Oral Surgery Benefit. This benefit covers a defined list of procedures in full, with no upfront payment and no overall limit.

To ensure your cover is in place, please get authorisation at least 48 hours before your admission. Simply call us on 0860 99 88 77 and we'll guide you through the process.

This benefit is subject to authorisation, the rules of the Scheme, and your chosen health plan.

Cover for Other In-Hospital Dental Treatment

If your dental treatment in hospital doesn't qualify for the Severe Dental and Oral Surgery Benefit, an upfront deductible will apply. This amount depends on your age and where you're treated.

- We pay the rest of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).
- We also pay for your dentist and related accounts from your Hospital Benefit, up to 100% of the DHR.
- Specialists are covered up to 300% of the DHR.

This is the amount you need to pay upfront:

	HOSPITAL	DAY CLINIC
Member younger than 13 years	R3,470	R1,550
Member 13 years or older	R8,950	R5,750

EXECUTIVE PLAN
Routine Dental Care If you're 13 years or older, we cover routine dental care like preventive treatments, fillings and root canals from your available day-to-day benefits.
Basic Dental Trauma Benefit The Basic Dental Trauma Benefit offers cover for the sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment and replacement after an accident or trauma injury, subject to clinical entry criteria. Where the clinical entry criteria are met, cover for dental appliances and prosthesis and their placement are paid up to an annual limit of R70,800 per person per year.
Orthognathic Surgery (Jaw Realignment Surgery) You need to pay a portion of your hospital or day clinic account upfront (deductible) for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). We cover: • The hospital account from your Hospital Benefit, up to 100% of the DHR. • Anaesthetists up to 300% of the DHR. • Codes specific to orthognathic surgery from your **available Personal Health Fund**, Medical Savings Account (MSA) or Above Threshold Benefit (ATB), subject to the annual limit of R37,500 per person for dental appliances and orthodontic treatment. • All other codes from your Hospital Benefit, up to 100% of the DHR.
Dental Appliances and Orthodontic Treatment All dental appliances, their placement, and orthodontic treatment including related accounts for orthognathic surgery will be paid at 100% of the Discovery Health Rate (DHR). We cover anaesthetists up to 300% of the DHR from your Hospital Benefit. Claims are paid from your day-to-day benefits, regardless of where the treatment takes place. This includes the Personal Health Fund, Medical Savings Account (MSA) and the Above Threshold Benefit (ATB). • There's an annual limit of R37,500 per person for dental appliances for claims paid from your Medical Savings Account and Above Threshold Benefit. • If you join Discovery Health Medical Scheme after January, your limit is adjusted based on the number of remaining months in the year. Where your treatment meets the criteria for the Basic Dental Trauma Benefit, we will pay your claims from your Hospital Benefit, up to R70,800 per person per year
Basic Dental Treatment in a Dentist's Rooms For routine care done in a dentist or dental specialist's rooms – such as check-ups, fillings, and cleanings – we pay 100% of the Discovery Health Rate (DHR) from your available Personal Health Fund and Medical Savings Account (MSA) and Above Threshold Benefit once you reach your Annual Threshold. If you've used up your MSA and haven't yet reached your threshold, you will need to pay these costs directly.

COMPREHENSIVE SERIES

Cover for Severe Dental and Oral Surgery

If you need treatment for a serious dental or oral health condition, you have access to the Severe Dental and Oral Surgery Benefit. This benefit covers a defined list of procedures in full, with no upfront payment and no overall limit.

To ensure your cover is in place, please get authorisation at least 48 hours before your admission. Simply call us on 0860 99 88 77 and we'll guide you through the process.

This benefit is subject to authorisation, the rules of the Scheme, and your chosen health plan. **Important to note if you're on the Classic Smart Comprehensive Plan**

If your admission is to a hospital that's not in the Smart Hospital Network, and the admission is planned (not an emergency), you will need to pay an upfront amount of R12,650. In an emergency, this upfront payment does not apply.

Cover for Other In-Hospital Dental Treatment

If your dental treatment in hospital does not meet the clinical entry criteria under the Severe Dental and Oral Surgery Benefit, you need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment.

This is the amount you need to pay upfront:

	HOSPITAL	DAY CLINIC
Member younger than 13 years	R3,470	R1,550
Member 13 years or older	R8,950	R5,750

- We pay the rest of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).
- We also pay your dental surgeon and related accounts from your Hospital Benefit, up to 100% of the DHR.
- Anaesthetists' fees are covered up to 200% of the DHR.

Routine Dental Treatment for members 13 years and older

We cover preventive dental care such as check-ups, simple fillings and root canal treatments from your available day-to-day benefits, regardless of the place of service.

Basic Dental Trauma Benefit

The Basic Dental Trauma Benefit offers cover for the sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment and replacement after an accident or trauma injury, subject to clinical entry criteria. Where the clinical entry criteria are met, cover for dental appliances and prosthesis and their placement are paid up to an annual limit of R70,800 per person per year.

COMPREHENSIVE SERIES
Orthognathic Surgery (Jaw Realignment Surgery) You need to pay a portion of your hospital or day clinic account upfront (deductible) for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). We cover: • The hospital account from your Hospital Benefit, up to 100% of the DHR. • Anaesthetists up to 200% of the DHR. • Codes specific to orthognathic surgery from your available Personal Health Fund, Medical Savings Account (MSA) or limited Above Threshold Benefit (ATB), subject to the annual limit of R37,500 per person for dental appliances and orthodontic treatment. • All other codes from your Hospital Benefit, up to 100% of the DHR.
Dental Appliances and Orthodontic Treatment All dental appliances, their placement, and orthodontic treatment (including related accounts for approved orthognathic surgery) paid at 100% of the Discovery Health Rate (DHR). We cover anaesthetists up to 200% of the DHR from your Hospital Benefit. Claims are paid from your available day-to-day benefits, regardless of where the treatment takes place. This includes the Personal Health Fund, Medical Saving Account (MSA) and limited Above Threshold Benefit (ATB). • There is an annual limit of R37,500 per person for dental appliances for claims paid from your Medical Savings Account and Above Threshold Benefit. • Claims are paid up to this benefit limit or ATB limit – whichever you reach first. If you joined the Scheme after January, your limit is adjusted proportionally based on how many months remain in the year. Where your treatment meets the criteria for the Basic Dental Trauma Benefit, we will pay your claims Hospital Benefit, up to R70,800 per person per year.
Basic Dental Treatment in the Dentist's Rooms For routine care done in a dentist or dental specialist's rooms, such as check-ups, fillings and cleanings, we pay up to 100% of the Discovery Health Rate (DHR) from your available Personal Health Fund and Medical Savings Account. Once you reach your Annual Threshold, we pay from your limited Above Threshold Benefit. If your MSA runs out and you haven't reached your threshold yet, or you've reached your Above Threshold Benefit limit, you will need to cover the cost of these services directly.

PRIORITY SERIES

Cover for Severe Dental and Oral Surgery

If you need treatment for a serious dental or oral health condition, you have access to the Severe Dental and Oral Surgery Benefit. This benefit covers a defined list of procedures in full, with no upfront payment and no overall limit.

To ensure your cover is in place, please get authorisation at least 48 hours before your admission. Simply call us on 0860 99 88 77 and we'll guide you through the process.

This benefit is subject to authorisation, the rules of the Scheme, and your chosen health plan.

Cover for Other In-Hospital Dental Treatment

If your dental procedure doesn't qualify for the Severe Dental and Oral Surgery Benefit, an upfront deductible will apply. The amount depends on your age and treatment facility.

This is the amount you need to pay upfront:

	HOSPITAL	DAY CLINIC
Member younger than 13 years	R3,470	R1,550
Member 13 years or older	R8,950	R5,750

We will pay:

- The rest of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).
- The dental surgeon's account and other related costs from your Hospital Benefit, also up to 100% of the DHR.
- On Classic Priority, we pay anaesthetists up to 200% of the DHR

Routine Dental Care

If you're 13 years or older, we cover routine dental care like preventive treatments, fillings and root canals from your available day-to-day benefits.

Basic Dental Trauma Benefit

The Basic Dental Trauma Benefit offers cover for the sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment and replacement after an accident or trauma injury, subject to clinical entry criteria. Where the clinical entry criteria are met, cover for dental appliances and prosthesis and their placement are paid up to an annual limit of R70,800 per person per year.

Orthognathic Surgery (Jaw Realignment)

You need to pay a portion of your hospital or day clinic account upfront (deductible) for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).

We cover:

- The hospital account from your Hospital Benefit, up to 100% of the DHR.
- Anaesthetists up to 200% of the DHR (on Classic Priority).
- Codes specific to orthognathic surgery from your available Personal Health Fund, Medical Savings Account (MSA) or limited Above Threshold Benefit (ATB), subject to the annual dental appliance and orthodontic treatment limit of R23,400 per person.
- Claims are paid up to this benefit limit or ATB limit, whichever you reach first.
- All other codes from your Hospital Benefit, up to 100% of the DHR.

PRIORITY SERIES

Dental Appliances and Orthodontic Treatment

All dental appliances, their placement, and orthodontic treatment including related accounts for orthognathic surgery paid at 100% of the Discovery Health Rate (DHR). On Classic Priority, we cover anaesthetists up to 200% of the DHR from your Hospital Benefit.

Claims are paid from your available day-to-day benefits, regardless of where the treatment takes place. This includes the Personal Health Fund, Medical Saving Account (MSA) and limited Above Threshold Benefit (ATB).

- There is an annual limit of R23,400 per person for dental appliances for claims paid from your Medical Savings Account and Above Threshold Benefit
- Claims are paid up to this benefit limit or ATB limit, whichever you reach first.

If you joined the Scheme after January, your limit is adjusted proportionally based on how many months remain in the year. If your treatment qualifies under the Basic Dental Trauma Benefit, we will cover it from your Hospital Benefit, up to R70,800 per year.

Basic Dental Treatment in the Dentist's Rooms

For routine care done in a dentist or dental specialist's rooms, such as check-ups, fillings and cleanings, we pay up to 100% of the Discovery Health Rate (DHR) from your available Medical Savings Account. Once you reach your Annual Threshold, we pay from your limited Above Threshold Benefit.

If your MSA runs out and you haven't reached your threshold yet, or you've reached your Above Threshold Benefit limit, you will need to cover the cost of these services directly.

SAVER SERIES

Cover for Severe Dental and Oral Surgery

If you need treatment for a serious dental or oral health condition, you have access to the Severe Dental and Oral Surgery Benefit. This benefit covers a defined list of procedures in full, with no upfront payment and no overall limit.

To ensure your cover is in place, please get authorisation at least 48 hours before your admission. Simply call us on 0860 99 88 77 and we'll guide you through the process.

This benefit is subject to authorisation, the rules of the Scheme, and your chosen health plan.

If you're on the Classic Delta or Essential Delta network option:

- You are fully covered at private hospitals and day clinics in the Delta Hospital Network.
- If you choose to go to a hospital outside the Delta Network for a planned admission, you'll need to pay R11,100 upfront to the hospital.
- This does not apply in an emergency.

If you're on the Coastal Saver Plan:

- You need to use an approved coastal hospital (in one of the four coastal provinces) for planned admissions.
- If you use a non-coastal hospital, we'll pay up to 70% of the hospital account, and you'll need to cover the balance.

SAVER SERIES

Cover for Other In-Hospital Dental Treatment

For dental procedures not covered under the Severe Dental and Oral Surgery Benefit, an upfront deductible will apply based on your age and the hospital or clinic you attend.

This is the amount you need to pay upfront:

	HOSPITAL	DAY CLINIC
Member younger than 13 years	R3,470	R1,550
Member 13 years or older	R8,950	R5,750

We will pay:

- The rest of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).
- The dental surgeon and related accounts also from your Hospital Benefit, up to 100% of the DHR.
- Anaesthetists are covered up to 200% of the DHR on Classic plans.

Routine Dental Care

If you're 13 years or older, we cover routine dental care like preventive treatments, fillings and root canals from your available day-to-day benefits.

Basic Dental Trauma Benefit

The Basic Dental Trauma Benefit offers cover for the sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment and replacement after an accident or trauma injury, subject to clinical entry criteria. Where the clinical entry criteria are met, cover for dental appliances and prosthesis and their placement are paid up to an annual limit of R70,800 per person per year.

Orthognathic Surgery (Jaw Realignment Surgery)

You need to pay a portion of your hospital or day clinic account upfront (deductible) for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).

We cover:

- The hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).
- On Classic plans, anaesthetists are covered up to 200% of the DHR.
- Codes specific to orthognathic surgery from your available Personal Health Fund, Medical Savings Account (MSA), up to100% of the Discovery Health Rates, as long as funds are available.
- All other codes from your Hospital Benefit, up to 100% of the DHR.

Dental Appliances and Orthodontic Treatment

While there's no overall limit for basic dental treatment, the following applies to dental appliances and orthodontic care (including related accounts for approved orthognathic surgery):

- Claims are paid at 100% of the DHR from your available Personal Health Fund, MSA, as long as funds are available.
- For all Classic plans, we cover anaesthetists up to 200% of the DHR from your Hospital Benefit.
- Where approved under the Basic Dental Trauma Benefit, the cost will be paid from your Hospital Benefit, subject to the R70,800 annual limit.

SAVER SERIES

Basic Dental Treatment in the Dentist's Rooms

We cover basic dental treatment, including check-ups, fillings and preventive care, when performed in a dentist's or dental specialist's rooms from your day-to-day benefits at 100% of the DHR. If you've used up the funds in your MSA, you'll need to pay these accounts directly.

SMART SAVER SERIES

Cover for Severe Dental and Oral Surgery

If you need treatment for a serious dental or oral health condition, you have access to the Severe Dental and Oral Surgery Benefit. This benefit covers a defined list of procedures in full, with no upfront payment and no overall limit.

To ensure your cover is in place, please obtain authorisation at least 48 hours before your admission. Simply call us on 0860 99 88 77 and we'll guide you through the process.

This benefit is subject to authorisation, the rules of the Scheme, and your chosen health plan.

- You are fully covered at private hospitals in the Smart Plan Hospital Network.
- If you choose to go to a hospital outside this network for a planned admission, you'll need to pay R12,650 upfront to the hospital.
- This upfront payment does not apply in an emergency.

Using the correct network hospital for your plan ensures you are fully covered without any unnecessary costs.

Cover for Other In-Hospital Dental Treatment

For dental procedures not covered under the Severe Dental and Oral Surgery Benefit, an upfront deductible will apply based on your age and the hospital or clinic you attend.

This is the amount you need to pay upfront:

	HOSPITAL	DAY CLINIC
Member younger than 13 years	R3,470	R1,550
Member 13 years or older	R8,950	R5,750

We will pay:

- The rest of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).
- The dental surgeon and related accounts also from your Hospital Benefit, up to 100% of the DHR.
- Anaesthetists are covered up to 200% of the DHR on the Classic Smart Saver Plan.

Routine Routine Dental Care

If you're 13 years or older, we cover routine dental care like preventive treatments, fillings and root canals from your available day-to-day benefits.

Basic Dental Trauma Benefit
The Basic Dental Trauma Benefit offers cover for the sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment and replacement after an accident or trauma injury, subject to clinical entry criteria. Where the clinical entry criteria are met, cover for dental appliances and prosthesis and their placement are paid up to an annual limit of R70,800 per person per year.

SMART SAVER SERIES

Orthognathic Surgery (Jaw Realignment Surgery)

You need to pay a portion of your hospital or day clinic account upfront (deductible) for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).

We cover:

- The hospital account from your Hospital Benefit, up to 100% of the DHR.
- Anaesthetists are covered up to 200% of the DHR on the Classic plan.
- Codes specific to orthognathic surgery-related from your available Personal Health Fund, Medical Savings Account (MSA), up to100% of the Discovery Health Rates, as long as funds are available.
- All other codes from your Hospital Benefit, up to 100% of the DHR.

Dental Appliances and Orthodontic Treatment

All dental appliances, their placement, and orthodontic treatment including related accounts for orthognathic surgery paid at 100% of the Discovery Health Rate (DHR):

- Claims are paid at 100% of the DHR from your available Personal Health Fund and MSA, as long as funds are available.
- Where approved under the Basic Dental Trauma Benefit, the cost will be paid from your Hospital Benefit, subject to the R70,800 annual limit. Paid at 100% of the DHR from your MSA, as long as funds are available.

Basic Dental Treatment in the Dentist's Rooms

You are covered for one defined dental check-up per year for each member. This includes:

- A dental consultation
- Two bitewing X-rays
- Scale and polish
- Fluoride treatment

A co-payment applies:

- R130 on the Classic Smart Saver Plan
- R195 on the Essential Smart Saver Plan

We cover the balance of the check-up up to the Discovery Health Rate (DHR). If your dentist charges more than the DHR, you may need to pay the difference.

Claims for all other dental procedures not included in the dental check-up, and once your limit has been reached, will be paid from your available Personal Health Fund or Medical Savings Acount at 100% of the DHR.

SMART SERIES

Cover for Severe Dental and Oral Surgery

If you need treatment for a serious dental or oral health condition, you have access to the Severe Dental and Oral Surgery Benefit. This benefit covers a defined list of procedures in full, with no upfront payment and no overall limit.

SMART SERIES
To ensure your cover is in place, please obtain authorisation at least 48 hours before your admission. Simply call us on 0860 99 88 77 and we'll guide you through the process. This benefit is subject to authorisation, the rules of the Scheme, and your chosen health plan.
Important Information for Smart Plan Members If you're on the Classic Smart or Essential Smart Plan: • You are fully covered at private hospitals in the Smart Plan Hospital Network. • If you choose to go to a hospital outside this network for a planned admission, you'll need to pay R12,650 upfront to the hospital. • This upfront payment does not apply in an emergency. If you're on the Essential Dynamic Smart or Active Smart Plan: • You need to use the Medical and Provider Search tool to guide you to the most appropriate hospital within the Dynamic Smart Hospital Network. • If you choose a hospital outside the network for a planned admission, an upfront payment of R15,300 will apply. • This does not apply in an emergency. Using the correct network hospital for your plan ensures you are fully covered without any unnecessary costs.
Cover for Other In-Hospital Dental Treatment **Classic Smart Plan** For dental procedures not covered under the Severe Dental and Oral Surgery Benefit, an upfront deductible will apply based on your age and the hospital or clinic you attend. This is the amount you need to pay upfront:

	HOSPITAL	DAY CLINIC
Member younger than 13 years	R3,470	R1,550
Member 13 years or older	R8,950	R5,750

We will pay:

- The rest of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).
- The dental surgeon and related accounts also from your Hospital Benefit, up to 100% of the DHR.
- Anaesthetists are covered up to 200% of the DHR.

Routine Dental Care

If you're 13 years or older, we cover routine dental care like preventive treatments, fillings and root canals from your available day-to-day benefits.

Essential Smart, Essential Dynamic Smart, and Active Smart Plans

In-hospital dental treatment is not covered on these plans.

SMART SERIES
Basic Dental Trauma Benefit **Classic Smart Plan** The Basic Dental Trauma Benefit offers cover for the sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment and replacement after an accident or trauma injury, subject to clinical entry criteria. Where the clinical entry criteria are met, cover for dental appliances and prosthesis and their placement are paid up to an annual limit of R70,800 per person per year. **Essential Smart, Essential Dynamic Smart, and Active Smart Plans** This benefit is not available on these plans.
Orthognathic Surgery (Jaw Realignment Surgery) **Classic Smart Plan** You need to pay a portion of your hospital or day clinic account upfront (deductible) for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). We cover: • The remaining hospital costs from your Hospital Benefit, up to 100% of the DHR. • Anaesthetists are covered up to 200% of the DHR. • You must pay all codes related to the orthognathic surgery procedure directly. All other codes are paid from your Hospital Benefit, up to 100% of the DHR. **Essential Smart, Essential Dynamic Smart, and Active Smart Plans** Orthognathic surgery is not covered.
Dental Appliances and Orthodontic Treatment For all Smart Plan options: • You must pay for all dental appliances, orthodontic treatment, and their placement, including accounts linked to orthognathic surgery. • If the treatment is approved under the Basic Dental Trauma Benefit on the Classic Smart Plan, we will pay these costs from your Hospital Benefit, up to R70,800 per person per year.
Basic Dental Treatment in the Dentist's Rooms All Smart Plan members are covered for one defined dental check-up per year for each member. This includes: • A dental consultation • Two bitewing X-rays • Scale and polish • Fluoride treatment A co-payment applies: • R130 on the Classic Smart Plan • R195 on the Essential Smart, Essential Dynamic Smart and Active Smart plans

SMART SERIES
We cover the balance of the cost up to the Discovery Health Rate (DHR). If your dentist charges more than the DHR, you may need to pay the difference.

CORE SERIES
Cover for Severe Dental and Oral Surgery If you need treatment for a serious dental or oral health condition, you have access to the Severe Dental and Oral Surgery Benefit. This benefit covers a defined list of procedures in full, with no upfront payment and no overall limit. To ensure your cover is in place, please get authorisation at least 48 hours before your admission. Simply call us on 0860 99 88 77 and we'll guide you through the process. This benefit is subject to authorisation, the rules of the Scheme, and your chosen health plan.
Network Rules for Planned Hospital Admissions Classic Delta and Essential Delta Plans You are covered in full at private hospitals and day clinics in the Delta Hospital Network. • If you choose a hospital outside the network for a planned admission, you'll need to pay R11,100 upfront to the hospital. • This upfront payment does not apply in an emergency. Coastal Core Plan For planned hospital admissions, you must use an approved hospital in one of the four coastal provinces. • If you are treated at a hospital outside these provinces, we will pay up to 70% of the hospital account, and you'll need to pay the difference. • In an emergency, this rule does not apply.
Cover for Other In-Hospital Dental Treatment For dental procedures not covered under the Severe Dental and Oral Surgery Benefit, an upfront deductible will apply based on your age and the hospital or clinic you attend. This is the amount you need to pay upfront:

	HOSPITAL	DAY CLINIC
Member younger than 13 years	R3,470	R1,550
Member 13 years or older	R8,950	R5,750

We pay:

- The balance of the Hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).
- We pay related accounts, including your dental surgeon, up to 100% of the DHR.

SMART SERIES
• On Classic plans, anaesthetists are covered up to 200% of the DHR. **Routine Dental Care** If you're 13 years or older, you have to pay routine dental care like preventive treatments, fillings and root canals.

CORE SERIES
Basic Dental Trauma Benefit The Basic Dental Trauma Benefit offers cover for the sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment and replacement after an accident or trauma injury, subject to clinical entry criteria. Where the clinical entry criteria are met, cover for dental appliances and prosthesis and their placement are paid up to an annual limit of R70,800 per person per year.
Orthognathic Surgery (Jaw Realignment Surgery) You need to pay a portion of your hospital or day clinic account upfront (deductible) for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). We cover: • The remaining hospital costs from your Hospital Benefit, up to 100% of the DHR. • On Classic plans, anaesthetists are covered up to 200% of the DHR. • You must pay all codes related to the orthognathic surgery procedure directly. All other codes are paid from your Hospital Benefit, up to 100% of the DHR.
Dental Appliances and Orthodontic Treatment • You are responsible for paying the cost of all dental appliances, orthodontic treatment, and their placement (including related accounts for orthognathic surgery). • Where approved under the Basic Dental Trauma Benefit, the cost will be paid from your Hospital Benefit, subject to the annual limit of R70,800 per person per year.
Basic Dental Treatment in the Dentist's Rooms • Out-of-hospital dental costs are not covered, including routine visits, fillings, and cleanings. • You will need to pay these costs yourself.

KEYCARE SERIES
Cover for Severe Dental and Oral Surgery If you need treatment for a serious dental or oral health condition, you have access to the Severe Dental and Oral Surgery Benefit. This benefit covers a defined list of procedures in full, with no upfront payment and no overall limit. To ensure your cover is in place, please get authorisation at least 48 hours before your admission. Simply call us on 0860 99 88 77 and we'll guide you through the process. This benefit is subject to authorisation, the rules of the Scheme, and your chosen health plan.
Hospital Network Rules for Planned Admissions KeyCare Plus and KeyCare Core • You're covered in full at hospitals in the Full Cover Hospital Network. • If you use a Partial Cover Hospital, we'll pay up to 70% of the Discovery Health Rate (DHR) - and you'll need to pay the difference. • If you go to a hospital outside the network, you will need to pay in full for the l hospital costs. • These rules do not apply in an emergency. KeyCare Start and KeyCare Start Regional • You are fully covered at your chosen KeyCare Start or KeyCare Start Regional Network Hospital. • If you use any other hospital for a planned admission, you will need to pay the full cost of the admission. • In an emergency, this rule does not apply.
Other Dental Treatment in Hospital In-hospital dental treatment is not covered on KeyCare plans, except where approved under the Severe Dental and Oral Benefit
Basic Dental Trauma Benefit This benefit is not available on KeyCare plans.
Orthognathic Surgery (Jaw Realignment Surgery) Orthognathic surgery is not covered on any KeyCare plan.
Dental Appliances and Orthodontic Treatment • You are responsible for paying the cost of all dental appliances, their placements and orthodontic treatment (including the related accounts for orthognathic surgery).

KEYCARE SERIES
Basic Dental Treatment in the Dentist's Rooms KeyCare Plus, KeyCare Start, and KeyCare Start Regional You are covered for basic dental care at a dentist in the KeyCare dentist network. This includes: • Consultations • Fillings • Tooth removals Please note: Certain limits and rules may apply. KeyCare Core Out-of-hospital dental care is not covered. You will need to pay for any treatment done in a dentist's rooms yourself.

How to contact us

	Members can call us on 0860 99 88 77 Health partners can call us on 0860 44 55 66
	Go to www.discovery.co.za to get help from our chatbot, Ask Discovery.
	You can ask us a question by just saving the number 0860 75 67 56 on your phone and typing 'Hi' to start chatting with us 24/7.
	You can send us a letter to PO Box 784262, Sandton, 2146
	You can visit our offices at 1 Discovery Place, Sandton, 2196

We welcome any feedback about our service

We would love to hear if there's anything we can improve on or if we have exceeded your expectations. Your feedback helps us serve you better. To give us feedback, you can complete our short *Complaints and compliments form* on the right side of the Complaints, compliments or disputes page under **Contact us**.

What to do if you have a complaint

1. To take your query further

If you have already contacted Discovery Health Medical Scheme and feel that your query has not been resolved, you can take the next step. Please complete our short online *Complaints and compliments form.* It's on the right side of the Complaints, compliments and disputes page under section 1, Contact us**.**

2. To contact the principal officer

If you are still not satisfied with the outcome after following the process in Step 1, you can escalate your complaint to the principal officer of Discovery Health Medical Scheme by choosing one of these options:

- Complete our short online *Contact the principal officer form*. You'll find it on the right side of the Complaints, compliments and disputes page under section 2, Contact us.
- Send an email to principalofficer@discovery.co.za.

3. To lodge a dispute

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

4. To contact the Council for Medical Schemes

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You can contact the Council directly at any stage of the complaints process, but we encourage you to follow the steps above before doing so.

The contact details are:

	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 12 32 67
	www.medicalschemes.co.za

Your privacy matters to us

We take your privacy seriously. We're committed to protecting your personal information and keeping it safe and confidential. You can read our full privacy statement anytime at www.discovery.co.za > **MEDICAL AID** > **About Discovery Health Medical Scheme**.