Discovery
Health Medical Scheme

HOW WE PAY FOR MEDICINE ON THE SMART AND SMART SAVER PLANS

DISCOVERY HEALTH MEDICAL SCHEME
2026

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.

Overview

Members on the Smart and Smart Saver Plans, have full cover for approved chronic medicine on our medicine list for all Chronic Disease List (CDL) conditions. This means that when you use a designated pharmacy, you can get the medicine you need without worrying about out-of-pocket costs.

You also have access to certain prescribed and over-the-counter medicine through our designated service provider (DSP) network.

Your specific cover will depend on your plan type. To help you understand what's included, and how to access your medicine, we've made it simple to explore the details here:

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
Chronic Disease List (CDL)	This is a defined list of chronic conditions that we cover according to the Prescribed Minimum Benefits.
Chronic Illness Benefit (CIB)	The Chronic Illness Benefit covers medicine and treatment for a defined list of chronic conditions. You need to apply for the cover first.
Co-payment	This is an amount that you have to pay towards a healthcare service. The amount can vary, depending on the type of healthcare service, the place of service and whether the amount that the service provider charges is higher than the rate that 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	The day-to-day benefits are the available money allocated to your Personal Health Fund, Medical Savings Account, cover from the limited Above Threshold Benefit or defined benefits for day-to-day healthcare services.
Designated service provider (DSP)	This refers to a healthcare professional or provider (for example, a doctor, specialist, allied healthcare professional, pharmacy or hospital) who/that has agreed to provide Discovery Health Medical Scheme members with treatment or services at a contracted rate. To view the full list of designated service providers, visit www.discovery.co.za or click on 'Find a healthcare provider' on the Discovery Health app
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.
Medical Savings Account (MSA)	Medical Savings Account (MSA) 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.

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 and the Discovery Health app is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

TERMINOLOGY	DESCRIPTION
Prescribed Minimum Benefits (PMB)	In terms of the Medical Schemes Act 131 of 1998 and its Regulations, all medical schemes have to cover the cost related to the diagnosis, treatment and care of: • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions. The Council for Medical Schemes has set the following rules for how to access Prescribed Minimum Benefits: • Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions. • The treatment that you need must be provided for in the defined benefits. • You must use designated service providers in our network. This does not apply in emergencies. Where appropriate and in line with 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, we will pay up to 80% of the Discovery Health Rate. You will be responsible for the difference between what we pay and the actual cost of your treatment. If your treatment doesn't meet the above criteria, we will pay according to your plan benefits
Reference price	The Reference Price is the set amount that we pay for a medicine category. This applies for medicine that is not listed on the medicine list (formulary).

How you are covered for chronic medicine

If you've been diagnosed with a condition on the Chronic Disease List (CDL), you can apply to have your chronic medicine covered through the Chronic Illness Benefit. Once approved, you'll receive full cover for medicine on our approved list (formulary), provided you collect it from a pharmacy in our network.

If your doctor prescribes medicine that's not on our list, we'll still cover it up to the monthly reference price for that medicine category. You'll only need to pay the difference if there is one.

The latest Chronic Illness Benefit application form and full benefit guide are available on www.discovery.co.za:
Medical Aid > Find documents and certificates

Where to get your chronic medicine

You'll need to use one of our designated service providers (DSPs) pharmacies in the Discovery Health network to avoid any out-of-pocket costs. If you choose a pharmacy outside the network, a 20% co-payment will apply.

Find a network pharmacy on the Discovery Health app or at:
Medical aid > Find a healthcare provider
(on www.discovery.co.za)

How you are covered for chronic medicine

This benefit is not available on the Essential Smart, Essential Dynamic Smart and Active Smart plans.

If you are on the Classic Smart Plan

You have cover for cost-effective, generic schedule 3 and higher medicine prescribed by your Smart Network GP and collected from a network pharmacy, provided that the medicine is not on the exclusion list.

If your GP prescribes non-generic medicine, the pharmacy will suggest a clinically equivalent generic option keeping your medicine affordable while maintaining quality of care.

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 and the Discovery Health app is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

Your cover for acute (day-to-day) medicine is subject to an annual limit of R1,970 per person or R3,300 per family. Limits apply to approved schedule 3 and above medicine, prescribed by your Smart Network GP and obtained from a MedXpress Network Pharmacy.

Note: You do not have cover from your defined day-to-day benefits for medicine prescribed by a specialist or non-network GP, or for medicine on our exclusion list. We will pay these claims, and claims once you reach your limit, from the available funds in your Personal Health Fund (PHF) at 100% of the Discovery Health Rate,

If you are on the Classic Smart Saver Plan

You have cover for cost-effective, generic schedule 3 and higher medicine prescribed by your Smart Network GP and collected from a network pharmacy, provided that the medicine is not on the exclusion list.

If your doctor prescribes non-generic medicine, your pharmacist will recommend a more cost-effective generic option with the same therapeutic effect, helping you get the treatment you need, while managing costs responsibly.

Your cover for acute (day-to-day) medicine is subject to an annual limit of R1,970 per person or R3,300 per family. Limits apply to approved schedule 3 and above medicine, prescribed by your Smart Network GP and obtained from a MedXpress Network Pharmacy.

Note: You do not have cover from your defined day-to-day benefits for medicine prescribed by a specialist or non-network GP, or for medicine on our exclusion list. We will pay these claims, and claims once you reach your limit, from the available funds in your Personal Health Fund (PHF) or Medical Savings Account (MSA) at 100% of the Discovery Health Rate,

If you are on the Essential Smart Saver Plan

Prescribed day-to-day medicine is covered from the available funds in your Personal Health Fund (PHF) or Medical Savings Account (MSA) up to 100% of the Discovery Health Rate. You can get your prescribed medicine from any MedXpress Network Pharmacy, our designated provider.

You can get your prescribed day-to-day medicine at any MedXpress Network Pharmacy

The MedXpress Pharmacy Network is our designated service provider for prescribed day-to-day medicine on the Classic Smart and Classic Smart Saver Plan. You can use any MedXpress Network Pharmacy. Visit www.discovery.co.za under Medical Aid > Find a healthcare provider or click on Find a healthcare provider on the Discovery Health app to search for a MedXpress Network Pharmacy closest to you.

You are covered for over-the-counter medicine on these plans:

This benefit is available on the Smart and Smart Saver Plans

You have cover for over-the-counter medicine (schedule 0–2 medicine, excluding vaccines) when it is obtained from a MedXpress Network Pharmacy.

Where to get your over-the-counter medicine

MedXpress Network Pharmacies are our designated providers for OTC medicine on Smart Plans.
To make sure your medicine is covered, always choose a pharmacy in this network whether the medicine is prescribed.

Need help finding a network pharmacy?
Use the Discovery Health app or visit www.discovery.co.za: Medical Aid > Find a healthcare provider

Your annual cover limits for over-the-counter medicine

Each plan has a yearly limit for OTC medicine. Here's what your family is covered for each year:

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 and the Discovery Health app is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

PLAN	ANNUAL FAMILY LIMIT
Classic Smart / Classic Smart Saver	R905
Essential Smart / Essential Dynamic Smart / Essential Smart Saver	R605
Active Smart	R555

All OTC medicine, whether prescribed or not, counts toward your annual limit. Once you have reached your limit, we will pay any additional claims from the available funds in your Personal Health Fund (PHF) or Medical Savings Account (MSA), where applicable. An annual cover amount of R500 apply to OTC medicine funded from the Personal Health Fund.

The prescribed day-to-day medicine benefit on the Classic Smart Saver and Classic Smart Plans does not include the following:

CLASSIC SMART SAVER AND CLASSIC SMART PLANS PRESCRIBED DAY-TO-DAY (ACUTE) MEDICINE EXCLUSION LIST
• Medicines for chronic use • Contraceptives (this is covered as a separate benefit on Classic Smart Saver) • Sedatives and hypnotics • Anti-acne preparations • Urologicals, including erectile dysfunction drugs • Vitamins, minerals, essential fatty acids and probiotics • Vaccines • Unregulated products including homeopathic products • Any general Scheme exclusion. The above items may pay from the available balance in your Personal Health Fund with the exception of unregulated products including homeopathic products and any general Scheme exclusion. On the Classic Smart Saver Plan, we may also pay these from the available funds in your Medical Savings Account.

***Note**: This exclusion list above applies to prescribed day-to-day (acute) medicine for the Classic Smart Plan. You need to apply to have chronic medicine covered for your chronic condition. The most up to date Chronic Illness Benefit (CIB) application form is available on www.discovery.co.za under Medical Aid > Find documents and certificates. This is what you use for normal copy, introductions and paragraphs.*

Cover for contraceptive Medicine

Available on the Classic Smart Saver and Essential Smart Saver plans

You are covered for contraceptive medicine prescribed by your Smart GP and obtained from any pharmacy in our network up to a yearly limit of R2,600 per female beneficiary on the Classic Smart Saver and R2,200 per female beneficiary on the Essential Smart Saver Plan.

Cover for take-home medicine after hospitalisation

If you're discharged from hospital and your treating doctor prescribes medicine for you to take at home (also called TTO medicine), we may cover this from the available funds in your Personal Health Fund (PHF), Medical Savings Account (MSA), where applicable, or Prescribed Minimum Benefits for qualifying conditions.

For more details on PMB cover, visit:
www.discovery.co.za > Medical Aid > Find documents and certificates

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 and the Discovery Health app is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

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**.

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 and the Discovery Health app is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.