

SCREENING AND PREVENTION BENEFIT

DISCOVERY HEALTH MEDICAL SCHEME
2026





Overview

Your health journey matters to us and taking the first step starts with knowing where you stand today.

With the Screening and Prevention Benefit on your Discovery Health Medical Scheme plan, you have cover for a range of essential screening tests, including:

- A seasonal flu vaccination, available to members who are pregnant, registered for certain chronic conditions, healthcare professionals, and those older than 65 years.
- Up to two pneumococcal vaccines, helping to prevent serious respiratory infections, available to members registered on the Chronic Illness Benefit for cardiac failure or cardiomyopathy or for those older than 65 years.

These benefits are designed to support early detection, so that medical conditions can be identified and treated at the right time, often before symptoms even begin. This gives you the best chance at long-term, positive health outcomes.

What you need to know:

- Your day-to-day benefits won't be affected when you use this benefit.
- Clinical entry criteria may apply, and some tests have set frequency limits. If you need additional tests beyond these limits, they will be funded from your available day-to-day benefits, where applicable.
- Your tests and vaccinations must be referred and done by a registered healthcare professional, and in some cases, must be performed within our provider networks.
- The benefit does not cover the cost of related consultations, unless they relate to a Prescribed Minimum Benefit (PMB) diagnosis. Otherwise, these consultations are paid for from your available day-to-day benefits, where available.

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 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, at the Discovery Health Rate or a portion of it. The Comprehensive and Priority plans have a limited Above Threshold Benefit.
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.
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.
Emergency medical condition	An emergency medical condition may be referred to, simply, as an emergency. It is the sudden and, at the time, unexpected onset of a health condition that requires immediate medical and surgical treatment. Failure to give this medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or it would place the person's life in serious jeopardy. An emergency does not necessarily need you to be admitted to a hospital and you may be treated in casualty only. We may ask you for more information to confirm the emergency



TERMINOLOGY	DESCRIPTION
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)	<p>Available on the Executive, Comprehensive, Priority, Saver and Smart Saver plans</p> <p>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.</p> <p>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.</p> <p>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.</p>
Prescribed Minimum Benefits (PMB)	<p>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:</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>The Council for Medical Schemes has set the following rules for how to access Prescribed Minimum Benefits:</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 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. <p>If your treatment doesn't meet the above criteria, we will pay according to your plan benefits</p>

Tests covered by the Screening and Prevention Benefit

Your Screening and Prevention Benefit gives you access to certain screening tests that help identify health risks early when they're most treatable. These tests are paid for from this benefit and do not affect your day-to-day benefits.

However:

- Consultations and related costs are paid from your available day-to-day benefits, unless the screening is linked to a Prescribed Minimum Benefit (PMB) diagnosis.
- If you reach the frequency limit for a specific test, any further screening or preventive tests will be paid from your available day-to-day benefits, where applicable.



Important to know:

We'll pay for these services as long as:

- You use appropriately registered healthcare professionals, with a valid Board of Healthcare Funders (BHF) registration number (where applicable),
- The test or treatment has a valid tariff or NAPPI code, an appropriate ICD-10 diagnosis code, and a price.

This approach ensures your screening benefits are used effectively and in line with the clinical standards that keep you well protected.

TEST	COVER
Breast cancer screening	<p>Your Screening and Prevention Benefit covers breast cancer screening every two years, which may include a mammogram and/or breast ultrasound, paid up to the Discovery Health Rate (DHR).</p> <p>We know that some members may face a higher risk of developing breast cancer. If you're considered at high risk, you may qualify for annual screening and additional support, depending on your clinical profile.</p> <p>If you're at high risk, you may also have access to:</p> <ul style="list-style-type: none"> • A breast MRI scan • Once-off BRCA genetic testing (for members with a confirmed genetic risk) <p>You may be considered high risk if you have:</p> <ul style="list-style-type: none"> • A strong family history of breast cancer (first-degree relatives such as your mother, sister or daughter; or second-degree relatives like aunts, uncles, nieces, nephews, grandparents or grandchildren) • A known genetic predisposition (such as testing BRCA positive) • A personal history of breast cancer • Certain ethnic backgrounds, such as Ashkenazi Jews of Eastern or Central European descent, or Afrikaner women of Dutch descent <p>To check your risk online, you can use the My Breast Cancer Risk Calculator at www.discovery.co.za > Benefits and cover.</p> <p>We also encourage you to update your family medical history using our Family History Tool.</p>
Pap smear	<p>Your Screening and Prevention Benefit covers one liquid-based cytology or standard Pap smear every three years or one HPV DNA test every five years, up to the Discovery Health Rate (DHR).</p> <p>These tests are an important part of protecting your health; helping detect early changes that could lead to cervical cancer if left untreated.</p> <p>Additional cover if you're at high risk</p> <p>If you're considered at high risk, you qualify for an annual Pap smear, starting from the year of your abnormal test result.</p>



TEST	COVER
	<p>You're considered high risk if:</p> <ul style="list-style-type: none">• You've had an abnormal Pap smear result, or• You're registered on the HIV Care Programme
Human Papilloma Virus (HPV) test	<p>The Human Papilloma Virus (HPV) test is an alternative to a Pap smear and plays a key role in detecting early risks of cervical cancer.</p> <p>Through your Screening and Prevention Benefit, you're covered for:</p> <ul style="list-style-type: none">• One HPV test every five years, or• One HPV test every three years if you're registered on the HIV Care Programme <p>This cover is up to the Discovery Health Rate (DHR).</p> <p>You can choose either a Pap smear or an HPV test, and the respective frequency limits will apply.</p> <p>If you're at high risk</p> <p>If you've had an abnormal Pap smear result, you are considered high risk and will have access to yearly screening from the year of the abnormal test result. This ensures you get the ongoing care you need, when it matters most.</p> <p>Convenient self-sampling at no extra cost</p> <p>To make screening easier and more private, you can now access an HPV self-sampling kit from a:</p> <ul style="list-style-type: none">• Participating pharmacy;• GP; or• Pathology laboratory <p>There's no need for a doctor's referral, and you can complete the sample at home, in your own time. You can then drop it off at any participating collection point at no additional cost to you.</p>
Prostate-Specific Antigen (PSA) test	You are covered for one test per year, paid up to the Discovery Health Rate (DHR).
Seasonal flu vaccine	<p>You have cover for one seasonal flu vaccination each year, paid up to the Discovery Health Rate (DHR), if you are:</p> <ul style="list-style-type: none">• Pregnant• A registered healthcare professional• 65 years or older, or• Registered for one of the following chronic conditions:<ul style="list-style-type: none">• Asthma• Bronchiectasis• Cardiac failure• Cardiomyopathy• Chronic obstructive pulmonary disease (COPD)



TEST	COVER
	<ul style="list-style-type: none"> • Chronic renal disease • Coronary artery disease • Diabetes (type 1 or 2) • HIV <p>If you don't meet these criteria, you can still get your flu vaccine. It will be covered from your available day-to-day benefits, where applicable.</p>
Pneumococcal vaccine	<p>You have cover for up to two pneumococcal vaccine doses per lifetime, paid up to the Discovery Health Rate (DHR) if you meet the following criteria:</p> <ul style="list-style-type: none"> • You're 65 years or older, or • You're registered on the Chronic Illness Benefit for: <ul style="list-style-type: none"> • Cardiac failure; or • Cardiomyopathy <p>You need a prescription from your doctor to get this vaccine. Your cover includes:</p> <ul style="list-style-type: none"> • One Pneumococcal Conjugate Vaccine (PCV) dose, followed by • One Pneumococcal Polysaccharide Vaccine (PPSV) dose, given at least one year later <p>If you don't meet these criteria, you can still get the vaccines. The cost will be covered from your available day-to-day benefits, where applicable.</p>
HIV blood tests such as the Rapid, ELISA and Western blot	<p>You have access to an unlimited number of HIV screening tests, covered up to the Discovery Health Rate (DHR).</p>
Health Check for adults	<p>You're covered for one Health Check each year, at a pharmacy in our Wellness Network, paid up to the Discovery Health Rate (DHR).</p> <p>This check is a group of important health screenings, which includes:</p> <ul style="list-style-type: none"> • Blood glucose • Blood pressure • Cholesterol • Body Mass Index (BMI) • Weight assessment <p>These simple tests can help detect early signs of health risks and give you the chance to act early.</p> <ul style="list-style-type: none"> • If you choose to have more than one Health Check at a network pharmacy in a year, additional tests will be paid from your available day-to-day benefits, where applicable. <p>You're also covered for this benefit even if you are in a waiting period.</p>
Health Check for children	<p>As part of your cover, you have access to one child growth and development assessment per year at a pharmacy in our Wellness Network, paid up to the Discovery Health Rate (DHR).</p> <p>This assessment includes important health checks for your child, like:</p>



TEST	COVER
	<ul style="list-style-type: none"> • Weight • Height • Body Mass Index (BMI) • Blood pressure <p>These simple measurements help track your child's health and development, supporting early detection of any issues and giving you peace of mind as they grow.</p> <p>If you choose to do more than one assessment in a year, any additional tests will be paid from your available day-to-day benefits, where applicable.</p>
Health Check for seniors (over 65 years)	<p>If you're 65 years or older, you have cover for one falls risk assessment per year at a pharmacy in our Wellness Network, paid up to the Discovery Health Rate (DHR).</p> <p>This age-appropriate screening helps assess your risk of falling so that you can take proactive steps to stay mobile, confident, and independent. If you choose to have more than one screening in a year, any extra tests will be paid from your available day-to-day benefits, where applicable.</p> <p>Additional cover may apply</p> <p>Depending on your screening results and if you meet the Scheme's clinical entry criteria, you may also qualify for an additional assessment when referred to a Premier Plus GP.</p>
Bowel screening tests	<p>To support early detection of bowel cancer, members aged 45 to 75 have cover for one stool screening test every two years, paid up to the Discovery Health Rate (DHR).</p> <p>If you're considered at high risk</p> <p>You may qualify for additional colonoscopy screening if you have a personal or family (first-degree relative) history of:</p> <ul style="list-style-type: none"> • Colorectal cancer or advanced adenoma before age 60 • Polyposis syndromes, such as: <ul style="list-style-type: none"> • Adenomatous polyposis • Familial adenomatous polyposis • Sessile serrated adenomatous polyposis • Hereditary nonpolyposis colorectal cancer (HNPCC) • Peutz-Jegher syndrome • A positive stool screening test result <p>Easy, private self-sampling at no additional cost</p> <p>You can collect an easy-to-use self-sampling kit from a participating pharmacy, GP, or pathology laboratory and return it to the same location when you're ready.</p> <ul style="list-style-type: none"> • No doctor's referral is needed • You can complete the test in the privacy of your home • There is no additional cost to you • Cover is still subject to the Screening and Prevention Benefit rules



You also have access to a mental wellbeing assessment per year. You can find out more about this screening and the benefits you have access to on the Mental Health Care Programme benefit guide on www.discovery.co.za > Medical aid > Find documents and certificates.

Important things to remember

To ensure your screening tests and vaccinations are covered, they must be:

- Referred and performed by a registered healthcare professional, and
- Done at a provider in our Wellness Network, where applicable.

Please note:

- The Screening and Prevention Benefit does not cover the cost of consultations linked to the screening tests. These consultations will be paid from your available day-to-day benefits, unless they are related to a Prescribed Minimum Benefit (PMB) diagnosis.
- If your healthcare provider charges more than the Discovery Health Rate (DHR) or is not part of our Wellness Network, you may need to pay the difference between what was charged and what we cover.

What you need do to find a healthcare provider

- To find a pharmacy in our Wellness Network or a GP in the Premier Plus Network, visit www.discovery.co.za under Medical aid > Find a healthcare provider or click on Find a healthcare provider in the Discovery Health app.
- Have the tests at a registered healthcare professional and make sure your pathology and radiology tests have been appropriately referred. You can visit any pathologist or radiologist to have the tests done.

Enrich your everyday cover

Managing your health may come with additional costs. The [Personal Health Fund](#) helps you stretch your day-to-day benefits further.



It pays to take care of your health

Build your **Personal Health Fund** by **up to R500** every time you complete your recommended health actions on your **Personal Health Pathway**.

Use your fund for eligible day-to-day medical expenses like GP and dentist visits.

[LEARN MORE](#)



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**.