

2 KEYCARE PLUS

%360°



FOR STUDENTS

KeyCare Plus 360° for students

KeyCare Plus 360° for international students gives you the quality healthcare you need. You get access to the broadest and best healthcare cover available. Let us take care of your healthcare needs while you focus on your studies.



Unlimited private hospital cover



Unlimited GP visits



Specialist benefit



Dentistry



Eye care



One month's contribution of R1,652 back if you go home at any time of the year.



360° for students is a promotional marketing name for KeyCare Plus that is registered with the Council for Medical Schemes provided by Discovery Health Medical Scheme under the KeyCare Plus option for international students. The benefits explained in this brochure are provided by Discovery Health Medical Scheme, registration number 1125. It 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. This brochure is only a summary of the key benefits and features of the plan. When reference is made in this brochure to 'we' in the context of benefits, members, payment or cover, it refers to Discovery Health Medical Scheme.

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Key features

Let us take care of your healthcare needs while you focus on your studies





Hospital cover

There is no overall hospital limit in our KeyCare Hospital Networks.

You have full cover in the Full Cover Hospital Network, and up to 70% of the Discovery Health Rate in the Partial Cover Hospital Network.



Cover for emergencies

In an emergency, you are covered at any private hospital in South Africa. If it is not an emergency, you are covered at any hospital in the KeyCare Hospital Networks. If you do not go to a KeyCare network hospital for planned admissions or you will have to pay the claim.



MRI and CT scans

When an MRI or CT scan is related to your approved hospital admission, we pay for it from the Hospital Benefit. If it is not, we pay for it from your allocated Specialist Benefit cover. We do not pay for MRI and CT scans that are related to conservative back or neck treatment.



Day-today benefits



GP visits

You have unlimited cover for medically appropriate GP consultations. When joining, you must nominate a GP from the KeyCare GP Network. You must go to your nominated GP for us to cover your consultations, including some minor procedures. Preauthorisation is required after your 15th GP visit.



Eye care

We cover one eye test per person every two years, but you must go to an optometrist in the KeyCare Optometry Network. The optometrist will have a specific range of glasses which you can choose from. You can get a set of contact lenses instead of glasses if you choose to. You can get new glasses or contact lenses every 24 months.



Day-to-day medicine

We pay for medicine from our medicine list up to 100% of the Discovery Health Rate (DHR) if it is prescribed or dispensed by your nominated Network GP.



Blood, urine and other fluid and tissue tests

We pay for a list of blood, urine and other fluid and tissue tests from a network GP. Your nominated network GP must ask for these tests by filling in a KeyCare pathology form. Claims are covered up to 100% of the Discovery Health Rate (DHR).



Dentistry

We cover your consultation, fillings and tooth removals at a dentist in our dentistry network. Certain rules and limits may apply.



Casualty visits

You have cover for one casualty visit per person per year at any casualty unit at a hospital in the KeyCare network. You must pay the first R475. You need to get preauthorisation for a casualty visit.



Nurse-led consultations

Nurse-led consultations at a network provider, with or without video call consultations with a General Practitioner, and referral for a face-to-face consultation, where needed. When referred by the nurse. This is limited to one consultation per person per year. We will cover the GP visit, selected blood tests, X-rays, and medicine on our medicine list if requested by the GP.



Basic X-rays

We pay for a list of basic X-rays at a network provider. Your nominated network GP must ask for the X-rays to be done.



Medical equipment

We cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg calipers, crutches and walkers on the medical equipment list, if you get them from a network provider. There is an overall limit of R6,050 per family per year.



Other benefits

to enhance your cover



Preventive screening

You can have screening tests, such as blood glucose, blood pressure, cholesterol and body mass index done at a Discovery network provider.



Specialist Benefit

You have access to specialist cover of up to R5,300 on your plan. Your nominated network GP must refer you to a specialist and you need a reference number from us before your consultation with the specialist. If you need to see a maxillofacial surgeon, periodontist, ophthalmologist or a specialist for maternity care, you do not need a referral from your GP or a reference number from us. Out-ofhospital MRI and CT scans are paid up to the Specialist Benefit limit. Claims are covered from the Specialist Benefit at the agreed rate or up to 100% of the Discovery Health Rate (DHR) for specialists who we do not have a payment arrangement with.



Prenatal and postnatal care

You have cover for up to five prenatal or postnatal classes or consultations with a registered nurse for up to two years after birth.



Cover for chronic illness, cancer and HIV

We only cover medicine for chronic conditions if that medicine is on the medicine list. We need to approve your application before we cover your condition from the Chronic Illness Benefit.

Your chosen GP must prescribe the approved chronic medicine.



Cover for cancer

We cover cancer treatment on the Oncology Care Programme.



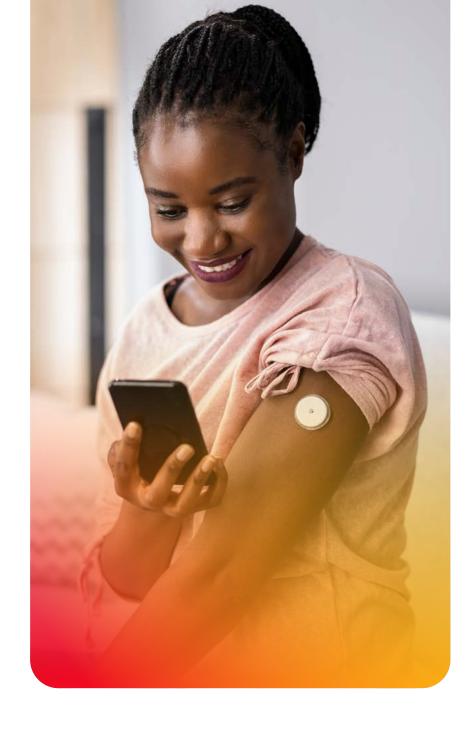
Cover for HIV and AIDS

When you register for our HIV Care Programme, you are covered for the allinclusive care you need.



One month's contribution back in cash

You qualify for one month's contribution of R1,652 back if you go home for any month in the year and you have paid your 12 months, contributions upfront. On renewal of your membership in January we will pay your December contribution back to you.





Additional unique benefits

Additional unique benefits is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.



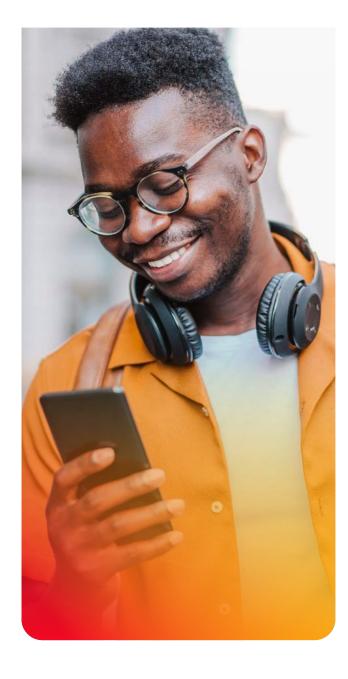
Repatriation of mortal remains

If you pass away in South Africa, we will pay to have your mortal remains taken back to your country.



International travel cover

You are covered for up to R5 million for medical emergencies when travelling outside of South Africa.





Exclusions

Healthcare services that are not covered on your plan.

For a full list of exclusions, please visit www.discovery.co.za.

Hospital admissions related to:

- Dentistry
- Nail disorders
- Skin disorders, including benign growths and lipomas
- Investigations
- Functional nasal surgery
- Elective caesarean section, except if medically necessary
- Surgery for oesophageal reflux and hiatus hernia
- Back and neck treatment or surgery
- Knee and shoulder surgery
- Arthroscopy
- Joint replacements, including but not limited to hips, knees, shoulders and elbows
- Cochlear implants, auditory brain implants and internal nerve stimulators (this includes procedures, devices, processors and hearing aids)
- Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary

Endoscopic procedures (in hospital or somewhere else that is used in the place of hospital treatment) except for:

- Emergency PMB conditions
- PMB conditions (including oncology) according to approved baskets of care.
- Procedures for children under the age of 12.
- Correction of hallux valgus (bunion) and Tailor's bunion (bunionette)
- Removal of varicose veins
- Refractive eye surgery
- Non-cancerous breast conditions
- Healthcare services outside South Africa
- Tonsillectomies, myringotomies and adenoidectomies



What you need to do to get the most out of this plan

To get the most out of this plan, you must:



Always keep your membership card with you as it identifies you as a member and lets you access your benefits



Always use your chosen GP and hospitals in our networks as necessary



Check with your GP that your medicine is on our medicine list and other treatment and tests are on the list of covered services.



In an emergency, you can go to any private hospital. For a planned procedure, you need to go to a KeyCare network hospital and call us to confirm your benefits before you are admitted



Applications

To process your applications, we will need your details, including

- Passport number
- Student number
- Physical or postal address and contact details in South Africa
- South African banking details for cash we must payback
- Next of kin in your country of residence



Complaints

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

We hold your privacy in the highest regard. Our unwavering commitment to protecting your personal information and ensuring the security and confidentiality of your data is clearly outlined in our Privacy Statement.

What to do if you have a complaint:



01 | To take your query further

Call us on 0860 99 88 77 to see how we can solve your query. If you have already contacted Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations.



02 | To contact the principal officer

If you are still not satisfied with the resolution of your complaint after following the process in step 1 you can escalate your complaint to the principal officer of Discovery Health Medical Scheme. You can lodge a query or complaint with Discovery Health Medical Scheme by completing the online form at www.discovery.co.za or by emailing principalofficer@discovery.co.za.



03 | To lodge a dispute

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you can lodge a formal dispute. You can find more information on the Scheme's disputes process on our website at www.discovery.co.za.



04 | To contact the Council for Medical Schemes

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes (CMS). You can contact the CMS at any stage of the complaints process but we encourage you to follow the steps above to resolve your complaint before contacting the CMS directly. These are the contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157

Email address: complaints@medicalschemes.co.za

Customer care centre: 0861 123 267
Website: www.medicalschemes.co.za

Download the Discovery Health app



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