The Discovery Health Hospital Benefit will cover you, if you are admitted to hospital and Discovery Health has confirmed your admission and treatment for a planned procedure.

Members must obtain pre-authorisation. In the event of a planned procedure, contact Discovery Health 48 hours before the hospital admission to obtain a pre-authorisation number. Should you not contact Discovery Health for pre-authorisation before a planned event, Discovery Health will only pay 70% of the costs that they would normally cover.

In an emergency, go straight to hospital but ensure that either you or a family member calls Discovery Health within 12 hours of admission.

**What is a medical emergency?**
A medical emergency is the sudden, unexpected onset of a health condition that needs immediate medical or surgical treatment. If this treatment is not provided, the person's life would be at risk or it may result in serious impairment or dysfunction of an organ or a body part, or would place the person's life in serious jeopardy in line with the Scheme’s rules.

**How is casualty covered?**
If you are admitted to hospital from the casualty unit, Discovery Health will cover the costs of the visit to the casualty unit from your Hospital Benefit, however you will need to obtain pre-authorisation from Discovery Health. If you go to the casualty unit and you are not admitted to hospital, Discovery Health will pay the cost according to your health plan.

<table>
<thead>
<tr>
<th>Executive, Comprehensive and Priority Plans</th>
<th>Paid from available Medical Savings Account and Above Threshold Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saver Series</td>
<td>Paid from available Medical Savings Account</td>
</tr>
<tr>
<td>Core Series</td>
<td>No Medical Savings Account available on the Core Series, therefore costs are for your own account</td>
</tr>
<tr>
<td>KeyCare Plus</td>
<td>If you visit a casualty at one of the KeyCare network hospitals, you have to pay the first R185 of the casualty account.</td>
</tr>
<tr>
<td>KeyCare Core</td>
<td>Casualty visits are not covered</td>
</tr>
</tbody>
</table>
What is covered in hospital?
Once your hospital admission is confirmed, Discovery Health might not pay for the treatment in full. Your cover follows the scheme rules, funding guidelines and clinical rules. Some expenses you incur while in hospital, may not be covered by the scheme, such as private ward cover. Certain procedures, medicines or new technologies need extra benefit confirmation while in hospital and others may incur a co-payment such as Scopes, MRI and CT scans or Dental Treatment.

How will Discovery cover the cost of your healthcare professionals?
Your healthcare professional’s accounts are separate from the hospital account. These may include a surgeon, anaesthetist, pathologist or radiologist. Should these healthcare professionals charge the Discovery Health rate, they will be re-imburased directly. However, should they charge more than the Discovery Health rate, you’ll be re-imburased and will be liable to pay the provider directly. If your specialist agreed to charge the Premier Rate, Discovery Health will pay the specialist directly.

Specialists who charge the Premier Rate
If you use a specialist who charges the Premier Rate, you will not have to pay the difference between what the specialist charges and what Discovery Health pays. The Premier Rate is where Discovery Health has agreed to pay the specialist directly. You’ll always be charged the scheme’s agreed rate.

On the Classic Plans, you have a wider group of specialists to consult with and still have full cover. These specialists charge the Classic Direct Rate. We pay these specialists directly so you don’t have to pay anything if you see them as part of an approved hospital admission. If you don’t go to a specialist that charges the Premier Rate or the Classic Direct Rate, your Health Plan will decide the amount that Discovery Health will pay for your related in hospital claims:

Executive Plan – Up to three times the Discovery Health Rate (300% of the Discovery Health Rate)
Classic Plan – Up to twice the Discovery Health Rate (200% of Discovery Health Rate)
Essential, Coastal and KeyCare Plan – Up to the Discovery Health Rate (100% of Discovery Health Rate)

Must I use a specific hospital?
If you selected a Delta, Coastal or KeyCare Plan you must use a hospital within the network. Members on the Delta plans may use hospitals outside the Delta Network. This will be subject to a deductible payment of R4 550 upfront to the hospital. On a Coastal Plan, you must go to a hospital in one of the four coastal provinces for a planned hospital admission. If you don’t use a hospital in a coastal province, Discovery Health will only pay a maximum of 70% of the hospital account. You will have to pay the difference. Members participating in KeyCare plans must use a hospital within the Keycare Network or they will have no benefit. In the case of an emergency, members will be taken to the nearest facility, stabilised and then transferred to a hospital within the network of hospitals.

For further assistance in understanding your hospital benefits, please contact us or alternatively, Discovery Health.

Kind Regards
Your Alexander Forbes Health Team