Your health is in good hands.

The benefits explained in this brochure are provided by Discovery Health Medical Scheme, registration number 1125, 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 Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical Schemes. In all instances, Discovery Health Medical Scheme Rules prevail. Please consult the Scheme Rules on www.discovery.co.za. When reference is made in this brochure to “we” in the context of benefits, members, payments or cover, this refers to Discovery Health Medical Scheme. Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07, an authorised financial services provider.
We are continuously improving our communication to you. The latest version of this guide as well as detailed benefit information is available on www.discovery.co.za.
Only Discovery Health Medical Scheme gives you complete peace of mind that your healthcare is in good hands at every stage of your health journey.

**Widest range of plans to choose from**
Choose from 23 health plan options which all offer unmatched benefits with unlimited private hospital cover and full cover in our networks.

**Most affordable contributions**
Contributions that are on average 16.2% lower than other South African medical aids.

**Unique benefits and services**
That further enhance your cover.

**World-class service**
To help you whenever you need it.

**Internationally recognised**
In a global study by Deloitte, Discovery Health Medical Scheme has been ranked as one of the top three health insurers in the world since 2008, based on financial security, contribution levels, membership and innovation.

**LOVED BY CONSUMERS**
Sunday Times top brands winner 2016.

**Access to the most advanced digital health technology**
Seamless support for you and your doctors.

**Access to care programmes and services**
To support you when you need it most.

**Access to the world’s leading science-based wellness programme, Vitality**
Because it’s never too early or too late to get healthy.

**Most affordable contributions**
Contributions that are on average 16.2% lower than other South African medical aids.

**Extensive networks of high quality doctors, hospitals and pharmacies**
To ensure you get the best healthcare at the most affordable cost.

**Widest range of plans to choose from**
Choose from 23 health plan options which all offer unmatched benefits with unlimited private hospital cover and full cover in our networks.

**We exist for our members**

*Vitality is not part of Discovery Health Medical Scheme. Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd. Registration number 1999/007736/07, an authorised financial services provider.*
Industry-leading digital health technology to support you at every stage of your health journey

Manage your healthcare and health plan anywhere, anytime

Track your claims and benefits in real time
- Submit and track your claims
- Track your benefits and medical spend
- View approved chronic conditions

Hassle-free hospital admissions
- Plan and authorise hospital admissions
- View information on hospital procedures
- Check in online for hospital admissions at selected hospitals

Order your medicine through MedXpress
- You have full cover with no co-payments for chronic medicine on our medicine list
- You can re-order your chronic medicine when it’s convenient for you

Manage your health
- Access your health record and upload your health data
- Give your doctor consent to view your health record on HealthID
- Understand and manage your health risks with MyFamilyHistory
- Access progress dashboards for specific chronic conditions
- Manage your pregnancy and your baby’s health
- Find a healthcare professional in our network
Service available when you need it

- Use the Ask Discovery functionality on the website to get any question answered with a click of a button

Download key documents when you need them

- Download tax certificates and international travel documents
- Access your digital membership card

Connect with your doctors

When it’s simply not possible to see your doctor, there is trusted advice at your fingertips

Doctor advice. On your device

- Access trusted doctor advice on your device from over 100 000 doctors worldwide, including doctors in SA
- View your health goals and checklists
- Get doctor-created checklists to help you manage your chronic condition and pregnancy
- Connect with your doctor for follow-up consultations using video, voice or text consultation

Connecting you with your doctors anywhere, anytime
Key features

Benefits available on the Priority Series

- Unlimited cover in any private hospital
- Guaranteed full cover in hospital for specialists who we have a payment arrangement with, and up to 200% of the DHR on the Classic Plan and up to 100% of the DHR on the Essential Plan for other healthcare professionals
- Full cover for chronic medicine for all Chronic Disease List conditions
- A savings account and limited Above Threshold Benefit (ATB) for your day-to-day healthcare needs
- Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood
- Cover for medical emergencies when travelling
- Additional cover through the Day-to-day Extender Benefit (DEB) for GP consultation fees and kids casualty visits when your Medical Savings Account (MSA) runs out
- Unique access to DNA sequencing

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The Priority Series has two health plan options

The two plan options have differences in benefits as indicated below. All other benefits not mentioned in the table are the same across both plan options.

<table>
<thead>
<tr>
<th>Hospital cover</th>
<th>Classic</th>
<th>Essential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover for healthcare professionals in hospital</td>
<td>200% of the Discovery Health Rate (DHR)</td>
<td>100% of the Discovery Health Rate (DHR)</td>
</tr>
<tr>
<td>MRI and CT scans</td>
<td>If related to your admission, we pay 100% of the DHR from the Hospital Benefit. If not related to your admission or for conservative back and neck treatment, you have to pay the first R3 050 of the hospital account and we pay the first R2 750 of the scan from your day-to-day benefits. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR.</td>
<td></td>
</tr>
<tr>
<td>Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)</td>
<td>You must pay the first R3 900 of the hospital account and we pay the balance of the hospital account and related accounts from the Hospital Benefit. If done in the doctor’s rooms, you won’t have to pay an amount upfront. We pay the account from the Hospital Benefit.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day-to-day benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Savings Account</td>
</tr>
<tr>
<td>Day-to-day Extender Benefit</td>
</tr>
</tbody>
</table>
You get unlimited hospital cover

All Discovery Health Medical Scheme plans offer unlimited hospital cover. Your hospital cover includes the account from the hospital and the accounts from your admitting doctor, anaesthetist and any other approved healthcare professional.

Unlimited cover in private hospitals

For any planned or non-emergency admission, you need to contact us to confirm your admission.

Discovery HomeCare

Discovery HomeCare is a unique home-based nursing service that offers you quality care in the comfort of your own home when approved by your doctor as an alternative to a hospital stay when appropriate (see page 26)

Emergencies are covered in full

If you have an emergency, you can go straight to hospital. If you need medically equipped transport, call Discovery 911 on 0860 999 911.

How we cover your hospital and related accounts

We cover your hospital account from your Hospital Benefit.

Doctors, specialists and other healthcare professionals we have a payment arrangement with are covered in full for approved procedures in hospital. You benefit from access to the broadest range of specialists, which represent over 90% of our members’ specialist interactions. If you use healthcare professionals that we don’t have payment arrangements with, we will pay at the rate applicable to your chosen plan and you may have a co-payment.
Prescribed Minimum Benefit (PMB) conditions

In terms of the Medical Schemes Act 131 of 1998 and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- An emergency medical condition
- A defined list of 270 diagnoses
- A defined list of 27 chronic conditions

To access Prescribed Minimum Benefits, there are rules that apply:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions.
- The treatment needed must match the treatments in the defined benefits.
- You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However, even in these cases, where appropriate and according to 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 your treatment doesn't meet the above criteria, we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.

What is an emergency

An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person’s life in serious jeopardy.

An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.

What is the Discovery Health Rate (DHR)

This is a rate set by us at which we pay for healthcare services from hospitals, pharmacies and healthcare professionals.

Visit www.discovery.co.za to find hospitals or providers in our network.
Hospital cover

We cover you in hospital for emergency and planned hospital admissions

There is no overall limit for your hospital cover. This is how we cover your hospital account and accounts from your admitting doctor, anaesthetist or other approved healthcare professionals (related accounts).

<table>
<thead>
<tr>
<th>Hospital cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital account</td>
</tr>
</tbody>
</table>

**Upfront payments for in-hospital procedures:**
You need to pay an amount upfront to the hospital when one of the procedures listed below is performed during a hospital admission:

<table>
<thead>
<tr>
<th>Conservative back and neck treatment, adenoidectomy, myringotomy (grommets), tonsillectomy</th>
<th>R3 050</th>
<th>Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation</th>
<th>R7 300</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, cystoscopy</td>
<td>R3 900</td>
<td>Nissen fundoplication (reflux surgery), spinal surgery (back and neck), joint replacements</td>
<td>R15 000</td>
</tr>
</tbody>
</table>

If the procedure can be done out of hospital, for example in the doctor’s rooms, you won’t have to pay an amount upfront to the hospital. Please call us beforehand to confirm your benefits.

**Related accounts**

<table>
<thead>
<tr>
<th>Specialists we have a payment arrangement with</th>
<th>Full cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialists we don’t have a payment arrangement with and other healthcare professionals</td>
<td><strong>Classic</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Essential</strong></td>
</tr>
<tr>
<td>Radiology and pathology</td>
<td>100% of the Discovery Health Rate (DHR)</td>
</tr>
</tbody>
</table>
Healthcare services with an annual limit

Cochlear implants, auditory brain implants and processors
- R214 500 for each person for each benefit

Internal nerve stimulators
- R147 300 for each person

Shoulder joint prostheses
- There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R40 000 applies to each prosthesis.

Major joints surgery
- We cover planned hip and knee joint replacements in full when you use a provider in our network. If you go elsewhere, we will pay up to 80% of the DHR for the hospital account. A limit of R30 000 applies to each prosthesis for each admission. This network will not apply to emergency and trauma-related surgeries.

Alcohol and drug rehabilitation
- 21 days for each person

Spinal surgery
- There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R25 500 for the first level and R51 000 for two or more levels, limited to one procedure for each person each year.

Mental health
- 21 days for admissions or up to 15 out-of-hospital consultations for each person for major affective disorders, anorexia and bulimia, and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma.
- 21 days for all other mental health admissions. All mental admissions are covered in full at a network facility. If you go elsewhere, we will pay up to 80% of the DHR for the hospital account.

Chronic dialysis
- We cover these expenses in full if we have approved your treatment plan and you use a provider in our network.
- If you go elsewhere, we will pay up to 80% of the DHR.

Visit www.discovery.co.za to find providers in our network.
Severe dental and oral Surgery

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.

Other dental treatment in hospital

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.

We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the DHR. We pay the related accounts, which include the dental surgeon’s account, from your Hospital Benefit, up to 100% of the DHR. On the Classic Plan, we pay anaesthetists up to 200% of the DHR.

For members 13 and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment from your available day-to-day benefits.

Dental limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the DHR from your day-to-day benefits, up to an annual limit of R16 300 a person.

If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year. The overall Above Threshold Benefit (ATB) limit applies.

Amount you need to pay upfront for dental treatment

<table>
<thead>
<tr>
<th>Hospital</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 13</td>
<td>R2 200</td>
<td></td>
</tr>
<tr>
<td>13 and older</td>
<td>R5 650</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day clinic</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 13</td>
<td>R1 000</td>
<td></td>
</tr>
<tr>
<td>13 and older</td>
<td>R3 650</td>
<td></td>
</tr>
</tbody>
</table>
You get screening and prevention benefits

Preventive screening is important to ensure that medical conditions are detected early

As a Discovery Health Medical Scheme member, you have access to screening and prevention benefits at any one of our wellness providers

Screening for adults

The Screening and Prevention Benefit covers certain tests such as blood glucose, blood pressure, cholesterol, body mass index and HIV screening at one of our wellness providers.

We also cover a mammogram every two years, a Pap smear once every three years and a PSA test (prostate screening) each year.

Screening for kids

This benefit covers growth assessment tests, including height, weight, head circumference and health and milestone tracking at any one of our wellness providers.

How we pay

These tests and consultations do not affect your day-to-day benefits as they are paid from the Screening and Prevention Benefit. Consultations that do not form part of PMBs will be paid from your available day-to-day benefits.

You may qualify for the following additional tests:

- Rapid HbA1c glucose test
- Lipogram cholesterol test
- Breast MRI or mammogram and once-off BRCA testing for breast screening
- Pap smear for cervical screening
- Seasonal flu vaccine for members:
  - during pregnancy
  - 65 years or older
  - registered for certain chronic conditions

Clinical entry criteria may apply to some of these tests. Visit www.discovery.co.za to find out more.
Members living with a chronic illness get the best care at all times through our suite of quality care programmes.

Prescribed Minimum Benefit (PMB) conditions

You have access to treatment for a list of medical conditions under the Prescribed Minimum Benefits (PMBs). The PMBs cover the 27 chronic conditions on the Chronic Disease List (CDL).

Our plans offer benefits that are richer than the PMBs. Cover depends on the plan you choose. To access PMBs, certain rules apply (see page 11).

Chronic Illness Benefit (CIB)

The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions. You need to apply to have your medicine covered for your chronic condition.

Medicine cover for the Chronic Disease List

You get full cover for approved chronic medicine on our medicine list. For medicine not on our list, we cover you up to a set monthly rand amount called the Chronic Drug Amount (CDA).

How we pay for medicine

We pay for medicine up to a maximum of the Discovery Health Rate (DHR). The DHR for medicine is the price of the medicine and the fee for dispensing it.

Visit www.discovery.co.za to find out more about chronic medicine and to find a pharmacy network provider or MedXpress network pharmacy.
Chronic conditions we cover

<table>
<thead>
<tr>
<th>Chronic Disease List (CDL) conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addison's disease, asthma, bipolar mood disorder, bronchiectasis, cardiac failure, cardiomyopathy, chronic obstructive pulmonary disease, chronic renal disease, coronary artery disease, Crohn's disease, diabetes insipidus, diabetes Type 1, diabetes Type 2, dysrhythmia, epilepsy, glaucoma, haemophilia, HIV, hyperlipidaemia, hypertension, hypothyroidism, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, schizophrenia, systemic lupus erythematosus, ulcerative colitis</td>
</tr>
</tbody>
</table>

Where to get your medicine

Over 2 500 pharmacies

Get your monthly medicine through MedXpress, a convenient ordering and delivery service, or collect at a network pharmacy. Where we refer to MedXpress, it includes any MedXpress network pharmacy.

MedXpress

You can use any pharmacy in our pharmacy network.
You have access to **patient management programmes** to get the best care

**DiabetesCare and HIVCare**

Our DiabetesCare and HIVCare programmes, together with your Premier Plus GP, will help you manage your specific chronic conditions. A Premier Plus GP is a network GP who has contracted with us to provide you with high quality healthcare for your condition.

**DiabetesCare and HIVCare help you better manage your condition**

These programmes give you and your Premier Plus GP access to various tools to monitor and manage your condition and to ensure you get high-quality coordinated healthcare and the best outcomes.

You and your GP can track progress on a personalised dashboard displaying your unique management score for your condition. This helps to identify the next steps to optimally manage your condition and stay healthy over time.

The DiabetesCare programme also unlocks cover for additional services from dietitians and biokineticists. Any member registered on the Chronic Illness Benefit for diabetes can join the DiabetesCare programme.

When you register for our HIVCare Programme, you are covered for the care you need, which includes additional cover for social workers. You can be assured of confidentiality at all times. You need to get your medicine from a Designated Service Provider (DSP) to avoid a 20% co-payment.

You have to use a Premier Plus GP to manage your condition to avoid a 20% co-payment.

**CompassionateCare**

The CompassionateCare Benefit gives you access to holistic home-based end-of-life care up to R57 000 for each person in their lifetime.

Visit [www.discovery.co.za](http://www.discovery.co.za) to find a GP and to get more information on these patient management programmes.
OncologyCare

We cover the first part of your approved cancer treatment over a 12-month cycle in full.

We cover the first R200 000. If your treatment costs more than the cover amount, you will need to pay 20% of the subsequent additional costs. Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full.

If you are diagnosed with cancer and once we have approved your cancer treatment, you are covered by the OncologyCare Programme

All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). You might have a co-payment if your healthcare professional charges above this rate.

Advanced Illness Benefit

Members with cancer have access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home.
You get comprehensive maternity and post-birth benefits

During your pregnancy

Antenatal consultations
You are covered for 8 visits at your gynaecologist, GP or midwife

Ultrasound scans and prenatal screening
You are covered for up to two 2D ultrasound scans. 3D and 4D scans are paid up to the rate we pay for 2D scans. You are also covered for one nuchal translucency or Non-Invasive Prenatal Test (NIPT)

Blood tests
A defined basket of blood tests per pregnancy are included in the maternity benefit

For two years after birth

GP and specialist visits
Your baby is covered for up to two visits with a GP, paediatrician or an ENT

Six week consultation
You are covered for one six week post-birth consultation with a midwife, GP or gynaecologist

Nutrition assessment
You are covered for one nutrition assessment with a dietitian

Mental health
You are covered for up to two mental health consultations with a counsellor or psychologist

Lactation consultation
You are covered for one lactation consultation with a registered nurse or lactation specialist

These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the Discovery Health Rate. This cover does not affect your day-to-day benefits and depends on the plan you choose. Benefits will be activated when your pregnancy profile is created in the Discovery app, on our website www.discovery.co.za, when you preauthorise your delivery or when you register your baby onto the Scheme. These benefits are available from 2018 per pregnancy per child up to two years after birth.
You get cover for day-to-day medical expenses

Medical Savings Account (MSA)

We pay your day-to-day medical expenses such as GP and specialist consultations, medicine, except for registered and approved chronic medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year.

When you run out of MSA, you will have to pay for some healthcare expenses from your pocket before you reach your Annual Threshold. This is called the Self-payment Gap (SPG).

Day-to-day Extender Benefit (DEB)

Use a network GP on HealthID who meets the digital criteria to access the Day-to-day Extender Benefit (DEB), and get full cover for GP consultation fees. You also have cover for two kids casualty visits, for each child under the age of 10 years.

Above Threshold Benefit (ATB)

Once the claims you have sent to us add up to the Annual Threshold, we pay the rest of your claims from the limited Above Threshold Benefit (ATB), at the DHR or a portion of it.

Maternity and early childhood benefits

You have cover for comprehensive healthcare services for maternity and early childhood paid for by the Scheme. These benefits will not affect your day-to-day benefits.
Day-to-day cover

We cover your day-to-day healthcare expenses from your MSA, DEB or limited ATB

When you claim, we add up the following amounts to get to the Annual Threshold

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialists we have a payment arrangement with</td>
<td>Up to the agreed rate</td>
<td></td>
</tr>
<tr>
<td>Specialists we don't have a payment arrangement with</td>
<td>100% of the DHR</td>
<td></td>
</tr>
<tr>
<td>GPs and all other healthcare professionals</td>
<td>100% of the DHR</td>
<td></td>
</tr>
<tr>
<td>Preferred medicine</td>
<td>100% of the DHR</td>
<td></td>
</tr>
<tr>
<td>Non-preferred medicine</td>
<td>75% of the DHR</td>
<td></td>
</tr>
</tbody>
</table>

We also pay these amounts when you reach your Above Threshold Benefit (ATB). Over-the-counter medicine, vaccines, immunisations and lifestyle-enhancing products do not add up to your Annual Threshold and are not paid from your Above Threshold Benefit (ATB). We add up the amount to the benefit limit available. If the claimed amount is less than the DHR, we will pay and add the claimed amount to the Annual Threshold. Claims paid from your Day-to-day Extender Benefit (DEB) will not accumulate to the Annual Threshold.

Some day-to-day healthcare services have limits. These are not separate benefits. Limits apply to claims paid from your MSA, DEB (where applicable), claims paid from your pocket and limited ATB. We pay day-to-day benefits up to the Above Threshold Benefit limit or up to the limit that applies below, whichever you reach first.

<table>
<thead>
<tr>
<th>Professional services</th>
<th>Single member</th>
<th>One dependant</th>
<th>Two dependants</th>
<th>Three or more dependants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allied, therapeutic and psychology healthcare services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(acousticians, biokineticists, chiropractors, counsellors, dietitians, homeopaths, nurses, physiotherapists, podiatrists, psychometrists, social workers, speech and language therapists and audiologists)</td>
<td>R6 750</td>
<td>R10 200</td>
<td>R12 700</td>
<td>R15 300</td>
</tr>
<tr>
<td><strong>Classic</strong></td>
<td>R10 200</td>
<td>R14 450</td>
<td>R18 700</td>
<td>R22 100</td>
</tr>
<tr>
<td><strong>Essential</strong></td>
<td>R6 750</td>
<td>R10 200</td>
<td>R12 700</td>
<td>R15 300</td>
</tr>
<tr>
<td><strong>Dental appliances and orthodontic treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td>R16 300 for each person</td>
</tr>
<tr>
<td><strong>Antenatal classes</strong></td>
<td></td>
<td></td>
<td>R1 670 for your family</td>
<td></td>
</tr>
</tbody>
</table>
## Appliances and equipment

**Optical**
* (includes cover for lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)

<table>
<thead>
<tr>
<th>Category</th>
<th>Single member</th>
<th>One dependant</th>
<th>Two dependants</th>
<th>Three or more dependants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classic</td>
<td>R18 600</td>
<td>R22 600</td>
<td>R27 200</td>
<td>R29 700</td>
</tr>
<tr>
<td>Essential</td>
<td>R13 250</td>
<td>R15 700</td>
<td>R18 550</td>
<td>R22 550</td>
</tr>
</tbody>
</table>

**External medical items**
* (eg. wheelchairs, crutches and prostheses)

<table>
<thead>
<tr>
<th>Category</th>
<th>Single member</th>
<th>One dependant</th>
<th>Two dependants</th>
<th>Three or more dependants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classic</td>
<td>R39 400</td>
<td>R37 000</td>
<td>R34 000</td>
<td>R31 000</td>
</tr>
<tr>
<td>Essential</td>
<td>R26 450</td>
<td>R25 000</td>
<td>R23 000</td>
<td>R21 000</td>
</tr>
</tbody>
</table>

**Hearing aids**

<table>
<thead>
<tr>
<th>Category</th>
<th>Single member</th>
<th>One dependant</th>
<th>Two dependants</th>
<th>Three or more dependants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classic</td>
<td>R19 000</td>
<td>R18 000</td>
<td>R16 500</td>
<td>R15 000</td>
</tr>
<tr>
<td>Essential</td>
<td>R13 500</td>
<td>R12 500</td>
<td>R11 500</td>
<td>R10 500</td>
</tr>
</tbody>
</table>

* If you join the Scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

**Medicine**

*Prescribed medicine* (schedule 3 and above)

<table>
<thead>
<tr>
<th>Category</th>
<th>Single member</th>
<th>One dependant</th>
<th>Two dependants</th>
<th>Three or more dependants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classic</td>
<td>R18 600</td>
<td>R22 600</td>
<td>R27 200</td>
<td>R29 700</td>
</tr>
<tr>
<td>Essential</td>
<td>R13 250</td>
<td>R15 700</td>
<td>R18 550</td>
<td>R22 550</td>
</tr>
</tbody>
</table>

**Over-the-counter medicine, vaccines, immunisations and lifestyle-enhancing products**

We pay these claims from the available funds in your Medical Savings Account (MSA). These claims do not add up to the Annual Threshold and are not paid from the limited Above Threshold Benefit (ATB).
You also get additional benefits that enhance your cover.
International second opinion services

Through your specialist, you have 50% cover for the cost of second opinion services from Cleveland Clinic for life-threatening and life-changing conditions.

International travel

You have cover of up to R5 million for each person on each journey for emergency medical costs while you travel outside of South Africa. This cover is for a period of 90 days from your departure from South Africa. We may cover you at equivalent local costs for elective treatment received outside of South Africa, as long as the treatment is readily and freely available in South Africa and it would normally be covered by your plan according to the Scheme Rules. Pre-existing conditions are excluded.

Africa evacuation cover

You have cover for emergency medical evacuations from certain sub-Saharan African countries back to South Africa. Pre-existing conditions are excluded.

Home-based care

Discovery HomeCare is a unique home-based service that offers you quality care in the comfort of your own home, with minimum disruption to your normal routine and family life. Cover includes postnatal care, end-of-life care, IV infusions (drips) and wound care. These services are paid from the Hospital Benefit, subject to approval.

Frames and lenses

Enjoy savings of 20% for frames and lenses at an optometrist in the network. Your discount is immediate at the point of sale.
Claims related to traumatic events

The Trauma Recovery Extender Benefit extends your cover for out-of-hospital claims related to certain traumatic events. Claims are paid from the Trauma Recovery Extender Benefit for the rest of the year in which the trauma occurred, as well as the year after the event occurred. You need to apply for this benefit.

Unique access to DNA sequencing and non-invasive prenatal testing

You have cover for the latest DNA analysis. We will cover the full cost of the test from your available day-to-day benefits and accumulate and pay 50% of the cost from the limited Above Threshold Benefit (ATB), where applicable.

For expecting mothers who meet the Scheme’s clinical entry criteria, we will cover non-invasive prenatal screening from your available maternity benefits at the agreed rate.

You can also use your MSA for newborn screening to detect metabolic disorders.
Contributions, MSA and Annual Threshold amounts

<table>
<thead>
<tr>
<th></th>
<th>Main member</th>
<th>Adult</th>
<th>Child*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contributions</strong></td>
<td></td>
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<tr>
<td>Classic</td>
<td>R3 214</td>
<td>R2 534</td>
<td>R1 286</td>
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<td>Essential</td>
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<td>R2 172</td>
<td>R1 103</td>
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<td><strong>Annual Medical Savings Account amounts</strong></td>
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<td>Classic</td>
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<td>Essential</td>
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<td><strong>Annual Threshold amounts</strong></td>
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<tr>
<td>All plans</td>
<td>R14 240</td>
<td>R10 670</td>
<td>R4 660</td>
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<tr>
<td><strong>Limited Above Threshold Benefit amount</strong></td>
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<tr>
<td>All plans</td>
<td>R12 080</td>
<td>R8 610</td>
<td>R4 170</td>
</tr>
</tbody>
</table>

* We count a maximum of three children when we calculate the monthly contributions, annual Medical Savings Account, Annual Threshold and Limited Above Threshold amounts.

** If you join the Scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.
General exclusions

Discovery Health Medical Scheme has certain exclusions. We do not pay for healthcare services related to the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits (PMBs). For a full list of exclusions, please visit www.discovery.co.za.

General exclusion list includes:

- Reconstructive treatment and surgery, including cosmetic procedures and treatments
- Otoplasty for bat ears, port-wine stains and blepharoplasty (eyelid surgery)
- Breast reductions or enlargements and gynaecomastia
- Obesity
- Frail care
- Infertility
- Wilfully self-inflicted illness or injury
- Alcohol, drug or solvent abuse
- Wilful and material violation of the law
- Wilful participation in war, terrorist activity, riot, civil commotion, rebellion or uprising
- Injuries sustained or healthcare services arising during travel to or in a country at war
- Experimental, unproven or unregistered treatments or practices
- Search and rescue
- Any costs for which a third party is legally responsible

We also do not cover the complications or the direct or indirect expenses that arise from any of the exclusions listed above, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits.

Waiting periods

If we apply waiting periods because you have never belonged to a medical scheme or you have had a break in membership of more than 90 days before joining Discovery Health Medical Scheme, you will not have access to the Prescribed Minimum Benefits during your waiting periods. This includes cover for emergency admissions.

If you had a break in cover of less than 90 days before joining Discovery Health Medical Scheme, you may have access to Prescribed Minimum Benefits during waiting periods.
Value-added offers
Exclusive access to value-added healthcare offers

Our members have exclusive access to value-added offers outside of the Discovery Health Medical Scheme benefits and rules that are not available to members of other open medical schemes.

Access to a separate wellness programme

You have the opportunity to join the world's leading science-based wellness programme, Vitality, which encourages you to get healthier. Not only is a healthy lifestyle more enjoyable, it is clinically proven that Vitality members live longer and have lower healthcare costs.

Savings on personal and family care items

You can sign up for HealthyCare, a separate offer that helps reduce your out-of-pocket spend on a vast range of personal and family care products at any Clicks or Dis-Chem.

Savings on stem cell banking and semen cryopreservation

You get an exclusive offer with Netcells that gives expectant parents the opportunity to cryogenically store their newborn baby's umbilical cord blood and tissue stem cells and semen preservation for potential future medical use at a discounted rate.

HealthyCare items include a list of baby care, dental care, eye care, foot care, sun care and hand care products, as well as first aid and emergency items and over-the-counter medicine.
Complaints

Discovery Health Medical Scheme is committed to providing you with 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.

Step 1  |  To take your query further

If you have already contacted the 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.

Step 2  |  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 are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by e-mailing principalofficer@discovery.co.za.

Step 3  |  To lodge a dispute

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme’s dispute process on the website.

Step 4  |  To contact the Council for Medical Schemes

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. 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 | complaints@medicalschemes.com | 0861 123 267 | www.medicalschemes.com