Your guide to Discovery Health’s KeyCare Series

Discovery Health
You have selected a plan in the KeyCare Series. There are two plans in the KeyCare Series – KeyCare Core and KeyCare Plus.

Please keep this information in a safe place for future reference.
Thank you for being part of Discovery Health

On behalf of Discovery Health, thank you for trusting us to look after your healthcare cover needs. It is a responsibility we take seriously and we are committed to giving you access to the best-quality, sustainable healthcare and to making a positive difference in your life.

To live up to our commitment, we offer you service, choice and benefits that give you peace of mind about your healthcare funding. The wide range of Health Plans lets you choose the healthcare cover that’s affordable and right for you.

Our goal is to make healthcare sustainable, now and into the future. That’s why we have created networks and payment arrangements with most healthcare providers, which help to close gaps in your cover. And while affordable healthcare is a priority, we never compromise on quality when it comes to giving you industry-leading benefits and support to manage chronic and other conditions through DiscoveryCare.

You will notice that we have introduced Benefit tips, giving you useful information to help you navigate your Health Plan, make the most of your benefits and remove any difficulty when it comes to understanding complex healthcare needs. The Benefit tips will guide you on your statements and when you use the website.

We look forward to giving you outstanding service and helping you maximise your cover in the year to come.

Regards

Neville Koopowitz
CEO: Discovery Health
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of benefits on the KeyCare Plan</td>
<td>3</td>
</tr>
<tr>
<td>Discovery Health Plan StarRater</td>
<td>4</td>
</tr>
<tr>
<td>Cover for medical emergencies</td>
<td>8</td>
</tr>
<tr>
<td>Hospital benefits</td>
<td>10</td>
</tr>
<tr>
<td>Cover for chronic conditions and oncology</td>
<td>16</td>
</tr>
<tr>
<td>Cover for additional benefits</td>
<td>18</td>
</tr>
<tr>
<td>Cover for day-to-day medical expenses</td>
<td>19</td>
</tr>
<tr>
<td>General exclusions</td>
<td>22</td>
</tr>
<tr>
<td>List of KeyCare hospitals and preferred casualty units</td>
<td>24</td>
</tr>
<tr>
<td>Important tips when claiming</td>
<td>27</td>
</tr>
</tbody>
</table>
Summary of the benefits available on the KeyCare Series

The **Hospital Benefit** covers you if you are admitted to a network hospital and Discovery Health has confirmed your admission and treatment. You have cover for a list of **chronic conditions** and cover for **cancer, HIV and AIDS**.

The **Screening and Prevention Benefit** covers a range of preventive healthcare services to keep you healthy.

The **KeyCare Plus Plan** offers more **day-to-day benefits** through a network of healthcare professionals.

You have full cover for the conditions and treatment defined by the **Prescribed Minimum Benefits** if you use our Designated Service Providers (our choice of hospital provider or healthcare professional) or medicine listed on our medicine list, if applicable. A Prescribed Minimum Benefit is the minimum amount of cover that any medical scheme must offer. In certain instances you may choose to seek treatment outside of our Designated Service Providers but you may have to pay the difference between what the healthcare professional charges and what Discovery Health pays.

---

**All our legal rules are available on request**

This brochure is only a summary of the benefits and features of the Discovery Health Medical Scheme Plans, pending formal approval from the Council for Medical Schemes. The rules of the Discovery Health Medical Scheme apply to your benefits. If you want to refer to the full set of legal rules on which this brochure is based, please email compliance@discovery.co.za

**Detailed information is available on www.discovery.co.za**

You can get detailed information on the benefits offered by your plan on www.discovery.co.za

**If you want to change your plan**

You can change to any other plan at the end of each year with effect from 1 January the following year, not during the year. Please speak to your financial adviser before you decide to change your plan.
The Discovery Health Plan *StarRater* is designed to help you see at a glance how your Health Plan’s cover rates or performs against other Discovery Health Plans. The *StarRater* compares the main benefit categories – in-hospital, day-to-day, chronic and oncology cover – provided on each of the Discovery Health Plans, so you can make informed decisions about your benefits and healthcare cover.

<table>
<thead>
<tr>
<th>Series</th>
<th>Plan</th>
<th>In-hospital cover</th>
<th>Out-of-hospital cover</th>
<th>Chronic and oncology cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive</td>
<td>Executive Plan</td>
<td>★★★★★</td>
<td>★★★★</td>
<td>★★★★</td>
</tr>
<tr>
<td>Comprehensive</td>
<td>Classic Comprehensive</td>
<td>★★★★★</td>
<td>★★★★</td>
<td>★★★★</td>
</tr>
<tr>
<td></td>
<td>Classic Delta Comprehensive network option</td>
<td>★★★★○</td>
<td>★★★★</td>
<td>★★★★</td>
</tr>
<tr>
<td></td>
<td>Essential Comprehensive</td>
<td>★★★★○</td>
<td>★★★★</td>
<td>★★★★</td>
</tr>
<tr>
<td></td>
<td>Essential Delta Comprehensive network option</td>
<td>★★★★○</td>
<td>★★★★</td>
<td>★★★★</td>
</tr>
<tr>
<td>Priority</td>
<td>Classic Priority</td>
<td>★★★★★</td>
<td>★★★★</td>
<td>★★★★</td>
</tr>
<tr>
<td></td>
<td>Essential Priority</td>
<td>★★★★○</td>
<td>★★★★</td>
<td>★★★★</td>
</tr>
</tbody>
</table>

See page 6 and 7 for a key to the *StarRater*
## Discovery Health Plan *StarRater*

<table>
<thead>
<tr>
<th>Series</th>
<th>Plan</th>
<th>In-hospital cover</th>
<th>Out-of-hospital cover</th>
<th>Chronic and oncology cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saver</td>
<td>Classic Saver</td>
<td>★★★★★</td>
<td>★★★★</td>
<td>★★★★</td>
</tr>
<tr>
<td></td>
<td>Classic Delta Saver network option</td>
<td>★★★★★</td>
<td>★★★★</td>
<td>★★★★</td>
</tr>
<tr>
<td></td>
<td>Essential Saver</td>
<td>★★★★★</td>
<td>★★</td>
<td>★★★★</td>
</tr>
<tr>
<td></td>
<td>Essential Delta Saver network option</td>
<td>★★★★★</td>
<td>★★</td>
<td>★★★★</td>
</tr>
<tr>
<td></td>
<td>Coastal Saver</td>
<td>★★★★★</td>
<td>★★★★</td>
<td>★★★★</td>
</tr>
<tr>
<td>Core</td>
<td>Classic Core</td>
<td>★★★★★</td>
<td></td>
<td>★★★★</td>
</tr>
<tr>
<td></td>
<td>Classic Delta Core network option</td>
<td>★★★★★</td>
<td></td>
<td>★★★★</td>
</tr>
<tr>
<td></td>
<td>Essential Core</td>
<td>★★★★★</td>
<td></td>
<td>★★★★</td>
</tr>
<tr>
<td></td>
<td>Essential Delta Core network option</td>
<td>★★★★★</td>
<td></td>
<td>★★★★</td>
</tr>
<tr>
<td></td>
<td>Coastal Core</td>
<td>★★★★★</td>
<td></td>
<td>★★★★</td>
</tr>
<tr>
<td>KeyCare</td>
<td>KeyCare Plus</td>
<td>★★★★★</td>
<td>★★</td>
<td>★★★★</td>
</tr>
<tr>
<td></td>
<td>KeyCare Core</td>
<td>★★★★★</td>
<td></td>
<td>★★★★</td>
</tr>
</tbody>
</table>

See next page for a key to the *StarRater*
## Discovery Health Plan *StarRater* key

### In-hospital cover
- ★: The blue star indicates that you have cover in any hospital. The number of stars refers to the level of cover you have in hospital.
- ★★: A circled star indicates that to get five-star cover in hospital, you need to use a provider in one of Discovery’s networks or payment arrangements – either a network hospital or a doctor participating in our direct payments arrangements, or both.

### Out-of-hospital cover

<table>
<thead>
<tr>
<th>All plans except KeyCare</th>
<th>To show the level of cover each plan offers for out-of-hospital and day-to-day benefits, we’ve added together the star-ratings for each of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>★</td>
<td>A Medical Savings Account equal to 15% of your total medical scheme contribution</td>
</tr>
<tr>
<td>★★★</td>
<td>A Medical Savings Account equal to 25% of your total medical scheme contribution</td>
</tr>
<tr>
<td>★</td>
<td>An additional star if the plan offers the Insured Network Benefit to extend your day-to-day cover</td>
</tr>
<tr>
<td>★</td>
<td>An additional star if the plan offers a limited Above Threshold Benefit</td>
</tr>
<tr>
<td>★★★</td>
<td>Two additional stars if the plan offers an unlimited Above Threshold Benefit</td>
</tr>
</tbody>
</table>

### KeyCare Plus
- ★★: Your plan offers cover in a network for certain day-to-day healthcare costs
Chronic Illness Benefit and oncology

You have cover for the conditions listed in the Prescribed Minimum Benefits, but you must use our Designated Service Provider to get your approved chronic medicines, or you will have a co-payment. You have full cover for medicines on our list – if you choose a different medicine, you have cover up to a monthly rand amount except on KeyCare Plans. You must use our Designated Service Provider for cancer treatment.

You have cover for the conditions listed in the Prescribed Minimum Benefits – you can get your approved chronic medicine from any provider. You have full cover for medicines on our list – if you choose a different medicine, you have cover up to a monthly rand amount.

You have cover for the conditions listed in the Prescribed Minimum Benefits, as well as for conditions on an additional disease list. You have full cover for medicines on our list – if you choose a different medicine, you have cover up to a higher monthly rand amount than on other plans. You also have higher cover for cancer treatment.

We want you to be sure the benefits you have available on your Health Plan meet your individual needs. We understand that it’s not possible to know exactly what your healthcare needs will be in the next year. You can however make sure you understand the benefits you have on the plan you choose and how this will cover you if you need the benefit.

Detailed explanations of our benefits are available on www.discovery.co.za
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 result in serious impairment or dysfunction of an organ or body part.

Cover for medical emergencies in South Africa

In a medical emergency, call Discovery 911 on 0860 999 911 – this number is displayed on your membership card and car sticker for easy reference. If you need medically equipped transport, for example an ambulance or helicopter for a medical emergency, we will cover the costs from your Hospital Benefit, whether you are admitted to hospital or not.

We will cover your emergency medical admission in full if it qualifies as a Prescribed Minimum Benefit in whatever hospital you are admitted to. Once you have been stabilised and if you are not being treated at a Designated Service Provider you have an option to be transferred to our Designated Service Provider or DSP (our choice of hospital provider or healthcare professional) for your cover to continue in full. You may choose to stay in the non-DSP hospital and have your claims paid according to your plan type or where benefits are not available, we will pay up to 60% of the Discovery Health Rate, you will be responsible for the balance.
Cover for HIV prophylactics

If you need HIV prophylactics to prevent HIV infection from mother-to-child transmission, occupational and traumatic exposure to HIV or sexual assault, call us immediately on 0860 99 88 77, as treatment must start as soon as possible.

Cover for going to casualty

If you are admitted to hospital from casualty, we will cover the costs of the casualty visit from your Hospital Benefit, as long as we confirm your admission.

If you are a KeyCare Plus member and you go to one of our preferred casualty units in the KeyCare network of hospitals, you pay the first R95 of the casualty unit account. The preferred casualty units are marked on the list of KeyCare network of hospitals listed on page 24 in the guide.

You can also visit other casualty units in the KeyCare network of hospitals, where you pay the first R210 of the casualty unit account.

Please note not all KeyCare hospitals have a casualty unit.

You must call us at the time of the emergency to confirm your benefits and get a reference number. If you do not call us, your accounts will not be covered.

KeyCare Core members do not have cover in a casualty unit.
Hospital benefits

We cover you in hospital for emergency and planned hospital admissions. In an emergency, go straight to hospital but call us or get someone to call us within 12 hours. For planned hospital admissions, please call us 48 hours before you go to hospital to confirm your admission. You will not have cover if you do not call us.

Important information about your hospital cover

Your hospital cover is made up of:

- the account from the hospital, and
- all other accounts, like accounts from your doctor, anaesthetist or other healthcare expenses.

There is no overall limit on your hospital cover. Limits, clinical guidelines and policies apply to some healthcare services and procedures.

How we cover the hospital account

The KeyCare Plans cover you in any hospital in the KeyCare network of hospitals. If you don’t use KeyCare network hospitals, you will need to pay your claims. This does not apply in an emergency.
Accounts from your doctor and other healthcare services

Your doctor or treating healthcare professional’s accounts are separate from the hospital account and are called related accounts. A related account is any account other than the hospital account. Examples of related accounts are accounts from the admitting doctor, anaesthetist and any approved healthcare expenses, like radiology or pathology, which you incur during your hospital stay.

What to do before you go to hospital

Before you go to hospital for any planned procedure, you must:

- see your doctor
- choose your admitting doctor who will decide if it is necessary for you to be admitted to hospital. Check whether your specialist participates in the KeyCare direct payment arrangement
- choose which hospital you want to be admitted to. You must choose one of the hospitals in the KeyCare network for planned hospital admissions. We cover your account for the hospital (which is the ward and theatre fees) at the rate agreed with the hospital
- choose your other healthcare professionals, for example your anaesthetist – see note under choosing admitting doctor
- Call us on 0860 99 88 77 to confirm your hospital admission at least 48 hours before you go in. We will give you information that is relevant to how we will pay for your hospital stay.

Remember, if you do not confirm your admission to hospital, we do not cover your hospital or related accounts.
Cover is subject to our rules

We pay medically appropriate claims. Your cover is subject to our scheme rules, funding guidelines and clinical rules.

There are some expenses that you may incur while you are in hospital that your Hospital Benefit does not cover, for example private ward costs. Certain procedures, medicines or new technologies need separate approval while you are in hospital.

You can find out more about our clinical rules and policies for cover at www.discovery.co.za/dowecover

Cover for Prescribed Minimum Benefits

For Prescribed Minimum Benefits, we pay hospital admissions for approximately 270 defined conditions in full if you have treatment at one of our Designated Service Providers (our choice of hospitals or healthcare professionals). If you do not use our Designated Service Provider you may have to pay the difference between what the healthcare professional charges and what Discovery Health pays.

A detailed description of how we pay for Prescribed Minimum Benefits is available on www.discovery.co.za

Benefit tips ...

- You must call us within 48 hours before any planned procedure
- You will be covered in full if you use doctors in KeyCare payment arrangements
- Go to “Do we cover” on www.discovery.co.za to find out more about our clinical rules and policies
- Some treatments you receive while in hospital may need separate approval or benefit confirmation
How we cover your healthcare professionals

Full cover for specialists participating in our payment arrangement
You can benefit by using healthcare professionals participating in the KeyCare direct payment arrangement because we will cover their approved accounts in full.

You may have a co-payment if you use other specialists
If you are treated in-hospital by any other specialist, we cover the accounts up to the Discovery Health Rate. If the specialist charges more than the Discovery Health Rate, you must pay the difference.

Other healthcare professionals
We cover GPs, radiology, pathology and other healthcare services up to 100% of the Discovery Health Rate.
Cover for investigations and dentistry

Scopes (gastroscopies, colonoscopies, sigmoidoscopies and proctoscopies)
We will cover your scope. Please phone us before going for it to confirm where the scope can be done.

A detailed explanation of how we cover scopes is available on www.discovery.co.za

MRI and CT scans
If your scan is related to an approved hospital admission we pay it from your Hospital Benefit. If it is not related to an approved hospital admission, we pay it from your Specialist Benefit up to R2 000 for each person. We do not pay for MRI or CT scans that are related to conservative back or neck treatment.

A detailed explanation of how we cover MRI and CT scans is available on www.discovery.co.za

Dentistry
We do not cover in-hospital dentistry on the KeyCare Plans.
Only the following healthcare services have a limit:

<table>
<thead>
<tr>
<th>Hospital limits</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health benefit</td>
<td>21 days for each person</td>
</tr>
<tr>
<td>Alcohol and drug rehabilitation</td>
<td>21 days for each person</td>
</tr>
<tr>
<td>Terminal care benefit</td>
<td>R16 950 for each person</td>
</tr>
<tr>
<td>Chronic dialysis</td>
<td>We cover these expenses in full as long as we have approved your treatment plan and you use a Designated Service Provider. The Designated Service Providers are state facilities or National Renal Care.</td>
</tr>
</tbody>
</table>
You have cover for chronic conditions, HIV and AIDS and cancer

Chronic Illness Benefit

Your cover for chronic conditions

On the KeyCare Plus Plan your chosen GP must prescribe your approved medicine. On the KeyCare Core Plan, any GP can prescribe your approved medicine.

You have cover for a list of chronic conditions as long as your medicine is on the KeyCare medicine list. You need to get your approved chronic medicine from one of our network pharmacies or from your chosen GP if he or she dispenses medicine. If you get your medicine anywhere else, you will need to pay 40% of the Discovery Health Medication Rate. When you choose chronic medicine that is not on our approved medicine list (formulary), you will need to pay the full amount.

We need to approve your application

We need to approve your application before we cover your condition from the Chronic Illness Benefit. To apply, get an application form on www.discovery.co.za. Complete the relevant application form with your doctor and send it to us. We will send you a letter detailing the cover available to you.

Benefit tips ...

- Use the Medicine Comparator on www.discovery.co.za to find medicines on our formulary and to compare your current medicines with alternatives
What we cover as a Prescribed Minimum Benefit

We cover the diagnosis, consultations and medicine for the conditions defined as chronic (including HIV and AIDS) according to the Prescribed Minimum Benefit treatment guidelines at one of our Designated Service Providers (our choice of hospitals and healthcare professionals). If you do not use our Designated Service Providers, you may have to pay the difference between what the healthcare professional charges and what Discovery Health pays.

Your cover for HIV and AIDS

For members who are living with HIV and AIDS, the HIVCare programme provides comprehensive disease management. We take utmost care to protect the right to privacy and confidentiality of our members.

For access to hospitalisation for conditions related to HIV, and antiretroviral therapy, you must enrol on the HIVCare programme.

Your cover for cancer treatment

We cover your cancer treatment in full if it is a Prescribed Minimum Benefit and you go to a cancer specialist in the Independent Clinical Oncology Network (ICON). Please call us to register on the Oncology Programme.
Cover for additional benefits

All KeyCare members have cover for the following benefits out of hospital:

Specialist Benefit
If you visit a specialist and you have a valid reference number from us, you will be covered up to R2 000 a year for each person. Before you visit a specialist your GP must confirm that you need to see a specialist and contact us for a reference number to refer you.

Please note that any x-rays, blood tests or medicine that you need during your specialist visit will add up to the R2 000 limit for each person.

Antenatal Benefit
The Antenatal Benefit covers you at the Discovery Health Rate for the following healthcare services while you are pregnant:
- four visits to a gynaecologist in a KeyCare network hospital
- one routine scan (between 10 and 20 weeks)
- selected antenatal blood tests requested by your gynaecologist.

Your GP must contact us before referring you to a gynaecologist. We will review the request and give your GP the reference number.

Screening and Prevention Benefit
If you go for certain preventive screening tests, we will cover the claim. The screening tests include the following group of tests: blood glucose, blood pressure, cholesterol and body mass index at a Discovery Wellness Network provider. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.
Cover for day-to-day medical expenses (available on KeyCare Plus only)

Cover for GP visits
When joining KeyCare Plus, each dependant must choose a GP from the KeyCare GP network. When you go to your chosen GP, we will cover your consultation and some minor procedures.

We will cover you for one out-of-network visit for each person; this includes a GP visit, with selected blood tests and x-rays and acute medicines (they must be on the KeyCare acute medicine list).

We also cover three after-hours visits for each person at your chosen GP.

Acute medicines
We pay for medicines on the KeyCare acute medicine list when they are prescribed or dispensed by your chosen KeyCare network GP.

Cover for dentistry
We cover selected basic dentistry (consultations, fillings and extractions) according to a treatment list and only at a dentist within the KeyCare dentist network. Crowns, bridges, braces, dentures and anything not on the approved treatment list are not covered.
Cover for eye care
We cover one eye test, one pair of clear single-vision, bifocal or multi-focal lenses with a basic frame or a basic set of contact lenses for each person every 24 months from your last claim. This cover is only available at an optometrist within the KeyCare optometry network. The network provider will give you a choice of specific frames, lenses or contact lenses. If you choose anything outside the offered range, you will have to pay an amount to the network provider (the balance of the account).
You do not have cover for tinting, hard coating and sunglasses.

X-rays and blood tests
We pay for selected basic x-rays and blood tests only if they are requested by your chosen KeyCare network GP.

Casualty visits
You must visit a casualty unit at a KeyCare network hospital. If you go to one of our preferred casualty units in the KeyCare network of hospitals, you pay R95 of the casualty unit's account. The preferred casualty units are marked on the list of KeyCare network of hospitals that is available on page 24 in the guide.
You can also visit other casualty units in the KeyCare network of hospitals that are not part of the preferred casualty units. In this case you will pay the R210 of the casualty unit's account.

Please note not all KeyCare hospitals have a casualty unit.
If you are admitted to hospital from casualty, this fee will be paid back to you afterwards.
The treatment you receive will be paid according to your day-to-day benefits and formularies (list of medicines and other services).
Trauma Recovery Extender Benefit
We will cover specific out-of-hospital claims for your recovery after certain traumatic events. Your cover applies for the rest of the year in which the trauma takes place, as well as the year after your trauma.

Mobility Devices Benefit
We cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg callipers, crutches and walkers on the KeyCare mobility list, from a network provider. There is an overall limit of R3 300 for each family.

Allied and alternative healthcare professionals
We do not cover allied and alternative healthcare professionals out of hospital, for example physiotherapists, psychologists, speech therapists, audiologists and chiropractors.
Exclusions on the KeyCare Plans

Discovery Health does not cover certain healthcare services. Discovery Health will not pay for healthcare services related to the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits:

1. Cosmetic procedures and treatments
2. Otoplasty for bat-ears, portwine stains and blepharoplasty (eyelid surgery)
3. Breast reductions or enlargements and gynaecomastia
4. Obesity
5. Frail care
6. Infertility
7. Wilfully self-inflicted illness or injury
8. Alcohol, drug or solvent abuse
9. Wilful and material violation of the law, or during a period of imprisonment
10. Wilful participation in war, terrorist activity, riot, civil commotion, rebellion or uprising
11. Experimental, unproven or unregistered treatments or practices
12. Search and rescue
13. Any costs for which a third party is legally responsible.
In addition to the general Discovery Health Medical Scheme exclusions that apply on all plans, KeyCare Plans have the following exclusions, except as set out in the Prescribed Minimum Benefits:

1. Hospital admissions related to:
   - dentistry
   - obesity
   - skin disorders
   - investigations and diagnostic work-up
   - functional nasal surgery
   - elective caesarean section, except if medically necessary
   - surgery for oesophageal reflux and hiatus hernia
   - back and neck treatment or surgery
   - 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 and processors.
   - healthcare services that should be done out of hospital and for which an admission to hospital is not necessary.

2. Brachytherapy for prostate cancer
3. Refractive eye surgery
4. Non-cancerous breast conditions
5. Healthcare services outside South Africa.

We also do not cover the cost of treatment for any complications, or the direct or indirect expenses related to these excluded conditions and treatments.

If we apply waiting periods because you have never belonged to a medical scheme or have had a break in membership of more than 90 days before joining Discovery Health, you will not have access to the Prescribed Minimum Benefits during your waiting periods. This includes emergency admissions.
<table>
<thead>
<tr>
<th>Province</th>
<th>KeyCare Hospitals</th>
</tr>
</thead>
</table>
| Eastern Cape | Life East London Private Hospital*  
 Life St James' Operating Theatres*  
 Life St Dominic's Private Hospital** |
| East London|                   |
| Humansdorp | Life Isivivana Private Hospital |
| Port Elizabeth | Life New Mercantile Hospital |
| Queenstown | Life Queenstown Private Hospital** |
| Uitenhage  | Cuyler Clinic*  
 Umtata   | Life St Marys Private Hospital |
| Free State | Hoogland Medi-Clinic |
| Bethlehem  | Hoogland Medi-Clinic |
| Bloemfontein | Bloemfontein Eye Centre  
 Life Pasteur Hospital*  
 Pelonimi Private Hospital  
 Life Rosepark Clinic**  
 Universitas Private Hospital |
| Germiston  | Life Roseacres Clinic** |
| Brakpan    | Life Dalview Clinic*  
 Life Suikerbosrand Clinic** |
| Hanover    | Life Suikerbosrand Clinic** |
| Johannesburg | Rand Clinic  
 Garden City Clinic**  
 Life Brenthurst Clinic** |
| Kempton Park | Arwyp Hospital  
 Optiklin Eye Hospital |
| Benoni     | Life The Glynwood Hospital** |
| Gauteng    | Vaalpark** |
| Boksburg   | Clinix Vosloorus Botsheleng-Emplweni**  
 Sunshine Centre |
| Midrand    | Life Carstenhof Clinic** |
| Pretoria   | Life Robinson Hospital**  
 Sir Albert Medical Centre |
| Randfontein | Bougainville Private Hospital*  
 Centurion Eye Hospital  
 Life Eugene Marais Hospital  
 Jacaranda Hospital  
 Life Legae Private Clinic**  
 Louis Pasteur Hospital  
 Medforum Medi-Clinic  
 Moot Algemene Hospital**  
 Muelmed Hospital  
 Pretoria Eye Institute  
 Zuid Afrikaans Hospital** |
| Soweto     | Clinix Soweto**  
 Lesedi Clinic** |
Springs
- Life Springs Parkland Clinic*
- Life St Mary’s Maternity Hospital

Thembisa
- Zamokuhle Private Hospital*

Vanderbijlpark
- Emfuleni Medi-Clinic
- Mediaval Hospital*
- Ocuemed
- Vaalpark

Westgate
- Medgate Day Clinic

Vereeniging
- Clinix Private Hospital Sebokeng (Pty) Ltd*
- Midvaal Hospital (Emfuleni Medi-Clinic)

KwaZulu Natal
Amanzimtoti
- Kingsway Hospital

Chatsworth
- Life Chatsmed Garden Hospital*

Durban
- Life City Hospital Ltd*
- Life Entabeni Hospital
- Mccorden Hospital

Empangeni
- Life Empangeni Garden Clinic (Pty) Ltd*

Isipingo
- Life Isipingo Clinic*

Kokstad
- Kokstad Private Hospital

Ladysmith
- La Verna Hospital

Newcastle
- Newcastle Private Hospital

Phoenix
- Life Mount Edgecombe*

Pietermaritzburg
- Midlands Medical Centre*
- St Anne’s Hospital*

Pinetown
- Life The Crompton Hospital*

Port Shepstone
- Hibiscus Hospital*

Richards Bay
- The Bay Hospital*

Sydenham
- Nu Shifa Hospital

Tongaat
- Victoria Private Hospital

Lesotho
- Maseru Private Hospital

Limpopo
Bela Bela
- St Vincents Hospital

Polokwane
- Limpopo Medi-Clinic*

Thabazimbi
- Curamed Thabazimbi Hospital

Tzaneen
- Tzaneen Private Hospital

Mpumalanga
Barberton
- Barberton Medi-Clinic

Ermelo
- Ermelo Private Hospital*

Middelburg
- Middelburg Private Hospital*

* These KeyCare network hospitals do not have casualty units.
** Preferred casualty units.
Please note that this list of hospitals and casualty units is subject to change. Go to www.discovery.co.za for an updated list.
Nelspruit
- Nelspruit Private Hospital

Trichardt
- Highveld Medi-Clinic

Witbank
- Life Cosmos Hospital
- Palm Day Clinic

North West
Carletonville
- Leslie Williams Private Hospital
- Western Deep Clinic

Klerksdorp
- Life Anncron Clinic

Mafikeng
- Victoria Private Hospital (Mafikeng Hospital)

Orkney
- West Vaal Clinic
- Potchefstroom
- Potchefstroom Medi-Clinic

Rustenburg
- Life Pellegrae Hospital

Northern Cape
Kathu
- Kathu Medi-Clinic

Kimberley
- Kimberley Medi-Clinic

Upington
- Upington Private Hospital

Vryburg
- Vryburg Private Hospital

Western Cape
Bellville
- Bellville Medical Centre
- Louis Leipoldt

Cape Town
- Christiaan Barnard Memorial Hospital
- UCT Medical Centre

Ceres
- Ceres Private Hospital

Gatesville
- Gatesville Medical Centre

George
- Geneva Clinic
- George Medi-Clinic

Hermanus
- Hermanus Medi-Clinic

Kuils River
- Kuils River Hospital

Milnerton
- Milnerton Medi-Clinic

Mitchells Plain
- Mitchells Plain Medical Centre

Mossel Bay
- Bayview Hospital

Oudtshoorn
- Cango Day Clinic
- Klein Karoo Medi-Clinic

Paarl
- Paarl Medi-Clinic

Vredenburg
- Life West Coast Private Hospital

Worcester
- Worcester Medi-Clinic

* These KeyCare network hospitals do not have casualty units.
** Preferred casualty units.

Please note that this list of hospitals and casualty units is subject to change. Go to www.discovery.co.za for an updated list.
Important tips when claiming

When claiming from Discovery Health for your medical costs, whether these are hospital, chronic or day-to-day, these steps apply:

- Check with your healthcare provider if they have sent your claims to us to avoid duplicates
- Send your claims within four months, otherwise we will consider them expired and not pay them
- When sending claims, please make sure the following details are clear:
  1. Your membership number
  2. The service date
  3. Your doctor’s details and practice number
  4. The amounts charged
  5. The relevant consultation, procedure or NAPPI code and diagnostic (ICD-10) codes
  6. The name and birth date of the dependant for whom the service was done
  7. If paid, attach your receipt or make sure the claim says ‘paid’
- Remember to always keep copies of your claims for your records
- To see the status of your claim, you can go to www.discovery.co.za
You can send us your claims in the following ways:

**Email**
You can scan and email your claims to claims@discovery.co.za

**Post**
You can post your claims to the following address:

*Discovery – Claims*
*PO Box 784262*
*Sandton*
*2146*

**Claims drop-off boxes**
You can drop off your claims in our claims drop-off boxes situated around the country, in convenient places such as pharmacies and medical practices, as well as at most Virgin Active or Planet Fitness gyms.
Discovery Health
Discovery Health
155 West Street
Sandton
2146

0860 99 88 77 or 083 123 88 77

An authorised financial services provider