Your guide
to Discovery Health’s
Priority Series
Priority Series 2010

You have selected a plan in the Priority Series. There are two plans in the Priority Series – Classic Priority and Essential Priority.

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 also 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
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The Hospital Benefit covers you if you are admitted to hospital and Discovery Health has confirmed your admission and treatment.

You have flexible cover for a list of chronic conditions and cover for cancer, HIV and AIDS.

Your health benefits also include cover for medical expenses while travelling in other countries and cover for evacuation for medical emergencies when travelling or working in Africa through the Africa Evacuation Benefit.

We pay your day-to-day expenses from the available money in your Medical Savings Account first and then from your limited Above Threshold Benefit, which covers your day-to-day medical expenses when your Medical Savings Account is finished and when your claims add up to a set amount. Your Above Threshold has an overall limit. We further extend your day-to-day cover if your Medical Savings Account runs out through the Insured Network Benefit.

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. You can 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.
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
<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></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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

<table>
<thead>
<tr>
<th>In-hospital cover</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

#### 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>

<table>
<thead>
<tr>
<th>KeyCare Plus</th>
<th>Your plan offers cover in a network for certain day-to-day healthcare costs.</th>
</tr>
</thead>
</table>
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

### Discovery Health Plan StarRater key

<table>
<thead>
<tr>
<th>Chronic Illness Benefit and oncology</th>
<th>2 2 2 2 2</th>
<th>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 drug amount except on KeyCare Plans. You must use our Designated Service Provider for cancer treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 3 3</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>4 4 4 4 4</td>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

Benefit tips ...

- A detailed explanation of each benefit is 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. If you 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 go to a casualty or emergency room and you are not admitted to hospital, we will pay the costs from your day-to-day benefits. Some casualties charge a facility fee, which we do not cover.

Cover while travelling overseas

The **International Travel Benefit** provides cover of up to R5 million for each person on each journey for emergency medical costs while you travel outside South Africa. This cover is for a period of 90 days from your departure from South Africa. Cover includes appropriate emergency evacuation and transport if needed. You pay the first €100 or US$150 of day-to-day medical expenses.

Please find out how the International Travel Benefit works before you travel overseas. Get detailed information on [www.discovery.co.za](http://www.discovery.co.za)

Cover for evacuation in Africa

The **Africa Evacuation Benefit** covers you for emergency medical evacuations from certain African countries back to South Africa. You can find the list of African countries this benefit covers and the details of the cover before travelling on [www.discovery.co.za](http://www.discovery.co.za)

All emergency treatments outside the borders of South Africa must be confirmed by calling International SOS on +27 11 541 1222. This number is displayed on your membership card.

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**Benefit tips ...**

- Call 0860 999 911 in an emergency
- Let us know about your admission within 12 hours of being admitted
- Make sure you know how the International Travel Benefit works before going overseas

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**In-hospital benefits**
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.

Important information about your hospital cover

Your hospital cover is made up of:

- the cover for the account from the hospital
- the cover for all other accounts, like accounts from your admitting doctor, anaesthetist or other healthcare expenses. We call these related accounts, and
- the amounts you need to pay upfront.

Limits, clinical guidelines and policies apply to some healthcare services and procedures.

1. How we pay the account from the hospital

We cover you in a private hospital for emergency and planned hospital admissions that you have confirmed with us. There is no overall limit to your hospital cover on the Priority Series. We cover your hospital account (the ward and theatre fees) at the rate agreed with the hospital. You have cover for a general ward, not a private ward.
2. **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. Related accounts include any account other than the hospital account. Examples of related accounts are the account from the admitting doctor, anaesthetist and any approved healthcare expenses, like pathology or radiology, which you incur during your hospital stay.

3. **The amounts you need to pay upfront**
   When you are admitted to hospital for the procedures we list, for example conservative back and neck treatment, certain scopes or joint replacements, you need to pay an amount to the hospital upfront. The amount you need to pay upfront for certain procedures is called a deductible. If the procedures you need to pay a deductible for are done out of hospital (in the doctor’s room, where possible) you won’t have to pay a deductible.

   Please contact us before you receive treatment for which you have not confirmed your benefits or to extend 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 who will decide if it is necessary for you to be admitted
- choose your admitting doctor
  
  Remember that you can reduce the risk of a co-payment by using a doctor who participates in one of our direct payment arrangements. We cover your approved hospital procedures and consultations with these doctors in full. If you use another doctor, we will cover your accounts up to a maximum of 200% of the Discovery Health Rate on Classic Priority and up to 100% of the Discovery Heath Rate on Essential Priority.

- choose which hospital you want to be admitted to
- choose your other healthcare professionals, for example your anaesthetist – see note under choosing your 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 your hospital stay.

If you do not confirm your admission, we will only pay 70% of the costs that we would normally cover.
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
How we cover your healthcare professionals

Full cover for specialists participating in our payment arrangements
You can benefit by using healthcare professionals participating in our direct payment arrangements because we will cover their approved procedures in full. If you are a Classic Priority Plan member, you benefit from access to the broadest range of specialists whom we pay in full, which represents over 87% of specialist interactions.

You may have a co-payment if you use other specialists
If you are treated in hospital by a specialist who does not participate in one of our payment arrangements, we cover your accounts up to 200% of the Discovery Health Rate on Classic Priority and up to 100% of the Discovery Health Rate on Essential Priority. If your specialist charges more than this you will have to pay the difference.

Other healthcare professionals
We cover GPs, and other healthcare services up to 200% of the Discovery Health Rate on Classic Priority and up to 100% of the Discovery Health Rate on Essential Priority.
We cover pathology or radiology up to 100% of the Discovery Health Rate on all plans.
Deductibles for in-hospital procedures

You need to pay an amount upfront (a deductible) to the hospital when you are admitted for one of the following procedures:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conservative back and neck treatment, myringotomy (grommets), tonsillectomy, adenoidectomy</td>
<td>R1 500</td>
</tr>
<tr>
<td>Cystourethroscopy, colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy</td>
<td>R2 000</td>
</tr>
<tr>
<td>Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation</td>
<td>R3 600</td>
</tr>
<tr>
<td>Nissen fundoplication (reflux surgery), spinal (back and neck) surgery, joint replacements</td>
<td>R7 300</td>
</tr>
</tbody>
</table>

If the procedure can be done out of hospital, for example in the doctor’s rooms, and you don’t go to hospital, you won’t have to pay a deductible. Please call us before to confirm your benefits.
Cover for investigations

MRI and CT scans
If your MRI or CT scan is done as part of an approved hospital admission, we cover your MRI or CT scan code up to the Discovery Health Rate from your Hospital Benefit.

If you are admitted for conservative back or neck treatment, you will need to pay the first R1 500 of the hospital account, and the first R1 975 of the scan code is paid from your day-to-day benefits. We pay the balance from your Hospital Benefit up to the Discovery Health Rate. We pay for a maximum of three days in hospital for conservative back and neck admissions.

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

Unlimited healthcare services

Most of your in-hospital healthcare services have no overall limit. These include:

- GPs
- Specialists
- Allied healthcare professionals, for example physiotherapists
- Pathology and radiology
- HIV cover if you are registered on the HIVCare Programme.
Only the following healthcare services have an annual limit:

<table>
<thead>
<tr>
<th>Hospital limits</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentistry*</td>
<td>There is an overall limit of R13 100 for each person. We pay the first R1 975 of your hospital account from your day-to-day benefits. We pay the balance of the hospital account from your Hospital Benefit. We pay all related accounts from your available day-to-day benefits. The R1 975 co-payment does not apply when children 12 years old or younger are admitted to hospital.</td>
</tr>
<tr>
<td>Cochlear implants, auditory brain implants and processors</td>
<td>R126 000 for each person for each benefit</td>
</tr>
<tr>
<td>Internal nerve stimulators</td>
<td>R96 000 for each person</td>
</tr>
<tr>
<td>Hip and knee joint prostheses</td>
<td>There is no overall limit if you get your prosthesis from a preferred supplier. If you choose not to, a limit of R31 500 will apply to each prosthesis.</td>
</tr>
<tr>
<td>Childbirth</td>
<td>Normal vaginal deliveries: a stay of three days and two nights in hospital. Caesarean sections: a stay of four days and three nights in hospital.</td>
</tr>
<tr>
<td>Prosthetic devices used in spinal surgery</td>
<td>R20 000 for each level, limited to two levels for each procedure, and one procedure for each person each year</td>
</tr>
<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>R23 400 for each person</td>
</tr>
</tbody>
</table>

* We pro-rate this benefit according to when you join the medical scheme. This limit applies to the hospital account and all accounts related to the admission to hospital. A related account is the account for your admitting doctor, anaesthetist, and any other approved expense you incur during your hospital admission, other than the hospital account.
You have flexible cover for chronic conditions, HIV and AIDS and cancer

**Chronic Illness Benefit**

You have flexible cover for a list of chronic conditions. You have full cover for approved medicine on Discovery Health’s medicine list or up to a set monthly amount (Chronic Drug Amount) for medicine not on our list. You will be responsible for the balance if your medicine costs more than the Chronic Drug Amount. We pay medicine up to a maximum of the Discovery Health Medication Rate.

Please note that the medicine list and the Chronic Drug Amount change from time to time. Visit www.discovery.co.za for a detailed explanation of the cover offered through the Chronic Illness Benefit.

**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.

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**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. If you do not use our Designated Service Providers you will have to pay a shortfall as Discovery Health will pay 60% of the Discovery Health Rate.

Your cover for HIV and AIDS

For members 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.

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

Your cover for cancer treatment

DiscoveryCare’s Oncology Programme covers in full, the first R200 000 of your approved cancer treatment over a 12-month cycle, after which a 20% co-payment will apply, without any overall limits. This means that when we receive a claim for cancer-related treatment, we look back at how much you have claimed for cancer treatment over the previous 12 months from the date of approval of your treatment plan and if it is under R200 000 we will cover it in full. If it is more than R200 000 you will need to pay 20% of the cost of your claims. Oncology treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment.

Please call us to register on the Oncology Programme. Visit www.discovery.co.za for a detailed explanation of the cover offered through the Oncology Programme.
Cover for day-to-day medical expenses

We first pay your claims from your Medical Savings Account

We pay for your day-to-day medical expenses like GP visits, x-rays and blood tests from your Medical Savings Account, as long as you have money available. Your Medical Savings Account is an amount that you get at the beginning of the year or when you join Discovery Health. You have access to this amount from day one.

You may need to pay for your day-to-day medical expenses if you have run out of money in your Medical Savings Account before your claims add up to the Annual Threshold. This is called the Self-payment Gap. The Annual Threshold is a set amount that your claims need to add up to, before we pay claims from the Above Threshold Benefit.

Once your claims add up to the Annual Threshold, we pay the rest of your claims from the Above Threshold Benefit at the Discovery Health Rate. Your Above Threshold Benefit has an overall limit. Once this limit is reached we will not cover any more day-to-day medical expenses, except for claims that qualify for payment from the Insured Network Benefit.
Annual Medical Savings Account amounts*:

<table>
<thead>
<tr>
<th></th>
<th>Classic Priority</th>
<th>Essential Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main member</td>
<td>R4 716</td>
<td>R 2 424</td>
</tr>
<tr>
<td>Adult dependant</td>
<td>R3 708</td>
<td>R 1 908</td>
</tr>
<tr>
<td>Child **</td>
<td>R1 884</td>
<td>R 972</td>
</tr>
</tbody>
</table>

* We pro-rate this benefit according to when you join the medical scheme.
** We count a maximum of three children when we calculate the Medical Savings Account amounts.

If you have funds in your Medical Savings Account at the end of the year, we will carry over these funds to the next year.

Annual Threshold and limited Above Threshold Benefit amounts*:

<table>
<thead>
<tr>
<th></th>
<th>Annual Threshold amount</th>
<th>Above Threshold Benefit limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main member</td>
<td>R6 800</td>
<td>R5 800</td>
</tr>
<tr>
<td>Adult dependant</td>
<td>R5 070</td>
<td>R4 100</td>
</tr>
<tr>
<td>Child **</td>
<td>R2 250</td>
<td>R2 000</td>
</tr>
</tbody>
</table>

* We pro-rate this benefit according to when you join the medical scheme.
** We count a maximum of three children when we calculate the Annual Threshold amounts.
The Insured Network Benefit ensures you have no gaps in cover for GPs and pathology in a network

We further extend your day-to-day cover through the Insured Network Benefit. When you have spent your annual Medical Savings Account deposit:

- we cover the full cost of your consultation fees if you go to a GP in our network. We pay the claim directly to the GP at our agreed rate. This GP benefit only covers the consultation fee (code 0190, 0191 or 0192). We will pay for any other healthcare services from your available day-to-day benefits.
- we cover pathology at our network providers if your GP or specialist requests the appropriate tests using the Discovery Health pathology form.

The list of GPs participating in the Discovery Health GP Network is available on www.discovery.co.za/MaPs

Further extensions to your day-to-day cover

Discovery Health pays claims for some day-to-day expenses to make the money in your Medical Savings Account last longer:

- The **Screening and Prevention Benefit** covers a range of healthcare services, including the following group of tests at a Discovery Wellness Network provider: blood glucose, blood pressure, cholesterol and body mass index. 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.
- We will cover specific out-of-hospital claims for your recovery after certain traumatic events from the **Trauma Recovery Extender Benefit**. The cover applies for the rest of the year in which the trauma takes place, as well as for the year after your trauma.
- We will pay for **endoscopies done in your doctor’s rooms** (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) without using your day-to-day benefit as we pay these accounts from your Hospital Benefit. The deductible also does not apply. We pay up to 200% of the Discovery Health Rate if you are on a Classic Priority Plan, and up to 100% of the Discovery Health Rate if you are on an Essential Priority Plan. Please call us before you have a scope in your doctor’s rooms to confirm your benefits.

A detailed explanation of how these benefits work are available on www.discovery.co.za
The Above Threshold Benefit offers extra day-to-day cover

The Priority Series includes an Above Threshold Benefit that gives you further day-to-day cover when your Medical Savings Account runs out and when your day-to-day claims add up to a set rand amount. On the Priority Series, the Above Threshold Benefit has an overall limit.

For you to get to your limited Above Threshold Benefit, we add up your claims to your Annual Threshold. Here are the amounts that we add up:

- For Premier Rate specialists, we add up the Premier Rate. For non-participating specialists, we add up the Discovery Health Rate.
- For generic medicine, we add up 100% of the Discovery Health Medication Rate. For non-generic medicines, we add up 75% of the Discovery Health Medication Rate. Over-the-counter medicines do not add up to your Annual Threshold.
- We add up the Discovery Health Rate for all other health services.

We add up the amount to the benefit limit available.

Please note:
Where the claimed amount is less than the Discovery Health Rate, we will pay and add up the claimed amount to the Annual Threshold.

Remember to keep sending us your claims even if you are paying your own medical expenses when you have used up the funds in your Medical Savings Account and before you reach your Annual Threshold. Your claims count towards your annual limits even while you are paying for them from your pocket.

**Benefit tips ...**

How to make the money in your Medical Savings Account go further:
- Choose a GP in the Discovery Health GP Network
- Choose a specialist who is part of a direct payment arrangement
- Use generic medicines and don’t pay for over-the-counter-medicines (OTCs) from your MSA

**Out-of-hospital cover**
There is no annual limit on these healthcare services

We pay for these healthcare services from your Medical Savings Account with no annual limit. Your overall Above Threshold Benefit limit applies to these claims:

- General practitioners
- Specialists
- Allied healthcare professionals, for example physiotherapist
- Radiology and pathology
- We will pay the first R1 975 of your MRI or CT scan code from your day-to-day benefits. We cover the balance from your Hospital Benefit up to the Discovery Health Rate
Limits on some day-to-day medical expenses

All day-to-day benefits will be paid up to the Above Threshold Benefit limit or up to the limit that applies below, whichever you reach first.

- Claims add up to your Annual Threshold and annual limits when we pay them from your Medical Savings Account or Above Threshold Benefit or when you pay them from your pocket.
- The limits below are not separate benefits. They are the maximum amounts we will pay from your Medical Savings Account and Above Threshold Benefit, or both.

<table>
<thead>
<tr>
<th>Day-to-day benefit</th>
<th>The annual limit on this benefit (claims paid from day-to-day benefits, according to the money available)</th>
</tr>
</thead>
</table>
| Professional services | Classic  
Mental health benefit* (including psychologists and psychiatrists) You have R13 100 for your family  
Essential  
You have R11 100 for your family |
| Private nursing | You have R6 200 for your family |
| Antenatal classes | You have R850 for your family |
| Dentistry* | You have an overall limit of R13 100 for each person |
### Medicine

<table>
<thead>
<tr>
<th>Prescribed medicine* (schedule 3 and above)</th>
<th>Classic</th>
<th>Essential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single member: R10 150</td>
<td>Member with one dependant: R12 300</td>
<td>Single member: R7 250</td>
</tr>
<tr>
<td>Member with two dependants: R14 800</td>
<td>Member with three or more dependants: R16 200</td>
<td>Member with one dependant: R8 550</td>
</tr>
<tr>
<td>Over-the-counter medicine, including</td>
<td>We pay these claims from available funds in your Medical Savings Account</td>
<td></td>
</tr>
<tr>
<td>prescribed schedule 0, 1 and 2 medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and lifestyle-enhancing products</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Appliances and equipment

<table>
<thead>
<tr>
<th>External medical items</th>
<th>Classic</th>
<th>Essential</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have R27 300 for your family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing aids</td>
<td>You have R12 200 for your family</td>
<td></td>
</tr>
<tr>
<td>Optical* (includes cover for spectacles,</td>
<td>You have R2 400 for each person</td>
<td></td>
</tr>
<tr>
<td>frames, contact lenses and surgery or any</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other healthcare service to correct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>refractive errors of the eye, for example</td>
<td></td>
<td></td>
</tr>
<tr>
<td>excimer laser)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* We pro-rate this benefit according to when you join the medical scheme.

**Treatment in hospital that we cover from your day-to-day benefits**

We cover the following treatment you get in hospital from your Medical Savings Account or limited Above Threshold Benefit:

- Casualty and emergency treatment, if you are not admitted to hospital
- Medicine to take home
- Certain external medical items.
General exclusions

The Discovery Health Medical Scheme has certain exclusions. 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

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 Prescribed Minimum Benefit.

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 cover for emergency admissions.
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 dependent 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