

# Jou lewe maar **beter**

Verbind met gesondheidsorg  
wat invloed het



## U Gesondheidsvoordele 2023

### Gesondheidsprodukveranderinge vir 2023

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# Discovery Health Mediese Skema

## Produkveranderinge 2023

### Bydraeverhoging

Discovery Health Mediese Skema het 'n **0%** bydraeverhoging vir 1 Januarie 2023 aangekondig. Die verhoging is uitgestel tot **1 April 2023** en sal in Februarie 2023 aangekondig word. Die verhoging in April sal nie VPI + 3-4% oorskry nie.

### Nuwe voordele beskikbaar vanaf 2023

#### Program vir voorkoming van siektes

Die program sal van gevorderde voorspellende modellering gebruik maak om lede met hoë risiko vir diabetes of kardiovaskulêre siektes, te identifiseer. Hoë risiko-lede sal pro-aktief gekontak word deur 'n gesondheidsafrigter om hulle in kennis te stel of hul kwalifiseer, waarna die lid se toestemming verkry sal word om by die program aan te sluit, wat die volgende insluit:

- 2 konsultasies by 'n Premier Plus algemene praktisyn
- 2 voedingsassesserings
- 12 sessies by 'n afrigter
- voorgeskrewe medikasie

#### Essensieel Dynamic Smart Plan

In 2023, sal Discovery die nuwe Essensieel Dynamic Smart Plan bekendstel. Gebaseer op die spesifieke gesondheidsorgbehoefte van 'n lid en waar die lid woon, sal die lid en sy/haar Smart algemene praktisyn verwys word na die mees doeltreffende Smart hospitaal met die hoogste gehalte van sorg, via Discovery se toepassing of Health ID.

Die nuwe Essensieel Dynamic Smart plan word toegerus met die doeltreffende Dynamic Smart hospitaalnetwerk en sal die mees bekostigbare plan in die Smart-reeks wees.

#### Essensieel Dynamic Smart Plan - 2023

Hooflid	Volwasse afhanklike	Kinderafhanklike
R1 450	R1 450	R1 450

Essensieel Dynamic Smart-lede kan enige hospitaal in die Smart-netwerk gebruik, met geen aftrekbare kostes, tot die tweede kwartaal van 2023, waarna 'n aftrekbare koste van R13,250 van toepassing sal wees op nie-netwerkhospitale vir toelatings wat nie noodgevalle is nie. Let asseblief daarop dat, alhoewel hierdie plan soortgelyke voordele het as die Essensieel Smart-opsie, is hoër bybetalings van toepassing vir besoeke aan algemene praktisyne (R150), roetinebesoeke aan tandartse (R220) en daar is 'n laer beperking van R420 per gesin per jaar vir oor-die-toonbankmedikasie.

## WELLTH fonds

In 2023, sal lede toegang hê tot 'n uitgebreide reeks siftingstoetse en voorkomende dienste met die doel om mediese toestande betyds te diagnoseer en hierdie toestande, byvoorbeeld kanker en leefstylsiektes, te bestuur.

Die Wellth fonds word geaktiveer sodra alle lede op 'n polis – ouderdom 2 jaar en ouer – 'n ouderdomsgepaste, persoonlike gesondheidsassessering by 'n Discovery Health Wellness netwerkverskaffer voltooi het. 'n Gesondheidsassessering wat in 2022 of 2023 voltooi is, ontsluit die voordeel vir die res van die 2023 en 2024 kalenderjare.

Die Wellth fonds is 'n **eenmalige** voordeel en sodra dit ontsluit is, kan enige lid op 'n polis enige gedeelte van die Wellth fonds gebruik. Die Wellth fonds sal eers gebruik word en daarna die mediese spaarrekening (MSR).

Voordeel	
Volwassene (>18 jaar oud)	+R2 500
Kind (>2 jaar oud)	+R1 250
Gesin	Tot R10 000

### Belangrik

- Die Wellth fonds verval aan die einde van 2024 en kan nie hernu word nie.
- Die Wellth fonds is nie beperk tot slegs siftingstoetse en voorkomende ICD kodes/eise nie en mag ook gebruik word vir gespesifiseerde liggaamlike en geestesgesondheidsassesserings, roetinebesoeke en mediese monitoringstoestelle.
- Geen netwerkbeperkings is van toepassing nie, maar lede op Smart en KeyCare plan-opsies moet 'n toegewese algemene praktisyn uit die netwerk gebruik vir relevante dienste in die mandjie.
- Daar is geen beperking op aantal besoeke nie, behalwe vir 1 besoek aan 'n algemene praktisyn per persoon.
- Sekere beperkings op kliniese toetsing is van toepassing volgens die huidige riglyne vir siftingstoetse en voorkoming.
  - Mammogramme beperk tot 1 elke 2 jaar
  - Papsmere beperk tot 1 elke 3 jaar
  - Kolorektale siftingstoetse beperk tot 1 elke 2 jaar
  - Toets vir menslike papilloomvirus (MPV) beperk tot 1 elke 5 jaar of 1 elke 3 jaar, indien geregistreer op die MIV-sorgprogram.

### Discovery Health Pay-rekening

Van 1 Oktober 2022, kan alle lede op die Discovery Health Mediese Skema bykoste ten opsigte van mediese uitgawes met die Health Pay-rekening vereffen.

Health Pay stel lede in staat om bykoste dadelik by deelnemende algemene praktisyne, apteke, hospitale, patoloë, radioloë en ander gesondheidsorgverskaffers direk uit hul gekoppelde Discovery bankrekening te vereffen.

Lede moet eers 'n gratis of betaalde Discovery bankrekening open om Health Pay te aktiveer. Lede wat vir die eerste keer 'n Health Pay-rekening tussen 1 Oktober en 31 Desember aktiveer, sal beloon word met 3 000 Discovery Miles.

## Beter voordele

### Internasionale Tweede Opinie Diens

Discovery Health mediese skema sal die voordele vir internasionale tweede kliniese opinie dienste verhoog. Konsultasies word gedek teen 100% van die koste op die Eksklusiewe plan en 50% van die koste op al die ander planne. Dit sal van 50% tot 75% van die koste van die konsultasie op al die ander planne verhoog word.

### Onkologievoordele

Drempelwaardes vir onkologievoordele word op 1 Januarie 2023 met 25% verhoog.

Plan	2022 Drempelgrenswaarde	2023 Drempelgrenswaarde
Eksklusief en Omvattend	R400 000	R500 000
Klassiek Smart Omvattend	R300 000	R375 000
Prioriteit, Spaarder, Smart en Kern	R200 000	R250 000

**Nota:** Die drempelwaarde sal op 1 Januarie 2023 pro-rata aangepas word vir lede op hul 12 maande voordeelsiklus. Op KeyCare, word kankerbehandeling gedek volgens die Voorgeskrewe Minimum voordele in die KeyCare netwerk of in 'n staatsfasiliteit.

## Bykomende veranderinge aan voordele

### Chroniese Siektevoordeel

Van 1 Januarie 2023 sal sekere voorgeskrewe veranderinge en bywerkings ten opsigte van chroniese medikasie toegepas word. Lede het tyd tot einde 2022 om hul behandelings aan te pas om bybetalings wat uit die veranderinge mag voortspruit, te vermy of te verminder.

## Voordeelbeperkings, bybetalings, aftrekbare kostes en drempelwaardes

### Voordeelbeperkings

Voordeelbeperkings sal met 6% verhoog word volgens die verwagte verbruikerprys-inflasie op 1 Januarie 2023, met die uitsondering van die volgende, waar geen verhoging vir 2023 vereis word nie, gebaseer op die verwagte gebruik van hierdie voordele:

- Gespesialiseerde medisyne- en tegnologievoordele
- Internasionale reisvoordeel
- Oorsese behandelingsvoordeel
- Sekere chirurgiese items

### Bybetalings en aftrekbare kostes

Bybetalings en aftrekbare kostes is met 6% verhoog vir 2023.

## Bedrae vir jaarlikse drempelwaardes

Die bedrae vir drempelwaardes word met 9,9% verhoog.

Plan	2022			2023		
	Hooflid	Volwassene	Kind	Hooflid	Volwassene	Kind
Eksklusief	R23 380	R23 380	R5 390	R31 200	R31 200	R5 920
Omvattend	R23 420	R23 420	R4 470	R25 740	R25 740	R4 910
Klassiek Smart Omvattend	R26 820	R26 820	R910	R29 480	R29 480	R1 000
Prioriteit	R18 940	R14 240	R6 310	R20 820	R15 650	R6 930

## Bo drempelvoordeelgrenswaarde

Plan	2022			2023		
	Hooflid	Volwassene	Kind	Hooflid	Volwassene	Kind
Eksklusief	Onbeperk			Onbeperk		
Omvattend	Onbeperk			Onbeperk		
Prioriteit	R16 030	R11 440	R5 610	R17 620	R12 750	R6 610

Die maksimum kinderafhanklike oploping tot die drempelwaarde en bo drempelvoordeelbedrag sal tot drie kinders beperk word.

### Vrywaring:

In die opstel van hierdie dokument, het ons staatgemaak op die akkuraatheid en volledigheid van inligting wat aan ons beskikbaar gestel is deur die relevante produkverskaffer en, behalwe waar dit uitdruklik so gestel word in die dokument, het ons nie die akkuraatheid van die feite of die basis van die inligting wat aan ons verskaf is, onafhanklik nagegaan nie. Hierdie dokument is slegs vir inligtingsdoeleindes. Alexander Forbes Health aanvaar geen aanspreeklikheid ten opsigte van enige persoon in verband met hierdie dokument of sy verwante navrae nie. Ons aanvaar geen aanspreeklikheid ten opsigte van enige saak buite die doelwitte waarvoor hierdie dokument voorberei is nie.

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## U Gesondheidsvoordele 2023

### NG Kerk in SA se inligting en hoe ons u kan help om u plan te verander vir 2023

Dit is geensins verpligtend om u mediese skema-opsie te verander nie. As u tevrede is met u huidige opsie en seker is dat dit ook in die komende jaar in u en u gesin se gesondheidsbehoefte sal voorsien, is u welkom om u opsie onveranderd te laat. Dit is dan nie nodig om enige vorms te voltooi nie, maar neem asseblief steeds kennis van moontlike veranderings wat u plan in 2023 kan beïnvloed.

Om u mediese skema-opsie te verander, moet u asseblief die **opsiewysigingsvorm** voltooi en stuur aan Ria Strydom teen nie later as **25 November 2022** nie.

Let asseblief daarop dat indien u nie die sinodale kantoor voor die spertyd van u keuse in kennis stel nie, u op u huidige opsie sal bly en eers weer aan die einde van Maart 2023 die geleentheid sal hê om te verander.

Die posadres is soos volg:

NG Kerk in SA (Medies)  
Privaatsak X8  
BELLVILLE  
7535

Navrae met betrekking tot die invul van die vorms, kan aan Ria Strydom gerig word by:

☎ 021 9577106  
📠 021 9577101  
E-pos:  
medies@kaapkerk.co.za



### Belangrike vrae om te vra

- Was u mediese spaarrekening genoeg vir hierdie jaar?
- Hoeveel gaan u moontlik volgende jaar nodig hê?
- Het u die bogenoemde drempelvoordeel bereik as 'n lid van 'n Prioriteit-, Omvattende of Eksklusiewe plan?
- Benodig u omvattende dekking of sal 'n spaarderplan meer geskik wees?
- Watter plan sal die beste dekking bied vir u behoeftes ten opsigte van chroniese medikasie?




U kan 'n eisegeschiedenistransaksieverslag (EGTV) aanvra by Discovery Health (0860 99 88 77) om u mediese skemaverbruik van die afgelope jaar na te gaan. Dit sal u help om 'n ingeligte besluit te neem vir 2023.

### Elektroniese navrae

Indien u toegang tot die internet het, kan u die webwerf van Discovery Health (<http://www.discovery.co.za>) besoek vir inligting rakende die werking en voordele van die skema. U kan ook aansoek doen vir toegang tot u persoonlike inligting en die verwerking van u eise.

### Wil u graag leiding hê in die neem van u besluit?

'n **Alexforbes gesondheidsorgkonsultant** sal u kan help om u besluit vir 2023 te neem sodat u en u gesin die voordele van 'n gesonde lewe kan geniet.

Dawn Fortune Alexforbes Health Stellenbosch	NT Snyman Alexforbes Health Stellenbosch
 021 809 3615  021 809 3262 E-pos: <a href="mailto:healthmemberqueries3@alexforbes.com">healthmemberqueries3@alexforbes.com</a>	 021 809 3669 E-pos: <a href="mailto:snymann@alexforbes.com">snymann@alexforbes.com</a>

U word egter aangemoedig om met Ria Strydom of met een van die Alexforbes Health-konsultante rakende medies-verwante advies in verbinding te tree.

## Selfhelpgereedskap

By Alexforbes Health is dit ons doel om u finansiële welstand vir 'n leeftyd te verseker. Met die stygende koste van mediese fondsbydraes mag u dalk hulp benodig om 'n opsie te kies wat vir u bekostigbaar is en aan u spesifieke gesondheidsorgvereistes voldoen.

Daar is verskeie maniere waarop ons u kan bystaan om u keuses beter te verstaan en/of om 'n opsie vir volgende jaar te kies. U is welkom om enige van die gereedskap wat ons aan u beskikbaar gemaak het, te gebruik:

### 1. Alexforbes Health / Discovery Health Mediese Skema, Vitality en Admed Supreme Virtuele sessies

Alexforbes Health in samewerking met Discovery Health Mediese Skema en Guardrisk (Admed) sal van 2 November 2022 tot 1 Desember 2022 virtuele sessies op die Microsoft Teams-platform aanbied. Die virtuele sessies sal fokus op die veranderings aan die mediese skema, Vitality en die Admed Supreme gapingsdekking vir 2023. Registrasie vir die sessies kan by die volgende adres geskied:

<https://protect-za.mimecast.com/s/HKxuCP1Kqzi1jZnIH11hVw>

Discovery Health Mediese Skema alleenlik:

Dag	Datum	Tyd
Dinsdag	1 November 2022	12:00 – 13:30
Donderdag	3 November 2022	14:00 – 15:30
Dinsdag	8 November 2022	14:00 – 15:30
Donderdag	10 November 2022	12:00 – 13:30
Dinsdag	15 November 2022	09:00 – 10:30
Donderdag	17 November 2022	14:00 – 15:30
Dinsdag	22 November 2022	12:00 – 13:30
Donderdag	24 November 2022	14:00 – 15:30
Dinsdag	29 November 2022	14:00 – 15:30
Donderdag	1 Desember 2022	12:00 – 13:30

Vitality alleenlik:

Dag	Datum	Tyd
Donderdag	24 November 2022	14:00 – 15:30
Donderdag	1 Desember 2022	12:00 – 13:30

Admed Supreme alleenlik:

Dag	Datum	Tyd
Vrydag	4 November 2022	12:00 – 13:30
Woensdag	16 November 2022	14:00 – 15:30
Woensdag	30 November 2022	14:00 – 13:30

### 2. Vergelykings in voordeelopsies en bydraes vir 2023 is op aanvraag tot u beskikking

### 3. Ondersteuning van 'n Alexforbes Health konsultant

- Bespreek 'n virtuele konsultasie met 'n Alexforbes konsultant – [kliek hier](#)
- Telefoniese konsultasie



# Discovery Health Medical Scheme

## 2023 Contributions



January – March

PLAN		CONTRIBUTIONS (R)			CONTRIBUTIONS TO MEDICAL SAVINGS ACCOUNT (R)			TOTAL CONTRIBUTIONS (R)		
		MAIN MEMBER	ADULT	CHILD**	MAIN MEMBER	ADULT	CHILD**	MAIN MEMBER	ADULT	CHILD**
Executive	Executive plan	6,224	6,224	1,190	2,074	2,074	396	8,298	8,298	1,586
Comprehensive	Classic Comprehensive	5,108	4,831	1,019	1,702	1,610	339	6,810	6,441	1,358
	Classic Delta Comprehensive	4,600	4,354	916	1,533	1,451	305	6,133	5,805	1,221
	Essential Comprehensive	4,865	4,595	982	858	810	173	5,723	5,405	1,155
	Essential Delta Comprehensive	4,382	4,138	878	773	730	154	5,155	4,868	1,032
	Classic Smart Comprehensive	4,949	4,568	1,574	No Medical Savings Account			4,949	4,568	1,574
Priority	Classic Priority	3,272	2,580	1,309	1,090	860	436	4,362	3,440	1,745
	Essential Priority	3,187	2,505	1,273	562	442	224	3,749	2,947	1,497
Saver	Classic Saver	2,822	2,226	1,131	940	742	377	3,762	2,968	1,508
	Classic Delta Saver	2,255	1,781	905	751	593	301	3,006	2,374	1,206
	Essential Saver	2,542	1,907	1,019	448	336	179	2,990	2,243	1,198
	Essential Delta Saver	2,028	1,530	814	357	270	143	2,385	1,800	957
	Coastal Saver	2,387	1,794	964	596	448	241	2,983	2,242	1,205
Smart	Classic Smart	2,235	1,763	892	No Medical Savings Account			2,235	1,763	892
	Essential Smart	1,600	1,600	1,600				1,600	1,600	1,600
	Essential Dynamic Smart	1,450	1,450	1,450				1,450	1,450	1,450

Shariah compliant arrangement available on all health plans.

PLAN		CONTRIBUTIONS (R)			CONTRIBUTIONS TO MEDICAL SAVINGS ACCOUNT (R)			TOTAL CONTRIBUTIONS (R)		
		MAIN MEMBER	ADULT	CHILD**	MAIN MEMBER	ADULT	CHILD**	MAIN MEMBER	ADULT	CHILD**
Core	Classic Core	2,800	2,209	1,120	No Medical Savings Account			2,800	2,209	1,120
	Classic Delta Core	2,241	1,767	896				2,241	1,767	896
	Essential Core	2,406	1,804	967				2,406	1,804	967
	Essential Delta Core	1,923	1,446	771				1,923	1,446	771
	Coastal Core	2,226	1,671	885				2,226	1,671	885
KeyCare	KeyCare Plus 0 – 8,950	1,380	1,380	502	No Medical Savings Account			1,380	1,380	502
	KeyCare Plus 8,951 – 14,400	1,897	1,897	535				1,897	1,897	535
	KeyCare Plus 14,401+	2,801	2,801	750				2,801	2,801	750
	KeyCare Core 0 – 8,950	1,084	1,084	284	No Medical Savings Account			1,084	1,084	284
	KeyCare Core 8,951 – 14,400	1,352	1,352	336				1,352	1,352	336
	KeyCare Core 14,401+	2,068	2,068	470				2,068	2,068	470
	KeyCare Start 0 – 9,550	1,044	1,044	637	No Medical Savings Account			1,044	1,044	637
	KeyCare Start 9,551 – 14,400	1,758	1,758	689				1,758	1,758	689
	KeyCare Start 14,401+	2,737	2,737	744				2,737	2,737	744
	KeyCare Start Regional 0 – 9,550	930	930	560	No Medical Savings Account			930	930	560
	KeyCare Start Regional 9,551 – 14,400	1,405	1,405	620				1,405	1,405	620
	KeyCare Start Regional 14,401+	2,190	2,190	670				2,190	2,190	670

Shariah compliant arrangement available on all health plans.

\* Discovery Health Medical Scheme, registration number 1125, is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes. In all instances, Discovery Health Medical Scheme Rules prevail. Please consult the Scheme Rules on [www.discovery.co.za](http://www.discovery.co.za). When reference is made to 'we' in the context of benefits, members, payments or cover, in this brochure this is reference to Discovery Health Medical Scheme.

\*\* We count a maximum of three children when we work out the monthly contribution and annual Medical Savings Account, except when a child has been placed in the custody of a member, such as foster care, in which case every child on the membership will be counted.

# Annual **Medical Savings Account**

	PLAN	MAIN MEMBER (R)	ADULT (R)	CHILD* (R)
<b>Executive</b>	Executive Plan	24,888	24,888	4,752
<b>Comprehensive</b>	Classic Comprehensive	20,424	19,320	4,068
	Classic Delta Comprehensive	18,396	17,412	3,660
	Essential Comprehensive	10,296	9,720	2,076
	Essential Delta Comprehensive	9,276	8,760	1,848
<b>Priority</b>	Classic Priority	13,080	10,320	5,232
	Essential Priority	6,744	5,304	2,688
<b>Saver</b>	Classic Saver	11,280	8,904	4,524
	Classic Delta Saver	9,012	7,116	3,612
	Essential Saver	5,376	4,032	2,148
	Essential Delta Saver	4,284	3,240	1,716
	Coastal Saver	7,152	5,376	2,892

\* We count a maximum of three children when we work out the annual Medical Savings Account, except when a child has been placed in the custody of a member, such as foster care, in which case every child on the membership will be counted.

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

The Annual Medical Savings Account amounts displayed above reflects the upfront annual allocation for January 2023 and will be adjusted from April 2023 in line with the annual contribution increase.



# Annual Threshold Amounts

## ANNUAL THRESHOLD

	MAIN MEMBER (R)	ADULT (R)	CHILD* (R)
Executive	31,200	31,200	5,920
Classic, Essential and Delta Comprehensive	25,740	25,740	4,910
Classic Smart Comprehensive	29,480	29,480	1,000
Priority	20,820	15,650	6,930

## ABOVE THRESHOLD BENEFIT LIMITS

	MAIN MEMBER (R)	ADULT (R)	CHILD* (R)
Executive	Unlimited		
Comprehensive			
Priority	17,620	12,570	6,160

\* We count a maximum of three children when we work out the Annual Threshold and Above Threshold Benefit limit, except when a child has been placed in the custody of a member, such as foster care, in which case every child on the membership will be counted.

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

The Annual Threshold and Above Threshold Benefit limit amounts are calculated for January 2023 to December 2023.

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# PLAN COMPARISON

## 2023

Executive | Comprehensive | Priority | Saver | Smart | Core | KeyCare



Discovery Health Medical Scheme **2023 contributions** January to March

SERIES	PLAN	CONTRIBUTIONS (R)			CONTRIBUTIONS TO MEDICAL SAVINGS ACCOUNT (R)			TOTAL CONTRIBUTIONS (R)		
		MAIN MEMBER	ADULT	CHILD**	MAIN MEMBER	ADULT	CHILD**	MAIN MEMBER	ADULT	CHILD**
Executive	Executive Plan	6,224	6,224	1,190	2,074	2,074	396	8,298	8,298	1,586
Comprehensive	Classic Comprehensive	5,108	4,831	1,019	1,702	1,610	339	6,810	6,441	1,358
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	Essential Priority	3,187	2,505	1,273	562	442	224	3,749	2,947	1,497
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	Essential Delta Saver	2,028	1,530	814	357	270	143	2,385	1,800	957
	Coastal Saver	2,387	1,794	964	596	448	241	2,983	2,242	1,205
Smart	Classic Smart	2,235	1,763	892	No Medical Savings Account			2,235	1,763	892
	Essential Smart	1,600	1,600	1,600				1,600	1,600	1,600
	Essential Dynamic Smart	1,450	1,450	1,450				1,450	1,450	1,450
Core	Classic Core	2,800	2,209	1,120	No Medical Savings Account			2,800	2,209	1,120
	Classic Delta Core	2,241	1,767	896				2,241	1,767	896
	Essential Core	2,406	1,804	967				2,406	1,804	967
	Essential Delta Core	1,923	1,446	771				1,923	1,446	771
	Coastal Core	2,226	1,671	885				2,226	1,671	885
KeyCare*	KeyCare Plus 0 – 8,950	1,380	1,380	502	No Medical Savings Account			1,380	1,380	502
	KeyCare Plus 8,951 – 14,400	1,897	1,897	535				1,897	1,897	535
	KeyCare Plus 14,401+	2,801	2,801	750				2,801	2,801	750
	KeyCare Core 0 – 8,950	1,084	1,084	284	No Medical Savings Account			1,084	1,084	284
	KeyCare Core 8,951 – 14,400	1,352	1,352	336				1,352	1,352	336
	KeyCare Core 14,401+	2,068	2,068	470				2,068	2,068	470
	KeyCare Start 0 – 9,550	1,044	1,044	637	No Medical Savings Account			1,044	1,044	637
	KeyCare Start 9,551 – 14,400	1,758	1,758	689				1,758	1,758	689
	KeyCare Start 14,401+	2,737	2,737	744				2,737	2,737	744
	KeyCare Start Regional 0 – 9,550	930	930	560	No Medical Savings Account			930	930	560
	KeyCare Start Regional 9,551 – 14,400	1,405	1,405	620				1,405	1,405	620
	KeyCare Start Regional 14,401+	2,190	2,190	670				2,190	2,190	670

Shariah Compliant Arrangement available on all health plans.

\* Income verification will be conducted for the lower income bands. Income is considered as: The higher of the main member or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance received from any statutory social assistance programme.

\*\* We count a maximum of three children when we work out the monthly contribution and annual Medical Savings Account, except when a child has been placed in the custody of a member, such as foster care, in which case every child on the membership will be counted.

The Annual Medical Savings Account amounts displayed above reflects the upfront annual allocation for January 2023 and will be adjusted from April 2023 in line with the annual contribution increase.



Annual Medical Savings Account

		MAIN MEMBER (R)	ADULT (R)	CHILD* (R)
Executive	Executive Plan	24,888	24,888	4,752
Comprehensive	Classic Comprehensive	20,424	19,320	4,068
	Classic Delta Comprehensive	18,396	17,412	3,660
	Essential Comprehensive	10,296	9,720	2,076
	Essential Delta Comprehensive	9,276	8,760	1,848
Priority	Classic Priority	13,080	10,320	5,232
	Essential Priority	6,744	5,304	2,688
Saver	Classic Saver	11,280	8,904	4,524
	Classic Delta Saver	9,012	7,116	3,612
	Essential Saver	5,376	4,032	2,148
	Essential Delta Saver	4,284	3,240	1,716
	Coastal Saver	7,152	5,376	2,892

\* We count a maximum of three children when we work out the annual Medical Savings Account, except when a child has been placed in the custody of a member, such as foster care, in which case every child on the membership will be counted.

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

The Annual Medical Savings Account amounts displayed above reflects the upfront annual allocation for January 2023 and will be adjusted from April 2023 in line with the annual contribution increase.

Annual Threshold Amounts

Annual Threshold

	MAIN MEMBER (R)	Adult (R)	CHILD* (R)
Executive	31,200	31,200	5,920
Classic, Essential and Delta Comprehensive	25,740	25,740	4,910
Classic Smart Comprehensive	29,480	29,480	1,000
Priority	20,820	15,650	6,930

Above Threshold Benefit limits

	MAIN MEMBER (R)	ADULT (R)	CHILD* (R)
Executive	Unlimited		
Comprehensive			
Priority	17,620	12,570	6,160

\* We count a maximum of three children when we work out the Annual Threshold and Above Threshold Benefit limit, except when a child has been placed in the custody of a member, such as foster care, in which case every child on the membership will be counted.

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

The Annual Threshold and Above Threshold Benefit limit amounts are calculated for January 2023 to December 2023.

		EXECUTIVE	COMPREHENSIVE			PRIORITY		SAVER			SMART		CORE			KEYCARE		
		CLASSIC	ESSENTIAL	CLASSIC SMART	CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	COASTAL	CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	COASTAL	PLUS	CORE	START	START REGIONAL
PMB	Prescribed Minimum Benefits (PMB)	All Discovery Health Medical Scheme (DHMS) plans cover the costs related to the diagnosis, treatment and care of: an emergency medical condition, a defined list of 271 diagnoses and a defined list of 27 chronic conditions. 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. 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.																
DAY-TO-DAY BENEFITS	Medical Savings Account (MSA) and day-to-day benefits	Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology as long as you have money available.	Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology as long as you have money available.	This plan does not offer a Medical Savings Account. Access to a defined set of benefits including GP consultations, certain specialist visits, certain acute medicine when prescribed by a Smart GP and over-the-counter medicine, dental check up and optometry check up with fixed co-payments and limits.	Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology as long as you have money available.					This plan does not offer a Medical Savings Account. Access to a defined set of benefits including GP consultations, certain acute medicine when prescribed by a Smart GP and over-the-counter medicine, dental check up and optometry check up with fixed co-payments and limits.	These plans do not offer a Medical Savings Account. Access to a defined set of benefits including GP consultations, certain over-the-counter medicine, dental check up and optometry check up with fixed co-payments and limits.	This plan does not offer a Medical Savings Account.			These plans do not offer a Medical Savings Account. Day-to-day benefits through your chosen KeyCare GP and day-to-day medicine from our medicine list when prescribed by your chosen KeyCare GP. We pay for basic radiology and pathology at a network provider if referred by your chosen GP, as well as basic optometry and dentistry, and specialist cover up to R4,730 per person per year when referred by your chosen GP.	This plan does not offer a Medical Savings Account. Specialist cover up to R4,730 per person per year when referred by a GP.	This plan does not offer a Medical Savings Account. Day-to-day benefits through your chosen KeyCare Start GP and day-to-day medicine from our medicine list when prescribed by your chosen KeyCare Start GP. We pay for basic radiology and pathology if referred by your chosen KeyCare Start GP, as well as basic optometry and dentistry, and specialist cover up to R2,370 per person per year when referred by your chosen KeyCare Start GP.	This plan does not offer a Medical Savings Account. Day-to-day benefits through referral by the KeyCare Online Practice and day-to-day medicine from our medicine list when prescribed by your chosen KeyCare Start Regional GP. We pay for basic radiology and pathology if referred by your chosen KeyCare Start Regional GP. As well as basic optometry and dentistry, and specialist cover up to R2,370 per person per year when referred by your chosen GP.
	Day-to-day Extender Benefit	Pays for certain day-to-day benefits after you have run out of money in your MSA and before you reach the Annual Threshold. Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	Pays for certain day-to-day benefits after you have run out of money in your MSA and before you reach the Annual Threshold. Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. On Classic, you also have additional cover for kids casualty visits.	This plan does not offer this benefit.	Pays for certain day-to-day benefits after you have run out of money in your Medical Saving Account and before you reach the Annual Threshold.		Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	Covers unlimited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR.	Covers limited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP. You also have cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. You also have additional cover for kids casualty visits.	Covers limited pharmacy clinic consultations in our wellness network, as well as video call consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR.	These plans do not offer this benefit.							

		EXECUTIVE		COMPREHENSIVE		PRIORITY		SAVER			SMART		CORE			KEYCARE					
		CLASSIC		ESSENTIAL	CLASSIC SMART	CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	COASTAL	CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	COASTAL	PLUS	CORE	START	START REGIONAL		
DAY-TO-DAY BENEFITS	Above Threshold Benefit	The Scheme continues to cover day-to-day healthcare services once you reach your Annual Threshold. The Above Threshold Benefit is unlimited. Annual benefit limits may apply.				The Scheme continues to cover day-to-day healthcare services once you reach your Annual Threshold. The Above Threshold Benefit is limited. Annual benefit limits may apply.		These plans do not offer this benefit.													
	MRI and CT scans	We pay the first R3,470 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	We pay the first R3,470 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	You have to pay the first R3,470 of your MRI or CT scan until you reach the Annual Threshold. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	We pay the first R3,470 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	We pay the first R3,470 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	You must pay the first R3,470 of your MRI or CT scan. We cover the balance of the scan from your Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	These plans do not offer this benefit.	These plans do not offer this benefit.			MRI and CT scans are paid from the Specialist Benefit up to a limit of R5,000 for a person a year.			MRI and CT scans are paid from the Specialist Benefit up to a limit of R2,500 for a person a year.	MRI and CT scans are paid from the Specialist Benefit up to a limit of R2,500 for a person a year.					
MATERNITY COVER	Cover during your pregnancy and for two years after your baby's birth once the benefit is activated	<b>During pregnancy</b> <ul style="list-style-type: none"><li>12 antenatal consultations with your gynaecologist, GP or midwife</li><li>Two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans</li><li>One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria</li><li>Private ward cover up to R2,460 per day for your delivery in hospital</li><li>Cover for up to R5,350 for essential registered devices with 25% co-payment</li><li>A defined basket of blood tests</li><li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth.</li></ul>		<b>After you give birth</b> <ul style="list-style-type: none"><li>Your baby is covered for up to two visits to a GP, paediatrician or an ENT</li><li>You are covered for one six week post-birth consultation at your midwife, GP or gynaecologist as part of your delivery or if there are any complications</li><li>One nutritional assessment at a dietitian</li><li>Two mental health consultations with a counsellor or psychologist</li><li>One breastfeeding consultation with a registered nurse or a breastfeeding specialist.</li></ul>		<b>During pregnancy</b> <ul style="list-style-type: none"><li>8 antenatal consultations with your gynaecologist, GP or midwife</li><li>Two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans</li><li>One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria</li><li>A defined basket of blood tests</li><li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth.</li></ul>						<b>After you give birth</b> <ul style="list-style-type: none"><li>Your baby is covered for up to two visits to a GP, paediatrician or an ENT</li><li>You are covered for one six week post-birth consultation at your midwife, GP or gynaecologist either as part of your delivery or if there are any complications</li><li>One nutritional assessment at a dietitian</li><li>Two mental health consultations with a counsellor or psychologist</li><li>One breastfeeding consultation with a registered nurse or a breastfeeding specialist.</li></ul> <p>To access these benefits on KeyCare Start, your chosen GP, or chosen Regional GP on KeyCare Start Regional, must refer you.</p>									
	Conditions	You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits list as well as additional conditions on our Additional Disease List.			You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits																
CHRONIC COVER	Medicine cover	Approved medicine on our medicine list covered in full (not applicable to ADL conditions). Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Full cover for approved medicine on our medicine list (not applicable to ADL).  Full cover for Delta options if you use MedXpress or a MedXpress Network Pharmacy. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Full cover for approved medicine on our medicine list. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine on our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine on our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine on our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. For medicine not on our list, we cover up to the cost of the lowest formulary drug.	Approved medicine on our medicine list covered in full when you use MedXpress or a MedXpress Network Pharmacy. Medicines not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine covered in full when you use one of our network pharmacies or your nominated KeyCare Network GP. Your nominated KeyCare Network GP must prescribe the chronic medicine. For medicine not on our list, we cover up to the cost of the lowest formulary drug.	We cover your chronic medicine in a state facility.	We cover your chronic medicine when you use one of our network pharmacies or your chosen KeyCare Start Regional Network GP. Your chosen Regional Network GP must prescribe the chronic medicine. For medicine not on our list, we cover up to the cost of the lowest formulary drug.										
	Oncology Benefit	We cover the first R500,000 of your approved cancer treatment over a 12-month cycle in full.	We cover the first R375,000 of your approved cancer treatment over a 12-month cycle in full.	We cover the first R250,000 of your approved cancer treatment over a 12-month cycle in full. All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where applicable. All PMB treatment costs add up to the cover amount. If your treatment costs more than the cover amount, we will cover up to 80% of the Discovery Health Rate (DHR).	We cover the first R250,000 of your approved cancer treatment over a 12-month cycle in full. All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where applicable. If your treatment costs more than the cover amount, we will cover up to 80% of the DHR.	On Essential Smart and Essential Dynamic Smart plans, we cover cancer treatment in our network. If you choose to use any other provider, we will cover up to 80% of the Discovery Health Rate (DHR).	We cover the first R250,000 of your approved cancer treatment over a 12-month cycle in full. All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate (DHR). Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where applicable. All PMB treatment costs add up to the cover amount. If your treatment costs more than the cover amount, we will cover up to 80% of the Discovery Health Rate (DHR).	Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a designated service provider (DSP), where applicable. You have cover for cancer treatment in our network.	If you choose to use any other provider, we will cover up to 80% of the Discovery Health Rate (DHR).												
CANCER COVER	Extended Oncology Benefit	Once you have reached your cover limit, you have extended cover in full for a defined list of cancers and treatments that meet the Scheme's criteria.			These plans do not offer this benefit.																
	Oncology Innovation Benefit	You have cover for a defined list of innovative cancer medicine that meet the Scheme's criteria. You will need to pay 25% of the cost of these treatments.			You have cover for a sub-set of the defined list of innovative cancer medicine, subject to the Scheme's clinical entry criteria. You will need to pay 50% of the cost of these treatments.										These plans do not offer this benefit.						

Discovery Health Rate (DHR) is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.

		EXECUTIVE	COMPREHENSIVE			PRIORITY		SAVER			SMART		CORE			KEYCARE						
		CLASSIC		ESSENTIAL	CLASSIC SMART	CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	COASTAL	CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	COASTAL	PLUS	CORE	START	START REGIONAL			
HOSPITAL COVER	Private hospital cover in a general ward	Unlimited cover plus private ward cover of up to R2,460 each day.	Unlimited cover plus private ward cover up to R2,460 per day for your delivery.			Unlimited cover		Unlimited cover			Unlimited cover		Unlimited cover			Unlimited cover						
	Private hospital	You are covered in any facility approved by the Scheme.	You are covered in any facility approved by the Scheme. Full cover on Delta options when using the Delta Hospital Network of private hospitals.  For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R9,650.		Full cover in the Smart Hospital Network.  For planned admissions at hospitals outside of the Smart Hospital Network, you must pay an upfront payment of R11,000 to the hospital.	You are covered in any facility approved by the Scheme. An upfront payment of between R4,300 to R20,600 applies for a defined list of procedures.  Where these procedures form part of the list of procedures to be performed in our Day Surgery Network, the higher of the upfront payments will apply.		You are covered in any facility approved by the Scheme.  Full cover on Delta options when using the Delta Hospital Network of private hospitals.  For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R9,650.		Full cover in any approved private hospital in the four coastal provinces network.  If you use a hospital outside the coastal network, we pay up to 70% of the DHR of the hospital account and you must pay the difference.	Full cover in the Smart Hospital Network.  For planned admissions at hospitals outside of the Smart Hospital Network, you must pay an upfront payment of R11,000 to the hospital.  For the Essential Dynamic Smart plan, full cover in the *Essential Dynamic Smart Hospital Network as referred by the virtual assistant.  For planned admissions at hospitals outside of the *Essential Dynamic Smart Hospital Network, you must pay an upfront payment of R13,250 to the hospital.		You are covered in any facility approved by the Scheme.  Full cover on Delta options when using the Delta Hospital Network of private hospitals.  For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R9,650.	Full cover in any approved private hospital in the four coastal provinces network.  If you use a hospital outside the coastal network, we pay up to 70% of the DHR of the hospital account and you must pay the difference.	Full cover if you use a hospital in the KeyCare Hospital Network.  If you use a hospital in the Partial Cover Network, we pay up to 70% of the DHR.  If you do not use hospitals in the networks, you will have to pay all costs.	Full cover at your chosen KeyCare Start Network hospital.  If you do not use your chosen hospital in the network, you will have to pay all costs.	Full cover at your chosen KeyCare Start Regional Network hospital.  If you do not use your chosen hospital in the network, you will have to pay all costs.					
	Defined list of procedures in our Day Surgery Network	You are covered in any facility approved by the Scheme.	We cover a defined list of procedures in a day surgery facility.  An upfront payment of R6,300 applies for admission to a facility outside of the Day Surgery Network. An upfront payment of R9,650 applies on the Delta options, if performed outside of the Delta day surgery network.		We cover a defined list of procedures in the Smart Day Surgery Network.  An upfront payment of R11,000 applies for admissions to a facility outside of the Smart Day Surgery Network.	We cover a defined list of procedures in a Day Surgery Network.  An upfront payment of R6,300 applies for admissions to a facility outside of the Day Surgery Network. Where these procedures form part of the list of in-hospital procedures with an upfront payment, the higher of the upfront payments will apply.		We cover a defined list of procedures in a Day Surgery Network.  An upfront payment of R6,300 applies for admissions to a facility outside of the Day Surgery Network. An upfront payment of R9,650 applies on the Delta options, if performed outside of the Delta Day Surgery Network.		We cover a defined list of procedures in the Smart Day Surgery Network.  An upfront payment of R11,000 applies for admissions to a facility outside of the Smart Day Surgery Network as advised by the virtual agent.  On the Essential Dynamic Smart plan, an upfront payment of R13,250 applies for admission to a facility outside of the *Essential Dynamic Smart Day Surgery Network.		We cover a defined list of procedures in a Day Surgery Network.  An upfront payment of R6,300 applies for admissions to a facility outside of the Day Surgery Network. An upfront payment of R9,650 applies on the Delta options, if performed outside of the Delta Day Surgery Network.		We cover a defined list of procedures in the KeyCare Day Surgery Network.	We cover a defined list of procedures in the KeyCare Start Day Surgery Network.	We cover a defined list of procedures in the KeyCare Start Regional Day Surgery Network.						
	Full cover option for specialists we have a payment arrangement with	Full cover	Full cover			Full cover		Full cover			Full cover		Full cover			Full cover						
	Reimbursement rate for specialists we do not have a payment arrangement with	300% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	100% of the DHR						
	Reimbursement rate for GPs and other healthcare professionals (not specialists)	200% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR	100% of the DHR						
	Reimbursement rate for radiology and pathology	100% of the DHR	100% of the DHR			100% of the DHR		100% of the DHR			100% of the DHR		100% of the DHR			100% of the DHR						
	Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	Depending on where you have your scope done, we pay a portion of between R4,050 and R5,900 from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher co-payment will apply.  If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.  If performed outside of the Day Surgery Network, the highest of the out-of-network upfront payment or scopes co-payment will apply.	Depending on where you have your scope done, we pay a portion of between R4,050 and R5,900 from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher co-payment will apply.  If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.  If performed outside of the Day Surgery Network, the highest of the out-of-network upfront payment or scopes co-payment will apply.			Depending on where you have your scope done, an upfront payment of between R4,050 and R6,500 applies. We pay the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher upfront payment will apply.  If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.  If performed outside of the Day Surgery Network, the highest of the out-of-network upfront or scopes co-payment will apply.		Depending on where you have your scope done, we pay a portion of between R4,050 and R6,950 from your available day-to-day benefits and the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher co-payment will apply.  If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.  If performed outside of the Day Surgery Network, the highest of the out-of-network upfront payment or scopes co-payment will apply.		Depending on where you have your scope done, you will have to pay a portion of between R4,050 and R6,950 and we pay the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher upfront payment will apply.  If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.  If performed outside of the Day Surgery Network, the highest of the out-of-network upfront payment or scopes co-payment will apply.		Depending on where you have your scope done, you will have to pay a portion of between R4,050 and R6,950 and we pay the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher upfront payment will apply.  If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.  If performed outside of the Day Surgery Network, the highest of the out-of-network upfront payment or scopes co-payment will apply.			Depending on where you have your scope done, you will have to pay a portion of between R4,050 and R6,950 and we pay the balance of the hospital and related accounts from your Hospital Benefit. Where both a gastroscopy and colonoscopy are performed, a higher upfront payment will apply.  If scopes are performed in the doctor's rooms, as part of a confirmed Prescribed Minimum Benefits (PMB) condition, or the patient is under the age of 12, you will not have to pay any amount upfront. We pay the account from the Hospital Benefit.  If performed outside of the Day Surgery Network, the highest of the out-of-network upfront payment or scopes co-payment will apply.				Prescribed Minimum Benefit cover, in the KeyCare Day Surgery Network. If done in the doctor's rooms, we pay the account from the Hospital Benefit.	Prescribed Minimum Benefit cover, in the KeyCare Start Day Surgery Network. If done in the doctor's rooms, we pay the account from the Hospital Benefit.	Prescribed Minimum Benefit cover, in the KeyCare Start Regional Day Surgery Network. If done in the doctor's rooms, we pay the account from the Hospital Benefit.	
	Cover for MRI and CT scans related to admission	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.			If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.		If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.			If done as part of an approved hospital admission, we will pay up to 100% of the DHR from the Hospital Benefit.		If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.			If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.						
	Cover for MRI and CT scans if not related to admission or for back and neck treatment	We pay the first R3,470 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. Limited to one scan per spinal and neck region.	We pay the first R3,470 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. Limited to one scan per spinal and neck region.		You need to pay the first R3,470 of your MRI or CT scan until you reach the Annual Threshold. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per body region applies.	We pay the first R3,470 of the scan from day-to-day benefits. We pay the balance of the scan from the Hospital Benefit up to 100% of the DHR. For conservative back and neck treatment, you must also pay the first R4,050 of the hospital account. We pay the balance of the scan from the Hospital Benefit up to 100% of the DHR. Limited to one scan per spinal and neck region.		We pay the first R3,470 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. Limited to one scan per spinal and neck region.			You need to pay the first R3,470 of the scan. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR. Limited to one scan per spinal and neck region.		These plans do not offer this benefit.	These plans do not offer this benefit.			We pay scans from the Specialist Benefit up to a limit of R5,000 for each person each year.	We pay scans from the Specialist Benefit up to a limit of R2,500 for each person each year.				

Discovery Health Rate (DHR) is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.

\* The full extent of Essential Dynamic Smart Hospital Network will become available during the second quarter of 2023. Members on the Essential Dynamic Smart plan are encouraged to use healthcare providers in the Smart Network until the new network is available.

	EXECUTIVE		COMPREHENSIVE			PRIORITY		SAVER			SMART		CORE			KEYCARE			
	CLASSIC	ESSENTIAL	CLASSIC SMART	CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	COASTAL	CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	COASTAL	PLUS	CORE	START	START REGIONAL		
ADDITIONAL BENEFITS	Advanced Illness Benefit	Members have access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home, care coordination, counselling services and supportive care for appropriate end-of-life clinical and psychologist services. You also have access to a GP consultation to facilitate your palliative care treatment plan.																	
	Africa Evacuation Benefit	Cover for emergency medical evacuations from certain sub-Saharan African countries back to South Africa. Pre-existing conditions are excluded.												These plans do not offer these benefits.					
	Assisted Reproductive Therapy (ART)	You have cover for up to two cycles of ART if you meet the Scheme's benefit entry criteria. Cover includes a basket of care which includes cover for consultations, ultrasounds, oocyte retrieval, embryo transfer and freezing, admission costs including lab fees, medication and embryo and sperm storage. This benefit also includes cover for egg donated cycles. If you are registered on the Oncology Programme and meet the Scheme's clinical entry criteria, you have access to egg and sperm cryopreservation for up to five years. We pay up to a limit of R122,000 per person per year at 75% of the Discovery Health Rate (DHR). A co-payment of 25% will apply.				These plans do not offer these benefits.													
	Care Programmes	Preventative and condition-specific care programmes for diabetes, mental health, HIV and heart conditions. We cover preventative and condition-specific care programmes that help you to manage diabetes, mental health, HIV or heart-related medical conditions. You have to be registered on these condition-specific care programmes to unlock additional benefits and services. You and your Premier Plus GP can track progress on a personalised dashboard to identify the next steps to optimally manage your condition and stay healthy over time. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.																	
	Connected Care	You have access to hospital-level care in your home instead of having to go to hospital for acute hospital care. This includes cover and treatment for COVID-19 and/or follow-up care once discharged. You have access to the Hospital at Home devices and healthcare services if you meet the clinical and benefit criteria. You have access to care at home, including a Home Monitoring Device Benefit for essential home monitoring and home-based care for follow up treatment after an admission. The Home Monitoring Device Benefit gives you access to a range of essential and registered home monitoring devices for certain chronic and acute conditions. Approved cover for these devices will not affect your day-to-day benefits. If you meet the scheme's clinical entry criteria, you have healthcare cover up to a limit of R4,250 per person per year, at 100% of the Discovery Health Rate (DHR)																	
		The Scheme also covers defined point of care medical devices up to 75% of the Discovery Health Rate (DHR), if you meet the clinical entry criteria.										These plans do not offer these benefits.							
	Screening and Prevention Benefit	This benefit covers a health check which is made up of certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every two years, Pap smear every three years or one HPV test every 5 years, PSA (a prostate screening test) once a year and HIV screening tests. Seasonal flu vaccine during pregnancy, or for members 65 years or older and/or registered for certain chronic conditions. Pneumococcal vaccine for persons over the age of 65 and/or registered for certain chronic conditions. We also cover bowel cancer screening tests every two years for members between 45 and 75 years. Additional, and/or more frequent screening is available for those who meet our clinical criteria. Consultations that do not form part of Prescribed Minimum Benefits (PMBs) will be paid from your available day-to-day benefits. Kids screening tests include a growth assessment and health and milestone tracking at any one of our wellness network providers.																	
	WELLTH Fund	The WELLTH Fund covers a comprehensive list of screening and prevention healthcare services according to your individual health needs. This benefit is separate from and additional to the Screening and Prevention Benefit and is available once per lifetime for all members and dependants who have completed their health checks. Your WELLTH Fund can be used for appropriate screening and prevention healthcare services, up to your WELLTH Fund limit. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.																	
	Trauma Recovery Extender Benefit	Extends your cover for out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma. You and your dependants on your health plan also have access to six counselling sessions per person per year by a psychologist, clinical social worker or registered counsellor. You need to apply for this benefit.																	
	WHO Global Outbreak Benefit	Provides cover for approved global disease outbreaks recognised by the World Health Organisation (WHO) such as COVID-19 and monkeypox. This benefit provides access to a defined basket of care per disease outbreak, which includes cover for vaccines (where applicable) and relevant out-of-hospital treatment.																	
	International Travel Benefit	Cover up to \$1 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre-existing conditions are excluded.	Cover up to R5 million for each person on each journey for emergency medical costs while travelling outside of South Africa, for a period of 90 days from your departure from South Africa. Specific rules apply and pre-existing conditions are excluded.															These plans do not offer these benefits.	
	Overseas Treatment Benefit	Up to R750,000 for each person travelling for evidence-based healthcare treatment not available in South Africa. You also have cover for R300,000 at a recognised healthcare provider for in-hospital treatment that is available in South Africa. A co-payment of 20% and specific rules apply to these benefits.	Up to R500,000 for each person travelling for evidence-based healthcare treatment not available in South Africa. A co-payment of 20% and specific rules apply to this benefit.				These plans do not offer these benefits.												

Discovery Health Rate (DHR) is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes.

Complaints process: The following channels are available for your complaints: 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](http://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](http://www.discovery.co.za) or by e-mailing [principalofficer@discovery.co.za](mailto:principalofficer@discovery.co.za). Step 3 – 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 – 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.co.za](mailto:complaints@medicalschemes.co.za) | 0861 123 267 | [www.medicalschemes.co.za](http://www.medicalschemes.co.za)

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 and administrator of medical schemes. This brochure is only a summary of the key benefits and features of Discovery Health Medical Scheme plans. In all instances, Discovery Health Medical Scheme Rules prevail. Please consult the Scheme Rules on [www.discovery.co.za](http://www.discovery.co.za). When reference is made to ‘we’ in the context of benefits, members, payments or cover, in this brochure this is reference to Discovery Health Medical Scheme. We are continuously improving our communication to you. The most up to date and detailed benefit information is available on [www.discovery.co.za](http://www.discovery.co.za). Discovery Health Medical Scheme, registration number 1125, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes. Discovery app, Ask Discovery, MedXpress, Medicine tracker, Track your health, second opinion services from Cleveland Clinic, Connected Care and Discovery Hospital at Home are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes



QUALITY CARE IN OUR 2023

# HOSPITAL NETWORK

*Find a network facility for your health plan option*

# Hospital Networks

All Discovery Health Medical Scheme health plans offer unlimited hospital cover. You are covered in any facility approved by the Scheme. The funding of newly licensed facilities is subject to approval by the Scheme, on all health plans. The below listed plans offer cover for planned admissions in a defined network: Classic Smart Comprehensive, Delta options, Smart and KeyCare plans. On the Coastal plans you can go to any approved hospital in the four Coastal regions. There are currently some hospitals which are partially covered by KeyCare plans.

## **KH** KeyCare Hospital Network

You must go to a hospital in the KeyCare Hospital Network for planned admissions on the KeyCare Plus and KeyCare Core plans. **If you do not use one of these hospitals for a planned admission, you will need to pay for these claims. This does not apply in an emergency.**

## **KC** KeyCare Casualty Hospitals

On KeyCare Plus you are covered in any network casualty unit at one of the KeyCare network hospitals. You have to pay the first R450 of the consultation and cover is subject to authorisation. If you use a casualty unit outside of the KeyCare Casualty Network, you will have to pay the difference between what the Scheme pays and what is charged. On KeyCare Start you have access to after-hours care at your chosen KeyCare Start GP or network provider.

## **KS** KeyCare Start Hospital Network

These hospitals apply to members on the KeyCare Start plan. We cover you in full at the agreed rate in your chosen KeyCare Start Network Hospital. If you do not use your chosen hospital for a planned admission, you will need to pay these claims. Based on your chosen KeyCare Start GP you have access to a KeyCare Start Network Hospital in your region. **This does not apply in an emergency.**

## **KR** KeyCare Start Regional Hospital Network

These hospitals apply to members on the KeyCare Start Regional plan. We cover you in full at the agreed rate in your chosen KeyCare Start Regional Network Hospital. If you do not use these hospitals for a planned hospital admission, you will need to pay these claims. **This does not apply in an emergency.**

## **D** Delta Hospital Network

Applicable to Classic Delta Comprehensive, Essential Delta Comprehensive, Classic Delta Saver, Essential Delta Saver, Classic Delta Core and Essential Delta Core network options. For planned admissions to any other private hospital, you must pay an upfront amount of R9,650. **This does not apply in an emergency.**

## **S** Smart Hospital Network

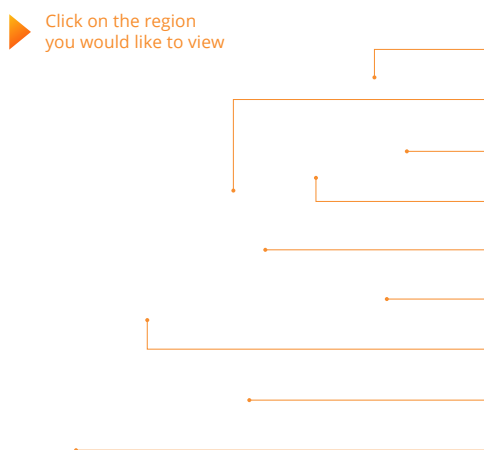
These hospitals apply to members on the Classic Smart and Essential Smart Plans. For planned admissions to any other private hospital, you must pay an upfront amount of R11,000. **This does not apply in an emergency.**

On the Essential Dynamic Smart Plan, you have access to the Personal Healthcare Assistant which will dynamically guide you to the most efficient hospital with the highest quality of care given your healthcare needs at that specific point in time. For planned admissions for day surgery procedures to any other private hospital, you must pay an upfront amount of R13 250. This does not apply in an emergency.

The full extent of the Essential Dynamic Hospital network will become available during the second quarter of 2023. Members should use healthcare providers in the Smart Network until the new network is available.

## **C** Coastal Hospital Network

On the Coastal Saver and Coastal Core health plans, you must go to an approved hospital in one of the four coastal provinces (Eastern Cape, KwaZulu-Natal, Northern Cape, Western Cape) for a planned admission. If you use a hospital outside of the coastal regions, we will pay up to a maximum of 70% of the Discovery Health Rate (DHR) for the hospital account. **This does not apply in an emergency.** Visit [www.discovery.co.za](http://www.discovery.co.za) or click on Find a healthcare provider on the Discovery app to find a hospital on the Coastal Hospital Network.





## GAUTENG

Alberton	■ Netcare Alberton Hospital				D	S
Benoni	■ Life The Glynnwood Hospital	KH				S
	■ Netcare Optiklin Eye Hospital*	KH				
	■ Sunshine Hospital	KH				
Brakpan	■ Life Dalview Hospital	KH				
Centurion	■ Mediclinic Midstream					S
	■ Netcare Unitas Hospital				D	
Germiston	■ Life Bedford Gardens Hospital				D	
	■ Life Roseacres Hospital	KH	KC		D	S
Heidelberg	■ Life Suikerbosrand Hospital	KH				
Johannesburg	■ Clinix Selby Park Hospital	KH				
	■ Life Brenthurst Hospital	KH	KC	KS	D	
	■ Life Fourways Hospital				D	S
	■ Mediclinic Morningside				D	S
	■ Nelson Mandela Children's Hospital	KH			D	S
	■ Netcare Garden City Hospital	KH	KC			
	■ Netcare Park Lane Hospital					S
	■ Wits Donald Gordon Medical Centre				D	S
Kempton Park	■ Arwyp Medical Centre				D	
Krugersdorp	■ Netcare Pinehaven					S
Lenasia	■ Lenmed Ahmed Kathrada Private Hospital	KH	KC		D	
	■ Lenmed Daxina Private Hospital	KH				
Mabopane	■ Mediclinic Legae	KH	KC		D	S
Midrand	■ Life Carstenhof Hospital	KH	KC		D	
	■ Netcare Waterfall City Hospital					S
Pretoria	■ Life Eugene Marais Hospital	KH	KC	KS		
	■ Life Groenkloof Hospital				D	S
	■ Life Wilgers Hospital				D	S
	■ Louis Pasteur Hospital				D	

\* Hospitals with no casualty unit

All network lists can change at any time. Please go to [www.discovery.co.za](http://www.discovery.co.za) to see the latest list before any planned admissions.

 KeyCare
 | 
  KeyCare Casualty
 | 
  KeyCare Start
 | 
  KeyCare Start Regional
 | 
  Delta
 | 
  Smart

## GAUTENG

Pretoria	■ Mediclinic Medforum	KH			S
	■ Mediclinic Muelmed	KH	KC		S
	■ Netcare Femina Hospital			D	
	■ Netcare Jakaranda Hospital*	KH			
	■ Optimed Eye and Laser Clinic	KH			
	■ Pretoria Eye Institute	KH			
Randburg	■ Netcare Olivedale Hospital				S
Randfontein	■ Lenmed Health Randfontein Private Hospital	KH	KC		
	■ Life Robinson Private Hospital	KH	KC	D	
Roodepoort	■ Life Flora Hospital			D	
	■ Life Wilgeheuwel Hospital			D	S
Saxonwold	■ Life Genesis Clinic	KH		D	S
Soshanguve	■ Botshilu Private Hospital	KH			
Soweto	■ Clinix Tshepo-Themba Private Hospital	KH	KC	KS	
	■ Dr S K Matseke Memorial Hospital	KH			D S
Springs	■ Life Springs Parkland Hospital	KH	KC	D	
Tembisa	■ Lenmed Health Zamokuhle Private Hospital	KH	KC	KS	
Vanderbijlpark	■ Mediclinic Emfuleni	KH	KC		D
Vereeniging	■ Clinix Naledi-Nkanyezi Private Hospital	KH		KS	D
	■ Mediclinic Vereeniging				S
	■ Midvaal Private Hospital	KH	KC		D
Vosloorus	■ Clinix Botshelong-Empilweni Private Hospital	KH		KS	D S

## EASTERN CAPE

East London	■ Life Beacon Bay Hospital	KH	KC	KS	S
	■ Life East London Private Hospital*	KH			
	■ Life St Dominic's Private Hospital	KH	KC		
	■ Life St James Hospital / Life Eye Hospital East London	KH			
Humansdorp	■ Life Isivivana Private Hospital	KH			

\* Hospitals with no casualty unit

All network lists can change at any time. Please go to [www.discovery.co.za](http://www.discovery.co.za) to see the latest list before any planned admissions.

KH KeyCare | 
 KC KeyCare Casualty | 
 KS KeyCare Start | 
 KR KeyCare Start Regional | 
 D Delta | 
 S Smart

## EASTERN CAPE

Port Elizabeth	■ Life Mercantile Hospital	KH KC KS	
	■ Life St George's Hospital	KH KC KS	D
	■ Netcare Greenacres Hospital		S
Queenstown	■ Life Queenstown Private Hospital	KH	S
Uitenhage	■ Netcare Cuyler Hospital	KH KC	
Umtata	■ Life St Mary's Private Hospital	KH	S

## FREE STATE

Bethlehem	■ Mediclinic Hoogland	KH	
Bloemfontein	■ Life Rosepark Hospital	KH KC KS	D
	■ Mediclinic Bloemfontein		S
	■ Netcare Pelonomi Private Hospital	KH	
	■ Netcare Universitas Private Hospital*	KH	D
	■ Pasteur Eye Hospital	KH	D
Harrismith	■ Busamed Harrismith Hospital	KH KS	
Kroonstad	■ Netcare Kroon Hospital	KH	
Sasolburg	■ Netcare Vaalpark Hospital	KH KC	
Welkom	■ Mediclinic Welkom	KH	S
	■ St Helena Hospital	KH	

## KWAZULU NATAL

Amanzimtoti	■ Netcare Kingsway Hospital	KH KC	
Ballito	■ Netcare Alberlito Hospital		S
Chatsworth	■ Life Chatsmed Garden Hospital	KH KC	D
Durban	■ JMH Ascot Park Hospital	KH	
	■ JMH City Hospital	KH KC KS	
	■ Lenmed Ethekwini Hospital and Heart Centre		D
	■ Life Entabeni Hospital	KH KC KS	D
	■ Life Westville Hospital		D S
	■ Netcare St Augustine's Hospital		S
	■ Netcare Umhlanga Hospital		S
Empangeni	■ Life Empangeni Private Hospital	KH	
Isipingo	■ JMH Isipingo Clinic	KH KC	S
Kokstad	■ Netcare Kokstad Private Hospital	KH	
Ladysmith	■ Lenmed La Verna Hospital	KH	

\* Hospitals with no casualty unit

All network lists can change at any time. Please go to [www.discovery.co.za](http://www.discovery.co.za) to see the latest list before any planned admissions.

KH KeyCare | 
 KC KeyCare Casualty | 
 KS KeyCare Start | 
 KR KeyCare Start Regional | 
 D Delta | 
 S Smart

KWAZULU NATAL		
Newcastle	<ul style="list-style-type: none"> <li>Mediclinic Newcastle</li> </ul>	KH KC S
Phoenix	<ul style="list-style-type: none"> <li>Life Mount Edgecombe Hospital</li> </ul>	KH KC
Pietermaritzburg	<ul style="list-style-type: none"> <li>Life Hilton Private Hospital</li> </ul>	S
	<ul style="list-style-type: none"> <li>Mediclinic Pietermaritzburg</li> </ul>	S
	<ul style="list-style-type: none"> <li>Midlands Medical Centre</li> </ul>	D
	<ul style="list-style-type: none"> <li>Netcare St Anne's Hospital</li> </ul>	KH KC KS
Pinetown	<ul style="list-style-type: none"> <li>Hillcrest Private Hospital</li> </ul>	D
	<ul style="list-style-type: none"> <li>Life Crompton Hospital</li> </ul>	KH KC
Port Shepstone	<ul style="list-style-type: none"> <li>Hibiscus Hospital</li> </ul>	KH KC
Richards Bay	<ul style="list-style-type: none"> <li>Melomed Richards Bay Private Hospital</li> </ul>	KH KC KS S
	<ul style="list-style-type: none"> <li>Netcare The Bay Hospital</li> </ul>	KH KC
Tongaat	<ul style="list-style-type: none"> <li>Mediclinic Victoria</li> </ul>	KH
LIMPOPO		
Bela-Bela	<ul style="list-style-type: none"> <li>St Vincent's Hospital</li> </ul>	KH
Polokwane	<ul style="list-style-type: none"> <li>Mediclinic Limpopo</li> </ul>	KH KS KR D
	<ul style="list-style-type: none"> <li>Netcare Pholoso Hospital</li> </ul>	S
Lephalale	<ul style="list-style-type: none"> <li>Mediclinic Lephalale</li> </ul>	KH
Thabazimbi	<ul style="list-style-type: none"> <li>Mediclinic Thabazimbi</li> </ul>	KH KC
Tzaneen	<ul style="list-style-type: none"> <li>Mediclinic Tzaneen</li> </ul>	KH KR S
MPUMALANGA		
Barberton	<ul style="list-style-type: none"> <li>RH Phodclinic</li> </ul>	KH
Emalahleni	<ul style="list-style-type: none"> <li>Life Cosmos Hospital</li> </ul>	KH KC D S
Ermelo	<ul style="list-style-type: none"> <li>Mediclinic Ermelo</li> </ul>	KH
Mbombela	<ul style="list-style-type: none"> <li>Mediclinic Nelspruit</li> </ul>	KH KC KS KR S
Middelburg	<ul style="list-style-type: none"> <li>Life Midmed Hospital</li> </ul>	KH KC KS
Piet Retief	<ul style="list-style-type: none"> <li>RH Piet Retief Private Hospital</li> </ul>	KH
Trichardt	<ul style="list-style-type: none"> <li>Mediclinic Highveld</li> </ul>	KH KC KR
NORTH WEST		
Brits	<ul style="list-style-type: none"> <li>Mediclinic Brits</li> </ul>	KH
Carletonville	<ul style="list-style-type: none"> <li>The Fountain Private Hospital</li> </ul>	KH KC
Klerksdorp	<ul style="list-style-type: none"> <li>Life Anncron Hospital</li> </ul>	KH KC S
Mafikeng	<ul style="list-style-type: none"> <li>Clinix Victoria Private Hospital*</li> </ul>	KH

\* Hospitals with no casualty unit

All network lists can change at any time. Please go to [www.discovery.co.za](http://www.discovery.co.za) to see the latest list before any planned admissions.

KH KeyCare | 
 KC KeyCare Casualty | 
 KS KeyCare Start | 
 KR KeyCare Start Regional | 
 D Delta | 
 S Smart

NORTH WEST		
Potchefstroom	<ul style="list-style-type: none"> <li>Mediclinic Potchefstroom</li> </ul>	KH KC
Rustenburg	<ul style="list-style-type: none"> <li>Life Peglerae Hospital</li> </ul>	KH KC KS
	<ul style="list-style-type: none"> <li>Netcare Ferncrest Hospital</li> </ul>	D S
Vryburg	<ul style="list-style-type: none"> <li>Vryburg Private Hospital</li> </ul>	KH
NORTHERN CAPE		
Kathu	<ul style="list-style-type: none"> <li>Lenmed Health Kathu Private Hospital</li> </ul>	KH KC
Kimberley	<ul style="list-style-type: none"> <li>Finsch Mine Hospital*</li> </ul>	KH
	<ul style="list-style-type: none"> <li>Lenmed Royal Hospital and Heart Centre</li> </ul>	S
	<ul style="list-style-type: none"> <li>Mediclinic Kimberley</li> </ul>	KH
Upington	<ul style="list-style-type: none"> <li>Mediclinic Upington</li> </ul>	KH
WESTERN CAPE		
Bellville	<ul style="list-style-type: none"> <li>Cape Eye Hospital</li> </ul>	KH
	<ul style="list-style-type: none"> <li>Mediclinic Louis Leipoldt</li> </ul>	KH KC KR
	<ul style="list-style-type: none"> <li>Melomed Bellville</li> </ul>	KH KC KS
Blouberg	<ul style="list-style-type: none"> <li>Netcare Blaauwberg</li> </ul>	S
Cape Town	<ul style="list-style-type: none"> <li>Life Vincent Pallotti Hospital</li> </ul>	D
	<ul style="list-style-type: none"> <li>Mediclinic Cape Gate</li> </ul>	S
	<ul style="list-style-type: none"> <li>Mediclinic Cape Town</li> </ul>	D S
	<ul style="list-style-type: none"> <li>Mediclinic Constantiaberg</li> </ul>	S
	<ul style="list-style-type: none"> <li>Mediclinic Panorama</li> </ul>	D S
	<ul style="list-style-type: none"> <li>Netcare Christiaan Barnard Memorial Hospital</li> </ul>	KH
	<ul style="list-style-type: none"> <li>Netcare UCT Medical Centre*</li> </ul>	KH
	<ul style="list-style-type: none"> <li>Rondebosch Medical Centre</li> </ul>	KH KS
Claremont	<ul style="list-style-type: none"> <li>Life Kingsbury Hospital</li> </ul>	S
	<ul style="list-style-type: none"> <li>Life Peninsula Eye Hospital</li> </ul>	D S
Gatesville	<ul style="list-style-type: none"> <li>Melomed Gatesville</li> </ul>	KH KC KS D S
George	<ul style="list-style-type: none"> <li>Mediclinic Geneva*</li> </ul>	KH KS KR S
	<ul style="list-style-type: none"> <li>Mediclinic George</li> </ul>	KH KS KR S
Hermanus	<ul style="list-style-type: none"> <li>Mediclinic Hermanus</li> </ul>	KH KC
Kuils River	<ul style="list-style-type: none"> <li>Netcare Kuilsriver Hospital</li> </ul>	KH D
Milnerton	<ul style="list-style-type: none"> <li>Mediclinic Milnerton</li> </ul>	KH KR S

\* Hospitals with no casualty unit

All network lists can change at any time. Please go to [www.discovery.co.za](http://www.discovery.co.za) to see the latest list before any planned admissions.

KH KeyCare | 
 KC KeyCare Casualty | 
 KS KeyCare Start | 
 KR KeyCare Start Regional | 
 D Delta | 
 S Smart

WESTERN CAPE		
Mitchells Plain	■ Melomed Mitchells Plain	KH KC D S
Mossel Bay	■ Life Bayview Hospital	KH S
Oudtshoorn	■ Mediclinic Klein Karoo	KH
Paarl	■ Mediclinic Paarl	KH KC
Somerset West	■ Mediclinic Vergelegen	D
Stellenbosch	■ Mediclinic Stellenbosch	D S
	■ Mediclinic Winelands Orthopaedic Hospital	D S
Tokai	■ Melomed Tokai Hospital	KH KC
West Coast	■ Life West Coast Private Hospital	KH KC
Worcester	■ Mediclinic Worcester	KH KC
LESOTHO		
	■ Wilies Hospital*	KH
	■ Maseru Private Hospital	D


#### KeyCare partial cover hospitals

We pay up to a maximum of 70% of the hospital account, you must pay for the balance of the hospital account.  
If the admission is a Prescribed Minimum Benefit, we will pay 80% of the Discovery Health Rate

GAUTENG		
Kempton Park	■ Arwyp Medical Centre	KH
Pretoria	■ Louis Pasteur Hospital	KH
	■ Zuid-Afrikaans hospital	KH
KWAZULU NATAL		
Pietermaritzburg	■ Midlands Medical Centre	KH
Sydenham	■ Lenmed Shifa Hospital	KH

\* Hospitals with no casualty unit

All network lists can change at any time. Please go to [www.discovery.co.za](http://www.discovery.co.za) to see the latest list before any planned admissions.

 KeyCare
 | 
  KeyCare Casualty
 | 
  KeyCare Start
 | 
  KeyCare Start Regional
 | 
  Delta
 | 
  Smart



## Exception hospitals

We cover defined procedures at these non network facilities as an exception. The out of network upfront payments that are usually applicable, will not apply for planned hospital admissions to one of these facilities.

### GAUTENG

Johannesburg	■ Netcare Milpark (Cardiac electrophysiology centre – arrhythmia conditions only)	D S
	■ Netcare Sunninghill hospital (Cardiac electrophysiology centre – arrhythmia conditions only)	D S
Pretoria	■ Mediclinic Medforum (Maternity related)	D
	■ Mediclinic Midstream (Cardiac electrophysiology centre – arrhythmia conditions only)	D
	■ Zuid-Afrikaans hospital (Cardiac electrophysiology centre – arrhythmia conditions only)	D S

### FREE STATE

Bloemfontein	■ Pasteur Eye Hospital (Cataract related procedures only)	S
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### WESTERN CAPE

Bellville	■ Melomed Bellville (Cardiac electrophysiology centre – arrhythmia conditions only)	D S
Claremont	■ Life Kingsbury Hospital (Ophthalmology and peripheral vascular surgery only)	D
Cape Town	■ Life Vincent Pallotti Hospital (Cardiac electrophysiology centre – arrhythmia conditions only)	S
	■ Melomed Tokai (Cardiac electrophysiology centre – arrhythmia conditions only)	D S
	■ Netcare Christiaan Barnard Memorial hospital (Cardiac electrophysiology centre – arrhythmia conditions only)	D S

### KWA-ZULU NATAL

Durban	■ EtheKwini Hospital and Heart Centre (Cardiac electrophysiology centre – arrhythmia conditions only)	S
	■ Netcare St Augustine's (Cardiac electrophysiology centre – arrhythmia conditions only)	D
Umhlanga	■ Busamed Gateway Private Hospital (Cardiac electrophysiology centre – arrhythmia conditions only)	D S



View other network providers using find a healthcare provider on the **Discovery app**

All network lists can change at any time. Please go to [www.discovery.co.za](http://www.discovery.co.za) to see the latest list before any planned admissions. Find a healthcare provider is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

The Discovery app is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes

\* Hospitals with no casualty unit

All network lists can change at any time. Please go to [www.discovery.co.za](http://www.discovery.co.za) to see the latest list before any planned admissions.

KH KeyCare | 
 KC KeyCare Casualty | 
 KS KeyCare Start | 
 KR KeyCare Start Regional | 
 D Delta | 
 S Smart

# Contact us

*The following channels are available for your complaints and we encourage you to follow the process:*

## 01 | 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](http://www.discovery.co.za). We would also love to hear from you if we have exceeded your expectations.

## 02 | To contact the Principal Officer:

If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you 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](http://www.discovery.co.za) or by emailing [principalofficer@discovery.co.za](mailto:principalofficer@discovery.co.za).

## 03 | To lodge a dispute:

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

## 04 | 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.co.za](mailto:complaints@medicalschemes.co.za) | 0861 123 267 | [www.medicalschemes.co.za](http://www.medicalschemes.co.za)

The hospital network lists can change at any time. Please go to [www.discovery.co.za](http://www.discovery.co.za) to see the latest list before any planned admissions.

# Jou lewe maar **beter**

Verbind met gesondheidsorg  
wat invloed het



## U Gesondheidsvoordele 2023

### Gesondheidsprodukveranderinge 2023

#### Beter Vitality voordele vir 2023

##### Onmiddellike aktivering van gimnasium lidmaatskap

- Vitality lede kan hul gimnasiumkontrak te enige tyd op Discovery se banktoepassing aktiveer – met geen aktiveringsfooi aan die gimnasium nie.
- Hierdie funksionaliteit is beskikbaar aan alle Vitality lede deur hul Discovery bankrekenings, insluitend die Discovery rekening wat geen maandelikse fooie het nie.
- Lede wat vanaf Oktober 2022 totdat die voordeel in werking gestel word in Januarie 2023, by die gimnasium aansluit, sal hul aktiveringsfooi as terugbetaling in Discovery Miles ontvang indien hulle hul maandelikse gimnasium debietorder opstel en die aktiveringsfooi uit 'n Discovery bankrekening betaal.
- Kliënte van Discovery Bank wat nie Vitality lede is nie, sal ook van hierdie proses gebruik kan maak om by die gimnasium aan te sluit, en ontvang 'n 10% afslag.

##### Vitality HealthyWeight Program

Die nuwe Vitality HealthyWeight Program bied:

- Daaglikse persoonlike afrigting
- Persoonlike maaltydplanne, resepte en inkopielyste
- Gereelde opvolg op vordering

Lede van Discovery Health Mediese Skema en Vitality kan toegang verkry tot Vitality HealthyWeight teen bekostigbare tariewe, terwyl alle hoë risiko\* Vitality lede hoër bykomende afslag kan verkry.

Program	Hoë risiko Vitality lede	Alle ander lede
Program oor drie maande	R350 per maand	R800 per maand
Program oor ses maande	R250 per maand	R600 per maand

\*Hoë risiko lede is lede met 'n middelmate wat hoër is as die aanvaarde liggaamsmassa-indeks (LMI) soos aangeteken tydens hul Vitality gesondheidsassessering binne die afgelope drie maande en lede wat gediagnoseer is met spesifieke kardio-metaboliese toestande waar dit uiters belangrik is om 'n gesonde dieet te handhaaf om die toestand te beheer.

## Vitality Active Belonings 3.0

Vitality Active belonings bied tans aan lede 'n enkele beloning elke week wanneer hulle 'n doel bereik. Vitality Active Belonings 3.0 sal beide gereelde en uitsonderlike prestasie erken en aanmoedig, insluitend:

- Oorprestasie = loer agter 'n teël voordat 'n spelbordspeletjie gebruik word
- Konsekwente oefening = doelstreepbelonings
- Hoogs toegewyde lede = Vitality Centurion toekennings, insluitend 'n eksklusiewe geskenkpak wat nie gekoop kan word nie, slegs verdien word.

## Nuwe Vitality voordele vir 2023

### Vitality Punte

- Die ouderdomsperk om Vitality punte te verdien wanneer die volgende gesondheidsassesserings voltooi is, is aangepas in lyn met kliniese riglyne en die befondsingsreëls van Discovery Health mediese skema.
- Vroulike lede tussen die ouderdomme van 25 en 65 jaar (voorheen tussen die ouderdomme van 16 en 65 jaar) sal 2 500 punte verdien wanneer hulle 'n papsmeer ondergaan. Lede sal die punte in die jaar van die papsmeer en die volgende twee jaar verdien.
- Lede wat 45 jaar en ouer is (voorheen 50 jaar en ouer) sal 2 500 punte een maal per jaar verdien wanneer hulle 'n kolonoskopie ondergaan.

### Vitality Reis

- Toegang tot Vitality Reis, met afslag op alle plaaslike lugrederye, akkommodasie en motorhuur is nou beskikbaar op die Discovery banktoepassing, wat kliënte ook toegang verleen tot Priority Fast Track lughawekanaale, ruskamers by lughawens en reisversekering.
- Lede moet eers 'n gratis of betaalde Discovery bankrekening aktiveer om toegang te verkry tot Vitality se reisplatform.
- Nuwe lede wat by Vitality aansluit sal nie meer 'n wagtydperk van drie maande hoef te ondergaan wat op die reisvoordeel van toepassing was nie.
- Voor COVID-19, moes lede internasionale vlugte 6 weke vooraf bespreek om die volle Vitality Health en Money afslag te kry. Hierdie besprekingsreël sal weer geld vanaf Januarie 2023. Vitality lede kan steeds 'n 10% afslag kry op alle besprekings wat minder as 6 weke van die vertrekdatum gedoen is.

### Vitality 65+

- Die Vitality gesondheidsassessering vir 65+ sal bestaan uit 'n reeks ouderdomsgepaste biometriese assesserings en 'n risiko-assessering vir val. Die gehoor en visuele voorafsiftingstoets sal verwyder word. Lede kan hierdie toetse by ander verskaffers laat doen indien hulle dit verkies. Daar is geen verandering in die Vitality punte wat verdien kan word met 'n Vitality gesondheidsassessering vir 65+ nie.

### Kontantterugbetalings

- Indien die beloning vir enige voordeel wat in kontant terugbetaalbaar is, minder as R50 in 'n maand is, sal Vitality hierdie beloning hou vir 'n volgende maand, sodat die bedrag tot meer as R50 kan oploop en uitbetaal word, anders sal hierdie beloning verbeur word. Dit sluit in kontantterugbetalings vir HealthyBaby, HealthyDining, HealthyFood en Team Vitality.

### Discovery Miles

- Lede kan tot 40% afslag kry wanneer hulle Discovery Miles aanlyn of in 'n winkel bestee, in die Active Rewards Mall of wanneer hulle lugtyd of vooruitbetaalde produkte en dienste koop.

### Vitality Purple

- Vitality Purple sal gesluit word. Alle huidige Vitality Purple lede sal na Vitality Premium geskuif word en hulle premies sal daarvolgens verminder word.
- Lede met 'n aktiewe Purple gimnasiumvoordeel sal steeds tot 75% afslag kry op enige Virgin Active of Planet Fitness gimnasiumlidmaatskap terwyl hul lidmaatskap aktief bly.
- Lede wat die Technogym toerusting huurvoordeel of kontantterugvoordeel op sporttoerusting het, sal steeds hul maandelikse kontant terug ontvang tot die bestaande kontrak of voordeelydperk verstryk het.

### Vitality Tariewe vir 2023

Vitality	Maandelikse tarief
Enkel	R329
L+1	R399
L+2+	R465

### Vitality Active

Vitality Active is beskikbaar aan volwasse lede van die mediese skema en dit sluit in:

- Vitality Pay as you Gym van so min soos R75 per besoek.
- Vitality Active belonings, insluitend koffie, skommeldrankies, eetgoed, fliek, inkopiebeloning en meer wanneer jy jou Vitality Active beloningsdoelwitte bereik.
- Tot 20% terug op HealthyFood items by Pick n Pay of Woolworths.
- Tot 50% afslag by Ster-Kinekor.
- 'n Ten volle befondsde fiksheidtoestel op 'n buigsame, maand-tot-maand intekeningsbasis deur jou weeklikse Vitality Active beloningsoefendoelwitte te bereik.

Vitality Active	Maandelikse tarief
Enkel	R99
Per Volwasse afhanklike	R59

### Vrywaring:

In die opstel van hierdie dokument, het ons staatgemaak op die akkuraatheid en volledigheid van inligting wat aan ons beskikbaar gestel is deur die relevante produkverskaffer en, behalwe waar dit uitdruklik so gestel word in die dokument, het ons nie die akkuraatheid van die feite of die basis van die inligting wat aan ons verskaf is, onafhanklik nagegaan nie. Hierdie dokument is slegs vir inligtingsdoeleindes. Alexander Forbes Health aanvaar geen aanspreeklikheid ten opsigte van enige persoon in verband met hierdie dokument of sy verwante navrae nie. Ons aanvaar geen aanspreeklikheid ten opsigte van enige saak buite die doelwitte waarvoor hierdie dokument voorberei is nie.





# Admed

The heartbeat of Gap

## Admed Benefits Brochure 2023

*Underwritten by  
Guardrisk Insurance Company Limited (FSP No 75)*

*Follow your heart. choose Admed*



# The heartbeat of Gap



Admed Gap Cover is not a medical Scheme. Products that are offered in this brochure are not the same as that of a medical scheme.

Only active medical scheme members are eligible for the cover on Admed's products.

These products are not a substitute for a medical scheme membership and no day-to-day benefits are covered.

Disclaimer: This document is a summary for information purposes and does not supersede the policy terms and conditions. In the event of any discrepancy, the policy terms and conditions will prevail.

## CONTACT US

Share call number: 0860 102 936

(Weekdays 08h00 to 16h30)

Email: [admed@guardrisk.co.za](mailto:admed@guardrisk.co.za)

Website: [www.admedonline.co.za](http://www.admedonline.co.za)

Follow your  choose Admed

# Why Choose Us

If you are currently a member of a medical scheme in South Africa, you are probably already aware of the rising costs of medical care in our country. The reality is that many medical professionals and facilities charge more than what your medical scheme will pay out. This leaves you open to a variety of additional payments that you need to make from your own pocket.

Admed Gap Cover is a way to ensure that these shortfalls are taken care of, leaving you with the peace of mind you need to focus on yourself and your loved ones.

Follow your  choose Admed





### **Shortfall Benefits** (These benefits are collectively limited to R185 000 per person per year)

#### **Medical expense shortfall benefit for in-hospital procedures**

We cover the shortfall between what the specialist has charged and what your medical scheme has paid, up to 3 times the amount paid by your medical scheme towards in-hospital shortfalls. Prescribed Minimum Benefit (PMB) procedures are covered under this benefit.



#### **Medical expense shortfall benefit for out-of-hospital procedures**

We also cover certain medical procedures performed out of hospital, in day clinics or other registered facilities, up to 3 times the amount paid by your medical scheme. Prescribed Minimum Benefit (PMB) procedures are covered under this benefit.

\*The list of covered procedures is provided on page 4.



#### **Medical Expense shortfalls for Allied Professionals**

We cover the shortfall between what the Allied professional has charged and what your medical scheme has paid for in hospital care following an associated in-hospital procedure. This is paid up to 3 times the amount paid by your medical scheme towards in-hospital shortfalls and is limited to R2 500 per policy per year.

\*Examples of Allied professionals are listed on page 4.



#### **Co-payment benefit**

Co-payments and deductibles are commonly applied to radiology scans (MRI, CAT, PET) authorised hospital admissions and specialist referral procedures, depending on your medical scheme option. Our Co-payment benefit provides you with the peace of mind that if your medical scheme levies a co-payment for an approved in-hospital or out-of-hospital procedure, which you need to pay upfront out of your own pocket, we will cover this.



#### **Non-DSP co-payment benefit**

Certain medical scheme options stipulate the use of their preferred network hospitals for elective procedures. Should you need to use a non-network hospital and your medical scheme imposes an additional rand value or percentage based co-payment, we will cover this co-payment subject to a limit of R5 500 to a maximum of two per policy per year.



#### **Oncology co-payment benefit**

Based on your medical scheme option, once the oncology treatment benefit limit has been reached for the year, a co-payment of up to 20% may be imposed by the medical scheme. If you are registered with your medical scheme oncology treatment programme and you deplete this limit for the year, we will cover the first 20% of the cost (including biological drugs and specialised medication) of each treatment paid thereafter by you.



#### **Oncology extender benefit**

Where a medical scheme oncology benefit limit has been reached and no further benefits are available, we will pay 20% of the cost of each treatment (including biological drugs and specialised medication) paid by the insured person. Insured persons are required to register with the medical scheme oncology treatment programme and specialised medication imposed on you by your medical scheme.



#### **Internal prosthesis shortfall benefit**

If you undergo a medical procedure that requires the use of an internal prosthesis to replace a body part and you reach your medical scheme limit for the year, we will pay the shortfall up to R35 000 per family per year. Stents and pacemakers are covered up to R8 000 per claim event and this aggregates to the R35 000 annual limit.



## Supreme Gap



### Sub-limit benefit

Certain medical schemes will only cover MRI/CT scans and scopes up to a specific limit. Our Sub-limit benefit will pay up to R12 000 per policy per year where your medical scheme limit has been exhausted.



### Casualty benefit

If you need to visit an emergency casualty ward due to an accident, we will pay you up to R22 000 of all the costs paid by you. This benefit is limited to five casualty visits per family per year. Three of these visits may be for an emergency only, for a child that is 6 years old or younger limited to R3 500 per policy per year, this aggregates to the R22 000 annual limit.



### Robotic procedure shortfall benefit

Should your condition require the use of robotic assisted surgery, our Robotic procedure shortfall benefit will cover the shortfalls charged by medical practitioners. This cover is up to 3 times the amount paid by your medical scheme.



### Robotic procedure co-payment benefit

Should your condition require the use of robotic assisted surgery and your medical scheme levies a co-payment, we will cover up to R12 000 per policy per year.

## Assist Benefits (These benefits do not aggregate to the R185 000 annual limit)

### Cancer Assist benefit



If you are diagnosed for the first time with minimum stage II, local and malignant cancer, we will pay you R5 000. If however, you are diagnosed with minimum stage II, regional and malignant cancer, we will pay you R20 000. In addition, if you are successful in claiming the R20 000 benefit and the extent of treatment that you need results in your medical scheme paying R200 000 or more for your oncology treatment within 12 months from the date of your diagnosis, we will pay you a further R15 000. This benefit assists in covering the unexpected costs which may arise as a result of the diagnosis.



### Breast reconstruction benefit for the non-affected breast

Should you be diagnosed with breast cancer and require cosmetic breast reconstruction for the non-affected breast due to a mastectomy, we will provide assistance cover of R15 000 per policy per year. This can be used to recover the costs incurred for the treatment or related to the treatment.



### Accident Assist benefit

An amount of R55 000 will be paid if an insured dies or becomes permanently and totally disabled as a result of an accident while covered on this policy. The death benefit will be reduced if death relates to a minor. Subject to one claim per insured per lifetime. This benefit assists in covering unexpected costs which may arise as a result of the accident.



### Violent Crime benefit

If the accidental death or disability is as a result of a violent crime, we will double the Accident Assist benefit to cover the unexpected costs which may arise as a result of the violent nature of the incident. This benefit will be capped at legislated limits if the death relates to a minor.



### Premium waiver benefit

If you become permanently and totally disabled or you die as a result of an accident, we will pay an amount of R36 000 upfront which can be used to cover the cost of your dependents' medical scheme and gap cover premiums.



### Trauma and Bereavement counselling benefit

If you are a victim of, or witness to, a traumatic accident, or if you lose an immediate family member, we believe that undergoing trauma and bereavement counselling is an important step in recovering from an event such as this. We will pay a fixed amount of R800 towards the cost of each counselling session, limited to R30 000 per family per year.



### Baby bump benefit

Having a baby can be very exciting, but it also comes with unexpected costs. If you are pregnant, we will pay an amount of R2 000 on diagnosis of pregnancy, to assist with unexpected cost.



### Covered out-of-hospital procedures

Cardiovascular – Coronary angioplasty and angiogram

Dermatologic – Skin grafts

Ear, nose, throat – Adenoidectomy, direct laryngoscopy, grommets, myringotomy, sinus surgery and tonsillectomy

Gastro-intestinal – Closure of colostomy, colonoscopy, endoscopy, gastroscopy, laparoscopy, oesophagoscopy, haemorrhoidectomy

General surgery – Hernia repairs and certain biopsies

Gynaecology – Cervical laser ablation, dilatation and curettage, hysteroscopy, tubal ligation

Obstetrics – Childbirth in a non-hospital setting

Oncology – Chemotherapy and radiotherapy

Ophthalmology – Cataract removal, pterygium removal, trabeculectomy

Orthopaedic – Arthroscopy, bunionectomy, carpal tunnel release, ganglion surgery

Radiology – CAT, MRI and PET scans, nuclear radiology, varicose vein removal

Renal – Kidney dialysis

Respiratory – Bronchoscopy

Urology – Circumcision (due to medical necessity), cystoscopy, orchidopexy, prostate biopsy, vasectomy

### Covered Allied Professionals

Chiropractors

Clinical technologist

Genetic counsellors

Myotherapists

Occupational therapists

Orthoptists

Osteopaths

Perfusionist

Physiotherapists

Podiatrists

Speech pathologists





Online at [www.admedonline.co.za](http://www.admedonline.co.za)

Email to [admed@guardrisk.co.za](mailto:admed@guardrisk.co.za)

Post to Admed claims | PO Box 786015 | Sandton | 2146

## Documents to attach when submitting a shortfall or co-payment claim:



### Admed Claim Form

The sections that are relevant to your claim must be completed in full



### Medical Aid Statement

Reflecting the procedure/s for which you are claiming



### Specialist Invoices

From the specialist for whom you are claiming



### Hospital Account

For the period during which you were hospitalised



### Pre-Authorisation Letter

(if claiming a co-payment)  
Reflecting the co-payment for which you are claiming

**Please Note:** To claim for our Assist benefits refer to [admedonline.co.za](http://admedonline.co.za) for the full list of required documents  
You have 180 days from the date of treatment to provide us with written notice of your claim  
For more information about how to claim go to [www.admedonline.co.za](http://www.admedonline.co.za)

## Waiting Periods

### 3-Month General Waiting Period

If you are an individual, not part of a group, a 3-month general waiting period will apply. During this period, you cannot claim for any benefits. \*Conditions apply

### 9-Month Pre-Existing Medical Condition Waiting Period

Within the first 9 months of cover a waiting period will apply where no claims can be submitted for any procedure or surgery relating to any pre-existing condition for which you have received advice or treatment 12 months prior to your cover start date.

### 12-Month Birth, Pregnancy or Cancer-Related Waiting Period

Within the first 12 months of cover a waiting period will apply where no claims can be submitted for any cancer, birth or pregnancy related medical events.



*\*Additional information on the below exclusions can be found at [www.admedonline.co.za](http://www.admedonline.co.za)*

## Medical Expense Shortfall Benefit

- Shortfalls where your medical scheme has not paid the first portion of costs
- Hospital and day clinic fees including theatre charges, ward charges or any other hospital or day clinic costs
- Pre-admission or out-of-hospital consultation costs
- Materials or medication used during a procedure
- External prostheses or dental implants
- Appliances (wheelchairs, crutches, braces, etc)
- Out-of-hospital dental procedures
- Home and private nursing
- Procedures for cosmetic purposes
- Investigative procedures such as blood tests, pap smears, ultrasounds, laboratory tests etc.
- Procedures that are paid for by your medical scheme on an exception or ex-gratia basis
- Elective procedures performed for religious or cultural reasons
- Procedures performed specifically for the treatment of obesity
- Any costs levied as a direct result of the patient's Body Mass Index (BMI) or bodily weight
- Shortfalls on medical practitioners contracted with the medical scheme
- Hospice or step-down facilities
- Medical examinations performed annually or routinely such as pap smears, annual check-ups, etc
- Anxiety disorders, mood disorders, psychotic disorders, dementias and eating disorders
- Transportation costs (including resuscitation) in an emergency vehicle or aircraft and emergency medical service costs

## Allied professionals

- Any shortfalls for Allieds that are not part of the same hospital admission and treatment
- Any shortfalls for a Allied professional not on our list

## Co-payment benefit

- Co-payments levied by a medical practitioner, hospital or day clinic
- Co-payments applied for not adhering to the medical scheme protocols (e.g. not being referred to a specialist by a GP, not obtaining a pre-authorisation for a procedure, etc)
- Co-payments applied for use of a private ward, or any other special request not covered by the medical scheme
- Co-payments applied to a condition in a waiting period

## Oncology co-payment benefit

- Co-payments applied prior to reaching the medical scheme oncology benefit limit
- Co-payments applied for undergoing treatment with a non-DSP

## Oncology extender benefit

- Costs applied prior to reaching the medical scheme oncology benefit limit
- Costs applied for undergoing treatment with a non-DSP

## Internal prosthesis shortfall benefit

- Shortfalls where the medical scheme has not paid the first portion of costs
- Devices that are placed inside a body to assist with the functioning of a body part, with the exception of stents and pacemakers
- External prostheses or dental implants



## **Sub-limit benefit**

- Cover for sub-limits exhausted other than for MRI/CT scans and scopes

## **Robotic procedure shortfall benefit**

- Any other shortfalls related to the procedure with exception of the medical practitioner costs

## **Robotic procedure co-payment benefit**

- Any amount exceeding the R12 000 annual amount

## **Casualty benefit**

- Elective procedures undertaken at a casualty ward
- Casualty ward visits due to illness, unless it is due to an emergency only, for a dependent 6 years or younger

## **Cancer Assist benefit**

- Any diagnosis which does not meet the minimum criteria for eligibility of the benefit
- Any diagnosis which is not a first-time diagnosis
- All skin cancers
- All cancers diagnosed and treated by primary biopsy

## **Reconstruction of the non-affected breast benefit**

- Any treatment for prophylactic measures
- Any reconstruction that is not directly due to a cancer diagnosis within the current policy period
- Any procedure not being performed in the same surgery as the mastectomy of the affected breast

## **Accident Assist benefit**

- Death or permanent and total disablement which is not directly due to an accident as defined in the policy
- Disability which is not total and permanent as defined in the policy

## **Violent Crime benefit**

- Accidental death or disability claims which have been rejected
- Death or disability that is not due to a violent crime as defined in the policy

## **Premium waiver benefit**

- Death or disability that is not due to an accident as defined in the policy
- Death or disability of a person that is not the premium payer or covered on the policy
- Disability that does not meet the criteria of permanent and total disability

## **Trauma and Bereavement counselling benefit**

- Any counselling that is not related to an act of violence or a traumatic accident
- Any counselling not undertaken by a counsellor as defined in the policy
- Bereavement counselling for anyone who does not meet the definition of immediate family member as defined in the policy

## **Baby bump benefit**

- Any pregnancy diagnosis which occurs before cover has begun
- Any pregnancy diagnosis not confirmed with the required blood test or evidence of registration on the medical scheme maternity programme





## General Exclusions

We do not cover any claims that arise from the below events:

- Willful participation in war, invasion, terrorist activity, rebellion, active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers
- Nuclear weapons, nuclear material, ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the burning of nuclear fuel, including any self-sustaining process of nuclear fission (the splitting of an atomic nucleus into small parts)
- Taking of any legal drug unless prescribed by a registered medical practitioner and the instructions of the medical practitioner are being followed in the taking of the drug
- Taking of any illegal drug
- Illegal behaviour or as a result of breaking any law of the Republic of South Africa
- Suicide, attempted suicide, intentional self-injury or any form of exposure to danger
- Aviation except on a commercial flight as a fare-paying passenger
- Participation in sports on a professional basis. Professional means being paid to participate in the sport
- Participation in hazardous (dangerous) sports, including hang-gliding, kite-surfing, mountaineering, para-gliding, scuba diving and skiing
- Participation in any form of race or speed test, other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft
- Procedures for cosmetic purposes including cosmetic Procedures that form a small part of a major non-cosmetic Procedure (unless the cosmetic Procedure is necessary because of an Illness or a Bodily Injury)



We have supported the following charities since 2018, through our **You Care, We Care** programme.



**Leap Science & Maths School**

[www.leapschool.org.za](http://www.leapschool.org.za)



**Robin Hood Foundation**

[www.robinhoodfoundation.co.za](http://www.robinhoodfoundation.co.za)



**Food & Trees for Africa**

[www.trees.co.za](http://www.trees.co.za)



**National Society for the  
Prevention of Cruelty to Animals**

[www.nspca.co.za](http://www.nspca.co.za)



**Save-A-Child**

[www.saveachild.co.za](http://www.saveachild.co.za)



**New BeginningZ**

[www.newbeginningz.org.za](http://www.newbeginningz.org.za)



### **Terms and Conditions of Cover**

All of the benefits offered are subject to the terms and conditions of the policy.

A comprehensive description of the terms and conditions as well as the exclusions are available upon request or in the policy document.

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# Admed

The heartbeat of Gap

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