

Discovery Health Medical Scheme 2019 contributions

Series	Plan	Contributions			Contributions to Medical Savings Account			Total contributions		
		Main member	Adult	Child**	Main member	Adult	Child**	Main member	Adult	Child**
Executive	Executive Plan	4 906	4 906	936	1 635	1 635	312	6 541	6 541	1 248
Comprehensive	Classic Comprehensive	4 026	3 808	803	1 342	1 269	267	5 368	5 077	1 070
	Classic Delta Comprehensive	3 626	3 433	722	1 208	1 144	240	4 834	4 577	962
	Classic Comprehensive Zero MSA	4 026	3 808	803	No Medical Savings Account			4 026	3 808	803
	Essential Comprehensive	3 833	3 626	772	676	639	136	4 509	4 265	908
	Essential Delta Comprehensive	3 453	3 262	693	609	575	122	4 062	3 837	815
Priority	Classic Priority	2 626	2 071	1 051	875	690	350	3 501	2 761	1 401
	Essential Priority	2 559	2 011	1 022	451	354	180	3 010	2 365	1 202
Saver	Classic Saver	2 266	1 787	907	755	595	302	3 021	2 382	1 209
	Classic Delta Saver	1 809	1 430	727	603	476	242	2 412	1 906	969
	Essential Saver	2 040	1 530	818	360	270	144	2 400	1 800	962
	Essential Delta Saver	1 628	1 228	653	287	216	115	1 915	1 444	768
	Coastal Saver	1 899	1 427	767	474	356	191	2 373	1 783	958
Smart	Classic Smart	1 794	1 415	717	No Medical Savings Account			1 794	1 415	717
	Essential Smart	1 285	1 285	1 285				1 285	1 285	1 285
Core	Classic Core	2 248	1 772	900	No Medical Savings Account			2 248	1 772	900
	Classic Delta Core	1 799	1 418	720				1 799	1 418	720
	Essential Core	1 931	1 448	776				1 931	1 448	776
	Essential Delta Core	1 543	1 161	620				1 543	1 161	620
	Coastal Core	1 770	1 330	704				1 770	1 330	704
KeyCare*	KeyCare Plus 0-13 050	1 456	1 456	463	No Medical Savings Account			1 456	1 456	463
	KeyCare Plus 13 051+	2 249	2 249	602				2 249	2 249	602
	KeyCare Core 0-13 050	1 038	1 038	255	No Medical Savings Account			1 038	1 038	255
	KeyCare Core 13 051+	1 661	1 661	376				1 661	1 661	376
	KeyCare Start 0-9 150	839	839	505				839	839	505
	KeyCare Start 9 151-13 050	1 412	1 412	551	No Medical Savings Account			1 412	1 412	551
	KeyCare Start 13 051+	2 198	2 198	596				2 198	2 198	596

* 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.

Annual Medical Savings Account

Series	Plan	Main member	Adult	Child*
Executive	Executive Plan	19 620	19 620	3 744
Comprehensive	Classic Comprehensive	16 104	15 228	3 204
	Classic Delta Comprehensive	14 496	13 728	2 880
	Essential Comprehensive	8 112	7 668	1 632
	Essential Delta Comprehensive	7 308	6 900	1 464
Priority	Classic Priority	10 500	8 280	4 200
	Essential Priority	5 412	4 248	2 160
Saver	Classic Saver	9 060	7 140	3 624
	Classic Delta Saver	7 236	5 712	2 904
	Essential Saver	4 320	3 240	1 728
	Essential Delta Saver	3 444	2 592	1 380
	Coastal Saver	5 688	4 272	2 292

* We count a maximum of three children when we work out the annual Medical Savings Account. 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.

Annual Threshold Amounts

Annual Threshold

	Main member	Adult	Child*
Executive	22 800	22 800	4 300
Comprehensive	18 800	18 800	3 600
Priority	15 800	11 800	5 200

Above Threshold Benefit limits

	Main member	Adult	Child*
Executive	unlimited		
Comprehensive	unlimited		
Priority	13 400	9 550	4 600

* We count a maximum of three children when we work out the Annual Threshold and Above Threshold Benefit limit. 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.

Summary

Compare our plans

	Executive	Comprehensive			Priority		Saver			Smart		Core			KeyCare				
		Classic	Essential	Classic Zero MSA	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start		
	<ul style="list-style-type: none"> Unlimited cover in any private hospital, including private ward cover Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 300% of the Discovery Health Rate (DHR) for other specialists and 200% at the DHR for other healthcare professionals Full cover for chronic medicine for all Chronic Disease List (CDL) conditions plus some additional chronic conditions, as well as access to an exclusive list of brand medicine The highest savings account and an unlimited Above Threshold Benefit (ATB) for your day-to-day needs Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood The global treatment platform gives you access to specialised, advanced medical care in South Africa and abroad. Access to full cover for second opinion services and cover up to \$1 million for medical emergencies when travelling outside of South Africa Additional cover from the Day-to-day Extender Benefit (DEB) when your Medical Savings Account (MSA) runs out for GP consultation fees and kids casualty visits 	<ul style="list-style-type: none"> Unlimited private hospital cover Guaranteed full cover in hospital for specialists on a payment arrangement, up to 200% of the DHR on Classic plans and up to 100% of the DHR on Essential plans for other healthcare professionals Full cover for chronic medicine for all Chronic Disease List (CDL) conditions plus some additional chronic conditions The highest savings account and an unlimited Above Threshold Benefit (ATB) for your day-to-day healthcare needs Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood Access to specialised, advanced medical care in South Africa and abroad Cover for medical emergencies when travelling Additional cover from the Day-to-day Extender Benefit (DEB) when your Medical Savings Account (MSA) runs out for GP consultation fees and kids casualty visits available on Classic plans 	<ul style="list-style-type: none"> Unlimited cover in any private hospital Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on the Classic Plan and up to 100% of the DHR on the Essential Plan for other healthcare professionals Full cover for chronic medicine for all Chronic Disease List conditions when you use MedXpress A savings account and limited Above Threshold Benefit (ATB) for your day-to-day healthcare needs Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood Cover for medical emergencies when travelling Additional cover from the Day-to-day Extender Benefit (DEB) when your Medical Savings Account (MSA) runs out for GP consultation fees and kids casualty visits available on Classic plan 	<ul style="list-style-type: none"> Unlimited private hospital cover Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on Classic plans and 100% on Essential and Coastal plans for other healthcare professionals Full cover for chronic medicine for all CDL conditions when you use MedXpress A Medical Savings Account for your day-to-day healthcare needs Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood Cover for medical emergencies when travelling Additional cover from the Day-to-day Extender Benefit (DEB) when your Medical Savings Account (MSA) runs out for GP consultation fees and kids casualty visits only available on Classic plan 	<ul style="list-style-type: none"> Unlimited private hospital cover in the Smart Hospital Network Guaranteed full cover in hospital for specialists with a payment arrangement with, and up to 200% of the DHR on Classic and up to 100% of the DHR on Essential for other healthcare professionals Full cover for chronic medicine for all Chronic Disease List conditions when you use MedXpress, Clicks or Dis-Chem Cover for comprehensive pre- and postnatal healthcare services and maternity and early childhood Day-to-day cover for your GP consultations, acute medicine cover for over-the-counter (OTC) medicine, eye and dental check-up and sports-related injuries, with fixed co-payments and/or limits. This cover depends on the plan you choose Cover for medical emergencies when travelling 	<ul style="list-style-type: none"> Unlimited private hospital cover Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on Classic plans and 100% on Essential and Coastal plans for other healthcare professionals Full cover for chronic medicine for all Chronic Disease List conditions, when you use MedXpress Comprehensive pre- and post-natal healthcare services for maternity and early childhood Cover for medical emergencies when travelling 	<ul style="list-style-type: none"> Unlimited hospital cover in our KeyCare hospital networks Guaranteed full cover in hospital for specialists on the KeyCare network, and up to 100% of the Discovery Health Rate (DHR) for other healthcare professionals Full cover for chronic medicine on the KeyCare medicine list for all Chronic Disease List conditions when you use a network pharmacy or your chosen GP. Full cover on KeyCare Start if you use a state facility Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood Unlimited cover for medically appropriate GP consultations, blood tests, X-rays, basic dentistry, eye care and medicine in our KeyCare and KeyCare Start network on the KeyCare Plus and KeyCare Start plans 												
Private hospital cover in a general ward	Unlimited cover plus private ward cover of up to R1 970 each day.	Unlimited cover			Unlimited cover		Unlimited cover			Unlimited cover		Unlimited cover			Unlimited cover				
Private hospital cover in a network	You are covered in any facility.	You are covered in any facility. 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 R7 650.	Your are covered in any facility.	An upfront payment of between R3 350 and to R16 350 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. 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 R7 650.		Full cover at any private hospital in the four coastal provinces network. If you use a hospital outside the coastal region, 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 R8 800 to the hospital.		You are covered in any facility. 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 R7 650.		Full cover at any private hospital in the four coastal provinces network. If you use a hospital outside the coastal region, 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 Full Cover 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.	
Defined list of procedures in our day surgery network	You are covered in any facility.	You are covered in any facility.			We cover a defined list of procedures in a day surgery network. An upfront payment of R5 000 applies for admissions to a facility outside of the day surgery network.		We cover a defined list of procedures in a day surgery network. An upfront payment of R5 000 applies for admissions to a facility outside of the day surgery network.		We cover a defined list of procedures in a day surgery network. An upfront payment of R7 650 applies on the Delta options, if performed outside of the Delta day surgery network.		We cover a defined list of procedures in a day surgery network. An upfront payment of R5 000 applies for admissions to a facility outside of the day surgery network. An upfront payment of R7 650 applies on the Delta options, if performed outside of the Delta day surgery network.		We cover a defined list of procedures in a day surgery network. An upfront payment of R5 000 applies for admissions to a facility outside of the day surgery network. An upfront payment of R7 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.		
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 full cover 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 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)	We pay the hospital and related accounts from the Hospital Benefit. If done in the doctor's rooms, we pay the account from your Hospital Benefit.	We pay the first R3 750 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit. If done in the doctor's rooms, you won't have to pay an amount upfront. We pay the account from the Hospital Benefit.			You must pay R4 250 upfront, we pay the balance of the account and related accounts from the Hospital Benefit. If the procedure can be done out of hospital, for example in the doctor's rooms, you won't have to pay an amount upfront to the hospital. If performed outside of the day surgery network, an upfront payment of R5 000 will apply.		We pay the first R4 550 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit. If done in the doctor's rooms, you won't have to pay an amount upfront. We pay the account from the Hospital Benefit. If performed outside of the day surgery network, an upfront payment will apply. If performed outside of the day surgery network, an upfront payment of R5 000, and R7 650 on the Delta options, will apply.		You must pay the first R4 550 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit. If done in the doctor's rooms, you won't have to pay an amount upfront. We pay the account from the Hospital Benefit. If performed outside of the day surgery network, an upfront payment of R8 800 will apply.		We pay the first R4 550 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit. If done in the doctor's rooms, you won't have to pay an amount upfront. We pay the account from the Hospital Benefit. If performed outside of the day surgery network, an upfront payment of R5 000, and R7 650 on the Delta options, will apply.		Prescribed Minimum Benefit cover, in the KeyCare day surgery network.		Prescribed Minimum Benefit cover, in the KeyCare Start day surgery network.				

Hospital cover

Hospital cover

	Executive	Comprehensive			Priority		Saver			Smart		Core			KeyCare		
		Classic	Essential	Classic Zero MSA	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start
Cover for MRI and CT scans (including back and neck treatment related to your admission)	Paid from the Hospital Benefit up to 100% of the DHR.	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 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 (back and neck treatment not related to your admission)		If not related to your admission, we pay the first R2 900 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.	If not related to your admission, we pay the first R2 900 of the scan once you reach your Annual Threshold. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR.		If not related to your admission, we pay the first R2 900 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 R3 350 of the hospital account. We pay the balance of the scan from the Hospital Benefit up to 100% of the DHR.		If not related to your admission, we pay the first R2 900 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.			If not related to your admission, you need to pay the first R2 900 of the scan from your pocket. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR.	If not related to your admission or if for conservative back or neck treatment, we do not pay for it.	If not related to your admission, we do not pay for it.			If not related to your admission, we pay it from the Specialist Benefit up to a limit of R4 050 each person each year.		If not related to your admission, we pay it from the Specialist Benefit up to a limit of R2 000 each person each year.

Chronic cover

Conditions	You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list as well as additional conditions on our Additional Disease List.	You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list as well as additional conditions on our Additional Disease List.			You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list.											
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.	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.			Approved medicine on our medicine list covered in full when you use MedXpress. 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. 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, Clicks or Dis-Chem.	Approved medicine on our medicine list when you use MedXpress. Medicines not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine when you use one of our network pharmacies or your chosen GP. Your chosen GP must prescribe the chronic medicine.	We cover your chronic medicine in a state facility.						

Cancer cover

Prescribed Minimum Benefits (PMB)	Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full.															
Oncology Benefit	We cover the first R400 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). If your treatment costs more than the cover amount, you will need to pay 20% of the subsequent additional costs except if the treatment forms part of the Extended Oncology Benefit.	We cover the first R200 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). If your treatment costs more than the cover amount, you will need to pay 20% of the subsequent additional costs.					We cover the first R200 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). If your treatment costs more than the cover amount, you will need to pay 20% of the subsequent additional costs.					On Essential Smart , we cover cancer treatment in our network.	Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full. You have cover for cancer treatment in our network. If you choose to use any other provider, we will only cover up to 80% of the DHR.	Cancer treatment that is a Prescribed Minimum Benefit (PMB), is always covered in full. You have cover for cancer treatment in a state facility. If you choose to use any other provider, we will only cover up to 80% of the DHR.		
Extended Oncology Benefit	You have extended cover in full for a defined list of cancers and treatments.					N/A										
Oncology Innovation Benefit	You have cover for a defined list of innovative cancer medicines that meet the Scheme's criteria. You will need to pay 25% of the account.					N/A										
Advanced Illness Benefit	Members with cancer have access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home.															

Maternity cover

Cover during your pregnancy and for two years after your baby's birth	Once activated, you have cover for: <ul style="list-style-type: none"> 12 antenatal consultations with your gynaecologist, GP or midwife Two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans One Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria Private ward cover up to R1 970 per day for your delivery in hospital Cover for up to R5 000 for essential registered devices with 25% co-payment A defined basket of blood tests Five pre- or postnatal classes or consultations with a registered nurse Your baby is covered for up to two visits to a GP, paediatrician or an ENT You are covered for one six week post-birth consultation at your midwife, GP or gynaecologist One nutritional assessment at a dietitian Two mental health consultations with a counsellor or psychologist One lactation consultation with a registered nurse or lactation specialist. 	N/A			Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available.					Day-to-day cover at the DHR for your GP consultations, acute and over-the-counter (OTC) medicine, eye and dental check-up and sports-related injuries, with fixed co-payments and/or limits. This cover depends on the plan you choose.		These plans do not offer this benefit.			You have cover for defined day-to-day benefits through your chosen GP and day-to-day medicine from our medicine list. We pay for basic radiology and pathology at a network provider.	This plan does not offer this benefit.	You have cover for defined day-to-day benefits through your chosen KeyCare Start GP and day-to-day medicine from our medicine list. We pay for basic radiology and pathology if referred by your chosen KeyCare Start GP.
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Day-to-day benefits

Medical Savings Account	Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available.	Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available.	N/A	Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available.					Day-to-day cover at the DHR for your GP consultations, acute and over-the-counter (OTC) medicine, eye and dental check-up and sports-related injuries, with fixed co-payments and/or limits. This cover depends on the plan you choose.		These plans do not offer this benefit.			You have cover for defined day-to-day benefits through your chosen GP and day-to-day medicine from our medicine list. We pay for basic radiology and pathology at a network provider.	This plan does not offer this benefit.	You have cover for defined day-to-day benefits through your chosen KeyCare Start GP and day-to-day medicine from our medicine list. We pay for basic radiology and pathology if referred by your chosen KeyCare Start GP.
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Day-to-day benefits

	Executive	Comprehensive			Priority		Saver			Smart		Core			KeyCare		
		Classic	Essential	Classic Zero MSA	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start
Day-to-day Extender 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.	Pays for certain day-to-day benefits after you have run out of money in your Medical Savings account and before you reach the Annual Threshold.		N/A	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.		Pays for certain day-to-day benefits after you have run out of money in your Medical Savings Account.			These plans do not offer this benefit.							
	Covers unlimited GP consultation fees and kids casualty visits. You must use a GP in our network.	Covers unlimited GP consultation fees and kids casualty visits available. You must use a GP in our network.	Covers unlimited GP consultation fees. You must use a GP in our network.	This plan does not offer this benefit.	Covers unlimited GP consultation fees and kids casualty visits. You must use a GP in our network.	Covers unlimited GP consultation fees. You must use a GP in our network.	Covers limited GP consultation fees and kids casualty visits. You must use a GP in our network.	Covers limited GP consultation fees. You must use a GP in our network.									
Above Threshold Benefit	The Above Threshold Benefit is unlimited.				The Above Threshold Benefit is limited.			These plans do not offer this benefit.									
MRI and CT scans	We pay from your day-to-day benefits. For conservative back and neck scans, specific rules apply.	We pay the first R2 900 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, specific rules apply.		You are covered from the Above Threshold Benefit once you reach it.	We pay the first R2 900 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, specific rules apply.		We pay the first R2 900 of MRI or CT scan from your available Medical Savings Account. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules apply.			You must pay the first R2 900 of 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, specific rules and limits may apply.	This plan does not offer this benefit.	These plans do not offer these benefits.			MRI and CT scans are paid from the Specialist Benefit up to a limit of R4 050 each person each year.	MRI and CT scans are paid from the Specialist Benefit up to a limit of R2 000 each person each year.	
Screening and Prevention Benefit	Covers 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 2 years, Pap smear every 3 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. Additional, and/or more frequent screening is available for those who meet our clinical criteria. Kids screening covers growth assessment and health and milestone tracking at any one of our wellness network providers.																
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.	Extends your cover for out-of-hospital claims for recovery after certain traumatic events are covered for the rest of the year in which the trauma took place, and a year after the trauma.		This plan does not offer this 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.		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.			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.	This plan does not offer this benefit.	These plans do not offer these benefits.			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.	This plan does not offer this 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.
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 registered 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.												

Additional benefits

We are continuously improving our communication to you. The latest version of this summary as well as detailed benefit information is available on www.discovery.co.za.
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