Your cover for day-to-day medical expenses

We pay for day-to-day medical expenses like GP visits, radiology and pathology from your Medical Savings Account, as long as you have money available. If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay your day-to-day medical expenses yourself.

The Insured Network Benefit pays for certain day-to-day benefits before you reach the Annual Threshold.

Once your claims add up to the Annual Threshold, we pay the rest of your claims from the Above Threshold Benefit, at the Discovery Health Rate. Your Above Threshold Benefit has an overall limit.

The Insured Network Benefit reduces gaps in cover

We extend your day-to-day cover through the Insured Network Benefit. When you have spent the annual funds in your Medical Savings Account, and if you use a provider in our network, we cover:

- Your GP consultation fees
- Blood tests (available on Classic)

The Above Threshold Benefit offers extra day-to-day cover

The Priority Series has a limited Above Threshold Benefit. This gives you extra cover at the Discovery Health Rate or at a percentage of it when your day-to-day claims add up to a set amount called the Annual Threshold.

Limits on some day-to-day healthcare services

We pay all day-to-day benefits up to the Above Threshold Benefit limit or up to the limit that applies below, whichever you reach first. These limits apply to claims paid from your Medical Savings Account or your limited Above Threshold Benefit.

<table>
<thead>
<tr>
<th>Professional services</th>
<th>Classic</th>
<th>Essential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single member:</td>
<td>R 6 600</td>
<td>R4 400</td>
</tr>
<tr>
<td>With one dependant:</td>
<td>R 9 350</td>
<td>R6 600</td>
</tr>
<tr>
<td>With two dependants:</td>
<td>R12 100</td>
<td>R8 250</td>
</tr>
<tr>
<td>With three or more dependants:</td>
<td>R14 300</td>
<td>R9 900</td>
</tr>
</tbody>
</table>

Only the overall Above Threshold Benefit limit applies to these day-to-day healthcare services

We pay these healthcare services from your Medical Savings Account or limited Above Threshold Benefit:

- GPs
- Pathology
- Radiology
- Basic dental check-ups
- Specialists
- MRI and CT scans: We pay the first R2 450 of your MRI or CT scan code from your day-to-day benefits. We cover the balance of the scan code from your Hospital Benefit, up to the Discovery Health Rate. For conservative back and neck scans, specific rules and limits apply.

How we make your Medical Savings Account last longer

We pay claims for these day-to-day expenses without using your Medical Savings Account:

- The Screening and Prevention Benefit covers certain tests at a Discovery Wellness Network provider, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram, Pap smear, PSA (a prostate screening test) and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine.
- We will cover out-of-hospital claims for recovery after certain traumatic events from the Trauma Recovery Extender Benefit. The cover applies to the rest of the year in which the trauma took place, and to the year after your trauma.
- We pay for scopes (gastroscopies, colonoscopies, sigmoidoscopies and proctoscopies) from your Hospital Benefit if it’s done in your doctor’s rooms.

Please call us before you have a scope done in your doctor’s rooms, to confirm your benefits.
Contributions

<table>
<thead>
<tr>
<th>Total contributions (including Medical Savings Account amounts)</th>
<th>Annual Medical Savings Account amounts**</th>
<th>Annual Threshold amounts**</th>
<th>Above Threshold Benefit limits**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main member</strong></td>
<td><strong>Adult</strong></td>
<td><strong>Child</strong>*</td>
<td><strong>Main member</strong></td>
</tr>
<tr>
<td>Classic</td>
<td>R2 069</td>
<td>R1 629</td>
<td>R282</td>
</tr>
<tr>
<td>Essential</td>
<td>R1 778</td>
<td>R1 397</td>
<td>R710</td>
</tr>
</tbody>
</table>

** We count a maximum of three children when we work out the monthly contribution, Annual Medical Savings Account, 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.

General exclusions: We do not cover certain healthcare services. You will find a full list of exclusions at www.discovery.co.za

Save on self-medication at Clicks

With MedSaver, you can earn up to 25% cash back on self-medication at any Clicks Pharmacy, whether you pay for it or claim for it. Activate MedSaver by going to www.discovery.co.za/medsaver

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

** 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.
Priority Series

Classic | Essential

**Cost-effective** in-hospital and out-of-hospital cover

- Unlimited private hospital cover
- Essential cover for chronic medicine
- A high savings account to cover your day-to-day healthcare needs
- Efficient day-to-day limits and extended day-to-day cover
- Cover for medical emergencies when travelling in and outside South Africa

We offer you the choice to be covered in full. Look out for the Full Cover Choice stamp in this brochure. It shows you when to use our range of online tools that guide you to full cover.
We cover you in any private hospital for emergencies and for planned hospital admissions that you have authorised with us. There is no overall limit.

Your cover in hospital

**Unlimited hospital cover**

**Emergency cover when you need it most**

Discovery 911 offers fast, life-saving emergency care. In an emergency, go straight to hospital. If you need medically-equipped transport, call 0860 999 911. This line is managed by highly qualified emergency personnel who will send the most appropriate air or road emergency evacuation transport to you. It is important that you, a loved one or the hospital let us know about your admission as soon as possible.

**Cover for planned hospital admissions**

Please call us 48 hours before you go to hospital to confirm your admission.

**Upfront payments for in-hospital procedures**

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

- Conservative back and neck treatment, myringotomy (grommets), tonsillectomy, adenoidectomy
  - R1 950
- Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, cystoscopy
  - R2 600
- Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysterectomy, endometrial ablation
  - R4 700
- Nissen fundoplication (reflux surgery), spinal surgery (back and neck), joint replacements
  - R9 500

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

To help make your admission to hospital convenient and seamless we offer an online tool that assists you to plan and authorise your hospital admission and confirms how you will be covered.

Limits, clinical guidelines and policies apply to some healthcare services and procedures in hospital.
Your cover for dental treatment

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

Dental treatment in hospital
You need to pay a portion of your hospital or day-clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Day-clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 13</td>
<td>R1 450</td>
</tr>
<tr>
<td>13 and older</td>
<td>R3 650</td>
</tr>
<tr>
<td>Younger than 13</td>
<td>R700</td>
</tr>
<tr>
<td>13 and older</td>
<td>R2 400</td>
</tr>
</tbody>
</table>

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

We cover routine, conservative dentistry such as preventative treatments, simple fillings and root canal treatments from your day-to-day benefits.

No overall dental limit
There is no overall limit for dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid up to 100% of the Discovery Health Rate from your day-to-day benefits, up to an annual limit of R11 950 a person. If you join the medical scheme after January, you won’t get the full limit because it is calculated by counting the remaining months in the year. The overall Above Threshold Benefit limit applies to this benefit.
DiscoveryCare looks after you when you are living with a chronic condition that needs ongoing management and care. Our skilled consultants help guide you to ensure you always receive the most appropriate level of care when your condition is registered on one of our care programmes.

### Your cover for chronic conditions
You have cover for a list of chronic conditions. You have full cover for approved medicine on Discovery Health’s medicine list or up to a set monthly amount for medicine not on our list.

We pay medicine up to the Discovery Health Rate. We need to approve your chronic condition before it is covered from the Chronic Illness Benefit.

**MedXpress – convenient medicine delivery**
When you use MedXpress, Discovery’s convenient medicine delivery service, you pay no delivery or administration fees. Discovery’s qualified service agents can also advise you on the most cost-effective alternatives and you will always be charged at the Discovery Health Rate or less — minimising co-payments. Call us on 0860 99 88 77 to make use of this free service.

### Your cover for cancer treatment
Our Oncology Programme covers the first R200 000 of approved cancer treatment over a 12-month cycle. Cover is unlimited once your cancer treatment costs go over this amount, but you will need to pay 20% of the cost of all further treatment.

**All cancer-related healthcare services**
You may have a co-payment if your healthcare professional charges above this rate.

Cancer treatment that is a Prescribed Minimum Benefit is always covered in full. Please call us to register on the Oncology Programme.

### Savings on essential care items at Dis-Chem
When you shop at Dis-Chem, ChroniCare brings you savings on a wide range of items appropriate to your needs, such as monitoring devices and diabetic footwear products, that help manage your chronic condition.

You can activate ChroniCare if you are registered on our Chronic Illness Benefit for one of the following chronic conditions: asthma, diabetes, high cholesterol or high blood pressure.

Earn up to 25% cash back by activating ChroniCare at www.discovery.co.za/info/chronicare