

# 2025 REASONS TO JOIN

SA'S LEADING MEDICAL AID





## Reasons to join SA's leading medical aid



### Affordability

You get exceptional and consistent value with contributions that are on average over 11% more affordable than the rest of the industry.



### Benefit Flexibility

Discovery Health Medical Scheme has 23 plan options, differentiated by varying benefit levels, structures and price points. This allows you the flexibility to change options and adapt their benefits and price point to meet your changing health, lifestyle and financial circumstances.



### Peace of Mind

Discovery Health Medical Scheme is the only open medical scheme in South Africa with a AAA rating from the Global Credit Rating Agency. This is the highest possible credit rating for a medical scheme, giving our members the peace of mind that we will be there when they need us most.

As a Discovery Health Medical Scheme member, you also get exclusive access to the following value-added offers:



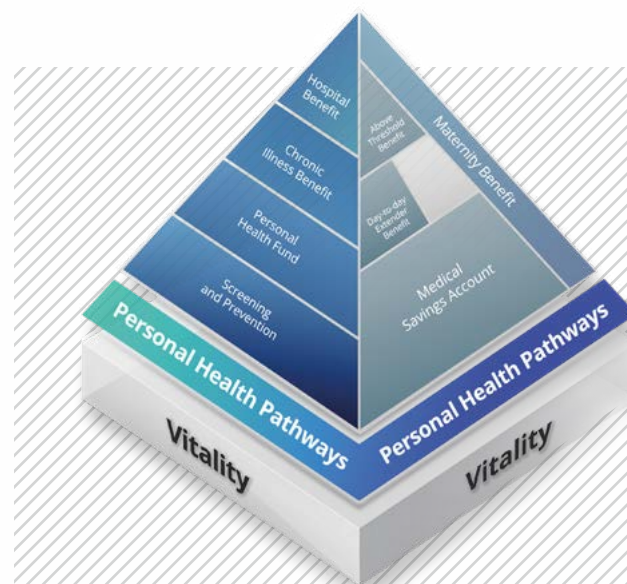
### Integrated Value

Discovery Health Medical Scheme members have exclusive access to the Discovery Account, a zero monthly fee account with Discovery Bank which allows members to enjoy integrated benefits such as Health Pay, Vitality Pay as you Gym and Vitality Travel.



### Access to Vitality

As a member of Discovery Health Medical Scheme you get access to Vitality, which is a science-based behaviour change programme that helps you keep track of your progress towards a healthier you and rewards you for making better choices with a premium range of health, lifestyle and leisure benefits.



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 subject to the approval from the Council for 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. Vitality is a separate wellness product sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07. Terms, conditions and limits apply. Discovery Pay is brought to you by Discovery Bank Limited. Discovery Bank is not part of Discovery Health Medical Scheme. Discovery Bank Limited. Registration number 2015/408745/06. Discovery Bank is an authorised financial services provider (FSP48657) and registered credit provider (NCRCP9997)

# Additional benefits across all our plans

## Discovery Health app and virtual benefits

The Discovery Health app gives you access to a truly personalised health experience and lets you navigate the healthcare system easily. Access Personal Health Pathways, receive the advice and healthcare support that you need, 24/7, through a set of innovative features.



## Care at Home

You have access to hospital-level care in your home instead of having to go to hospital for acute hospital care. The Hospital at Home devices and healthcare services are accessible if you meet the clinical and benefit criteria. You will receive a Home Monitoring Device Benefit for essential home monitoring and home-based care for follow up treatment after an admission.



## Mental wellbeing

Members identified with moderate to severe symptoms of depression following a mental wellbeing assessment, have access to a virtual or face-to-face consultation, where applicable, with a Premier Plus GP or network psychologist, coaching sessions with a social worker, two consultations with a dietitian, and a clinically appropriate digital mental wellbeing course. Cover is subject to clinical entry criteria.



## Digital Mental Health Care

Access an on-demand digital mental healthcare platform for evidence-based support programmes and tools with Digital Mental Health. If you are diagnosed with depression, we will pay your claims from your available Prescribed Minimum Benefits or Mental Health Care Programme, if enrolled. This is subject to you meeting the clinical entry criteria. If you do not meet the criteria, or if you have used your benefits, you will need to pay the claims.



## International Second Opinion Services

Through your specialist, you have access to second opinion services from Cleveland Clinic for life-threatening and life-changing conditions. We cover 75% for the cost of the second opinion service.



## Cover for Cancer

You have access to cover for cancer treatment. This includes access to high cost medicine, innovative treatment and extended cover once you reach certain limits. Cover depends on your plan type.



## Virtual Physical Therapy

This is a virtually integrated care programme, delivered through an intelligent platform, which seamlessly connects you to a wide range of appropriate healthcare professionals, all focused on delivering evidence-based, conservative therapies to achieve the best possible care to you. Depending on the plan you choose, Virtual Physical Therapy will be paid from your available day-to-day benefits, if applicable.

The Discovery Health app and the Clinic by Cleveland Clinic online medical second opinion programme are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.



## Screening and Prevention Benefit

Screening and prevention benefits that cover vital tests to detect early warning signs of serious illness.



## 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 requested 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.

Plan Specific Additional Benefits

	EXECUTIVE	COMPREHENSIVE		PRIORITY		SAVER			SMART			CORE			KEYCARE				
		CLASSIC	CLASSIC SMART	CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	COASTAL	CLASSIC	ESSENTIAL	ACTIVE	CLASSIC	ESSENTIAL	COASTAL	PLUS	CORE	START	START REGIONAL	
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.																		
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 R135,000 per person per year at 75% of the DHR. A co-payment of 25% will apply.			These plans do not offer this benefit.															
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 this benefit.				
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.																		
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 this benefit.	
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 this benefit.																
Virtual Urgent Care	Skip the waiting room and urgently consult with a doctor 24/7 online and get digital prescriptions – no matter where you are. We cover you for four virtual urgent care sessions four consults per family per year, subject to clinical entry criteria. Any additional sessions will fund from your available day-to-day savings, if applicable.								Skip the waiting room and urgently consult with a doctor 24/7 online and get digital prescriptions – no matter where you are. We cover you up to four virtual urgent care sessions per family per year, subject to clinical entry criteria. You will need to fund any additional sessions.						Skip the waiting room and urgently consult with a doctor 24/7 online and get digital prescriptions – no matter where you are. We cover you for one virtual urgent care sessions per member, per year, subject to clinical entry criteria. You will need to fund any additional sessions.				
Personal Health Fund	The Personal Health Fund covers a comprehensive list of out-of-hospital healthcare services according to your individual health needs once you've activated Personal Health Pathways and completed your recommended next best action. Your Personal Health Fund limit depends on your plan type, the size and make up of your family (according to your policy). If you are a new Discovery Health Medical Scheme members for 2025, you will be able to double your limit stated below.																		
	R2,500 per adult, R1,250 per child, max R10,000 per family.				R1,500 per adult, R750 per child, max R6,000 per family	R2,500 per adult, R1,250 per child, max R10,000 per family	R1,500 per adult, R750 per child, max R6,000 per family		R2,000 per adult, R1,000 per child, max R8,000 per family	R1,000 per adult, R500 per child, max R4,000 per family		R2,000 per adult, R1,000 per child, max R8,000 per family	R1,000 per adult, R500 per child, max R4,000 per family		R500 per adult, R250 per child, max R1,000 per family				



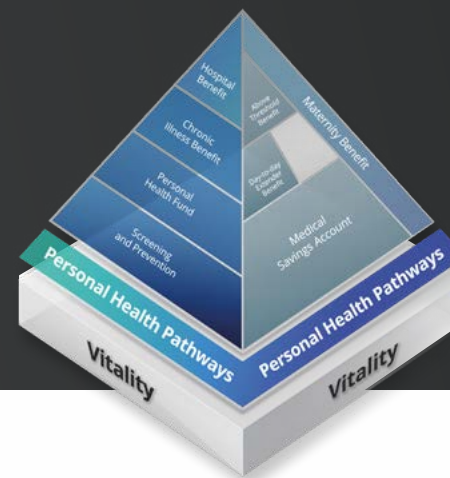


[Learn more here](#)

## Executive

### Medical Savings Account and Above Threshold Benefit.

The Executive Plan offers you the most extensive cover for in-hospital and day-to-day benefits with extended chronic medicine cover and an unlimited Above Threshold Benefit.



[Find out more about Hospital Networks](#)

## Hospital Cover

Private hospital cover in a general ward	Unlimited cover plus private ward cover of up to R2,700 each day.
Private hospital	You are covered in any facility approved by the Scheme.
Defined list of procedures in our Day Surgery Network	
FULL COVER FOR SPECIALISTS WE HAVE A PAYMENT ARRANGEMENT WITH	
Reimbursement rate* for specialists we do not have a payment arrangement with	300% of the DHR
Reimbursement rate* for GPs and other healthcare professionals (not specialists)	200% of the DHR
Reimbursement rate* for radiology and pathology	100% of the DHR
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when performed in-hospital	Depending on where you have your scope done, we pay a portion of between R4,500 and R6,550 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 as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, 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.
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when performed in-rooms	We pay the first R1,750 of the scope from your day-to-day benefits. Where both a gastroscopy and colonoscopy is done, we pay the first R3,000 from your available day-to-day benefits. The co-payment will not apply if the scope is performed at a network provider. We pay the balance of the account from the Hospital Benefit up to 300% of the Discovery Health Rate.
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.
Cover for MRI and CT scans if not related to admission or for back and neck treatment	We pay the first R3,850 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.

## Day-to-day benefits

Medical Savings Account for your day-to-day needs	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.
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 additional cover for kids' casualty visits.
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.
MRI and CT Scans	We pay the first R3,850 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.

## Chronic Cover

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.
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.
Specialised Medicine and Technology Benefit	Cover for a defined list of the latest treatments through the Specialised Medicine and Technology Benefit. We pay up to R200,000 per person per year. A co-payment of up to 20% applies.








## Maternity Cover

During your pregnancy	<ul style="list-style-type: none"> <li>12 antenatal consultations with your gynaecologist, GP or midwife</li> <li>Two 2D ultrasound scans or one 2D ultrasound scan and 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 R2,700 per day for your delivery in hospital</li> <li>A defined basket of blood tests.</li> </ul>
After you give birth	<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>Cover for up to R6,300 for essential registered devices with 25% co-payment.</li> </ul>
Pre- and postnatal care	<ul style="list-style-type: none"> <li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth</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>

Cancer Cover

Oncology Benefits	We cover the first R500,000 of your approved cancer treatment over a 12-month cycle in full.
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.
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.

Contributions, Medical Saving Account and Above Threshold Benefit

	MONTHLY CONTRIBUTION CALCULATIONS (R)			ANNUAL MEDICAL SAVINGS ACCOUNT (R)			ANNUAL ABOVE THRESHOLD BENEFIT (R)
							
Executive	11,430	22,860	25,045	34,284	34,284	6,552	Unlimited

Notes



Learn more here

# Comprehensive

## Medical Savings Account and Limited Above Threshold Benefit.

Comprehensive cover for in-hospital and day-to-day cover with extended chronic medicine cover and access to a limited Above Threshold Benefit.



Find out more about Hospital Networks

## Hospital Cover

	CLASSIC	CLASSIC SMART
Private hospital cover in a general ward	Unlimited cover plus private ward cover of up to R2,700 per day for your delivery.	
Private hospital	You are covered in any facility approved by the Scheme.	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 R12,200 to the hospital.
Defined list of procedures in our Day Surgery Network	We cover a defined list of procedures in a day surgery facility. An upfront payment of R7,000 applies for admission to a facility outside of the Day Surgery Network.	We cover a defined list of procedures in the Smart Day Surgery Network. An upfront payment of R12,200 applies for admissions to a facility outside of the Smart Day Surgery Network.
<b>FULL COVER FOR SPECIALISTS WE HAVE A PAYMENT ARRANGEMENT WITH</b>		
Reimbursement rate* for specialists we do not have a payment arrangement with	200% of the DHR	
Reimbursement rate* for GPs and other healthcare professionals (not specialists)	200% of the DHR	
Reimbursement rate* for radiology and pathology	100% of the DHR	
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when performed in-hospital	Depending on where you have your scope done, we pay a portion of between R4,500 and R6,550 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 as part of a confirmed Prescribed Minimum Benefits (PMB) condition, where indicated and approved for dyspepsia, 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.	
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when performed in-rooms	We pay the first R1,750 of the scope from your day-to-day benefits. Where both a gastroscopy and colonoscopy is done, we pay the first R3,000 from your available day-to-day benefits. The co-payment will not apply if the scope is performed at a network provider. We pay the balance of the account from the Hospital Benefit up to 200% of the Discovery Health Rate.	
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.	
Cover for MRI and CT scans if not related to admission or for back and neck treatment	We pay the first R3,850 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.	



# Comprehensive

## Medical Savings Account and Limited Above Threshold Benefit.

Comprehensive cover for in-hospital and day-to-day cover with extended chronic medicine cover and access to a limited Above Threshold Benefit.

### Day-to-day benefits

	CLASSIC	CLASSIC SMART
Medical Savings Account for your day-to-day needs	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.	On the Classic Smart Comprehensive, you have cover for consultations with a Smart GP before the annual threshold has been reached, with a fixed co-payment.
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.	This plan does not offer this benefit.
Above Threshold Benefit	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.	
MRI and CT Scans	First R3,850 of your MRI or CT scan is paid 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.	

### Chronic Cover

	CLASSIC	CLASSIC SMART
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.
Medicine Cover	Full cover for approved medicine on our medicine list (not applicable to ADL). 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.
Specialised Medicine and Technology Benefit	Cover for a defined list of the latest treatments through the Specialised Medicine and Technology Benefit. We pay up to R200,000 per person per year. A co-payment of up to 20% applies.	This plan does not offer this benefit.

### Maternity Cover

	CLASSIC	CLASSIC SMART
During your pregnancy	<ul style="list-style-type: none"> <li>12 antenatal consultations with your gynaecologist, GP or midwife</li> <li>Two 2D ultrasound scans or one 2D ultrasound scan and 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 R2,700 per day for your delivery in hospital</li> <li>A defined basket of blood tests.</li> </ul>	
After you give birth	<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>Cover for up to R6,300 for essential registered devices with 25% co-payment.</li> </ul>	
Pre- and postnatal care	<ul style="list-style-type: none"> <li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth</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>	

# Comprehensive










## Medical Savings Account and Limited Above Threshold Benefit.

Comprehensive cover for in-hospital and day-to-day cover with extended chronic medicine cover and access to a limited Above Threshold Benefit.

### Cancer Cover

	CLASSIC	CLASSIC SMART
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.
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.	This plan does not offer this benefit.
Oncology Innovation Benefit	You have cover for a defined list of innovative cancer medicine, subject to the Scheme's clinical entry criteria. You will need to pay 25% of the cost of these treatments. For a select list of innovative medicines and conditions a 50% co-payment applies.	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.

### Contributions, Medical Saving Account and Above Threshold Benefit

	MONTHLY CONTRIBUTION CALCULATIONS (R)			ANNUAL MEDICAL SAVINGS ACCOUNT (R)			ANNUAL ABOVE THRESHOLD BENEFIT (R)		
									
Classic Comprehensive	9,298	18,091	19,947	27,876	26,364	5,568	35,000	35,000	8,500
Classic Smart Comprehensive	7,945	15,282	17,137	14,292	13,200	3,336	30,000	30,000	7,500

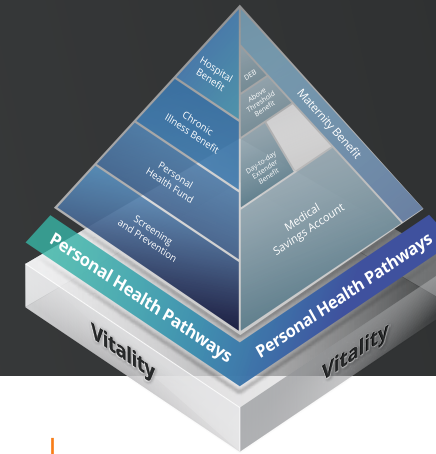
### Notes



## Priority

**Medical Savings Account.** Cost-effective in-hospital cover, essential chronic medicine cover and day-to-day benefits with a limited Above Threshold Benefit.

[Learn more here](#)



[Find out more about Hospital Networks](#)

## Hospital Cover

HOSPITAL COVER		CLASSIC	ESSENTIAL
Private hospital cover in a general ward	Unlimited cover		
Private hospital	You are covered in any facility approved by the Scheme. An upfront payment of between R4,800 to R22,850 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.		
Defined list of procedures in our Day Surgery Network	We cover a defined list of procedures in a Day Surgery Network. An upfront payment of R7,000 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.		
FULL COVER FOR SPECIALISTS WE HAVE A PAYMENT ARRANGEMENT WITH			
Reimbursement rate* for specialists we do not have a payment arrangement with	200% of the DHR	100% of the DHR	
Reimbursement rate* for GPs and other healthcare professionals (not specialists)	200% of the DHR	100% of the DHR	
Reimbursement rate* for radiology and pathology	100% of the DHR		
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when performed in-hospital	Depending on where you have your scope done, an upfront payment of between R4,500 and R7,250 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 copayment will apply.		
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when performed in-rooms	You have to pay the first R1,750 of the scope. Where both a gastroscopy and colonoscopy is done, you have to pay the first R3,000. The co-payment will not apply if the scope is performed at a network provider. <div>We pay the balance of the account from the Hospital Benefit up to 200% of the Discovery Health Rate.</div> <div>We pay the balance of the account from the Hospital Benefit up to 100% of the Discovery Health Rate.</div>		
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.		
Cover for MRI and CT scans if not related to admission or for back and neck treatment	We pay the first R3,850 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 R4,550 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.		

## Day-to-day benefits

	CLASSIC	ESSENTIAL
Medical Savings Account for your day-to-day needs	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.	
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.  Covers 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.	
Above Threshold Benefit	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.	
MRI and CT Scans	We pay the first R3,850 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.	

## Chronic Cover

	CLASSIC	ESSENTIAL
Conditions	You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits.	
Medicine Cover	Approved medicine on our medicine list covered in full when you use 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.	
Specialised Medicine and Technology Benefit	These plans do not offer this benefit.	










## Maternity Cover

	CLASSIC	ESSENTIAL
During your pregnancy	<ul style="list-style-type: none"> <li>8 antenatal consultations with your gynaecologist, GP or midwife</li> <li>Two 2D ultrasound scans or one 2D ultrasound scan and 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> </ul>	
After you give birth	<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> </ul>	
Pre- and postnatal care	<ul style="list-style-type: none"> <li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth</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>	

Cancer Cover

	CLASSIC	ESSENTIAL
Oncology Benefit	We cover the first R250,000 of your approved cancer treatment over a 12-month cycle in full.	
Extended Oncology Benefit	These plans do not offer this benefit.	
Oncology Innovation Benefit	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.	

Contributions, Medical Saving Account and Above Threshold Benefit

	MONTHLY CONTRIBUTION CALCULATIONS (R)			ANNUAL MEDICAL SAVINGS ACCOUNT (R)			ANNUAL ABOVE THRESHOLD BENEFIT (R)		
									
Classic Priority	5,796	10,367	12,685	17,376	13,704	6,948	19,370	13,820	6,770
Essential Priority	4,981	8,898	10,887	8,964	7,044	3,576			

Notes

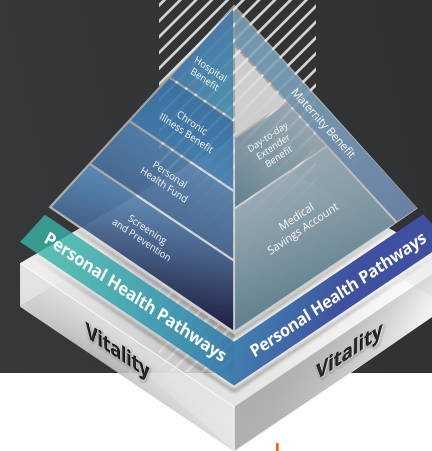




[Learn more here](#)

## Saver

**Medical Savings Account.** The most economical in-hospital cover, essential chronic medicine cover and day-to-day benefits through a Medical Savings Account.



[Find out more about Hospital Networks](#)

## Hospital Cover

	CLASSIC	ESSENTIAL	COASTAL
Private hospital cover in a general ward	Unlimited cover		
Private 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 R10,700. If you are admitted to any facility for planned admissions that meet the criteria for home-based care, you must pay an upfront payment to the hospital of R5,250.		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.
Defined list of procedures in our Day Surgery Network	We cover a defined list of procedures in a Day Surgery Network. An upfront payment of R7,000 applies for admissions to a facility outside of the Day Surgery Network. An upfront payment of R10,700 applies on the Delta options, if performed outside of the Delta Day Surgery Network.		
FULL COVER FOR SPECIALISTS WE HAVE A PAYMENT ARRANGEMENT WITH			
Reimbursement rate* for specialists we do not have a payment arrangement with	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	100% of the DHR	100% of the DHR
Reimbursement rate* for radiology and pathology	100% of the DHR		
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when performed in-hospital	Depending on where you have your scope done, we pay a portion of between R4,500 and R7,700 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.		
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when performed in-rooms	We pay the first R1,750 of the scope from your day-to-day benefits. Where both a gastroscopy and colonoscopy is done, we pay the first R3,000 from your available day-to-day benefits. The co-payment will not apply if the scope is performed at a network provider.		
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.		
Cover for MRI and CT scans if not related to admission or for back and neck treatment	We pay the first R3,850 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.		

## Day-to-day benefits

	CLASSIC	ESSENTIAL	COASTAL
Medical Savings Account for your day-to-day needs	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.		
Day-to-day Extender Benefit	Pays for certain day-to-day benefits after you have run out of money in your Medical Savings Account.		
	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.		
Above Threshold Benefit	These plans do not offer this benefit.		
MRI and CT Scans	We pay the first R3,850 of your MRI or CT scan from your available MSA. 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.		

## Chronic Cover

	CLASSIC	ESSENTIAL	COASTAL
Conditions	You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits.		
Medicine Cover	Approved medicine on our medicine list covered in full when you use 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.		







## Maternity Cover

	CLASSIC	ESSENTIAL	COASTAL
During your pregnancy	<ul style="list-style-type: none"> <li>8 antenatal consultations with your gynaecologist, GP or midwife</li> <li>Two 2D ultrasound scans or one 2D ultrasound scan and 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> </ul>		
After you give birth	<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> </ul>		
Pre- and postnatal care	<ul style="list-style-type: none"> <li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth</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>		

## Cancer Cover

	CLASSIC	ESSENTIAL	COASTAL
Oncology Benefit	We cover the first R250,000 of your approved cancer treatment over a 12-month cycle in full.		
Extended Oncology Benefit	These plans do not offer this benefit.		
Oncology Innovation Benefit	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.		

## Contributions and Medical Saving Account

	MONTHLY CONTRIBUTION CALCULATIONS (R)			ANNUAL MEDICAL SAVINGS ACCOUNT (R)		
						
Classic Saver	4,535	8,112	9,929	10,872	8,580	4,344
Classic Delta Saver	3,624	6,487	7,942	8,688	6,864	3,492
Essential Saver	3,634	6,359	7,814	4,356	3,264	1,740
Essential Delta Saver	2,898	5,085	6,248	3,468	2,616	1,392
Coastal Saver	3,797	6,652	8,185	6,828	5,136	2,760

## Notes

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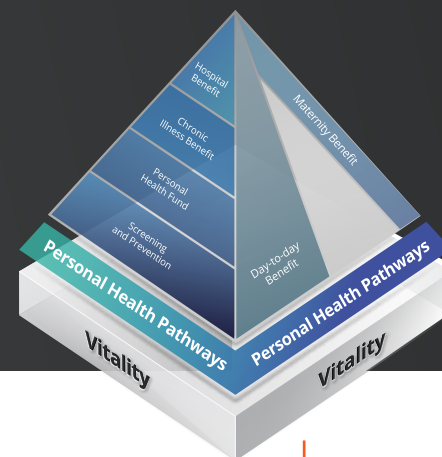
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# Smart

**No Medical Savings Account.** The most cost-effective in-hospital cover, essential chronic medicine cover plus limited day-to-day cover if you're willing to use providers in a specified network.

[Learn more here](#)



[Find out more about Hospital Networks](#)

## Hospital Cover

	CLASSIC	ESSENTIAL	ACTIVE
Private hospital cover in a general ward	Unlimited cover		Neonatal hospitalization: Limited to R70 000 per family per year. Unlimited cover for other admissions
Private hospital	Full cover in the Smart Hospital Network or our designated service provider (DSP) for home-based care, where clinically appropriate. If you are admitted to any facility for planned admissions that meet the criteria for home-based care, you must pay an upfront payment to the hospital of R5,250. For planned admissions at hospitals outside of the Smart Hospital Network, you must pay an upfront payment of R12,200 to the hospital. For the Essential Dynamic Smart plan, full cover in the Dynamic Smart Hospital Network as referred by Ask Discovery, or our designated service provider (DSP) for home-based care, where clinically appropriate. For planned admissions at hospitals outside of the Dynamic Smart Hospital Network, you must pay an upfront payment of R14,075 to the hospital.		You must pay an upfront payment of R7,500 to the hospital for any planned admissions in the Dynamic Smart Hospital Network as referred by Ask Discovery, or our designated service provider (DSP) for homebased care, where clinically appropriate. For planned admissions at hospitals outside of the Dynamic Smart Hospital Network, you must pay an upfront payment of R14,750 to the hospital. If you are admitted to any facility for planned admissions that meet the criteria for home-based care, you must pay an upfront payment to the hospital of R5,250.
Defined list of procedures in our Day Surgery Network	We cover a defined list of procedures in the Smart Day Surgery Network. An upfront payment of R12,200 applies for admissions to a facility outside of the Smart Day Surgery Network. On the Essential Dynamic Smart plan, an upfront payment of R14,750 applies for admission to a facility outside of the Dynamic Smart Day Surgery Network.		An upfront payment of R14,750 applies for admission to a facility outside of the Dynamic Smart Day Surgery Network.
FULL COVER FOR SPECIALISTS WE HAVE A PAYMENT ARRANGEMENT WITH			
Reimbursement rate* for specialists we do not have a payment arrangement with	200% of the DHR	100% of the DHR	
Reimbursement rate* for GPs and other healthcare professionals (not specialists)	200% of the DHR	100% of the DHR	
Reimbursement rate* for radiology and pathology	100% of the DHR		

	CLASSIC	ESSENTIAL	ACTIVE
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when performed in-hospital	Depending on where you have your scope done, an upfront payment of between R4,300 and R7,350 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 copayment will apply.		
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when performed in-rooms	You will have to pay the first R1,750 of the scope. Where both a gastroscopy and colonoscopy is done, an upfront payment of R3,000 applies. The co-payment will not apply if the scope is performed at a network provider.		
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.		
Cover for MRI and CT scans if not related to admission or for back and neck treatment	You need to pay the first R3,850 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.	

## Day-to-day benefits

	CLASSIC	ESSENTIAL	ACTIVE	
Day-to-day cover	This plan does not offer a Medical Savings Account. Access to a defined set of benefits including GP consultations, sports injury benefit, 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.		
Day-to-day Extender Benefit	These plans do not offer this benefit.			
Above Threshold Benefit	These plans do not offer this benefit.			
MRI and CT Scans	You must pay the first R3,850 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.		

## Chronic Cover

	CLASSIC	ESSENTIAL	ACTIVE
Conditions	You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits.		
Medicine Cover	Approved medicine on our medicine list covered in full when you use a MedXpress Network Pharmacy. For medicine not on our list, we cover up to the therapeutic reference price of the equivalent medicine or group of medicines.		
Specialised Medicine and Technology Benefit	These plans do not offer this benefit.		






## Maternity Cover

	CLASSIC	ESSENTIAL	ACTIVE
During your pregnancy	<ul style="list-style-type: none"> <li>8 antenatal consultations with your gynaecologist, GP or midwife</li> <li>Two 2D ultrasound scans or one 2D ultrasound scan and 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> </ul>		These services are subject to the defined day-to-day benefits.
After you give birth	<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> </ul>		
Pre- and postnatal care	<ul style="list-style-type: none"> <li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth</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>		

## Cancer Cover

	CLASSIC	ESSENTIAL	ACTIVE
Oncology Benefit	We cover the first R250,000 of your approved cancer treatment over a 12-month cycle in full. 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 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 DHR.
Extended Oncology Benefit	These plans do not offer this benefit.		
Oncology Innovation Benefit	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.		This plan does not offer this benefit.

## Contributions and Medical Saving Account

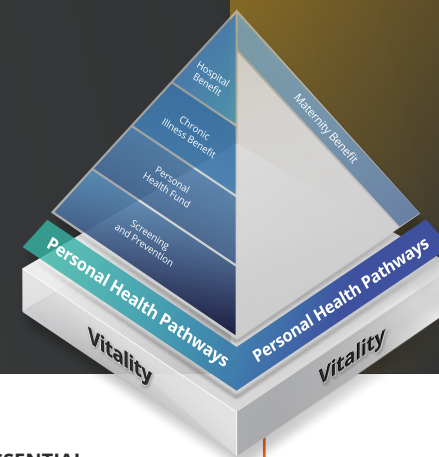
	MONTHLY CONTRIBUTION CALCULATIONS (R)			ANNUAL MEDICAL SAVINGS ACCOUNT (R)
				
Classic Smart	2,822	5,049	6,176	No MSA
Essential Smart	2,021	4,042	6,063	
Essential Dynamic Smart	1,681	3,362	5,043	
Active Smart	1,350	2,700	4,050	



## Core

**No Medical Savings Account.** A value-for-money hospital plan that provides unlimited private hospital cover and essential cover for chronic medicine with no day-to-day cover.

[Learn more here](#)



[Find out more about Hospital Networks](#)

## Hospital Cover

	CLASSIC	ESSENTIAL	COASTAL
Private hospital cover in a general ward	Unlimited cover		
Private 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 R10,700. If you are admitted to any facility for planned admissions that meet the criteria for homebased care, you must pay an upfront payment to the hospital of R5,250.		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.
Defined list of procedures in our Day Surgery Network	We cover a defined list of procedures in a Day Surgery Network. An upfront payment of R7,000 applies for admissions to a facility outside of the Day Surgery Network. An upfront payment of R10,700 applies on the Delta options, if performed outside of the Delta Day Surgery Network.		
FULL COVER FOR SPECIALISTS WE HAVE A PAYMENT ARRANGEMENT WITH			
Reimbursement rate* for specialists we do not have a payment arrangement with	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	100% of the DHR	100% of the DHR
Reimbursement rate* for radiology and pathology	100% of the DHR		
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when performed in-hospital	Depending on where you have your scope done, an upfront payment of between R4,500 and R7,700 applies. We pay and 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.		
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when performed in-rooms	You will have to pay the first R1,750 of the scope. Where both a gastroscopy and colonoscopy is done, an upfront payment of R3,000 applies. The co-payment will not apply if the scope is performed at a network provider.		
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.		
Cover for MRI and CT scans if not related to admission or for back and neck treatment	These plans do not offer this benefit.		

## Day-to-day benefits

	CLASSIC	ESSENTIAL	COASTAL
Day-to-day cover	These plans do not offer this benefit.		
Day-to-day Extender Benefit			
Above Threshold Benefit			
MRI and CT Scans			

## Chronic Cover

	CLASSIC	ESSENTIAL	COASTAL
Conditions	You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits.		
Medicine Cover	Approved medicine on our medicine list covered in full when you use 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.		




## Maternity Cover

	CLASSIC	ESSENTIAL	COASTAL
During your pregnancy	<ul style="list-style-type: none"> <li>8 antenatal consultations with your gynaecologist, GP or midwife</li> <li>Two 2D ultrasound scans or one 2D ultrasound scan and 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> </ul>		
After you give birth	<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> </ul>		
Pre- and postnatal care	<ul style="list-style-type: none"> <li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth</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>		

## Cancer Cover

	CLASSIC	ESSENTIAL	COASTAL
Oncology Benefit	We cover the first R250,000 of your approved cancer treatment over a 12-month cycle in full.		
Extended Oncology Benefit	These plans do not offer this benefit.		
Oncology Innovation Benefit	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.		

## Contributions and Medical Saving Account

	MONTHLY CONTRIBUTION CALCULATIONS (R)			ANNUAL MEDICAL SAVINGS ACCOUNT (R)
				
Classic Core	3,652	6,534	7,995	No MSA
Classic Delta Core	2,923	5,228	6,397	
Essential Core	3,138	5,492	6,752	
Essential Delta Core	2,507	4,394	5,400	
Coastal Core	3,011	5,270	6,466	

## Notes

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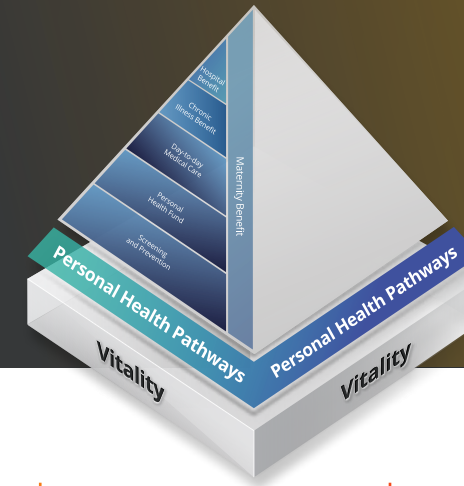
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[Learn more here](#)

# KeyCare

**No Medical Savings Account.** Affordable medical cover if you're willing to use providers in a specified network for both in-hospital and out-of-hospital treatment.



[Find out more about Hospital Networks](#)

## Hospital Cover

	PLUS	CORE	START	START REGIONAL
Private hospital cover in a general ward	Unlimited cover			
Private hospital	Full cover if you use a hospital in the KeyCare Hospital Network or designated service provider (DSP) for home-based care, where clinically appropriate. 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. If you are admitted to any facility for planned admissions that meet the criteria for home-based care, you must pay an upfront payment to the hospital of R5,250.	Full cover at your chosen KeyCare Start Network hospital or our designated service provider (DSP) for home-based care, where clinically appropriate. If you do not use your chosen hospital in the network, you will have to pay all costs. If you are admitted to any facility for planned admissions that meet the criteria for home-based care, you must pay an upfront payment to the hospital of R5,250.	Full cover at your chosen KeyCare Start Regional Network hospital or our designated service provider (DSP) for home-based care, where clinically appropriate. If you do not use your chosen hospital in the network, you will have to pay all costs. If you are admitted to any facility for planned admissions that meet the criteria for home-based care, you must pay an upfront payment to the hospital of R5,250.	
Defined list of procedures in our 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 FOR SPECIALISTS WE HAVE A PAYMENT ARRANGEMENT WITH				
Reimbursement rate* for specialists we do not have a payment arrangement with	100% of the DHR			
Reimbursement rate* for GPs and other healthcare professionals (not specialists)	100% of the DHR			



	PLUS	CORE	START	START REGIONAL
Reimbursement rate* for radiology and pathology	100% of the DHR			
Cover for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) when performed in-hospital	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.			
Cover for MRI and CT scans if not related to admission or for back and neck treatment	We pay scans from the Specialist Benefit up to a limit of R5,550 for each person each year.		We pay scans from the Specialist Benefit up to a limit of R2,780 for each person each year.	

## Day-to-day benefits

	PLUS	CORE	START	START REGIONAL
Day-to-day cover	This plan does not offer a MSA. Day-to-day benefits through your nominated GP and day-to-day medicine from our medicine list when prescribed by your nominated KeyCare GP. We pay for basic radiology and pathology at a network provider if referred by your nominated GP, as well as basic optometry and dentistry, and specialist cover up to R5,550 per person per year when referred by your nominated GP.	This plan does not offer a MSA. Specialist cover up to R5,550 per person per year when referred by a GP.	This plan does not offer a MSA. Day-to-day benefits through your nominated KeyCare Start GP and day-to-day medicine from our medicine list when prescribed by your nominated KeyCare Start GP. We pay for basic radiology and pathology if referred by your nominated KeyCare Start GP, as well as basic optometry and dentistry, and specialist cover up to R2,780 per person per year when referred by your nominated KeyCare Start GP.	This plan does not offer a MSA. Day-to-day benefits through referral by the KeyCare Online Practice and day-to-day medicine from our medicine list when prescribed by your nominated KeyCare Start Regional GP. We pay for basic radiology and pathology if referred by your nominated KeyCare Start Regional GP. As well as basic optometry and dentistry, and specialist cover up to R2,780 per person per year when referred by your nominated KeyCare Start Regional GP.
Day-to-day Extender Benefit	These plans do not offer this benefit.			
Above Threshold Benefit	These plans do not offer this benefit.			
MRI and CT Scans	MRI and CT scans are paid from the Specialist Benefit up to a limit of R5,550 for a person a year.		MRI and CT scans are paid from the Specialist Benefit up to a limit of R2,780 for a person a year.	

## Chronic Cover

	PLUS	CORE	START	START REGIONAL
Conditions	You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits			
Medicine cover	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 therapeutic reference price of the equivalent medicine or group of medicines.		We cover your chronic medicine in a state facility.	We cover your chronic medicine when you use one of our network pharmacies or your nominated KeyCare Start Regional Network GP. Your nominated Regional Network GP must prescribe the chronic medicine. For medicine not on our list, we cover up to the cost of the therapeutic reference price of the equivalent medicine or group of medicines.




## Maternity Cover

	PLUS	CORE	START	START REGIONAL
During pregnancy	<ul style="list-style-type: none"> <li>8 antenatal consultations with your gynaecologist, GP or midwife</li> <li>Two 2D ultrasound scans or one 2D ultrasound scan and 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> </ul>			These services are subject to the defined day-to-day benefits on these plans.
After you give birth	<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> </ul>			
Pre- and postnatal care	<ul style="list-style-type: none"> <li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth</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>			

## Cancer Cover

	PLUS	CORE	START	START REGIONAL
Oncology Benefit	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 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 a state facility. If you choose to use any other provider, we will cover up to 80% of the DHR.	
Extended Oncology Benefit	These plans do not offer this benefit.			
Oncology Innovation Benefit	These plans do not offer this benefit.			

## Contributions and Medical Saving Account

	MONTHLY CONTRIBUTION CALCULATIONS (R)			ANNUAL MEDICAL SAVINGS ACCOUNT (R)
				
KeyCare Plus 0 – 9,900	1,817	3,634	4,295	No MSA
KeyCare Plus 9,901 – 15,990	2,497	4,994	5,698	
KeyCare Plus 15,991 +	3,687	7,374	8,360	
KeyCare Core 0 – 9,900	1,381	2,762	3,123	
KeyCare Core 9,901 – 15,990	1,723	3,446	3,873	
KeyCare Core 15,991 +	2,636	5,272	5,870	
KeyCare Start 0 – 10,550	1,331	2,662	3,473	
KeyCare Start 10,551 – 15,950	1,952	3,904	4,782	
KeyCare Start 15,951 – 24,250	3,063	6,126	7,045	
KeyCare Start 24,251 +	3,488	6,976	7,925	
KeyCare Start Regional 0 – 10,550	1,184	2,368	3,081	
KeyCare Start Regional 10,551 – 15,950	1,790	3,580	4,385	
KeyCare Start Regional 15,951 – 24,250	2,790	5,580	6,434	
KeyCare Start Regional 24,251 +	3,178	6,356	7,246	

## Notes



Download the Discovery Health app



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