

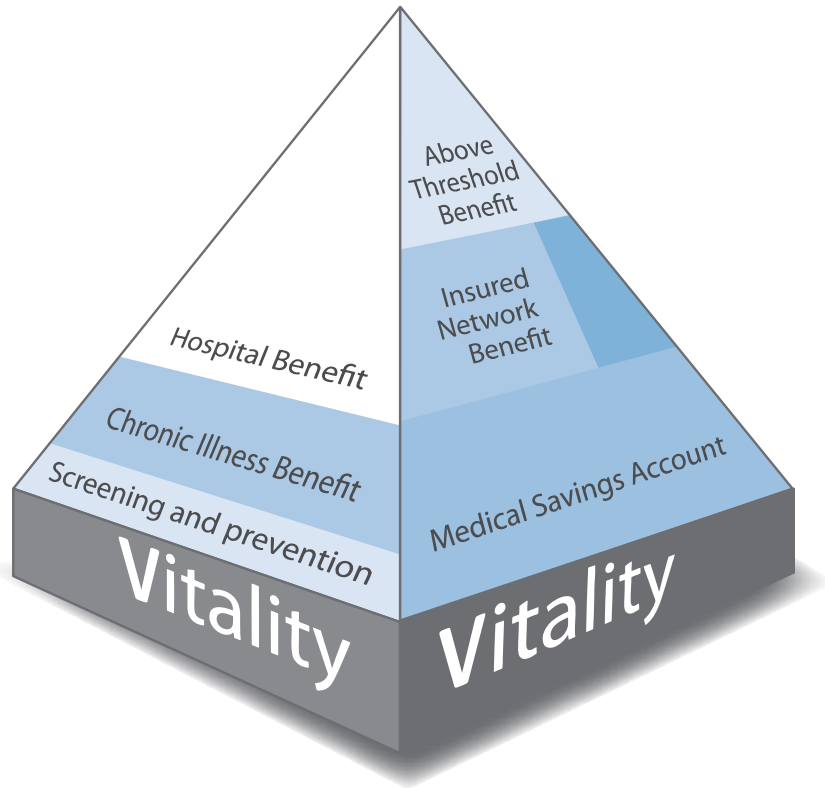









*Executive
Plan*

— 2014 —

KEY FEATURES

EXECUTIVE PLAN



-  **H** 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 for other specialists
-  Full cover for chronic medicine for all CDL conditions plus some additional chronic conditions; plus access to an exclusive list of brand medicines
-  The highest savings account and an unlimited Above Threshold Benefit for your day-to-day healthcare needs
-  Additional cover for GP consultation fees, preferred medicine, blood tests, maternity costs and some durable external medical items
-  Access to specialised, advanced medical care in SA and abroad
-  Cover for medical emergencies when travelling

The benefits explained in this brochure are provided by the Discovery Health Medical Scheme, registration number 1125, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. This brochure is only a summary of the key benefits and features of the Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical Schemes. When reference is made to "we" in the context of benefits, members, payments or cover, in this brochure this is reference to the Discovery Health Medical Scheme. For compliance questions, email compliance@discovery.co.za. Vitality is not part of the Discovery Health Medical Scheme. Vitality is a separate product sold and administered by Discovery Vitality (Pty) Ltd. Registration number 1999/007736/07, an authorised financial services provider.

HOSPITAL COVER

Your hospital cover is made up of:

- Cover for the account from the hospital
- Cover for the accounts from your admitting doctor, anaesthetist or any other approved healthcare professional.

Cover for your hospital account

There is no overall limit for hospital cover. We cover you in any private hospital for emergency and preauthorised hospital admissions. We cover your hospital account (the ward and theatre fees) at the rate agreed with the hospital. You have exclusive access to private ward cover of up to R1 400 a day.



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

Cover for related accounts

Your treating doctors and other related accounts are paid from your Medical Savings Account and your Above Threshold Benefit. We guarantee full cover when you use specialists and healthcare professionals who we have a payment arrangement with. You benefit from access to the broadest range of specialists, which represents over 90% of our members' specialist interactions.



We cover specialists who we don't have a payment arrangement with, up to 300% of the Discovery Health Rate. All other healthcare professionals are covered up to 100% of the Discovery Health Rate. You may have a co-payment if your healthcare professional charges above these rates.

Scopes (gastroscopies, colonoscopies, sigmoidoscopies and proctoscopies) and MRI and CT scans are covered in the same way as any other hospital admission.

Some healthcare services have an annual limit

Private ward cover		Up to R1 400 per day in a private ward
Cochlear implants, auditory brain implants and processors		R170 000 for each person for each benefit
Internal nerve stimulators		R124 000 for each person
Hip, knee and shoulder joint prostheses		There is no overall limit if you get your prosthesis from our preferred suppliers. If you choose not to, a limit of R35 000 applies to each prosthesis.
Prosthetic devices used in spinal surgery		R24 500 for the first level, R49 000 for two or more levels, limited to one procedure for each person
Mental health		21 days for each person
Alcohol and drug rehabilitation		21 days for each person
Compassionate care		R40 000 for each person in their lifetime
Dentistry		There is an overall limit of R36 500 for each person. This limit applies to the hospital account and all related accounts. If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

CHRONIC ILLNESS, CANCER AND HIV COVER

Cover for chronic conditions

You have extensive cover for a comprehensive list of chronic conditions which includes the Chronic Disease List and the Additional Disease List. We need to approve your application before we cover your condition from the Chronic Illness Benefit.

Cover for conditions on the Chronic Disease List

You have full cover for approved medicine on our medicine list. If you use medicine that is not on the medicine list, you can use up to a set monthly amount for each class of medicine.

Cover for conditions on the Additional Disease List

You can use up to a set monthly amount for each class of medicine.

Extended chronic medicine list

Members on the Executive Plan also have full cover for an exclusive list of brand medicines.

How we pay for medicine

We pay for medicine up to a maximum of the Discovery Health Rate for medicines. The Discovery Health Rate for medicines is the price of medicine as well as a fee for dispensing it. The Discovery Health Medical Scheme has negotiated contracts with over 2 000 pharmacies, who have agreed to charge no more than this rate.

If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist.

Cover for diabetes

If you are registered on the Chronic Illness Benefit for diabetes, you have access to a full range of services for the ongoing management of your condition through the Centre for Diabetes and Endocrinology. We cover approved bluetooth enabled glucose monitoring devices and test strips that help you and your doctor with real-time management of your condition.



Cover for cancer

If you're diagnosed with cancer, we cover you from the DiscoveryCare Oncology Programme once we have approved your cancer treatment.

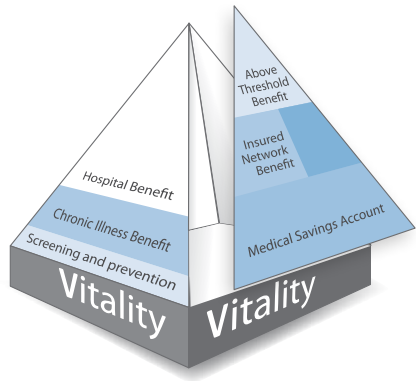
We do not limit your cancer treatment costs. We cover the first R400 000 of your approved cancer treatment over a 12-month cycle in full. If your treatment costs more than R400 000, you will need to pay 20% of the additional costs. Cancer treatment that is a Prescribed Minimum Benefit is always covered in full.

All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate. You might have a co-payment if your healthcare professional charges above this rate.

Cover for HIV and AIDS

When you register for our HIVCare Programme you are covered for the all-inclusive care that you need. You get access to clinically sound and cost-effective treatment and you can be assured of confidentiality at all times. We cover four GP consultations, one specialist visit, blood tests, scans and x-rays at a network provider. Approved medicines on our medicine list are covered in full. Medicines not on our list are covered up to a set monthly amount. You will need to get your medicine from a Designated Service Provider to avoid a 20% co-payment.

DAY-TO-DAY COVER



How we cover your day-to-day healthcare expenses

Your cover is made up of three elements:

- Your Medical Savings Account
- The Insured Network Benefit
- The Above Threshold Benefit

We pay for day-to-day medical expenses like visits to healthcare professionals, radiology and pathology from your **Medical Savings Account**, at the rate the healthcare professional charges, as long as you have money available.

When you have spent your annual Medical Savings Account allocation and before your claims add up to the Annual Threshold, we extend your cover for essential healthcare services through the **Insured Network Benefit**. You will have to pay for other day-to-day medical expenses until your claims add up to the Annual Threshold.

Once you have reached the Annual Threshold, we pay the rest of your claims from the **Above Threshold Benefit**.

The Insured Network Benefit

You have access to a unique set of healthcare services that are always paid in full when you use a network provider, even when your MSA is used up. We cover:



Your **GP consultation fees** at a GP in our GP network



Antenatal consultations and two 2D pregnancy scans at a gynaecologist or obstetrician who we have a payment arrangement with



Preferentially priced generic and brand medicines (schedule 3 and above) at our independent pharmacy network or from:



Subject to prescribed medicine limit



Blood tests

at any of the following pharmacies:



Subject to pharmacy clinic operating hours



A defined list of **durable external medical items** at a network of designated suppliers

Subject to external medical items limit




DAY-TO-DAY COVER

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

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. The Executive Plan has an unlimited Above Threshold Benefit. As an Executive Plan member, your cover for specialists is up to 300% of the Discovery Health Rate.

Some day-to-day healthcare services have limits




These limits apply to claims paid from your Medical Savings Account, Insured Network Benefit (where applicable) and Above Threshold Benefit. They are not separate benefits.

 Professional services	
Allied, therapeutic and psychology healthcare services* <i>(acousticians, biokineticists, chiropractors, counsellors, dietitians, homeopaths, nurses, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrists, social workers, speech and language therapists and audiologists)</i>	Single member: R14 950 With one dependant: R17 950 With two dependants: R20 950 With three or more dependants: R25 160
Antenatal classes	R1 200 for your family
Dentistry*	Overall limit of R36 500 for each person
 Medicine	
Prescribed medicine* <i>(over schedule 3)</i>	Single member: R24 950 With one dependant: R29 150 With two dependants: R33 400 With three or more dependants: R37 650
Over-the-counter medicine <i>(including prescribed medicine under schedule 3 and lifestyle-enhancing products)</i>	We pay these claims from the available funds in your Medical Savings Account.
 Appliances and equipment	
External medical items*	R53 000 for your family
Hearing aids	R19 600 for your family
Optical* <i>(includes cover for lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye, like excimer laser)</i>	R 5 150 for each person



* If you join the Scheme after January, you won't get the full limit as it is calculated by counting the remaining months in the year.

BENEFITS THAT ENHANCE YOUR COVER



We make your Medical Savings Account last longer

Preventive screening		The Screening and Prevention Benefit covers certain tests like blood glucose, blood pressure, cholesterol and body mass index when done at any one of the Discovery Wellness Network providers. 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.
Additional allied, therapeutic and psychology services		The Allied, Therapeutic and Psychology Extender Benefit gives you access to unlimited clinically appropriate cover for biokineticists, acousticians, physiotherapists or chiropractors, psychologists, occupational therapists and speech and hearing therapists. This cover is for a defined list of conditions. You may need to apply to make use of this benefit.
Claims related to traumatic events		The Trauma Recovery Extender Benefit covers out-of-hospital claims related to certain traumatic events. Claims are paid from the Trauma Recovery Extender Benefit for the rest of the year in which the trauma occurred, as well as the year after the event occurred. You may need to apply to make use of this benefit.

Access to the most advanced medical care




Specialised medicine and technology		You have cover for a defined list of the latest treatments through the Specialised Medicine and Technology Benefit, up to R200 000 for each person each year. A co-payment of up to 20% applies.
Overseas treatment		You have cover for treatment not available in South Africa. The treatment must be with a registered healthcare professional. The first 80% of the claim is paid, up to a limit of R500 000 for each person. You need to pay the balance of the claim. You will need to pay and claim back from us when you return to South Africa. You need to apply to make use of this benefit.

Travel and evacuation cover




International travel		You have cover of up to R10 million for each person on each journey for emergency medical costs while you travel outside South Africa. This cover is for a period of 90 days from your departure from South Africa. Pre-existing conditions are excluded.
Africa evacuation cover		You have cover for emergency medical evacuations from certain sub-Saharan African countries back to South Africa. Pre-existing conditions are excluded.

CONTRIBUTIONS




Total contributions (including Medical Savings Account amounts)

 Main member	 Adult	 Child*
R4 100	R4 100	R778

Annual Medical Savings Account amounts**

 Main member	 Adult	 Child*
R12 300	R12 300	R2 328

Annual Threshold amounts**

 Main member	 Adult	 Child*
R12 300	R12 300	R2 300

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

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



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Discovery Health (Pty) Ltd registration 1997/013480/07, administers Discovery Health Medical Scheme, Registration number 1125.
Discovery Health (Pty) Ltd is an authorised financial services provider.