



*KeyCare  
Series*

— 2014 —

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KEYCARE SERIES PLAN SUMMARY

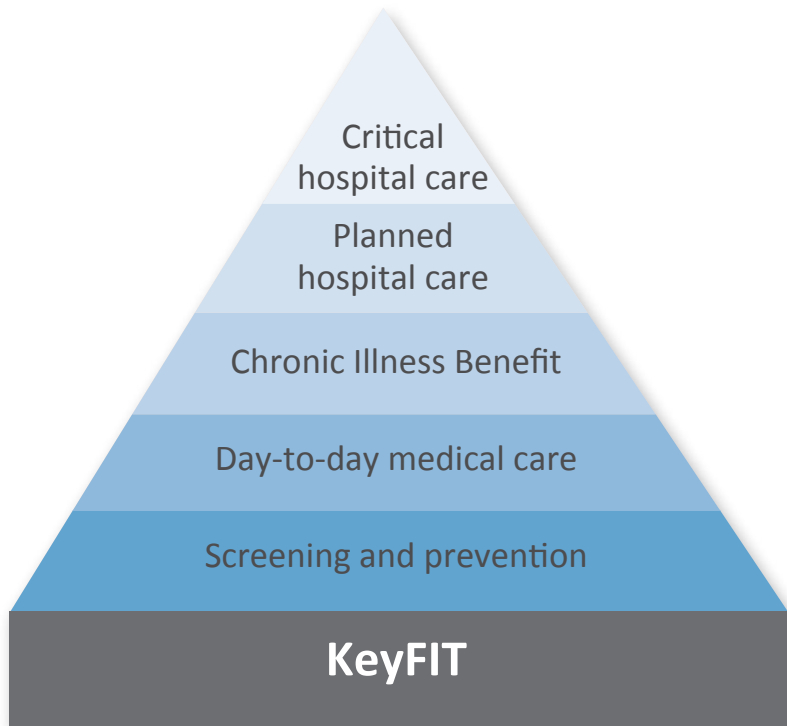
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**2014**

# KEY FEATURES

## KeyCare Series Plan range

Plus | Access | Core



Unlimited hospital cover in our KeyCare network of hospitals



Guaranteed full cover in hospital for specialists on the KeyCare network, and up to 100% of the Discovery Health Rate for other healthcare professionals



Essential cover for chronic medicine on the KeyCare medicine list for all CDL chronic conditions



Unlimited cover for medically appropriate GP consultations, blood tests, x-rays or medicine in our KeyCare network on the KeyCare Plus and KeyCare Access Plans

# PLAN SPECIFIC INFORMATION

## KeyCare Series Plan range

The KeyCare Series has three health plan types. These are:

- KeyCare Plus
- KeyCare Access
- KeyCare Core

There are slight differences in benefits as highlighted in the table below. The benefits not mentioned in the table are the same across both plans.



KeyCare plans offer you the best and most affordable cover through the KeyCare network of hospitals and doctors. The KeyCare Series has three health plan types; there are slight differences in the benefit structure as highlighted below. The benefits not mentioned in the table below and on the following page are the same across all plans.

	KeyCare Plus	KeyCare Access	KeyCare Core
<b>Hospitals</b>	Unlimited cover in the KeyCare Hospital Network. There is a list of procedures that are covered in the KeyCare day surgery network.	Unlimited cover for emergencies, trauma, childbirth and care for your newborn in the KeyCare Access network of private hospitals. Other conditions are covered in a contracted network of state facilities.	Unlimited cover in the KeyCare Hospital Network. There is a list of procedures that are covered in the KeyCare day surgery network.
<b>Day-to-day medical cover</b>	Primary care cover through your chosen GP and day-to-day medicine from our medicine list. Private specialist cover up to a limit of R2 750 for each person.	Private specialist cover up to a limit for emergencies, trauma, childbirth and cover for your baby up to 12 months after childbirth.	This plan does not offer day-to-day medical cover. Private specialist cover up to a limit of R2 750 for each person.
<b>Casualty visits</b>	Cover in any casualty unit at one of the KeyCare network hospitals. You have to pay the first R225 of the consultation.	Other than for emergencies and trauma, you have cover in any casualty unit at one of the KeyCare Access Hospitals and KeyCare network hospitals once a year. You have to pay the first R225 of the consultation.	Casualty visits are not covered.
<b>Chronic medicines prescriptions</b>	Your chosen KeyCare GP must prescribe your approved chronic medicine.		Any GP can prescribe your approved medicine.
<b>Cancer</b>	We cover treatment if it is a Prescribed Minimum Benefit and if you go to a cancer specialist in our network.	We cover treatment if it is a Prescribed Minimum Benefit in a state facility.	We cover treatment if it is a Prescribed Minimum Benefit and if you go to a cancer specialist in our network.
<b>Trauma Recovery Extender Benefit</b>	Out-of-hospital claims for recovery after certain traumatic events are covered on this benefit 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.

# WHAT TO DO TO GET THE MOST OUT OF YOUR KEYCARE PLAN



Always keep your membership card with you; it identifies you as a KeyCare member. Your membership card helps you get access to your benefits.



Always use your chosen GP or a hospital in the KeyCare network.



Check with your GP that your treatment or medicine is on our list of covered services.



If your GP decides you have to see a specialist, your GP will get approval from us so that you can go to the specialist. Make sure you take the reference number with you when you visit the specialist.



In an emergency, go straight to hospital. If you are going to hospital for a planned procedure, call us to confirm your benefits before you are admitted. This way, you will always know what you are covered for.

# HOSPITAL COVER

There is no overall hospital limit. If you have to stay in hospital for a long time, or if your treatment is very expensive, your cover won't run out. Some healthcare services and procedures have a limit or we may have rules on how we pay for them.

Your hospital cover is made up of:

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

## Cover for your hospital account on KeyCare Core and KeyCare Plus

We cover you in any hospital in the KeyCare network of hospitals. If you don't go to a KeyCare network hospital for planned admissions, you will have to pay the claims yourself.

We cover these procedures in our day surgery network:

Adenoidectomy	Gastroscopy	Sigmoidoscopy
Arthrocentesis (joint injection)	Hysteroscopy	Simple abdominal hernia repair
Cataract Surgery	Myringotomy	Simple nasal procedure for nose bleeding (that is, nasal plugging and nasal cautery)
Cautery of vulva warts	Myringotomy with intubation (grommets)	Tonsillectomy
Circumcision	Prostate biopsy	Treatment of Bartholin's cyst/abscess
Colonoscopy	Proctoscopy	Vasectomy
Cystourethroscopy	Removal of pins and plates	Vulva/cone biopsy
Diagnostic D&C		






## Cover for your hospital account on KeyCare Access

On KeyCare Access, healthcare services for approved admissions for emergencies, trauma, childbirth and care for your baby up to 12 months after childbirth are covered in our network of private hospitals with no overall limit. We pay approved admissions for all other hospital care in our network of state facilities.

We cover the following traumas in our network of private hospitals

Injuries at work	Injuries from a car accident	Head injuries
Burns	Injuries from a fall	Poisoning or a serious allergic reaction that may cause death
Injuries from a crime	The loss of an arm, hand, leg or foot	
Sexual assault	Near drowning	

## Some healthcare services have an annual limit

		KeyCare Core and KeyCare Plus	KeyCare Access
<b>Mental health</b>		21 days for each person	21 days for each person covered in our contracted network of state facilities
<b>Alcohol and drug rehabilitation</b>		21 days for each person	21 days for each person covered in our contracted network of state facilities
<b>Cataract surgery</b>		We cover cataract surgery as long as we have approved your treatment at a doctor and facility in our network for cataract surgery	Covered in our contracted network of state facilities
<b>Chronic dialysis</b>		We cover these expenses in full as long as we have approved your treatment at a doctor and facility in our network	We cover these expenses in full as long as we have approved your treatment at a doctor and facility in the KeyCare Access Network
<b>Compassionate care</b>		R28 500 for each person in their lifetime	

## Your cover for MRI and CT scans

MRI and CT scans are like x-rays, but show much more detail. They are used when an x-ray doesn't show enough. If your scan is related to an approved hospital stay in our network of private hospitals, we pay for it from your Hospital Benefit. If it is not, we pay for it from your Specialist Benefit, up to R2 750 for each person. We do not pay for MRI or CT scans that are related to conservative back or neck treatment (this is treatment for your back or neck that is not surgery).

# HOSPITAL COVER

## Care for your baby after childbirth on KeyCare Access

This benefit covers babies that are registered on the Scheme from their date of birth when born to a parent registered on the Scheme. It covers approved hospital admissions in our network of private hospitals for the baby for 12 months from the baby's date of birth.

Babies not added to the Scheme from their date of birth will be covered in our contracted network of state facilities.

## Cover for related accounts

We guarantee full cover when you use specialists and healthcare professionals on the KeyCare network.

## Other specialists and healthcare professionals

If you are treated by a specialist who we don't have an arrangement with and other healthcare professionals, we pay up to 100% of the Discovery Health Rate. If the healthcare professional charges more than the Discovery Health Rate, you must pay the rest.

# CHRONIC ILLNESS, CANCER AND HIV COVER

## Your cover for chronic conditions

You have cover for a list of chronic conditions, as long as your chronic medicine is on the KeyCare medicine list. We need to approve your application before we cover your condition from the Chronic Illness Benefit.

On the KeyCare Plus and KeyCare Access Plans, your chosen KeyCare GP must prescribe your approved chronic medicine. On the KeyCare Core Plan, any GP can prescribe your approved medicine.

## How we pay for medicine

You need to get your approved chronic medicine that is on the KeyCare medicine list from one of our network pharmacies or from your chosen KeyCare GP (if he or she dispenses medicine). If you get your medicine from anywhere else, you will have to pay 20% of the Discovery Health Rate for medicines. If you use chronic medicine that is not on our medicine list, you will have to pay for it yourself.

## Cover for cancer

We cover you for cancer treatment on the *DiscoveryCare* Oncology Programme. If you're diagnosed with cancer you need to register for the programme.

On the KeyCare Core and KeyCare Plus Plans, we cover cancer treatment if it is a Prescribed Minimum Benefit and if you go to a cancer specialist in our network.












On KeyCare Access, we cover cancer treatment if it is a Prescribed Minimum Benefit in a state facility.

## 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, a specialist visit, blood tests, scans and x-rays at a network provider. Approved medicines on our medicine list are covered in full. You need to get your medicine from a Designated Service Provider to avoid a 20% co-payment.




# DAY-TO-DAY COVER

## Applicable to KeyCare Plus and KeyCare Access Plans




<p><b>Cover for GP visits</b></p>		<p>When joining, you must choose a GP from the KeyCare GP network. You must go to your chosen GP for us to cover your consultations and some minor procedures.</p>
<p><b>Blood, urine and other fluid and tissue tests</b></p>		<p>We pay for a list of blood, urine and other fluid and tissue tests. Your chosen GP must ask for these tests by filling in a KeyCare pathology form.</p>
<p><b>Day-to-day medicine</b></p>		<p>We pay for medicines from our medicine list if they are prescribed by your chosen KeyCare network GP.</p>
<p><b>You get one out-of-network GP visit</b></p>		<p>If you need to see a doctor and your chosen GP from our network is not available for you to see, each person on your membership can go to any other GP once a year. We will cover the GP visit, with selected blood tests and x-rays and medicines on our medicine list.</p>
<p><b>Cover for dentistry</b></p>		<p>We cover consultations, fillings and tooth removals at a dentist in our dentist network.</p>
<p><b>Cover for eye care</b></p>		<p>We cover one eye test for each person, but you must go to an eye doctor in our network. The eye doctor will have a specific range of glasses that you can choose from. You can get a set of contact lenses instead of glasses if you choose to. You can get new glasses or contact lenses every 24 months.</p>
<p><b>Basic x-rays</b></p>		<p>We pay for a list of basic x-rays at a network provider. Your chosen GP must ask for the x-rays to be done.</p>
<p><b>Casualty visits</b></p>		<p>On KeyCare Plus you can go to any casualty unit at one of the KeyCare network hospitals. You have to pay the first R225 of the consultation. On KeyCare Access, other than for emergencies and trauma, each person can go to casualty at one of the KeyCare network hospitals once a year. You have to pay the first R225 of the consultation. You don't need to call us if you go to casualty.</p>
<p><b>Trauma Recovery Extender Benefit</b></p>		<p>We will cover specific out-of-hospital claims for your recovery after certain traumatic events. We'll cover you for the rest of the year in which the trauma took place, and in the year after your trauma. You may need to apply for this benefit.</p>
<p><b>Medical equipment</b></p>		<p>We cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg calipers, crutches and walkers on the medical equipment list, if you get them from a network provider. There is an overall limit of R4 450 for each family.</p>
<p><b>Other types of healthcare professionals</b></p>		<p>We do not cover other types of healthcare professionals, such as physiotherapists, psychologists, speech therapists, audiologists, homeopaths or chiropractors from your day-to-day benefits.</p>



# BENEFITS THAT ENHANCE YOUR COVER

<p><b>Specialist Benefit</b></p>		<p>Each person is covered up to R2 750. Your GP must get a reference number before your consultation with the specialist. If you need to see a dental specialist, specialist for maternity care, or eye specialist (ophthalmologist), you do not need a referral from your GP or a reference number from us.</p> <p>The <b>KeyCare Access Plan</b> covers specialist visits in our network for maternity, care for your baby up to 12 months, trauma and emergencies up to the limit. You have to register your baby as soon as it is born. For all other healthcare services we cover specialists employed by a state facility.</p>
<p><b>Preventive screening</b></p>		<p>If you go for certain tests to check your health, we will cover them. These screening tests include blood glucose, blood pressure, cholesterol and body mass index at a Discovery Wellness Network providers. We also cover a mammogram, Pap smear, PSA (a prostate screening) and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal injection to prevent flu.</p>
<p><b>Antenatal Benefit</b></p>		<p>If you are pregnant, the Antenatal Benefit covers you at 100% of the Discovery Health Rate for the following healthcare services:</p> <ul style="list-style-type: none"> <li>• Four visits to a midwife or gynaecologist/obstetrician</li> <li>• One routine scan (between 10 and 20 weeks)</li> <li>• Selected blood tests requested by your gynaecologist/obstetrician</li> </ul>

# CONTRIBUTIONS

	Total contributions		
	 Main member	 Adult	 Child*
KeyCare Plus (8 801+)	R1 448	R1 448	R388
KeyCare Plus (6 651-8 800)	R973	R973	R272
KeyCare Plus (0-6 650)	R695	R695	R251
KeyCare Access (8 801+)	R1 416	R1 416	R381
KeyCare Access (6 651- 8 800)	R942	R942	R267
KeyCare Access (4 151-6 650)	R653	R653	R235
KeyCare Access (0-4 150)	R490	R490	R212
KeyCare Core (8 801+)	R1 070	R1 070	R241
KeyCare Core (6 651-8 800)	R693	R693	R171
KeyCare Core (0-6 650)	R556	R556	R143

\* We count a maximum of three children when we work out the monthly contributions.





# GENERAL EXCLUSIONS

The Discovery Health Medical Scheme has certain exclusions. We do not pay for healthcare services related to the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits.

## General exclusion list

- Cosmetic procedures and treatments
- Otoplasty for bat ears, port-wine stains and blepharoplasty (eyelid surgery)
- Breast reductions or enlargements and gynaecomastia
- Obesity
- Frail care
- Infertility
- Wilfully self-inflicted illness or injury
- Alcohol, drug or solvent abuse
- Wilful and material violation of the law
- Wilful participation in war, terrorist activity, riot, civil commotion, rebellion or uprising
- Injuries sustained or healthcare services arising during travel to or in a country at war
- Experimental, unproven or unregistered treatments or practices
- Search and rescue
- Any costs for which a third party is legally responsible

We also do not cover the complications or the direct or indirect expenses that arise from any of the exclusions listed above, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits.

## Waiting periods

If we apply waiting periods because members have never belonged to a medical scheme or have had a break in membership of more than 90 days before joining the Discovery Health Medical Scheme, they will not have access to the Prescribed Minimum Benefits during their waiting periods. This includes cover for emergency admissions.

## KeyCare Series exclusions

In addition to the general exclusions that apply to all plans, the KeyCare Series does not cover the following, except if the Prescribed Minimum Benefits say schemes must:

1. Hospital admissions related to:
  - Dentistry
  - Nail disorders
  - Skin disorders
  - Investigations and diagnostic work-up
  - Functional nasal surgery
  - Elective caesarean section, except if medically necessary
  - Surgery for oesophageal reflux and hiatus hernia
  - Back and neck treatment or surgery
  - Joint replacements, including but not limited to hips, knees, shoulders and elbows
  - Cochlear implants, auditory brain implants and internal nerve stimulators – this includes procedures, devices and processors
  - Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary
2. Correction of Hallux Valgus/Bunion and Tailor's Bunion/Bunionette
3. Arthroscopy
4. Removal of varicose veins
5. Refractive eye surgery
6. Non-cancerous breast conditions
7. Healthcare services outside South Africa

We also do not cover the cost of treatment for any complications or the direct or indirect expenses related to any of these excluded conditions and treatments.



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