



*Priority
Series*

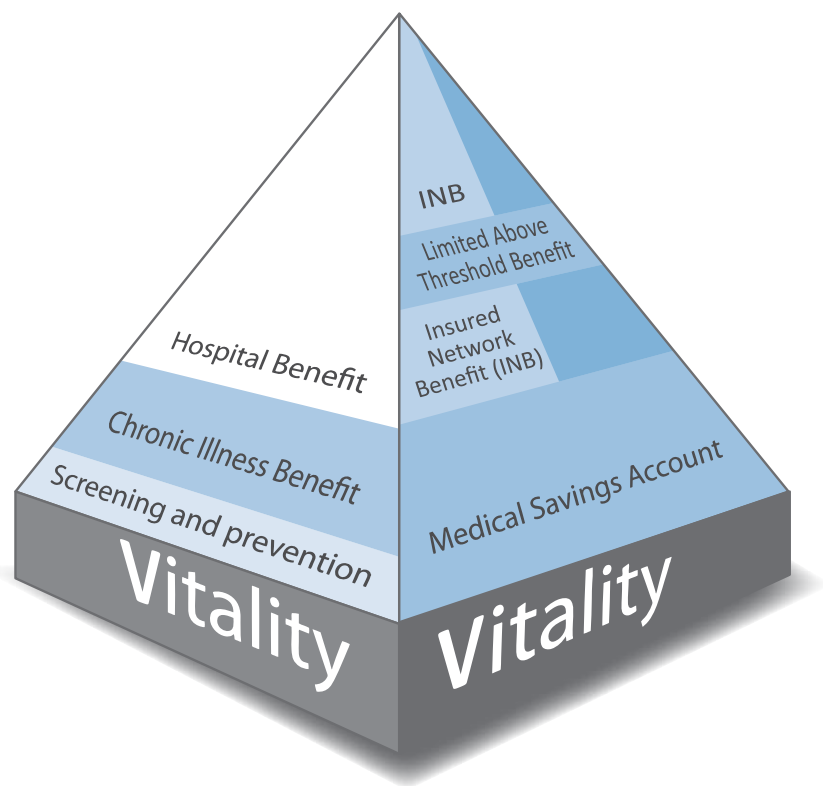
— 2014 —

PRIORITY SERIES PLAN SUMMARY

2014

KEY FEATURES

Classic | Essential



Unlimited cover in any private hospital



Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the Discovery Health Rate for other healthcare professionals



Full cover for chronic medicine for all CDL chronic conditions



A savings account and limited Above Threshold Benefit for your day-to-day healthcare needs



Additional cover for GP consultation fees, blood tests, maternity costs and some durable external medical items



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.

PLAN SPECIFIC INFORMATION

Priority Series Plan range

The Priority Series has two health plan types. These are:

- Classic Priority
- Essential Priority

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.



Classic Priority		Essential Priority
Hospital cover		
Hospitals	Unlimited cover at any private hospital in a general ward.	
Cover for healthcare professionals in hospital	200% of the Discovery Health Rate cover for specialists. 200% of the Discovery Health Rate for GPs and other healthcare services. Radiology and pathology at 100% of the Discovery Health Rate.	100% of the Discovery Health Rate cover for specialists. 100% of the Discovery Health Rate for GPs and other healthcare services. Radiology and pathology at 100% of the Discovery Health Rate.
Day-to-day benefits		
Insured Network Benefit	Extended day-to-day cover when your Medical Savings Account allocation has run out for: GP consultations, antenatal consultations and two 2D pregnancy scans, blood tests and a defined list of durable external medical items.	Extended day-to-day cover when your Medical Savings Account allocation has run out for: GP consultations and a defined list of durable external medical items.
Medical Savings Account	Your MSA allocation is 25% of your monthly contributions.	Your MSA allocation is 15% of your monthly contributions.
Chronic benefits		
Designated network for chronic medicines	You have cover for approved chronic medicine in our network of 2 000 pharmacies. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist.	

HOSPITAL COVER

We cover you in hospital for emergency and planned hospital admissions. There is no overall limit for 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

We cover you in private hospitals 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 unlimited cover for general wards.

Upfront payments for in-hospital procedures

You need to pay an amount upfront to the hospital when one of the procedures listed below is performed during a hospital admission.

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

Conservative back and neck treatment, myringotomy (grommets), tonsillectomy, adenoidectomy	R2 150	Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation	R5 150
Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, cystoscopy	R2 850	Nissen fundoplication (reflux surgery), spinal surgery (back and neck), joint replacements	R10 500

Cover for related accounts

We guarantee full cover when you use specialists and healthcare professionals who we have a payment arrangement with. If you are on the Classic Plan you benefit from access to the broadest range of specialists, which represents over 90% of our members' specialist interactions.

On the Classic Plan we cover specialists who we don't have a payment arrangement with and other healthcare professionals up to 200% of the Discovery Health Rate.

On the Essential Plan we cover specialists who we don't have a payment arrangement with and other healthcare professionals up to 100% of the Discovery Health Rate.

Radiology and pathology are covered up to 100% of the Discovery Health Rate on all plans.



HOSPITAL COVER

Investigations are covered differently

Cover for MRI and CT scans

If your MRI or CT scan is done as part of an approved hospital admission, we pay for it from your Hospital Benefit at 100% of the Discovery Health Rate.

If the scan is unrelated to your hospital admission, we pay the first R2 450 of the amount for the scan from your available day-to-day benefits. We pay the balance from your Hospital Benefit, up to 100% of the Discovery Health Rate.

If you are admitted for conservative back or neck treatment, you have to pay the first R2 150 of the hospital account, and we'll pay the first R2 450 of the amount for the scan from your available day-to-day benefits. We pay the balance from your Hospital Benefit, up to 100% of the Discovery Health Rate. Specific rules and limits apply to conservative back and neck scans.

Cover for dental treatment




Severe dental and oral surgery

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

Dental treatment in hospital

You need to pay a portion of your hospital or day-clinic account upfront for dental admissions.

This amount varies, depending on your age and the place of treatment:

Hospital		Day-clinic	
	Younger than 13		Younger than 13
	R1 550		R750
	13 and older		13 and older
	R4 000		R2 600

We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate. We pay the related accounts, which includes the dental surgeon's account, from your Hospital Benefit, up to 100% of the Discovery Health Rate. On the Classic Plan, we pay anaesthetists up to 200% of the Discovery Health Rate. We cover routine, conservative dentistry such as preventive treatments, simple fillings and root canal treatments from your available day-to-day benefits.

No overall dental limit

There is no overall limit for dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognatic surgery) are paid up to 100% of the Discovery Health Rate from your available day-to-day benefits, up to an annual limit of R13 000 a person. 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. The overall Above Threshold Benefit limit applies to this benefit.

Some healthcare services have an annual limit

Dental appliances, their placement and orthodontics		R13 000 for each person from your day-to-day benefits. If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months of the year.
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
Chronic dialysis		We cover these expenses in full if we have approved your treatment plan and you use a provider in our network. If you go elsewhere you have to make a co-payment.

CHRONIC ILLNESS, CANCER AND HIV COVER

Cover for chronic conditions

You have cover for an essential list of chronic conditions. 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.

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, 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 R200 000 of your approved cancer treatment over a 12-month cycle in full. If your treatment costs more than R200 000, you will need to pay 20% of the additional costs. Cancer treatment that is a Prescribed Minimum Benefit is always covered in full.

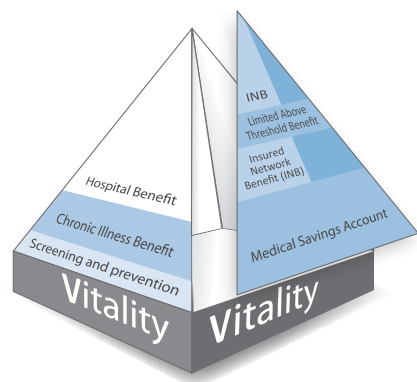
All cancer-related healthcare services are covered up to 100% of the Discovery Health Rate. You might have a co-payment if your healthcare professional charges above this rate.

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, a 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 these elements:

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

We pay for day-to-day medical expenses like healthcare professionals visits, radiology and pathology from your **Medical Savings Account**, 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 your Annual Threshold we pay the rest of your claims from the **Above Threshold Benefit**. Your Above Threshold Benefit has an overall limit.

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 you have used up your MSA. We cover:



Your **GP consultation fees**
at a GP in our GP network
Classic, Essential



Antenatal consultations and two 2D pregnancy scans
at a gynaecologist or obstetrician who we have a payment arrangement with
Classic
Limited Above Threshold Benefit applies



A defined list of **durable external medical items** at a network of designated suppliers
Classic, Essential
Subject to External Medical Items limit
Limited Above Threshold Benefit applies



Blood tests
at any of the following pharmacies
Clicks **Dis-Chem** **Pick n Pay**
Classic
Subject to pharmacy operating hours




DAY-TO-DAY COVER

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

The Priority Series has a limited Above Threshold Benefit. This gives you extra cover at the Discovery Health Rate or at a percentage of it when your day-to-day claims add up to a set amount called the Annual Threshold. The limited Above Threshold Benefit amounts are: R8 500 for the main member, R6 050 for any adult and R2 920 for a child.**

Some day-to-day healthcare services have limits

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






		Classic	Essential
<div> Professional services</div>			
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:	R7 190	R4 790
	With one dependant:	R10 180	R7 190
	With two dependants:	R13 180	R8 980
	With three or more dependants:	R15 580	R10 780
Antenatal classes	R1 200 for your family		
Dental appliances and orthodontic treatment*	R13 000 for each person		
<div> Medicine</div>			
Prescribed medicine* <i>(over schedule 3)</i>	Single member:	R13 100	R9 350
	With one dependant:	R15 900	R11 050
	With two dependants:	R19 150	R13 100
	With three or more dependants:	R20 900	R15 900
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.		
<div> Appliances and equipment</div>			
External medical items*	For your family:	R35 500	R23 800
Hearing aids	For your family:	R15 700	R11 100
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>	R3 250 for each person		

* 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.










** We count a maximum of three children when we work out the limited Above Threshold Benefit amounts.

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.
Scopes		We pay for scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy) from your Hospital Benefit if it's done in your doctor's rooms. We pay up to 200% of the Discovery Health Rate if you are on a Classic Plan and up to 100% of the Discovery Health Rate if you are on an Essential Plan.
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 for this benefit.
Travel and evacuation cover		
International travel		You have cover of up to R5 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)			Annual Medical Savings Account amounts**			Annual Threshold amounts**		
	 Main member	 Adult	 Child*	 Main member	 Adult	 Child*	 Main member	 Adult	 Child*
Classic	R2 254	R1 774	R902	R6 756	R5 316	R2 700	R9 990	R7 510	R3 270
Essential	R1 937	R1 522	R774	R3 480	R2 736	R1 392			

* 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.



Discovery Health Medical Scheme | 16 Fredman Drive | Sandton | 0860 99 88 77 or 083 123 88 77 | www.discovery.co.za

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.