



*Saver
Series*

— 2014 —

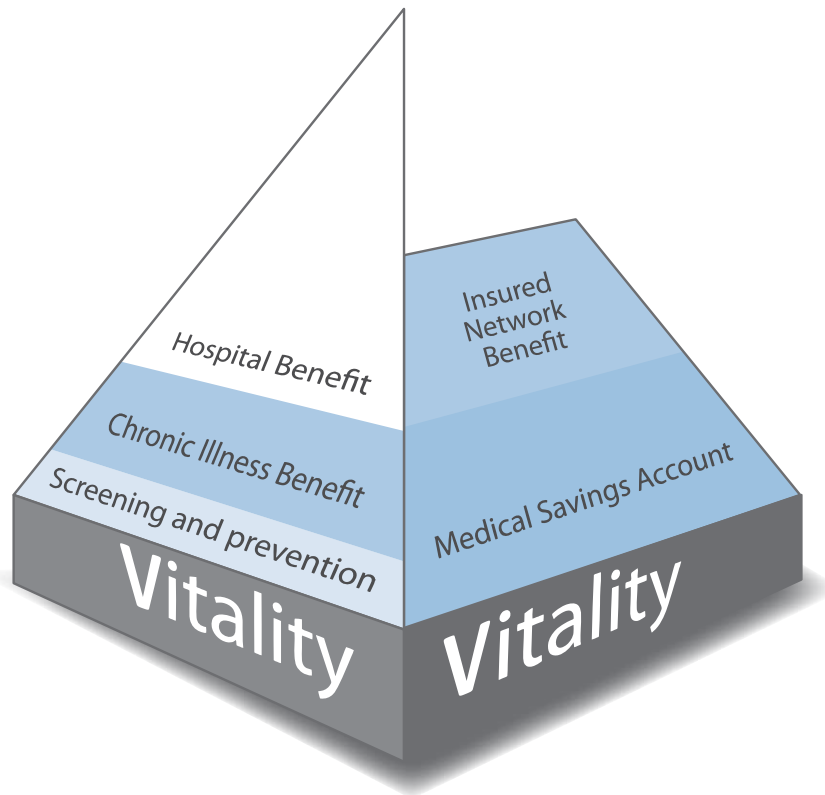
SAVER SERIES PLAN SUMMARY







2014

KEY FEATURES

Saver Series Plan range

Classic | Classic Delta | Essential | Essential Delta | Coastal



-  Unlimited private hospital cover
-  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 for your day-to-day healthcare needs
-  Additional cover for GP consultation fees and maternity costs
-  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

Saver Series Plan range

The Saver Series has five health plan types. These are:

- Classic Saver
- Classic Delta Saver
- Essential Saver
- Essential Delta Saver
- Coastal Saver

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



	Classic Saver	Classic Delta Saver	Essential Saver	Essential Delta Saver	Coastal Saver
Hospital cover					
Hospitals	Unlimited cover at any private hospital in a general ward.	Unlimited cover at hospitals in the Delta network of hospitals. For planned admissions outside of the Delta Hospital Network, an upfront payment to the hospital of R5 450 must be made.	Unlimited cover at any private hospital in a general ward.	Unlimited cover at hospitals in the Delta network of hospitals. For planned admissions outside of the Delta Hospital Network, an upfront payment to the hospital of R5 450 must be made.	Unlimited cover at hospitals in the four coastal provinces. If a coastal hospital is not used, a maximum of 70% of the hospital account is paid and you must pay the difference.
Cover for healthcare professionals in hospital	200% of the Discovery Health Rate for specialists. 200% of the Discovery Health Rate for GPs and other healthcare services. Radiology and pathology covered at 100% of the Discovery Health Rate.		100% of the Discovery Health Rate for specialists. 100% of the Discovery Health Rate for GPs and other healthcare services. Radiology and pathology covered 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: limited GP consultations, limited antenatal consultations and two 2D pregnancy scans at network providers.		Extended day-to-day cover for limited GP consultations at a network provider when your Medical Savings Account allocation has run out.		
Medical Savings Account	Your MSA allocation is 25% of your monthly contributions.		Your MSA allocation is 15% of your monthly contributions.		Your MSA allocation is 25% 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.	You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress a 20% co-payment applies.	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.	You have cover for approved chronic medicine, if you use MedXpress. If you don't use MedXpress a 20% co-payment applies.	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 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.



Network hospitals on Delta and Coastal Plans

On **Classic Delta** and **Essential Delta**, you are covered in full at private hospitals and day-clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R5 450 upfront to the hospital. This does not apply in an emergency.



On the **Coastal Plan**, you must go to a hospital in one of the four coastal provinces for a planned hospital admission. If you don't use a coastal hospital, we pay up to a maximum of 70% of the hospital account and you pay the difference.

Cover for related accounts

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



On the Classic Plans 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 and Coastal Plans 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.

Investigations are covered differently

Cover for scopes (gastroscopies, colonoscopies, sigmoidoscopies and proctoscopies)

We pay the first R3 100 of your hospital account from your Medical Savings Account. We pay the balance of the hospital account and your related accounts from your Hospital Benefit.

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 you are admitted for conservative back or neck scans, or if the scan is unrelated to your hospital admission, we pay the first R2 450 of the amount for the scan from your Medical Savings Account. 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 payments and no overall limit. This benefit is subject to authorisation and the Scheme's 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	R1 550			Younger than 13	R750
		13 and older	R4 000			13 and older	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 include the dental surgeon's account, from the Hospital Benefit, up to 100% of the Discovery Health Rate. On Classic Plans, 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. We pay for all dental appliances, their placement and orthodontic treatment (including related accounts for orthognatic surgery) at 100% of the Discovery Health Rate from your Medical Savings Account, as long as you have money available.

HOSPITAL COVER

Some healthcare services have an annual limit

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

Your 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.

Your 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 out of this network, you may have a co-payment on the dispensing fee charged by the pharmacist.

On **Classic Delta** and **Essential Delta**, you have cover for approved chronic medicine if you use MedXpress. If you don't use MedXpress, a 20% co-payment applies.

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 which help you and your doctor with real-time management of your condition.

Cover for cancer

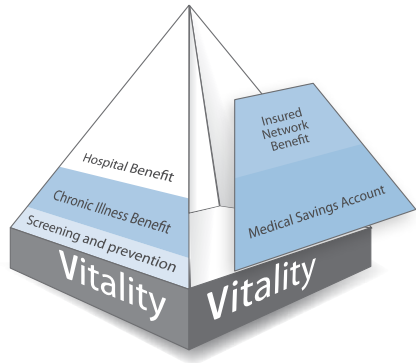
If you're diagnosed with cancer, we cover you from the DiscoveryCare Oncology Programme once we have approved your cancer treatment. We do not limit your cancer treatment costs. We cover the first R200 000 of your approved cancer treatment over a 12-month cycle in full. If your treatment costs more than 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 day-to-day cover is made up of two elements:

- Your Medical Savings Account
- The Insured Network Benefit

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

If you have spent your annual Medical Savings Account allocation we extend your cover for essential healthcare services through the **Insured Network Benefit**, and you will need to pay for your other day-to-day expenses yourself.

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

Plan	Single member	Family
Classic and Coastal Plans	3 consultations	6 consultations
Essential Plan	2 consultations	4 consultations






Eight antenatal consultations and two 2D pregnancy scans

at a gynaecologist or obstetrician who we have a payment arrangement with



Classic, Classic Delta

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 or Coastal 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**		
	 Main member	 Adult	 Child*	 Main member	 Adult	 Child*
Classic	R1 976	R1 556	R790	R5 928	R 4 668	R2 364
Classic Delta	R1 578	R1 244	R633	R4 728	R3 732	R1 896
Essential	R1 570	R1 175	R628	R2 820	R2 112	R1 128
Essential Delta	R1 254	R942	R502	R2 256	R1 692	R900
Coastal	R1 556	R1 166	R625	R4 668	R3 492	R 1 872

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

** 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.