

EXECUTIVE

COMPREHENSIVE

PRIORITY

SAVER

SMART SAVER

SMART

CORE

KEYCARE



PLAN COMPARISON 2026



**Discovery Health Medical Scheme 2026 contributions
(1 January 2026 - 31 March 2026)**

Series	Plan	Contributions (R)			Contributions to Medical Savings Account (R)			Total contributions (R)			
		MAIN MEMBER	ADULT	CHILD**	MAIN MEMBER	ADULT	CHILD**	MAIN MEMBER	ADULT	CHILD**	
Executive	Executive	8,573	8,573	1,639	2,857	2,857	546	11,430	11,430	2,185	
	Comprehensive	Classic Comprehensive	6,975	6,596	1,392	2,323	2,197	464	9,298	8,793	1,856
		Classic Smart Comprehensive	6,754	6,237	1,577	1,191	1,100	278	7,945	7,337	1,855
Priority	Classic Priority	4,348	3,429	1,739	1,448	1,142	579	5,796	4,571	2,318	
	Essential Priority	4,234	3,330	1,691	747	587	298	4,981	3,917	1,989	
Saver	Classic Saver	3,629	2,862	1,455	906	715	362	4,535	3,577	1,817	
	Classic Delta Saver	2,900	2,291	1,164	724	572	291	3,624	2,863	1,455	
	Essential Saver	3,271	2,453	1,310	363	272	145	3,634	2,725	1,455	
	Essential Delta Saver	2,609	1,969	1,047	289	218	116	2,898	2,187	1,163	
	Coastal Saver	3,228	2,427	1,303	569	428	230	3,797	2,855	1,533	
Smart Saver	Classic Smart Saver	3,115	2,641	1,302	235	199	98	3,350	2,840	1,400	
	Essential Smart Saver	2,557	2,185	832	193	165	63	2,750	2,350	895	
	Classic Smart	2,822	2,227	1,127				2,822	2,227	1,127	
Smart	Essential Smart	2,021	2,021	2,021	No Medical Savings Account			2,021	2,021	2,021	
	Essential Dynamic Smart	1,681	1,681	1,681				1,681	1,681	1,681	
	Active Smart	1,350	1,350	1,350				1,350	1,350	1,350	
	Classic Core	3,652	2,882	1,461				3,652	2,882	1,461	
Core	Classic Delta Core	2,923	2,305	1,169				2,923	2,305	1,169	
	Essential Core	3,138	2,354	1,260	No Medical Savings Account			3,138	2,354	1,260	
	Essential Delta Core	2,507	1,887	1,006				2,507	1,887	1,006	
	Coastal Core	3,011	2,259	1,196				3,011	2,259	1,196	
	KeyCare Plus 0 – 9,900	1,817	1,817	661				1,817	1,817	661	
KeyCare*	KeyCare Plus 9,901 – 15,990	2,497	2,497	704	No Medical Savings Account			2,497	2,497	704	
	KeyCare Plus 15,991 +	3,687	3,687	986				3,687	3,687	986	
	KeyCare Core 0 – 9,900	1,381	1,381	361				1,381	1,381	361	
	KeyCare Core 9,901 – 15,990	1,723	1,723	427	No Medical Savings Account			1,723	1,723	427	
	KeyCare Core 15,991 +	2,636	2,636	598				2,636	2,636	598	
	KeyCare Start 0 – 10,550	1,331	1,331	811				1,331	1,331	811	
	KeyCare Start 10,551 – 15,950	1,952	1,952	878				1,952	1,952	878	
	KeyCare Start 15,951 – 24,250	3,063	3,063	919	No Medical Savings Account			3,063	3,063	919	
	KeyCare Start 24,251 +	3,488	3,488	949				3,488	3,488	949	
	KeyCare Start Regional 0 – 10,550	1,184	1,184	713				1,184	1,184	713	
	KeyCare Start Regional 10,551 – 15,950	1,790	1,790	805	No Medical Savings Account			1,790	1,790	805	
	KeyCare Start Regional 15,951 – 24,250	2,790	2,790	854				2,790	2,790	854	
	KeyCare Start Regional 24,251 +	3,178	3,178	890				3,178	3,178	890	

Shariah Compliant Arrangement available on all health plans.

* Income verification will be conducted for the lower income bands. Income is considered as: The higher of the main member or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance received from any statutory social assistance programme.

** We count a maximum of three children when we work out the monthly contribution and annual Medical Savings Account, except when a child has been placed in the custody of a member, such as foster care, in which case every child on the membership will be counted.

**Discovery Health Medical Scheme 2026 contributions
(1 April 2026 - 31 December 2026)**

Series	Plan	Contributions (R)			Contributions to Medical Savings Account (R)			Total contributions (R)		
		MAIN MEMBER	ADULT	CHILD**	MAIN MEMBER	ADULT	CHILD**	MAIN MEMBER	ADULT	CHILD**
Executive	Executive	9,254	9,254	1,769	3,084	3,084	589	12,338	12,338	2,358
	Comprehensive	7,528	7,119	1,502	2,509	2,373	500	10,037	9,492	2,002
	Classic Smart Comprehensive	7,290	6,732	1,702	1,286	1,188	300	8,576	7,920	2,002
Priority	Classic Priority	4,649	3,667	1,859	1,549	1,222	619	6,198	4,889	2,478
	Essential Priority	4,528	3,561	1,808	799	628	319	5,327	4,189	2,127
Saver	Classic Saver	3,880	3,060	1,555	970	765	388	4,850	3,825	1,943
	Classic Delta Saver	3,100	2,450	1,245	775	612	311	3,875	3,062	1,556
	Essential Saver	3,498	2,623	1,401	388	291	155	3,886	2,914	1,556
	Essential Delta Saver	2,790	2,106	1,119	309	233	124	3,099	2,339	1,243
	Coastal Saver	3,484	2,620	1,401	614	462	247	4,098	3,082	1,648
Smart Saver	Classic Smart Saver	3,115	2,641	1,302	235	199	98	3,350	2,840	1,400
	Essential Smart Saver	2,557	2,185	832	193	165	63	2,750	2,350	895
Smart	Classic Smart	3,018	2,381	1,205	No Medical Savings Account			3,018	2,381	1,205
	Essential Smart	2,161	2,161	2,161						
	Essential Dynamic Smart	1,797	1,797	1,797						
	Active Smart	1,350	1,350	1,350						
Core	Classic Core	3,905	3,083	1,562	No Medical Savings Account			3,905	3,083	1,562
	Classic Delta Core	3,126	2,465	1,250				3,126	2,465	1,250
	Essential Core	3,356	2,517	1,347				3,356	2,517	1,347
	Essential Delta Core	2,681	2,018	1,076				2,681	2,018	1,076
	Coastal Core	3,250	2,438	1,291				3,250	2,438	1,291
KeyCare*	KeyCare Plus 0 - 10,250	1,961	1,961	713	No Medical Savings Account			1,961	1,961	713
	KeyCare Plus 10,251 - 16,600	2,695	2,695	760				2,695	2,695	760
	KeyCare Plus 16,601 +	3,980	3,980	1,064				3,980	3,980	1,064
	KeyCare Core 0 - 10,250	1,490	1,490	390	No Medical Savings Account			1,490	1,490	390
	KeyCare Core 10,251 - 16,600	1,859	1,859	461				1,859	1,859	461
	KeyCare Core 16,601 +	2,845	2,845	645				2,845	2,845	645
	KeyCare Start 0 - 10,950	1,436	1,436	875	No Medical Savings Account			1,436	1,436	875
	KeyCare Start 10,951 - 16,550	2,107	2,107	947				2,107	2,107	947
	KeyCare Start 16,551 - 25,150	3,306	3,306	992				3,306	3,306	992
	KeyCare Start 25,151 +	3,765	3,765	1,024				3,765	3,765	1,024
	KeyCare Start Regional 0 - 10,950	1,278	1,278	769	No Medical Savings Account			1,278	1,278	769
	KeyCare Start Regional 10,951 - 16,550	1,932	1,932	869				1,932	1,932	869
	KeyCare Start Regional 16,551 - 25,150	3,011	3,011	922				3,011	3,011	922
KeyCare Start Regional 25,151 +	3,430	3,430	961	3,430				3,430	961	

Shariah Compliant Arrangement available on all health plans.

* Income verification will be conducted for the lower income bands. Income is considered as: The higher of the main member or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance received from any statutory social assistance programme.

** We count a maximum of three children when we work out the monthly contribution and annual Medical Savings Account, except when a child has been placed in the custody of a member, such as foster care, in which case every child on the membership will be counted.

Day-to-day benefits

		Annual Medical Savings Account		
PLAN		MAIN MEMBER (R)	ADULT (R)	CHILD (R)*
Executive	Executive	34,284	34,284	6,552
Comprehensive	Classic Comprehensive	27,876	26,364	5,568
	Classic Smart Comprehensive	14,292	13,200	3,336
Priority	Classic Priority	17,376	13,704	6,948
	Essential Priority	8,964	7,044	3,576
Saver	Classic Saver	10,872	8,580	4,344
	Classic Delta Saver	8,688	6,864	3,492
	Essential Saver	4,356	3,264	1,740
	Essential Delta Saver	3,468	2,616	1,392
	Coastal Saver	6,828	5,136	2,760
Smart Saver	Classic Smart Saver	2,820	2,388	1,176
	Essential Smart Saver	2,316	1,980	756

Annual Medical Savings Account amounts displayed above reflects the upfront annual allocation for January 2026 and will be adjusted from April 2026 in line with the annual contribution increase.

*We count a maximum of three children when we work out the annual Medical Savings Account, except when a child has been placed in the custody of a member, such as foster care, in which case every child on the membership will be counted. If you join the medical scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

		Personal Health Fund		
		UP TO A MAXIMUM PER ADULT (R)	UP TO A MAXIMUM PER CHILD (R)	UP TO A MAXIMUM PER FAMILY (R)
Executive	Executive	3,000	1,500	12,000
Comprehensive	Classic Comprehensive	3,000	1,500	12,000
	Classic Smart Comprehensive	3,000	1,500	12,000
Priority	Classic Priority	2,500	1,250	10,000
	Essential Priority	1,500	750	6,000
Saver	Classic Saver (including delta plan)	2,500	1,250	10,000
	Essential Saver (including delta plan)	1,500	750	6,000
	Coastal Saver	1,500	750	6,000
Smart Saver	Classic Smart Saver	2,500	1,250	10,000
	Essential Smart Saver	1,500	750	6,000
Smart	Classic Smart	2,000	1,000	8,000
	Essential Smart	1,000	500	4,000
	Essential Dynamic Smart	1,000	500	4,000
	Active Smart	1,000	500	4,000
Core	Classic Core (including delta plan)	2,000	1,000	8,000
	Essential Core (including delta plan)	1,000	500	4,000
	Coastal Core	1,000	500	4,000
KeyCare	KeyCare Plus	500	250	1,000
	KeyCare Core	500	250	1,000
	KeyCare Start	500	250	1,000
	KeyCare Start Regional	500	250	1,000

All adults can unlock a Challenge Boost on top of their base Personal Health Fund by completing two challenges every year. Boost your Personal Health Fund by up to an additional R3,000 per adult and up to R12,000 per policy by completing two challenges per annum. Your boost value depends on your plan type.

Annual Threshold Amounts

Annual Threshold	Main member (R)	Adult (R)	Child* (R)
Executive	42,570	42,570	8,080
Classic Comprehensive	34,810	34,810	6,650
Classic Smart Comprehensive	34,810	34,810	6,650
Priority	27,160	20,410	9,050

Above Threshold Benefit limits	Main member (R)	Adult (R)	Child* (R)
Executive		Unlimited	
Classic Comprehensive	36,290	36,290	8,810
Classic Smart Comprehensive	31,100	31,100	7,770
Priority	20,080	14,330	7,020




* We count a maximum of three children when we work out the Annual Threshold and Above Threshold Benefit limit, except when a child has been placed in the custody of a member, such as foster care, in which case every child on the membership will be counted. If you join the medical scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

	Executive	Comprehensive		Priority	Saver		Smart Saver		Smart		Core		Keycare			
		CLASSIC	CLASSIC SMART	CLASSIC	CLASSIC	ESSENTIAL	COASTAL	CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	COASTAL	PLUS	CORE	START	START REGIONAL
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.															
Medical Savings Account (MSA) and day-to-day benefits	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. A percentage of your monthly contributions are allocated into your MSA. On the Classic Comprehensive Plan this is 2% and on the Classic Smart Comprehensive this is 1%.	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. A percentage of your monthly contributions are allocated into your MSA. On the Classic Comprehensive Plan this is 2% and on the Classic Smart Comprehensive this is 1%.	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. A percentage of your monthly contributions are allocated into your MSA. On the Classic Comprehensive Plan this is 2% and on the Classic Smart Comprehensive this is 1%.	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. A percentage of your monthly contributions are allocated into your MSA. On the Classic Comprehensive Plan this is 2% and on the Classic Smart Comprehensive this is 1%.	The Medical Savings Account pays for day-to-day medical expenses like radiology and pathology as long as you have money available. On Classic Saver this is 20% On Coastal Saver this is 15% On Essential Saver this is 10%	The Medical Savings Account pays for day-to-day medical expenses like radiology and pathology as long as you have money available. On Classic Saver this is 20% On Coastal Saver this is 15% On Essential Saver this is 10%	The Medical Savings Account pays for day-to-day medical expenses like radiology and pathology as long as you have money available. On Classic Saver this is 20% On Coastal Saver this is 15% On Essential Saver this is 10%	The Medical Savings Account pays for day-to-day medical expenses like radiology and pathology as long as you have money available. On Classic Saver this is 20% On Coastal Saver this is 15% On Essential Saver this is 10%	Access to a defined set of benefits including GP consultations, certain acute medicine when prescribed by a Smart GP and over-the-counter medicine, dental check up, optometry check up, sports injury benefits, with fixed co-payments and limits. This plan does not offer an MSA.	Access to a defined set of benefits including GP consultations, 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. This plan does not offer an MSA.	These plans do not offer an 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 KeyCare GP, as well as basic optometry and dentistry, and specialist cover up to R5,750 per person per year when referred by your nominated KeyCare GP. This plan does not offer an MSA.	Specialist cover up to R5,750 per person per year when referred by a GP. This plan does not offer an 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 R5,750 per person per year when referred by your nominated KeyCare Start GP. This plan does not offer an 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 R5,750 per person per year when referred by your nominated KeyCare Start Regional GP. This plan does not offer an MSA.	
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 actions. 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 2026, you will be able to double your limit stated below. All adults on the policy can earn additional funds in the PHF up to a maximum value for successfully completing a series of next best actions set as a challenge.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.	Up to R3,000 per adult, up to R1,500 per child, up to a maximum of R12,000 per family. Up to an additional maximum of R12,000 for completing your Personal Health Pathway challenges.
Day-to-day benefits	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 DHR. You also have additional cover for kids casualty visits.	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 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.	This plan does not offer this 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 cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR.	Pays for certain day-to-day benefits after you have run out of money in your MSA. Covers unlimited 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.											
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 on the Executive Plan. Annual benefit limits may apply.	The Scheme continues to cover day-to-day healthcare services once you reach your Annual Threshold. The Above Threshold Benefit is limited on these plans. Annual benefit limits may apply.														
MRI and CT scans																
Cover during your pregnancy and for two years after your baby's birth once the benefits is activated	During pregnancy • 12 antenatal consultations with your gynaecologist, GP or midwife • 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. • One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria • Private ward cover up to R2,800 per day for your delivery in hospital • A defined basket of blood tests After you give birth • Your baby is covered for up to two visits to a GP, paediatrician or an ENT • 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 • Pre- and postnatal care • Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth • One nutritional assessment at a dietitian • Two mental health consultations with a counsellor or psychologist • One breastfeeding consultation with a registered nurse or a breastfeeding specialist	During pregnancy • 8 antenatal consultations with your gynaecologist, GP or midwife • 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. • One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria • A defined basket of blood tests After you give birth • Your baby is covered for up to two visits to a GP, paediatrician or an ENT • 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 • Pre- and postnatal care • Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth • One nutritional assessment at a dietitian • Two mental health consultations with a counsellor or psychologist • One breastfeeding consultation with a registered nurse or a breastfeeding specialist														
Nurture at home	Parents whose babies are admitted to NICU for at least 7 days after birth have access to additional support to help adjust after discharge. A basket of care is available which includes an overnight stay in hospital for one of the parents, virtual coaching sessions, home nurse visits, and paediatrician visits.															

Discovery Health Rate (DHR) is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals; and other providers of relevant health services.

Personal Health Pathways is brought to Discovery Health Medical Scheme members by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes. Personal Health Pathways is enabled by the combination of Discovery Health's healthcare capabilities and Vitality's behaviour change expertise. Discovery Health Medical Scheme, registration number 1125, is an independent non-profit entity governed by the Medical Schemes Act, and regulated by the Council for Medical Schemes. Vitality is a separate wellness product, sold and administered by Discovery Vitality (Pty) Ltd, registration number 1999/307736/07. Limits, terms and conditions apply.

	Executive		Comprehensive		Priority		Saver			Smart Saver		Smart		Core			Keycare	
	CLASSIC	CLASSIC SMART	CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	COASTAL	CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	CLASSIC	ESSENTIAL	COASTAL	PLUS	CORE	START	START REGIONAL
Conditions	You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits. For as well as additional conditions on our Additional Disease List.																	
Medicine cover	Approved medicine on our medicine list covered in full when you use a MediQpress Network Pharmacy. Medicine not on our list, paid up to 100% of the DHR or generic reference price 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.																	
Oncology Benefit	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 50% of the cost of these treatments.																	
Private hospital cover in a general ward	Unlimited cover plus private ward cover up to R2,800 per day for your delivery.																	
Private hospital	You are covered in any facility approved by the Scheme.																	
Defined list of procedures in a day surgery network	You are covered in any facility approved by the Scheme.																	
Full cover option for specialists we have a payment arrangement with	300% of the DHR																	
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																	

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Discovery Health Medical Scheme is regulated by the Council for Medical Schemes.

Complaints process: The following channels are available for your complaints: Step 1 – To take your query further if you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations. Step 2 – To contact the Principal Officer if you are still not satisfied with the resolution of your complaint after following the process in Step 1. You are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by e-mailing principalofficer@discovery.co.za. Step 3 – If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the website. Step 4 – Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.co.za | 0861 123 267 | www.medicallchemes.co.za

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. 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. We are continuously improving our communication to you. The most up to date and detailed benefit information is available on www.discovery.co.za. The information contained in this document is subject to approval by the Council for Medical Schemes.

