

# Executive Plan

The Executive Plan offers you the most extensive cover for in-hospital and day-to-day healthcare expenses, as well as private ward cover up to R1 000 a day.

## Hospital Benefit

In an emergency, go straight to hospital but call us or get someone else to call us within 12 hours. For planned hospital admissions, please call us 48 hours before you go to hospital to confirm your admission.

- You have no overall hospital limit on approved hospital admissions. Some healthcare services are limited.
- We cover you in full if you consult with a specialist who charges the Premier Rate or Classic Direct Rate.
- We pay your specialist accounts who do not participate in our direct payment arrangements up to 300% of the Discovery Health Rate. We pay these accounts, the account for your admitting doctor, anaesthetist and any expense you incur during your hospital admission, other than the hospital account, from your Medical Savings Account and Above Threshold Benefit.
- We cover other healthcare professionals for example GPs, x-rays and blood tests up to a maximum of 100% of the Discovery Health Rate.
- You have cover of up to R1 000 a day in a private ward for any approved admission.

## Your cover for chronic conditions

You have extensive and flexible cover for a list of chronic conditions. You have full cover for approved medicine on Discovery Health's medicine list or up to a set monthly amount for medicine not on our list.

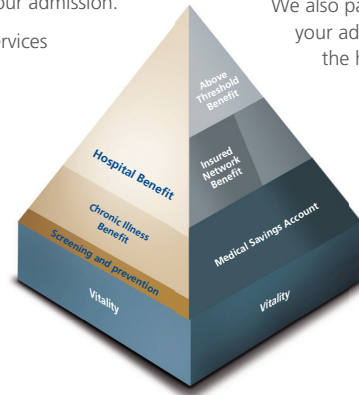
The medicine list for the Executive Plan has more medicines on it than other plans. If you choose to use medicines that are not on the medicine list, you also have a higher amount available to you than on other plans.

We pay medicine up to a maximum of the Discovery Health Medication Rate. We need to approve your chronic condition before it is covered from the Chronic Illness Benefit.

## Your cover for cancer treatment

DiscoveryCare's Oncology Programme covers the first R400 000 of your approved cancer treatment over a 12-month cycle, in full, after which a 20% co-payment will apply, without any overall limits.

Radiology and pathology approved for your cancer treatment is also covered. Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. Please call us to register on the Oncology Programme.



## Screening and Prevention Benefit

The Screening and Prevention Benefit covers a range of preventive healthcare services, including the following group of tests at a Discovery Wellness Network provider: blood glucose, blood pressure, cholesterol and body mass index. The benefit also covers a mammogram, Pap smear, PSA and HIV screening tests. Members from the age of 65 and members registered for certain chronic conditions are also covered for a seasonal flu vaccine from this benefit.

## Discovery Vitality: The wellness programme that rewards you for getting healthier

Vitality empowers you to get healthier by giving you the knowledge, tools and motivation to improve your health. The more you interact with Vitality, the healthier you will become and the greater the rewards you'll qualify for.

## Day-to-day cover through the Medical Savings Account and Above Threshold Benefit

Day-to-day cover refers to healthcare services that you get out of hospital. We pay these healthcare services from your Medical Savings Account or from your Above Threshold Benefit. We first pay claims from your Medical Savings Account.

We also pay related accounts incurred in hospital, from your day-to-day benefits. A related account is the account for your admitting doctor, anaesthetist and any approved expense you incur during your hospital admission, other than the hospital account itself.

## Annual Medical Savings Account amounts\*:

R8 580 for each adult, R1 632 for each child (to a maximum of three children)

\*We pro-rate this benefit according to when you join the medical scheme

## Above Threshold Benefit

Once your claims add up to the Annual Threshold amount, we pay the rest of your claims from the Above Threshold Benefit. We pay up to a maximum of the Discovery Health Rate from the Above Threshold Benefit. For specialists we pay up to 300% of the Discovery Health Rate and we pay up to R332 for consultations at a GP in the Discovery Health GP Network.

## Annual Threshold amounts\*:

R8 580 for each adult, R1 632 for each child (to a maximum of three children)

\*We pro-rate this benefit according to when you join the medical scheme

## The Insured Network Benefit

We further extend your day-to-day cover through the Insured Network Benefit. The benefit ensures you have no gaps in cover for your GP consultations and pathology in our network. When you have spent your annual Medical Savings Account deposit:

- We cover the full cost of your consultation fees if you go to a GP in our network. We pay the claim directly to the GP.
- We cover blood tests at our network providers if your GP or specialist requests the appropriate tests using the Discovery Health pathology form.

## Your cover for medical technology and expensive medicine

You have additional cover for a defined list of the latest treatments through the Specialised Medicine and Technology Benefit, up to R200 000 for each person. Please call us to see whether your treatment qualifies.

This benefit includes access to the Overseas Treatment Benefit where you are covered when you travel overseas to seek evidence-based healthcare not available in South Africa. You must use a registered healthcare professional. We pay up to a limit of R500 000 for each person and you will need to pay and claim back from us when you return to South Africa.

Entry criteria and a co-payment of up to 20% applies to both benefits.

## Trauma Recovery Extender Benefit

We will cover out-of-hospital claims for your recovery after certain traumatic events from the Trauma Recovery Extender Benefit. The cover applies for the rest of the year in which the trauma takes place, as well as the year after your trauma.

## International Travel Benefit

The International Travel Benefit covers you if you have emergency medical expenses while travelling outside South Africa. The International Travel Benefit provides cover of up to R10 million for a maximum of 90 days from the date of departure from South Africa. You pay the first \$150 or €100 for out-of-hospital emergency claims.

## The Africa Evacuation Benefit

You have cover for emergency evacuations from certain sub-Saharan African countries back to South Africa.

**Some of your healthcare services have no limit and some are limited. Here is a summary:**

## Hospital benefits

Executive Plan	
Overall limit	There is no overall hospital limit on the Executive Plan. Limits apply to some healthcare services and procedures.
Cover in a private ward	We cover you in a private ward, up to a maximum of R1 000 a day
Procedures and consultations by specialists participating in direct payment arrangements	We pay in full if you consult a specialist who charges the Premier Rate or Classic Direct Rate*
Other specialists	We pay up to 300% of the Discovery Health Rate*
GPs, radiology, pathology and other healthcare services	We cover these expenses in full up to the Discovery Health Rate*
Endoscopies (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	The hospital account is covered in full*
MRI and CT scans	The hospital account is covered in full*
Dentistry	There is an overall limit of R26 000** for each person. The hospital account is covered from the Hospital Benefit.*
Cochlear implants and auditory brain implants and processors	R126 000 for each person for each benefit
Internal nerve stimulators	R96 000 for each person
Hip and knee joint prostheses	There is no overall limit if you get your prostheses from our preferred suppliers. If you choose not to, a limit of R31 500 will apply to each prosthesis.
Prosthetic devices used in spinal surgery	R20 000 for each level, limited to two levels for each procedure, and one procedure for each person each year
Mental health benefit	21 days for each person*
Alcohol and drug rehabilitation	21 days for each person*
Terminal care benefit	R23 400 for each person*

\* We pay all related accounts from the Medical Savings Account. Once you reach your Annual Threshold, we pay these accounts from the Above Threshold Benefit. A related account is the account for your admitting doctor, anaesthetist and any approved expense you incur during your approved hospital admission, other than the hospital account or accounts for internal medical devices and prostheses.

\*\* We pro-rate this benefit according to when you join the medical scheme. Both your hospital and related accounts are subject to this limit.

## Day-to-day benefits

- We pay your day-to-day claims from the money in your Medical Savings Account or from your Above Threshold Benefit. The limits below are the maximum amount we'll pay up to, as long as you have money in your Medical Savings Account or if you are in your Above Threshold Benefit.
- We pay these accounts from your Medical Savings Account at the cost incurred.

Professional services	There is no limit on the number of GP visits or services. We pay up to R332 for consultations at a GP in the Discovery Health GP Network.
General practitioners	There is no limit on the number of GP visits or services. We pay up to R332 for consultations at a GP in the Discovery Health GP Network.
Specialists	There is no limit on these healthcare services
Allied healthcare professionals, eg chiropractors and physiotherapists	There is no limit on these healthcare services
Radiology and pathology	There is no limit on these healthcare services
Mental health benefit* (including psychologists and psychiatrists)	You have R15 000 for your family
Private nursing	You have R6 200 for your family
Antenatal classes	You have R850 for your family
Dentistry*	You have an overall limit of R26 000 for each person
Endoscopies (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	There is no limit on these healthcare services
MRI and CT scans	There is no limit on these healthcare services
Medicine	
Prescribed medicine* (schedule 3 and above)	Single member: R19 300
	Member with one dependant: R22 550
	Member with two dependants: R25 850
	Member with three or more dependants: R29 100
Over-the-counter medicine, including prescribed schedule 0, 1 and 2 medicine and lifestyle-enhancing products	We pay these claims from available funds in your Medical Savings Account
Appliances and equipment	
External medical items	You have R41 100 for your family
Hearing aids	You have R15 000 for your family
Optical* (includes cover for spectacles, frames, contact lenses and surgery or any other healthcare services to correct refractive errors of the eye, eg excimer laser)	You have R3 800 for each person

\* We pro-rate this benefit according to when you join the medical scheme

The benefits described in this section are subject to clinical guidelines and policies.

## The amounts we add up to your Annual Threshold

### Specialists

For Premier Rate specialists, we add up the Premier Rate. For non-participating specialists, we add up to 300% of the Discovery Health Rate.

### General practitioners

For GPs on the Discovery Health GP network we add up to R332 for each consultation. For GPs outside of the Discovery Health network we add up to R319.

### Medicine

For generic medicines, we add up 100% of the Discovery/Health Medication Rate. For non-generic medicines, we add up 90% of the Discovery/Health Medication Rate.

Over-the-counter medicines do not add up to your Annual Threshold.

### All other health services

We add up the Discovery Health Rate.

For each of these, we add up the amount to the benefit limit available.

## General exclusions

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

1. Cosmetic procedures and treatments
2. Otoplasty for bat-ears portwine stains and blepharoplasty (eyelid surgery)
3. Breast reductions or enlargements and gynaecomastia
4. Obesity
5. Frail care
6. Infertility
7. Wilfully self-inflicted illness or injury
8. Alcohol, drug or solvent abuse
9. Wilful and material violation of the law or during a period of imprisonment
10. Wilful participation in war, terrorist activity, riot, civil commotion, rebellion or uprising
11. Experimental, unproven or unregistered treatments or practices
12. Search and rescue
13. 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.

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

## What you will pay

Family size	Executive Plan
Main member	R2 861
Adult dependant	R2 861
Child ***	R544

\*\*\* We count a maximum of three children when we work out your contribution, Medical Savings Account and Annual Threshold.

This brochure is only a summary of the key benefits and features of the Discovery Health plans, pending formal approval from the Council for Medical Schemes. Full details will be found in the Discovery Health Medical Scheme Rules. For a copy of the rules, email [compliance@discovery.co.za](mailto:compliance@discovery.co.za). Discovery Health Medical Scheme is administered by Discovery Health (Pty) Ltd, Registration number 1997/013480/07, an authorised financial services provider.