Compare our plans

Discovery Health Medical Scheme

		EXECUTIVE	COMPREHENSIVE			PRIORITY		SAVER			SMART		CORE			KEYCARE		
			Classic Zero MSA	Classic	Essential	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Core	Plus	Access
Summary		The most extensive cover for in-hospital and day-to-day benefits	Comprehensive cover for in-hospital and day-to-day benefits			Cost-effective in-hospital and day-to-day benefits		Economical in-hospital and day-to-day benefits			Affordable in-hospital benefits and day-to-day cover		Value-for-money hospital plan			Affordable medical aid cover		
		▪ Unlimited cover in any private hospital, including private ward cover ▪ Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 300% of the DHR for other specialists ▪ Full cover for chronic medicine for all CDL conditions plus some additional chronic conditions; plus access to an exclusive list of brand medicines ▪ Highest Medical Savings Account and an unlimited Above Threshold Benefit for your day-to-day healthcare needs ▪ Additional cover for GP consultation fees, kid's casualty visits, preferred medicine, blood tests, antenatal consultations, video call consultations with paediatricians and some external medical items ▪ Cover for medical emergencies when travelling	▪ Unlimited private hospital cover ▪ Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on Classic plans and 100% on Essential plans for other healthcare professionals ▪ Full cover for chronic medicine for all CDL conditions plus some additional chronic conditions ▪ A choice of a high or no Medical Savings Account and an unlimited Above Threshold Benefit for your day-to-day healthcare needs ▪ Additional cover for GP consultation fees and some external medical items. The Classic Comprehensive Plan also covers preferred medicine, blood tests, antenatal consultations, kid's casualty visits and video call consultations with paediatricians ▪ Cover for medical emergencies when travelling			▪ Unlimited cover in any private hospital ▪ Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on the Classic Plan and 100% on the Essential Plan for other healthcare professionals ▪ Full cover for chronic medicine for all CDL conditions ▪ A Medical Savings Account and limited Above Threshold Benefit for your day-to-day healthcare needs ▪ Additional cover for GP consultation fees and some external medical items. The Classic Plan also covers blood tests, antenatal consultations, kid's casualty visits and video call consultations with paediatricians ▪ Cover for medical emergencies when travelling			▪ Unlimited private hospital cover ▪ Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on Classic plans and 100% on Essential and Coastal plans for other healthcare professionals ▪ Full cover for chronic medicine for all CDL conditions ▪ A Medical Savings Account for your day-to-day healthcare needs ▪ Additional cover for GP consultation fees. The Classic plans also cover antenatal consultations, kid's casualty visits and video call consultations with paediatricians ▪ Cover for medical emergencies when travelling			▪ Unlimited private hospital cover in a Smart network hospital ▪ Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on the Classic Plan and up to 100% of the DHR on the Essential Plan for other healthcare professionals ▪ Day-to-day cover for GP consultation fees, acute medicine, eye and dental check-up and sports-related injuries with fixed payments. Cover depends on the plan you choose. ▪ Full cover for chronic medicine on our medicine list for all CDL conditions when you use MedXpress, Clicks or Dis-Chem ▪ Cover for medical emergencies when travelling			▪ Unlimited private hospital cover ▪ Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on Classic plans and 100% on Essential and Coastal plans for other healthcare professionals ▪ Full cover for chronic medicine for all CDL conditions when you use MedXpress ▪ Cover for medical emergencies when travelling			▪ Unlimited emergency and trauma cover in our KeyCare network of hospitals and planned hospital cover on KeyCare Core, KeyCare Plus and KeyCare Access. Full cover in the Full Cover Hospital Network and up to 70% of the DHR in the Partial Cover Hospital Network ▪ Guaranteed full cover in hospital for specialists on the KeyCare network, and up to 100% of the DHR for other healthcare professionals ▪ 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 ▪ Essential cover for chronic medicine on the KeyCare medicine list for all CDL conditions ▪ Cover for medical emergencies in South Africa		
Hospital cover	Hospitals (private hospital cover in a general ward)	Unlimited cover and private ward cover of up to R1 750 each day	Unlimited cover	Unlimited cover. Full cover on Delta options when using the Delta Hospital Network of private hospitals.		Unlimited cover		Unlimited cover at any private hospital.	Unlimited cover at selected private hospitals in the coastal provinces.		Unlimited private hospital cover in the Smart Network.		Unlimited hospital cover at any private hospital.	Unlimited cover at selected private hospitals in the coastal network.		Full cover in the Full Cover Hospital Network, and up to 70% of the DHR in the Partial Cover Hospital Network.		
								Full cover on Delta options when using the Delta Hospital Network of private hospitals.					Full cover on Delta options when using the Delta Hospital Network of private hospitals.			Unlimited cover in the KeyCare Hospital Network. A list of procedures are covered in the day surgery network.	Unlimited cover for emergencies, trauma, childbirth and care for your newborn in the KeyCare Access network of private hospitals and other conditions covered in contracted network of state facilities.	
	Upfront payments to hospitals	No upfront payment	No upfront payment	For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R7 100.		An upfront payment of between R2 800 and to R13 850 applies for a defined list of procedures.		For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R7 100.	If you do not use a coastal hospital in our selected network, you will have to pay all costs. If you use a hospital outside the coastal region, we pay up to 70% of the DHR of the hospital account and you must pay the difference. This does not apply in an emergency.		For planned admissions at hospitals outside of the Smart Hospital Network, you must pay an upfront payment of R8 200 to the hospital.		For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R7 100.	If you do not use a coastal hospital in our selected network, you will have to pay all costs. If you use a hospital outside the coastal region, we pay up to 70% of the DHR of the hospital account and you must pay the difference. This does not apply in an emergency.		If you use a hospital in the Partial Cover Network, we pay up to 70% of the DHR. If you do not use hospitals in the networks, you will have to pay all costs. This does not apply in an emergency.		
	Specialists we have a payment arrangement with	Full cover	Full cover			Full cover		Full cover			Full cover		Full cover			Full cover		
	Specialists we do not have a payment arrangement with	300% of the DHR	200% of the DHR		100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		100% of the DHR		
	Other healthcare professionals	100% of the DHR	200% of the DHR		100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		100% of the DHR		
	Radiology and pathology	100% of the DHR	100% of the DHR			100% of the DHR		100% of the DHR			100% of the DHR		100% of the DHR			100% of the DHR		
	Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	We pay the hospital account from the Hospital Benefit and all related accounts from the Medical Savings Account and Above Threshold Benefit.	We pay the first R3 150 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit.			You must pay R3 600 upfront, we pay the balance of hospital account and related accounts from the Hospital Benefit.		We pay the first R3 900 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit.			You must pay the first R3 900 of the hospital account. We pay the balance of the account and related accounts from the Hospital Benefit.		You must pay the first R3 900 of the hospital account. We pay the balance of the account and related accounts from the Hospital Benefit.			We cover scopes at our day-surgery network.	We cover scopes at our network of contracted state facilities and in the KeyCare Access Hospital Network if related to emergencies, trauma, childbirth and care for a newborn.	
	MRI and CT scans	Paid from day-to-day benefits up to 100% of the DHR.	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.			If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.		If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.			If done as part of an approved hospital admission, we will pay up to 100% of the DHR from the Benefit.		If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.			If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.		
	▪ For conservative back and neck treatment, or ▪ If not related to your admission		We pay the first R2 900 of the scan from the Above Threshold Benefit once you reach it. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR.	We pay the first R2 900 of the scan from your day-to-day benefits. We pay the balance of the scan from your the Hospital Benefit, up to 100% of the DHR.		We pay the first R2 900 of the scan from day-to-day benefits. We pay the balance of the scan from the Hospital Benefit up to 100% of the DHR. For conservative back and neck treatment, you must also pay the first R2 800 of the hospital account. We pay the balance of the scan from the Hospital Benefit up to 100% of the DHR.		If not related to your admission, we pay the first R2 900 of the scan from your day-to-day benefits. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR.			If not related to your admission, you need to pay the first R2 900 of the scan from your pocket. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR.	If not related to your admission or if for conservative back or neck treatment, we do not pay for it.	If not related to your admission or if for conservative back or neck treatment, we do not pay for it.			If not related to your admission, we pay it from the Specialist Benefit up to a limit of R3 570 each person each year.		
Chronic	Conditions	You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list as well as additional conditions on our Additional Disease List. Your condition needs to be approved for it to be covered.	You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list as well as additional conditions on our Additional Disease List. Your condition needs to be approved for it to be covered.			You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list. Your condition needs to be approved for it to be covered.		You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list. Your condition needs to be approved for it to be covered.			You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list. Your condition needs to be approved for it to be covered.		You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list. Your condition needs to be approved for it to be covered.			You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list. Your condition needs to be approved for it to be covered.		
	Medicine cover	Approved medicine on our medicine list covered in full (not applicable to ADL conditions). Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine on our medicine list covered in full (not applicable to ADL conditions). Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.			Approved medicine on our medicine list covered in full. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.		Approved medicine on our medicine list covered in full. Medicines not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount. On Delta options, your designated service provider is MedXpress.			Approved medicine on our medicine list covered in full, when you use MedXpress, Clicks or Dis-Chem.		Approved medicine on our medicine list when you use MedXpress. Medicines not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.			Approved medicine must be purchased from one of our network pharmacies or from your chosen GP. If medicine is purchased elsewhere, you will have to pay a 20% co-payment. Your chosen GP must prescribe the chronic medicine.		
Cancer cover	Benefit	We cover the first R400 000 of approved cancer treatment in full, over a 12-month cycle.	We cover the first R400 000 of approved cancer treatment in full over a 12-month cycle.			We cover the first R200 000 of the approved cancer treatment in full over a 12-month cycle.		We cover the first R200 000 of the approved cancer treatment in full over a 12-month cycle.			We cover the first R200 000 of the approved cancer treatment in full over a 12-month cycle.		We cover the first R200 000 of the approved cancer treatment in full over a 12-month cycle.			We cover cancer treatment according to the Prescribed Minimum Benefits and if you go to a cancer specialist in our network.	We cover cancer treatment according to the Prescribed Minimum Benefits in a network of contracted state facilities.	
	Co-payments	You will be required to pay 20% of the cost on all further treatment once costs for cancer treatment go over R400 000. Prescribed Minimum Benefits are covered in full.	You will be required to pay 20% of the cost on all further treatment once costs for cancer treatment go over R400 000. Prescribed Minimum Benefits are covered in full.			You will be required to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.		You will have to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.			You will have to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.		You will have to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.					
Day-to-day benefits	Medical Savings Account	Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available.	Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available. Not available on Classic Zero MSA.			Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available.		Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available.			You have cover for unlimited GP consultation fees, full cover for video call consultations, one eye check and one dental check. The Classic Plan also covers acute medicine and sports-related injuries. Fixed payments apply to these benefits.		Not applicable to these plans.			This plan does not offer this benefit.	This plan does not offer this benefit but it covers primary care through your chosen GP and day-to-day medicine from our medicine list. We pay for basic radiology and pathology at a network provider.	
	Self-payment Gap	If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay for your medical expenses.	If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay for your day-to-day medical expenses. Not applicable to Classic Zero MSA.			If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay for your day-to-day medical expenses.		You need to pay claims when your Medical Savings Account runs out.			Not applicable to this plan.					Not applicable to these plans.		
	Day-to-day Extender Benefit	Pays for certain day-to-day benefits after you have run out of money in your Medical Saving Account and before you reach the Annual Threshold.	Pays for certain day-to-day benefits after you have run out of money in your Medical Savings account and before you reach the Annual Threshold. Not available on Classic Zero MSA.			Pays for certain day-to-day benefits after you have run out of money in your Medical Saving Account and before you reach the Annual Threshold.		Pays for certain day-to-day benefits after you have run out of money in your Medical Savings Account.										
		Covers unlimited GP consultation fees, antenatal consultations, kid's casualty visits, video call consultations with paediatricians, preferred day-to-day medicine (schedule 3 and above), unlimited blood tests, and a defined list of external medical items. You must use a provider in our network.	This plan does not offer this benefit.	Covers unlimited GP consultation fees and some external medical items. The Classic Comprehensive Plan also covers antenatal consultations, kid's casualty visits, video call consultations with paediatricians, preferred day-to-day medicine (schedule 3 and above) and unlimited blood tests. You must use a provider in our network.		Covers unlimited GP consultation fees and some external medical items. The Classic Plan also covers antenatal consultations, kid's casualty visits, video call consultations with paediatricians and blood tests. You must use a provider in our network.		Covers a defined number of GP consultation fees. The Classic plans also cover antenatal consultations, kid's casualty visits and video call consultations with paediatricians. You must use a provider in our network.										
	Above Threshold Benefit	The Above Threshold Benefit is unlimited.	The Above Threshold Benefit is unlimited.			The Above Threshold Benefit is limited. Main member R11 150. Adult R7 950. Child dependant R3 850.		These plans do not offer this benefit.										
	MRI and CT scans	Paid from your available Medical Savings Account or Above Threshold Benefit.	We pay the first R2 900 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, where specific rules apply. On Classic Zero MSA, these are covered from the Above Threshold Benefit once you reach it.			We pay the first R2 900 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules and limits may apply.		We pay the first R2 900 of MRI or CT scan from your available Medical Savings Account. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules and limits may apply.			You must pay the first R2 900 of MRI or CT scan from your pocket. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules and limits may apply.					MRI and CT scans are paid from the Specialist Benefit up to a limit of R3 570 each person each year.		
Additional benefits	Screening and Prevention Benefit	Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine. Additional, and/or more frequent screening is available for those who meet our clinical criteria.	Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine. Additional, and/or more frequent screenings are available for those who meet our clinical criteria.			Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine. Additional, and/or more frequent screening is available for those who meet our clinical criteria.		Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine. Additional, and/or more frequent screening is available for those who meet our clinical criteria.			Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine. Additional, and/or more frequent screening is available for those who meet our clinical criteria.			Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine. Additional, and/or more frequent screening is available for those who meet our clinical criteria.		
	Kid's screening	Covers growth assessment and health and milestone tracking at any one of our wellness network providers.	Covers growth assessment and health and milestone tracking at any one of our wellness network providers.			Covers growth assessment and health and milestone tracking at any one of our wellness network providers.		Covers growth assessment and health and milestone tracking at any one of our wellness network providers.			Covers growth assessment and health and milestone tracking at any one of our wellness network providers.		Covers growth assessment and health and milestone tracking at any one of our wellness network providers.			Covers growth assessment and health and milestone tracking at any one of our wellness network providers.		
	Trauma Recovery Extender Benefit	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.	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.		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.		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.			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.	These plans do not offer these benefits.			This plan does not offer this benefit.	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.	
	Specialised Medicine and Technology Benefit	Cover up to R200 000 each person for a defined list of the latest and most advanced treatments. A co-payment of up to 20% and specific rules apply to this benefit.	Cover up to R200 000 each person for a defined list of the latest and most advanced treatments. A co-payment of up to 20% and specific rules apply to this benefit.			These plans do not offer these benefits.		These plans do not offer these benefits.			These plans do not offer these benefits.					These plans do not offer these benefits.		
	Overseas Treatment Benefit	Up to R500 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. A co-payment of 20% and specific rules apply to this benefit.	Up to R500 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. A co-payment of 20% and specific rules apply to this benefit.															
	Additional cover for allied, therapeutic psychology and external medical items	Provides unlimited cover for a list of allied healthcare services, like physiotherapy and external medical items. This unlimited cover is for a defined list of conditions, for example quadriplegia and cerebral palsy. Cover depends on your condition and meeting the criteria for it.	Provides unlimited cover for a list of allied healthcare services, like physiotherapy and external medical items. This unlimited cover is for a defined list of conditions, for example quadriplegia and cerebral palsy. Cover depends on your condition and meeting the criteria for it.															

Discovery Health Rate (DHR): This is a rate set by us at which healthcare services from hospitals, pharmacies and healthcare professionals are paid.
To find hospitals or providers in our network, visit **www.discovery.co.za** Where we refer to MedXpress it includes any MedXpress partner pharmacy. MedXpress is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

The benefits explained 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. This is only a summary of the key benefits and features of Discovery Health Medical Scheme plans, awaiting formal 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 document this is reference to Discovery Health Medical Scheme.