

2021

# PLAN COMPARISON



		EXECUTIVE			COMPREHENSIVE			PRIORITY			SAVER			SMART		CORE			KEYCARE		
		Classic	Essential	Classic Smart	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Plus	Core	Start				
PMB	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 270 diagnoses, 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 needed 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.	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.	This plan does not offer a Medical Savings Account. Access to a defined set of benefits including GP consultations, certain specialist visits, 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.	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.			This plan does not offer a Medical Savings Account. 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 a Medical Savings Account.	This plan does not offer a Medical Savings Account.			This plan does not offer a Medical Savings Account. Day-to-day benefits through your chosen GP and day-to-day medicine from our medicine list when prescribed by your chosen KeyCare GP. We pay for basic radiology and pathology at a network provider.	This plan does not offer a Medical Savings Account.	This plan does not offer a Medical Savings Account.	This plan does not offer a Medical Savings Account.					
DAY-TO-DAY BENEFITS	Day-to-day Extender 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 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 unlimited cover for consultations with a network GP who meets the digital criteria, when referred. We cover consultations up to the DHR. On Classic, 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 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.	These plans do not offer this benefit.														
				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.	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.	Covers limited 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.	Covers limited 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.	These plans do not offer this benefit.													
	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. 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. Annual benefit limits may apply.			These plans do not offer this benefit.													
	MRI and CT scans	We pay the first R3 130 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 a limit of one scan per spinal and neck region applies.	We pay the first R3 130 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 a limit of one scan per spinal and neck region applies.	You have to pay the first R3 130 of your MRI or CT scan until you reach the Annual Threshold. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	We pay the first R3 130 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 a limit of one scan per spinal and neck region applies.	We pay the first R3 130 of your MRI or CT scan from your available MSA. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	You must pay the first R3 130 of your MRI or CT scan. We cover the balance of the scan from your Hospital Benefit, up to the DHR. For conservative back and neck scans a limit of one scan per spinal and neck region applies.	This plan does not offer this benefit.	These plans do not offer this benefit.			MRI and CT scans are paid from the Specialist Benefit up to a limit of R4 530 for a person a year.	MRI and CT scans are paid from the Specialist Benefit up to a limit of R2 270 for a person a year.								
MATERNITY COVER	Cover during your pregnancy and for two years after your baby's birth once the benefit is activated	<b>During pregnancy</b>	<b>After you give birth</b>	<b>During pregnancy</b>		<b>After you give birth</b>															
		<ul style="list-style-type: none"> <li>12 antenatal consultations with your gynaecologist, GP or midwife</li> <li>Two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans</li> <li>One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria</li> <li>Private ward cover up to R2 220 per day for your delivery in hospital</li> <li>Cover for up to R5 350 for essential registered devices with 25% co-payment</li> <li>A defined basket of blood tests</li> <li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth.</li> </ul>	<ul style="list-style-type: none"> <li>Your baby is covered for up to two visits to a GP, paediatrician or an ENT</li> <li>You are covered for one six week post-birth consultation at your midwife, GP or gynaecologist for complications post delivery</li> <li>One nutritional assessment at a dietitian</li> <li>Two mental health consultations with a counsellor or psychologist</li> <li>One breastfeeding consultation with a registered nurse or a breastfeeding specialist.</li> </ul>	<ul style="list-style-type: none"> <li>8 antenatal consultations with your gynaecologist, GP or midwife</li> <li>Two 2D ultrasound scans including one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans</li> <li>One chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria</li> <li>A defined basket of blood tests</li> <li>Five antenatal or postnatal classes or consultations with a registered nurse up until two years after you have given birth.</li> </ul>	<ul style="list-style-type: none"> <li>Your baby is covered for up to two visits to a GP, paediatrician or an ENT</li> <li>You are covered for one six week post-birth consultation at your midwife, GP or gynaecologist for complications post delivery</li> <li>One nutritional assessment at a dietitian</li> <li>Two mental health consultations with a counsellor or psychologist</li> <li>One breastfeeding consultation with a registered nurse or a breastfeeding specialist.</li> </ul>	To access these benefits on KeyCare Start, your chosen GP must refer you.															





# Discovery Health Medical Scheme 2021 contributions

## July - December

Series	Plan	Contributions			Contributions to Medical Savings Account			Total contributions		
		Main member	Adult	Child**	Main member	Adult	Child**	Main member	Adult	Child**
Executive	Executive Plan	5 766	5 766	1 101	1 922	1 922	367	7 688	7 688	1 468
Comprehensive	Classic Comprehensive	4 732	4 475	944	1 577	1 491	314	6 309	5 966	1 258
	Classic Delta Comprehensive	4 261	4 034	849	1 420	1 344	283	5 681	5 378	1 132
	Essential Comprehensive	4 506	4 259	909	795	751	160	5 301	5 010	1 069
	Essential Delta Comprehensive	4 059	3 834	814	716	676	143	4 775	4 510	957
	Classic Smart Comprehensive	4 585	4 230	1 459	No Medical Savings Account			4 585	4 230	1 459
Priority	Classic Priority	3 031	2 390	1 213	1 010	796	404	4 041	3 186	1 617
	Essential Priority	2 952	2 322	1 180	520	409	208	3 472	2 731	1 388
Saver	Classic Saver	2 614	2 063	1 048	871	687	349	3 485	2 750	1 397
	Classic Delta Saver	2 088	1 650	839	696	550	279	2 784	2 200	1 118
	Essential Saver	2 355	1 767	944	415	311	166	2 770	2 078	1 110
	Essential Delta Saver	1 878	1 418	754	331	250	133	2 209	1 668	887
	Coastal Saver	2 211	1 663	893	552	415	223	2 763	2 078	1 116
Smart	Classic Smart	2 070	1 634	827	No Medical Savings Account			2 070	1 634	827
	Essential Smart	1 483	1 483	1 483	No Medical Savings Account			1 483	1 483	1 483
Core	Classic Core	2 594	2 046	1 038	No Medical Savings Account			2 594	2 046	1 038
	Classic Delta Core	2 076	1 637	830	No Medical Savings Account			2 076	1 637	830
	Essential Core	2 229	1 671	896	No Medical Savings Account			2 229	1 671	896
	Essential Delta Core	1 781	1 340	715	No Medical Savings Account			1 781	1 340	715
	Coastal Core	2 062	1 548	820	No Medical Savings Account			2 062	1 548	820
KeyCare*	KeyCare Plus 0 - 8 550	1 279	1 279	464	No Medical Savings Account			1 279	1 279	464
	KeyCare Plus 8 551 - 13 800	1 758	1 758	495	No Medical Savings Account			1 758	1 758	495
	KeyCare Plus 13 801+	2 595	2 595	695	No Medical Savings Account			2 595	2 595	695
	KeyCare Core 0 - 8 550	1 005	1 005	260	No Medical Savings Account			1 005	1 005	260
	KeyCare Core 8 551 - 13 800	1 253	1 253	310	No Medical Savings Account			1 253	1 253	310
	KeyCare Core 13 801+	1 916	1 916	435	No Medical Savings Account			1 916	1 916	435
	KeyCare Start 0 - 9 150	968	968	583	No Medical Savings Account			968	968	583
	KeyCare Start 9 151 - 13 800	1 629	1 629	637	No Medical Savings Account			1 629	1 629	637
KeyCare Start 13 801+	2 536	2 536	688	No Medical Savings Account			2 536	2 536	688	

\* 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.

## Annual Medical Savings Account

Series	Plan	Main member	Adult	Child*
Executive	Executive Plan	22 416	22 416	4 278
Comprehensive	Classic Comprehensive	18 390	17 394	3 666
	Classic Delta Comprehensive	16 560	15 678	3 300
	Essential Comprehensive	9 270	8 760	1 866
	Essential Delta Comprehensive	8 352	7 884	1 668
Priority	Classic Priority	11 778	9 288	4 710
	Essential Priority	6 066	4 770	2 424
Saver	Classic Saver	10 158	8 016	4 068
	Classic Delta Saver	8 118	6 414	3 258
	Essential Saver	4 842	3 630	1 938
	Essential Delta Saver	3 858	2 916	1 548
	Coastal Saver	6 438	4 842	2 598

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

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.

## Annual Threshold Amounts

### ANNUAL THRESHOLD

	Main member	Adult	Child*
Executive	26 300	26 300	5 000
Classic, Essential and Delta Comprehensive	21 700	21 700	4 150
Classic Smart Comprehensive	24 850	24 850	850
Priority	17 550	13 200	5 850

### ABOVE THRESHOLD BENEFIT LIMITS

	Main member	Adult	Child*
Executive	unlimited		
Comprehensive	unlimited		
Priority	14 850	10 600	5 200

\* We count a maximum of three children when we work out the Annual Threshold and Above Threshold Benefit limit.

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.