

The Core Series

The Core Series offers you cover in hospital with no overall limit. You also get access to the following:

- Cover for 27 chronic conditions through the Chronic Illness Benefit
- Emergency cover when you need it most with Discovery 911.

How we cover you

When you need to go to hospital

- Call us on 0860 99 88 77 to get authorisation for your admission to hospital
- If it is an emergency go straight to hospital but call us or get someone else to call us within 12 hours
- We cover you in full if you see a specialist who participates in our Premier Rate or Classic Direct (for Classic Core Plans) arrangements
- We cover other specialists to a maximum of 200% of the Discovery Health Rate on the Classic Core Plan and up to the maximum of the Discovery Health Rate on the Essential, Coastal and Foundation Core Plans.
- You have no overall limit on approved hospital admissions. Approved hospital admissions on the Foundation Core Plan are limited to R260 000 per person. Some health services are limited:

Healthcare service	Your benefit
Internal medical devices and prostheses	
<ul style="list-style-type: none"> • Cochlear implants and auditory brain implants and processors 	R100 000 for each person for each benefit
<ul style="list-style-type: none"> • Internal nerve stimulators 	R80 000 for each person
<ul style="list-style-type: none"> • Hip and knee joint prostheses 	R30 000 for each prosthesis for each event
<ul style="list-style-type: none"> • Prosthetic devices used in spinal surgery 	R17 000 for each person, for each level, limited to two levels for each procedure, and one procedure for each year
Mental health benefit	21 days
Alcohol and drug rehabilitation	21 days
Terminal care benefit	R19 200 for each person
Dentistry	R10 700 for each person for each year*
Investigative scopes	No overall limit*

*You pay the first R1 600 of the hospital account. We pay the balance of the hospital account from the Hospital Benefit. You pay related accounts. A related account is any approved account for other expenses you incur during your hospital stay, other than the hospital account itself. The dentistry limit applies to the hospital account and related accounts. We pro-rate this limit if you join partway through the year.

Network of hospitals on Coastal Core

The Coastal Core Plan has a network of coastal hospitals that you need to use when you go to hospital for planned procedures. If you do not use a network hospital, you will pay 30% of the hospital account. This does not apply in an emergency as you can go to any hospital in an emergency.

When you need chronic medicine

We cover 27 chronic conditions on the Core Plans. We pay approved medicine in full if you use medicine on our medicine list. If you use any medicine that is not on our list we pay this up to a monthly amount for each condition (Chronic Drug Amount). Medicine is paid up to the Discovery Health medication rate.

We need to approve your chronic condition before it is covered from the Chronic Illness Benefit. You can visit www.discovery.co.za or call us for the application form that you and your doctor must complete.

When you need cover when travelling outside of South Africa

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 R5 million for a maximum of 90 days from the date of departure from South Africa. You pay the first R1 000 of out-of-hospital emergency claims. If an embassy needs you to take out additional travel insurance this can be arranged through your travel agent at your own cost.

When you need cover for emergency evacuations in sub-Saharan Africa

If you live in a sub-Saharan African country, we cover emergency medical evacuations from certain sub-Saharan African countries back to South Africa.

Cover for day-to-day benefits

Your plan is the most affordable because you have chosen to pay for your own day-to-day medical expenses. However, you have access to the Screening Benefit – if you go for certain preventive screening tests, Discovery Health will pay the claim.

What we do not cover

The Discovery Health Medical Scheme has certain exclusions. Discovery Health will not pay for healthcare services related to the following, except as stipulated in the Prescribed Minimum Benefits:

1. Cosmetic procedures, for example otoplasty for bat-ears
 2. Portwine stains and blepharoplasty (eyelid surgery)
 3. Breast reductions and gynaecomastia
 4. Obesity
 5. Frail care
 6. Infertility
 7. Wilfully self-inflicted illness or injury
 8. Alcohol, drug or solvent abuse
 9. Injuries sustained during participation in a wilful and material violation of the law
 10. Injuries sustained during a wilful participation in war, terrorist activity, riot, civil commotion, rebellion or insurrection
 11. Experimental, unproven or unregistered treatments or practices
 12. Search and rescue
 13. Any costs for which a third party is legally responsible
 14. CT angiogram of the coronary vessels and CT colonoscopy.
- We also do not cover the complications or the direct or indirect expenses that arise from any of the exclusions listed above.
 - Members who have never belonged to a medical scheme or have had a break in membership of more than 90 days before joining Discovery Health will not have access to the Prescribed Minimum Benefits during the first year of membership. This includes emergency admissions.

What you will pay

Family size	Classic Core	Essential Core	Coastal Core	Foundation Core
Main member	R844	R725	R613	R626
Adult dependant	R664	R543	R459	R448
Child ***	R337	R290	R245	R250

*** We count a maximum of three children when we work out your contributions.

Discovery Health is an authorised financial services provider. This brochure is merely 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 compliance queries, email compliance@discovery.co.za