

Executive Plan

The Executive Plan offers you the most extensive cover in hospital, for day-to-day healthcare and for emergencies. You also have access to:

- Cover of up to R800 each day in a private ward
- Cover for high-cost medicines through the Specialty Medication Benefit
- Cover for 61 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

- We cover you when you need to go to hospital and in an emergency from your Hospital Benefit, with no overall limit.
- We pay your accounts for specialists up to 300% of the Discovery Health Rate. These accounts and other accounts that are related to your hospital admission are paid from your Medical Savings Account and Above Threshold Benefit.
- We cover you in full if you consult with a specialist who charges the Premier Rate or Classic Direct Rate.
- You have no overall limit on approved hospital admissions. Some health services are limited:

Healthcare service	Your benefit
Internal medical devices and prostheses	
• Cochlear implants and auditory brain implants and processors	R100 000 for each person for each benefit
• Internal nerve stimulators	R80 000 for each person
• Hip and knee joint prostheses	R30 000 for each prosthesis for each event
• 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	R21 400 for each person for each year*
Investigative scopes	No overall limit*
MRI and CT scans	No overall limit**

*We pay the hospital account from the Hospital Benefit. We pay related accounts from your day-to-day benefits. 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 and is pro-rated according to when you join the medical scheme

** We pay the hospital account from the Hospital Benefit and all other accounts from your day-to-day benefits.

When you need chronic medicine

We cover 61 chronic conditions on the Executive Plan. 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 high-cost medicines

We pay for high-cost specialty medicines and specialty oncology medicine from the Specialty Medication Benefit. You must pay 20% of the cost of specialty medicines. We pay up to R400 000 for specialty medicines and R400 000 for specialty oncology medicines.

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 R10 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.

When you need day-to-day cover

Day-to-day cover refers to health services that you get out of hospital. We pay these health services from your Medical Savings Account or from your Above Threshold Benefit. We first pay claims from your Medical Savings Account. If it runs out, you need to pay for claims from your pocket unless the qualifying amounts of your day-to-day claims have added up to a set rand amount called the Annual Threshold. Once your claims add up to this amount, we pay the rest of your claims from the Above Threshold Benefit. We pay a maximum of the Discovery Health Rate from the Above Threshold Benefit. For specialists we pay 300% of the Discovery Health Rate and R270 for GP consultations.

We also pay related accounts incurred in hospital from your day-to-day benefits.

Medical Savings Account and Annual Threshold amounts

Cover for day-to-day medical benefits

Medical Savings Account	R 6 912 per adult R 1 320 per child ***
Annual Threshold	R 6 900 per adult R 1 300 per child ***

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

We pay for claims for some day-to-day expenses without using the money in your Medical Savings Account:

- GP network – If you go to a GP in our network, you will pay only R120 of the consultation fee from your Medical Savings Account. We pay the balance of the consultation fee directly to the doctor.
- Screening Benefit – If you go for certain preventive screening tests, Discovery Health will cover the claim.
- Trauma Recovery Benefit – We will cover out-of-hospital claims for your recovery after certain traumatic events.

Some of your day-to-day health services have no limit and some are limited. Here is a summary:

Professional services	
General practitioners	There is no limit to the number of GP visits or services provided. We pay the consultation fee up to R270.
Specialists	There is no limit to the number of specialist visits or services provided. We pay the consultation fee up to 300% of the Discovery Health Rate.
Allied health professionals, eg chiropractors and physiotherapists**	There is no limit to these services.
Radiology and pathology (x-rays and blood tests)**	There is no limit to these services.
*Mental health benefit (including psychologists**, psychiatrists and art therapy**)	You have R12 300 per family.
Private nursing	You have R5 100 per family.
Antenatal classes	You have R700 per family.
Pregnancy scans	We cover you for two 2D scans per pregnancy (3D scans covered as per 2D scans).
Medicine	
*Prescribed medicine (Schedule 3 and above)	Single member: R16 000
	Member with one dependant: R18 700
	Member with two dependants: R21 400
	Member with three or more dependants: R24 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 R33 700 per family.
Hearing aids	You have R12 300 per family.
*Optical (spectacles, frames, contact lenses and surgery to correct refractive errors of the eye, eg excimer laser)	You have R3 200 per person.
Dentistry	There is an overall limit of R21 400** per person. Claims are paid from your Medical Savings Account or Above Threshold Benefit.
Investigative scopes	Claims are paid from your Medical Savings Account or Above Threshold Benefit.
MRI and CT scans	Claims are paid from your Medical Savings Account or Above Threshold Benefit.

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

** We pay these accounts from your Medical Savings Account at the cost incurred. We add up the Discovery Health Rate to your Annual Threshold and pay the same when you are in your Above Threshold Benefit.

Please note:

Discovery Health does not cover certain health services. You can find a full list of these exclusions on www.discovery.co.za. More information on your cover can be found on www.discovery.co.za.

Total monthly contributions including the Medical Savings Account

Family size	Executive Plan
Main member	R2 306
Adult dependant	R2 306
Child ***	R440

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