

The Priority Series

The Priority Series offers you cost-effective cover in-hospital with no overall yearly limit. Your cover is the most affordable comprehensive cover because you pay an amount upfront when going to hospital for certain procedures. You also get access to the following:

- Comprehensive day-to-day cover through a Medical Savings Account and an Above Threshold Benefit that covers you when you have high day-to-day claims.
- 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 Priority) arrangements
- We cover other specialists to a maximum of 200% of the Discovery Health Rate on Classic Priority and up to a maximum of the Discovery Health Rate on Essential Priority
- 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	R10 700 for each person for each year*
Investigative scopes	No overall limit. You pay the first R1 600 of the hospital account if you have the scope done in-hospital. We pay the rest of the hospital account and the related accounts from your Hospital Benefit.

*We pay the first R1 600 of the hospital account from your day-to-day benefits. We pay the balance of 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. All accounts (hospital and related) accumulate to the dentistry limit.

Deductible for in-hospital procedures

You need to pay an amount upfront (a deductible) to the hospital when you are admitted*** for one of the following procedures:

Conservative back and neck treatment, myringotomy (grommets), tonsillectomy, adenoidectomy	R1 200
Cystourethroscopy, colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy	R1 600
Arthroscopy, functional nasal procedures, hysterectomy (except for pre-operatively diagnosed cancer), laparoscopy, hysteroscopy, endometrial ablation	R2 950
Nissen fundoplication (reflux surgery), spinal (back and neck) surgery, joint replacements	R5 900

*** If the procedure can be done out of hospital, for example in the doctor's rooms, and you don't go to hospital, you won't have to pay a deductible.

When you need chronic medicine

We cover 27 chronic conditions on the Priority 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.

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 limited 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 limited Above Threshold Benefit. We pay a maximum of the Discovery Health Rate from the Above Threshold Benefit.

Your Above Threshold Benefit has an overall limit for each dependant. Once this limit is reached, we will not pay any more day-to-day claims unless you reach the Extreme Expenses Benefit. It provides an overall level of protection for when you have very high, ongoing day-to-day costs (above R25 000 for adults and R5 000 for children).

Medical Savings Account, Annual Threshold and Above Threshold Benefit limit amounts

Cover for day-to-day medical benefits

	Classic Priority	Essential Priority
Annual Medical Savings Account	R3 804 for a main member R3 000 for each adult R1 524 for each child ***	R1 956 for a main member R1 536 for each adult R780 for each child ***
Annual Threshold	R5 300 for main member R4 000 per adult R1 800 per child ***	
Above Threshold Benefit limit	R4 400 for main member R3 300 per adult R1 600 per child ***	

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

Day-to-day benefits*

	Classic Priority	Essential Priority
Professional services		
General practitioner**, specialists, allied health professionals and health professionals, radiology and pathology (x-rays and blood tests)	Paid up to the overall Above Threshold Benefit limit	
***Mental health benefit	You have R10 700 per family	You have R9 100 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: R8 400	Single member: R6 000
	Member with one dependant: R10 200	Member with one dependant: R7 100
	Member with two dependants: R12 300	Member with two dependants: R8 400
	Member with three or more dependants: R13 400	Member with three or more dependants: R10 200
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 R22 400 per family	You have R15 200 per family
Hearing aids	You have R10 000 per family	You have R7 100 per family
***Optical (includes cover for spectacles, frames, contact lenses and surgery to correct refractive errors of the eye, eg excimer laser)	You have R2 000 per person	You have R2 000 per person
Dentistry	There is an overall limit of R10 700*** per person. Claims are paid from your Medical Savings Account or Above Threshold Benefit.	
Investigative scopes	No overall limit - the deductible does not apply to scopes done out-of-hospital. There will be no impact on your Medical Savings Account.	
MRI and CT scans	No overall limit. The first R1 600 of the scan code is paid from your Medical Savings account or Above Threshold Benefit. We pay the balance of the scan code from your Hospital Benefit.	

*All day-to-day benefits will be paid up to the overall Above Threshold Benefit or the amount of benefits available, whichever applies first.

**Any time that you have no day-to-day benefits available you will pay only R120 of the consultation fee from your pocket, while Discovery Health pays the balance.

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

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	Classic Priority	Essential Priority
Main member	R1 270	R1 091
Adult dependant	R1 000	R858
Child ***	R508	R436

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

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