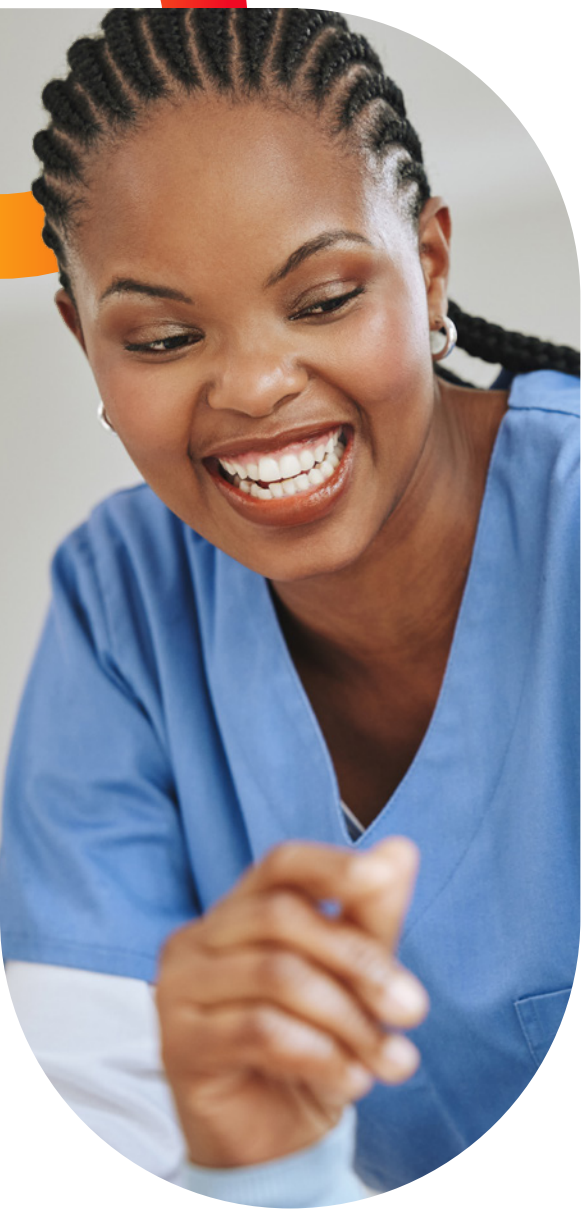

Day-to-day benefits

We cover your day-to-day healthcare expenses from your Personal Health Fund, Medical Savings Account (MSA), Day-to-day Extender Benefit (DEB) or Above Threshold Benefit (ATB). Some day-to-day healthcare services have limits. These are not separate benefits. Limits apply to claims that are paid from your MSA and ATB.

We add these amounts to the Annual Threshold and pay them from your ATB, once you reach your Annual Threshold. If the claimed amount is less than the Discovery Health Rate (DHR), we will pay and add the claimed amount to the Annual Threshold. Claims paid from your Personal Health Fund, defined DEB will not accumulate to the Annual Threshold.

The tables below show you how much we pay for your day-to-day expenses on the Executive Plan.

When you claim, we add up the following amounts to get to the Annual Threshold.

Healthcare providers and medicine	What we pay
Specialists who we have a payment arrangement with	Up to the rate that we have agreed on with the specialist
Specialists who we do not have a payment arrangement with	300% of the Discovery Health Rate (DHR)
GPs and other healthcare professionals	100% of the Discovery Health Rate (DHR)
Preferred medicine	100% of the Discovery Health Rate (DHR)
Non-preferred medicine	We pay up to 75% of the Discovery Health Rate (if the price of the medicine is within 25% of the preferred equivalent, or up to 50% of the DHR if the price of the medicine is more than 50% of the price of the preferred equivalent.)

Medicine	Single member	One dependant	Two dependants	Three or more dependants
Prescribed medicine* (Schedule 3 and above)	R53,450	R62,650	R71,700	R80,900
Over-the-counter medicine, childhood vaccines, immunisations and lifestyle-enhancing products	We pay these claims from the available money in your Personal Health Fund or MSA. These claims do not add up to the Annual Threshold and are not paid from the ATB.			

* If you join the Scheme after January, you will not receive your full limit because we calculate the limit based on how many months are left in the year.

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Day-to-day benefits

Professional services	Single member	One dependant	Two Dependants	Three or more dependants
Allied, therapeutic and psychology healthcare services* (Acousticians, biokineticists, chiropractors, counsellors, dietitians, homeopaths, nurses, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrists, social workers, speech and language therapists, and audiologists.)	R32,000	R38,450	R45,000	R54,000
Dental appliances and orthodontic treatment*	R37,500 per person			
Antenatal classes	R2,500 for your family			

Appliances and equipment

Optical* (This limit covers lenses, frames, contact lenses and surgery or any healthcare service to correct refractive errors of the eye)	R10,950 per person
External medical items* (Like wheelchairs, crutches and prostheses)	R64,200 for your family
Hearing aids (Certain hearing aid accessories are covered as described above for external medical items)	R31,250 for your family

* If you join the Scheme after January, you will not receive your full limit because we calculate the limit based on how many months are left in the year.

We cover your day-to-day healthcare expenses from your Personal Health Fund, Medical Savings Account, Day-to-day Extender Benefit, or Above Threshold Benefit.

Additional benefits for allied, therapeutic and psychology healthcare services and external medical items

For a defined list of conditions, we give you additional cover for clinically appropriate, evidence-based external medical items and treatment from acousticians, social workers, biokineticists, physiotherapists or chiropractors, psychologists, occupational therapists, speech and language therapists. You need to apply for these benefits.

Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.