

# Summary of benefits

### PRIMARY HEALTHCARE

GP consultations and services	Flexicare Core	Flexicare Plus		
Nurse consultations	Unlimited cover for primary care clinic network nurse consultations at 100% of the Agreed Rate.	No cover		
Virtual consultations	Unlimited cover for virtual consultation via the Discovery website covered at 100% of the Agreed Rate. Virtual consultations available through the Online Platform without a nurse referral.	Unlimited cover for virtual consultation via the Discovery website covered at 100% of the Agreed Rate. Virtual consultations available through the Online Platform without a nurse referral.		
Doctor consultations (via nurse referral or directly when using the Online Intercare Platform - for Flexicare Core members)	Unlimited cover for face-to-face network General Practitioner (GP) consultations at 100% of the Agreed Rate in the following instances:  When a referral for a face-to-face visit is requested by the virtual GP during the primary care clinic visit.  When you have a virtual GP consultation through the Intercare Online Platform and there is a need for a face- to-face GP referal.	Unlimited cover for network doctor (GP) consultations at 100% of the Agreed Rate. You can substitute your network doctor visit with a virtual consultation, meaning doctor visits can either be face-to-face or virtual. Risk management protocols apply. Ability to change an allocated network doctor twice per year		

GP consultations and services	Flexicare Core	Flexicare Plus		
Specialist consultations	No cover	Cover for 1 out-of-hospital specialist consultations per member per year, at the agreed rate up to a R2,000 benefit limit:  Consultations with a network specialist are covered up to R1,400 which includes a R1,300 consultation fee and a R100 SOAP note for referral where appropriate/needed.  Members who are referred for radiology or pathology post the network specialist consultation, will access R600 for diagnostic tests with accumulation to the overall R2,000 benefit limit.  If the treatment costs more than the benefit limit, the member will be responsible for the difference.  Consultations with a non-network specialists will only be paid up to 100% of the Discovery Health Rate and member will be responsible for the difference.  Members who are referred for radiology or pathology post the non-network specialist consultation, will be covered subject to the availability of funds.  Members are required to pay for the specialist visit and radiology/pathology services out of pocket (at the time of the consult) and thereafter submit their claim to Discovery for reimbursement.  If a member visits a specialist, network or non-network, and is not referred for radiology/pathology during the first visit and subsequently visits another specialist, both the consultation and referrals for radiology/pathology		
Dentistry	No cover	from the second visit will not be funded as the benefit would be depleted with the first consultation.  Full mouth examination, preventive treatments, cleaning, scaling, polishing, restorations, treatment of pain and sepsis, infection control and extractions at a network		
Optometry (eye care)	No cover	dentist  Cover for one eye test every year in the optometry network and one pair of glasses (no contact lenses) every 24 months		
Pathology (blood tests)	Only when referred by a network GP after a nurse consultation.  100% of the Agreed Rate. Limited to approved pathology codes. Must be requested by a network doctor (GP) and performed by a network pathologist	100% of the Agreed Rate. Limited to approved pathology codes. Must be requested by a network doctor (GP) and performed by a network pathologist		
Radiology (X-rays)	Only when referred by a network GP after a nurse consultation.  100% of the Agreed Rate for black-and-white X-rays and soft-tissue ultrasounds. Must be requested by a network doctor (GP) and performed by a network radiologist	100% of the Agreed Rate for black-and-white X-rays and soft- tissue ultrasounds. Must be requested by a network doctor (GP) and performed by a network radiologist		
Maternity benefits	Only when referred by a network GP after a nurse consultation.  Unlimited network doctor visits throughout the pregnancy.  Unlimited acute medicine in line with a defined medicine list prescribed or dispensed by a network doctor and collected from a network pharmacy. Essential blood and screening tests through a network pathologist when referred by a network doctor.  Two ultrasound scans for each pregnancy at a network provider (first ultrasound between week 10 and 14, and the second between week 20 and 24)	Unlimited network doctor visits throughout the pregnancy. Unlimited acute medicine in line with a defined medicine list prescribed or dispensed by a network doctor and collected from a network pharmacy. Essential blood and screening tests through a network pathologist when referred by a network doctor. Two ultrasound scans for each pregnancy at a network provider (first ultrasound between week 10 and 14, and the second between week 20 and 24)		
HIV management	Access to HIV treatment, counselling and education.  Cover for antiretroviral medicine, multivitamins and support prophylaxis medicine. All HIV-related queries and cases are			
COVID-19 testing	Only when referred by a network GP after a nurse consult For confirmed positive COVID-19 results:  Cover for one positive COVID-19 test, with access to out-of-hospital management and appropriate supportive treatment, including diagnostic testing, basic chest X-rays and prescribed medicine	For confirmed positive COVID-19 results:  Cover for one positive COVID-19 test, with access to out-of-hospital management and appropriate supportive treatment, including diagnostic testing, basic chest X-rays and prescribed medicine		

Procedural treatment		Flexicare Core	Flexicare Plus			
Medical procedures in doctor's room only	Only in an network GP's rooms.  Cover for a defined list of medical procedures that can be performed in a network doctor's rooms, such as biopsies, wound care and stitching		Cover for a defined list of medical procedures that can be performed in an network GP's rooms, such as biopsies, wound care and stitching			
	Code	Description	Code	Description		
	0206	Intravenous treatment, intravenous infusions, insertion of cannula  - chargeable once every 24 hours	1228	General practitioner's fee for taking of an ECG only: Without effort: ½ (item 1232)		
	0244	Repair of nail bed	1229	General practitioner's fee for taking of an ECG only: With or without effort: ½ (item 1233)		
	0255	Drainage of abscess	1232	Electrocardiogram: Without effort		
	0259	Removal of foreign body	1233	Electrocardiogram: With and without effort		
	0300	Stitching of wound	1234	Effort electrocardiogram with the aid of a spe cial bicycle ergometer, monitoring apparatus and availability of associated apparatus		
	0301	Stitching of additional wound	1235	Multistage treadmill test		
	0307	Excision and repair	1236	Electrocardiogram without effort: Under 4 years old		
	0308	Each additional small procedure done at the same time	1996	Bladder catheterisation: Male (not at operation)		
	0316	Fine-needle aspiration for soft tissue (all areas)	1997	Bladder catheterisation: Female (not at operation)		
	0317	Aspiration of cyst or tumour	2133	Circumcision: Clamp procedure		
	0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age		
	0887	Limb cast (excluding aftercare)	2139	Circumcision: Dorsal slit of prepuce (independent procedure)		
	0922	Removal of foreign bodies requiring incision	3615	Routine obstetric ultrasound at 10 to 20 week gestational age, preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment		
	1136	Nebulisation (in rooms)	3617	Routine obstetric ultrasound at 20 to 24 week to include detailed anatomical assessment		
	1192	Peak expiratory flow only				
Medicine						
Day-to-day medicine	Medication can be prescribed and dispensed by the nurse as part of the primary care clinic consultation. A referral to the network GP will be done by the nurse in instances where the medication can only be prescribed by a GP		Cover for medicine on our list if a network doctor prescribe it or gives it to you			
		cation must be on the medicine list (formulary) for dicine and will be available without a co-payment				
Over-the-counter (OTC) medicine		Cover for self-medication on our list, up to R160 per policy per year, up to R80 bi-annual limit, at a network pharmacy		Cover for self-medication on our list, up to R115 per quarte – a maximum of R460 per member per year, at a network pharmacy		
Chronic medicine		HIV medicine on the defined medicine list at a pharmacy	Cover for chronic medicine on the defined medicine list for 27 chronic conditions (including HIV) at a network pharmacy			
Screening and prevention						
Flu vaccine	Cover for	a flu vaccine once a year from a network pharmac	у			
Wellness screening		one wellness screening per year at a network phar	-			

You will not need to pay for approved treatments received from a network provider. However, if you use a provider that is not a part of the network, or if an unapproved treatment is provided, you will be responsible for 100% of the costs.

# Your monthly premiums

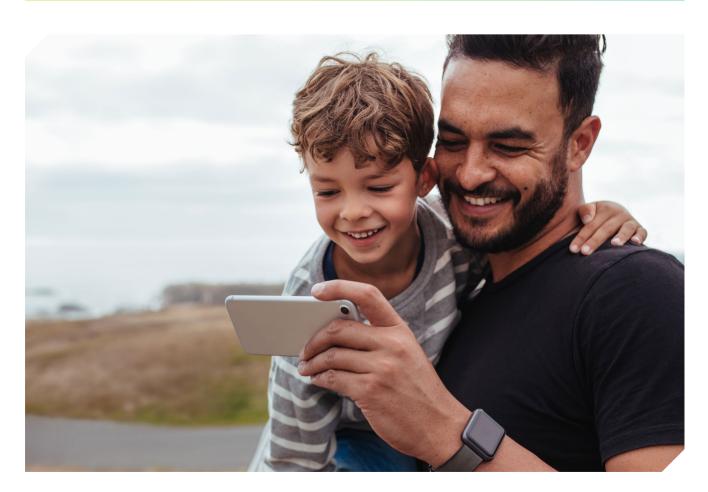
Flexicare premiums for you and your family, with pricing for the optional Discovery Emergency Cover and Vitality Active.

Role	Flexicare Core	Flexicare Plus	Vitality Active
Principal member	R368.00	R499.00	R145.00
Spouse	R368.00	R462.00	R145.00
Adult	R368.00	R462.00	R145.00
Child*	R251.00	R265.00	R145.00

<sup>\*</sup> There is no limit to the number of children that we allow on the policy. We charge separately for each child and they can stay on Flexicare if they depend on you financially. For child dependants, we charge the adult dependant premium from the month after their 21st birthday.

<sup>\*\*</sup> The Discovery Emergency Cover is optional. If you activate this benefit, it will apply to you and your registered dependants on Flexicare. You must select a cover limit of either R400,000 or R1 million.

	R400,000			R1,000,000		
Role	Principal   member	Adult	Child	Principal member	Adult	Child
Emergency Core	R198.00	R198.00	R84.00	R285.00	R285.00	R125.00
Emergency Plus	R285.00	R285.00	R199.00	R400.00	R400.00	R218.00
Emergency Max	R399.00	R399.00	R275.00	R570.00	R570.00	R310.00



### Underwriting

#### **WAITING PERIODS**

A waiting period means that you or your dependants cannot claim for the associated healthcare services during the waiting period. Unless otherwise approved the following waiting periods will apply. A 12-month, condition-specific waiting period may be applied for any condition (including chronic illnesses and HIV) that existed before the start date of the membership.

#### WAITING PERIOD DESCRIPTIONS

- General Waiting Period
   1-month general waiting period on all benefits
- Radiology and Pathology Waiting Period
   1-month waiting period
- Dentistry Waiting Period
   3-month waiting period
- Optometry Waiting Period
   3-month total waiting period
- Maternity Waiting Period12-month waiting period
- HIV Waiting Period12-month waiting period
- Chronic Conditions Waiting Period
   12-month waiting period
- Over-The-Counter Medicine Waiting Period
   1-month waiting period

Major Medical

**Protection Benefit** 

Emergency Benefit Waiting Period
 1-month waiting period

# Discovery Emergency Cover

The expanded Discovery Emergency Cover range provides flexibility and peace of mind that employees receive access to comprehensive, quality emergency healthcare when they need it most.

This extensive emergency cover pairs perfectly with the comprehensive primary healthcare benefits accessed through the Flexicare product, ensuring employees have cover for their day-to-day healthcare needs and financial certainty in the unfortunate case of an accident, emergency or unforeseen hospital admission.



#### ACCESSING YOUR BENEFITS

### FINDING A HEALTHCARE -**PROVIDER**

Visit www.discovery.co.za to find a healthcare provider in our network

### VISITING A HEALTHCARE **PROVIDER**

When you visit your doctor, pharmacy, dentist or optometrist, you need to take your your digital or physical membership card and either your ID, passport or driving licence with you so that your healthcare provider can confirm that you are a Flexicare member. Confirm with your healthcare provider that your treatment or medicine is on our list of benefits.

#### ACCESSING MATERNITY COVER

To access your maternity benefits you need to visit your doctor(GP) first, they will refer for the necessary blood tests or scans and will be able to prescribe your day-to-day medicine.



#### **CONTACTING US**

Scan this code below to access your Flexicare digital tools and support



- USSD service: \*120\*DISCO# or \*120\*34726#
- Call: 0860 44 47 79
- Email: <a href="mailto:flexicare@discovery.co.za">flexicare@discovery.co.za</a>
- WhatsApp us on 0860 444 779 and get in touch whenever you need information or have questions on Flexicare.
- Claims can be submitted to: claims@discovery.co.za

If you have any complaints, please email flexicareescalations@discovery.co.za.

If you still have concerns, you can contact Discovery's Group Compliance.

■ Email: compliance@discovery.co.za.

# Join Flexicare today



#### WHATSAPP

Add us on 0860 44 47 79 and get in touch whenever you need information or have questions about Flexicare.



**CALL CENTRE** 

0860 44 47 79



SCAN BELOW TO REQUEST





Underwritten by Auto&General

Flexicare is not a medical scheme. The cover is not the same as that of a medical scheme and is not intended to be a substitute for medical scheme membership. Flexicare and Auto&General Accident Cover is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07 an authorised financial services provider and underwritten by Auto & General Insurance Company Limited, registration number 1973/016880/06, a licensed non-life insurer and financial services provider. Terms, conditions and limits apply.

Discovery Vitality (Proprietary) Limited, registration number: 1999/007736/07. Terms, conditions and limits apply.

Discovery Emergency Cover is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07 an authorised financial services provider. Terms, conditions and limits apply. Discovery Emergency Cover is a non-life insurance policy, underwritten by Discovery Insure Ltd, registration number 2009/011882/06, a licensed non-life insurer and an authorised financial services provider.