

Flexicare Plus for Individuals

Affordable private day-to-day healthcare cover

What you get from the cover

PRIMARY HEALTHCARE

GP consultations and services	
Doctor consultations	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
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.
Specialist consultations	<p>Cover for 1 out-of-hospital specialist consultations per member per year, at the agreed rate up to a R2,000 benefit limit:</p> <ul style="list-style-type: none"> ▪ 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 from the second visit will not be funded as the benefit would be depleted with the first consultation.
Nurse consultations	No cover
Dentistry	Full mouth examination, preventive treatments, cleaning, scaling, polishing, restorations treatment of pain and sepsis, infection control and extractions at a network dentist
Optometry (eye care)	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)	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)	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

GP consultations and services

Maternity benefits	<p>Unlimited network doctor visits throughout the pregnancy.</p> <p>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.</p> <p>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)</p>
HIV management	<p>Access to HIV treatment, counselling and education.</p> <p>Cover for antiretroviral medicine, multivitamins and supportive medicine, blood tests, X-rays and post-exposure prophylaxis medicine. All HIV-related queries and cases are treated with complete confidentiality</p>
COVID-19 testing	<p>For confirmed positive COVID-19 results:</p> <p>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</p>

Procedural treatment

Medical procedures in doctor's room only	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			
	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 or without effort
	0300	Stitching of additional wound	1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus
	0301	Stitching of additional wound	1235	Multi-stage 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 weeks 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 weeks to include detailed anatomical assessment
	1192	Peak expiratory flow only		

Medicine

Day-to-day medicine	Cover for medicine on our list if a network doctor prescribes it or gives it to you
Over-the-counter (OTC) medicine	Cover for self-medication on our list, up to R115 per quarter – a maximum of R460 per member per year, at a network pharmacy
Chronic medicine	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 pharmacy
Wellness screening	Cover for one wellness screening per year at a network pharmacy or wellness day. Screening includes blood pressure, blood glucose (blood sugar), cholesterol and body mass index (BMI). You can have an HIV test done at the same time

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.

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 Period**
12-month waiting period
- **HIV Waiting Period**
12-month waiting period
- **Chronic Conditions Waiting Period**
12-month waiting period
- **Over-The-Counter Medicine Waiting Period**
1-month waiting period
- **Emergency Cover 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.

Trauma and Accident Benefit
Private emergency transfer, casualty treatment and in-hospital cover for a broad range of trauma and accidents.

Casualty Benefit
Private casualty treatment for any medical emergencies with extensive in-hospital, end-to-end cover for heart attacks and strokes.

Major Medical Protection Benefit
Private in-hospital cover for 9 frequent and expensive medical emergencies.

EMERGENCY CORE | from **R198**

EMERGENCY PLUS | from **R285**





EMERGENCY MAX | from **R399**

DISCOVERY EMERGENCY COVER
R400,000 or R1,000,000 cover options

FLEXICARE CORE OR FLEXICARE PLUS

Discovery Emergency Cover

OPTIONAL DISCOVERY EMERGENCY COVER, OFFERED BY DISCOVERY INSURE

	EMERGENCY CORE	EMERGENCY PLUS	EMERGENCY MAX
Emergency Cover package detail	Cover for emergency healthcare services, including casualty and in-hospital treatment, for a broad range of accidental and traumatic events	Cover for accidents and trauma, the stabilisation and treatment of any emergency condition in a casualty facility, including admission and treatment for heart attacks and strokes.	Cover for accidents and trauma, the stabilisation and treatment of any emergency condition in a casualty facility and the admission and treatment of a defined list of emergency conditions including heart attacks and strokes.
Conditions covered	<p>Cover for casualty and in-hospital treatment for the following accidental and traumatic events:</p> <ul style="list-style-type: none"> ■ Burns ■ Loss of an arm, hand, leg or foot ■ Near-drowning ■ Poisoning or a serious allergic reaction that may cause death ■ Injuries resulting from a crime, sexual assault, a car accident or an injury at work. 	<p>Cover for the in-hospital treatment of defined accidental and traumatic events.</p> <p>Cover for any medical emergency condition in a casualty facility, including hospital admission for the treatment of heart attacks and strokes</p> <ul style="list-style-type: none"> ■ R200 co-payment when using network facility ■ R250 co-payment when using a non-network facility ■ This co-payment will be refunded if the claimant is diagnosed with a heart attack or stroke 	<ul style="list-style-type: none"> ■ Cover for the in-hospital treatment of defined accidental and traumatic events. ■ Cover for any medical emergency condition in a casualty facility, including hospital admission for the treatment of heart attacks and strokes. The casualty co-payment of R200 at a network facility or R250 outside of the network, will be refunded if the claimant is diagnosed with one of the qualifying emergency in-hospital conditions. ■ Admission and treatment for the following additional emergency conditions: ■ Acute appendicitis, acute asthma, ectopic pregnancy, acute inflammation of gall bladder, fit or seizure, acute pneumonia, kidney stones, acute renal failure, pulmonary embolism.
Differentiating benefits	Discovery Emergency Core provides affordable cover for the unforeseen costs of private ambulance transport and emergency medical treatment for trauma and accidents.	Discovery Emergency Plus ensures access to quality healthcare at a private casualty facility for swift evaluation and assistance. Employees have cover for emergency transport and treatment for defined trauma conditions, including admission for heart attacks and strokes.	Discovery Emergency Max provides ultimate peace of mind for a defined list of trauma conditions, assessment and stabilisation in casualty as well as in-hospital cover for 9 of the most likely high-cost emergency admissions facing the workforce.
Cover limits	R400,000 and R1million limit	R400,000 and R1million limit	R400,000 and R1million limit, a sublimit of R400,000 will apply to the nine defined conditions.
Pre and post emergency event support	 Medical evacuation  Counselling sessions  Take-home medicine  Premium-waiver		

Your contributions

Flexicare contributions for you and your family with pricing for optional Emergency Cover



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

* 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.

** 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

ACCESSING YOUR BENEFITS

FINDING A HEALTHCARE PROVIDER

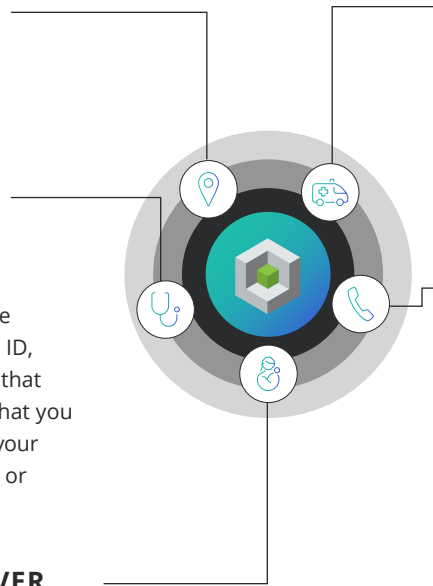
Visit www.discovery.co.za to find a healthcare provider in our network.

VISITING A HEALTHCARE PROVIDER

When you visit your doctor, pharmacy, dentist or optometrist, you need to take your 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.



ACCESSING EMERGENCY COVER, OFFERED BY DISCOVERY INSURE

If Emergency Cover is selected, please contact us on 0860 44 47 79 for an authorisation for trauma related admission.

CONTACTING US

- Scan the QR code below to access your Flexicare digital tools and support.



- USSD service: *120*DISCO# or *120*34726#
- Call: 0860 44 47 79
- Email: flexicare@discovery.co.za
- 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.



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.

The 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. Flexicare is a separate non-life insurance policy and is not conditional on the purchase of a Emergency Cover policy.