



Cover for pregnancy and childbirth

2017

How we cover pregnancy and childbirth in 2017

The Maternity Benefit covers day-to-day and in-hospital medical expenses for expectant mothers and newborns.

Overview

This document tells you about how Discovery Health Medical Scheme covers you for pregnancy and childbirth. Read further to understand what is included in your benefits and how to get the most out of your maternity benefits.

You'll also find information about the cover available on all health plans, including the Prescribed Minimum Benefits and the available benefits for antenatal care and childbirth. It's very important to refer to the section *Maternity Benefits available for your plan type* for information specific to your chosen health plan.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

Terminology	Description
Above Threshold Benefit	This benefit (where applicable) gives you further day-to-day cover when your Medical Savings Account runs out and when your day-to-day claims add up to a set rand amount, the Annual Threshold. The Classic Comprehensive Zero MSA Plan does not have a Medical Savings Account and so there is no benefit for day-to-day medical expenses until you reach the Annual Threshold. After this, we pay claims from the Above Threshold Benefit.
Discovery Health Rate (DHR)	This is the rate that Discovery Health Medical Scheme sets for paying claims from healthcare professionals and other services.
Discovery HomeCare*	Discovery HomeCare is a service provider that offers you quality home-based care in the comfort of your home.
MaPS Advisor**	MaPS Advisor is a medical and provider search tool which is available on the Discovery website.
Prescribed Minimum Benefits	In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of an emergency medical condition, a defined list of 270 diagnoses and a defined list of 27 chronic conditions.

Terminology	Description
	<p>To access Prescribed Minimum Benefits, there are rules that apply:</p> <ul style="list-style-type: none"> • Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions • The treatment needed must match the treatments in the defined benefits • You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. <p>If your treatment doesn't meet the above criteria, we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.</p>
Emergency medical condition	<p>An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.</p> <p>An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.</p>
Related accounts	<p>Any account other than the hospital account for in-hospital care. This could include the gynaecologist/obstetrician and anaesthetist's account.</p>
Shortfall or co-payment	<p>Discovery Health Medical Scheme pays service providers at a set Discovery Health Rate. If the doctor's accounts are higher than this rate, the member will have to pay the outstanding amount from their pocket.</p>
Day-to-day Extender Benefit	<p>We extend your day-to-day cover through the Day-to-day Extender Benefit when you have spent your annual MSA allocation and before you reach your Annual Threshold. By using healthcare providers in our networks, you will be covered for a unique set of healthcare services in full. Cover depends on the plan you choose.</p>

* Discovery HomeCare is a service provider. Practice 080 000 8000190, Grove Nursing Services (Pty) Ltd registration number 2015/191080/07, trading as Discovery HomeCare.

** The value-added service - MaPS Advisor - is owned by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

The Maternity Benefit at a glance

Antenatal benefits – Cover during pregnancy

We pay for out-of-hospital consultations, tests and scans from your day-to-day benefits or the Day-to-day Extender Benefit

We pay certain expenses related to your pregnancy from the available funds in your day-to-day benefits. This includes midwife, GP or gynaecologist/obstetrician consultations and healthcare services such as amniocentesis and non-stress tests as well as pregnancy blood tests and scans.

You have full cover for healthcare providers who we have an arrangement with, and cover of up to 100% of the Discovery Health Rate for other healthcare professionals. To find a healthcare professional we have a payment arrangement with, use the MaPS Advisor** on www.discovery.co.za

We pay for two 2D pregnancy scans per member for each pregnancy and any 3D and 4D scans will be paid up to the rate of a 2D scan only. You will be responsible to pay the difference yourself.

Day-to-day Extender Benefit

Through the Day-to-day Extender Benefit, you have access to gynaecologist/obstetrician consultations and scans that are always paid in full when you use a network provider, when your Medical Savings Account is used up.

- If you are on the ***Executive, Classic Comprehensive or Classic Priority plan***, and you use a healthcare provider who we have a payment arrangement with, you have access to funding for the following healthcare services when you have spent your annual Medical Savings Account allocation and have not yet reached your Annual Threshold (ie when you are in a Self-payment Gap):
 - **Unlimited** gynaecologist/obstetrician consultations, with or without urine dipstick tests, and
 - **Two** 2D pregnancy scans
- If you are on the ***Classic Saver or Classic Delta Saver plan***, and you use a healthcare provider who we have a payment arrangement with, you have access to funding for these healthcare services when you have spent your annual Medical Savings Account allocation:
 - **Eight** gynaecologist/obstetrician consultations with or without urine dipstick tests, and
 - **Two** 2D pregnancy scans.

Members on the ***Classic Comprehensive Zero MSA Plan*** have cover from the Above Threshold Benefit once the Annual Threshold is reached.

Please refer to the Maternity benefits available for your plan type section for more details.

We pay for antenatal classes from your available day-to-day benefits

We pay for antenatal classes up to 100% of the Discovery Health Rate from your Medical Savings Account and Above Threshold Benefit.

If your plan does not have day-to-day benefits or you have run out of funds, you must pay these costs yourself.

Members on the Classic Comprehensive Zero MSA Plan have cover from the Above Threshold Benefit once the Annual Threshold is reached.

On the Executive, Comprehensive and Priority plans we pay for antenatal classes up to an annual limit of R1 550.

We pay for non-invasive prenatal testing from your day-to-day benefits

We pay for non-invasive prenatal screening up to 100% of the Discovery Health Rate from your Medical Savings Account and Annual Threshold Benefit. The fee charged by Discovery Health's preferred provider, Genesis Genetics, a Next Biosciences company, is covered in full. If the test is performed by any other registered pathologist or medical technologist, you will be responsible for the difference between what is charged and what we pay.

Any additional costs such as consultations with a genetic counsellor or any other healthcare provider, and additional tests that might be needed, will be covered according to the health plan you have chosen.

Please note: If your plan does not have day-to-day benefits or if you have run out of funds, you must pay for these costs yourself.

Birth-related benefits – Cover for the birth of your baby

Your cover for your hospital stay depends on the type of delivery

You have cover for three days and two nights hospitalisation for a normal delivery and four days and three nights delivery by caesarean section, when approved. Where we confirm cover, we will give you an authorisation number to use when booking your bed at the hospital.

If you are on the **KeyCare Plus or KeyCare Core Plan**: We pay three days and two nights hospitalisation for a normal delivery and four days and three nights for a delivery by caesarean section that has been approved.

If you are on the **KeyCare Access Plan**: We pay two days and one night hospitalisation for a normal delivery and three days and two nights for a delivery by caesarean section that has been approved.

If you need to stay in hospital longer than the number of days approved, your doctor will need to send additional clinical information to support this.

We cover home births with a registered midwife

We pay for home births from your Hospital Benefit. We will cover the costs of a registered midwife with a valid practice number only.

We cover water births in hospital or at home

You have cover for a water birth in hospital for three days and two nights. If you choose to have a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit. This must be hired from a registered provider who has a valid practice number.

If you choose to have a water birth or normal delivery at home, we will pay for care from a midwife for up to three days (including delivery) from your Hospital Benefit. The midwife must be registered with a valid practice number.

If you are on a KeyCare Plan, we pay for the cost of the hire of a birthing pool up to R1 000. This must be hired from a registered provider who has a valid practice number.

Postnatal services – Cover after the birth of your baby

Lactation services

Lactation services are covered as part of the hospital nursing services and are therefore included in the daily rate charged by the hospitals.

Additional lactation services offered by lactation specialists in the in-hospital environment, will be paid from your day-to-day benefits subject to availability of funds, and will accumulate to the Above Threshold Benefit (where applicable).

Services in the out-of-hospital setting will also be funded from your day-to-day benefits subject to availability of funds, and will accumulate to the Above Threshold Benefit (where applicable).

Discovery HomeCare*

Discovery HomeCare is a home-based healthcare service that offers you quality care in the comfort of your home. This service is paid from the Hospital Benefit, subject to approval. As part of this service, home visits by midwives will be available to provide postnatal care to healthy mothers and babies agreeing to be discharged **one day early**.

Postnatal care service includes **three day visits by a midwife**, within a six-week period.

If you are interested in receiving this service, please discuss this with your treating doctor. If your doctor is in favour of this, they can call us on 0860 462 273 or email homecare@discovery.co.za and one of our qualified Discovery HomeCare consultants will contact them to arrange the service.

We pay for medical devices and appliances from your day-to-day benefits

We pay external medical items like breast pumps and apnoea monitors from the available funds in your day-to-day benefits. These items must be registered products that are bought from registered providers.

For Executive, Comprehensive and Priority plans, payment of this claim is subject to your annual limit for external medical items. Refer to the *Maternity benefits for your plan type* section to see how your health plan covers these items.

If your plan does not have available day-to-day benefits or you have run out of funds, you must pay these costs yourself. For Core, Smart and KeyCare Plans, you must pay these costs yourself.

We pay for newborn screening from your day-to-day benefits

Newborn screening provides members with the opportunity to test their infants for genetic, metabolic and endocrine disorders. You may be referred by a paediatrician for this test. The sample is a single drop of blood from your baby's heel which will be taken in hospital after the baby's birth.

We pay for newborn screening up to 100% of the Discovery Health Rate from your Medical Savings Account. Newborn screening does not accumulate or pay from the Above Threshold Benefit.

Any additional costs such as consultations with a genetic counsellor or any other healthcare provider, and additional tests that might be needed, will be covered according to the health plan you have chosen.

Please note: If your plan does not have day-to-day benefits or if you have run out of funds, you must pay for these costs yourself.

We cover medically necessary circumcisions from the Hospital Benefit

If the procedure is being done in hospital, please preauthorise by calling 0860 99 88 77. If it is done in the doctor's rooms for specified conditions, you don't need to preauthorise.

Circumcisions that are not medically necessary are covered from the available funds in your day-to-day benefits. If your plan does not have a day-to-day benefit or you have run out of funds, you must pay these costs yourself. Members on the Classic Comprehensive Zero MSA Plan have cover from the Above Threshold Benefit once the Annual Threshold is reached.

There are certain items we do not cover

- Mother and baby packs that hospitals supply
- The bed-booking fee that some hospitals may require you to pay
- Your lodging or boarding fees if your baby needs to stay in hospital for longer and you choose to stay on
- The cost of a birthing pool for water births if you choose to hire a birthing pool from a non-registered practitioner.

Getting the most out of your maternity benefits

Tell us about your pregnancy as soon as you are 12 weeks pregnant

It is important to notify us of your pregnancy as soon as you are **12 weeks pregnant** so that you always know how we cover you for your pregnancy-related healthcare services, whether these are received in or out of hospital.

You can call us on 0860 99 88 77 or visit www.discovery.co.za to find out how you are covered and to authorise your hospital admission. When you do, remember to have the following information at hand:

- Date of the admission
- Name or practice number of the hospital or clinic
- Name and practice number of the treating doctors and anaesthetist (if available)
- ICD-10 code from your treating doctor (this is an alphanumeric code that describes your diagnosis (pregnancy), for example O82.0)
- RPL code from your treating doctor (this is a procedure code that describes how you plan to deliver your baby, for example 2615).

Use healthcare providers who we have a payment arrangement with for full cover in hospital

You have full cover for in-hospital claims from healthcare providers who we have a payment arrangement with, and up to 100% of the Discovery Health Rate (based on your plan type) for other healthcare professionals.

To find a healthcare provider we have a payment arrangement with, use the MaPS Advisor** on www.discovery.co.za

Understand your benefits

Prescribed Minimum Benefits (PMBs) is a set of conditions which all medical schemes must provide a basic level of cover for. The Prescribed Minimum Benefit regulations include funding for antenatal care where it is necessary to hospitalise the mother before she gives birth.

To access full cover for your hospitalisation as a Prescribed Minimum Benefit, you must use a facility, doctor, specialist or other healthcare provider who we have an arrangement with. We will pay the account in full up to the agreed Discovery Health Rate. If you choose to use a hospital or healthcare provider who we do not have an arrangement with, you will be responsible for any difference between what is charged and what we pay.

Pregnant mothers who need to be admitted during their pregnancy can apply for in-hospital PMB cover by calling us on 0860 99 88 77. For more information on the Prescribed Minimum Benefits go to our website at www.discovery.co.za

Avoid a co-payment or deductible on your hospital account if you are on the KeyCare, Smart, Coastal or Delta plans

If you are on a KeyCare, Smart, Coastal or Delta plan, you must use a network hospital for your childbirth to avoid a co-payment or deductible, an amount you need to pay upfront, or having to pay the entire account yourself. For more information on the network hospitals for your plan type, go to our website at www.discovery.co.za

Adding newborns to Discovery Health Medical Scheme

Register your baby within 30 days of the birth

We automatically cover newborns under the parent's name up to the last day of the calendar month that he or she is born in. For example, if your baby is born on 20 May, he or she will have automatic cover from 20 May until 31 May under your name.

To ensure all medical treatment for your baby is covered it is advisable to register your baby on your medical aid within 30 days from the date of birth.

Your baby will be registered from their date of birth, however contributions will only be charged from the first day of the month following the birth.

We allow up to 90 days for the baby to be added from the date of birth, after which we may apply certain conditions to your baby's registration with the Scheme. If the baby is added after 90 days, or within 90 days but not from the date of birth, waiting periods may be applied.

Include your baby's ID number

It is compulsory to include a newborn's ID number when a member adds their newborn baby to their Discovery Health Medical Scheme membership. Having this identity number will make sure Discovery Health Medical Scheme keeps up-to-date and complete records for members' health policy, which is important for delivering the best service.

Maternity benefits available for your plan type

Executive Plan

Pregnancy-related consultations, tests and scans

We pay for out-of-hospital healthcare expenses related to your pregnancy from the available funds in your Medical Savings Account. We will also pay for this from your Above Threshold Benefit once you have reached your Annual Threshold.

We pay for a maximum of two 2D pregnancy scans for each pregnancy from the available funds in your Medical Savings Account and Above Threshold Benefit. We will pay any 3D and 4D scan up to the rate of a 2D pregnancy scan. You will be responsible to pay the difference yourself.

If you spend your annual Medical Savings Account allocation and have not yet reached your Annual Threshold (ie - when you are in your Self-payment Gap) we will also pay unlimited gynaecologist /obstetrician consultations (with or without urine dipstick tests) and two 2D pregnancy scans from the Day-to-day Extender Benefit.

You must use a healthcare provider who we have a payment arrangement with to have access to the Day-to-day Extender Benefit. If you use a healthcare provider who we do not have an arrangement with, you will be responsible to pay these costs yourself. This will apply while you are in your Self-payment Gap until you reach your Annual Threshold.

To find a healthcare provider we have an arrangement with, use the MaPS Advisor** on www.discovery.co.za

Antenatal classes

We pay for antenatal classes from the available funds in your Medical Savings Account and Above Threshold Benefit once you reach your Annual Threshold. A maximum of R1 550 per member for each pregnancy will add up to your Annual Threshold.

Medicines for morning sickness, iron supplements and folic acid

We pay for medicines and supplements that are taken during the pregnancy only from the available funds in your Medical Savings Account. Schedule 0, 1 and 2 medicines and vitamin and mineral supplements do not add up to your Annual Threshold.

Antiretroviral medicines

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the HIVCare Programme brochure on our website or call us on 0860 99 88 77.

We cover normal deliveries or water births at home with a registered midwife

If you choose to have a water birth or normal delivery at home, we will pay for care from a midwife for up to three days (including delivery) from the available funds in your Medical Savings Account or your Above Threshold Benefit, once you've reached it. The midwife must be registered with a valid practice number.

For a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit. This must be hired from a registered provider who has a valid practice number.

Hospitalisation for your delivery

Hospital account

You have private ward cover to a limit of R1 750 for each day that is approved in hospital. If the cost of the private ward is above the limit, you will be responsible to pay the difference.

You have cover for hospitalisation for a normal delivery for three days and two nights and four days and three nights delivery by caesarean section, if approved. We pay the hospital account from your Hospital Benefit up to the Discovery Health Rate.

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number.

Remember, if your treating doctor is in favour of you and your baby being discharged a day early, you may qualify for the postnatal care service in the comfort of your home. This service is brought to you by Discovery HomeCare*.

How we pay the accounts related to the hospitalisation

We pay all related accounts such as those from your gynaecologist/obstetrician, midwife, anaesthetist and other approved healthcare services, from the available funds in your Medical Savings Account and Above Threshold Benefit once you reach your Annual Threshold.

You can benefit by using healthcare professionals who we have an arrangement with because we will cover their approved procedures in full. We pay specialists who we do not have an arrangement with up to 300% of the Discovery Health Rate.

We pay GPs, radiology, pathology and other approved healthcare services from your Medical Savings Account and Above Threshold Benefit up to 100% of the Discovery Health Rate.

How we pay for medicines to take home

We pay for any prescribed medicines (Schedule 3 and above) you need to take home from the available funds in your Medical Savings Account and Above Threshold Benefit. These will count towards the annual limit for prescribed medicines:

Single member	R33 000
With one dependant	R38 700
With two dependants	R44 300
With three or more dependants	R49 950

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this. Please ask the treating doctor for the treatment codes so that we can give you an authorisation number for this treatment.

Comprehensive Plan

Pregnancy-related consultations, tests and scans

We pay for out-of-hospital healthcare expenses related to your pregnancy from the available funds in your Medical Savings Account. We will also pay for this from your Above Threshold Benefit once you have reached your Annual Threshold.

We pay for a maximum of two 2D pregnancy scans for each pregnancy from the available funds in your Medical Savings Account and Above Threshold Benefit once you reach your Annual Threshold. We will pay any 3D and 4D up to the rate of a 2D pregnancy scan. You will be responsible to pay the difference yourself.

If you are on the Classic Comprehensive Plan and have spent your annual Medical Savings Account allocation and have not yet reached your Annual Threshold (when you are in your Self-payment Gap), we will also pay unlimited gynaecologist/ obstetrician consultations (with or without urine dipstick tests) and two 2D pregnancy scans from the Day-to-day Extender Benefit.

You must use a healthcare provider who we have a payment arrangement with to have access to this cover. If you use a healthcare provider who we do not have an arrangement with, you will be responsible to pay these costs yourself. This will apply while you are in your Self-payment Gap until you reach your Annual Threshold.

Members on the Classic Comprehensive Zero MSA Plan have cover from the Above Threshold Benefit once the Annual Threshold is reached.

To find a healthcare provider we have an arrangement with, use the MaPS Advisor** on www.discovery.co.za

Antenatal classes

We cover you up to a limit of R1 550 per family per pregnancy, for antenatal classes. We pay for antenatal classes from the available funds in your Medical Savings Account and Above Threshold Benefit once you reach your Annual Threshold.

Medicines for morning sickness, iron supplements and folic acid

We pay for medicines and supplements that are taken during your pregnancy only from the available funds in your Medical Savings Account. Schedule 0, 1 and 2 medicines and vitamin and mineral supplements do not add up to your Annual Threshold.

If you are on the Classic Comprehensive Zero MSA Plan, you must pay for these costs.

Antiretroviral medicines

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the HIVCare Programme brochure on our website or call us on 0860 99 88 77.

We cover normal deliveries or home births with a registered midwife

If you choose to have a water birth or normal delivery at home, we will pay for care from a midwife for up to three days (including delivery) from your Hospital Benefit. The midwife must be registered with a valid practice number. For a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit. This must be hired from a registered provider who has a valid practice number.

Hospitalisation for your delivery

You have cover for hospitalisation for a normal delivery for three days and two nights and four days and three nights delivery by caesarean section, if approved. We pay the hospital account from your Hospital Benefit up to the Discovery Health Rate.

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number.

If you are on the Classic and Essential Delta Comprehensive network option: You must use a Delta network hospital. If you go to a hospital not on the Delta Hospital Network, an upfront payment of R7 100 applies for admissions. Please note this amount is not refundable.

Remember, if your treating doctor is in favour of you and your baby being discharged a day early, you may qualify for the post-natal care service in the comfort of your home. This service is brought to you by Discovery HomeCare*.

How we pay the accounts related to the hospitalisation

We pay all related accounts such as those from your gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Hospital Benefit. You can benefit by using healthcare professionals who we have a payment arrangement with because we will pay their approved procedures in full.

We pay GPs and specialists who we do not have an arrangement with up to 200% of the Discovery Health Rate on the Classic Comprehensive and Classic Comprehensive Zero MSA Plans and up to 100% of the Discovery Health Rate on the Essential Comprehensive Plan.

We pay for radiology and pathology and other approved healthcare services up to 100% of the Discovery Health Rate.

If any of these providers charge more than what we cover, you will have to pay the difference yourself.

How we pay for medicines to take home

We will pay for any prescribed medicines (Schedule 3 and above), you need to take home from the available funds in your Medical Savings Account and Above Threshold Benefit. These costs will count towards the annual limit for prescribed medicines:

	Classic	Essential
Single member	R26 650	R17 200
With one dependant	R31 300	R20 850
With two dependants	R36 350	R25 150
With three or more dependants	R41 450	R27 450

If you are on the Classic Comprehensive Zero MSA Plan, you have cover from your Above Threshold Benefit once you reach your Annual Threshold.

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this with us. Please ask the treating doctor for the treatment codes so we can give you an authorisation number for this treatment.

Priority Series

Pregnancy-related consultations, tests and scans

We pay for out-of-hospital healthcare expenses related to your pregnancy from the available funds in your Medical Savings Account and limited Above Threshold Benefit.

We pay for a maximum of two 2D pregnancy scans for each pregnancy from the available funds in your Medical Savings Account and limited Above Threshold Benefit. We will pay for any 3D and 4D scan up to the rate of a 2D pregnancy scan. You will be responsible to pay the difference yourself.

If you are on the Classic Priority Plan and have spent your annual Medical Savings Account allocation and have not yet reached your Annual Threshold (when you are in your Self-payment Gap), we will also pay unlimited gynaecologist/ obstetrician consultations (with or without urine dipstick tests) and two 2D pregnancy scans from the Day-to-day Extender Benefit.

You must use a healthcare provider who we have a payment arrangement with to have access to this cover. If you use a healthcare provider who we do not have an arrangement with, you will be responsible to pay these costs yourself. This will apply while you are in your Self-payment Gap until you reach your Annual Threshold and will not apply once you have used up the limited Above Threshold Benefit.

To find a healthcare provider we have an arrangement with, use the MaPS Advisor** on www.discovery.co.za

Antenatal classes

We cover you up to a limit of R1 550 per family per pregnancy, for antenatal classes. We pay for antenatal classes from the available funds in your Medical Savings Account and limited to the balance available in the Above Threshold Benefit once you reach your Annual Threshold.

Medicines for morning sickness, iron supplements and folic acid

We pay for medicines and supplements that are taken during your pregnancy only from the available funds in your Medical Savings Account. Schedule 0, 1 and 2 medicines and vitamin and mineral supplements do not add up to your Annual Threshold.

Antiretroviral medicines

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the HIVCare Programme brochure on our website or call us on 0860 99 88 77.

We cover normal deliveries or water births at home with a registered midwife

If you choose to have a water birth or normal delivery at home, we will pay for care from a midwife for up to three days (including delivery) from your Hospital Benefit. The midwife must be registered with a valid practice number.

For a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit. This must be hired from a registered provider who has a valid practice number.

Hospitalisation for your delivery

You have cover for hospitalisation for a normal delivery for three days and two nights and four days and three nights delivery by caesarean section, if approved. We pay the hospital account from your Hospital Benefit up to the Discovery Health Rate.

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number.

Remember, if your treating doctor is in favour of you and your baby being discharged a day early, you may qualify for the post-natal care service in the comfort of your home. This service is brought to you by Discovery HomeCare*.

How we pay for accounts related to the hospitalisation

We pay for all related accounts such as those from the gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Hospital Benefit.

You can benefit by using healthcare providers who we have a payment arrangement with because we will pay for their approved procedures in full.

We pay GPs and specialists who we don't have an arrangement with up to 200% of the Discovery Health Rate on the Classic Priority Plan and up to 100% of the Discovery Health Rate on the Essential Priority Plan.

We pay for radiology and pathology and other approved healthcare services up to 100% of the Discovery Health Rate.

If any of these providers charge more than what we cover, you will have to pay the difference yourself.

How we pay for medicines to take home

We will pay for any prescribed medicines (schedule 3 and above) you need to take home from the available funds in your Medical Savings Account and limited Above Threshold Benefit. These will count towards the annual limit for prescribed medicines:

	Classic	Essential
Single member	R17 200	R12 250
With one dependant	R20 850	R14 500
With two dependants	R25 150	R17 150
With three or more dependants	R27 450	R20 850

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this with us. Please ask the treating doctor for the treatment codes so we can give you an authorisation number for this treatment.

Saver Series

Pregnancy-related consultations, tests and scans

We pay for out-of-hospital healthcare expenses related to your pregnancy, from the available funds in your Medical Savings Account.

We pay for a maximum of two 2D pregnancy scans for each pregnancy from the available funds in your Medical Savings Account. We will pay any 3D and 4D scan up to the rate of a 2D pregnancy scan. You will be responsible to pay the difference yourself.

If you are on the Classic Saver or Classic Delta Saver plans and have spent your annual Medical Savings Account allocation, we will also pay for eight gynaecologist/obstetrician consultations (with or without urine dipstick tests) and two 2D pregnancy scans from the Day-to-day Extender Benefit.

You must use a healthcare provider who we have an arrangement with to have access to this cover. If you use a healthcare provider who we do not have an arrangement with, you will be responsible to pay these costs yourself. This will apply to consultations and scans only. You must pay the costs for any other out-of-hospital healthcare expense related to your pregnancy.

To find a healthcare provider we have an arrangement with, use the MaPS Advisor** on www.discovery.co.za

Antenatal classes

We pay for antenatal classes from the available funds in your Medical Savings Account. If these accounts are more than the money you have available in your Medical Savings Account, you must pay these costs.

Medicine for morning sickness, iron supplements and folic acid

We pay for medicines and supplements that are taken during your pregnancy from the available funds in your Medical Savings Account. If these accounts are more than the money you have available in your Medical Savings Account, you must pay these costs.

Antiretroviral medicines

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the HIVCare Programme brochure on our website or call us on 0860 99 88 77.

We cover normal deliveries or water births at home with a registered midwife

If you choose to have a water birth or normal delivery at home, we will pay for care from a midwife for up to three days (including delivery) from your Hospital Benefit. The midwife must be registered with a valid practice number.

For a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit. This must be hired from a registered provider who has a valid practice number.

Hospitalisation for your delivery

You have cover for hospitalisation for a normal delivery for three days and two nights and four days and three nights delivery by caesarean section, if approved. We pay the hospital account from your Hospital Benefit up to the Discovery Health Rate.

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number.

Remember, if your treating doctor is in favour of you and your baby being discharged a day early, you may qualify for the post-natal care service in the comfort of your home. This service is brought to you by Discovery HomeCare*.

If you are on the Classic and Essential Delta Saver network option: You must use a Delta network hospital. If you go to a hospital not on the Delta Hospital Network, an upfront payment of R7 100 applies for admissions. Please note this amount is not refundable.

If you are on the Coastal Saver Plan: If you don't go to a coastal network hospital, we will pay up to a maximum of 70% of the hospital account and you must pay the difference.

How we pay the accounts related to the hospitalisation

We pay all related accounts such as those from the gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Hospital Benefit. You can benefit by using healthcare professionals who we have a payment arrangement with because we will pay their approved procedures in full.

We pay GPs and specialists who we don't have a payment arrangement with up to 200% of the Discovery Health Rate on the Classic Saver Plan and up to 100% of the Discovery Health Rate on the Essential and Coastal Saver Plans.

We pay for radiology and pathology and other approved healthcare services up to 100% of the Discovery Health Rate.

If any of these providers charge more than what we cover, you will have to pay the difference yourself.

How we pay for medicines to take home

We pay for any prescribed medicines (schedule 3 and above) you need to take home from the available funds in your Medical Savings Account. If these accounts are more than the money you have available in your Medical Savings Account, you must pay these costs.

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this with us. Please ask the treating doctor for the treatment codes so we can give you an authorisation number for this treatment.

Smart Series

Pregnancy-related consultations with a GP

We pay for pregnancy related consultations at your Smart network GP. You will be responsible for the first R50 on Classic and the first R100 on Essential of the agreed consultation rate. You will be responsible for the costs of any tests or scans done with your GP out-of-hospital.

Pregnancy-related consultations with a specialist as well as pregnancy-related test, scans and antenatal classes.

You are responsible for paying these out-of-hospital healthcare services.

Medicines for morning sickness, iron supplements and folic acid

Acute medicine for the Classic Smart Plan only

You have selected a health plan on which you have a nominated pharmacy network for acute medicine (Clicks or Dis-Chem). You will pay an amount of R10 per item for covered items (schedule 3 and higher) when using your nominated pharmacy. If the prescribed item is on the exclusion list, you will be responsible for the full payment.

A limit of 12 prescriptions per person per year will apply. If you join the Scheme after January, this limit is adjusted proportionally according to the number of months left in the year.

If you are on the **Essential Smart Plan** you responsible for paying these costs.

Over-the-counter medicine:

You are responsible for paying these costs.

Antiretroviral medicines

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the HIVCare Programme brochure on our website or call us on 0860 99 88 77.

We cover normal deliveries or water births at home with a registered midwife

If you choose to have a water birth or normal delivery at home, we will pay for care from a midwife for up to three days (including delivery) from your Hospital Benefit. The midwife must be registered with a valid practice number.

For a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit. This must be hired from a registered provider who has a valid practice number.

Hospitalisation for your delivery

You have cover for hospitalisation for a normal delivery for three days and two nights and four days and three nights delivery by caesarean section, if approved. We pay the hospital account from your Hospital Benefit up to the Discovery Health Rate.

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number.

Smart Plans: You must use a hospital in your network. If you go to a hospital not on the network, an upfront payment of R8 200 applies for planned admission. Please note this amount is not refundable.

Remember, if your treating doctor is in favour of you and your baby being discharged a day early, you may qualify for the post-natal care service in the comfort of your home. This service is brought to you by Discovery HomeCare*.

How we pay the accounts related to the hospitalisation

We pay for all related accounts such as those from the gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Hospital Benefit. You can benefit by using healthcare professionals who we have a payment arrangement with because we will pay their approved procedures in full.

We pay GPs and specialists who we don't have a payment arrangement with up to 200% of the Discovery Health Rate on the Classic plan and 100% on the Discovery Health Rate on the Essential plan.

We pay for radiology and pathology and other approved healthcare services up to 100% of the Discovery Health Rate.

If any of these providers charge more than what we cover, you will have to pay the difference yourself.

How we pay for medicines to take home

You are responsible for paying these out-of-hospital healthcare services.

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this with us. Please ask the treating doctor for the treatment codes so we can give you an authorisation number for this treatment.

Core Series

Pregnancy-related consultations, tests scans and antenatal classes

You are responsible for paying these out-of-hospital healthcare services.

Medicines for morning sickness, iron supplements and folic acid

You are responsible for paying these costs.

Antiretroviral medicines

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the HIVCare Programme brochure on our website or call us on 0860 99 88 77.

We cover normal deliveries or water births at home with a registered midwife

If you choose to have a water birth or normal delivery at home, we will pay up to three days midwifery care (including delivery) from your Hospital Benefit. The midwife must be registered with a valid practice number.

For a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit. This must be hired from a provider who has a registered practice number.

Hospitalisation for your delivery

You have cover for hospitalisation for a normal delivery for three days and two nights and four days and three nights delivery by caesarean section, if approved. We pay the hospital account from your Hospital Benefit up to the Discovery Health Rate.

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number.

Remember, if your treating doctor is in favour of you and your baby being discharged a day early, you may qualify for the post-natal care service in the comfort of your home. This service is brought to you by Discovery HomeCare*.

If you are on the Classic and Essential Delta Core network option: You must use a Delta network hospital. If you go to a hospital not on the Delta Hospital Network, an upfront payment of R7 100 applies for admissions. Please note this amount is not refundable.

If you are on the Coastal Core Plan: If you don't go to a coastal network hospital, we will pay up to a maximum of 70% of the hospital account and you will need to pay the difference.

How we pay the accounts related to the hospitalisation

We pay for all related accounts such as those from the gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Hospital Benefit. You can benefit by using healthcare professionals who we have a payment arrangement with because we will pay their approved procedures in full.

We pay GPs and specialists who we don't have a payment arrangement with up to 200% of the Discovery Health Rate on the Classic Core Plan and up to 100% of the Discovery Health Rate on the Essential and Coastal Core Plans.

We pay for radiology and pathology and other approved healthcare services up to 100% of the Discovery Health Rate.

If any of these providers charge more than what we cover, you will have to pay the difference yourself.

How we pay for medicines to take home

You are responsible for paying these out-of-hospital healthcare services.

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this with us. Please ask the treating doctor for the treatment codes so we can give you an authorisation number for this treatment.

KeyCare Plans

Your cover on the Antenatal Benefit

The Antenatal Benefit provides cover at 100% of the Discovery Health Rate for:

Four visits to a gynaecologist/obstetrician	<ul style="list-style-type: none"> The gynaecologist/obstetrician must be in a KeyCare Network Hospital If you need to see a specialist for maternity care, you do not need a referral from your GP or a reference number from us
One routine pregnancy scan	<ul style="list-style-type: none"> Scan done between 10 and 20 weeks Your gynaecologist/obstetrician must do the scan
Selected antenatal screening tests	<ul style="list-style-type: none"> Your GP or gynaecologist/obstetrician can request these

Once you reach the antenatal limit, we will pay for the remainder of the claims from your Specialist Benefit, if you have not used up the Specialist Benefit limit of R3 570 a person for the year.

Medicines for morning sickness, iron supplements and folic acid

You are responsible for paying these costs.

Antiretroviral medicines

We pay for approved HIV medicines to prevent mother-to-child transmission of HIV from your Hospital Benefit. Please refer to the HIVCare Programme brochure on our website or call us on 0860 99 88 77.

We cover normal deliveries or water births at home with a registered midwife

If you choose to have a water birth or normal delivery at home we will pay up to three days midwifery care (including delivery) from your Hospital Benefit. The midwife must be registered with a valid practice number.

For a water birth at home, we will pay for the cost of the hire of a birthing pool up to a maximum of R1 000 from your Hospital Benefit. This must be hired from a registered provider who has a valid practice number.

Hospitalisation for your delivery

Contact us to confirm your benefits before you are admitted.

KeyCare Plans cover only normal vaginal deliveries, not elective or chosen caesarean sections. We will pay delivery by caesarean section only if it is medically necessary and we have approved it.

If you are on the KeyCare Plus or KeyCare Core Plan: We cover you in any private hospital for emergencies and trauma. For planned hospital admissions that you have authorised with us, we cover you at the agreed rate in the KeyCare network of hospitals.

We pay three days and two nights hospitalisation for a normal delivery and four days and three nights for a delivery by caesarean section that has been approved.

You must be admitted to a hospital in the KeyCare Hospital Network. If you choose to have your baby at a hospital that is not in this network, you will be responsible for paying these claims.

If you are on the KeyCare Access Plan: We cover childbirth and care for your baby up to 12 months for planned admission in the KeyCare Access Hospital Network. All other hospital care is covered in our contracted network of state facilities.

We pay two days and one night hospitalisation for a normal delivery and three days and two nights for a delivery by caesarean section that has been approved.

You must be admitted to a hospital in the KeyCare Access Hospital Network. If you choose to have your baby at a hospital not in this network, you will be responsible for paying these claims.

After your baby is born, we will cover your baby in the KeyCare Access Hospital Network for 12 months after the birth, for planned admissions. There is no overall hospital limit so your cover won't run out.

After 12 months he or she has unlimited cover in our contracted network of state facilities. To have your baby covered like this there are certain terms and conditions:

- You must be a member of the Scheme
- Your baby must be born while you are a member of the Scheme
- Your baby must be registered on the Scheme.

Remember, if your treating doctor is in favour of you and your baby being discharged a day early, you may qualify for the post-natal care service in the comfort of your home. This service is brought to you by Discovery HomeCare*.

We cover water births in hospital

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number. We pay for the cost of the hire of a birthing pool up to a maximum of R1 000.

How we pay the accounts related to the hospitalisation

We pay for all related accounts such as those from the gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Hospital Benefit. You can benefit by using healthcare professionals who we have a payment arrangement with because we will pay their approved procedures in full.

If you are having a water birth, we pay for the cost of the hire of a birthing pool up to a maximum of R1 000.

We pay GPs and specialists who we don't have a payment arrangement with up to 100% of the Discovery Health Rate.

How we pay for medicines to take home

If the take-home medicine is on the hospital account, we will pay for any prescribed medicine you need to take home up to R140. If these accounts are more than R140 you must pay these costs. If your doctor gives you a prescription for medicines you need to take after you leave the hospital, you must pay for these costs.

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this with us. Please ask the treating doctor for the treatment codes so we can give you an authorisation number for this treatment.

If you are on a KeyCare Access plan, we will only cover this in a KeyCare Access network hospital.

Contact us

You can call us on 0860 99 88 77 or visit www.discovery.co.za for more information.

Complaints process

We explain the complaints and dispute process on the website www.discovery.co.za. You may lodge a query or complaint with Discovery Health Medical Scheme by calling 0860 99 88 77, emailing healthinfo@discovery.co.za or by completing an online complaints form. If you are not satisfied with how your complaint was resolved, please use the website to address your complaint to the Principal Officer. If you have received a final decision from us and want to challenge it, you may lodge a formal dispute by following the disputes process detailed on the website.

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.com | 0861 123 267 | www.medicalschemes.com