Discovery Health Medical Scheme 2018 contributions



Series	Plan :		Contributions		Contrib	utions to Medical Savings A	ccount	: Total contributions			
	: :	Main member :	Adult	: Child*	: Main member	. Adult :	Child*	: Main member :	Adult	Child*	
Executive	Executive Plan	4 463	4 463	851	1 487	1 487	283	5 950	5 950	1 134	
	Classic Comprehensive	3 662	3 464	731	1 220	1 154	243	4 882	4 618	974	
	Classic Delta Comprehensive	3 299	3 122	656	1 099	1 099 1 040 218		4 398	4 162	874	
Comprehensive	Classic Comprehensive Zero MSA	3 662	3 464	731	No Medical Savings Account		3 662	3 464	731		
	Essential Comprehensive	3 487	3 299	702	615 582 123			4 102	3 881	825	
	Essential Delta Comprehensive	3 140	2 967	631	554	523	111	3 694	3 490	742	
Executive Exe Class Con Comprehensive Class Con Priority Esso Con Saver Esso Con Class Con Con Key Key Key Rey Rey Rey Rey Rey Rey Rey Rey Rey R	Classic Priority	2 411	1 901	965	803	633	321	3 214	2 534	1 286	
Priority	Essential Priority	2 349	1 847	938	414	325	165	2 763	Adult Child 5 950 1 132 4 618 974 4 162 874 3 464 731 3 881 825 3 490 742 2 534 1 286 2 172 1 103 2 186 1 110 1 749 890 1 652 883 1 325 705 1 621 870 1 298 658 1 180 1 180 1 329 712 1 065 569 1 209 641 990 359 1 386 389 2 064 553 697 306 930 337 1 344 378 2 018 546 792 205 988 243	1 103	
	Classic Saver	2 080	1 640	833	693	546	277	2 773	2 186	1 110	
	Classic Delta Saver	1 661	1 312	668	553	437	222	2 214	1 749	890	
Saver	Essential Saver	1 873	1 405	751	330	247	132	2 203	1 652	883	
	Essential Delta Saver	1 495	1 127	600	263	198	105	1 758	1 325	705	
	Coastal Saver	1 728	1 297	696	432	324	174	2 160	1 621	870	
Curant	Classic Smart	1 647	1 298	658		No Medical		1 647	1 298	658	
Smart	Essential Smart	1 180	1 180	1 180		Savings Account		1 180	1 180	1 180	
	Classic Core	2 064	1 626	826				2 064	1 626	826	
	Classic Delta Core	1 652	1 301	660				1 652	1 301	660	
Core	Essential Core	1 773	1 329	712		No Medical Savings Account		1 773	1 329	712	
	Essential Delta Core	1 417	1 065	569				1 417	1 065	569	
	Coastal Core	1 610	1 209	641				1 610	1 209	641	
	KeyCare Plus 0-8 550	990	990	359				990	990	359	
	KeyCare Plus 8 551-12 200	1 386	1 386	389		No Medical Savings Account		1 386	1 386	389	
	KeyCare Plus 12 201+	2 064	2 064	553				2 064	2 064	553	
	KeyCare Access 0-5 330	697	697	306		•		697	697	306	
KevCare	KeyCare Access 5 331-8 550	930	930	337		No Medical		930	930	337	
ney care	KeyCare Access 8 551-12 200	1 344	1 344	378		Savings Account		1 344	1 344	378	
	KeyCare Access 12 201+	2 018	2 018	546				2 018	2 018	546	
	KeyCare Core 0-8 550	792	792	205				792	792	205	
	KeyCare Core 8 551-12 200	988	988	243		No Medical Savings Account		988	988	243	
	KeyCare Core 12 201+	1 525	1 525	345				1 525	1 525	345	

^{*} We count a maximum of three children when we work out the monthly contribution and annual Medical Savings Account.

^{**} Income verification will be conducted for the lower income bands. Income is considered as: The higher of the main member or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance received from any statutory social assistance programme.



Annual Medical Savings Account

Series	E Plan E	Main member	: Adult	Child*		
Executive	Executive Plan	17 844	17 844	3 396		
	Classic Comprehensive	14 640	13 848	2 916		
	Classic Delta Comprehensive	13 188	12 480	2 616		
Comprehensive	Essential Comprehensive	7 380	6 984	1 476 1 332		
	Essential Delta Comprehensive	6 648	6 276	1 332		
Priority	Classic Priority	9 636	7 596	3 852		
Priority	Essential Priority	4 968	3 900	1 980		
	Classic Saver	8 316	6 552	3 324		
	Classic Delta Saver	6 636	5 244	2 664		
Saver	Essential Saver	3 960	2 964	1 584		
	Essential Delta Saver	3 156	2 376	1 260		
	Coastal Saver	5 184	3 888	2 088		

^{*} We count a maximum of three children when we work out the annual Medical Savings Account. If you join the medical scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

Annual Threshold Amounts

Annual Threshold

	: Main member	: Adult	Ŧ	Child*
Executive	20 350	20 350		3 850
Comprehensive	16 790	16 790		3 200
Priority	14 240	10 670		4 660

Above Threshold Benefit limits

	:	Main member	:	Adult	:	Child*
Executive				unlimited		
Comprehensive				uniimited		
			:		:	

^{*} We count a maximum of three children when we work out the Annual Threshold and Above Threshold Benefit limit. If you join the medical scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.





Discovery Health Medical Scheme is regulated by the Council for Medical Schemes.

Complaints process: The following channels are available for your complaints and we encourage you to follow the process: Step 1 – To take your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations. Step 2 - To contact the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by e-mailing principalofficer@discovery.co.za or by e-mailing principalofficer.go.za or by e-mai the Scheme's dispute process on the website. Step 4 – Discovery Health Medical Scheme is regulated by 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

The benefits explained in this brochure are provided by Discovery Health Medical Scheme, registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes. This brochure is only a summary of the key benefits and features of Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical Scheme Rules on www.discovery.co.za. When reference is made to "we" in the context of benefits, members, payments or cover, in this brochure this is reference

We are continuously improving our communication to you. The latest version of this summary as well as detailed benefit information is available on www.discovery.co.za.

Discovery Health Rate (DHR): This is a rate set by us at which healthcare professionals are paid. To find hospitals or providers in our network, visit www.discovery.co.za. Where we refer to MedXpress partner pharmacy, (Not applicable to Smart Series). MedXpress $is\ brought\ to\ you\ by\ Discovery\ Health\ (Pty)\ Ltd,\ registration\ number\ 1997/013480/07,\ an\ authorised\ financial\ services\ provider.$

Compare our plans



		EXECUTIVE	COMPRI	EHENSIV	/E	PRI	ORITY		SAVER		SMA	ART		CORE	-	KE	YCARE
			Classic Zero MSA	Classic	Essential	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Core Plu	s Access
		The most extensive cover for in-hospital and day-to-day benefits	Comprehensive c and day-to	cover for in- day benefi			ive in-hospital o-day benefits	Eco	nomical in-hosp day-to-day bene		Affordable in-ho and day-to		Value-for-money hospital plan		spital plan	Affordable medical aid cover	
Summary Compare our plans		Unlimited cover in any private hospital, including private ward cover Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 300% of the Discovery Health Rate (DHR) for other specialists and 200% at the DHR for other healthcare professionals Full cover for chronic medicine for all Chronic Disease List (CDL) conditions plus some additional chronic conditions, as well as access to an exclusive list of brand medicine The highest savings account and an unlimited Above Threshold Benefit (ATB) for your day-today healthcare needs Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood The global treatment platform gives you access to specialised, advanced medical care in South Africa and abroad. Access to full cover for second opinion services and cover up to \$1 million for medical emergencies when travelling outside of South Africa Additional cover from the Day-to-day Extender Benefit (DEB) when your Medical Savings Account (MSA) runs out for GP consultation fees and kids casualty visits	 Guaranteed full cover in hospital for specialists on a payment arrangement, up to 200% of the Discovery Health Rate (DHR) for other specialists and the DHR for other healthcare professionals or for chronic medicine for all Chronic Disease to conditions plus some additional chronic is, as well as access to an exclusive list of edicine Full cover for chronic medicine for all Chronic Disease List (CDL) conditions plus some additional chronic est savings account and an unlimited Above d Benefit (ATB) for your day-today healthcare for maternity and early childhood al treatment platform gives you access to ed, advanced medical care in South Africa and Access to full cover for second opinion services rup to \$1 million for medical emergencies welling outside of South Africa all cover from the Day-to-day Extender Benefit en your Medical Savings Account (MSA) runs P consultation fees and kids casualty visits 		ne Discovery up to 100% healthcare hronic Disease hal chronic d Above day healthcare od l care in South avelling ttender Benefit nt (MSA) runs	List conditions A savings account and limited Above Threshold Benefit (ATB) for your day-to-day healthcare needs Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood Cover for medical emergencies when travelling		a Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on Classic plans and 100% on Essential and Coastal plans for other healthcare professionals ase Full cover for chronic medicine for all CDL conditions A Medical Savings Account for your day-to-day healthcare needs Cover for comprehensive pre- and postnatal healthcare services for maternity and early childhood Cover for medical emergencies when travelling Additional cover from the Day-to-day Extender Benefit (DEB) when your Medical Savings Account (MSA) runs out for GP consultation fees and kids casualty visits only available on Classic plan		Unlimited private hospital of Network Guaranteed full cover in ho a payment arrangement widen of the notation of the near the nea	Classic plans and 100% on Essential and Coastal plans for other healthcare professionals Full cover for chronic medicine for all Chronic Disease List conditions, when you use MedXpress or MedXpress network pharmacies. Comprehensive pre- and post-natal healthcare services		KeyCare network, and up to 100% of the Discovery Health Rate (DHR) for other healthcare professionals Essential cover for chronic medicine on the KeyCare medicine list for all Chronic Disease List conditions when you use a network pharmacy or your GP				
	Hospitals (private hospital cover in a general ward)	Unlimited cover and private ward cover of up to R1 880 each day	Unlimited cover	Unlimited co cover on De when using Hospital Ne hospitals.	elta options	Unlim	ited cover	Unlimited cover Full cover on Del using the Delta I private hospitals	Hospital Network of	Unlimited cover at any private hospital in the four coastal provinces.	Unlimited cover in the Smart	Hospital Network.	private hospita Full cover on D	elta options when Hospital Network	Unlimited cover at any private hospital in the four coastal network.	Full cover in the Full Cover of the DHR in the Partial Co Unlimited cover in the Key Hospital Network. A list of procedures are covered in day surgery network.	Care Unlimited cover for emergencies, trauma, childbirth and care for your newborn in the
	Upfront payments to hospitals	No upfront payment	No upfront payment	For planned outside of the Hospital Ne must pay an payment to of R7 650.	he Delta twork, you	An upfront payment of bet applies for a defined list of		For planned adm of the Delta Hos must pay an upfi the hospital of R	pital Network, you front payment to	If you use a hospital outside the coastal region, we pay up to 70% of the DHR of the hospital account and you must pay the difference. This does not apply in an emergency.	For planned admissions at ho Hospital Network, you must p R8 800 to the hospital.		of the Delta Ho	missions outside spital Network, n upfront payment of R7 650.	If you use a hospital outside the coastal region, we pay up to 70% of the DHR of the hospital account and you must pay the difference. This does not apply in an emergency.	up to 70% of the DHR. If you do not use hospitals	Partial Cover Network, we pay in the networks, you will have not apply in an emergency.
<u>_</u>	Specialists we have a payment arrangement with	Full cover	Full cover			Full cover		Full cover			Full cover		Full cover			Full cover	
al cover	Specialists we do not have a payment arrangement with	300% of the DHR	200% of the DHR		100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		100% of the DHR	
lospital	Other healthcare professionals	200% of the DHR	200% of the DHR		100% of the DHR	200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		200% of the DHR	100% of the DHR	200% of the DHR	100% of the DHR		100% of the DHR	
Ξ	Radiology and pathology	100% of the DHR	100% of the DHR			100% of the DHR	·	100% of the DHF			100% of the DHR		100% of the DI	•		100% of the DHR	.
	Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	We pay the hospital and related accounts from the Hospital Benefit. If done in the doctor's rooms, we pay the account from your Hospital Benefit.		balance of the	hospital spital Benefit. If	hospital account and relate Benefit. If done in the docto	d accounts from the Hospital or's rooms, we pay the account	day-to-day benef and related acco	fits and the balance on bunts from the Hospi boms, we pay the acc	f the hospital account tal Benefit. If done	You must pay the first R4 200 We pay the balance of the acc from the Hospital Benefit. If d we pay the account from you	count and related accounts done in the doctor's rooms,	We pay the ba from the Hosp		and related accounts n the doctor's rooms,	We cover scopes at our day-surgery network.	We cover scopes at our network of contracted state facilities and in the KeyCare Access Hospital Network if related to emergencies, trauma, childbirth and care for a newborn.
	MRI and CT scans	Paid from the Hospital Benefit up to 100% of the DHR.	If done as part of an approv to 100% of the DHR from the			If done as part of an approx to 100% of the DHR from th			of an approved admis OHR from the Hospita		If done as part of an approved pay up to 100% of the DHR fro			of an approved adm the DHR from the Ho		If done as part of an appro to 100% of the DHR from t	oved admission, we will pay up he Hospital Benefit.
	For conservative back and neck treatment, or If not related to your admission		the scan from your day-to-da of the scan from the Hospita	ay benefits. We Il Benefit, up to	pay the balance 100% of the	of the scan from day-to-day of the scan from the Hospit DHR. For conservative back also pay the first R3 050 of	sion, we pay the first R2 750 benefits. We pay the balance all Benefit up to 100% of the and neck treatment, you must the hospital account. We pay in the Hospital Benefit up to	of the scan from balance of the sc	your admission, we p nyour day-to-day ber can from the Hospita		If not related to your admission, you need to pay the first R2 750 of the scan from your pocket. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR.	If not related to your admission or if for conservative back or neck treatment, we do not pay for it.	i i	o your admission or ent, we do not pay fo	if for conservative back or it.	If not related to your admi Specialist Benefit up to a li each year.	
ੁ .	Conditions	You have cover for the 27 CDL conditions according to the P conditions on our Additional Disease List. Your condition ne			ndditional			Υ	ou have cover for th	e 27 CDL conditions ac	ccording to the Prescribed Minim	num Benefits list. Your condit	ion needs to be a	pproved for it to be o	covered.		
Chroni	Medicine cover	Approved medicine on our medicine list covered in full (not up to 100% of the DHR up to a maximum of the monthly Cheservice provider is MedXpress.						Medicine not on to a maximum o	tine on our medicine our list paid up to 10 of the monthly Chron s, your designated se	00% of the DHR up ic Drug Amount.	Approved medicine on our m when you use MedXpress, Clid		MedXpress.Me		paid up to 100% of the	Approved medicine must l our network pharmacies o chosen GP must prescribe	r from your chosen GP. Your

	EXECUTIVE	COMPREHENSIVE	PRIORITY	SAVER	SMART	CORE		KEYCA	RE
		Classic Zero MSA Classic Essential	Classic Essential	Classic Essential Coastal	Classic Essenti	al Classic Essential	Coastal Core	e Plus	Access
Benefit	We cover the first R400 000 of approved cancer treatment in f	full, over a 12-month cycle.	We cover the first R200 000 of the approved cancer treatm	nent in full, over a 12-month cycle.				cancer treatment W to the Prescribed tr	Ve cover cancer reatment according to
Co-payments	You will be required to pay 20% of the cost on all further tre R400 000. Prescribed Minimum Benefits are covered in full.		You will be required to pay 20% of the cost on all further to	Minimum	Benefits and if the a cancer specialist B work.	Benefits in network of contracted tate facilities.			
Cover during your pregnancy	R5 000 for essential registered devices with 25% co-paymer	nidwife. One nuchal translucency or Non-Invasive Prenatal o R1 880 per day for your delivery in hospital. Cover for up to nt. A defined basket of blood tests and five pre- or postnatal	8 antenatal consultations with your	gynaecologist, GP or midwife. One nuchal translucency or No	on-Invasive Prenatal Test (NIPT). Two ultrasound scar	ns. A defined basket of blood tests and five pre- or po	÷ stnatal classes or consultation	s with a registered nurs	se.
Cover for two years after birth	classes or consultations with a registered nurse. Your baby is covered for up to two vis	its to a GP, paediatrician or an ENT; you are covered for one s	in week post-birth consultation at your midwife, GP or gynae	ecologist; one nutritional assessment at a dietitian; two menta	l health consultations with a counsellor or psycholo	gist and one lactation consultation with a registered n	urse or lactation specialist.	s to o	On KeyCare Access pecialist cover is subjet o your baby being borr onto the Scheme and up o 12 months after birth
Benefit Co-payments	We cover the first R400 000 of approved cancer treatment in f You will be required to pay 20% of the cost on all further tre R400 000. Prescribed Minimum Benefits are covered in full.	eatment once costs for cancer treatment go over	We cover the first R200 000 of the approved cancer treatm You will be required to pay 20% of the cost on all further to	nent in full, over a 12-month cycle. reatment once costs for cancer treatment go over R200 000. F	Prescribed Minimum Benefits are covered in full.		according Minimum	a cancer specialist B work. a	
Cover during your pregnancy		midwife. One nuchal translucency or Non-Invasive Prenatal R1 880 per day for your delivery in hospital. Cover for up to nt. A defined basket of blood tests and five pre- or postnatal	8 antenatal consultations with your	gynaecologist, GP or midwife. One nuchal translucency or No	on-Invasive Prenatal Test (NIPT). Two ultrasound scar	ns. A defined basket of blood tests and five pre- or po	; stnatal classes or consultation	: s with a registered nurs	se.
Cover for two years after birth	Your baby is covered for up to two vis	sits to a GP, paediatrician or an ENT; you are covered for one s	ix week post-birth consultation at your midwife, GP or gynae	ecologist; one nutritional assessment at a dietitian; two menta	l health consultations with a counsellor or psycholo	gist and one lactation consultation with a registered n	urse or lactation specialist.	s tc o	On KeyCare Access pecialist cover is subjec o your baby being born onto the Scheme and up o 12 months after birth
Medical Savings Account	Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available.	Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available. Not available on Classic Zero MSA.		onsultation fees, radiology and pathology as long money available.	Day-to-day cover at the DHR for your GP consultation and over-the-counter (OTC) medicine, eye and dentative and sports-related injuries, with fixed co-paymen limits. This cover depends on the plan you choose.	al check-	This plan does not offer this benefit.	covers primary car and day-to-day me	ot offer this benefit but it re through your chosen of edicine from our medicin sic radiology and patholo ider.
Self-payment Gap	If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay for your medical expenses.	If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay for your day-to-day medical expenses. Not applicable to Classic Zero MSA.	If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay for your day-to-day medical expenses.	You need to pay claims when your Medical Savings Account runs out.		Not applicable to these pla	ns.	······································	
Day-to-day Extender Benefit	Pays for certain day-to-day benefits after you have run out of money in your Medical Saving Account and before you reach the Annual Threshold.	Pays for certain day-to-day benefits after you have run out of money in your Medical Savings account and before you reach the Annual Threshold. Not available on Classic Zero MSA.	Pays for certain day-to-day benefits after you have run out of money in your Medical Saving Account and before you reach the Annual Threshold.	Pays for certain day-to-day benefits after you have run out of money in your Medical Savings Account.					
	Covers unlimited GP consultation fees and kids casualty visits. You must use a provider in our network.	This plan does not offer this benefit. Covers unlimited GP consultation fees and kids casualty visits only availableon Classic plans. You must use a provider in our network.	Covers unlimited GP consultation fees and kids casualty visits only available on Classic Plan. You must use a provider in our network.	Covers a defined number of GP consultation fees and kids casualty visits only available on Classic plans. You must use a provider in our network.					
Above Threshold Benefit	The Above Threshold	d Benefit is unlimited.	The Above Threshold Benefit is limited.	These plans do not offer this benefit.					
	We pay up to 100% of the DHR from the Hospital Benefit.	We pay the first R2 750 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules apply. On Classic Zero MSA, these are covered from the Above Threshold Benefit once you reach it.	day-to-day benefits. We cover the balance of the scan from	We pay the first R2 750 of MRI or CT scan from your available Medical Savings Account. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules apply.	On Classic, you must pay the first R2 750 of MRI of scan. We cover the balance of the scan from your Benefit, up to the DHR. For conservative back and scans, specific rules and limits may visits (only avon Classic plans).	r Hospital d neck		T scans are paid from t nit of R3 860 each perso	
Screening and	Covers certain tests at one of our wellness network provide	ers, like blood glucose, blood pressure, cholesterol and body r	nass index. We also cover a mammogram every 2 years, Pap	smear every 3 years, PSA (a prostate screening test) once a y	ear and HIV screening tests. Seasonal flu vaccine du	ring pregnancy, or for members 65 years or older and	/or registered for certain chro	nic conditions. Addition	nal, and/or more frequ
Prevention Benefit	screening is available for those who meet our clinical criteri	ia.			leave a bound on the control of		······		
Kids screening		This plan does not offer Extends your cover for		ment and health and milestone tracking at any one of our we Extends your cover for out-of-hospital claims for recovery	·	the office. The second second of the office the second sec	This also	F-4	for out of booking
Trauma Recovery Extender Benefit	Extends your cover for out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after the trauma.	this benefit. out-of-hospital claims for recovery after certain traumatic events are covered for the rest of the year in which the trauma took place, and a year after the trauma.	after certain traumatic events for the rest of the year in		out-of-hospital claims this benefit.	These plans do not offer these benefits.	This plan does not offer this benefit.	claims for recove events for the res	rer for out-of-hospital ery after certain traum. st of the year in which place, and a year after
Specialised Medicine and Technology Benefit	Cover up to R200 000 each person for a defined list of the la 20% and specific rules apply to this benefit.	atest and most advanced treatments. A co-payment of up to			These plans do not offer these benefits.				
Overseas Treatment Benefit	Up to R750 000 for each person travelling for evidence- based healthcare treatment not available in South Africa. You also have cover for R300 000 at a registered healthcare provider for in-hospital treatment that is available in South Africa. A co-payment of 20% and specific rules apply to these benefits.	Up to R500 000 for each person travelling for evidence- based healthcare treatment not available in South Africa. A co-payment of 20% and specific rules apply to this benefit.			These plans do not offer these benefits.				
International Travel Benefit	Cover up to \$1 million for each person on each journey for emergency medical costs while travelling outside of South Africa, pred a period of 90 days from your departure from Africa. Specific rules apply and pre-existing conditions are excluded.	Cover up to R5 million for each p	person on each journey for emergency medical costs while tr	avelling outside of South Africa, for a period of 90 days from	your departure from South Africa. Specific rules app	ly and pre-existing conditions are excluded.	7	These plans do not offe	r these benefits.
Additional cover for allied, therapeutic psychology and external medical items	Provides unlimited cover for a list of allied healthcare servic unlimited cover is for a defined list of conditions, for examp condition and meeting the criteria for it.				These plans do not offer these benefits.				