

Name of Medical Scheme			DISCOVERY	MOMENTUM HEALTH	MEDIHELP	GENESIS
Name of Option			(2022) Essential Core	(2022) Custom: Associated (Chronic: State)	(2022) MedVital	(2022) Private Choice
Description of Cover			Hospital Plan	Hospital Plan	Hospital Plan	Hospital Plan
Description	Age	LJP	Risk	Risk	Risk	Risk
Principal Member	0		R 2 229	R 1 706	R 2 100	R 1 390
Adult Dependent 1	0		R 1 671	R 1 291	R 1 602	R 1 390
Child 1	0		R 896	R 605	R 690	R 455
			R 4 796	R 3 602	R 4 392	R 3 235
Total Monthly Contribution			R 4 796	R 3 602	R 4 392	R 3 235
Optional Loyalty Club			Vitality M R305 M+1 R370 M+2+ R430	MULTIPLY Premier M=R278 M+1=R352 M+2=R386	HealthPrint BASIC - Free	N/A

This summary is for information purposes only and does not supersede the Rules of a Scheme. In the event of any discrepancy between the summary and the Rules of a Scheme, the Rules will prevail

Advice Provided by:

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In hospital Benefits

Name of Medical Scheme	DISCOVERY	MOMENTUM HEALTH	MEDIHELP	GENESIS
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IN HOSPITAL BENEFITS: <u>Rate of Cover for Specialist fees during hospitalisation Hospitals that may be utilized</u> (Pre-authorisation is required before treatment starts, or in case of an emergency within the next two business days) <u>Overall limits & Deductibles</u>	100% of Scheme Rate Contracted Specialists covered in full	100% of Scheme Rate (Associated specialists covered in full)	100% of Scheme Rate	100% of Scheme Tariff
	Any Hospital	Associated Hospitals	Any Hospital	Any Hospital
	Unlimited	Unlimited (R1,640 co-payment applies) 30% co-payment for use of non-network hospital	Unlimited	Unlimited (Co-payment applies if authorisation is not obtained)
Listed Procedures: <i>Procedures normally performed in hospital, performed in Doctor's room/Day Ward e.g.Gastroscopy, etc.</i>	In Hospital: Endoscopic Procedures *refer to last page for co-payments Out of Hospital: Scopes covered up to 100% of Scheme Rate, subject to pre-auth	Defined list of procedures covered, subject to pre-authorisation *refer to last page for co-payments (Refer to member guide for full list)	In the day surgery network: All Scopes: Unlimited. Co-payments (use of day surgery or further 35% co-payment) apply. *refer to last page In th doctors room: All scopes: Unlimited	Cost up 100% of Scheme Tariff for qualifying surgical procedures that would otherwise necessitate admission to hospital. No Benefit for Endoscopy
Maternity Benefits (In & Out of Hospital)	In Hospital: 3 days & 2 nights for natural birth / 4 days & 3 nights for caesarean Out of Hospital: 8 Antenatal visit (GP/Gynae/Midwife), 1 NIPT test, selected blood tests, 2 ultrasound scans, 5 pre- or postnatal classes (refer to member guide for all listed benefits)	In Hospital: Unlimited Out of Hospital: 12 antenatal visits, 2 scans, 2 paediatric visits in baby's first year, 1 nurse home visit 1st day after discharge, 2 weeks and 6 weeks after initial visit - subject to registration on maternity programme (refer to member guide)	In Hospital: Unlimited. Home Delivery limit of R14,100 Out of Hospital: 10 pregnancy consultations (pro-rata) & 2 x 2D scans per family & 2 paediatrician visits in baby first year. (refer to member guide for full benefits)	In-Hospital: Cost up to 100% of Scheme Tariff. Out of Hospital: No Benefit
Psychiatric & Psychological Treatment	In Hospital: 21 Days per beneficiary OR Out of Hospital: 15 consultations per beneficiary. Subject to PMB and DSP. Cover up to 80% if non-DSP is used	In Hospital: R38,500 per beneficiary OR Out of Hospital: Sub-limit of 21 days for drug and alcohol rehab, subject to treatment at a preferred provider	In & Out of Hospital: R20,800 per beneficiary to max of R31,600 per family <i>Out of hospital benefit applicable to psychiatric treatment only</i>	Benefits limited to PMBs. Claims will be paid in full when obtained from a DSP. When treated in a non-DSP claims will be paid up to 100% of Scheme Tariff when hospitalised, or the lower of cost or R1,000 per contact out of hospital, further limited to R36,000 pbpa
MRI & CAT Scans (In & Out of Hospital)	In-Hospital: Related to approved admission (subject to pre-auth) up to 100% of Scheme Rate. Unrelated event OR as part of admission for conservative neck and back scans - No Benefit Out-of-Hospital: No Benefit	In & Out of Hospital: Unlimited. subject to pre-authorisation. R2,740 co-payment applies	In & Out of Hospital: Unlimited. *Co-payment applies. Subject to request of a specialist, clinical protocols and pre-auth	In Hospital: Cost up to 100% of Scheme Tariff, ltd to 2 scans pfpa. Limit of R7,350 per scan. R2,750 co-payment per scan Out of Hospital: No Benefit
Oncology/Cancer (In & Out of Hospital)	Oncology Programme covers first R200,000 of approved cancer treatment over 12 month period. Unlimited thereafter, with a 20% co-payment	R300,000 per beneficiary per year, thereafter a 20% co-payment applies. Treatment must be obtained from an oncologist authorised by the Scheme	PMB Unlimited Non-PMB limit of R230,000 pfpa Protocols and DSP (ICON) apply. Co-payments apply to voluntary non-network services (10%) and/or deviating from protocol (20%)	Annual in hospital limit of R50,000 pb up to 100% of Scheme Tariff Out of Hospital: Subject to PMBs
HIV/Aids - Sub limits on Medicine might apply	Subject to registration on HIVCare Programme and use of Network Providers. 20% co-pay applies for use of non DSP	At chosen network provider: Unlimited Anti-retroviral treatment, R72,700 per family for HIV related admissions	LifeSense Disease Management is the managed healthcare partner for HIV/Aids. DSP for HIV/Aids medicine: Dis-Chem Direct and Medipost	Subject to PMBs
Ambulances Services/Administrators used by the Scheme (In case of an Emergency any service can be used)	Discovery 911	Netcare 911	Netcare 911	ER24
Discharge Medicine (Take Home Medicine)	Subject to PMB <u>OR</u> for your own pocket	7 days supply	R370 per beneficiary per admission	No Benefit

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Emergency Ward Treatment which does not result in Hospitalisation	No Benefit	Subject to Health Saver, if available	Subject to Day-to-Day Benefits	No Benefit
International Medical Travel Assistance	Cover up to R5 million per beneficiary per journey for emergency hospitalisation, incl emergency evacuation & transportation. Max of 90 days from date of departure. Specific rules apply and pre-existing conditions are excluded	Emergency cover by ISOS: R7.66 million pb per 90 day journey (incl. R15,500 cover each for emergency Optometry and Dentistry and R765,000 terrorism cover). R1,630 co-pay per outpatient claim	Maximum of 90 days cover in emergencies only, from date of departure. Transport by Road: R2,210 per case, by Air: R14,700 per case	No Benefit
Post Hospitalisation Benefit (<i>Treatment after discharge pertaining to hospitalisation paid from Risk benefits</i>)	Access to Connected Care. Includes cover and treatment for COVID-19 and/or follow-up care once discharged. (<i>refer to brochure for details</i>)	R55,000 per family for medical rehabilitation, step-down facilities, private nursing and Hospice. Protocols apply	Unlimited sub-acute care and private nursing services as an alternative to hospitalisation. Speech therapy, occupational therapy & physiotherapy covered up to 30 days after discharge, limited to R2,000 single member or R2,800 pfpa. Palliative Care R20,800 pfpa	No Benefit
Internally Implanted Protheses (<i>Limits apply only on Protheses</i>)	Shoulder Joint Protheses, Major Joints Surgery, Prosthetic devices used in Spinal Surgery: Unlimited at a Network Provider - <u>otherwise</u> limits apply <i>Refer to Member Guide for full list and limits</i>	Intraocular lenses: R5,900 pb per event; Other internal protheses: R50,200 pb per event All limited to maximum of 2 events per year. All limited to maximum of 2 events per year	Prosthesis subject to pre-authorization, protocols and case management. Sub-limits apply (<i>Benefits not applicable to wear/tear</i>) <i>Refer to member guide for full list and limits</i>	50% of cost up to R20,000 per beneficiary per annum
Dialysis	Subject to registration, approval of treatment plan and use of network provider, otherwise co-payments will apply	Unlimited, subject to Management Programme. Treatment must be obtained from State facilities	Unlimited. Acute (subject to hospital authorisation) and Chronic (subject to pre-authorization and clinical protocols)	No Benefit
Chronic Benefits: <i>All Schemes provide unlimited <u>Prescribed Minimum Benefits (PMB)</u> for the treatment of Conditions (Chronic Disease List) e.g. Diabetes, Asthma, Cholesterol, Hypertension, etc. <u>Benefits are Subject to</u> a Scheme treatment plan, formulary, registration, pre-authorization and a Designated Service Provider (DSP) to avoid a co-payment.</i>	Cover for Prescribed Minimum Benefits, subject to approval DSP: MedXpress or MedXpress Network Pharmacy 20% co-payment applies for use of non-DSP Pharmacy	Cover for Prescribed Minimum Benefits DSP: State facilities Subject to registration on Chronic Management Programme and approval by the Scheme	Cover for Prescribed Minimum Benefits DSP: Any Co-payments may apply	Cover for Prescribed Minimum Benefits Limited to the extent of the therapeutic algorithms. 100% of the cost of formulary drugs DSP: Any

Out of hospital Benefits

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<p>OUT OF HOSPITAL BENEFITS: *Day-to-Day Benefits, or **Savings, which is included in the Total Monthly Premium to make provision for medical expenses that does not require hospitalisation e.g. GP visits & Dentistry is displayed on this page.</p> <p>Available Supplementary Benefits (if applicable)</p> <p>TOTAL *In-Scheme Day-to-Day Benefits (if applicable) & or **Savings:</p>	<p>Supplementary Benefits covered from Risk (subject to pre-auth) Screening & Prevention Benefit: Blood Glucose, BP, Cholesterol, BMI, Mammogram (every 2 yrs), Pap smear (every 3 yrs), PCA (every yr), HIV, Flu vaccine (for pregnancy, over 65yrs or certain chronic), subject to clinical criteria</p> <p>Child Screening: Growth assessment, health and milestone tracking</p> <p>Maternity: (Cover for first 2 years after birth) 2 GP, paediatric or ENT visits, 1 Midwife, GP or Gynae consult (6 week) post birth, 1 Dietitian nutritional assessment, 2 Mental health consult with a counsellor or psychologist & 1 lactation consult with a registered nurse or specialist. Subject to Wellness Network Providers Connected Care: Access to care from home</p>	<p>In Hospital Benefits only and subject to HealthSaver* if available</p> <p>Early detection tests: Health Assessment, dental consult, pap smear, mammogram (every 2 years), DEXA scan (every 3 years), physical & prostate exam (every 2,3 or 5 years - age specific), cholestrol, blood sugar, glaucoma, HIV</p> <p>Preventative care: Baby immunisation (up to age 6), flu vaccine, tetanus injection (when needed), pneumococcal vaccine (over 60 years) <i>(Refer to member guide for full details)</i></p>	<p>Benefits covered by Insured Day-to-Day Benefits - see annual amounts below</p> <p>Screening Benefits: Glucose test, cholesterol test, BMI, BP, mammogram, pap smear, prostate, HIV, FOBT Immunisations: Flu vaccine, tetanus, HPV, Pneumovax, child immunisations Back treatment programme 1 Dietician visit (if BMI) Contraceptives, Heath Tests Care Extender Benefit <i>Refer to member guide for full benefits and limits</i></p>	<p>Benefits paid from Risk</p> <p>Maxillo-facial surgery cover provided (major trauma / accident), In-hospital dental treatment available. <i>Refer to member guide for details</i></p>																								
	<table border="1"> <tr> <td>Annual Savings</td> <td>N/A</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>N/A</td> </tr> </table>	Annual Savings	N/A			Total	N/A	<table border="1"> <tr> <td>Annual Savings</td> <td>N/A</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>N/A</td> </tr> </table>	Annual Savings	N/A			Total	N/A	<table border="1"> <tr> <td>Day-to-Day Benefit</td> <td>R 2 600</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>R 2 600</td> </tr> </table>	Day-to-Day Benefit	R 2 600			Total	R 2 600	<table border="1"> <tr> <td>Annual Savings</td> <td>N/A</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>N/A</td> </tr> </table>	Annual Savings	N/A			Total	N/A
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ProRata disclosure (Inception Date :01/01/-2022)	Pro Rated Benefits N/A	Pro Rated Benefits N/A	Pro Rated Benefits R 2 600	Pro Rated Benefits N/A																								
Annual Threshold/Safety Net limit to be reached:	N/A	N/A	N/A	N/A																								
Estimated Self Payment Gap:	N/A	N/A	N/A	N/A																								
General Practitioner Visits	No Benefit	Subject to Health Saver, if available	Subject to Day-to-Day Benefits	No Benefit																								
Specialist Visits	No Benefit	Subject to Health Saver, if available	Subject to Day-to-Day Benefits	No Benefit																								
Prescribed/ Acute Medicine	No Benefit	Subject to Health Saver, if available	Subject to Day-to-Day Benefits	No Benefit																								
Basic Dentistry (Consultations, Oral hygiene, Extractions & Fillings)	No Benefit	Subject to Health Saver, if available	No Benefits	Benefits pbpa: 3 examinations, 6 fillings, tooth extractions, 6 x-rays, 2 root canal treatments, 1 scale and polish. Limit of R5,000 for crowns, bridges or dentures. Implants limited to R10 000 / 3-year financial year cycle																								
Specialised/Advanced Dentistry	No Benefit - see Dental below	Subject to Health Saver, if available	No Benefits	No Benefit																								
Auxiliary Services (Homeopaths, Dieticians, Clinical psychologists, Speech therapists, Physiotherapy, Chiropractors & Occupational therapists)	No Benefit	Subject to Health Saver, if available	No Benefits	No Benefit																								
Mental Health	<i>Refer to In-Hospital Psychiatric Benefits</i>	Subject to Health Saver, if available	No Benefits	No Benefit																								
Optical	No Benefit	Subject to Health Saver, if available	No Benefit	No Benefit																								

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Radiology & Pathology	No Benefit	Subject to Health Saver, if available	No Benefit	No Benefit
<p>*In Scheme Day-to-Day Benefits:Benefits that are part of Risk Cover, unused benefits will not carry over to next year.</p> <p>**Savings:Fixed Rand Amount for Day-to-Day Benefits upfronted annually. Savings that are not used for be carried over to next year. All Day-to-Day Benefits and Savings is calculated <i>pro-rata</i> per annum.</p>	<p>*CO-PAYMENTS: DEFINED LIST OF PROCEDURES: R5,950 admission to facility outside of day surgery network ENDOSCOPIC PROCEDURES: R6,550 - R8,150 in-hospital R3,800 - R4,650 day-clinic DENTAL: >13 yrs: R7,350 in-hospital R4,700 day-clinic. <13 yrs: R2,8750 in-hospital R1,300 day-clinic. All costs related to dental appliances and orthodontic treatment is members liability. Severe dental surgery benefit covers a defined list of procedures with no deductibles or limits</p>	<p>*CO-PAYMENTS: R1,640 for procedures and treatments regardless of where they are performed, R3,280 for In Hospital procedures (Joint replacements, Laparoscopies etc.) R1,640 for Out of Hospital procedures (Gastrosopies, Colonoscopies etc.) <i>(Refer to member guide for full details) - certain procedures may only be done in hospital</i></p> <p>Optional HEALTH SAVER available to fund additional day-to-day expenses not covered by the option</p>	<p>Pay for max of 2 Children under 18yrs. Pay child rate for all child dependants until they turn 26yrs *CO-PAYMENTS: Endoscopic Procedures (In Hospital/Day Clinic): R4,400; (In Doctors Rooms): No co-payment Spinal Column Surgery: R15,700</p> <p>Prostatctomy, Hysterectomy and endometrial ablation: R6,800 MRI/CT Scans: R2,800 Dental Procedures: R3,560 <i>Refer to member guide for full list</i> 20% co-payment applies per admission if not pre-authorised 35% co-payment applies for use of out-of-network hospitals by choice <i>Refer to member guide for full details</i> 35% co-payment applies for use of out-of-network hospitals by choice <i>Refer to member guide for full details</i></p>	<p>CO-PAYMENTS: R2,750 for MRI/CT Scans</p>

Glossary of the terms and Abbreviations

Below is an explanation of some of the terms and abbreviations you may encounter in the accompanying benefit comparisons or Scheme documentation.

MSA or Savings	MSA or Savings Medical Savings Account			
	A savings facility attached to certain Scheme Options to which members contribute monthly, which is limited to a maximum of 25% of total monthly contributions. Normally a credit equal to 12x the monthly savings contribution is available upfront. This amount is pro-rated for members joining during the year, depending on the months left to the end of the year.			
PP/DSP	Preferred Provider/Designated Service Provider			
	A service provider with whom the Scheme has negotiated preferential rates, or who is part of a preferred provider network.			
PMB	Prescribed Minimum Benefits			
	A list of 270 conditions or group conditions and 26 chronic illness conditions as listed in Annexure A of the Medical Schemes Act for which any Scheme is obliged members certain minimum benefits in the form of diagnosis, treatments and services.			
CDL	Chronic Disease List			
	A specified list of 26 chronic conditions forming part of the Prescribed Minimum Benefits in respect of which all schemes are obliged to cover in full according to the specific Scheme or Option treatment plans and protocols.			
LJP	Late Joiner Penalty			
	A contribution loading imposed on persons older than 35 who were not members or dependants of a medical scheme from a date before 1 April 2001. The loading is based on the Risk portion of the contribution and is calculated according to the years without cover after the age of 35, with credit given for years of cover after the age of 21, according to the following scales:			
	1-4 years - 5%	5-14 years - 25%	15-24 years - 50%	25+ years - 75%
OAL	Overall Annual Limit			
	An upper limit, normally expressed as a Rand amount, to which claims are restricted during a benefit year for Hospital claims only or all claims incurred by the member and paid by die Scheme.			
ATB	Above Threshold Benefit			
	A benefit forming part of certain Scheme Options that provides continued cover for day-to-day claims and accessed after depletion of a member’s MSA, together with reaching a specified Threshold in accumulated legitimate claims, expressed as a Rand amount.			
Formulary	A defined list of medicine used in the treatment of various diseases.			
General Waiting Period	A period in which a Beneficiary is not entitled to claim any benefits. A general waiting period of 3 months will usually be applicable if a member was not previously a member of registered medical scheme, or was a member of a medical scheme for more than two years and the change of medical scheme was not as a result of a change of employment, or if the period between the termination of membership of a previous scheme and joining a new scheme is more than ninety days.			
Condition-specific Waiting Period	A period during which a beneficiary is not entitled to claim benefits in respect of a condition for which medical advice, diagnosis, care or treatment was recommended or received within the twelve (12) month period ending on the date on which an application for members was made. A 12 month condition-specific waiting period will usually be applicable if a member was not previously a member of a registered medical scheme, or was a member of a medical scheme for less than two years and the change of medical scheme was not as a result of a change of employment, or if the period between the termination of membership of a previous scheme and joining a new scheme was more than ninety days.			
BP	Blood Pressure			
p/b	per beneficiary			
p/f	per family			
p/a	per annum			
*The following waiting periods may apply	3-month general waiting period	12-month conditional waiting period	Applicable to PMBs	
New applicants, or persons not members for preceding 90 days	Yes	Yes	Yes	
Applicants who were members for less than 2 years without a break for longer than 90 days	No	Yes	No	
Applicants who were members for more than 2 years without a break for longer than 90 days	Yes	No	No	
Change of benefits	No	No	N/A	
Child-dependants born during period of membership and where the scheme has been notified	No	No	N/A	
Involuntary transfer due to a change of employment or employer changing scheme	No	No	N/A	