

Name of Medical Scheme			DISCOVERY	MEDIHELP	MOMENTUM HEALTH	GENESIS
Name of Option			(2022) Classic Smart Plan	(2022) MedVital Elect	(2022) Evolve: Network	(2022) Private Choice
Description of Cover			Capitation (Smart Network)	Hospital Plan	Hospital Plan (Evolve Network)	Hospital Plan
Description	Age	LJP	Risk	Risk	Risk	Risk
Principal Member	0		R 2 070	R 1 650	R 1 345	R 1 390
Adult Dependent 1	0		R 1 634	R 1 200	R 1 345	R 1 390
Child 1	0		R 827	R 648	R 1 345	R 455
			R 4 531	R 3 498	R 4 035	R 3 235
Total Monthly Contribution			R 4 531	R 3 498	R 4 035	R 3 235
Optional Loyalty Club			Vitality M R305 M+1 R370 M+2+ R430	HealthPrint BASIC - Free	MULTIPLY Premier M=R278 M+1=R352 M+2=R386	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	MEDIHELP	MOMENTUM HEALTH	GENESIS
Name of Option	(2022) Classic Smart Plan	(2022) MedVital Elect	(2022) Evolve: Network	(2022) Private Choice
IN HOSPITAL BENEFITS: <u>Rate of Cover for Specialist fees during hospitalisation Hospitals that may be utilized</u> (Pre-authorization is required before treatment starts, or in case of an emergency within the next two business days) <u>Overall limits & Deductibles</u>	200% of Scheme Rate Contracted Specialists covered in full	100% of Scheme Rate	100% of Scheme Rate (Associated specialists covered in full)	100% of Scheme Tariff
	Smart Hospital Network	Network Hospitals	Evolve Network Hospitals	Any Hospital
	Unlimited (R10,400 co-pay for use of non-network hospital)	Unlimited (35% co-pay for use of non-network hospitals)	Unlimited (R1,640 co-payment applies) 30% co-payment for use of non-network hospital	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 and use of Smart Network only	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	Defined list of procedures covered, subject to pre-authorization *refer to last page for co-payments (Refer to member guide for full list)	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 subject to GP Smart Network only (refer to member guide for all listed benefits)	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: 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: 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 & 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>	Limited to Prescribed Minimum Benefits, 21-day limit applies to drug and alcohol rehabilitation	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. If not related to you admission or for conservative neck and back scans R3,270 co-pay applies, balance paid from Risk Out-of-Hospital: R3,270 co-pay applies, balance paid from Risk (Conservative neck and back scans, specific rules and limits apply)	In & Out of Hospital: Unlimited. *Co-payment applies. Subject to request of a specialist, clinical protocols and pre-auth	In & Out of Hospital: Unlimited. subject to pre-authorization. R2,740 co-payment applies	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	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%)	R200,000 per beneficiary per year, thereafter a 20% co-payment applies. Treatment must be obtained from Evolve Network of Oncologists	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	LifeSense Disease Management is the managed healthcare partner for HIV/Aids. DSP for HIV/Aids medicine: Dis-Chem Direct and Medipost	At chosen network provider: Unlimited Anti-retroviral treatment, R41,000 per family for HIV related admissions	Subject to PMBs

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Ambulances Services/Administrators used by the Scheme <i>(In case of an Emergency any service can be used)</i>	Discovery 911	Netcare 911	Netcare 911	ER24
Discharge Medicine (Take Home Medicine)	Subject to PMB <u>QR</u> for your own pocket	R370 per beneficiary per admission	7 days supply	No Benefit
Emergency Ward Treatment which does not result in Hospitalisation	No Benefit	Subject to Day-to-Day Benefits	Subject to Health Saver, if available	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	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	Emergency cover by ISOS: R5 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	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>	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	R46,900 per family for medical rehabilitation, step-down facilities, private nursing and Hospice. Protocols apply	No Benefit
Internally Implanted Prostheses <i>(Limits apply only on Prostheses)</i>	Shoulder Joint Prostheses, Major Joints Surgery, Prosthetic devices used in Spinal Surgery: Unlimited at a Smart Network Provider - <u>otherwise</u> limits apply <i>Refer to Member Guide for full list and limits</i>	Prosthesis subject to pre-authorisation, 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>	Intraocular lenses: R5,400 pb per event; Other internal prostheses: R35,900 pb per event All limited to maximum of 2 events per year. Joint replacements limited to PMBs and state facilities	50% of cost up to R20,000 per beneficiary per annum
Dialysis	Subject to approval of treatment plan and use of network provider or state facility, otherwise co-payments will apply	Unlimited. Acute (subject to hospital authorisation) and Chronic (subject to pre-authorisation and clinical protocols)	Limited to Prescribed Minimum Benefits at State facilities	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-authorisation 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 and formulary applies Co-payments may apply	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 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)</p> <p>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 Trauma Recovery Extender Benefit Connected Care: Access to care from home <i>(refer to member guide for 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</p> <p>Immunisations: Flu vaccine, tetanus, HPV, Pneumovax, child immunisations</p> <p>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>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), cholesterol, 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 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>																
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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	Unlimited visits at a Smart Network GP. R60 co-payment is applicable. Video consults with your Smart Network GP covered in full	Subject to Day-to-Day Benefits	Subject to Health Saver, if available	No Benefit																
Specialist Visits	Sport Injuries: 2 specialist visits per beneficiary. Subject to referral of Smart Network GP	Subject to Day-to-Day Benefits	Subject to Health Saver, if available	No Benefit																
Prescribed/ Acute Medicine	Limit of R1,620 pbpa and R2,700 pfpa for schedule 3 and above. Subject to network formulary and use of a network pharmacy (Clicks and Dis-Chem). OCT meds limit of R740 pfpa	Subject to Day-to-Day Benefits	Subject to Health Saver, if available	No Benefit																

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Basic Dentistry (Consultations, Oral hygiene, Extractions & Fillings)	1 defined dental check-up pdpa. R115 co-payment is applicable	No Benefits	Subject to Health Saver, if available	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	No Benefits	Subject to Health Saver, if available	No Benefit
Auxiliary Services (Homeopaths, Dieticians, Clinical psychologists, Speech therapists, Physiotherapy, Chiropractors & Occupational therapists)	Sport Injuries: 4 visits to either Physio, Bio or Chiro. Subject to referral of Smart Network GP	No Benefits	Subject to Health Saver, if available	No Benefit
Mental Health	<i>Refer to In-Hospital Psychiatric Benefits</i>	No Benefits	Subject to Health Saver, if available	No Benefit
Optical	One eye test pbpa, at a Smart Network. R60 co-payment is applicable	No Benefit	Subject to Health Saver, if available	No Benefit
Radiology & Pathology	Sport Injuries: Cover for basic X-rays. R115 co-payment for x-rays, per visit	No Benefit	Subject to Health Saver, if available	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 <u>pro-rata</u> per annum.</p>	<p>*CO-PAYMENTS: DEFINED LIST OF PROCEDURES: R10,400 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: R2,850 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>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 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-authorized 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: 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> Optional HEALTH SAVER available to fund additional day-to-day expenses not covered by the option</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	