

2024 **GAP**
COVER



Reimagining your healthcare

You and your family already have medical scheme cover, but unexpected medical costs can place significant financial strain on your family.

This could include when healthcare professionals charge more than what your medical scheme pays or when you have a life-changing event.

Gap cover from Discovery is a cost-effective solution that gives you ***additional financial protection against these unforeseen costs.***



This brochure is a summary of the key features and benefits of Discovery Gap Cover. You can read full details on www.discovery.co.za and in your policy schedule after activating the product. Discovery Gap Cover is an insurance product. This is not a medical scheme and the cover is not the same as that of a medical scheme. It is not a substitute for medical scheme membership. Discovery Gap Cover is a non-life insurance policy, underwritten by Discovery Insure Ltd, registration number 2009/011882/06, a licensed insurer and an authorised financial services provider.



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Why Gap Cover from Discovery?



In- and out-of-hospital cover

Discovery Gap Cover gives you rich protection against shortfalls for specialist treatment received in-hospital and extended cover for specific shortfalls incurred out-of-hospital



Extended cover for scopes and scans

You get cover for co-payments and deductibles that apply to MRI and CT scans out-of-hospital, and endoscopies done in-hospital



Comprehensive cover for cancer

Discovery Gap Cover provides additional funding to help cover oncology co-payments



International travel cover

Discovery Gap Comprehensive provides cover for shortfalls on approved international claims while you travel outside of South Africa



Hassle-free payments

With Discovery Gap Cover, you do not need to submit a separate claim to us. Gaps are identified, assessed and paid once the medical scheme claim has been processed



Affordable premiums

Starting at just R130 for a single member for Discovery Gap Cover you get cost-effective protection at competitive rates



Discovery Gap Cover

You can choose between the Discovery Gap Comprehensive and Core options to suit your needs. You get cover for tariff shortfalls on in-hospital specialist claims, cancer-related claims, specific out-of-hospital costs, private ward cover, cover for international claims, and scopes and scans, depending on the option you choose.



In-hospital Specialist Gap Cover

Pays you up to 250% of your medical scheme rate on the Core option or up to 500% of your medical scheme rate on the Comprehensive option when your approved in-hospital specialist claim is higher than what your medical scheme pays your specialist.



Hospital Admission Benefit Extender

- On the Comprehensive option, you get an extra benefit of up to R15 000 on each policy to cover any additional gaps over and above what is covered by In-hospital Specialist Gap Cover, as well as private ward cover and specific out-of-hospital shortfalls related to an authorised hospital admission.
- On the Core option, you get an extra benefit of up to R7 500 per policy to cover any additional gaps over and above what is covered by In-hospital Specialist Gap Cover.



Benefit Extenders

Oncology

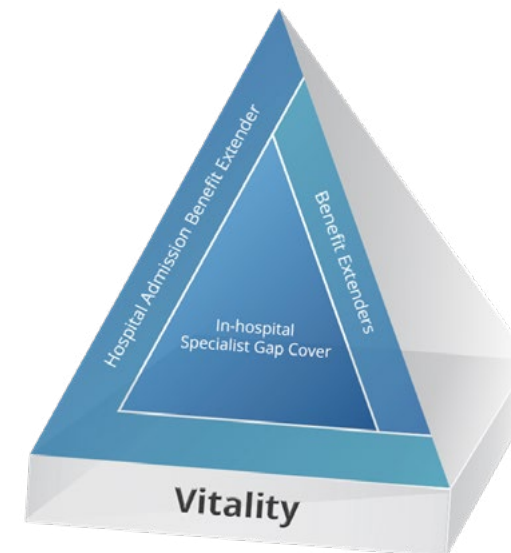
Provides cover of up to R100 000 a year on the Comprehensive option or up to R75 000 a year on the Core option for shortfalls on approved cancer-related claims once the medical scheme's oncology threshold has been reached. Your cover depends on the option you choose.

Travel*

Provides cover for shortfalls on approved emergency international claims incurred while you travel outside of South Africa.*

Scopes and Scans*

Provides cover for co-payments and deductibles that apply to MRI and CT scans out-of-hospital, and for endoscopies performed in-hospital.*



An overall annual limit of R198,000 applies to each person.

* Only available on the Discovery Gap Comprehensive option



Discovery Gap Cover

The In-hospital Specialist Gap Cover and Benefit Extenders work together to provide comprehensive levels of cover for specified healthcare services.

You can choose from two Discovery Gap Cover options

	DISCOVERY GAP COMPREHENSIVE	DISCOVERY GAP CORE
In-hospital Specialist Gap Cover	Provides cover of up to 500% of the medical scheme rate over and above what your medical scheme pays	Provides cover of up to 250% of the medical scheme rate over and above what your medical scheme pays
	You will receive up to R15 000 extra gap cover for:	You will receive up to R7 500 extra gap cover for:
	Shortfalls still remaining on approved specialist claims in-hospital, over and above what is covered by your In-hospital Specialist Gap Cover	
Hospital Admission Benefit Extender	Specified out-of-hospital expenses related to your authorised hospital admission	
	Private ward cover for an approved hospital admission, subject to hospital availability. Covers the difference in cost between the general ward fee your medical scheme covers for your authorised hospital admission and the private ward fee you are charged when you are admitted to a private ward, subject to a maximum of 5 nights a person a year	
	Oncology Benefit Extender	Oncology Benefit Extender
	<ul style="list-style-type: none"> Provides up to R100 000 a person a year, to cover shortfalls on approved cancer-related claims once you have reached your scheme's oncology threshold 	<ul style="list-style-type: none"> Provides up to R75 000 a person a year, to cover shortfalls on approved cancer-related claims once you have reached your scheme's oncology threshold
	Scopes and Scans Benefit Extender	
	<ul style="list-style-type: none"> Provides cover for co-payments or deductibles on the hospital account for endoscopies (gastroscopy, sigmoidoscopy, proctoscopy and colonoscopy), related to an authorised hospital admission Provides cover for the co-payment that applies to out-of-hospital MRI and CT scans when the balance is covered by your medical scheme 	
Benefit Extenders	Travel Benefit Extender	
	<ul style="list-style-type: none"> You get cover for shortfalls on approved emergency medical claims while traveling outside of South Africa, including the \$150 / €100 deductible on emergency out-of-hospital claims. This benefit also covers shortfalls on the Cleveland MyClinic second opinion consultation fee 	

An overall annual limit of R198,000 applies to each person.

You have additional hospital cover

In-hospital Specialist Gap Cover

When you are admitted to hospital, your specialist may charge more than the amount covered by your medical scheme. When this happens, our gap cover pays for these tariff shortfalls on your approved specialist in-hospital claims.

Your dental specialist's claims qualify for funding from this benefit where the claim was funded by your scheme's hospital benefit.

In-hospital Specialist Gap Cover gives you cover of up to **500% of the medical scheme rate on Discovery Gap Comprehensive** and up to **250% on Discovery Gap Core**.

PLAN TYPE	Discovery Gap Comprehensive			Discovery Gap Core	
	MEDICAL SCHEME COVERS	IN-HOSPITAL SPECIALIST GAP COVER	TOTAL COVER FOR IN-HOSPITAL SPECIALIST CLAIMS*	IN-HOSPITAL SPECIALIST GAP COVER	TOTAL COVER FOR IN-HOSPITAL SPECIALIST CLAIMS*
Discovery Health Medical Scheme Executive Plan covers specialist claims in-hospital up to a maximum of three times (300%) of the Scheme Rate	300%	500%	800%	250%	550%
Discovery Health Medical Scheme Classic plans covers specialist claims in-hospital up to a maximum of two times (200%) the Scheme Rate	200%		700%		450%
Discovery Health Medical Scheme Essential and Coastal plans covers specialist claims in-hospital up to a maximum of the Scheme Rate (100%)	100%		600%		350%

* Gaps still experienced over and above those covered by In-hospital Specialist Gap Cover are automatically covered by the Hospital Admission Benefit Extender.



The Hospital Admission Benefit Extender further extends your cover for shortfalls on approved, in-hospital specialist claims up to the rate your specialist charges, subject to your benefit entitlements.

Annual Hospital Admission Benefit Extender

The amount of additional cover you get depends on your family structure, Discovery Vitality Health status and health plan type, and is subject to the overall annual limit of R198,000 a person.



Discovery Gap Comprehensive

PLAN	FAMILY STRUCTURE	DISCOVERY VITALITY HEALTH STATUS				
		NONE/BLUE	BRONZE	SILVER	GOLD	DIAMOND
MSA PLANS*	SINGLE	R3 750	R4 685	R5 625	R6 565	R7 500
	FAMILY	R7 500	R9 375	R11 250	R13 125	R15 000
NON-MSA PLANS**	SINGLE	R1 875	R2 345	R2 815	R3 280	R3 750
	FAMILY	R3 750	R4 685	R5 625	R6 565	R7 500

Discovery Gap Core

	FAMILY STRUCTURE	DISCOVERY VITALITY HEALTH STATUS				
		NONE/BLUE	BRONZE	SILVER	GOLD	DIAMOND
	SINGLE	R1 875	R2 345	R2 815	R3 280	R3 750
	FAMILY	R3 750	R4 685	R5 625	R6 565	R7 500

* Plans with a Medical Savings Account

** Plans without a Medical Savings Account.



You have additional hospital cover

Hospital Admission Benefit Extender

Discovery Gap Comprehensive and Core

You have up to **R15 000** extra gap cover on the Comprehensive option and up to **R7 500** extra gap cover on the Core option, which you can use for shortfalls still remaining on approved specialist claims in-hospital, over and above what is covered by your In-hospital Specialist Gap Cover.

Discovery Gap Comprehensive

On Discovery Gap Comprehensive, the following additional healthcare services are covered by the Hospital Admission Benefit Extender where your hospital admission was approved by your medical scheme:



Private ward cover*

Covers the difference in cost between the general ward fee covered by your medical scheme and the private ward fee for approved hospital admissions.



Out-of-hospital specialist claims

Covers shortfalls on your admitting specialist's claims that occur within one month before a hospital admission, if your admitting specialist charges more than the amount covered by your medical scheme.



Third-trimester maternity claims***

Covers shortfalls where specific third-trimester maternity claims are higher than the amount covered by your medical scheme's maternity benefit.



Medicine prescribed on discharge**

Covers shortfalls on your claims for medicine provided to take home when you are discharged from hospital.



Out-of-hospital radiology**

Covers shortfalls on radiology claims that occur within one month before a hospital admission, if your radiologist charges more than the amount covered by your medical scheme.



Out-of-hospital rehabilitation**

Covers shortfalls on claims for the professional fees charged by certain allied healthcare professionals in the month after your discharge from hospital, if your allied healthcare professionals charge more than the amount covered by your medical scheme.

The In-hospital Specialist Gap Cover and Hospital Admission Benefit Extender **work together to provide comprehensive levels of cover** for specified healthcare services

* Subject to a maximum of 5 nights a person a year and subject to hospital availability

** Only available to medical scheme plans with a Medical Savings Account

*** If your medical scheme plan does not include a Medical Savings Account, your gap cover only covers shortfalls on third trimester claims paid from the Scheme's maternity risk benefit



Additional Benefits

Hassle-free claims payment

- You do not need to submit a separate Discovery Gap Cover claim to us.
- By providing consent to access your claims information, we will automatically identify any potential gap cover claims, and then pay according to your Discovery Gap Cover benefits once the medical scheme claim is processed.
- You will also receive a claims statement where you will see how your gap cover policy has covered any shortfalls.



Benefit Extender

Oncology Benefit Extender

- Once you are registered on your scheme's oncology benefit and you have reached the oncology threshold, the Oncology Benefit Extender will help you cover co-payments for cancer-related expenses approved by your medical scheme.
- You will receive up to R100 000, depending on the Discovery Gap Cover option you choose, to cover shortfalls on approved cancer-related claims once you have reached your scheme's oncology threshold.

ANNUAL BENEFIT PER PERSON	DISCOVERY GAP COMPREHENSIVE	DISCOVERY GAP CORE
Discovery Health Medical Scheme Executive and Comprehensive plans	R100 000	R75 000
Other plans	R40 000	R30 000

Scopes and Scans Benefit Extender

On the Discovery Gap Comprehensive option you get cover for co-payments that apply to:

- The hospital account for approved endoscopies (gastroscopy, sigmoidoscopy, proctoscopy and colonoscopy)
- Out-of-hospital MRI and CT scans, when your medical scheme covers the rest of the account.

Travel Benefit Extender

On the Discovery Gap Comprehensive option you can get cover for shortfalls on emergency medical claims incurred while travelling outside of South Africa. Your policy covers the following shortfalls on International Travel Benefit claims, approved by your medical scheme:

- The \$150 / €100 deductible on emergency out-of-hospital claims
- Shortfalls on claims approved by your Scheme, once you have reached your scheme's travel limit of R5 million (\$1 million on Executive plans) per person per trip
- Shortfalls on the Cleveland MyClinic second opinion consultation fee.

Cover starts after any applicable waiting periods have ended



Eligibility for Discovery Gap Cover Comprehensive and Core options

Only members of Discovery Health Medical Scheme qualify for Discovery Gap Cover. KeyCare plans are excluded. If you downgrade your health plan to a KeyCare plan, your Gap Cover policy will be cancelled.

Exclusions

- All claims excluded by your medical scheme plan
- All claims where the hospital admission was not approved by your medical scheme and you did not get an authorisation number (except for in-hospital dentistry specialist claims, where the admission is not subject to a hospital authorisation)
- Claims not processed, approved or covered by your medical scheme for any reason including plan deductibles (with the exception of MRI and CT scans, as well as endoscopies and the deductible applicable to the TytoHome Kit for third trimester maternity claims) and where you have exceeded your available plan limits or benefit entitlements (except for International Travel Benefit limits), or if the claim is not recognised as valid by your medical scheme
- Claims defined as out-of-hospital claims by your medical scheme, unless specified as an approved out-of-hospital claim that qualifies for funding from the policy's Benefit Extenders as specified in your Discovery Gap Cover policy guide
- All oncology-related co-payments that are part of innovative cancer treatments related to the scheme's Oncology Innovation Benefit
- Any claim where the Discovery Gap Cover overall limit of R198,000 per person per year has been reached
- Any claim related to weight-loss surgery
- Any claim where the healthcare service or treatment was not provided by an appropriately registered specialist (except for healthcare services specified in the Gap Cover Comprehensive Benefit Extender)
- Any claim that is incurred outside the borders of the Republic of South Africa or charged in any foreign currency, except claims that qualify for funding from the Travel Benefit Extender
- Any shortfalls on your scheme's Overseas Treatment Benefit claims
- Out-of-pocket payments not covered by the medical scheme, such as deductibles, exclusions and amounts claimed above health plan benefit limits, are excluded from Discovery Gap Cover. This does not apply to co-payments and deductibles that qualify for funding as part of Discovery Gap Comprehensive's Benefit Extenders

Discovery Gap Cover option changes

- You can downgrade from Discovery Gap Comprehensive to the Core option at any time with 30 days' notice. This change will be effective from the first day of the following month, following the notice period
- You can request an upgrade from Discovery Gap Core to the Comprehensive option at any time with 30 days' notice and underwriting may apply

Eligibility for Discovery Gap Cover Comprehensive and Core options



Waiting periods

- We apply waiting periods and exclusions to certain healthcare services from the start date of each person's gap cover policy
- There is an automatic three-month general waiting period for all healthcare services and treatment, except authorised emergency hospital admissions
- There is an automatic 12-month waiting period for any claims directly or indirectly related to the treatment of pregnancy and childbirth, endometrial ablations, hysterectomy, joint replacements, scopes (including minimally invasive scopes, endoscopies, hysteroscopies and arthroscopies), cataracts, cholecystectomy, wisdom teeth, orthognathic surgery, dental implants, tonsillectomy, grommets, adenoidectomy, nasal procedures, hernia procedures and reflux surgery
- If you or any of your dependants have a pre-existing medical condition when you apply for cover or upgrade your cover, we will exclude any claims relating to the treatment of this condition for the first 12 months
- If you can show that you have had gap cover with another insurance company for at least six consecutive months with less than 90 days' break in cover between the time you ended your policy with them and activated your policy with us, the three-month general, 12-month automatic and 12-month pre-existing-condition waiting periods may not apply to you
- If you have an existing Discovery Gap Cover policy and later downgrade your health plan from an Executive or Classic plan to an Essential or Coastal plan, you will need to complete a health questionnaire and a 12-month condition-specific waiting period may apply to any new conditions

Premiums

Discovery Gap Comprehensive

Age at entry of the oldest member on the Scheme plan	DISCOVERY HEALTH MEDICAL SCHEME EXECUTIVE AND CLASSIC PLANS		DISCOVERY HEALTH MEDICAL SCHEME ESSENTIAL PLANS		DISCOVERY HEALTH MEDICAL SCHEME COASTAL PLANS	
	Single member	Family	Single member	Family	Single member	Family
0 – 54	R 226	R 382	R 388	R 681	R426	R973
55 – 64	R382	R583	R710	R1,486	R780	R1,486
65+	R490	R809	R943	R1,954	R1,036	R1,954

Discovery Gap Core

Age at entry of the oldest member on the Scheme plan	DISCOVERY HEALTH MEDICAL SCHEME EXECUTIVE AND CLASSIC PLANS		DISCOVERY HEALTH MEDICAL SCHEME ESSENTIAL PLANS		DISCOVERY HEALTH MEDICAL SCHEME COASTAL PLANS	
	Single member	Family	Single member	Family	Single member	Family
0 – 54	R143	R247	R265	R478	R291	R682
55 – 64	R256	R305	R600	R991	R659	R991
65+	R297	R447	R899	R1,585	R988	R1,585

- Your Discovery Gap Cover premium depends on which Discovery Gap Cover option you choose, the medical scheme plan that you are on, and the age that the oldest member on your plan will turn at their next birthday after the application.
- Every person on your medical scheme plan must also be on your Discovery Gap Cover policy, subject to underwriting.
- If the oldest person leaves or joins the Scheme, or your family structure or plan type changes, your Discovery Gap Cover policy may be adjusted accordingly.
- From 1 December 2023, new joiners who are on a Discovery Health Medical Scheme Essential Plan have access to discounted premiums as part of the lower essential premium campaign. The premiums cited above, reflect the discounted premium. Please click [here](#) to view the terms and conditions.



Download the Discovery app 

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