



flexicare

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Flexicare

Benefit Guide

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Flexicare gives you peace of mind and certainty with smart affordable private day-to-day healthcare cover.

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Key terms

AGREED RATE

This is a rate we pay for healthcare services from healthcare providers.

CO-PAYMENT

This is an amount that you need to pay towards a healthcare service. The amount can vary depending on:

- The type of healthcare service
- The place of service
- The amount that the service provider charges (if they charge more than the agreed rate, you must pay the difference)

If the co-payment amount is higher than the amount that the provider charges for the healthcare service, you must pay the cost of the healthcare service.

COVER

Cover refers to the benefits you have access to and how we pay for these healthcare services on your Flexicare plan. This includes services such as medically appropriate GP consultations, blood tests, X-rays, medicine, optometry and dentistry.

DAY-TO-DAY BENEFITS

You have cover for a defined set of medical expenses, such as medically appropriate GP consultations, blood tests, X-rays, medicine, optometry and dentistry in our networks.

EMERGENCY MEDICAL CONDITION

An emergency medical condition (also just called an emergency) is the sudden and, at the time, unexpected start of a health condition. This condition must need immediate medical and surgical treatment where if you do not treat it, it would:

- Cause serious impairment to bodily functions
- Cause serious dysfunction of a bodily organ or part
- Put the person's life in serious danger.

An emergency does not necessarily need a hospital admission. We may ask you for extra information to confirm the emergency.

DEPENDANT

An eligible spouse, eligible child, special needs child or eligible special dependant.

EXCLUSIONS

A list of services, conditions and events that this policy does not cover. You can see this list in the 'Exclusions' section of this Benefit Guide.

FIND A HEALTHCARE PROVIDER

Find a healthcare provider is a healthcare provider search tool that is available on the Discovery app or website at www.discovery.co.za.

NETWORKS

You must use specific healthcare providers in our network. We have payment arrangements with these providers to make sure that you get access to quality care at an affordable cost. By using network providers, you can avoid having to pay extra costs and co-payments.

PAYMENT ARRANGEMENTS

Flexicare has payment arrangements with various healthcare professionals and providers to make sure that you can get full cover with no co-payments.





Why Flexicare?

Everyone deserves access to quality healthcare. With Flexicare, you can have access to affordable private healthcare cover and a world-class suite of digital tools to help you manage your membership and access your benefits on the go. Experience the peace-of-mind and certainty that comes with being in control of your health and wellbeing.
















With more than 30 years' experience, Discovery Health is a trusted healthcare partner in the South African and international healthcare environments. Over this time, we have developed industry-leading expertise in high-quality, affordable healthcare solutions. Our extensive healthcare provider networks include GPs, pharmacies, dentists and eye care specialists (optometrists) across the country and are supported by cutting-edge, real-time payment models so we pay claims without you having to do anything.

Flexicare is designed to provide a wide range of day-to-day healthcare benefits with optional add-ons, where medical aid contributions may be unaffordable for you. Flexicare is offered by Auto & General and is administered by Discovery Health; giving you truly innovative and integrated healthcare cover.



Everyone deserves access to quality healthcare

Flexicare gives you access to affordable private healthcare and a world-class suite of digital tools to help you manage your membership and access your benefits on the go. Experience the peace-of-mind and certainty that comes with being in control of your health and wellbeing.

	FLEXICARE BENEFITS	FLEXICARE PLUS BENEFITS
 Unlimited GP consultations	Available with Nurse referral	✓
 Unlimited nurse consultations	✓	
 Dentistry		✓
 X-rays	✓	✓
 Flu vaccine	✓	✓
 Eye care		✓
 Medicine	✓	✓
 Health Check	✓	✓
 Maternity benefit	✓	✓
 Procedures in GP's rooms	✓	✓
 Blood tests	✓	✓
 Private ambulance services	✓	✓
 HIV care	✓	✓
OPTIONAL ADD-ONS		
 Trauma Benefit	✓	✓
 Vitality Active	✓	✓

Access your benefits on the go

Digital membership card

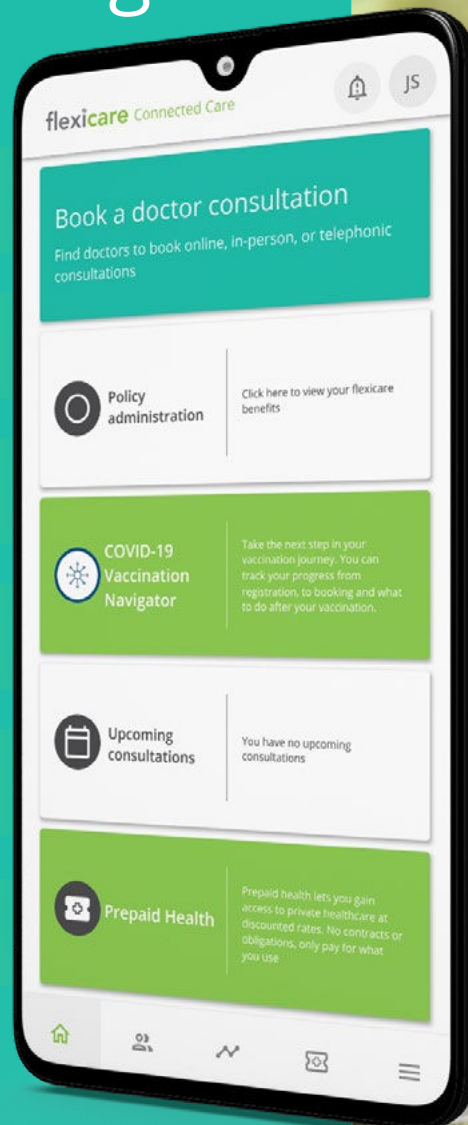
Find network providers

Book GP consultations

Membership certificate

Benefit information

Ask Flexicare



For detailed information on Flexicare, the Trauma Benefit and Vitality Active, access the Flexicare Benefit Guide available on www.discovery.co.za.



Benefits on Flexicare

PRIMARY HEALTHCARE

GP consultations and services	Flexicare	Flexicare Plus
Doctor consultations	<p>Only when referred by a nurse on the network.</p> <p>Unlimited cover for network doctor (GP) consultations at 100% of the Agreed Rate. You can substitute your network doctor visit with a virtual consultation, meaning doctor visits can either be face-to-face or virtual. Risk management protocols apply. Ability to change an allocated network doctor twice per year</p>	<p>Unlimited cover for network doctor (GP) consultations at 100% of the Agreed Rate. You can substitute your network doctor visit with a virtual consultation, meaning doctor visits can either be face-to-face or virtual. Risk management protocols apply. Ability to change an allocated network doctor twice per year</p>
Nurse consultations	<p>Unlimited cover for network nurse consultations at 100% of the Agreed Rate. You can substitute your nurse visit with a virtual consultation, meaning nurse visits can either be face-to-face or virtual.</p>	No cover
Dentistry	No cover	Full mouth examination, preventive treatments, cleaning, scaling, polishing, restorations and composite fillings, treatment of pain and sepsis, infection control and extractions at a network dentist
Optometry (eye care)	No cover	Cover for one eye test every year in the optometry network and one pair of glasses (no contact lenses) every 24 months
Pathology (blood tests)	<p>Only when referred by a network GP after a nurse consultation.</p> <p>100% of the Agreed Rate. Limited to approved pathology codes. Must be requested by a network doctor (GP) and performed by a network pathologist</p>	100% of the Agreed Rate. Limited to approved pathology codes. Must be requested by a network doctor (GP) and performed by a network pathologist
Radiology (X-rays)	<p>Only when referred by a network GP after a nurse consultation.</p> <p>100% of the Agreed Rate for black-and-white X-rays and soft-tissue ultrasounds. Must be requested by a network doctor (GP) and performed by a network radiologist</p>	100% of the Agreed Rate for black-and-white X-rays and soft-tissue ultrasounds. Must be requested by a network doctor (GP) and performed by a network radiologist
Maternity benefits	<p>Only when referred by a network GP after a nurse consultation.</p> <p>Unlimited network doctor visits throughout the pregnancy.</p> <p>Unlimited acute medicine in line with a defined medicine list prescribed or dispensed by a network doctor and collected from a network pharmacy. Essential blood and screening tests through a network pathologist when referred by a network doctor.</p> <p>Two ultrasound scans for each pregnancy at a network provider (first ultrasound between week 10 and 14, and the second between week 20 and 24)</p>	<p>Unlimited network doctor visits throughout the pregnancy.</p> <p>Unlimited acute medicine in line with a defined medicine list prescribed or dispensed by a network doctor and collected from a network pharmacy. Essential blood and screening tests through a network pathologist when referred by a network doctor.</p> <p>Two ultrasound scans for each pregnancy at a network provider (first ultrasound between week 10 and 14, and the second between week 20 and 24)</p>
HIV management	<p>Access to HIV treatment, counselling and education.</p> <p>Cover for antiretroviral medicine, multivitamins and supportive medicine, blood tests, X-rays and post-exposure prophylaxis medicine. All HIV-related queries and cases are treated with complete confidentiality</p>	
COVID-19 testing	<p>Only when referred by a network GP after a nurse consult</p> <p>For confirmed positive COVID-19 results:</p> <p>Cover for one positive COVID-19 test, with access to out-of-hospital management and appropriate supportive treatment, including diagnostic testing, basic chest X-rays and prescribed medicine</p>	<p>For confirmed positive COVID-19 results:</p> <p>Cover for one positive COVID-19 test, with access to out-of-hospital management and appropriate supportive treatment, including diagnostic testing, basic chest X-rays and prescribed medicine</p>



Procedural treatment

Medical procedures in doctor's room only

Only in a network GP's rooms when referred by a nurse.
Cover for a defined list of medical procedures that can be performed in a network doctor's rooms, such as biopsies, wound care and stitching

Cover for a defined list of medical procedures that can be performed in a network doctor's rooms, such as biopsies, wound care and stitching

Code	Description
0206	Intravenous treatment, intravenous infusions, insertion of cannula – chargeable once every 24 hours
0244	Repair of nail bed
0255	Drainage of abscess
0259	Removal of foreign body
0300	Stitching of additional wound
0301	Stitching of additional wound
0307	Excision and repair
0308	Each additional small procedure done at the same time
0316	Fine-needle aspiration for soft tissue (all areas)
0317	Aspiration of cyst or tumour
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma
0887	Limb cast (excluding aftercare)
0922	Removal of foreign bodies requiring incision
1136	Nebulisation (in rooms)
1192	Peak expiratory flow only
1228	General practitioner's fee for taking of an ECG only (without effort:) ½ (item 1232)
1229	General practitioner's fee for taking of an ECG only (with or without effort:) ½ (item 1233)
1232	Electrocardiogram without effort
1233	Electrocardiogram with or without effort
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus
1235	Multi-stage treadmill test
1236	Electrocardiogram without effort: under 4 years old
1996	Bladder catheterisation: male (not at operation)
1997	Bladder catheterisation: female (not at operation)



Procedural treatment

2133	Circumcision: clamp procedure
2137	Circumcision: surgical excision other than by clamp or dorsal slit, any age
2139	Circumcision: dorsal slit of prepuce (independent procedure)
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age, preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment

Medicine

Day-to-day medicine	Only when prescribed by a network GP after a nurse consultation. Cover for medicine on our list if a network doctor prescribes it or gives it to you	Cover for medicine on our list if a network doctor prescribes it or gives it to you
Over-the-counter (OTC) medicine	Cover for self-medication on our list, up to R150 per policy per year, up to R75 bi-annual limit, at a network pharmacy	Cover for self-medication on our list, up to R110 per quarter – a maximum of R440 per member per year, at a network pharmacy
Chronic medicine	Cover for HIV medicine on the defined medicine list at a network pharmacy	Cover for chronic medicine on the defined medicine list for 27 chronic conditions (including HIV) at a network pharmacy

Screening and prevention

Flu vaccine	Cover for a flu vaccine once a year from a network pharmacy
Wellness screening	Cover for one wellness screening per year at a network pharmacy or wellness day. Screening includes blood pressure, blood glucose (blood sugar), cholesterol and body mass index (BMI). You can have an HIV test done at the same time



Emergency benefits

Ambulance service	Access to emergency medical services through Netcare 911 ambulance services. Transportation to an appropriate state hospital. Limited to road transportation only. You can call Netcare 911 on 0860 999 911 or the Flexicare call centre on 0860 44 47 79
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You will not need to pay for approved treatments received from a network provider. However, if you use a provider that is not a part of the network, or if an unapproved treatment is provided, you will be responsible for 100% of the costs.




Detailed benefits

Benefit name	Benefit description	Limit
<div data-bbox="120 341 528 416">  Primary healthcare </div>		
General practitioner (GP) visits (available on Flexicare when referred by a nurse)	This benefit provides access to visit a network doctor (GP) , and such visits will be covered at 100% of the Agreed Rate in the following instances: <ul style="list-style-type: none"> You can substitute your visits to a network doctor (GP) with virtual consultations. You have cover for a defined list of medical procedures that can be done in a network doctor's rooms, such as biopsies, wound care and stitching 	The number of visits to a network doctor (GP) is unlimited for each member every year
Nurse visits (Flexicare only)	This benefit provides access to visit a network nurse, and such visits will be covered at 100% of the Agreed Rate . You can substitute your visits to a network nurse with virtual consultations	
Virtual consultations (available on Flexicare when making use of the NetClinic network)	This benefit provides access to a virtual consultation via the Discovery website. You can substitute your visit to network doctor (GP) with a virtual consultation	Unlimited visits
<div data-bbox="120 842 528 917">  Medicine </div>		
Acute medicine (short-term medicine) (available on Flexicare when referred by a nurse to a GP)	This benefit provides access to acute medication . Cover is at 100% of the Agreed Rate if the following conditions are met: <ul style="list-style-type: none"> All acute medicine must be prescribed or dispensed by a network doctor (GP). The medication must be on the medicine list (formulary) for acute medicine and will be available without a co-payment. The acute medicine must be provided by either a dispensing network doctor (GP) or by a network pharmacy (if the prescribing doctor is part of the network but does not dispense medicine). The acute medicine will not be covered if it is prescribed by a non-network doctor (GP) or if it is obtained from a non-network pharmacy 	This benefit is unlimited
Over-the-counter (OTC) medicine	OTC medicine may only be obtained at a network pharmacy and on advice of the pharmacist. OTC medicine must be on the medicine list (formulary).	Flexicare: The OTC medicine benefit is limited to R150 per policy per year, up to R75 bi-annual limit . Flexicare Plus: The OTC medicine benefit is limited to R110 every quarter, up to a maximum of R440 for each member every year

Benefit name	Benefit description	Limit
Flu vaccine	Members have cover for one flu vaccination every year	This benefit is limited to one flu vaccination
Chronic medicine (long-term medicine) (Flexicare Plus only)	Chronic medicine will be covered in full (100% of Agreed Rate) if the prescribed medicine is on the medicine list (formulary) for chronic medicine. You can get your chronic medicine at a network pharmacy	Chronic medicine is available for the following conditions: <ul style="list-style-type: none"> ■ Addison's disease ■ Asthma ■ Bipolar mood disorder ■ Bronchiectasis ■ Cardiac failure ■ Cardiomyopathy ■ Chronic renal disease ■ COPD (chronic obstructive pulmonary disease) ■ Coronary artery disease ■ Crohn's disease ■ Diabetes insipidus ■ Diabetes mellitus type 1 ■ Diabetes mellitus type 2 ■ Dysrhythmias ■ Epilepsy ■ Glaucoma ■ Haemophilia ■ HIV (see details in section below) ■ Hyperlipidaemia (high cholesterol) ■ Hypertension (high blood pressure) ■ Hypothyroidism (underactive thyroid) ■ Multiple sclerosis ■ Parkinson's disease ■ Rheumatoid arthritis ■ Schizophrenia ■ Systemic lupus erythematosus ■ Ulcerative colitis
HIV cover (Flexicare and Flexicare Plus)	HIV medicine will be covered in full (100% of Agreed Rate) if the prescribed medicine is on the medicine list (formulary) for chronic medicine. You can get your HIV medicine at a network pharmacy	


 **HIV care**

HIV Programme	The HIV Programme is designed to optimise the health and wellbeing of HIV-positive patients. The HIV Management Programme includes: <ul style="list-style-type: none"> ■ Voluntary counselling and testing ■ Antiretroviral therapy, prophylactic antibiotics and supplements ■ Treatment support and guidance ■ Pathology and monitoring (including CD4, viral load, liver enzymes, cholesterol, glucose, urine tests), according to protocols ■ Emergency post-exposure medicine is provided if the accidental exposure is brought to the attention of the network doctor (GP) within 72 hours 	Unlimited HIV medicine is covered from the date of registration of your chronic medicine by your network doctor (GP) or allocated doctor (GP)
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 **Dentistry**

Dentistry (Flexicare Plus only)	The benefit is only covered when making use of a network dentist .	
	Consultations	A single consultation for a full mouth examination for each member every year
	Preventive treatments include cleaning, scaling, polishing	Limited to one for each member every year
	Restorations and composite fillings	Preauthorisation is required for four or more restorations (repairs to teeth), or five or more composite fillings per family every year

Benefit name	Benefit description	Limit
	Extractions	For a single tooth extraction, a maximum of 1 per quadrant per 365 days. Extraction of each additional tooth in the same quadrant: 1 per member per 365 days.
	Oral radiography	Maximum number of 7 per year, according to dental protocol.
	Additional dentistry benefits	<ul style="list-style-type: none"> ■ Diagnosis and treatment of pain and sepsis ■ Infection control ■ Oral hygiene advice on how to keep the mouth and teeth clean to prevent dental problems ■ Local anaesthetic

 **Optometry**

Optometry (Flexicare Plus only)	Eye examinations: The Optometry Benefit is subject to availability at a network optometrist only.	Eye examinations are limited to one for each member every year and includes a visual evaluation, screening and a diagnosis.
	Spectacles and lenses: The Optometry Benefit is subject to availability at a network optometrist only.	Spectacles and lenses will be limited to one pair for each member in a 24-month period . The benefit includes standard, high-quality clear plastic lenses, single-vision lenses and bi-focal lenses. Qualifying norms will apply.
	Frames: The Optometry Benefit is subject to availability at a network optometrist only.	Frames will be limited to a single frame for each member in a 24-month period. You have full cover for approved frames at a provider in the network. If you choose a frame that is not part of the approved selection, you will have to pay the extra cost.

 **Radiology**

Radiology	The Radiology Benefit provides access to black-and-white X-rays and soft-tissue ultrasounds according to a list of the approved codes and are paid at 100% of the Agreed Rate . A network doctor (GP) must request the radiology tests and you have to take the radiology request form to the radiologist.	This benefit is unlimited .
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 **Pathology**

Pathology	Pathology tests are limited to the list of approved pathology codes and are paid at 100% of the Agreed Rate. The tests must be requested by a network doctor (GP) and the tests must be done by a pathology laboratory in the network – Ampath, Lancet, Pathcare. You have to take the pathology request form to the pathology lab.	This benefit is unlimited .
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Get Trauma cover

Optional Trauma Benefit, offered by Discovery Insure

TRAUMA EVENT COVER

You can add access to private emergency healthcare services for a broad range of traumatic events at any private hospital for you and your registered dependants through the Trauma Benefit.

We offer cover for medical treatment for specific events up to a set limit. You can choose a limit of either R400,000 or R1 million for each hospital admission due to trauma.

In the case of a traumatic event, emergency healthcare professionals will determine the most clinically appropriate course of action for your emergency. For life-threatening emergencies, you or your dependant will be taken to the nearest hospital or casualty facility. For all other traumatic events, they will send you to one of our accredited healthcare professionals.

After the traumatic event, Discovery will cover counselling sessions – either face-to-face or over the telephone – with a trained trauma or support counsellor.

MEDICAL EVACUATION

If you or a family member on your policy experiences a traumatic event, you have cover for medical evacuation services to the most clinically appropriate hospital facility.

STABILISATION AND TREATMENT WHEN ADMITTED TO HOSPITAL

You and your family members on your policy also have cover for in-patient hospital stabilisation and treatment. Depending on the option you choose, you are covered up to R400,000 or R1 million for each admission for hospital and related accounts.

We will pay the service provider directly. If you or a dependant on your policy is stabilised or admitted to hospital and the hospital and related accounts add up to the Trauma Benefit limit, you will be transferred to a state facility or sent home if stable. If the treatment costs more than your cover limit, you will have to pay the rest of the costs yourself.

CASUALTY TREATMENT

At the casualty facility or hospital, you have access to medical treatment in the casualty unit for a defined list of trauma conditions.

TAKE-HOME MEDICINE

Medicine prescribed after treatment in the casualty unit or in the hospital must be collected from a pharmacy. Take-home medicine is covered up to the Trauma Benefit limit, per event.

We cover treatment for the following trauma conditions:

- Burns
- Head injuries, chest injuries or severe fractures as a result of a fall
- Loss of an arm, hand, leg or foot
- Near-drowning
- Poisoning or a serious allergic reaction that may cause death
- Injuries resulting from a crime, sexual assault, a car accident or an injury at work

The Trauma Benefit is optional. If you select this add-on, it will apply to you and your dependants on Flexicare. You can select a cover limit of either R400,000 or R1 million.



Get Vitality Active

Optional Vitality Active, offered by Discovery Vitality

Vitality Active makes choosing to lead a healthy lifestyle even more rewarding. Vitality Active offers you a science-based behaviour change programme that helps you keep track of your progress towards a healthier you and rewards you for making better choices with a range of key health, lifestyle and leisure benefits.



Click [here](#) to understand more about how Vitality works and how to maximise each of these benefits.



Policy changes

IMPORTANT INFORMATION

You can make changes to your policy, such as withdrawing or adding dependants, on the Discovery website or you can send your request to flexicareadmin@discovery.co.za. We will make the changes from the 1st of the following month. No changes will be backdated.

WE NEED THIS INFORMATION TO MAKE CHANGES

- Your full name and 9-digit policy number, preferably in the subject line
- The date on which the change must happen

WITHDRAWALS

You can end cover for you or your dependants on the Discovery website or you can send the following information to flexicareadmin@discovery.co.za so we can withdraw your membership or dependant(s):

- Policy number
- Reason for withdrawal
- Date on which membership will end

VITALITY ACTIVATIONS AND UPGRADES

To activate Vitality Active on existing policies, send your request to flexicareadmin@discovery.co.za.

TRAUMA BENEFIT ACTIVATIONS

If you are an existing Flexicare member and are interested in activating the Trauma Benefit, you can apply on the Discovery website or send your request to flexicareadmin@discovery.co.za.

Important information

EXTENDING COVER TO DEPENDANTS

- Log on to the Discovery website to complete the *Addition of Dependant* application form. You can add your spouse(s) and dependant(s) to Flexicare.
- Newborns can join without waiting periods if you add them to your policy within 90 days of their birth.
- If you or your dependant(s) have a break of more than 30 days in your membership, we will apply all waiting periods when you reapply for cover.
- There is no limit to the number of children that we allow on the policy. We charge for each child separately and they can stay on Flexicare if they depend on you financially. We charge the full adult dependant premium for child dependants who turn 21, from the month after their 21st birthday.

ELIGIBILITY

You and your dependant(s) cannot be members of a medical scheme and Flexicare at the same time.



Payment information

IMPORTANT PAYMENT INFORMATION

BANK ACCOUNTS

To make sure that we allocate your premium payments correctly, you must pay into the correct account.

Flexicare banking details for manual contribution payments

Account name: Flexicare Bank Account
Bank name: First National Bank
Branch number: 255005
Account number: 62501286547
Account type: Cheque
Payment reference: Your 9-digit membership number

Vitality banking details for manual contribution payments

Account name: Discovery Health (Pty) Ltd
Bank name: First National Bank
Branch number: 255005
Account number: 62029166825
Account type: Cheque
Payment reference: Your 9-digit membership number

REFERENCE NUMBERS

Please use your 9-digit membership number that appears on your membership certificate when you need to pay manually. Without this reference number, we cannot allocate your payment to your membership, which could lead to suspension of cover. Please send your proof of payment to flexicareadmin@discovery.co.za.

TAX CERTIFICATES

Flexicare is a health insurance product offered by Auto & General and is not a registered medical scheme. Members do not qualify for Medical Scheme Fees Tax Credit (MTC). MTC is allowed for medical scheme contributions. It applies to fees paid by a taxpayer to a registered medical scheme (or similar registered scheme outside South Africa) for that taxpayer and their dependants. Therefore, we will not issue any tax certificates to Flexicare members.

Claims

IMPORTANT INFORMATION

Flexicare is structured in such a way that you should not have to pay for services provided by healthcare providers in our networks. Flexicare will pay healthcare providers who are part of our approved networks directly.

MOTOR VEHICLE ACCIDENTS AND CLAIMS FROM THE ROAD ACCIDENT FUND

You must send all enquiries about motor vehicle accidents and claims against the Road Accident Fund to Discovery Third-party Recovery Services. You can send an email to discovery_third_party_recovery_services@discovery.co.za.

CLAIMS PAYMENT

If the healthcare provider has already sent us the claim, you do not have to send us another copy.

If you paid for the services provided, you can submit your claims to Flexicare by email to claims@discovery.co.za.

Note: Please make sure the image is clear before sending it to us.





Underwriting

WAITING PERIODS

A waiting period means that you or your dependant(s) cannot claim for the associated healthcare services during the waiting period. Unless otherwise approved, the following waiting periods will apply. A 12-month, condition-specific waiting period may be applied for any condition (including chronic illnesses and HIV) that existed before the start date of the membership.

WAITING PERIOD DESCRIPTIONS

- **General waiting period**
1-month general waiting period on all benefits
- **Radiology (X-rays) waiting period**
1-month waiting period
- **Pathology (blood tests) waiting period**
1-month waiting period
- **Dentistry waiting period**
3-month waiting period
- **Optometry waiting period**
3-month waiting period
- **Maternity waiting period**
12-month waiting period
- **HIV waiting period**
12-month waiting period
- **Chronic conditions waiting period**
12-month waiting period
- **Over-the-counter medicine waiting period**
1-month waiting period
- **Trauma Benefit waiting period**
1-month waiting period





Exclusions

WE DO NOT OFFER ANY BENEFITS FOR SERVICES OR CLAIMS THAT ARE CAUSED BY OR FOR:

- Cosmetic surgery
- Suicide (or attempted suicide)
- Use of any drugs or narcotics
- Failure to follow medical advice
- Use of alcohol
- Nuclear incidents
- Services for defence force, police, rescue, firefighting or correctional facilities services
- Aviation activities
- Hazardous sports
- Motor racing
- Use of firearms
- Riots, wars, public disorder, terrorism and related events
- Criminal (or attempted criminal) activities
- Intentional exposure to danger

WE DO NOT COVER THESE TREATMENTS, CONDITIONS AND SERVICES:

- External prosthesis
- Specialised dentistry
- Rehabilitation, frail-care and hospice services
- Step-down facilities
- Ambulance and related emergency services that are not delivered by Netcare 911
- Balance billing and split billing from providers
- Major medical expenses
- Specialist consultations



Your monthly premiums

Flexicare premiums for you and your family, with pricing for the optional Trauma Benefit and Vitality Active.

Role	Flexicare	Flexicare Plus	Trauma** R400,000	Trauma** R1,000,000	Vitality Active
Main member	R350	R469	R187	R262	R129
Spouse	R350	R434	R187	R262	R79
Adult	R350	R434	R187	R262	R79
Child*	R239	R249	R70	R116	R79

* There is no limit to the number of children that we allow on the policy. We charge separately for each child and they can stay on Flexicare if they depend on you financially. We charge the adult dependant premium for child dependants who turn 21 – from the month after their 21st birthday.

** The Trauma Benefit is optional. If you activate this benefit, it will apply to you and your dependants on Flexicare. You must select a cover limit of either R400,000 or R1 million.



Contact us

GENERAL ENQUIRIES, CHRONIC ILLNESS BENEFIT AND CLAIM ENQUIRIES

Telephone: 0860 44 47 79

Email: flexicare@discovery.co.za

You can email administration enquiries and withdrawal requests to flexicareadmin@discovery.co.za or action these changes on the Discovery website.

COMPLAINTS

Email: flexicareescalations@discovery.co.za

If you still have concerns, you can contact Discovery's Group Compliance at:

Email: compliance@discovery.co.za

HIV

Email: HIV_Queries_Flexicare@discovery.co.za

HOSPITAL PREAUTHORISATION

Telephone: 0860 44 47 79

USSD SERVICES

You can use our USSD service to confirm your policy number, find your allocated GP or get benefit information.

To access this service you can dial:

*120*DISCO# or *120*34726#

Note: You must access the USSD menu using the same cellphone number that we have on record for you.

EMERGENCY SERVICES

If you have the Trauma Benefit activated, you can call the Flexicare call centre on 0860 44 47 79 if you have an emergency. If you call after hours, we will divert the call to our Trauma Benefit partner, Netcare 911.

FINDING A HEALTHCARE PROVIDER

To find out which providers are part of the Flexicare network, you can contact our Flexicare call centre on 0860 44 47 79. You can also use the **Find a healthcare provider** tool on the Discovery website, on www.discovery.co.za to find healthcare providers in our networks.

WEBSITE SUPPORT

For all internet-related questions, such as registration problems, security, compatibility issues, login problems, a forgotten password or trouble with navigating the site, call 0860 10 06 96. This service is available weekdays only, from 07:00 to 18:00.



WHATSAPP

Add us on 0860 44 47 79 and get in touch whenever you need information or have questions on Flexicare.



CALL CENTRE

0860 44 47 79



WEBSITE

www.discovery.co.za

SERVICING TEAM



GENERAL QUERIES

flexicare@discovery.co.za



ESCALATIONS

flexicareescalations@discovery.co.za



BILLING SERVICES

flexicareadmin@discovery.co.za





Underwritten by
auto general

Flexicare is not a medical scheme. The cover is not the same as that of a medical scheme and is not intended to be a substitute for medical scheme membership. Flexicare and Auto & General Accident Cover is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and underwritten by Auto & General Insurance Company Limited, registration number 1973/016880/06, a licensed non-life insurer and financial services provider. Terms, conditions and limits apply.

Discovery Vitality (Proprietary) Limited, registration number 1999/007736/07. Terms, conditions and limits apply.

The Trauma Benefit is a non-life insurance policy, underwritten by Discovery Insure Ltd, registration number 2009/011882/06, a licensed non-life insurer and an authorised financial services provider. Flexicare is a separate non-life insurance policy and is not conditional on the purchase of a Trauma Benefit policy.

