



# Discovery News

for Discovery Health members

**D&A**  
DORMAN &  
ASSOCIATES

## Maternity and Early Childhood Benefits

Discovery covers pregnancy, childbirth and certain costs of early childhood (up to 2 years) from the maternity benefit.

Pregnancy and childbirth are only covered for the biological mother if the mother is registered on Discovery Health. In cases of surrogacy, the surrogate will be covered if she is a Discovery member, and the baby will be covered from birth as soon as the baby is registered with Discovery on the parents' plan. In case of adoption, the baby will be covered from birth (or from adoption date if not a newborn) as soon as the baby/child is registered with Discovery on the parents' plan.

Maternity and early childhood benefits are activated when you create your pregnancy or baby profile on the My Pregnancy or My Baby programmes on [www.discovery.co.za](http://www.discovery.co.za) or on the Discovery Health app under Medical Aid > Benefits and Cover. You can also call 0860 998877 to activate, or activation will be automatic when your baby is registered on the medical aid.

### DURING PREGNANCY

The Maternity Benefit covers Antenatal consultations, urine dipstick tests, ultrasound scans and prenatal screening, blood tests, antenatal classes with a nurse, nutrition assessment, mental health consultations, and Parent Sense maternity support. Members on Executive or Comprehensive plans have cover for up to R6300 for essential registered devices such as breast pumps and smart thermometers, with a co-payment of 25%. Other plans cover these from the day-to-day benefits available.

### BIRTH-RELATED BENEFITS

Cover for your hospital stay depends on the type of delivery. You need to pre-authorise your hospital stay. Executive and Comprehensive plans have private ward cover up to R2700 per day.

Home births or birthing home deliveries are covered from the Hospital Benefit, up to the Discovery Health Rate (DHR). A registered midwife is covered if in the Discovery network, with a valid practice number. If not in the network, the cost will be covered up to the network cost.

Doulas are covered from your Medical Savings Account (MSA). If your plan does not have the MSA or you have run out of funds in your MSA, then you pay this cost.

Water births are covered in hospital for an approved stay, and the cost of hiring a birthing pool for home water births is paid from the Hospital Benefit up to DH. This must be hired from a registered provider with a valid practice number.

### EARLY CHILDHOOD (UP TO 2 YEARS OLD)

Your baby is covered for up to two visits with a GP, paediatrician or an ear, nose and throat specialist from the Maternity Benefit, for up to two years after birth. You are covered for one post-birth six-week follow-up consultation with a midwife, GP or gynaecologist for complications post-Delivery, as well as one breastfeeding consultation with a registered nurse or lactation specialist. You must use network providers if you are on a network plan. Medically necessary circumcisions are paid from the Hospital Benefit. Newborn screening is paid from the MSA and if you have a plan with no MSA or have run out of benefits, this is for your cost.

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This email is written by an independent commentator and not by Discovery Health. Any Discovery Health member is welcome to subscribe. Queries regarding this email can be sent to [keith@dorman.co.za](mailto:keith@dorman.co.za).

### Discovery Website

[www.discovery.co.za](http://www.discovery.co.za)

### Discovery Client Services

0860 99 88 77

### KeyCare Client Services

0860 102 877

### Discovery Emergency Number

0860 999 911

### 2025 Discovery Health Plans

Executive Plan

Classic Comprehensive

Classic Smart

Comprehensive

Classic & Essential Priority

Classic & Classic Delta

Saver and Core

Essential & Essential Delta

Saver and Core

Coastal Saver and Core

Classic, Essential and

Essential Dynamic and

Active Smart

KeyCare Plus, Core, Start  
and Start Regional

### 2025 Discovery Rewards

Vitality Active

Vitality Premium

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## Oncology Benefits

If you are diagnosed with cancer, you need to register on the Oncology Programme. You or your treating doctor must send a copy of your laboratory results confirming your diagnosis to DCO\_Oncology@discovery.co.za and your cancer specialist will need to send a treatment plan for approval before starting treatment. Treatment will only be funded from the Oncology Benefit once the treatment plan has been approved.

As with Chronic claims, all Oncology claims must have the correct ICD-10 diagnostic code on them, and the correct practice number that your treating doctor used when submitting your treatment plan. Claims are code driven, and incorrect codes may result in payment from the wrong benefit or non-payment.

Discovery will cover an approved treatment plan from the Oncology benefit from the date of approval, for 12 months, based on your health plan. Your treating doctor will renew this annually.

- Executive and Classic Comprehensive plans cover the first R500,000 up to 100% of Discovery Health Rate (DHR).
- Classic Smart Comprehensive Plan covers the first R375,000 up to 100% of DHR.
- Priority, Saver, Smart (excluding Active Smart) and Core plans cover the first R250,000 up to 100% of DHR.

If the cost of your treatment is more than the above limits, any further treatment is covered at 100% of DHR if it is a Prescribed Minimum Benefits (PMB) treatment, or 80% of DHR if not PMB. The Extended Oncology Benefit is available on the Executive and Classic Comprehensive plans (excluding Classic Smart Comprehensive) and covers treatment up to 100% of DHR.

The Active Smart Plan and all KeyCare plans cover cancer treatment only if it is a Prescribed Minimum Benefit.

## Diabetes Care

This programme, together with your nominated Premier Plus GP, will help you actively manage your diabetes. The programme gives you, and your nominated Premier Plus GP, access to various tools and additional benefits to monitor and manage your condition and to ensure you get high quality coordinated healthcare and improved outcomes. On plans where there is a GP network, your nominated Premier Plus GP must also be on your plan's network.

Cover includes consultations with your Premier GP consultations, Diabetes Educator, podiatrist and dietitian. Testing strips for glucose monitoring are also included with medication via the Chronic benefit. If you have Type 1 Diabetes, members (excluding KeyCare members) have access to a monthly amount for Continuous Glucose Monitoring (CGM) devices.

## Vitality 65+

If you have full Vitality membership (not Vitality Active) and are aged 65 or older, you have different fitness benefits and your Health Check is enhanced.

Your Health Check will include the normal blood pressure, blood glucose, cholesterol, weight assessment and non-smoker's declaration. The blood pressure and weight ranges will be adjusted to reflect changing health risks. The assessment will also include the STEADI falls risk assessment, assessing gait, strength and balance. You can earn up to 22,500 Vitality points for the Health Check, including 500 points for the STEADI assessment. Both are paid for from the screening benefit, once a year.

Fitness points for 65+ members have been adjusted to encourage regular exercise at a lower intensity. The usual 30,000 annual limit for fitness points applies, but there is no monthly steps limit and 100 points is earned for 7,500 (decrease from 10,000). Members 65yrs and older will also earn 200 points for a light workout lasting at least 60 minutes when maintaining 60% to 69% of their maximum age-related heart rate, and 300 points for completing a 30-minute workout at 70% to 79% of their maximum age-related heart rate.

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