

flexicare

Auto&General

 Discovery
Health

2026 EMPLOYER BROCHURE

Today's peace
of mind. Tomorrow's

protection





Contents

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

Why Flexicare?

Employees aspire to have access to high-quality healthcare. However, medical scheme membership remains unaffordable for many individuals. Access to affordable private healthcare is highly valued by employees and substantially contributes to maintaining a healthy workforce while positively impacting productivity and overall wellbeing.

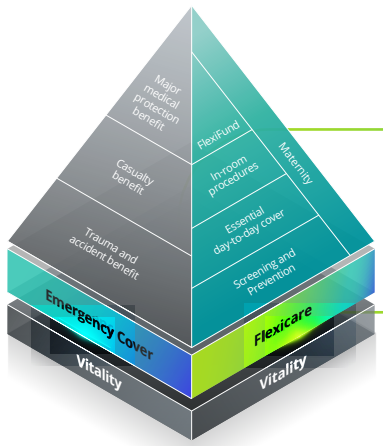
With more than 30 years' experience, Discovery Health is a trusted healthcare partner in the South African and international healthcare environments. Over this time, we have developed industry-leading expertise in high-quality, affordable healthcare solutions. Our extensive healthcare provider networks include doctors (GPs), pharmacies, dentists and optometrists across the country, supported by cutting-edge, real-time payment models with seamless claims processing.

Flexicare is offered by Auto&General and administered by Discovery Health. It was

introduced to provide quality, affordable access to primary healthcare for employees who are unable to access medical scheme benefits.

Flexicare leverages the combined expertise of Discovery Health and Auto&General to provide a truly innovative, integrated healthcare product to complement the existing healthcare solutions available to employees.

Flexicare offers your employees access to essential day-to-day benefits through high-quality, private healthcare providers in the Discovery Health network.




















This extensive Flexicare cover pairs perfectly with the comprehensive emergency cover accessed through Discovery Emergency Cover.



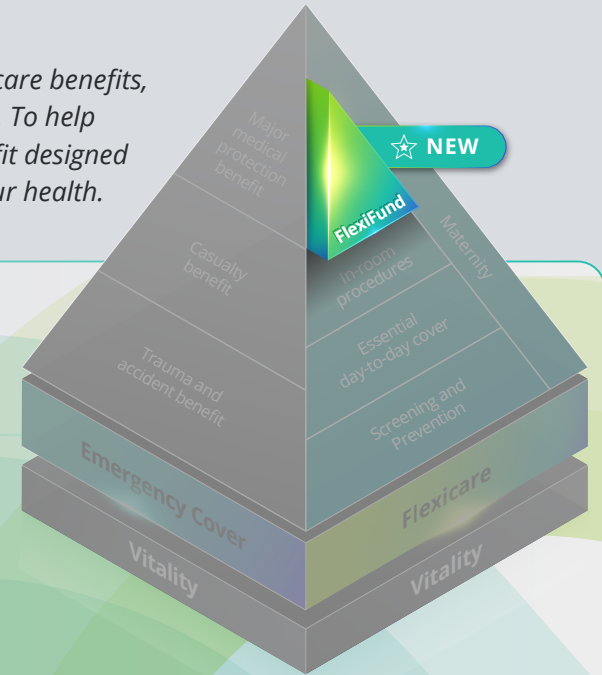
Everyone deserves access to quality healthcare

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

	FLEXICARE CORE BENEFITS	FLEXICARE PLUS BENEFITS
Unlimited GP consultations 	Four direct GP visits with additional visits available with Nurse referral or via the Intercare Online Platform	✓
Virtual GP consultations 	✓	✓
Unlimited nurse consultations 	✓	
Specialist consultations 		✓
Dentistry 		✓
X-rays 	✓	✓
Flu vaccine 	✓	✓
Eye care 		✓
Medicine 	✓	✓
Health Check 	✓	✓
Maternity benefit 	✓	✓
Procedures in GP's rooms 	✓	✓
Blood tests 	✓	✓
HIV care 	✓	✓
FlexiFund 	✓	✓
OPTIONAL ADD-ONS		
Discovery Emergency Cover 	✓	✓
Vitality Active 	✓	✓

Introducing the FlexiFund

Day-to-day healthcare needs can be unpredictable. While your Flexicare plan offers strong primary healthcare benefits, you may still face unexpected costs for things like additional medication, specialised tests, or provider fees. To help reduce these out-of-pocket expenses and give you more flexibility, your plan includes the FlexiFund a benefit designed to support your day-to-day healthcare needs and give you greater control and confidence in managing your health.



How the FlexiFund Works:

01 | Complete a health check

02 | Get up to R1,000 in your FlexiFund

Every year, each Flexicare adult member can earn up to R1,000 in their FlexiFund based on their health check results and Flexicare plan. The more health metrics that fall within the healthy range, the higher the amount earned.



Number of health check metrics in range	Flexicare Core FlexiFund	Flexicare Plus FlexiFund
5	R500	R1,000
3 - 4	R250	R500
≤2	R125	R250

Why the health check matters

The health check measures five key indicators: weight status, blood pressure, blood glucose, cholesterol, and smoking status. Clinical evidence shows that when these measures are out of range, mortality risk increases significantly. By understanding your results and identifying risks early, you can take meaningful steps to improve your health and wellbeing.

The following health check metrics will be taken into account when determining the FlexiFund value:

- A weight assessment
- Blood pressure
- Blood glucose
- Cholesterol
- Signing a non-smoker's declaration

03 | Use your FlexiFund

Member's claims are automatically paid out of the FlexiFund when there are no available day-to-day benefits.

 GP consults	 Specialist visits	 Over-the-counter medication
 Prescribed medication	 Vaccines	 Contraceptives

Limits, terms and conditions apply.

Flexicare benefits

The information below provides a detailed breakdown of the Flexicare Benefits.

	FLEXICARE CORE	FLEXICARE PLUS
GP CONSULTATIONS AND SERVICES		
Virtual consultations	This benefit provides access to a virtual consultation via the Discovery website and such visits will be covered at 100% of the Agreed Rate. You can have a virtual consultation with an network GP through the Online Platform without a nurse referral.	This benefit provides unlimited access to a virtual consultation via the Discovery website and such visits will be covered at 100% of the Agreed Rate. You can have a virtual consultation with an network GP through the Online Platform without a nurse referral.
Doctor consultations	<p>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:</p> <ul style="list-style-type: none"> • Up to 4 direct face-to-face GP visits with additional visits available with a nurse referral or via the Online Platform. Preauthorisation is required from the third visit. • When a referral for a face-to-face visit is requested by the virtual GP during the primary care clinic visit. • When you have a virtual GP consultation through the Intercare Online Platform and there is a need for a face-to-face GP referral. • 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. • You have the ability to change an allocated network doctor twice per year. 	<p>This benefit provides unlimited access to visit a network doctor (GP), and such visits will be covered at 100% of the Agreed Rate in the following instances:</p> <ul style="list-style-type: none"> • You can substitute your visits to a network doctor (GP) with virtual consultations.
Nurse consultations	This benefit provides up to two primary care clinic network nurse consultations at 100% of the Agreed Rate. You can have a virtual consultation with an network GP through the Online Platform without a nurse referral.	No cover
Specialist consultations	No cover	<p>This benefit provides cover for 1 out-of-hospital specialist consultations per member per year, at the agreed rate up to a R2,090 benefit limit:</p> <ul style="list-style-type: none"> • Consultations with a network specialist are covered up to R1,400 which includes a R1,300 consultation fee and a R100 SOAP note for referral where appropriate/needed. • Members who are referred for radiology or pathology post the network specialist consultation, will access R600 for diagnostic tests with accumulation to the overall R2,000 benefit limit. • If the treatment costs more than the benefit limit, the member will be responsible for the difference. • Consultations with a non-network specialists will only be paid up to 100% of the Discovery Health Rate and member will be responsible for the difference. • Members who are referred for radiology or pathology post the non-network specialist consultation, will be covered subject to the availability of funds. • Members are required to pay for the specialist visit and radiology/pathology services out of pocket (at the time of the consult) and thereafter submit their claim to Discovery for reimbursement. • If a member visits a specialist, network or non-network, and is not referred for radiology/pathology during the first visit and subsequently visits another specialist, both the consultation and referrals for radiology/pathology from the second visit will not be funded as the benefit would be depleted with the first consultation.

FLEXICARE CORE

FLEXICARE PLUS



GP CONSULTATIONS AND SERVICES

<p>Dentistry</p>	<p>No cover</p>	<p>The benefit is only covered when making use of a network dentist.</p> <p>Consultations: A single consultation for a full mouth examination for each member every year.</p> <p>Preventive treatments: Cleaning, scaling, polishing: Limited to one for each member every year.</p> <p>Restorations: Limited to three restorations per member per year.</p> <p>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.</p> <p>Oral radiography: Maximum number of 7 per year, according to dental protocol.</p> <p>Additional dentistry benefits: 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 and local anaesthetic.</p>
<p>Optometry (eye care)</p>	<p>No cover</p>	<p>Cover for one eye test every year in the optometry network and one pair of glasses (no contact lenses) every 24 months</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>Pathology (blood tests)</p>	<p>Pathology tests are limited to the list of approved pathology codes and are paid at 100% of the Agreed Rate.</p> <p>Must be requested by a network doctor (GP) and performed by a network pathologist</p>	<p>Pathology tests are limited to the list of approved pathology codes and are paid at 100% of the Agreed Rate.</p>
<p>Radiology (X-rays)</p>	<p>The Radiology Benefit provides unlimited 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.</p> <p>A network doctor (GP) must request the radiology tests and you have to take the radiology request form to the radiologist.</p>	<p>The Radiology Benefit provides unlimited 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.</p> <p>A network doctor (GP) must request the radiology tests and you have to take the radiology request form to the radiologist.</p>

FLEXICARE CORE

FLEXICARE PLUS



GP CONSULTATIONS AND SERVICES

Maternity benefits

This benefit covers you only when referred by a network GP.
 Unlimited network doctor visits throughout the pregnancy.
 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.
 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)

This benefit offers unlimited network doctor visits throughout the pregnancy.
 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.
 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)

HIV Programme

The HIV Programme is designed to optimise the health and wellbeing of HIV-positive patients. Unlimited HIV medicine is covered from the date of registration of your chronic medicine by your network doctor (GP) or allocated doctor (GP) All HIV-related queries and cases are treated with complete confidentiality. The HIV Management Programme includes:

- 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.

COVID-19 testing

Only when referred by a network GP
 For confirmed positive COVID-19 results:
 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

For confirmed positive COVID-19 results:
 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

FLEXICARE CORE
FLEXICARE PLUS

PROCEDURAL TREATMENT
Medical procedures in doctor's room only

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 an network GP's rooms, such as biopsies, wound care and stitching

CODE	DESCRIPTION	CODE	DESCRIPTION
0206	Intravenous treatment, intravenous infusions, insertion of cannula – chargeable once every 24 hours	1192	Peak expiratory flow only
0244	Repair of nail bed	1228	General practitioner's fee for taking of an ECG only (without effort:) ½ (item 1232)
0255	Drainage of abscess	1229	General practitioner's fee for taking of an ECG only (with or without effort:) ½ (item 1233)
0259	Removal of foreign body	1232	Electrocardiogram without effort
0300	Stitching of additional wound	1233	Electrocardiogram with or without effort
0301	Stitching of additional wound	1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus
0307	Excision and repair	1235	Multi-stage treadmill test
0308	Each additional small procedure done at the same time	1236	Electrocardiogram without effort: under 4 years old
0316	Fine-needle aspiration for soft tissue (all areas)	1996	Bladder catheterisation: male (not at operation)
0317	Aspiration of cyst or tumour	1997	Bladder catheterisation: female (not at operation)
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	2133	Circumcision: clamp procedure
0887	Limb cast (excluding aftercare)	2137	Circumcision: surgical excision other than by clamp or dorsal slit, any age
0922	Removal of foreign bodies requiring incision	2139	Circumcision: dorsal slit of prepuce (independent procedure)
1136	Nebulisation (in rooms)	3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age, preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment
1192	Peak expiratory flow only	3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment
1232	Electrocardiogram without effort		

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.

FLEXICARE CORE

FLEXICARE PLUS

 MEDICINE

<p>Day-to-day medicine (Acute medicine)</p>	<p>This benefit provides access to acute medication. Cover is at 100% of the Agreed Rate if the following conditions are met:</p> <p>All acute medicine must be prescribed or dispensed by either a network doctor (GP) or as part of the primary care clinic visit with the nurse. Where needed and included in the visit, the nurse can consult with a virtual GP.</p> <p>The medication must be on the medicine list (formulary) for acute medicine and will be available without a co-payment.</p> <p>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 nurse can also provide the medication during the primary care clinic visit.</p> <p>The acute medicine will not be covered if it is prescribed by a non-network nurse or doctor (GP) or if it is obtained from a non-network pharmacy.</p>	<p>This benefit provides unlimited access to acute medication. Cover is at 100% of the Agreed Rate if the following conditions are met:</p> <p>All acute medicine must be prescribed or dispensed by a network doctor (GP).</p> <p>The medication must be on the medicine list (formulary) for acute medicine and will be available without a co-payment.</p> <p>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).</p> <p>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.</p>
<p>Over-the-counter (OTC) medicine</p>	<p>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). The OTC medicine benefit is limited to R170 per policy per year, up to R85 bi-annual limit.</p>	<p>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). The OTC medicine benefit is limited to R120 every quarter, up to a maximum of R480 for each member every year.</p>
<p>Chronic medicine</p>	<p>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.</p> <p>Chronic medicine is available for the following 6 chronic conditions:</p> <ul style="list-style-type: none"> • Asthma • Diabetes insipidus • Diabetes mellitus type 1 • Diabetes mellitus type 2 • Hyperlipidaemia • Hypertension • HIV 	<p>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.</p> <p>Chronic medicine is available for the following conditions:</p> <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



SCREENING AND PREVENTION

Flu vaccine	Members have cover for one flu vaccination every year from a network pharmacy.	
Health check	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	
FlexiFund	A FlexiFund amount of up to R500 per annum will be unlocked based on the health check results of the first active adult on the policy to complete a health check. Any subsequent health check values will not impact the fund.	A FlexiFund amount of up to R1,000 per annum will be unlocked based on the health check results of the first active adult on the policy to complete a health check. Any subsequent health check values will not impact the fund.

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.



BENEFIT DESCRIPTION	LIMIT
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PRIMARY HEALTHCARE

General practitioner (GP) visits	<p>Flexicare Plus: 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:</p> <ul style="list-style-type: none"> You can substitute your visits to a network doctor (GP) with virtual consultations. <p>Flexicare Core: 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:</p> <ul style="list-style-type: none"> When a referral for a face-to-face visit is requested by the virtual GP during the primary care clinic visit. When you have a virtual GP consultation through the Intercare Online Platform and there is a need for a face-to-face GP referral. 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 Core only)	This benefit provides access to visit a primary care clinic network nurse, and such visits will be covered at 100% of the Agreed Rate .	
Virtual consultations	This benefit provides access to a virtual consultation via the Discovery website and such visits will be covered at 100% of the Agreed Rate . You can have a virtual consultation with an network GP through the Online Platform without a nurse referral.	Unlimited visits



MEDICINE

Acute medicine (short-term medicine)	<p>Flexicare Plus: This benefit provides access to acute medication. Cover is at 100% of the Agreed Rate if the following conditions are met: 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.</p>	This benefit is unlimited
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Discovery Emergency Cover

The Discovery Emergency Cover range provides flexibility and peace of mind that employees receive access to comprehensive, quality emergency healthcare when they need it most.

This extensive emergency cover pairs perfectly with the comprehensive primary healthcare benefits accessed through the Flexicare product, ensuring you have cover for their day-to-day healthcare needs and financial certainty in the unfortunate case of an accident, emergency or unforeseen hospital admission.

Emergency Cover

EMERGENCY CORE from R99

Trauma and Accident Benefit

Private emergency healthcare services, including treatment in casualty and hospital admission, for a broad range of traumatic events.

EMERGENCY PLUS from R154

Casualty Benefit

Cover for stabilisation and treatment in casualty for all medical emergencies, including hospital admissions for confirmed heart attacks or strokes.

Trauma and Accident Benefit

Private emergency healthcare services, including treatment in casualty and hospital admission, for a broad range of traumatic events.

EMERGENCY MAX from R209

Major Medical Protection Benefit

Cover for 9 expensive and frequently experienced medical emergency conditions.

Casualty Benefit

Cover for stabilisation and treatment in casualty for all medical emergencies, including hospital admissions for confirmed heart attacks or strokes.

Trauma and Accident Benefit

Private emergency healthcare services, including treatment in casualty and hospital admission, for a broad range of traumatic events.



DISCOVERY EMERGENCY COVER

R400,000 or R1,000,000 cover options



FLEXICARE CORE OR FLEXICARE PLUS

Emergency Cover treatment is based on the Emergency Cover option the member has chosen.

Discovery Emergency Cover

Optional Discovery Emergency Cover, offered by Discovery Insure

	EMERGENCY CORE	EMERGENCY PLUS	EMERGENCY MAX	
Emergency Cover package detail	Cover for emergency healthcare services, including casualty and in-hospital treatment, for a broad range of accidental and traumatic events	Cover for accidents and trauma, the stabilisation and treatment of any emergency condition in a casualty facility, including admission and treatment for heart attacks and strokes.	Cover for accidents and trauma, the stabilisation and treatment of any emergency condition in a casualty facility and the admission and treatment of a defined list of emergency conditions including heart attacks and strokes.	
Conditions covered	<p>Cover for casualty and in-hospital treatment for the following accidental and traumatic events:</p> <ul style="list-style-type: none"> • 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. 	<p>Cover for the in-hospital treatment of defined accidental and traumatic events. Cover for any medical emergency condition in a casualty facility, including hospital admission for the treatment of heart attacks and strokes</p> <ul style="list-style-type: none"> • R200 co-payment when using network facility • R250 co-payment when using a non-network facility • This co-payment will be refunded if the claimant is diagnosed with a heart attack or stroke 	<ul style="list-style-type: none"> • Cover for the in-hospital treatment of defined accidental and traumatic events. • Cover for any medical emergency condition in a casualty facility, including hospital admission for the treatment of heart attacks and strokes. The casualty co-payment of R200 at a network facility or R250 outside of the network, will be refunded if the claimant is diagnosed with one of the qualifying emergency in-hospital conditions. • Admission and treatment for the following additional emergency conditions: • Acute appendicitis, acute asthma, ectopic pregnancy, acute inflammation of gall bladder, fit or seizure, acute pneumonia, kidney stones, acute renal failure, pulmonary embolism. 	
Differentiating benefits	Discovery Emergency Core provides affordable cover for the unforeseen costs of private ambulance transport and emergency medical treatment for trauma and accidents.	Discovery Emergency Plus ensures access to quality healthcare at a private casualty facility for swift evaluation and assistance. You have cover for emergency transport and treatment for defined trauma conditions, including admission for heart attacks and strokes.	Discovery Emergency Max provides ultimate peace of mind for a defined list of trauma conditions, assessment and stabilisation in casualty as well as in-hospital cover for 9 of the most likely high-cost emergency admissions facing the workforce.	
Cover limits	R400,000 and R1million limit	R400,000 and R1million limit	R400,000 and R1million limit, a sublimit of R400,000 will apply to the nine defined conditions.	
Pre and post emergency event support	Medical evacuation	Counselling sessions	Take-home medicine	Premium-waiver

Funeral cover

*Optional Funeral Benefit offered by Discovery Group Risk
(Underwritten by Discovery Life)*

Discovery Life provides your employees with funeral cover. This funeral cover provides up to R5,000 for the employee, up to three spouses, and five children younger than 21 years.

We only cover employees and dependants who are younger than 65 years. The dependants must be active on Flexicare.

Family funeral benefit amount

Main member	R5,000
Spouse aged from 16 to below 65	R5,000
Child aged 15 to below 21	R5,000
Child aged 6 to below 15	R2,500
Child aged 0 to child aged below 6	R1,500
Stillborn (death of foetus after 26 weeks)	R620

* Child dependants over the age of 21 do not have access to funeral cover unless they are a full-time student under the age of 24 or incapacitated and unable to maintain themselves due to a disability. Benefit terms and conditions apply.



Employee support on Flexicare

Supplementary health and wellness support offered by Discovery Health

 **WELLNESS EXPERIENCE**

When you choose to provide Flexicare to your employees, your employees have access to the Discovery Wellness Experience, which provides a holistic set of wellness screenings, including BMI, blood pressure, cholesterol, blood glucose and HIV testing.

 **EMPLOYEE SUPPORT**

Flexicare members, who belong to compulsory employers and voluntary employers, with over 250 employees have access to benefits offered through Healthy Company, Discovery's digitally-enabled employee assistance programme and wellness solution.

Financial wellbeing

- Debt counselling
- Credit reports
- Budget settlement plans
- Insurance reviews

Legal support

- Legal advice
- Tailored document drafting (last will and testament, property sale and lease, nuptial contracts, title deeds, etc)
- Attorney consultations

 **VITALITY**

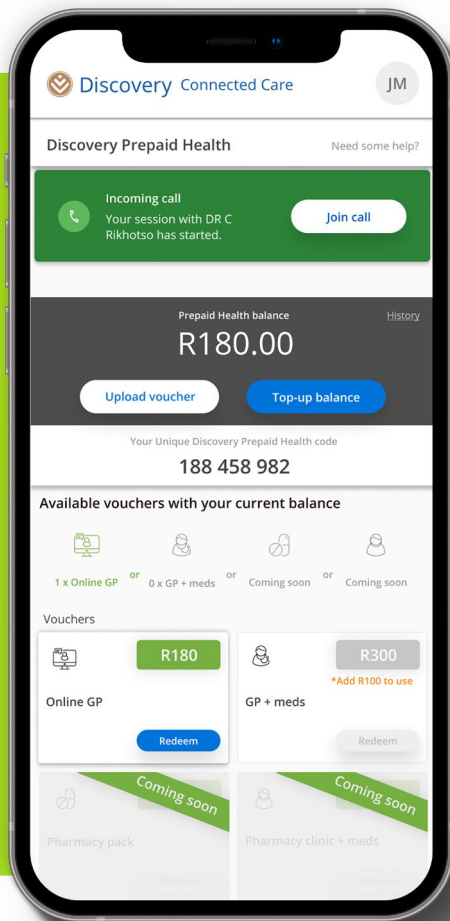
Your employees have access to Discovery Vitality, the world's leading science-based behaviour-change programme that reduces the cost of healthy living, encourages members to make healthy choices and rewards them for doing so.



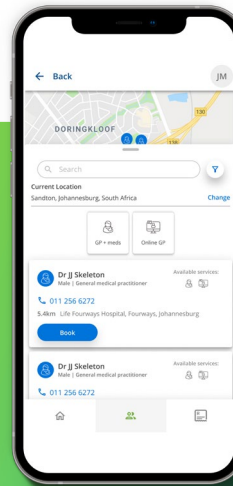
Employee support on Flexicare

Supplementary health and wellness support

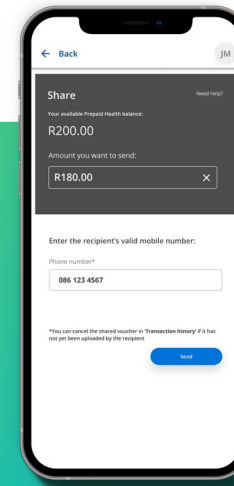
DISCOVERY PREPAID HEALTH



Flexicare members who belong to compulsory employers and voluntary employers, with over 250 employees will receive a R180 Prepaid Health voucher.



They can use the voucher for a virtual consultation with a private healthcare provider available on the app.



They can share the prepaid healthcare voucher with a friend or family member who needs access to healthcare.

Cover includes a virtual consultation with a private healthcare provider on the Discovery Prepaid platform.

Important information



WAITING PERIOD

A waiting period means that your employees or their dependants cannot claim for the associated healthcare services during the waiting period. Unless otherwise approved, a waiting period will apply.

- **General waiting period**

Any dependant, who joins 60 days post the main member, will incur a three-month general waiting period. Newborn children can be added onto an existing policy within 90 days of birth, free of underwriting.



EXTENDING COVER TO DEPENDANTS

- Newborns can join without waiting periods if you add them to an employee's policy within 90 days of birth.
- Any dependant who joins 60 days after the main member will have a three-month general waiting period. This will apply in all instances, unless the two-month waiting period concession for a new employer exists or if a specific window period applies for the employer. Premiums for newborn babies will be collected from the month following their birth.
- If your employees or their dependants have a break of more than 30 days in their membership, all waiting periods will be applied when reapplying for cover.
- There is no limit to the number of children that will be allowed on the policy. Each child will be charged for separately and can stay on Flexicare if they depend on the main member financially. Child dependants who turn 21 will be charged the adult dependant premium rates from the month after their 21st birthday.



ELIGIBILITY

Your employees and their dependants cannot be members of a medical scheme administered by Discovery Health and have the Flexicare product at the same time.

Contact us

Complaints

Email: flexicareescalations@discovery.co.za

If you still have concerns, you can contact Discovery's Group Compliance at the address below.

Email: compliance@discovery.co.za

HIV

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, dial:

*120*DISCO# or *120*34726#

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

Emergency Services

If you have the Emergency Cover activated, you can call the Flexicare call centre on 0860 44 47 79. If you call after hours, we will divert the call to our Emergency Cover partner, Netcare 911.

Finding a healthcare provider

To find out which providers are part of the Flexicare network, contact our Flexicare call centre on 0860 44 47 79.

You can also use the **Find a healthcare provider** tool on the Discovery website at www.discovery.co.za to locate healthcare providers in our networks.

Website support

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

Servicing team

GENERAL QUERIES

flexicare@discovery.co.za

ESCALATIONS

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BILLING SERVICES

flexicareadmin@discovery.co.za

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WHATSAPP

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



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