

DISCOVERY HEALTH 1 JANUARY 2024 OPTION CHANGE FORM

EMPLOYER NAME <small>(If applicable)</small>		BRANCH NAME <small>(If applicable)</small>	
NAME AND SURNAME		ID NUMBER	
MEMBERSHIP NUMBER		CELL NUMBER	
E-MAIL ADDRESS			

This form must reach your HR by no later than Friday, 24 November 2023. If you do not complete this form, you will automatically remain on the same plan for the rest of 2024. Please feel free to contact our office for any queries or advice on your plan.



Option	Choice of hospital	Rate of cover (in-hospital)	Number of chronic conditions covered/*DSP	Level of savings (MSA)	Above Threshold Benefit (ATB)	Selection – mark with X	
Executive Plan	Any *DSN/MJN	300%	27 PMB + 22 extra conditions Any Provider	25%	Unlimited		
Classic Comprehensive		200%		25%	Fair usage Threshold		
Classic Smart Comprehensive	Network *DSN/MJN	200%	27 PMB - MedXpress**	15%			
Classic Priority	Any *DSN/MJN	200%	27 PMB - MedXpress**	25%	Yes Limited Threshold		
Essential Priority		100%		15%			
Classic Saver		200%		20%			
Classic Delta Saver	Network *DSN/MJN	200%	27 PMB – MedXpress**	20%	No		
Essential Saver	Any *DSN/MJN	100%	27 PMB - MedXpress**	10%			
Essential Delta Saver	Network *DSN/MJN	100%	27 PMB – MedXpress**	10%			
Coastal Saver		100%	27 PMB - MedXpress**	15%			
Classic Smart		200%	27 PMB – MedXpress**	No MSA or ATB. Limited ***D2D with co-payments			
Essential Smart	Network *DSN	100%		No MSA or ATB. Limited ***D2D with co-payments			
Essential Dynamic Smart	Dynamic Smart Network	100%		No MSA or ATB. Limited ***D2D with co-payments			
Classic Core	Any *DSN/MJN	200%		No day-to-day benefits			
Classic Delta Core	Network *DSN/MJN	200%					
Essential Core	Any *DSN/MJN	100%					
Essential Delta Core	Network *DSN/MJN	100%					
Coastal Core	Network *DSN/MJN	100%					
KeyCare	If you wish to select one of the KeyCare options kindly complete the separate Discovery Health KeyCare Option Change Form (obtainable from HR) stating your KeyCare GP choice and declaring your gross monthly income.						

* **Day Surgery Network (DSN):** For defined list of procedures. ***Major Joint Network (MJN)**
 ** **MedXpress Courier and MedXpress Pharmacy Network e.g., Clicks & Dis-Chem.** Avoid a 20% co-payment on your chronic medicine by using our designated service providers (DSPs). **PMB** = Prescribed Minimum Benefit conditions. *****Day-to-day** benefits

Signature: _____ **Date:** _____

The details indicated for each option are not intended to serve as a guide for option choice. Kindly refer to the 2024-member brochure which provides a summary of key benefits and features of Discovery Health Medical Scheme plans. For detailed information on all Discovery Health Medical Scheme plan options, please visit www.discovery.co.za for access to plan brochures as well as a full copy of the proposed 2024 Scheme Rules. PSG Employee Benefits will not be held liable for any errors herein. E & OE apply.