

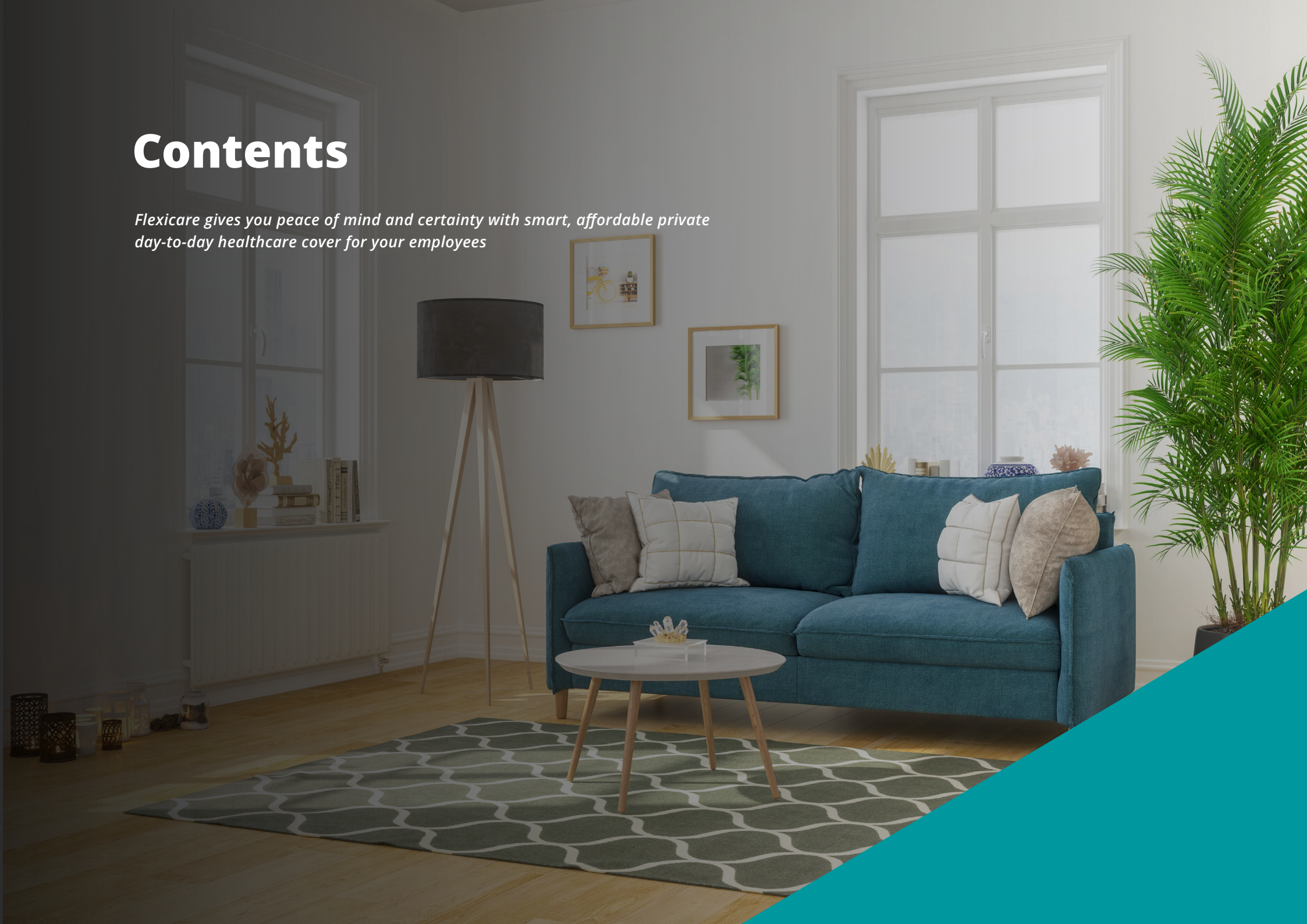
Flexicare

Household benefit brochure 2024

Affordable private day-to-day healthcare cover

Contents

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





Why Flexicare?

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

With more than 25 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(GP), pharmacies, dentists and optometrists across the country, supported by cutting-edge, real-time payment models with seamless claims processing.

Flexicare is offered by Auto and 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 and 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.

Based on affordability and the healthcare needs of your employees, you are also able to increase the level of emergency cover offered through the optional Trauma benefits.

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 BENEFITS	FLEXICARE PLUS BENEFITS
 Unlimited GP consultations		✓
 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	✓	✓

Benefits on Flexicare

PRIMARY HEALTHCARE

GP consultations and services	Flexicare	Flexicare Plus
Doctor consultations	Only when referred by a nurse on the network. 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	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
Nurse consultations	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.	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)	Only when referred by a network GP after a nurse consultation. 100% of the Agreed Rate. Limited to approved pathology codes. Must be requested by a network doctor (GP) and performed by a network pathologist	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)	Only when referred by a network GP after a nurse consultation. 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	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	Only when referred by a network GP after a nurse consultation. 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)	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 management	Access to HIV treatment, counselling and education. 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	
COVID-19 testing	Only when referred by a network GP after a nurse consult 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

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>  Primary healthcare </div>		
General practitioner (GP) visits (available on Flexicare when referred by a nurse)	<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"> 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)	<p>This benefit provides access to visit a network nurse, and such visits will be covered at 100% of the Agreed Rate.</p> <p>You can substitute your visits to a network nurse with virtual consultations</p>	
Virtual consultations (available on Flexicare when making use of the NetClinic network)	<p>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</p>	Unlimited visits
<div>  Medicine </div>		
Acute medicine (short-term medicine) (available on Flexicare when referred by a nurse to a GP)	<p>This benefit provides access to acute medication. Cover is at 100% of the Agreed Rate if the following conditions are met:</p> <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	<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).</p>	<p>Flexicare: The OTC medicine benefit is limited to R150 per policy per year, up to R75 bi-annual limit.</p> <p>Flexicare Plus: The OTC medicine benefit is limited to R110 every quarter, up to a maximum of R440 for each member every year</p>

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)	<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.</p> <p>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
HIV cover (Flexicare and Flexicare Plus)	<p>HIV medicine will be covered in full (100% of Agreed Rate) if the prescribed medicine is on the medicine list (formulary) for chronic medicine.</p> <p>You can get your HIV medicine at a network pharmacy</p>	



HIV care

HIV Programme	<p>The HIV Programme is designed to optimise the health and wellbeing of HIV-positive patients. The HIV Management Programme includes:</p> <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 	<p>Unlimited HIV medicine is covered from the date of registration of your chronic medicine by your network doctor (GP) or allocated doctor (GP)</p>
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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	<p>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.</p> <p>A network doctor (GP) must request the radiology tests and you have to take the radiology request form to the radiologist.</p>	This benefit is unlimited .
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Pathology

Pathology	<p>Pathology tests are limited to the list of approved pathology codes and are paid at 100% of the Agreed Rate.</p> <p>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.</p> <p>You have to take the pathology request form to the pathology lab.</p>	This benefit is unlimited .
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Trauma Benefit

Optional Trauma Benefit, offered by Discovery Insure



TRAUMA EVENT COVER

To provide access to emergency private healthcare services for a broad range of traumatic events at any private hospital, you can enhance cover for your employees and their dependants through the Trauma Benefit.

Employees are covered for medical treatment relating to these events up to a defined limit. You can choose a limit of either R400,000 or R1 million per admission.

There are no hospital network restrictions and in the case of a traumatic event, emergency services will determine the most clinically appropriate course of action.

Following the event, Discovery will reach out to your employee and their family and offer two counselling sessions, either face-to-face or telephonically, with a trained trauma or support counsellor.



MEDICAL EVACUATION

If your employees experience a traumatic event, they have cover for medical evacuation services to the most clinically appropriate hospital facility.



STABILISATION AND TREATMENT WHEN ADMITTED TO HOSPITAL

Your employees also have cover for in-patient hospital stabilisation and treatment. Depending on the option you choose, they are covered up to R400,000 or R1 million per admission for hospital and related accounts.

If treatment costs more, the employee will need to pay for amounts over their limit. If the hospital and related accounts reach the Trauma Benefit cover limit, your employees will be transferred to a state facility or discharged if stabilised.

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

Get Vitality Active

**OPTIONAL VITALITY ACTIVE,
OFFERED BY DISCOVERY VITALITY**

Household employees have access to Vitality Active, the world's leading science-based behaviour change programme that reduces the cost of healthy living and rewards and encourages members to make healthy choices.



Underwriting

WAITING PERIODS

A waiting period means that your employees or their dependants 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 and Pathology waiting period**
1-month waiting period
- **Dentistry waiting period**
3-month waiting period
- **Optometry waiting period**
3-month total 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



A steam iron with a white handle and a translucent blue body is shown from a side profile. It is resting on a white fabric surface. In the background, a window with light coming through is visible, creating a soft, out-of-focus effect.

Important information

EXTENDING COVER TO DEPENDANTS

- Log on to the Discovery website to complete the Addition of Dependant application process. You can add your employees spouse(s) and dependant(s) to Flexicare..
- Newborns can join without waiting periods if you add them to your employees policy within 90 days of birth.
- If your employees or their dependants have a break of more than 30 days in your 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 you 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.

Your contributions

Flexicare premiums for your employees, 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 your employee financially. For child dependants, we charge the adult dependant premium from the month after their 21st birthday.

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



Join Flexicare today



WHATSAPP

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

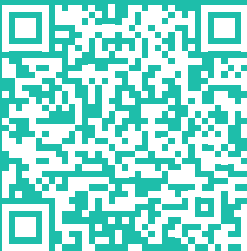


CALL CENTRE

0860 44 47 79



SCAN BELOW TO REQUEST
A CALLBACK



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.