



## Discovery Health - Option Change Form

Only members who wish to change their Health Plan for 1 January 2025 need to complete this form by no later than  
30 November 2024.

Late submission will not be considered by the medical scheme.

### Member's Information:

Employer name			
Member surname		Initials	
Membership Number		Member's ID Number	
Telephone Number		Mobile Number	
E-mail address			

### Abbreviations: Medical Savings Account (MSA) / Above Threshold Benefit (ATB)

#### 2025 Plans:

Tick

Executive	<input type="checkbox"/>	Hospitalisation at 300% of Discovery Health rate, 25% MSA and an ATB
Classic Comprehensive	<input type="checkbox"/>	Hospitalisation at 200% of Discovery Health rate, 25% MSA and a limited ATB
Classic Smart Comprehensive	<input type="checkbox"/>	Hospital Network, hospitalisation at 200% of Discovery Health rate, 15% MSA and a limited ATB
Classic Priority	<input type="checkbox"/>	Hospitalisation at 200% of Discovery Health rate, deductibles (co-payment), 25% MSA and a limited ATB
Essential Priority	<input type="checkbox"/>	Hospitalisation at 100% of Discovery Health rate, deductibles (co-payment), 15% MSA and a limited ATB
Classic Saver	<input type="checkbox"/>	Hospitalisation at 200% of Discovery Health rate, 20% MSA and no ATB
Classic Delta Saver	<input type="checkbox"/>	Hospital Network, hospitalisation at 200% of Discovery Health rate, 20% MSA and no ATB
Essential Saver	<input type="checkbox"/>	Hospitalisation at 100% of Discovery Health rate, 10% MSA and no ATB
Essential Delta Saver	<input type="checkbox"/>	Hospital Network, hospitalisation at 100% of Discovery Health rate, 10% MSA and no ATB
Coastal Saver	<input type="checkbox"/>	Hospital Network, hospitalisation at 100% of Discovery Health rate, 15% MSA and no ATB
Classic Core	<input type="checkbox"/>	Hospitalisation at 200% of Discovery Health rate, no MSA and no ATB
Classic Delta Core	<input type="checkbox"/>	Hospital Network, hospitalisation at 200% of Discovery Health rate, no MSA and no ATB
Essential Core	<input type="checkbox"/>	Hospitalisation at 100% of Discovery Health rate, no MSA and no ATB
Essential Delta Core	<input type="checkbox"/>	Hospital Network, hospitalisation at 100% of Discovery Health rate, no MSA and no ATB
Coastal Core	<input type="checkbox"/>	Hospital Network, hospitalisation at 100% of Discovery Health rate, no MSA and no ATB
Active Smart	<input type="checkbox"/>	Dynamic Hospital Network, hospitalisation at 100% of Discovery Health rate, no MSA and no ATB
Essential Smart	<input type="checkbox"/>	Hospital Network, hospitalisation at 100% of Discovery Health rate, no MSA and no ATB
Essential Dynamic Smart	<input type="checkbox"/>	Dynamic Hospital Network, hospitalisation at 100% of Discovery Health rate, no MSA and no ATB
Classic Smart	<input type="checkbox"/>	Hospital Network, hospitalisation at 200% of Discovery Health rate, no MSA and no ATB
KeyCare Plus	<input type="checkbox"/>	Hospital Network, hospitalization at 100% of Discovery Health rate, limited day-to-day benefits at network facilities
KeyCare Start	<input type="checkbox"/>	Planned hospitalisation in contracted network - Chronic State facilities and limited day-to-day benefits at network facilities
KeyCare Core	<input type="checkbox"/>	Hospitalisation at network hospitals, no day-to-day benefits
Keycare Start Regional	<input type="checkbox"/>	Hospitalisation and limited day-to-day benefits through the Keycare Start Regional network.

**Members who want to change to a KeyCare plan must complete a Keycare application form called "Choosing KeyCare as**



**VITALITY** (Please tick if applicable)

<b>I wish to add Vitality</b>	<input type="checkbox"/>	You need to complete a Vitality application form or activate it on-line via the Discovery app or website
<b>I wish to cancel my Vitality</b>	<input type="checkbox"/>	Effective date (calendar months' notice required):

**ADVICE** (Please tick)

**I did not seek advice in making my option choice**

**I did seek advice from an Aon Consultant in making my option choice**

**The Aon consultant name I sought advice from (if applicable)**

<input type="checkbox"/>
<input type="checkbox"/>

**I understand that if I have not consulted my healthcare consultant for advice, I could potentially place myself at risk when changing my plan. The following risks may apply:**

- a) Reduction in benefits, co-payments and applicable shortfalls on specialist rates.
- b) If I choose a network plan, the network hospital and providers must be utilised to avoid penalties or experience non-payment of claims.
- c) If I'm registered on the Chronic Illness Benefit, there could be a potential change to the chronic rand amount if the medication is not prescribed from the Chronic Illness formulary.
- d) If I downgrade and have used more MSA than what I was entitled to, there could be a potential "clawback". This means that I have used more MSA than what I have paid back at the point of the downgrade, and I therefore owe Discovery the overspent amount.
- e) Certain benefits such as prescribed medication, specialised dentistry, optometry, etc may be pro-rated.

Ensure that your current gap cover, if in place, will still provide you with the necessary cover for the new plan you have chosen.

I confirm that I understand the benefits offered under the new option that I have selected and agree to the medical scheme rules applicable to the plan effective 1 January 2025.

I confirm that I have fully read and understood the contents of this document and provide my express consent for Aon South Africa (Pty) Ltd ("Aon") to process my Personal Information including but not limited to special personal information, as well as that of my beneficiaries and where necessary including my minor children (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal Information may be shared and or disclosed with any party including but not limited to service providers who Aon (in its reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and that of my beneficiaries and where necessary my minor children in compliance with its obligations in law or contract.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**Disclaimer:** The benefits and contributions are subject to approval by the Council for Medical Schemes. Although care is taken to represent the rates and benefits correctly, errors and omissions could occur. In case of any conflict, the rules of the affected medical scheme prevail. Any decisions regarding your medical scheme portfolio should be made in conjunction with your Aon Employee Benefits consultant or manager. While Aon has taken reasonable steps to ensure that the information contained in this report is relevant, accurate and current, no warranties of any kind, whether express or implied, including but not limited to the accuracy, completeness, relevance or fitness for a particular purpose are given and Aon expressly disclaims any liability for any loss or damage that may arise from the use of this report. This report is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you received this report in error, you should not disseminate, distribute or copy this report and you should notify Aon if you are not the intended recipient and destroy the report. The report is copyright of Aon SA (Pty) Ltd. You may not, except with our express written permission, distribute or commercially exploit the report. Aon hereby authorizes you to copy the report for non-commercial use within your organization only.

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