

flexicare

Auto&General

 Discovery
Health



2026 BENEFIT INFORMATION,
TERMS AND CONDITIONS

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?

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

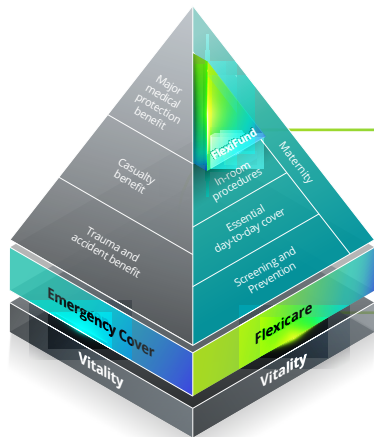
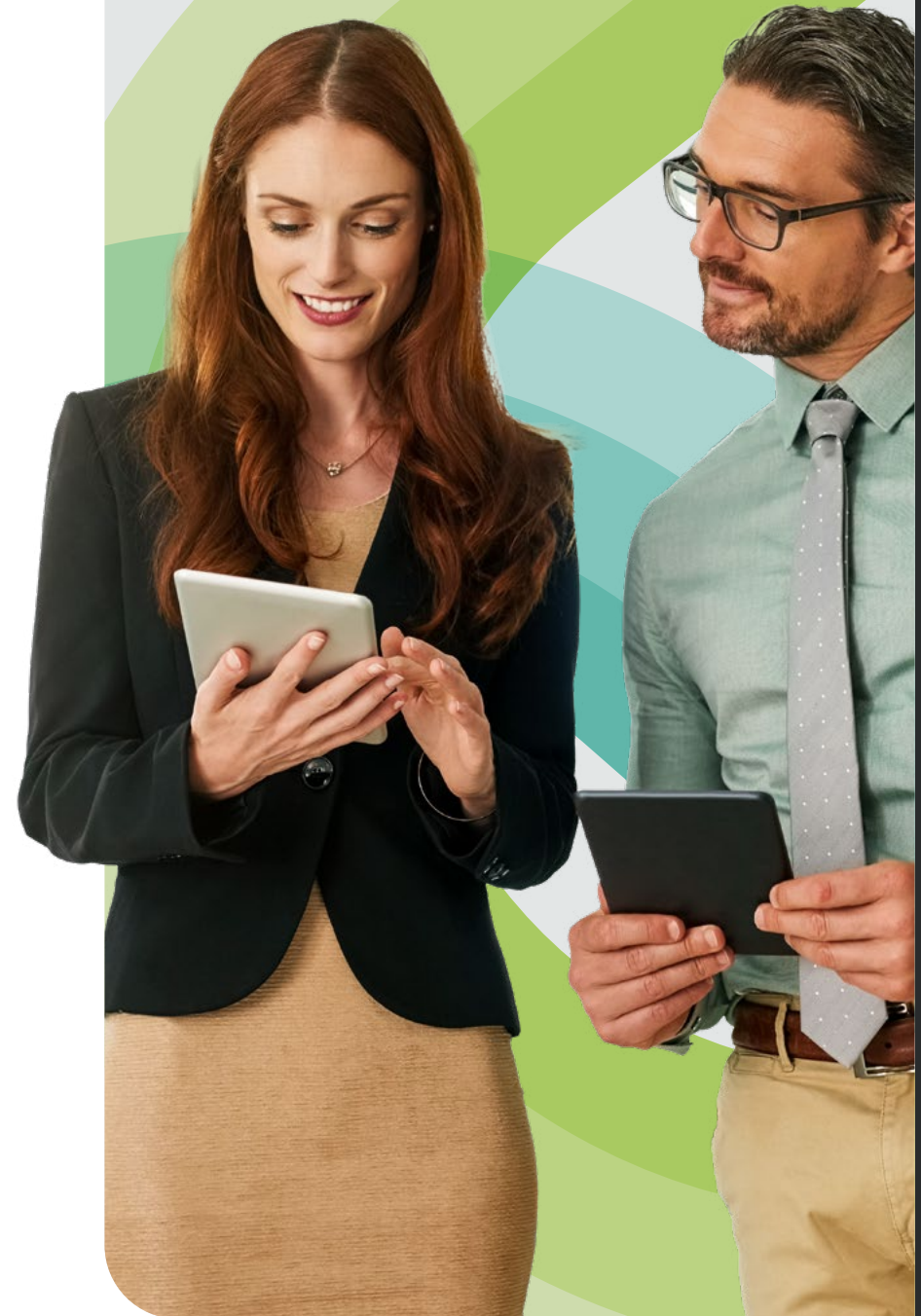
This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.

Registration, benefits and premiums work just like any standard medical insurance product.

- When you need to see a GP or dentist, make an appointment at your nearest Flexicare network provider, phone them to make sure that they are part of the network. You can see a list of all Flexicare Service Providers online at www.discovery.co.za.
- On the day of your appointment, show either your Flexicare digital or physical membership card to the healthcare provider before the appointment.
- The GP or dentist will submit their claims directly to us for payment.

The policy provides you unlimited consultations with Flexicare general practitioners and also covers a specific list of treatments from other healthcare providers.

You will not need to pay for approved treatments received from a Flexicare network provider. However, if you use a provider that is not a part of the Flexicare network, or if you get treatment that is not approved, you will be responsible for 100% of the costs.



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

Acceptance

Unless we approved differently, the following will apply:

- General waiting period on all services of one month or three months
- Potential waiting periods for specific benefits:

WAITING PERIOD DESCRIPTION	DURATION
Radiology and Pathology waiting period	1 month
Over-the-counter Medicine waiting period	1 month
Dentistry waiting period	3 months
FlexiFund waiting period	3 months
Maternity waiting period	12 months
Chronic Conditions waiting period	12 months
HIV waiting period	12 months

- A 12-month, condition-specific waiting period may apply for any condition (including chronic illnesses and HIV) that existed before the start date of the membership.
- No waiting periods may apply to employees who are on Flexicare as part of an employer group that their employer implemented on a compulsory basis on behalf of the employees. Waiting periods could apply to dependants.
- Refer to your membership certificate for details on active waiting periods.

Service Providers

Finding a doctor, dentist, optometrist or pharmacy is easy with our Flexicare Provider Search Tool:



Visiting a healthcare provider

When you visit your doctor, pharmacy, dentist or optometrist, you need to take your digital or physical membership card and either your ID, passport or driving licence with you so that your healthcare provider can confirm that you are a Flexicare member. Confirm with your healthcare provider that your treatment or medicine is on our list of benefits..

Administrator details

Discovery Health



EMAIL

flexicare@discovery.co.za



PHONE

0860 44 47 79



PHYSICAL ADDRESS

1 Discovery Place, Sandton 2196




















WEBSITE

www.discovery.co.za



Our Flexicare Plans

	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 	✓	✓
Nurse consultations 	✓	
Specialist consultations 		✓
Dentistry 		✓
X-rays 	✓	✓
Flu vaccine 	✓	✓
Optometry 		✓
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**
 - 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.

03 | Use your FlexiFund

Active adult and child 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

Benefits may vary depending on your selected plan. 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	Unlimited cover for virtual consultation via the Discovery website covered at 100% of the Agreed Rate. Virtual consultations available through the Online Platform without a nurse referral.	Unlimited cover for virtual consultation via the Discovery website covered at 100% of the Agreed Rate. Virtual consultations available 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	Cover for up to two primary care clinic network nurse consultations at 100% of the Agreed Rate, authorisation required for consultations after the second consult with a nurse you can have a virtual consultation with a network GP through the Online Platform without a nurse referral.	No cover
Specialist consultations	No cover	<p>Cover for 1 out-of-hospital specialist consultation 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 R1,465 which includes a R1,360 consultation fee and a R105 SOAP note for referral where appropriate/needed. • Members who are referred for radiology or pathology post the network specialist consultation, will access R625 for diagnostic tests with accumulation to the overall R2,090 benefit limit. • If the treatment costs more than the benefit limit, the member will be responsible for the difference. • Consultations with 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

Dentistry	No cover	Full mouth examination, preventive treatments, cleaning, scaling, polishing, restorations, 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. 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. 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. 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

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

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>Medication can be prescribed and dispensed by the nurse or GP as part of the primary care consultation. A referral by the nurse to the network GP will be done in instances where the medication can only be prescribed by a GP. The medication must be on the medicine list (formulary) for acute medicine and will be available without a co-payment</p>	<p>Cover for medicine on our list if a network doctor prescribes it or gives it to you</p>
<p>Over-the-counter (OTC) medicine</p>	<p>Cover for self-medication on our list, up to R170 per policy per year, up to R85 bi-annual limit, at a network pharmacy</p>	<p>Cover for self-medication on our list, up to R120 per quarter – a maximum of R480 per member per year, at a network pharmacy</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>Cover for chronic medicine on the defined medicine list for 27 chronic conditions (including HIV) at a network pharmacy</p>

 **SCREENING AND PREVENTION**

<p>Flu vaccine</p>	<p>Members have cover for one flu vaccination every year from a network pharmacy</p>	
<p>Health check</p>	<p>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 also choose to have an HIV test at the same time. After your screening, you will receive a summary of your health check results along with insights into lifestyle factors that may be affecting your health.</p>	
<p>FlexiFund</p>	<p>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</p>	<p>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</p>

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.

Exclusions – Flexicare

We do not offer any benefits for services or claims that are caused by, or related to the following

- Cosmetic surgery
- Suicide (or attempted suicide)
- Use of any drugs or narcotics
- Failure to follow medical advice
- Use of alcohol
- Nuclear incidents
- Services related to defence force, police, rescue, firefighting or correctional facilities services
- Aviation activities
- Hazardous sports
- Motor racing
- Use of firearms
- Riots, wars, public disorder, terrorism and related events
- Criminal (or attempted criminal) activities
- Intentional exposure to danger

We do not cover the following treatments, conditions and services

- External prosthesis
- Specialised dentistry
- Rehabilitation, frail-care and hospice services
- Step-down facilities
- Ambulance and related emergency services that are not delivered by Netcare 911
- Balance billing and split billing from providers
- Major medical expenses
- Specialist consultations



SCAN BELOW TO REQUEST A CALLBACK



Your monthly premiums

Flexicare premiums for you and your family, with pricing for the optional Discovery Emergency Cover and Vitality Active.

Flexicare Monthly Premiums

ROLE	FLEXICARE CORE	FLEXICARE PLUS	VITALITY ACTIVE
Principal member	R459	R539	R159
Spouse	R459	R499	R159
Adult	R459	R499	R159
Child*	R286	R286	R159

* 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 you financially. For child dependants, we charge the adult dependant premium from the month after their 21st birthday.

Discovery Emergency Cover Monthly Premiums

ROLE	R400,000 LIMIT PER EVENT			R1,000,000 LIMIT PER EVENT		
	PRINCIPAL MEMBER	ADULT	CHILD	PRINCIPAL MEMBER	ADULT	CHILD
Emergency Core	R218	R218	R92	R313	R313	R137
Emergency Plus	R313	R313	R219	R440	R440	R240
Emergency Max	R439	R439	R302	R626	R626	R302

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



Waiting periods

Waiting period

A waiting period means that you or your 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

1 MONTH	3 MONTHS	12 MONTHS
General waiting period	Dentistry waiting period	Maternity waiting period
Radiology and Pathology waiting period	Optometry waiting period	HIV waiting period
Over-the-counter medicine waiting period		Chronic Conditions waiting period
Trauma benefit waiting period		

- Newborns can join without waiting periods if you add them to your policy within 90 days of birth.
- If you or your dependants have a break of more than 30 days in your membership, all waiting periods will be applied when reapplying for cover.



Value-added benefits offered by Discovery Health with Flexicare for Employer Group Business

Wellness Programme

You have access to the Discovery Wellness Experience through campaigns at your employer.

This measures your overall wellness by measuring your blood pressure, blood glucose (blood sugar), cholesterol and your body-mass index (BMI).

You can have an HIV test done at the same time. You also get a one-on-one session with a wellness specialist who will explain what your test results mean and how you can take care of yourself.

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 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



Policy

Disclaimer

This **policy** replaces all previous versions you may have. All terms and conditions in this **policy** apply to **insured persons** on the **policy**.

SECTION A: YOUR INSURER

The insurance cover is underwritten by your **insurer**: Auto & General Insurance Company Limited, registration number 1973/016880/06, an authorised non-life insurer and financial services provider. All the terms and conditions explained throughout your **policy** always apply to your cover.

SECTION B: YOUR UNDERWRITING MANAGER

Your **underwriting manager** is responsible for all administrative matters for your **policy**, which include:

- Issuing your **policy**.
- Processing your claims.
- Collecting your **premium**.

This product is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, FSP 18564.

SECTION C: YOUR NETWORK PROVIDER

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is the provider of the network.



SECTION D: DEFINITIONS

Any words and expressions used in this policy can refer to any singular or plural and to any gender. The words and expressions we use are defined as follows:

NUMBER	DEFINITION	MEANING
D1	Authorisation	To get approval where it is needed for certain benefits to apply. You can get authorisation from 0860 44 47 79 unless we give other instructions.
D2	Benefit	As reflected in the detailed benefits of the policy.
D3	Benefit date	The first day of the month on which your benefits start.
D4	Contracted service provider	Any medical service provider who is part of our network of providers for Flexicare.
D5	Dependant	An eligible spouse, eligible child, child with special needs or eligible special dependant.
D6	Dependant number	The number assigned to each insured person covered under this policy.
D7	Dependant type	This can be the policyholder, eligible spouse, eligible child, child with special needs or eligible special dependant.
D8	Eligible child	A child born to either the policyholder or eligible spouse of this policy. An eligible child includes a legally adopted child or stepchild of a policyholder. When the eligible child reaches the age of 21 years, the child will no longer be an eligible child and will no longer be covered under this policy as a child dependant. On turning twenty-one (21) and within thirty (30) days of doing so, the eligible child may take up a new policy in their own capacity or remain on the existing policy as an adult dependant if they are financially dependent on the main member. The age limitation does not apply to a child with special needs.
D9	Eligible adult dependant	An eligible child who is over the age of 21 and stays financially dependant on the main member of the policy.
D10	Eligible special dependant	A dependant who is neither the eligible spouse, an eligible child nor a child with special needs of the policyholder but who is an eligible dependant (parent, second or subsequent spouse, grandchild or, adult dependant) and has been explicitly accepted by Flexicare for such cover under this policy. If Flexicare did not explicitly accept them, such special dependants are not covered. Note: The premium for an eligible child over the age of 21 will be that of an adult dependant.
D11	Eligible spouse	* The partner of the policyholder with whom a spousal union exists, whether under South African law or religious rule. * The partner that shares a home with the policyholder in a common-law spousal union and has done so for at least six months. If a policyholder has more than one spouse who could qualify as an eligible spouse then that policyholder must irrevocably nominate one spouse as the eligible spouse. We will only pay benefits to the nominated eligible spouse. We will not pay benefits to any other spouse, unless the policyholder has nominated the other spouse (or spouses as the case may be) as an eligible special dependant from the start date of the policy, or from the date that the other spouse became a spouse of the policyholder and the required premium has been paid to Discovery Health on behalf of such other spouse. On the death of the policyholder, this policy will end. The nominated eligible spouse (if applicable) may transfer the policy into their own capacity within 30 days.
D12	Exclusions	A list of services, conditions and events excluded from this policy. This list can be found in the 'Exclusions – Flexicare' section of this policy.
D13	Family	Collectively the policyholder, eligible spouse, eligible children, children with special needs and eligible special dependants as defined in the policyholder schedule.
D14	Hazardous sport	This includes, but is not limited to, participation in or use of any of the following: <ul style="list-style-type: none"> • All forms of motorised or jet racing or motorised or jet aerobatics, whether by land, sea or air • Mountaineering, trekking or hiking above an altitude of 4,000 metres • Hunting, shooting or deploying firearms in any manner other than for self-defence purposes
D15	Healthcare services	All services detailed in the benefits section of the policy
D16	Hospital	Any institution in the territory of the Republic of South Africa, which provides diagnostic and therapeutic facilities for surgical and medical diagnosis, treatment and care of sick or injured persons by or under the supervision of medical practitioners or specialists on a full-time basis.

NUMBER	DEFINITION	MEANING
D17	Hospital discharge	An official release of a patient from hospital when care and or treatment in the hospital is no longer required.
D18	Illness	Any physical disease or sickness that manifests in an insured person but is not a disease or sickness that can be diagnosed through objective evidence or that, can be but has not been diagnosed as such. In other words, it must be capable of diagnosis and have been diagnosed.
D19	Insured person	Either the policyholder, eligible spouse, eligible children, children with special needs and eligible special dependants as named in the policyholder schedule.
D20	Insurer	Auto & General Insurance Company Limited, registration number 1973/016880/06 (FSP16354).
D21	Medical emergency	The sudden, unexpected onset of a life-threatening health event that requires immediate medical treatment, where failure to provide medical treatment will result in serious impairment to bodily functions, or serious dysfunction of a bodily organ or part, and would place the insured person's life in serious jeopardy.
D22	Medical practitioner	A qualified medical practitioner, who is registered with the Health Professions Council of South Africa.
D23	Netcare	Netcare 911 EMS (Pty) Ltd, a wholly owned subsidiary of Netcare, registration number 1996/006591/07.
D24	Network provider	Discovery Health (Pty) Ltd, registration number 1997/013480/07.
D25	Per year	The period from 1 January to 31 December of any year.
D26	Policy	This accident cover policy as well as the policy schedule.
D27	Policyholder	The insured person named in the policyholder schedule, who applied for cover under this policy and who has been accepted by the insurer as eligible for participation in the insurance cover provided by this policy.
D28	Policy schedule	A document issued to the policyholder by the insurer containing the personal details of each insured person, starting date of cover, dependant type and premium. This can be digital or paper based.
D29	Premium	The monthly amount due to the insurer that is payable by or on behalf of the policyholder.
D30	Provider network	A list of accredited multi-disciplinary providers contracted by the network provider to deliver healthcare services to the insured persons.
D31	Renewal date	1 January of each year or another date determined by the insurer when benefits will be amended.
D16	Hospital	Any institution in the territory of the Republic of South Africa, which provides diagnostic and therapeutic facilities for surgical and medical diagnosis, treatment and care of sick or injured persons by or under the supervision of medical practitioners or specialists on a full-time basis.
D32	Special needs child	Any child, including a legally adopted child or stepchild of the policyholder who, because of either a physical or mental disability, cannot financially support themselves and remains reliant on the policyholder for support and care.
D33	Specialist	A medical practitioner who has been registered in terms of regulations relating to the specialties and subspecialties in medicine and dentistry, published under Government Notice Number R.590 of 29 June 2001, as amended or replaced from time to time.
D34	Starting date	The first day of the month on which cover starts under this policy.
D35	Termination date	The effective date of expiry of cover under this policy.
D36	Total permanent disability	A total permanent disability (TPD) means injuries resulting in permanent total disability of the insured person from following their usual occupation and any other equivalent occupation for which the insured person is fitted by education, knowledge or training.
D37	Treatment	Any form of medical advice, diagnosis, care or treatment provided by a medical practitioner for the purpose of treating or monitoring the medical condition of an insured person.
D38	Underwriting manager	Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, FSP18564.

SECTION E: CLAIMS

- 01 | **Contracted Service Providers** will submit accounts to Discovery Health to pay for services they give to you.
- 02 | Should a provider send you a claim, you can email the claim to: claims@discovery.co.za.
- 03 | Where the **insurer** has paid a **benefit** in terms of this **policy** that the Road Accident Fund or the Compensation Fund for Occupational Injuries or Diseases should actually pay for, you must pay the money back to the **insurer**.
- 04 | If the **insurer** rejects any claim, or disputes the amount of a claim, you have **90 days** to challenge this decision. If the **insurer** still rejects the claim or disputes the amount, you must take legal action within **six months (180 days)** after the expiry of the **90 days**.

SECTION F: PREMIUMS

- 01 | Your insurance **policy** will stay in force for as long as you pay your **premium**.
- 02 | All **premiums** are payable monthly on your elected debit order or payment date.
- 03 | If you do not pay your premiums, we may reject a claim or suspend your cover. We will suspend all your benefits until you have paid all arrear **premiums**.
- 04 | If you do not pay the **premium** on the payment date, you have a **30-day** grace period after which we will automatically deduct the **premium** from the account we always use for your premiums to ensure continuous cover.
- 05 | If this **premium** is also not paid, you will have no cover for the period for which you did not pay.
- 06 | If your **premium** stays outstanding after the second month's attempt for double deduction, we will cancel your cover at midnight on the last day of the month for which **we had received a premium**.
- 07 | Your cover starts on the **first** calendar day of a particular month and cannot be backdated.
- 08 | We review your **premium** yearly.
- 09 | The **insurer may change the premiums by giving you at least 31 days' written notice** of the change.



SECTION G: GENERAL TERMS AND CONDITIONS

These general terms and conditions apply to every section of your policy. There are also terms and conditions that apply to specific sections under your policy. You must make sure you understand all sections of your policy. If you have any questions, please contact your financial adviser.

This policy falls under the jurisdiction of the courts of the Republic of South Africa and South African law will apply. You must pay all premiums and benefits in the currency of the Republic of South Africa.

The insurer may change the benefits or the way in which they calculate benefits under this policy by giving 31 days' written notice.

Cover for services provided is only valid if the treatment or service was given before the end date.

This policy, is based on, and includes, any information or communication, verbal or written, you made or that were made on your behalf.

Examples are given where necessary to explain certain concepts within the policy. These examples are for clarification purposes only and do not form part of the policy.

In this policy, all words and expressions signifying the singular include the plural and the other way around, and all words and expressions signifying any one gender shall include all the other genders.

Where the policy mentions an age, it will be the age as on the last birthday.

If any insured person commits any fraudulent act, the insurer reserves the right to immediately cancel this cover and to institute legal proceedings against the relevant person to recover any losses.

FlexiFund terms and conditions

The FlexiFund is a benefit designed to support the day-to-day healthcare needs of Flexicare members along with giving Flexicare members greater control and confidence in managing their health.

Every year, each Flexicare adult member can earn additional funds 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.

Additional terms and conditions that apply to this benefit include:

- 01** | Adult members on Flexicare Core and Flexicare Plus can earn additional funds in their FlexiFund by completing a Discovery Health Check at an accredited provider.
- 02** | Children on the policy (aged 17 and below) do not qualify for the additional FlexiFund allocation.
- 03** | The Discovery Health Check comprises of five health checks. You must complete all five health checks to qualify for FlexiFund, these are: body mass index (BMI), cholesterol, blood glucose, blood pressure and smoking declaration.
- 04** | Only the first health Discovery Health Check completed in a benefit year will qualify for a FlexiFund allocations. Later health checks in the same benefit year do not qualify for a FlexiFund allocation.

- 05** | If your policy lapses and you rejoin, you will not qualify to earn towards your FlexiFund again in the same year.
- 06** | The amount you earn depends on your plan and how many health metrics are in range.
- 07** | You will receive the full amount that you qualify for. It will not be prorated.
- 08** | Your FlexiFund is topped up once your health check results are received by the servicing provider.
- 09** | You can use your FlexiFund for any active member on your policy. Although children do not qualify for a FlexiFund allocation, their eligible claims will be funded from the policy FlexiFund.
- 10** | The FlexiFund does not have an annual limit.
- 11** | You can use FlexiFund for healthcare costs not covered by Flexicare at the following practice types:
 - GP visits
 - Nurse visits (Flexicare Core only)
 - Specialist visits (Flexicare Plus only)
 - Radiology
 - Pathology
 - Pharmacy
- 12** | You will need to pay for shortfalls when your Flexicare benefits and FlexiFund are used up.
- 13** | All standard Flexicare exclusions apply.
- 14** | If your policy ends, any unused FlexiFund will lapse and will not be carried over if you decided to rejoin Flexicare.
- 15** | If you upgrade or downgrade your Flexicare plan, your FlexiFund will not be adjusted or renewed in the same benefit year.
- 16** | You can check your FlexiFund balance on the Connected Care App or on WhatsApp.
- 17** | Any unused funds in your FlexiFund will carry over to the next benefit year. Your available FlexiFund balance does not expire while you remain an active Flexicare member.

SECTION H: TERMINATION OF COVER

You may cancel this cover at any time, by giving written notice 31 days before the end date.

The **insurer** may cancel the **policy** by giving 31 days' notice (for any reason).

You must pay premiums up to and including the **end date**.

SECTION I: EXCLUSIONS

01 | We will not pay claims or benefits if:

- a. The claim is due to suicide, attempted suicide or willful injury to yourself.
- b. You use any drug or narcotic, legal or illegal unless prescribed by and taken according to the instructions of a **medical practitioner**.
- c. You do not follow any medical advice given by a medical practitioner.
- d. You caused any incident, **illness, accidental harm** or event directly by having a blood alcohol content of more than thirty milligrams per one hundred millilitres of blood.

02 | We will not pay claims or benefits if you take part or try to take part in any of the following:

- a. Any defence force, police force, medical rescue, firefighting, correctional services or the disarming of explosives.
- b. Flying as a pilot or member of the aircrew.
- c. Any **hazardous sport**. It does not matter if you do the activities privately, socially, during practice sessions, while participating in organised events, as an amateur or a professional.
- d. Sport as a professional player.
- e. Any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft).

03 | We will not pay claims or benefits for incidents, illnesses, accidental harm or events directly or indirectly caused by, or arising from any of the following:

- a. Civil commotion, labour disturbances, riots, strikes, lock-out or public disorder or any act or activity that is calculated or directed to bring about any of the above.
- b. War, invasion, act of foreign enemy, hostilities, civil war or warlike operations (it does not matter if war is declared or not).
- c. Mutiny, military rising or usurped power, martial law or state of siege, or any other event or cause that determines the proclamation or maintenance of martial law or state of siege, insurrection, rebellion or revolution.
- d. Any act (whether on behalf of an organisation, body, person or group of persons) calculated or directed to overthrow or influence any state or government or any provincial, local or tribal authority with force or by means of fear, terrorism or violence.

- e. Any act calculated or directed to bring about loss or damage to further any political aim or cause, or to bring about any social or economic change. Also any act in protest against any state or government, or any provincial, local or tribal authority, or for the purpose of inspiring fear in the public or any section of it.
- f. Terrorism. An act of terrorism means the use or threat of violence for political, religious, personal or ideological reasons. This may or may not include an act that is harmful to human life. It could be committed by any person or group of persons, acting alone, on behalf of or with any organisation or government. It includes any act committed with the intention to influence any government or inspire fear in the public.
- g. The act of any lawfully established authority in controlling, preventing, suppressing or in any other way dealing with any event referred to in the exclusion of items list. We refer here to the events under riots, wars, political acts, public disorder or any attempted acts referred to in that clause.
- h. Nuclear weapons, nuclear material, ionising radiations or contamination by radioactivity from any nuclear fuel, or from any nuclear waste, or from the combustion of nuclear fuel. This includes any self-sustaining process of nuclear fission.

04 | We will not pay claims or benefits for the following procedures, items, services, service providers or events:

- a. Any claim, service or **benefit** that is not part of this **policy**.
- b. Cosmetic surgery.
- c. External prosthesis.
- d. Rehabilitation, frail care or hospice services.
- e. Step-down facilities.
- f. All services from a non-contracted provider where you did not get preauthorisation for **treatment** at a non-contracted provider.
- g. Any criminal act or attempted criminal act by an **insured person**. This includes the submission of any fraudulent information or other fraudulent means, to get any **benefit** or service under this **policy**.
- h. Transport expenses that are not for a medical emergency.
- i. Transport expenses in a vehicle other than an ambulance that is designed for **medical emergency** transport.
- j. Any act by an **insured person** that willfully exposes them to danger, except where such act is to save human life or prevent **accidental harm**.
- k. Any services rendered outside of the borders of South Africa.
- l. Any appliances, like wheelchairs, crutches, beds or convalescing equipment.

Disclosure notice

Disclosure and Other Legal Requirements

As a non-life insurance policyholder, or prospective policyholder, you have the right to the following information:

The Financial Advisory and Intermediary Services Act and the Insurance Act require that the insurer (who is the product supplier), underwriting manager and the intermediary or financial adviser comply with the relevant acts, general code of conduct and policyholder protection rules to enable you to make informed decisions about the insurance products that you purchase. It also aims to ensure that these stakeholders render financial services honestly, fairly, with due skill and diligence and in your interests and the integrity of the financial services industry.

You will receive two disclosure notices (one from your intermediary or financial adviser and one from your underwriting manager and insurer) at the inception of your policy and at each subsequent renewal that contain relevant contact information and complaint escalation information. Should you experience any difficulties in obtaining any required details, please contact your intermediary or financial adviser for further assistance.

This policy is offered under the Short-term Insurance Act Regulations and in accordance with an exemption granted in terms of the Medical Schemes Act.

About Your Intermediary or Financial Adviser

Your intermediary or financial adviser should provide you with their disclosure notice within a reasonable time from the time you are provided with a quotation, take out or amend your policy. If they do not do so, even after you have requested it, please contact the insurer or underwriting manager to assist.

Your intermediary or financial adviser receives up to a maximum of 18% commission, but never exceeding, the regulated maximum commission payable in terms of the Short-term Insurance Act.

About the Underwriting Manager (UMA) OR Administrator

The UMA is Discovery Health (Pty) Ltd, registration number 1997/013480/07 an authorised financial services provider (FSP no 18564) email: flexicare@discovery.co.za, website: www.discovery.co.za.

The UMA has a written mandate (binder agreement) to act on behalf of the insurer and holds the required professional indemnity insurance.

The UMA may from time to time have representatives that are rendering services under supervision.

DESCRIPTION	DETAILS
Physical address	1 Discovery Place, Sandton 2196
Telephone number	0860 44 47 79
Details of compliance officer	Name: Discovery Compliance Officer Email: compliance@discovery.co.za Compliance practice number: CO 6797 Physical address: 1 Discovery Place, Sandton 2196
Details of claims department	Email: flexicare@discovery.co.za Subject: Claims Tel: 0860 44 47 79
Details of the complaints department	All complaints must be in writing and any of our representatives can give you a copy of our complaints procedure on request. Email: flexicareescalations@discovery.co.za Subject: Complaints or escalations Tel: 0860 44 47 79

About your insurer – contact details

DESCRIPTION	DETAILS
Name	Auto & General Insurance Company Limited
Company registration number	1973/016880/06
FSP number	16354
VAT number	4890105085
Postal address	Auto & General Park, 1 Telesure Lane, Riverglen, Dainfern 2191
Physical address	Auto & General Park, 1 Telesure Lane, Riverglen, Dainfern 2191
Telephone number	011 489 4000
Fax number	011 715 7301
Website	www.autogen.co.za
Details of compliance officer	Telesure Group Services (Pty) Ltd is Auto & General's nominated compliance practice. Compliance can be contacted on: Tel : 0860 99 99 54 Email: compliance@tihsa.co.za
Details of claims department	The claims specialist is contactable on: Email: claims@flexicare.co.za
Details of the complaints department	All complaints must be in writing and any of our representatives can give you a copy of our complaints procedure on request. The complaints department can be contacted on: Tel: 0860 10 90 59 Email: disputeresolution@autogen.co.za



IMPORTANT INFORMATION

If premium is paid by debit order:

- It may only be in favour of one person and may not be transferred without your approval and
- The insurer must inform you at least 31 days before the cancellation thereof, in writing, of its intention to cancel such debit order.

Consequence of non-payment:

- All premiums are payable monthly.
- Non-payment of premiums may lead to the rejection of a claim or cover being suspended.
- Your cover starts on the first calendar day of a particular month and cannot be backdated.
- Your premium will be reviewed yearly.



OTHER MATTERS OF IMPORTANCE

You will be informed in the event of any material changes to this information provided.

The UMA will notify you in writing of the reasons for repudiating a claim. You will also be provided with the process to follow to appeal a repudiated claim.

The UMA will provide you with 31 days' written notice of its intention to cancel the policy. You will always be entitled to a copy of the policy free of charge.

If you decide that this cover does not suit your needs and no benefit has yet been claimed, you are required to inform the insurer of your intention to cancel the policy in writing, with a 31-day notice period. Based on the circumstances of the cancellation, if premium was collected within the 31-day cancellation notice period, the UMA may refund the premium.

Claims

How to Claim

The healthcare provider will in most instances, submit the claim directly to the administrator for payment. However, in the rare circumstances that this does not happen, please contact us on any of the claim contact details given above.

Once your claim has been approved, funds will be paid directly to the contracted provider.

There will be times that you have to pay cash when you visit certain healthcare providers. If they are not part of the contracted network or if their service is not covered in terms of the rules of the policy, you can submit the claim for assessment. If the claim meets the required criteria, you will be reimbursed directly.

How to Submit a Paid Claim for Refund

Please ensure you submit the following documents to Flexicare.

- 01 | A copy of the account you received from the provider that supports your refund claim.
- 02 | Your receipt from the provider that shows proof of payment.
- 03 | Once approved, your refund will be processed within 14 days of receipt of all the information.
- 04 | Where no proof of banking details has been supplied to the administrator, we will not be held responsible for any payment made into an incorrect account.
- 05 | You can submit your documents by email using the following email address: claims@discovery.co.za.
- 06 | Please note that you have 120 days to submit your refund claim.

How to Submit a Complaint

If you have a complaint, please contact us on any of the complaint contact details given above.

- 01 | Please note that all complaints must be addressed to us in writing.
- 02 | If any complaint about your intermediary or financial adviser is not resolved to your satisfaction, you may submit your complaint to the FAIS Ombudsman, whose address appears at the foot of this notice.
- 03 | If any complaint to the UMA is not resolved to your satisfaction, please contact the insurer and if it is still not resolved to your satisfaction, you can submit your complaint to the Short-term Insurance Ombudsman or the FSCA, whose addresses appear at the foot of this notice.

Caution

- Do not sign any blank or partially completed application forms.
- Complete all forms in ink.
- Make notes of what was said to you and keep all documents handed to you.
- Do not be pressurised into buying the product and make sure that it meets your needs and that you understand the terms and conditions to ensure the product is suitable.
- Study the policy with care immediately when it is received. If you have any uncertainties, discuss these with your intermediary or financial adviser or UMA.
- Incorrect or non-disclosure by you of relevant facts may influence the assessment of a claim.



Other Contact Details

The FAIS Ombudsman



EMAIL

info@faisombud.co.za



PHONE

012 762 5000



POSTAL ADDRESS

PO Box 74571, Lynnwood Ridge 00406



WEBSITE

PO Box 74571, Lynnwood Ridge 00406



PHYSICAL ADDRESS

Kasteel Park Office Park, Orange Building, 2nd Floor, Jochemus Street,
(Cnr Nossob and Jochemus Street), Erasmus Kloof, Pretoria 0048

Short-term Insurance Ombudsman



EMAIL

info@osti.co.za



PHONE

T:011 726 8900 or 0860 726 890 | F: 011 726 5501



POSTAL ADDRESS

PO Box 32334, Braamfontein 2017



WEBSITE

www.osti.co.za



PHYSICAL ADDRESS

1 Sturdee Avenue, (Cnr Bolton and Baker Roads), 1st Floor, Block B, Rosebank, Johannesburg 2196

Financial Sector Conduct Authority



EMAIL

info@fsca.co.za



PHONE

T: 012 428 8000 | F: 012 347 6941



POSTAL ADDRESS

PO Box 35655, Menlo Park, Pretoria



WEBSITE

www.fsca.co.za



PHYSICAL ADDRESS

Riverwalk Office Park, Block B, 41 Matroosberg Road, (Cnr Garsfontein Road and Matroosberg Road), Ashlea Gardens, Extension 6, Menlo Park, Pretoria.



Data processing and protection

Processing of Personal Information

In order to provide you with the services we are required to process your personal information and will do so lawfully in accordance with our business requirements and legal obligations.

You acknowledge that the personal information may be verified and processed for insurance, financial services and risk-management purposes by the TIH Group of companies against any other reasonable and legitimate sources or databases to ensure the accuracy and completeness of any personal information provided on an ongoing basis.

We will process your personal information for the following purposes:

- Quoting, underwriting, pricing, servicing and executing of insurance and other financial services
- Assessment of financial and insurance risks
- Assessment and processing of claims and complaints
- Development and improvement of products and services
- Credit references and verification of personal information
- Fraud prevention and detection
- Market research and statistical analysis
- Audit and record keeping
- Compliance with legal and regulatory requirements
- Sharing of information with service providers and other third parties we engage to process such information on our behalf or who render services to us
- Sharing of insurance and claims information with other insurers and industry bodies for legitimate reasons, such as fraud prevention and claims validation

We may transfer your personal information outside the borders of South Africa if required to provide any of the services.

You may access your personal information that we hold and may object to the processing of your personal information or request us to correct any errors or to delete this information if there is no legitimate reason for us to maintain the information. Please view our privacy policy and access to information manual on our website for further information.

You have the right to complain to the Information Regulator if you feel we are processing personal information unlawfully. The Information Regulator's details can be found at: www.justice.gov.za/inforeg.

Waiver of Rights

No intermediary or financial adviser, underwriting manager or insurer may request or induce in any manner a policyholder to waive any right or benefit conferred on the policyholder by or in terms of any provisions of the general code of conduct, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

Conflict of Interest

We have considered the conflict of interest provisions in terms of the FAIS Act 37 of 2002 and the policyholder protection rules and have not identified any actual or potential conflicts of interest, either ownership interest, financial interest, third-party relationships, associates or distribution channels as defined.

We adopted a values-based approach where the spirit of the legislation is embraced. This is reviewed at least yearly and reported on to the Financial Sector Conduct Authority. A conflict of interest management policy is available to policyholders upon request.



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

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

flexicareescalations@discovery.co.za



BILLING SERVICES

flexicareadmin@discovery.co.za

flexicare

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





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 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. Discovery Emergency Cover 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 and administered by Discovery Health (Pty) Ltd. Terms, conditions and limits apply.