flexicare

Auto&General | Discovery Health



2027 EMPLOYEE BROCHURE

You Care.
We Cover.



Contents

Learn more about your benefits for day-to-day and in-hospital emergency care

03 WHY CHOOSE FLEXICARE?

04 FLEXICARE BENEFIT OVERVIEW

05 FLEXIFUND

07 FLEXICARE BENEFITS

13 DISCOVERY EMERGENCY COVER

15 FUNERAL COVER

16 IMPORTANT INFORMATION

17 CONTACT US

Why choose Flexicare?

Flexicare makes quality private healthcare affordable and accessible, so you and your family are never without care when it's needed most. With cover designed to give you peace of mind, you can feel confident that your wellbeing is always protected.

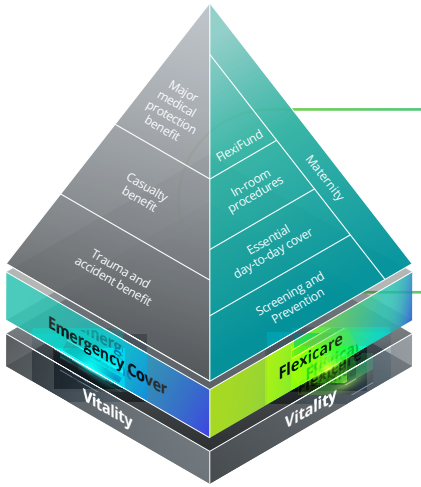
With more than 30 years' experience, Discovery Health is a trusted healthcare partner in the South African and international healthcare environments. Over this time, we have developed industry-leading expertise in high-quality, affordable healthcare solutions. Our extensive healthcare professionals networks 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.

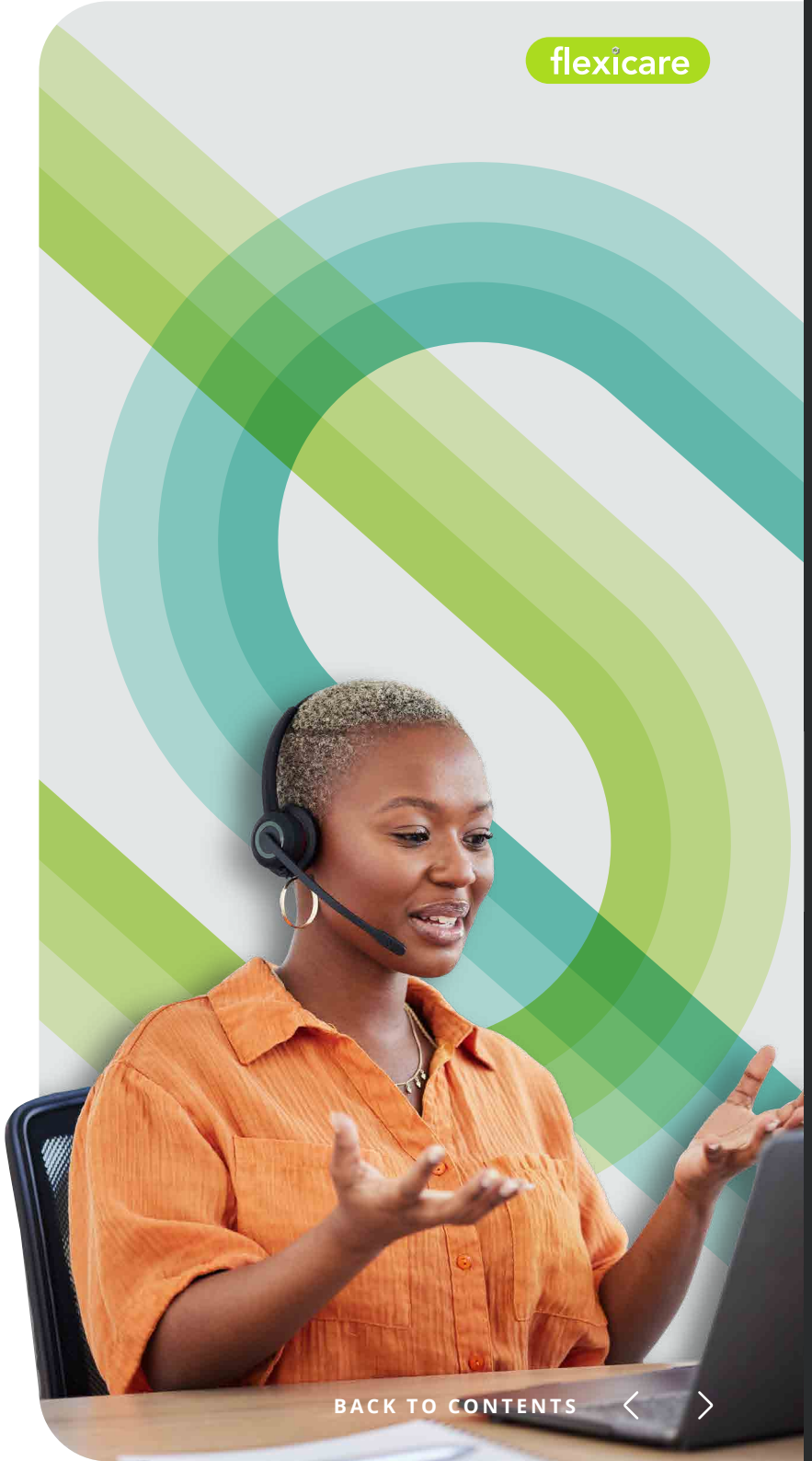
It was introduced to provide quality, affordable access to primary healthcare for members who are unable to access medical scheme benefits.

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 members.

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



This extensive Flexicare cover pairs perfectly with the end-to-end emergency cover accessed through Discovery Emergency Cover.



WHY FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

BACK TO CONTENTS

Benefits on the different Flexicare plans

Flexicare offers two plan options, each providing a wide range of benefits to suite your health needs.

	FLEXICARE CORE	FLEXICARE PLUS
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		✓
Over-the-counter medicine	✓	✓
Prescribed medicine	✓	✓
Chronic medicine	✓	✓
X-rays	✓	✓
Blood tests	✓	✓
Optometry		✓
Dentistry		✓
Maternity benefit	✓	✓
Flu vaccine	✓	✓
Health check	✓	✓
Procedures in GP's rooms	✓	✓
HIV care	✓	✓
FlexiFund	✓	✓
OPTIONAL ADD-ON FOR IN-HOSPITAL COVER		
Discovery Emergency Cover	✓	✓

BACK TO CONTENTS

WHY FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

Extended cover through the FlexiFund

What is the FlexiFund

The FlexiFund is an additional benefit for all Flexicare members which gives you an additional rand value to use on approved medicine, diagnostic tests and healthcare professional fees.

Do a health check to unlock your FlexiFund

A health check measures five key health indicators:

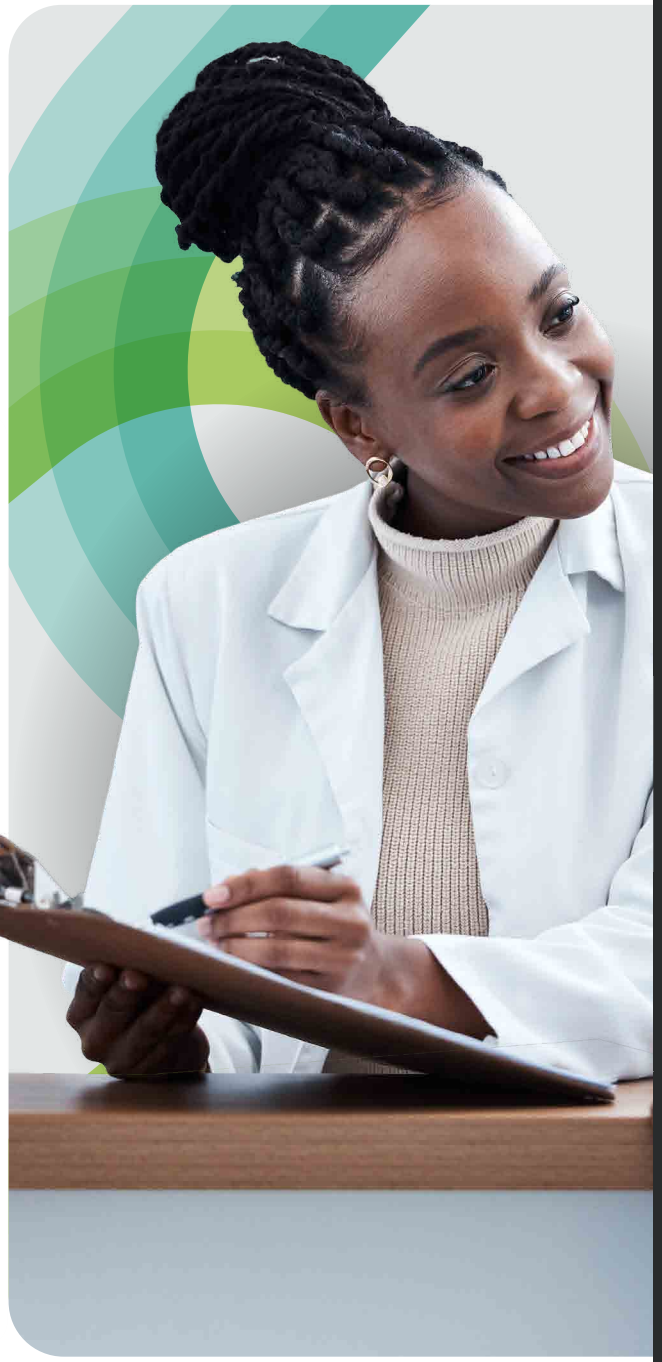
Weight status | Blood pressure | Blood glucose | Cholesterol | Smoking status

You can complete a health check at a network pharmacy or Wellness Day

Your health check results unlock 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 FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

Your FlexiFund provides extra cover for day-to-day, mental health and maternity care

Unlock more value with FlexiFund

Each adult member on a Flexicare policy can unlock FlexiFund by completing a health check. Their results determine how much of the **R1,000 base benefit** they can access.

Eligible Flexicare Plus members can also **unlock additional benefits** for specific **maternity** and **mental health** needs. Once activated, FlexiFund benefits remain available for a **rolling 12-month period.**



Up to **R1,000** day-to-day cover

Base FlexiFund

GP or specialist consultation | *Medicine* | *Vaccines* | *Contraceptives*

Up to **R2,500** mental health cover

Mental health

Base FlexiFund

Anti-depressant medication + SilverCloud *Access iCBT at no extra charge*

Up to **R5,000** maternity cover

Maternity care

Base FlexiFund

GP, gynaecologist or paediatrician consults | Midwife and post-partum nurse visits | Antenatal vitamins | Defined blood tests

Base FlexiFund

The healthier your results, the more you earn:

- 5 metrics in range: **R1,000**
- 3-4 metrics in range: **R500**
- Less than 2 metrics in range: **R250**

Mental Health Cover

Following a qualifying diagnosis, access:

- Up to **R1,500** for treatment
- Up to **R2,500** total FlexiFund value
- SilverCloud® ICBT at **no extra cost**

Maternity Cover

Following a confirmed pregnancy, receive:

- An additional **R4,000** benefit
- Up to **R5,000** total available cover

WHY FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

Flexicare benefits

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

	FLEXICARE CORE	FLEXICARE PLUS
GP CONSULTATIONS AND SERVICES		
Doctor consultations	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: • 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 referal. • 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.	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: • You can substitute your visits to a network doctor (GP) with virtual consultations.
Virtual consultations	This benefit gives you access to a virtual consultation with a network GP through the Discovery website or Online Platform. No nurse referral is needed. Approved consultations are paid at 100% of the **Agreed Rate.**	This benefit gives you access to a virtual consultation with a network GP through the Discovery website or Online Platform. No nurse referral is needed. Approved consultations are paid at 100% of the **Agreed Rate.**
Nurse consultations	This benefit provides 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	This benefit provides cover for 1 out-of-hospital specialist consultations per member per year, at the **Agreed Rate** up to a R2,180 benefit limit: • Consultations with a network specialist are covered up to R1,420 which includes a R1,530 consultation fee and a R110 SOAP (Subjective Objective Assessment Plan) note for referral where appropriate/ needed. • Members who are referred for radiology or pathology post the network specialist consultation, will access R650 for diagnostic tests with accumulation to the overall R2,180 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 **Agreed Rate** and the 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.

BACK TO CONTENTS

WHY FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

GP CONSULTATIONS AND SERVICES

	FLEXICARE CORE	FLEXICARE PLUS
Dentistry	No cover	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:** Cleaning, scaling, polishing: Limited to one for each member every year. **Restorations:** Limited to three restorations per member per year. **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:** 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.
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 **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.
Pathology (blood tests)	Pathology tests are limited to the list of **approved pathology codes** and are paid at 100% of the **Agreed Rate.** Must be requested by a network doctor (GP) and performed by a network pathologist	Pathology tests are limited to the list of **approved pathology codes** and are paid at 100% of the **Agreed Rate.**
Radiology (X-rays)	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.** A network doctor (GP) must request the radiology tests and you have to take the radiology request form to the radiologist.	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.** A network doctor (GP) must request the radiology tests and you have to take the radiology request form to the radiologist.

WHY FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

GP CONSULTATIONS AND SERVICES

	FLEXICARE CORE	FLEXICARE PLUS
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	After a confirmed positive result, when referred by a network GP, approved out-of-hospital care may include diagnostic tests, a basic chest X-ray and prescribed medicine.	After a confirmed positive result, when referred by a network GP, approved out-of-hospital care may include diagnostic tests, a basic chest X-ray and prescribed medicine.
FlexiFund	A FlexiFund amount of up to R500 per annum will be unlocked based on the results of the first risk-funded health check of any active adult on the policy. Any subsequent health check values will not impact the fund.	A FlexiFund amount of up to R,1000 per annum will be unlocked based on the results of the first risk-funded health check of any active adult on the policy. Any subsequent health check values will not impact the fund. Flexicare Plus adult members can unlock an additional R1,500 in FlexiFund cover for depression treatment and support. This includes cover for approved anti-depressant medication. Members also gain access to SilverCloud Internet-based Cognitive Behavioural Therapy (iCBT) for 12 months. Flexicare Plus female adult can unlock an additional R4,000 in their FlexiFund to help cover healthcare expenses during pregnancy for the following maternity-related healthcare services such as GP, gynaecologist and paediatrician consultations. Postpartum nurse or midwife visits. Antenatal vitamins. One influenza vaccine as well as a defined list of blood tests.

WHY FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

PROCEDURAL TREATMENT

Medical procedures in doctor's room only

FLEXICARE CORE		FLEXICARE PLUS	
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 do not pay for approved treatment from a network Healthcare Professional. If you use someone outside the network, or the treatment is not approved, you must pay the full cost.

BACK TO CONTENTS

WHY FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

	FLEXICARE CORE	FLEXICARE PLUS
MEDICINE		
Day-to-day medicine (Acute medicine)	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 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. 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 nurse can also provide the medication during the primary care clinic visit. 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.	This benefit provides unlimited 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.
Over-the-counter (OTC) medicine	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 R180 per policy per year, up to R90 bi-annual limit.	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 R125 every quarter, up to a maximum of R500 for each member every year.
Chronic medicine	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. Chronic medicine is available for the following 6 chronic conditions: • Asthma • Diabetes insipidus • Diabetes mellitus type 1 • Diabetes mellitus type 2 • Hyperlipidaemia • Hypertension • HIV	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. Chronic medicine is available for the following conditions: • 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

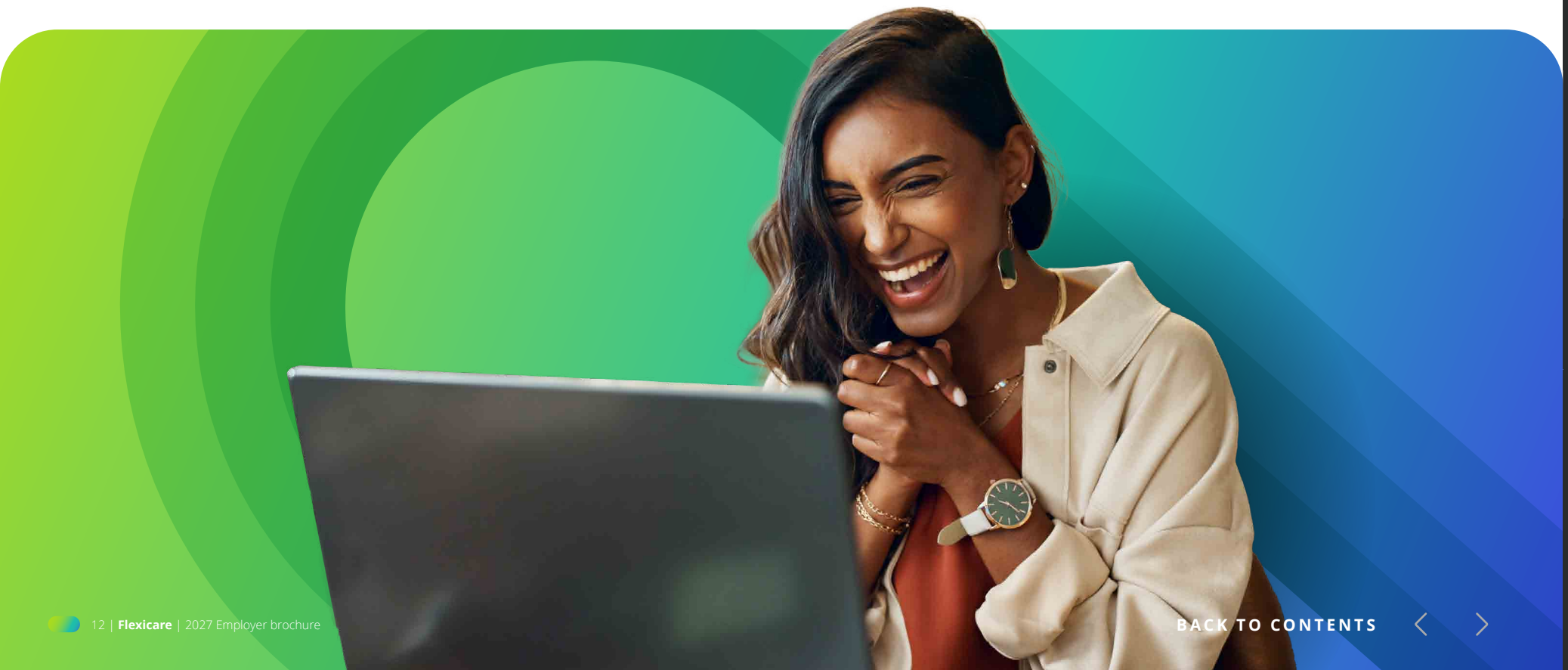
BACK TO CONTENTS

WHY FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

SCREENING AND PREVENTION

Flu vaccine	Each member gets one flu vaccination a year from a network pharmacy.
Health check	Each member gets one health check a 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.

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.



WHY FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

Discovery Emergency Cover

Discovery Emergency Cover provides private emergency treatment, with three flexible plans to choose from. This can be an add on to Flexicare, which covers day-to-day healthcare.

This extensive emergency cover pairs perfectly with the comprehensive primary healthcare benefits accessed through Flexicare. You can choose cover of **up to R400,000** or **R1 million** per event, unlimited per year giving you protection against unexpected emergency medical costs.

Emergency Cover

EMERGENCY CORE from R106

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 R169

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 R229

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

WHY FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

Discovery Emergency Cover

An overview of benefits offered across the Discovery Emergency Cover plan range

Emergency Cover package detail	Cover for emergency healthcare services, including casualty and in-hospital treatment, and post admission wound care where applicable for a broad range of accidental and traumatic events	Cover for accidents and trauma, the stabilisation, treatment and post admission wound care where applicable of any emergency condition in a casualty facility, including admission and treatment for heart attacks and strokes.	Cover for accidents and trauma, the stabilisation, treatment of any emergency condition in a casualty facility and the admission and treatment and post admission wound care where applicable of a defined list of emergency conditions including heart attacks and strokes.
Conditions covered	Cover for casualty and in-hospital treatment for the following accidental and traumatic events: • 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, a car accident or an injury at work.	• 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 – A R250 co-payment for all casualty visits will apply irrespective of whether the casualty unit is in or out of network. This co-payment will be refunded if the casualty visit relates to one of the core conditions covered , including where the patient is diagnosed with a heart attack or stroke.	• 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 – A R250 co-payment for all casualty visits will apply irrespective of whether the casualty unit is in or out of network. This co-payment will be refunded if the casualty visit relates to one of the core conditions covered , including where the patient is diagnosed with a heart attack or stroke. • Admission and treatment for the following nine major medical 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	Unlimited events covered at R400,000 or R1,000,000 per event depending on the chosen limit on your plan.	Unlimited events covered at R400,000 or R1,000,000 per event depending on the chosen limit on your plan.	Unlimited events covered at R400,000 or R1,000,000 per event depending on the chosen limit on your plan, a sublimit of R400,000 will apply to the nine defined conditions.
Pre and post emergency event and wound care support	Ambulance services*	Counselling sessions	Mobility devices Take-home medicine Voucher for groceries or personal care items

*Netcare 911 is our preferred ambulance partner

BACK TO CONTENTS

WHY FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

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.

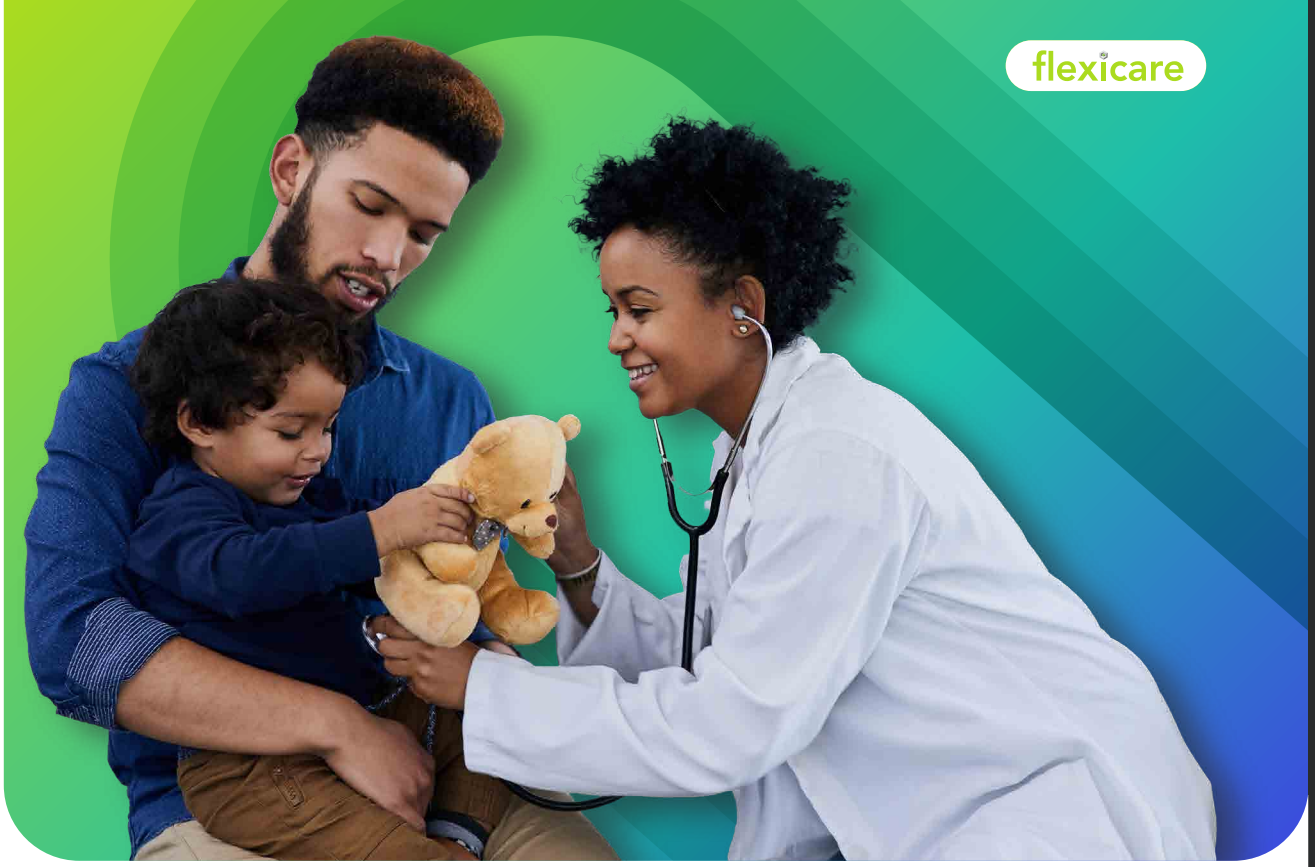
FAMILY FUNERAL BENEFIT AMOUNT	
Main member	R5,000
Spouse aged from 16 to below 65	R5,000
Child aged 15 to below 21	R5,000
Child aged 6 to below 15	R2,500
Child aged 0 to child aged below 6	R1,500
Stillborn (death of foetus after 26 weeks)	R620

*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.



WHY FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

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.

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.

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.

WHY FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

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 RELATED QUERIES

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.

Provider Search Tool

Scan here

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

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

DISCLOSURE NOTICES

Insurer vs Administrator

Flexicare is underwritten by Auto&General Insurance Company Limited ("A&G"), a licensed non-life insurer and authorised Financial Services Provider (FSP), which carries the insurance risk.

Discovery Health is also an authorised Financial Services Provider (FSP) and acts as the administrator of Flexicare on behalf of A&G, performing agreed administrative and managed care functions.

Benefits, network providers and limits

Flexicare is a network-based product, which means members are required to use approved network providers to access the full benefits. Certain benefits are subject to specific limits per member, family, event or per year. If these limits are reached, or if non-network providers are used, members will be responsible for any costs not covered by Flexicare.

Intermediaries and brokers

Intermediaries and brokers may help to sell this policy and may earn commission and or other permitted remuneration in line with applicable legislation. Details of these amounts are available on request.

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.

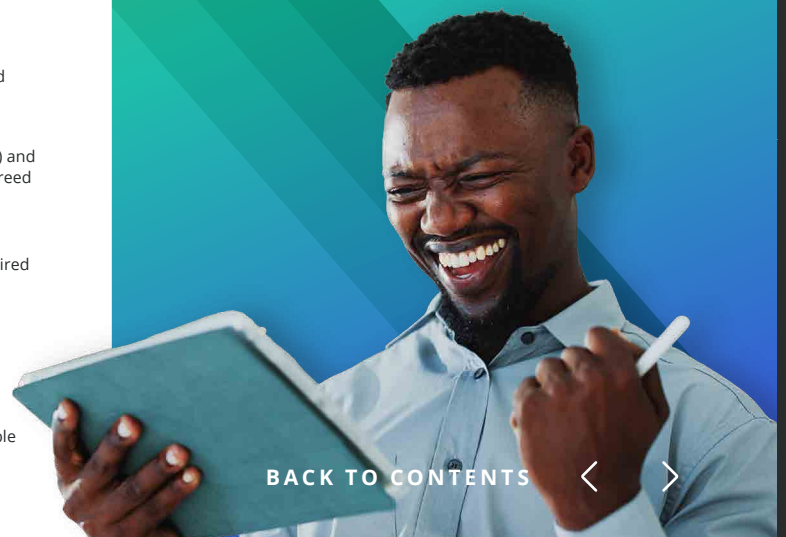
CALL CENTRE

0860 44 47 79

NATIONAL FINANCIAL OMBUD

Email: info@nfosa.co.za

Phone: 0860 800 900



BACK TO CONTENTS

WHY FLEXICARE?
KEY FEATURES OF FLEXICARE
BENEFITS ON FLEXICARE
FLEXIFUND
DISCOVERY EMERGENCY COVER
FUNERAL COVER
IMPORTANT INFORMATION
CONTACT US

flexicare

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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 licenced non-life insurer and authorised financial services provider. Discovery Emergency Cover is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07 an authorised 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. The Funeral Benefit is a life insurance policy, underwritten by Discovery Life Limited. Registration number 1966/003901/06, a licensed life insurer and an authorised financial services and registered credit provider, NCR Reg. No. NCRCP3555. Flexicare is a separate non-life insurance policy and is not conditional on the purchase of a Funeral Benefit policy. Terms, limits and conditions apply.

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