

OPTOMETRY BENEFIT

DISCOVERY HEALTH MEDICAL SCHEME
2026





Overview

Your Optometry Benefit helps you access essential eye-care services, with the level of cover tailored to the health plan you've chosen. Some services, such as eye tests, may be available without any limits, while other services, like glasses, contact lenses, or eye surgery, are covered from your day-to-day benefits subject to limits, where applicable.

To help you make the most of your cover, we've created a guide that explains what's included in your plan, and how you can access these benefits with ease.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Above Threshold Benefit (ATB)	<p>Available on the Executive, Comprehensive and Priority plans</p> <p>Once the day-to-day claims that you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit, at the Discovery Health Rate or a portion of it. The Comprehensive and Priority plans have a limited Above Threshold Benefit.</p>
Annual Threshold	<p>Available on the Executive, Comprehensive and Priority plans</p> <p>The Annual Threshold is the amount that your claims must add up to before we pay your day-to-day claims from the limited Above Threshold Benefit.</p> <p>We set the Annual Threshold amount at the beginning of each year. The number and type of dependants (spouse, adult or child) on your plan will determine the amount.</p>
Co-payment	<p>This is an amount that you have to pay towards a healthcare service. The amount can vary, depending on the type of healthcare service, the place of service and whether the amount that the service provider charges is higher than the rate that we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.</p>
Day-to-day benefits	<p>The day-to-day benefits are the available money allocated to your Personal Health Fund, Medical Savings Account, cover from the limited Above Threshold Benefit or defined benefits for day-to-day healthcare services.</p>
Discovery Health Rate (DHR)	<p>This is the rate that we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant healthcare services.</p>
Medical Savings Account (MSA)	<p>Medical Savings Account (MSA) You have access to a Medical Savings Account (MSA) at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution.</p> <p>We pay your day-to-day medical expenses from the money allocated in your MSA. These day-to-day expenses are for general practitioner (GP) and specialist consultations, acute medicine, and radiology and pathology services, among others.</p> <p>You can choose to have your claims paid from the MSA, either at the Discovery Health Rate or at cost. If you have unused money in the account, this will carry over to the next year. If you leave the Scheme or change your plan during the year and have used more of the MSA money than what you have contributed, you will need to pay the difference to us.</p>



Benefits available for your plan type

EXECUTIVE PLAN

You have cover for optometry up to a limit of R10,950 per person per year. This isn't a separate benefit and forms part of your day-to-day cover. The limit applies to claims paid from your Medical Savings Account (MSA) and Above Threshold Benefit (ATB).

We cover consultations with an optometrist at up to 100% of the Discovery Health Rate (DHR).

The following are subject to the limit:

- Lenses and frames
- Contact lenses
- Eye surgery or other healthcare services to correct refractive errors (such as laser eye surgery)

If you join the Scheme during the year, your optometry limit will be adjusted based on the number of months remaining in the calendar year.

What's not limited:

Eye tests are not included in this limit. We pay for them from your available day-to-day benefits.

COMPREHENSIVE SERIES

You have cover of up to a limit of R7,500 per person, per year for optometry services. This isn't a separate benefit and forms part of your available day-to-day cover. The limit applies to claims paid from both your Medical Savings Account (MSA) and limited Above Threshold Benefit (ATB).

We cover consultations with optometrists at up to 100% of the Discovery Health Rate (DHR).

The following are subject to the limit:

- Lenses and frames
- Contact lenses
- Eye surgery or other services that correct refractive errors, such as laser eye surgery (e.g. excimer laser)

We pay your claims until you reach either the ATB limit or the optometry benefit limit whichever comes first. If you join the Scheme during the year, your optometry limit will be adjusted based on the number of months left in the calendar year.

What's not included in the limit:

Eye tests are not subject to the optometry limit and are paid from your available day-to-day benefits.



PRIORITY SERIES

You have cover up to limit of R6,850 per person, per year for optometry services. This isn't a separate benefit and applies to claims paid from your Medical Savings Account (MSA) and limited Above Threshold Benefit (ATB).

We pay for optometry claims at up to 100% of the Discovery Health Rate (DHR).

The following are subject to the limit:

- Lenses and frames
- Contact lenses
- Eye surgery or other treatments that correct refractive errors, such as excimer laser

These claims are paid until you reach either the optometry benefit limit or your ATB limit whichever comes first. If you join the Scheme after January, your optometry limit will be adjusted based on how many months remain in the year.

What's not included in the limit:

Eye tests are not subject to this limit and are paid from your available day-to-day benefits.

SAVER SERIES

These healthcare services are paid from the available funds in your Medical Savings Account (MSA), at up to 100% of the Discovery Health Rate (DHR).

SMART SAVER SERIES

Classic Smart Saver Plan

You have cover for one eye test per member, per year at any Smart Network optometrist. You need to pay a R75 co-payment for your test. Any additional tests will be funded from your available day-to-day benefits.

Essential Smart Saver Plan

You have cover for one eye test per member, per year at any Smart Network optometrist. You need to pay a R130 co-payment for your test. Any additional tests will be funded from your available day-to-day benefits.

Cover for Frames and Lenses

Whether you're on the Classic or Essential Smart Saver Plan, we'll pay for frames and lenses from the available funds in your Personal Health Fund (PHF) and Medical Savings Account (MSA) up to 100% of the Discovery Health Rate (DHR).

To find a Smart Network optometrist near you:

- Visit www.discovery.co.za > Medical aid > Find a healthcare provider, or
- Open the Discovery Health app and tap *Find a healthcare provider*

We're here to support your everyday wellness – with simple, smart cover that works for you.



SMART SERIES

Classic Smart Plan

You have cover for one eye test per member, per year at any Smart Network optometrist. You need to pay a R75 co-payment for the test.

Essential Smart, Essential Dynamic Smart and Active Smart Plans

You have cover for one eye test per member, per year at any Smart Network optometrist. You need to pay a R130 co-payment for the test.

Frames and lenses

Whether you're on the Classic Smart, Essential Smart, Essential Dynamic Smart, or Active Smart Plan, we'll pay for frames and lenses from the available funds in your Personal Health Fund (PHF) up to 100% of the Discovery Health Rate (DHR).

To find a Smart Network optometrist near you:

- Visit www.discovery.co.za > *Medical aid* > *Find a healthcare provider*, or
- Use the Discovery Health app and select *Find a healthcare provider*

CORE SERIES

We'll pay for optometry services from the available funds in your Personal Health Fund (PHF) up to 100% of the Discovery Health Rate (DHR).

KEYCARE SERIES

KeyCare Plus, KeyCare Start and KeyCare Start Regional

You are covered for the following once every two benefit years (every 24 months from the last date of service), when visiting an optometrist in the KeyCare Optometry Network:

- One eye test per person on your membership; and
- One pair of clear lenses either single vision, bifocal, or multifocal, or
- A set of basic contact lenses (clear, with no tints, colours, or designs)

To find a KeyCare Network optometrist:

- Visit www.discovery.co.za > *Medical aid* > *Find a healthcare provider*, or
- Use the Discovery Health app and tap *Find a healthcare provider*

KeyCare Core

This plan does not include day-to-day cover for optometry. We'll pay for optometry services from the available funds in your Personal Health Fund (PHF) up to 100% of the Discovery Health Rate (DHR).



Value-added services

Get 20% Off Frames and Eyeglass Lenses

When you visit an optometrist in the Discovery Optometry Network, you get a 20% discount on frames and eyeglass lenses, applied immediately at the point of sale. This is a value-added benefit available on all health plans, except KeyCare plans.

What the discount applies to:

- ✓ Frames
- ✓ Eyeglass lenses
- ✓ Add-ons (such as lens coatings or enhancements)

Please note: The discount does not apply to contact lenses or professional services like eye exam fees.

How to access the discount:

Find a participating optometrist easily:

- Visit www.discovery.co.za > *Medical aid* > *Find a healthcare provider*, or
- Use the Discovery Health app and tap *Find a healthcare provider*

How the discount works:

- The 20% discount is calculated on the Optical Assistant Rate, a billing guide used by optometrists.
- If you pay cash, the discount is applied immediately, and you simply pay the reduced amount.
- If your health plan includes day-to-day benefits, you can submit the invoice and proof of payment to us, and we'll pay the amount reflected on the invoice, according to your plan's benefits.



How to contact us

	Members can call us on 0860 99 88 77 Health partners can call us on 0860 44 55 66
	Go to www.discovery.co.za to get help from our chatbot, Ask Discovery.
	You can ask us a question by just saving the number 0860 75 67 56 on your phone and typing 'Hi' to start chatting with us 24/7.
	You can send us a letter to PO Box 784262, Sandton, 2146
	You can visit our offices at 1 Discovery Place, Sandton, 2196

We welcome any feedback about our service

We would love to hear if there's anything we can improve on or if we have exceeded your expectations. Your feedback helps us serve you better. To give us feedback, you can complete our short *Complaints and compliments form* on the right side of the [Complaints, compliments or disputes page](#) under **Contact us**.

What to do if you have a complaint

1. To take your query further

If you have already contacted Discovery Health Medical Scheme and feel that your query has not been resolved, you can take the next step. Please complete our short online *Complaints and compliments form*. It's on the right side of the [Complaints, compliments and disputes page](#) under section 1, Contact us.

2. To contact the principal officer

If you are still not satisfied with the outcome after following the process in Step 1, you can escalate your complaint to the principal officer of Discovery Health Medical Scheme by choosing one of these options:

- Complete our short online *Contact the principal officer form*. You'll find it on the right side of the [Complaints, compliments and disputes page](#) under section 2, Contact us.
- Send an email to principalofficer@discovery.co.za.





3. To lodge a dispute

If you have received a final decision from the principal officer of Discovery Health Medical Scheme and want to challenge it, you can lodge a formal dispute. You can find more information online about the [Scheme's dispute process](#).

4. To contact the Council for Medical Schemes

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You can contact the Council directly at any stage of the complaints process, but we encourage you to follow the steps above before doing so.

The contact details are:

	Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157
	complaints@medicalschemes.co.za
	0861 12 32 67
	www.medicalschemes.co.za

Your privacy matters to us

We take your privacy seriously. We're committed to protecting your personal information and keeping it safe and confidential. You can read our full privacy statement anytime at www.discovery.co.za > **MEDICAL AID** > **About Discovery Health Medical Scheme**.