

flexicare

Auto&General

 Discovery
Health

2026 BENEFIT BROCHURE

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 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.

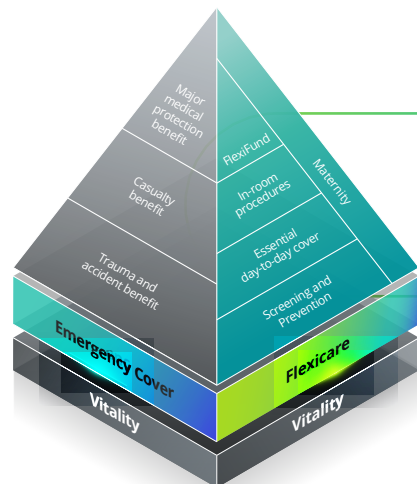
With more than 30 years' experience, Discovery Health is a trusted healthcare partner in the South African and international healthcare environments. Over this time, we have developed industry-leading expertise in high-quality, affordable healthcare solutions. Our extensive healthcare provider networks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












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



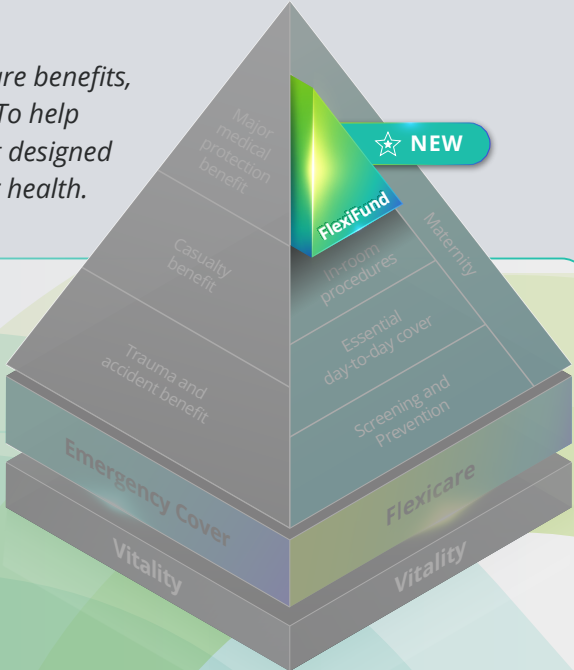
Flexicare gives you access to a wide range of everyday healthcare

Flexicare gives you access to affordable private healthcare and a world-class suite of digital tools to help manage your membership and access benefits on the go. Experience the peace of mind and certainty that comes with being in control of your health and wellbeing.

	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 	✓	✓
Unlimited nurse consultations 	✓	
Specialist consultations 		✓
Medicine 	✓	✓
Dentistry 		✓
Optometry 		✓
Blood tests 	✓	✓
X-rays 	✓	✓
Flu vaccine 	✓	✓
Health Check 	✓	✓
Maternity benefit 	✓	✓
Procedures in GP's rooms 	✓	✓
HIV care 	✓	✓
FlexiFund 	✓	✓
OPTIONAL ADD-ON		
Discovery Emergency Cover 	✓	✓

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

03 | Use your FlexiFund

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

Why the health check matters

The health check measures five key indicators: weight status, blood pressure, blood glucose, cholesterol, and 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.

The following health check metrics will be taken into account when determining the FlexiFund value:

- A weight assessment
- Blood pressure
- Blood glucose
- Cholesterol
- Signing a non-smoker's declaration

Limits, terms and conditions apply.

Discovery Emergency Cover

The Discovery Emergency Cover range offers three flexible plans designed to give you peace of mind with access to quality, comprehensive emergency healthcare when you need it most.

This extensive emergency cover pairs perfectly with the comprehensive primary healthcare benefits accessed through the Flexicare product, ensuring you have cover for their day-to-day healthcare needs and financial certainty in the unfortunate case of an accident, emergency or unforeseen hospital admission.

Emergency Cover

EMERGENCY
CORE
from **R218**

**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 **R313**

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 **R439**

**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.

EMERGENCY



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

DETAILED
BENEFITS

DISCOVERY
EMERGENCY
COVER

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Emergency Cover treatment is based on the Emergency Cover option the member has chosen.

Flexicare benefits

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

	FLEXICARE CORE	FLEXICARE PLUS
 GP CONSULTATIONS AND SERVICES		
Virtual consultations	This benefit provides access to a virtual consultation via the Discovery website and such visits will be covered at 100% of the Agreed Rate. You can have a virtual consultation with an network GP through the Online Platform without a nurse referral.	This benefit provides unlimited access to a virtual consultation via the Discovery website and such visits will be covered at 100% of the Agreed Rate. You can have a virtual consultation with an network GP 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	This benefit provides up to two primary care clinic network nurse consultations at 100% of the Agreed Rate. You can have a virtual consultation with an network GP through the Online Platform without a nurse referral.	No cover
Specialist consultations	No cover	<p>This benefit provides cover for 1 out-of-hospital specialist consultations 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 R1,400 which includes a R1,300 consultation fee and a R100 SOAP note for referral where appropriate/needed. Members who are referred for radiology or pathology post the network specialist consultation, will access R600 for diagnostic tests with accumulation to the overall R2,000 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 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	<p>The benefit is only covered when making use of a network dentist.</p> <p>Consultations: A single consultation for a full mouth examination for each member every year.</p> <p>Preventive treatments: Cleaning, scaling, polishing: Limited to one for each member every year.</p> <p>Restorations: Limited to three restorations per member per year.</p> <p>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.</p> <p>Oral radiography: Maximum number of 7 per year, according to dental protocol.</p> <p>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.</p>
Optometry (eye care)	No cover	<p>Cover for one eye test every year in the optometry network and one pair of glasses (no contact lenses) every 24 months</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Pathology (blood tests)	<p>Pathology tests are limited to the list of approved pathology codes and are paid at 100% of the Agreed Rate.</p> <p>Must be requested by a network doctor (GP) and performed by a network pathologist</p>	<p>Pathology tests are limited to the list of approved pathology codes and are paid at 100% of the Agreed Rate.</p>
Radiology (X-rays)	<p>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.</p> <p>A network doctor (GP) must request the radiology tests and you have to take the radiology request form to the radiologist.</p>	<p>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.</p> <p>A network doctor (GP) must request the radiology tests and you have to take the radiology request form to the radiologist.</p>

FLEXICARE CORE

FLEXICARE PLUS



GP CONSULTATIONS AND SERVICES

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

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

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 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

**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.

**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 R170 per policy per year, up to R85 bi-annual limit.

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

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.

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 R120 every quarter, up to a maximum of R480 for each member every year.

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 | • Dysrhythmias |
| • Asthma | • Epilepsy |
| • Bipolar mood disorder | • Glaucoma |
| • Bronchiectasis | • Haemophilia |
| • Cardiac failure | • HIV (see details in section below) |
| • Cardiomyopathy | • Hyperlipidaemia (high cholesterol) |
| • Chronic renal disease | • Hypertension (high blood pressure) |
| • COPD (chronic obstructive pulmonary disease) | • Hypothyroidism (underactive thyroid) |
| • Coronary artery disease | • Multiple sclerosis |
| • Crohn's disease | • Parkinson's disease |
| • Diabetes insipidus | • Rheumatoid arthritis |
| • Diabetes mellitus type 1 | • Schizophrenia |
| • Diabetes mellitus type 2 | • Systemic lupus erythematosus |
| | • Ulcerative colitis |

FLEXICARE CORE

FLEXICARE PLUS



SCREENING AND PREVENTION





Flu vaccine	Members have cover for one flu vaccination every year from a network pharmacy.	
Health check	Cover for one wellness screening per year at a network pharmacy or wellness day. Screening includes blood pressure, blood glucose (blood sugar), cholesterol and body mass index (BMI). You can have an HIV test done at the same time	
FlexiFund	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.	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.

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.



Discovery Emergency Cover

Optional Discovery Emergency Cover, offered by Discovery Insure

	EMERGENCY CORE	EMERGENCY PLUS	EMERGENCY MAX	
Emergency Cover package detail	Cover for emergency healthcare services, including casualty and in-hospital treatment, for a broad range of accidental and traumatic events	Cover for accidents and trauma, the stabilisation and treatment of any emergency condition in a casualty facility, including admission and treatment for heart attacks and strokes.	Cover for accidents and trauma, the stabilisation and treatment of any emergency condition in a casualty facility and the admission and treatment 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: <ul style="list-style-type: none">• Burns• Head injuries, chest injuries or severe fractures as a result of a fall.• Loss of an arm, hand, leg or foot• Near-drowning• Poisoning or a serious allergic reaction that may cause death• Injuries resulting from a crime, sexual assault, a car accident or an injury at work.	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 <ul style="list-style-type: none">• R200 co-payment when using network facility• R250 co-payment when using a non-network facility• This co-payment will be refunded if the claimant is diagnosed with a heart attack or stroke	<ul style="list-style-type: none">• 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. The casualty co-payment of R200 at a network facility or R250 outside of the network, will be refunded if the claimant is diagnosed with one of the qualifying emergency in-hospital conditions.• Admission and treatment for the following additional emergency 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	R400,000 and R1million limit	R400,000 and R1million limit	R400,000 and R1million limit, a sublimit of R400,000 will apply to the nine defined conditions.	
Pre and post emergency event support	 Medical evacuation	 Counselling sessions	 Take-home medicine	 Premium-waiver

Your monthly premiums

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

FLEXICARE MONTHLY PREMIUMS

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

* 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.

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

USSD Services

You can use our USSD service to confirm your policy number, find your allocated GP, or get benefit information.

To access this service, dial:

*120*DISCO# or *120*34726#

Note: Members must access the USSD menu using the same cellphone number we have on record for you.

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



The flexicare logo is located in the top left corner. It consists of the word "flexicare" in a lowercase, sans-serif font, with a small registered trademark symbol (®) to the upper right of the 'e'. The logo is white and is set against a dark green rounded rectangular background.

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.