Discovery

DISCOVERY LIFE PLAN BENEFIT GUIDE

When putting together a Life Plan for your clients, there are a number of factors to consider. The Discovery Life Plan has been designed to offer flexible personal and business financial protection to suit your clients' needs.

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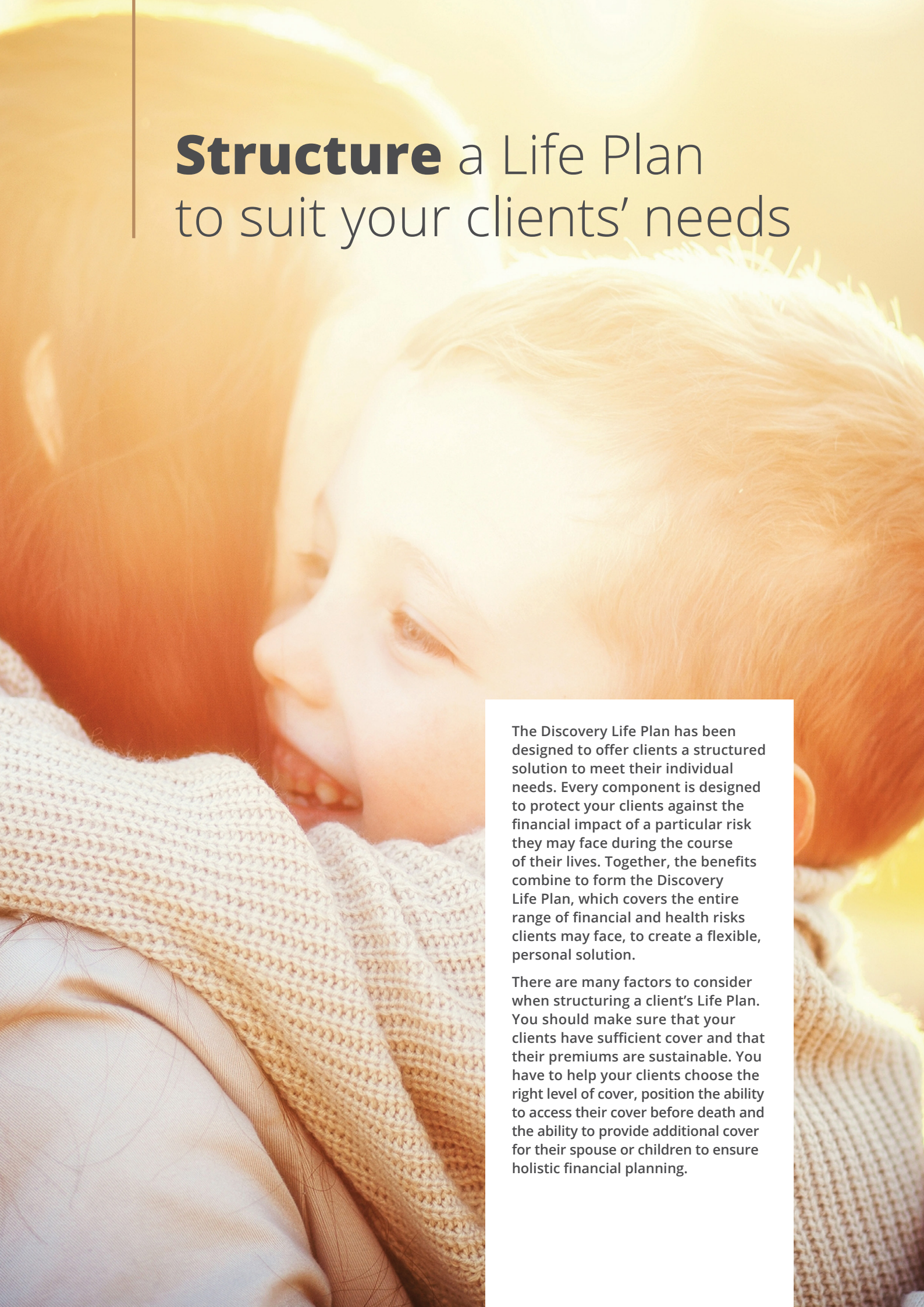
Structure a Life Plan to suit your clients' needs



The Discovery Life Plan has been designed to offer clients a structured solution to meet their individual needs. Every component is designed to protect your clients against the financial impact of a particular risk they may face during the course of their lives. Together, the benefits combine to form the Discovery Life Plan, which covers the entire range of financial and health risks clients may face, to create a flexible, personal solution.

There are many factors to consider when structuring a client's Life Plan. You should make sure that your clients have sufficient cover and that their premiums are sustainable. You have to help your clients choose the right level of cover, position the ability to access their cover before death and the ability to provide additional cover for their spouse or children to ensure holistic financial planning.

Choosing a Life Plan to provide the right level of cover

With the Discovery Life Plan, the level of cover differs between the different Life Plans. You can help your clients choose between the Smart Life Plan, the Essential Life Plan, Classic Life Plan, Dollar Life Plan, Purple Life Plan and the Business Life Plan. The client must make this choice at the start of the policy, according to their needs.

- The Smart Life Plan has been designed with an efficient and relevant product base structure with simplified benefit options. It offers comprehensive benefits to protect your clients' future lifestyle and their families' financial security.
- The Essential Life Plan provides cost-effective protection to give your clients a defined level of cover.
- The Classic Life Plan is designed to give your clients and their families the most comprehensive and efficient long-term protection.
- The Dollar Life Plan provides protection in the most widely used global currency, the US dollar.
- The Purple Life Plan is our most comprehensive Life Plan, catering to the specific needs of select clients, offering more than R10 million in life cover. It combines our most comprehensive local and global cover with tailored benefits and access to Vitality Purple to ensure that these clients' unique needs are met.
- The Business Life Plan has been specifically designed for the unique needs of businesses, ensuring your clients' businesses are fully protected against a life-changing event.

The following table shows the differences between the Classic, Essential, Dollar and Business Life Plans:

	SMART LIFE PLAN	ESSENTIAL LIFE PLAN	CLASSIC LIFE PLAN	DOLLAR LIFE PLAN	PURPLE LIFE PLAN	BUSINESS LIFE PLAN
Life Cover Benefit						
AccessCover	✓	✓	✓	✓	✓	✓
AccessCover Plus	✗	✓	✓	✗	✓	✗
Vitality Fund	✓ (Bank Integrated only)	✓ (Bank Integrated only)	✓ (Bank Integrated only)	✓	✓	✗
Legacy Fund	✗	✗	✗	✗	✓	✗
Business Vitality Fund	✗	✗	✗	✗	✗	✓
Automatic Parent Funeral Cover Benefit	✓	✗	✗	✗	✗	✗
Exchange Rate Protector	✗	✗	✗	✓ (At a premium)	✓ (Automatically included on the Dollar Swap Option)	✗
Capital Disability Benefit						
Core (Category A & D)	✗	✓	✓	✓ Accelerated only	✓	✓ Accelerated only
Comprehensive Plus (Category A, B, C & D)	✓ (A, B, C & D)	✓ (A, B & D)	✓ (A, B, C & D)	✓ (A, B & D) accelerated only	✓ (A, B, C & D)	✓ (A, B, C & D) accelerated only
Business Capital Disability Benefit	✗	✗	✗	✗	✗	✓
LifeTime Benefit	✓	✓	✓	✓	✓	✓
MedTech Booster Benefit	✓	✓	✓	✓	✓	✓
Automatic Child Impairment Benefit	✗	✗	✓	✗	✓	✗
Conversion of Capital Disability to Severe Illness at Benefit expiry	✓	✓	✓	✓	✓	✗
Multiple claims	✓ Unlimited	✓ Limited to Capital Disability Benefit amount	✓ Unlimited	✓ Unlimited	✓ Unlimited	✓ Unlimited
Business Vitality Fund	✗	✗	✗	✗	✗	✓
Severe Illness Benefit						
Comprehensive (A-D)	✗	✓	✓	✓ Accelerated only	✓	✗
Comprehensive Plus (A-G)	✓	✓	✓	✓ Accelerated only	✓	✗
LifeTime Benefit	✓	✓	✓	✓	✓	✓
Automatic Child and Parent Cover	✗	✗	✓	✗	✓ Higher limit applies	✗
Global Treatment Benefit	✓ Up to 180%	✗	✓ Up to 180%	✓ Up to 250%	✓ Up to 250%	✗
Multiple Claims	✓ Unlimited	✓ Limited	✓ Unlimited	✓ Unlimited	✓ Unlimited	✓ Unlimited
Intensive Care Benefit	✓	✓	✓	✓	✓	✓
Early Cancer Benefit	✓	✓	✓	✓	✓	✓
Cancer Relapse Benefit	✓	✗	✓	✓	✓	✓
Cancer Exome Sequencing Benefit	✗	✗	✗	✓	✓	✗

	SMART LIFE PLAN	ESSENTIAL LIFE PLAN	CLASSIC LIFE PLAN	DOLLAR LIFE PLAN	PURPLE LIFE PLAN	BUSINESS LIFE PLAN
Severe Illness Cover for the family	✗	✓	✓	✗	✓	✗
Income Continuation Benefit						
Comprehensive option	✓	✗	✓	✗	✓	✗
Essential option	✗	✓	✗	✗	✗	✗
Promotion Tracker	✓	✗	✗	✗	✗	✗
Income Continuation Fund	✓	✗	✓	✗	✓	✗
Family Protector	✓	✗	✓	✗	✓	✗
Maternity Premium Waiver	✓	✗	✓	✗	✓	✗
Performance Bonus Protector	✓	✗	✓	✗	✓	✗
Overhead Expenses Benefit	✗	✓	✓	✗	✓	✓
Minimum Protected Fund	✓ Reinstates all cover	✓ Reinstates cover for unrelated claims and higher-severity, related claims. Maximum payout of 200% per benefit.	✓ Reinstates all cover	✓ Reinstates all cover	✓ Reinstates all cover	✓ Reinstates all cover
Cover Integrator						
Buy-up cash conversion	✓ (Base or full)	✓ (Base or full)	✓ (Base or full)	✓ (25%, 50%)	✓ (Base or full)	✗
Financial Integrator						
Buy-up cash conversion	✓ (Base or full)	✓ (Base or full)	✓ (Base or full)	✓ (25%, 50%)	✓ (Base or full)	✗
Integration						
Health or Vitality Integrator	✓	✓	✓	✓	✓	✓
Bank Integrator	✓	✓	✓	✓	✓	✓
Active Integrator	✓	✓	✓	✗	✓	✓
Integrator discounts	✓	✓	✓	✓	✓	✓
Vitality Rating	✓	✓	✓	✓	✓	✓
Vitality Rating Longevity discount	✗	✓	✓	✗	✓	✗
Vitality Premium Leveller	✗	✗	✓	✗	✓	✗
Rewards for health and wellness management	✓ (Smart PayBack Fund)	✗	✓ (PayBack)	✓ (Dollar PayBack Fund)	✓ (PayBack)	✓ (PayBack)
Double PayBack option	✗	✗	✓	✗	✓	✗
Managed Care Integrator	✗	✓ (Diabetes, BMI, HIV)	✓ (Diabetes, BMI, HIV)	✓ (Diabetes, BMI)	✓ (Diabetes, BMI, HIV)	✓ (Diabetes, BMI)
Other benefits						
Premium waivers	✗	✓	✓	✗	✓	✓
Dollar Swap Option	✗	✗	✗	✗	✓	✗
Discovery Retirement Optimiser	✗	✓	✓	✓	✓	✗
Global Education Protector	✗	✓ Core and Private	✓ Core and Private	✓ Dollar	✓ Core and Private	✗

	SMART LIFE PLAN	ESSENTIAL LIFE PLAN	CLASSIC LIFE PLAN	DOLLAR LIFE PLAN	PURPLE LIFE PLAN	BUSINESS LIFE PLAN
Global Health Protector	✗	✓	✓	✗	✓	✗
Future Fund	✗	✓	✓	✗	✓	✗
Paid-up or lock-in options	✗	✓	✓	✗	✓	✓
Funding patterns						
Standard	✓	✓	✓	✗	✓	✓
AcceleRater	✓	✓	✓	✓	✓	✓
FlexRater	✗	✓	✓	✗	✓	✓

The Discovery Life Plan offers unique features to make sure clients have sufficient cover that remains relevant throughout their lives

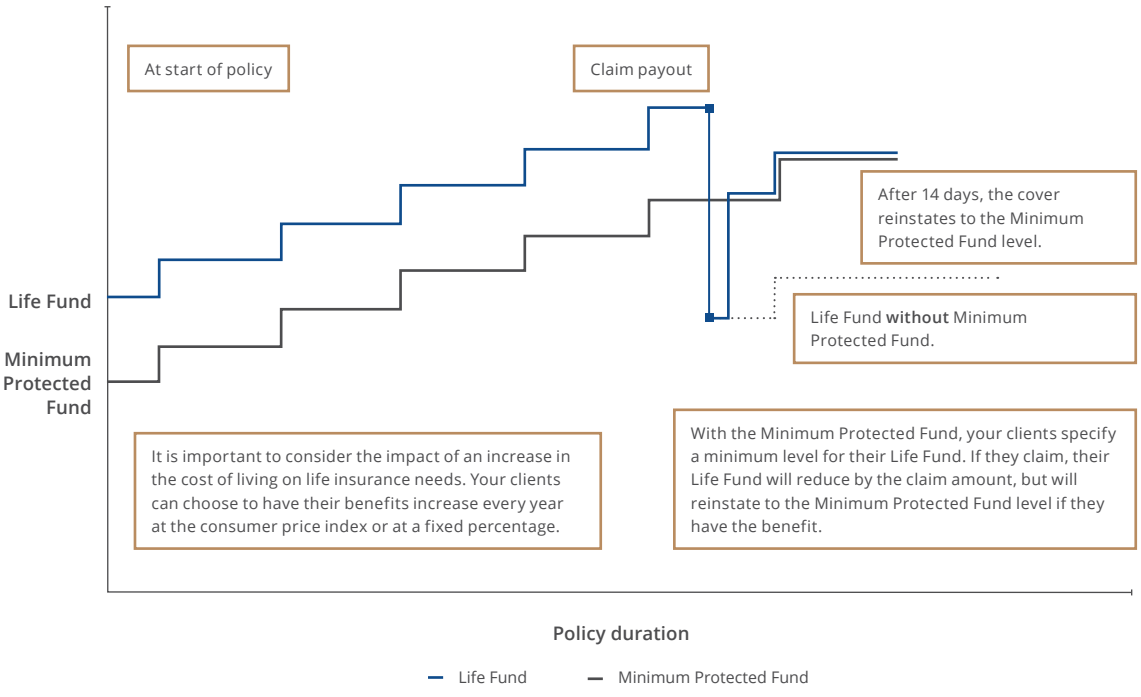
Making sure your clients have enough cover

The Future Fund Benefit

This Benefit allows clients to increase their Life Fund each year without having to provide evidence of health or insurability (except a negative HIV test). To do this, clients must nominate a Future Fund amount at benefit inception. Between 7.5% And 15% of this amount can be taken up yearly. Clients must use the option at least once every three years to keep it.

The Minimum Protected Fund

With this option, the Life Fund will never drop below a specified minimum level, no matter how many benefit payouts have been made or what the values of the payouts were.



A range of funding options are available, offering your clients flexibility and certainty

Making sure premiums are sustainable for your clients

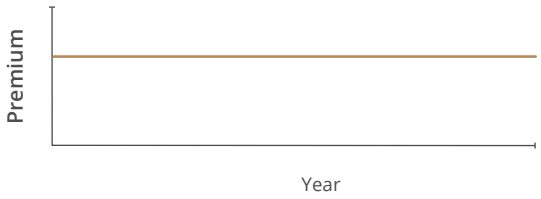
Before retirement

There are three flexible funding options available to suit a client's particular needs. Clients can enjoy absolute certainty because the frequency and premium increases are defined at the beginning of the policy.

Standard

This option has the highest starting premium, but the lowest future premium increases, ranging from 1.25% to 6.375% depending on age, in addition to the annual benefit increase percentage.

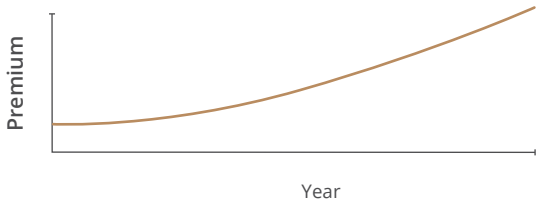
Annual Benefit Increase options available: 0%, 6.5% CPI, CPI+3% (only for the Business Life Plan).



AcceleRater

The starting premium is lower than the Standard funding pattern, but will increase at a higher rate than the Standard Plan. Increases will range from 3% to 9% depending on age, in addition to the annual benefit increase percentage.

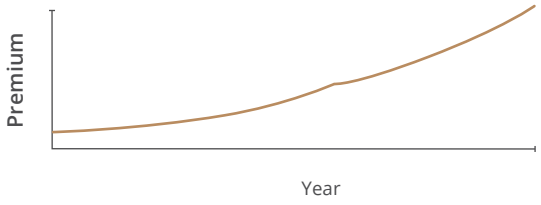
Annual Benefit Increase options available: 0% (only for the Business Life Plan), 3%, CPI, CPI+3% (only for the Business Life Plan), Dollar Life Plan = US inflation only.



FlexRater

This option has the lowest initial premium of all the options. Annual compulsory increases are 2.25% higher than those applicable under the AcceleRater funding option for the first 20 years of the policy (only applicable to whole-of-life benefits).

Annual Benefit Increase options available: 0% (only for the Business Life Plan), 3%, CPI, CPI+3% (only for the Business Life Plan).



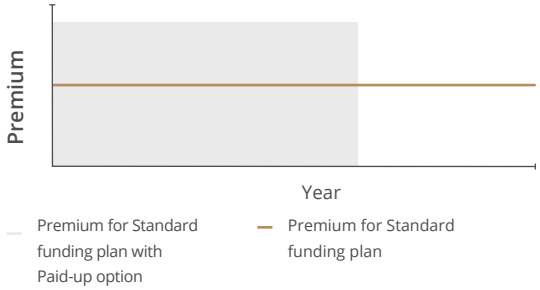
Making sure premiums are sustainable for the entire policy duration

After retirement

The Paid-up and Lock-in options ensure that clients can maintain their cover by keeping premiums affordable in the long term. This gives clients the security that the increasing cost of their life insurance will not erode their retirement income.

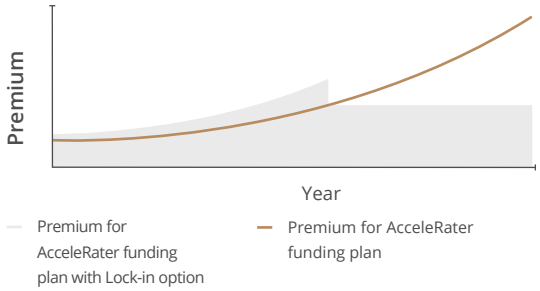
Paid-up

Adding the Paid-up option to the Standard funding plan allows a client to stop paying premiums on qualifying benefits at age 65 or 20 years after the start of the benefit, whichever comes later, while cover continues for the rest of the client's life. Automatic benefit increases, automatic contribution increases and Integrator adjustments will also stop at age 65.



Lock-in

Adding the Lock-in option to the AcceleRater funding plan means that both the automatic annual premium and benefit increases will stop at a specified future date. Clients may choose for this option to apply 20 years after adding the benefit, or at age 65.



Premium guarantees

Discovery Life guarantees that a client's premiums will not increase above the contractual annual increases (consisting of the automatic increase plus Integrator adjustments, if applicable) for the first 10 years after adding the cover. Discovery Life also guarantees that if any premium increases are needed at the end of the first 10 years and any 10-year period thereafter (due to a change in the best estimate assumptions for claims, lapses and other variables), these increases will never be more than 25% of the premium at that time.

Vitality members can improve these guarantees by engaging in the Vitality programme. The percentage reduction is calculated according to the number of years on each Vitality status.

PER STATUS YEAR	PERCENTAGE
Blue	0%
Bronze	0.5%
Silver	1.5%
Gold	2.5%
Diamond	2.5%

For example, at the end of 10 years, assuming a policyholder was on Blue status for two years, Bronze status for three years, Silver status for three years and Gold status for two years, the maximum potential premium increase is 14% – as shown below:

25% – (2x0%) – (3x0.5%) – (3x1.5%) – (2x2.5%) = 14%

The premium guarantees do not apply to the Global Health Protector, Global Education Protector, Health Plan Protector, Medical Premium Waiver, Paid-up option or Lock-in option.

AccessCover

People's needs and circumstances change. For this reason, it is very difficult to predict exactly how much cover your clients will need if something happens to them or their family. Having the option to convert a portion of their life cover into immediate cash at times of need could be an extremely valuable benefit for them.

For which events will your clients be allowed to convert their life cover into cash?

AccessCover is available on diagnosis of a wide range of life-changing medical events, called Medical AccessCover events.

Please refer to the Life Plan Guide for the list of defined medical events and their associated AccessCover category and conversion rates.

How much cash will your clients receive when they access their cover?

The conversion rate for each medical condition is objectively defined upfront and depends on the impact of the condition on your client's life expectancy. Each medical condition has been placed into an AccessCover category, ranging from A (most severe) to H (least severe). The implication of the AccessCover categories is that the higher the AccessCover category, the higher the conversion rate at which the life cover can be converted to immediate cash.

The conversion rates for each category are:

ACCESSCOVER CATEGORY	A	B	C	D	E	F	G	H
Conversion rate (cents in the rand)	70c	65c	60c	50c	45c	40c	30c	20c

This means that if your client has R1 million life cover and suffers an AccessCover Category A condition, they can convert their R1 million life cover at a conversion rate of 70c for each R1 of life cover accessed. R700 000 will be paid and their life cover will be depleted.

How much cover can your clients access?

Policyholders can access any amount up to 100% of their total life cover if they have qualifying ancillaries (the same qualifying ancillary rules apply as for Comprehensive Integrator).

If the policyholder does not have qualifying ancillaries, they will be able to access up to 50% of their total life cover.

AccessCover Plus

If your clients buy the AccessCover Plus Benefit, they can convert their life cover into immediate cash at an enhanced rate for the same list of Medical AccessCover events, according to the table below:

ACCESSCOVER CATEGORY	A	B	C	D	E	F	G	H
Conversion rate (cents in the rand)	85c	80c	75c	65c	60c	50c	35c	25c

Your clients will also have the option to convert their life cover into immediate cash on the following additional events:

Family Debility AccessCover

- Policyholders can convert up to 5% of their own life cover into cash if they, their spouse or their children are disabled as a result of an accident or violence.
- Only one payout will be made for each family member.
- Life cover is converted into immediate cash at a rate of 80c for every rand.
- For the full list of conditions, please refer to the Life Plan Guide.

Spouse Accidental Death AccessCover

- Policyholders can convert up to 5% of their own life cover into cash if their spouse dies because of an accident or violence.
- Life cover is converted into immediate cash at a rate of 80c for every rand.

Longevity AccessCover

- Policyholders can also convert up to 50% of their life cover into cash on reaching the ages of 80, 85 and 90, with conversion rates of 40c, 70c and 100c for every rand respectively.

Technical details

- All insured persons with an underwriting rating of A1 qualify for AccessCover and AccessCover Plus.
- AccessCover and AccessCover Plus apply to the total Life Fund including the Cover Integrator and Financial Integrator Funds, the CoverBooster and the Vitality and Legacy Funds. It does not apply to the Philanthropy Fund.
- The maximum age at which a client can use Medical AccessCover, Family Debility AccessCover and Spouse Accidental Death AccessCover is age 80 next birthday (age 19 next birthday for children).
- The option to convert life cover into immediate cash must be used within three months of the qualifying event taking place.
- If the insured person dies within three months of using the Medical AccessCover Benefit, they will be paid their full life cover amount, even if they had already chosen to convert their cover into cash at a lower conversion rate.
- If the Life Fund is depleted because AccessCover or AccessCover Plus was used, the spouse (if applicable) will have a guaranteed insurability option.
- The life cover will be reduced by the AccessCover or AccessCover Plus amount (before the conversion rate is applied).
- After using AccessCover or AccessCover Plus, the policyholder's life cover premium will be reduced in line with the reduction in the life cover. All other premiums will stay the same.
- Payouts as a result of AccessCover or AccessCover Plus will not be deducted from the policy's PayBack Benefit (if applicable).

Summary

The following table summarises which events are available under which benefit option and how much cover can be accessed for each event:

	ACCESSCOVER	ACCESSCOVER PLUS	HOW MUCH COVER CAN BE ACCESSED?
01 | Medical AccessCover	Yes	Yes (with higher conversion rates)	Up to 100% of the total Life Fund (including the Cover and Financial Integrator Funds) if the client has qualifying ancillaries. Otherwise, up to 50% of the total Life Fund
02 | Longevity AccessCover	No	Yes	Up to 50% of the total Life Fund
03 | Family Debility AccessCover	No	Yes	Up to 5% of the total Life Fund per family member
04 | Spouse Accidental Death AccessCover	No	Yes	Up to 5% of the total Life Fund

Purple Life Plan

Bespoke life insurance for clients and their families

The Purple Life Plan offers more than just life insurance. This exclusive Life Plan is only available to clients with more than R10 million life cover. The Purple Life Plan is the top Discovery Life Plan, combining comprehensive local and global cover with a 24-hour on-demand service offering through Vitality Purple. This ensures that your clients' and their families' unique needs are globally protected, rewarded and financially secure.

Exclusive benefits on the Purple Life Plan

Comprehensive protection

Select clients require significantly more cover to ensure that they are fully protected against life-changing events. Recognising this, Discovery Life raised the Integrated cover limits for key benefits on the Purple Life Plan, while still allowing clients to benefit from a highly efficient life insurance structure in the market that rewards clients for healthy living with upfront premium discounts, PayBacks and automatic Cash Conversion payouts.

Upfront premium efficiency with enhanced insurability over time

To ensure that Purple Life Plan clients remain fully protected over the duration of their policy, this Life Plan automatically includes the Vitality Fund and Legacy Fund for qualifying clients. The Vitality Fund uses policyholder-generated health and wellness surplus to provide highly efficient cover over the first nine years of a client's policy. This is done by providing an immediate 20% boost to a client's life cover at no additional premium at the start of this benefit. In addition, based on a client's engagement in Vitality, they are able to unlock up to 58% additional non-accelerated life cover with no additional underwriting. More details on the Vitality Fund benefit can be found in the Vitality Fund section of this guide.

Whilst the Vitality Fund provides highly efficient cover in the first nine years of the policy, the Legacy fund builds upon the Vitality Fund in retirement. For more information on the Legacy Fund, see the Legacy Fund section of this guide.

Access to some of the best medical facilities in the world

The Severe Illness Benefit on the Purple Life Plan automatically includes three unique features:

- An enhanced Global Treatment Benefit, allowing clients to receive up to 2.5 times their Severe Illness Benefit sum assured for qualifying illnesses treated overseas. This includes an amount of up to 70% of the Severe Illness Benefit sum assured, up to a maximum of R3 million, to cover the cost of any medically necessary travel and transport for your client, a family member, a doctor and a nurse. This includes a daily allowance of up to $600 to assist in funding the costs of accomodation and living expenses incurred while receiving treatment for the claimed condition overseas.
- The Automatic Child Severe Illness Cover has an increased limit of R250 000.
- The Cancer Exome Sequencing Benefit, provides a lump sum of R35 000 to assist in funding the cost of exome sequencing of certain high-risk tumours. This ensures that your client and their family receive the most appropriate treatment, increasing their chance of recovery.

Flexible global protection

Purple Life Plans automatically include the Dollar Swap Option with the Exchange Rate Protector Benefit, allowing qualifying clients to convert their rand cover amount on their Purple Life Plan to dollar denominated cover, without any additional underwriting, on a Dollar Life Plan*. In addition, with the Exchange Rate Protector automatically included, your clients' converted Dollar Life Plan premium will be locked in at a 20% discount to the monthly rand/dollar exchange rate at the date of exercising the Dollar Swap Option. This exchange rate is locked in for the first three years, provided the exchange rate doesn't exceed a specified maximum.

*Subject to acceptance by Guernsey.

Technical details

Who qualifies?

- All existing clients who meet the maximum entry age requirements and the minimum Life Fund requirements (R10 million life cover, including the Cover and Financial Integrator Funds but excluding any Philanthropy Fund, CoverBooster or purchased Vitality Fund cover) can upgrade to the Purple Life Plan without upgrading any benefits.
- Existing clients who wish to qualify for the Vitality Fund will have to upgrade to the latest version of Integration (including Vitality Rating) and undergo full underwriting.
- The Legacy Fund benefit will only be available to clients who elect to retain the Buy-up Vitality Fund each time it is available over the policy term.
- Purple Life Plan clients will have to be on the latest version of the Severe Illness Benefit to access the enhanced Global Treatment Benefit and Cancer Exome Sequencing Benefit.

Vitality Fund

- The Vitality Fund is only available to the main insured person on the Life Plan, provided the main insured person is aged 61 next birthday or younger at benefit inception. However, clients between the age of 57 and 61 next birthday will qualify for two Vitality Fund periods instead of three.
- The main insured person must have a life cover health rating of A1 on all life cover portions (tranches) throughout the Vitality Fund period.
- To qualify for the Vitality Fund, the policyholder and the main insured person must be the same person or the policy must be owned by a natural trust throughout the Vitality Fund period.
- The policy must be on the latest Integration structure, with Comprehensive Integration throughout the Vitality Fund period.
- The maximum amount of additional cover a client can receive through the Vitality Fund is R5 million, increased with Annual Benefit Increases, in each Vitality Fund period.
- If a client has a qualifying claim during a Vitality Fund period or adds additional cover at non-A1 rates, they will not be eligible for the subsequent additional cover at the end of the three-year period.
- At the end of each Vitality Fund period, the premium for the cover purchased will be based on new business rates using the clients age at that time. If a client reduces or removes a premium-paying portion of the Vitality Fund, all current and future cover received through this benefit will fall away.
- If a client reduces or lapses their Life Fund on a policy that they had in force within 180 days before or after the start of the Vitality Fund, the Vitality Fund will fall away.
- The Vitality Fund will only apply to the client's first Purple Life Plan and a client cannot have more than one Vitality Fund on their Purple Life Plan at any time.

Dollar Swap Option

- When using the Dollar Swap Option, clients will be subject to new business policy rules and rates at the time of conversion to the Dollar Life Plan. The client will have to complete a new application, for submission to Discovery Life International, a Guernsey branch of Discovery Life Limited.
- If a client has a total Life Fund of more than $3.5 million when exercising the Dollar Swap Option, additional underwriting may apply. If the equivalent benefit not exist on the Dollar Life Plan when exercising this option, this benefit will remain on the Purple Life Plan subject to qualifying criteria, or be moved to a Classic Life Plan upon not meeting these criteria.
- The Dollar Swap Option can only be exercised after the first policy anniversary and only applies up to age 66 next birthday. It also only applies to all insured persons who have not had a qualifying claim.

For full information about these benefits, please refer to the Purple Life Plan Guide.

Smart Life Plan

Tailored protection for young people through intelligent design

The Smart Life Plan has been designed with an efficient and relevant product chassis with simplified benefit options while still protecting your clients' future lifestyle and their families' financial security with our comprehensive benefits. The Smart Life Plan uses the power of Integration to provide access to life insurance from only R100 a month and with a minimum Life Fund of only R20 000.

The Smart Life Plan provides Automatic Parent Funeral Cover of up to R20 000 on the death of a parent or step-parent. While your client's claim is being paid out, the Promotion Tracker Benefit increases your clients' monthly Income Continuation Benefit payout every five years by a further 10% to allow for promotions they may have received if they had not become disabled.

The Smart PayBack Fund allows clients to receive up to 100% of their qualifying Smart Life Plan premiums back for managing their health and wellness and practising good driving behaviour. The Smart Life Plan automatically converts to a Classic Life Plan at the end of the month of main insured person 30th birthday, giving access to our full suite of benefits, tailored to meet their needs at that time.

By combining our existing health and wellness information with the additional risk information provided by Discovery Bank, the Vitality Fund has been extended to the Smart Life Plan. Qualifying clients will receive an immediate 20% boost to their life cover at no additional premium at the start of this benefit. In addition, based on your client's engagement in Vitality and Vitality Money, they are able to unlock up to 26% additional non-accelerated life cover with no additional underwriting.

Technical details

Who qualifies?

- The Smart Life Plan is available to clients between the ages of 18 and 29 next birthday (regardless of whether they are a professional).
- Only a main insured person can be insured under the Smart Life Plan.

Conversion

- The Smart Life Plan automatically converts to a Classic Life Plan at the end of the month of the main insured person's 30th birthday. Clients may also choose to convert their Smart Life Plan before this.
- After conversion, all benefits on the Smart Life Plan will convert to a Classic Life Plan at the same premium. The Automatic Parent Funeral Cover and Promotion Tracker Benefit on the Income Continuation Benefit will fall away after conversion. No further accumulations are made to the Smart PayBack Fund and it is paid out on the first policy anniversary at least five years after conversion. Instead, your client can then qualify for Integrator PayBack on their Classic Life Plan.

Benefits

- The Automatic Parent Funeral Cover benefit pays 5% of the Life Fund on the death of a parent or step-parent (including adoptive) of the insured person, limited to R5 000 if non-Integrated, R10 000 if Core-integrated or R20 000 if Comprehensively integrated. This benefit provides a maximum of two payouts.
- Claims under the Automatic Parent Funeral Cover Benefit will have no effect on the Life Fund.
- Normal Integrated premium and cover adjustments apply to the Smart Life Plan, but the same Smart PayBack Fund matrix applies regardless of the Integrator type.

Dollar Life Plan

Global risk protection in US dollars

The movement of goods, services, technologies and capital across international borders has led to countries and economies across the world becoming more integrated and interdependent. This makes it increasingly difficult to predict where your clients' financial obligations will lie in the future. The Dollar Life Plan from Discovery Life has been designed with this in mind. Through Discovery Life International, a Guernsey branch of Discovery Life Limited, we can offer your clients an authentic offshore life insurance policy in the most widely used global currency, the US dollar, where your clients can be sure that their risk protection will remain relevant in the long term, despite their changing circumstances.

Claim payouts and benefit proceeds will be made in US dollars into an offshore or local bank account.

Technical details

Premiums

- Premiums will be denominated in US dollars, but will be debited from the client's bank account in rand. The conversion will be done at the prevailing exchange rate.
- The Risk Benefit premiums on the Dollar Life Plan are 5% higher than the equivalent rand premiums on the Classic Life Plan to allow for the additional operational, reporting and conversion costs associated with this policy.
- For an additional premium, the Exchange Rate Protector gives clients the opportunity to lock in the ZAR-to-USD exchange rate applied to their dollar-denominated premium for three years.

Reporting and exchange control

- This product makes use of a client's R1 million Single Discretionary Allowance (SDA), so it does not require any additional tax clearance.

Benefits

- Benefits are only available for the main insured person. Clients can, however, select the Dollar Global Education Protector, which allows clients to protect their children's education globally, from crèche through to the end of college, if they suffer a qualifying life-changing event.
- Benefits are adjusted annually in line with US inflation and by a Vitality adjustment on the Cover and Financial Integrators.
- Vitality membership is not available with the Dollar Life Plan. To Integrate the Dollar Life Plan, a client must already be a member of Vitality.

Commission

- Commission will be the same as the commission on the Classic and Essential Life Plans.
- Commission will be calculated according to the dollar premium payable on the policy.
- Commission will be shown in dollars, but will be paid locally in rand. The conversion will be done at the exchange rate at the activation date.

Benefits to protect your clients against specific risks

We know that each client has different needs and that these needs change over time. We have made sure that the Life Plan is flexible so that it can be designed to suit the needs of any person, at any stage of their life. You can also change a client's policy by adding and removing benefits according to their changing needs.

The following benefits have been designed to protect your clients against the financial impact of a particular risk they may face during their life:

- Capital Disability Benefit
- Income Continuation Benefit
- Severe Illness Benefit
- Estate Planning Benefit
- Supplementary Illness Benefit
- Global Education Protector
- Health Plan Protector
- Medical Premium Waiver
- Global Health Protector

These benefits combine to form the Discovery Life Plan.

Capital Disability Benefit

- Ensure your clients are financially secure if they were to become disabled.
- Payouts are based on objective medical criteria.
- Absolute benefit certainty through a robust claims assessment filter.
- Cover for whole of life through automatic conversion to Severe Illness Benefit.*
- The LifeTime Capital Disability Benefit objectively assess the impact that a disability has on an individual's future lifestyle.
- Ability to receive payouts while the permanence of a condition is being established.
- Automatic Child Impairment Benefit protecting your clients' children at no additional cost.
- Unique cover for businesses through the Business Capital Disability Benefit as well as a 50% premium discount for the first three years of the policy.

Discovery's Capital Disability Benefit provides a lump-sum payout to ensure clients remain financially secure if they become disabled.

Historically, disability claims were assessed according to a person's ability to perform their occupation.

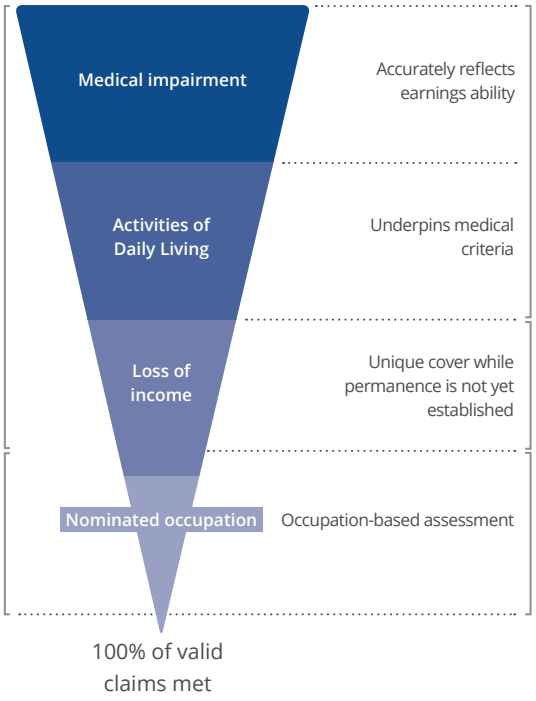
Discovery's objective medical criteria for disability assessment now provides policyholders with certainty and transparency. Clients are therefore guaranteed a quick, fair and consistent claims assessment.

How does the Capital Disability Benefit work?

The benefit provides a lump-sum payout on disability. The category of claim, which determines the benefit payout amount, is determined by the claims assessment filter.

Objective medical criteria and a loss of income underpin provide absolute benefit certainty.

Traditional criteria provides further peace of mind.



Category A: Pays out 100% where the disability meets the medical or Activities of Daily Living criteria.

Category B: Pays out 50% where the disability meets the medical or Activities of Daily Living criteria.

Category C: Pays out 2.5% at the end of each four-month period if the client suffers a loss of between 80% and 100% of their income in each month during the previous four months.

Category D: Pays out 100% if the client is permanently unable to perform their nominated occupation due to illness or injury.

* Not available on Dollar Life Plans

There are five Capital Disability Benefit options:

- The Core option covers claims assessed at Category A and D levels.
- The Comprehensive Plus option covers claims assessed at Category A, B, C and D levels.
- The LifeTime 200 option covers claims assessed at Category A, B, C and D levels.
- The LifeTime 300 option covers claims assessed at Category A, B, C and D levels.
- The Business Capital Disability option covers claims meeting both Category A and D criteria simultaneously (only available on the Business Life Plan).

Note: Categories C and D are not available for certain occupations.

The **Premium Waiver Benefit** ensures that the Discovery Life Plan premiums continue to be paid if a policyholder becomes disabled (according to the Category A or D criteria).

The LifeTime Capital Disability Benefit

LifeTime Capital Disability model

The LifeTime Capital Disability Benefit objectively assesses the impact that a disability has on an individual's future lifestyle. Discovery Life provides dynamic cover that considers both the initial and long-term impact of the specific disability through boosted upfront and recurring payouts.

MedTech Booster Benefit

Takes into account the initial and ongoing costs associated with accessing and maintaining assistive disability devices.

Automatic upgrade to 100% payout on suffering a Category B disability

To provide clients with absolute certainty that they can meet their financial obligations if they suffer a disability, all qualifying Category B Capital Disability claims will automatically be upgraded from a 50% to a 100% payout.

The MedTech Booster Benefit

While current disability products in the market focus on the clinical severity of an injury or disability, a key factor that can be overlooked is providing a benefit that helps your client to regain as much of their lifestyle and independence as possible after a life-changing event. The MedTech Booster Benefit provides upfront and recurring payouts on qualifying disability events to assist your clients with the significant upfront costs as well as the ongoing maintenance and upgrade costs of the latest medical technology associated with certain disability events and conditions. This enables clients to get a total payout of up to 300% of their benefit amount on certain disabilities that have a big impact on their lifestyle. The MedTech Booster Benefit maximums are summarised in the table below:

LIFE PLAN	MAXIMUM
Essential/Classic/Smart/Business	R5 000 000
Purple	R10 000 000
Dollar	$500 000

Based on a condition's lifestyle impact, it is assigned to a MedTech Group. The LifeTime (200/300) option, along with the Category of the claim, then determines the initial boost, as well as the recurring payout structure as shown below:

LIFETIME 300

MedTech Group	Initial boost		Additional recurring three-yearly payout	Total MedTech payout
1	Category A	100%	10% and increasing by 5% per payout (total of 100%)	200%
	Category B	50%		150%
2	Category A	75%	7.5% and increasing by 3.75% per payout (total of 75%)	150%
	Category B	25%		100%
3	Category A	50%	5% and increasing by 2.5% per payout (total of 50%)	100%
	Category B	0%		50%
4	Category A	25%	2.5% and increasing by 1.25% per payout (total of 25%)	50%
	Category B	0%		25%

LIFETIME 200

MedTech Group	Initial boost		Additional recurring three-yearly payout	Total MedTech payout
1	Category A	50%	5% and increasing by 2.5% per payout (total of 50%)	100%
	Category B	0%		50%
2	Category A	37.5%	3.75% and increasing by 1.875% per payout (total of 37.5%)	75%
	Category B	0%		37.5%
3	Category A	25%	2.5% and increasing by 1.25% per payout (total of 25%)	50%
	Category B	0%		25%
4	Category A	12.5%	1.25% and increasing by 0.625% per payout (total of 12.5%)	25%
	Category B	0%		12.5%

LifeTime Capital Disability Benefit in action

The total benefit payable is based on the Category of the condition, the MedTech Group the condition falls in and the LifeTime option selected. The calculation is shown in the table below:

BODILY SYSTEM AFFECTED	CAPITAL DISABILITY BENEFIT CLAIM CATEGORY	MEDTECH GROUP	INITIAL BOOST	RECURRING PAYOUT					TOTAL PAYOUT
				YEAR 3	YEAR 6	YEAR 9	YEAR 12	YEAR 15	
Heart	A = 100%	3	50%	5%	7.5%	10%	12.5%	15%	200%
Musculoskeletal	A = 100%	1	100%	10%	15%	20%	25%	30%	300%
Lower limbs	B = 100%	1	50%	10%	15%	20%	25%	30%	250%

Assumptions

- Category B claim upgraded from 50% to 100%.
- LifeTime 300 is selected.
- Heart failure is due to myocardial infarction, valvular heart disease, cardiomyopathy, cardiac arrhythmias, congenital heart disease, or hypertensive heart disease.
- Musculoskeletal claim as a result of persistent quadriplegia.
- Lower limb refers to 60% impairment of lower limb.

Technical details

- The MedTech Booster Benefit does not apply to Category C claims.
- Each recurring MedTech Booster Benefit payout is made provided that the client survives to the date of payout, and the policy is still in force at that time.
- MedTech Booster Benefit payouts will accelerate the Life Fund where the LifeTime Capital Disability Benefit itself is accelerated. If the sum of the payments under the MedTech Booster Benefit exceed the total value of your client's Life Fund, the payments will continue as long as they are below the maximum lifetime amount specified for this benefit as shown in the client's policy schedule. The benefit will not accelerated the Life Fund where the LifeTime Capital Disability Benefit is not accelerated.
- Multiple claims are allowed under the MedTech Booster Benefit, up to the applicable maximum amount.

The Automatic Child Impairment Benefit

The Automatic Child Impairment Benefit provides a certain amount of automatic cover for clients' children, at no additional cost, for specific disabilities.

The benefit payout is calculated as the lesser of the applicable maximum, and 10% of the aggregate Capital Disability Benefit sum assured, multiplied by the appropriate impairment percentage between the main insured person and the spouse (if applicable).

The maximums are:

LIFE PLAN	MAXIMUM
Classic	R135 000
Purple	R250 000

The impairments and their relevant percentages are summarised in the table below:

AUTOMATIC CHILD IMPAIRMENT BENEFIT		
Impairment group	**Definition**	**Payout %**
1	Loss of sight in both eyes due to trauma or enucleation of both eyes due to trauma	100%
	Hemiplegia	
	Quadriplegia	
	Paraplegia	
	Diplegia	
	Loss of, or loss of use of two limbs due to trauma	
	Confirmed hearing loss of 90 dB or more in both ears measured over the frequencies 500 Hz, 1 000 Hz, 2 000 Hz and 3 000 Hz, in two measurements, taken six months apart. Hearing loss must be due to trauma.	
2	Loss of, or loss of use of one hand due to trauma	75%
	Loss of, or loss of use of one foot due to trauma	
	Confirmed hearing loss of 70 dB or more in both ears measured over the frequencies 500 Hz, 1 000 Hz, 2 000 Hz and 3 000 Hz, in two measurements, taken six months apart. Hearing loss must be due to trauma.	
	Loss of sight in one eye or enucleation of one eye due to trauma	
3	Loss of or loss of use of thumb and index finger due to trauma	50%
4	Poliomyelitis with permanent paralysis	10%

Technical details

- A client must have an A1 life cover health rating and no worse than a B3 disability cover health rating in order to qualify for the Business Vitality Fund.
- A client with a disability cover health rating worse than A1 will only qualify for one three-year Business Vitality Fund period.
- The policy must have the Financial Integrator.
- The premium payable at the end of each three-year period when purchasing the cover provided will be based on new business rates for the client at that age, inclusive of any Integrator and Vitality Rating discounts applicable, and a discount based on Vitality status in the preceding three years.
- The Business Vitality Fund is subject to a maximum of R5m, increasing annually with the policy's annual benefit increases.
- If a client claims for certain benefits on any Life Plan during the first three-year period, they will continue to receive cover under their current Business Vitality Fund until the end of the period, and thereafter they can purchase this cover at the applicable risk rates. However, they will no longer be eligible for a further three-year period. For the list of applicable claim events please refer to the Business Life Plan Guide.
- If the client's life cover or capital disability health rating worsens below A1 during the first three-year period, they will no longer be eligible for a further three-year period.
- If a client elects to service down life or capital disability cover (including the Cover and Financial Integrator) during the first three-year period, they will no longer be eligible for a further three-year period.
- If a client chooses to remove the Capital Disability Benefit from the policy, they will still qualify for the Life cover element of the Business Vitality Fund.
- A client needs to select the Capital Disability Benefit in order to qualify for the Capital Disability element of the Business Vitality Fund,which will function in the same way as the underlying disability benefit.

Unique features of Discovery's Capital Disability Benefit

- **Enhanced certainty through a robust claims assessment filter:** Subjectivity is entirely removed from the assessment. If the objective criteria are met, the claim is paid.
- **Access to and maintenance of leading assistive devices:** Through the MedTech Booster Benefit, clients have access to to cutting-edge and market-leading assistive devices to aid them in recovering their lifestyle prior to their disability.
- **Category B to Category A upgrade:** All qualifying Category B claims for LifeTime Capital Disability clients will be automatically upgraded from a 50% to a 100% payout.
- **Cover on partial disability:** Clients don't have to wait until they are totally disabled to receive a benefit.
- **Cover while permanence is being established:** If a client suffers a loss of income of more than 80%, they can receive a payout while permanence of the condition is being assessed.
- **No specified waiting period:** Claims are paid as soon as the criteria are met.
- **Full cover throughout the benefit term:** Unlike some disability cover that reduces from age 55 or 60, when disability incidence is highest.
- **Cover up to age 70:** With increasing life expectancy, many of us will be forced to work longer to have enough retirement savings. With Discovery Life, clients can choose a benefit expiry age of 65 or 70.
- **Protection throughout your life:** The Capital Disability Benefit may convert to the Severe Illness Benefit (Severity A and B) at benefit expiry age, without medical underwriting.
- **Automatic Child Impairment Benefit:** Offering protection against a wide range of disabilities to Capital Disability Benefit clients' children at no additional cost.
- **Business Vitality Fund:** For the Business Life Plan, clients can receive 20% additional disability cover upfront at no initial premium for three years, with the ability to lock in a discount of up to 15% until benefit expiry. Clients can also unlock a further 20% additional cover after three years with no underwriting.

Income Continuation Benefit

- Protects your clients' income for whole-of-life with tailored claims criteria in retirement.
- Ability to receive additional income in retirement.
- Ability to receive regular benefit payouts if clients are unable to work due to injury or illness.
- Ability to receive an immediate upgrade to 100% of income on permanent disability.
- Ability to receive 100% of income on temporary disability.
- No proof of loss of income required for 24 months.
- Protection against the financial impact of a family member suffering a severe illness.
- The ability to protect future earnings growth.
- Cover for your Discovery Life Plan premiums after childbirth.
- Ability to protect your performance bonuses.

The Income Continuation Benefit makes regular benefit payouts if your clients are unable to work due to injury or illness, while also allowing them to earn additional income in retirement by engaging in Vitality and managing their health and wellness.

How the Income Continuation Benefit works

- The benefit provides monthly payouts while a client is disabled.
- It pays an income either until the client has recovered from the disability and returned to work, or until they reach 65 or 70, depending on when they stop performing their nominated occupation. After age 65, the Income Continuation Benefit converts to the Long-term Care Benefit, extending their cover beyond retirement and providing clients with tailored medical criteria to better match their evolving needs.
- The premium for this benefit is waived during the period that a client receives benefit payouts.
- Through the Income Continuation Fund, clients can earn additional retirement income by managing their health and wellness and engaging in the Vitality programme throughout their working lives. This built-up fund pays out in ten equal instalments starting at age 65.

Choices available to your clients

Comprehensive or Essential Income Continuation Benefit

Clients can choose from the Comprehensive Income Continuation Benefit on a Smart, Classic or Purple Life Plan, which provides market-leading, holistic, whole-of-life protection, or the Essential Income Continuation Benefit on the Essential Life Plan, which provides cost-effective cover for a specified level of protection.

Top-up Income Continuation Benefit

When combined with the Income Continuation Benefit, the Top-up Income Continuation Benefit allows clients to cover up to 100% of their net-of-tax income for the first 24 months of a claim. This ensures that clients have no loss of income while they are temporarily disabled. Policyholders can select up to 25% of their net-of-tax income under this benefit. This benefit expires at age 65.

Waiting periods

Your clients can choose between waiting periods of seven days, one month, three months or 12 months. Clients on a Smart Life Plan can choose between waiting periods of seven days or one month.

Retrospective payouts

We make retrospective payouts from day one on the seven-day waiting period for a comprehensive range of illnesses and injuries. Payouts may be similarly backdated from day one on the one-month waiting period for professionals in private practice or partnership.

Protection of your clients' annual bonuses

In recognition of the fact that many people earn a substantial portion of their income through annual bonuses, for an additional premium your clients on the Comprehensive option can also select to protect their annual bonuses for up to five years upon suffering a qualifying permanent disability event (excluding Category D claims for mental and behavioural and lower-back issues). The maximum amount that one can protect under this benefit depends on your client's Life Plan, with clients on a Smart or Classic Life Plan having the ability to protect up to six times their Income Continuation Benefit sum assured and clients on a Purple Life Plan having the ability to protect up to 12 times their sum assured.

This benefit is only applicable to salaried employees.

Escalation options for benefits in claim

Your clients have a choice of escalation options: 0%, CPI or if they are on the Comprehensive option, CPI + 3%. If the Income Continuation Benefit is taken on a Smart Life Plan, then the in-claim escalation is set to CPI, but is enhanced by the Promotion Tracker Benefit. After each five-year period that your client is in claim, their benefit payout will increase by CPI+10%. This allows for future promotions that younger clients are likely to have earned if they had not become disabled.

Increase cover by 20% every three years without medical underwriting

This option is available through the Guaranteed Insurability Benefit and is particularly valuable if clients expect their earnings to grow by more than inflation.

Features of the Income Continuation Benefit

Immediate upgrade to 100% of income on permanent disability

On the Comprehensive option, Discovery Life will pay 100%* of continue on previous line net-of-tax income if they become permanently disabled (according to Category A or D criteria of the Capital Disability Benefit). We will also waive the waiting period.

On the Essential option, clients' insured amount will be upgraded to 1.33 times if they become permanently disabled and are unable to perform their nominated occupation (according to Category A and D criteria of the Capital Disability Benefit).

* If less than 40% of a client's net-of-tax income is selected as the benefit amount, Discovery will upgrade the benefit to 2.5 times the selected amount.

Automatic Sickness Underpin

The Income Continuation Benefit automatically includes a Sickness Underpin for temporary disability. This means that policyholders do not have to provide proof of loss of income for 24 months. They just have to complete the Income Continuation Benefit claims form, but additional medical information may be requested.

Additional claim underpins

Using a range of objective medical criteria, three additional claim underpins are automatically provided to all clients. This objectivity maximises the efficiency of the claims assessment process and adds to the Sickness, Loss of Income and Category A and D underpins.

01 | Capital Disability Benefit Underpin

The Capital Disability Benefit Underpin will pay 50% of the Income Continuation Benefit amount for five years if the insured person suffers a Category B Capital Disability.

02 | LifeTime Severe Illness Benefit Underpin

Suffering an illness often results in a client not being able to work and earn an income.

Certain diseases have a considerable long-term impact on a client's life and often lead to extra expenses, such as paying for care or medical devices.

The LifeTime Severe Illness Benefit Underpin will pay up to 215% of the Income Continuation Benefit amount for six months (five months for policies with a one-month waiting period) if the insured person suffers a Severity A severe illness. This will provide additional income to help meet expenses in this time of need. This underpin is not available for policies with a waiting period of three months or longer.

03 | Injury and Hospitalisation Underpin

The Injury and Hospitalisation Underpin pays 100% of a client's Income Continuation Benefit for up to three months for a defined range of injuries, fractures and hospital stays.

Please refer to the Life Plan Guide for the complete list of events.

Cover for a client's family is provided through the Family Protector

A child or spouse suffering a severe illness can have a significant impact on a policyholders' ability to earn an income. Time off work is often needed to help with the treatment regime and to give emotional support.

The Family Protector will pay 100% of a policyholder's Income Continuation Benefit amount for up to six months if the policyholder's spouse or children suffer a severe illness (Severity A or B). The Family Protector will also pay 100% of the Income Continuation Benefit amount for one month if the policyholder's spouse dies.

The waiting period on the Income Continuation Benefit is not applied to the Family Protector.

The Family Protector is automatically included on the Comprehensive Income Continuation Benefit option but is not available if the benefit is taken on a Smart or Essential Life Plan.

The Contribution Protector covers a percentage of your client's other Discovery products

On temporary disability clients will receive an additional payout of up to 100% for 24 months (Comprehensive option) of their other Discovery contributions through the Contribution protector. This could be their Discovery Life, Discovery Health, Discovery Vitality, Discovery Retirement Optimiser and Discovery Insure, or other Discovery contributions). Payout is limited to 33% of the sum of the Income Continuation Benefit and Temporary Income Continuation Benefit insured amounts before any upgrades. This benefit is not available on the Essential option.

Cover for your clients' Discovery Life Plan premiums after childbirth

Recognising the significant financial strain experienced after giving birth or adopting a child, Discovery Life automatically includes the Maternity Premium Waiver Benefit for all mothers on the Comprehensive Income Continuation Benefit. This benefit provides for a period of four months from the date of giving birth or legally adopting a child where your clients qualifying Discovery Life Plan premiums, excluding their Vitality and Vitality Active contribution, will be waived.

Childbirths or adoptions that occur within the first year of the client's Income Continuation Benefit will not qualify under this benefit, and a maximum of two childbirths or adoptions per policy will qualify.

Cover for whole of life

With the Income Continuation Benefit automatically converting to the Long-term Care Benefit at age 65, your clients will have whole-of-life cover, ensuring that no matter what stage of life they are in, their protection will match their evolving needs.

The Long-term Care Benefit

Clients will be able to receive payouts after age 65 if they meet the post-retirement definitions, including severe illness, capital disability as well as the assistive care criteria. If you client is still working after age 65, they could retain specified occupation-based claim underpins, such as the Category D Loss of Income and Automatic Sickness underpins, until age 70. In such a case, the client must notify Discovery Life that they are still working, and provide proof of employment. Discovery Life guarantees to make payouts, for a minimum of six months, once a client has survived a 14-day period.

At age 65, the percentage of a client's Income Continuation Benefit that converts to whole-of-life cover is:

WAITING PERIOD	PERCENTAGE OF COVER	
	Comprehensive option	Essential option
7 days	70%	50.75%
1 month	50%	36.25%
3 months	35%	25.38%
12 months	20%	14.5%

The Top-up Income Continuation Benefit, Family Protector and Guaranteed Insurability expire when the policyholder turns 65.

Your clients can convert their health and wellness into additional retirement income

Discovery's Vitality members are living longer, more productive lives. To continue providing for your clients, the Income Continuation Fund on the Comprehensive benefit converts the improved health and wellness management your clients achieve through Vitality, into a significant financial asset in the form of additional income in retirement.

The Default Income Continuation Fund*

At the start of your client's Income Continuation Benefit, a Fund. equal to 10% of their insured amount is automatically established. Every year, an additional 10% of their insured amount is deposited into their Fund. The Fund grows by inflation as well as an adjustment that takes into account how well they manage their health and wellness through Vitality and the health claims on their Discovery Health Plan (if applicable).

Buy-up Income Continuation Fund*

For an additional premium, they can also upgrade to the Buy-up Income Continuation Fund. Another 90% of their Income Continuation Benefit insured amount is deposited into this Fund every year, above what is accumulated through the Default Income Continuation Fund. The additional deposits through the Buy-up Income Continuation Fund will happen at the start of each policy year for 20 years, or until the start of the policy year in which they turn 65, if this happens earlier.

The accumulated Income Continuation Fund will be paid out in ten equal instalments. The first payout will be made at the end of the month in which they turn 65. This provides your clients with a substantial additional income in retirement, generated through their health and wellness management throughout their working life. Depending on your clients type of Integration, the annual adjustments to their Income Continuation Fund is displayed in the table below:

ACTIVE INTEGRATED CLIENTS	
Vitality status	**Income Continuation Fund adjustment factor**
Blue	-4%
Bronze	-2%
Silver	0%
Gold and Diamond	1%

VITALITY INTEGRATED CLIENTS	
Vitality status	**Percentage**
Blue	-4%
Bronze	-2%
Silver	-1%
Gold	0%
Diamond	1%

* Please note that the Default and Buy-up Income Continuation Fund benefits are not an investment products but use a risk-based approach with no lapse or surrender value prior to the payments becoming due.

2020 Buy-up Income Continuation Fund matrices

Health Integrated clients

- Included below is an example matrix for a Family: Comprehensive Health Plan. For the full list of Buy-up Income Continuation Fund matrices across all Discovery Health Plans, please see Appendix 1, Section E.

FAMILY: COMPREHENSIVE HEALTH PLAN

Qualifying Health Claims (in rand)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 5 331	-1.50%	-0.50%	0.50%	1.50%	2.50%
5 332 – 8 407	-2.25%	-1.00%	0.00%	1.00%	2.00%
8 408 – 16 572	-3.00%	-1.50%	-0.50%	0.75%	1.50%
16 573 – 24 638	-3.75%	-2.00%	-1.00%	0.50%	1.25%
24 639 – 39 565	-4.50%	-2.50%	-1.25%	-0.25%	1.00%
39 566 – 55 560	-5.25%	-3.00%	-1.50%	-0.00%	0.50%
55 561+	-6.00%	-3.50%	-2.00%	-0.50%	0.00%

MAIN INSURED PERSON ONLY: COMPREHENSIVE HEALTH PLAN

Qualifying Health Claims (in rand)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 995	-1.50%	-0.50%	0.50%	1.50%	2.50%
3 996 – 5 855	-2.25%	-1.00%	0.00%	1.00%	2.00%
5 856 – 8 177	-3.00%	-1.50%	-0.50%	0.75%	1.50%
8 178 – 16 572	-3.75%	-2.00%	-1.00%	0.50%	1.25%
16 573 – 23 799	-4.50%	-2.50%	-1.25%	0.25%	1.00%
23 800 – 39 553	-5.25%	-3.00%	-1.50%	0.00%	0.50%
39 554+	-6.00%	-3.50%	-2.00%	-0.50%	0.00%

FAMILY: SAVER HEALTH PLAN

Qualifying Health Claims (in rand)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 553	-2.00%	-1.00%	0.00%	1.00%	2.00%
2 554 – 5 064	-2.75%	-1.50%	-0.50%	0.50%	1.50%
5 065 – 9 837	-3.50%	-2.00%	-1.00%	0.25%	1.00%
9 838 – 16 929	-4.25%	-2.50%	-1.50%	0.00%	0.75%
16 930 – 23 799	-5.00%	-3.00%	-1.75%	-0.25%	0.50%
23 800 – 39 565	-5.75%	-3.50%	-2.00%	-0.50%	0.00%
39 566+	-6.50%	-4.00%	-2.50%	-1.00%	-0.50%

MAIN INSURED PERSON ONLY: SAVER HEALTH PLAN

Qualifying Health Claims (in rand)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 1 812	-2.00%	-1.00%	0.00%	1.00%	2.00%
1 813 – 3 456	-2.75%	-1.50%	-0.50%	0.50%	1.50%
3 457 – 5 694	-3.50%	-2.00%	-1.00%	0.25%	1.00%
5 695 – 8 177	-4.25%	-2.50%	-1.50%	0.00%	0.75%
8 178 – 16 007	-5.00%	-3.00%	-1.75%	-0.25%	0.50%
16 008 – 23 454	-5.75%	-3.50%	-2.00%	-0.50%	0.00%
23 455+	-6.50%	-4.00%	-2.50%	-1.00%	-0.50%

FAMILY: PRIORITY HEALTH PLAN

Qualifying Health Claims (in rand)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 944	-1.50%	-0.50%	0.50%	1.50%	2.50%
3 945 – 6 736	-2.25%	-1.00%	0.00%	1.00%	2.00%
6 737 – 13 204	-3.00%	-1.50%	-0.50%	0.75%	1.50%
13 205 – 20 783	-3.75%	-2.00%	-1.00%	0.50%	1.25%
20 784 – 31 683	-4.50%	-2.50%	-1.25%	0.25%	1.00%
31 684 – 47 563	-5.25%	-3.00%	-1.50%	0.00%	0.50%
47 564+	-6.00%	-3.50%	-2.00%	-0.50%	0.00%

MAIN INSURED PERSON ONLY: PRIORITY HEALTH PLAN

Qualifying Health Claims (in rand)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 904	-1.50%	-0.50%	0.50%	1.50%	2.50%
2 905 – 4 655	-2.25%	-1.00%	0.00%	1.00%	2.00%
4 656 – 6 935	-3.00%	-1.50%	-0.50%	0.75%	1.50%
6 936 – 12 375	-3.75%	-2.00%	-1.00%	0.50%	1.25%
12 376 – 19 904	-4.50%	-2.50%	-1.25%	0.25%	1.00%
19 905 – 31 503	-5.25%	-3.00%	-1.50%	0.00%	0.50%
31 504+	-6.00%	-3.50%	-2.00%	-0.50%	0.00%

Income Continuation Benefit options summary

FEATURES	COMPREHENSIVE OPTION	ESSENTIAL OPTION
Contribution Protector	✓	×
Family Protector	✓*	×
In-claim escalation option of CPI + 3%	✓	×
Promotion Tracker (Smart Life Plan only)	✓	×
Top-up Income Continuation Benefit	✓	✓
LifeTime Severe Illness Underpin	✓	✓
Capital Disability Underpin	✓	✓
Injury and Hospitalisation Underpin	✓	✓
Automatic Sickness Underpin	✓	✓

FEATURES	COMPREHENSIVE OPTION	ESSENTIAL OPTION
Whole-of-life option	✓	✓
Maternity Premium Waiver Benefit	✓	×
Performance Bonus Protector	✓	×
Income Continuation Fund	✓	×

* Please note that these options are not available if the Income Continuation Benefit is taken on the Smart Life Plan.

Determining your client's benefit amount

The claim will be assessed under each of the following underpins and your clients will be paid against the underpin that qualifies for the highest benefit amount:

- Loss of income Underpin
- Sickness Underpin
- Capital Disability Underpin (Category A or B)
- LifeTime Severe Illness Benefit Underpin
- Injury and Hospitalisation Underpin
- Category D underpin (occupational disability)

Overhead Expenses Benefit

The Overhead Expenses Benefit provides monthly funding for business expenses.

- This benefit covers up to 100% of a client's share of business overhead expenses while they are disabled.
- Clients choose a seven-day or one-month waiting period.
- We make backdated payouts from day one on the seven-day waiting period for a comprehensive range of illnesses and injuries.
- Professionals in private practice or partnership can also qualify for claims backdated to day one on the one-month waiting period.
- The benefit is payable for a maximum of 24 months, or until the benefit expiry age of 60, 65 or 70 is reached – whichever happens first.
- A completed Overhead Expenses Benefit claims form will be sufficient for the full 24 months of the claim period. Clients will not have to prove that they are not receiving an income that allows them to cover their share of qualifying overhead expenses. We may request additional medical information.

Severe Illness Benefit

- Allows your client to maintain their lifestyle in the event of becoming severely ill.
- Provides comprehensive financial and global healthcare cover against life-changing events.
- Covers all major physiological and anatomical systems.
- Provides access to some of the best facilities in the world.
- Parent and child severe illness cover at no extra cost.
- Comprehensive cover for multiple claims.
- Boosted benefits based on objective measurement of the long-term impact of the illness.
- Comprehensive cancer cover through the Cancer Relapse Benefit, and Cancer Exome Sequencing Benefit.

Comprehensive lifestyle protection against the impact of a severe illness

How the Severe Illness Benefit works

Benefit payouts are based on the severity of the illness

- The severity levels have been set to reflect the financial impact of the illness on the client's lifestyle.
- The severity levels are shown in the table below:

Base severity	A	B	C	D	E	F	G
Percentage of benefit paid	100%	75%	50%	25%	15%	10%	5%

Comprehensive and LifeTime Benefits (A – D)

Comprehensive Plus and LifeTime Plus Benefits (A – G)

The Severe Illness Benefit covers illnesses affecting all major physiological and anatomical systems of the body:

- Heart and artery
- Respiratory
- Connective tissue
- Ear, nose and throat
- Cancer
- Gastrointestinal
- Eye
- Musculoskeletal
- Nervous system
- Urogenital tract and kidney
- Advanced AIDS/accidental HIV
- Endocrine and metabolic

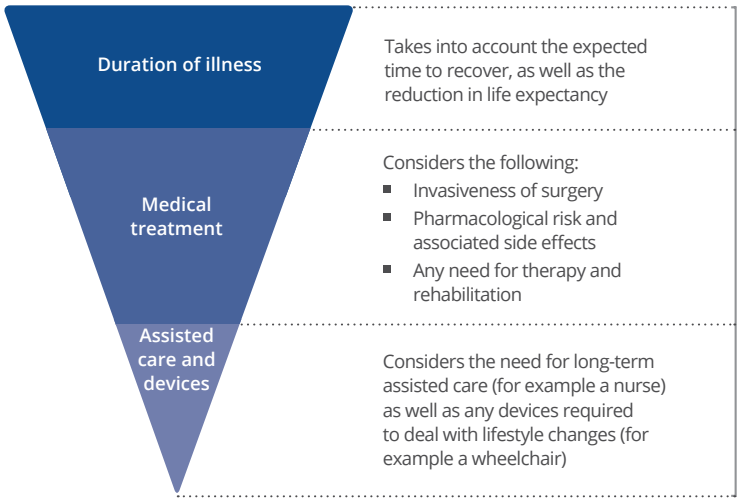
LifeTime Severe Illness Benefit

The payouts adjust dynamically according to the long-term impact of the severe illness.

The LifeTime Model

The traditional severity-based approach to severe illness cover takes into account the initial clinical impact of a severe illness. In addition, Discovery's LifeTime Benefit considers the long-term impact of a severe illness, as illustrated below.

Factors considered



These factors determine the number of LifeTime Severity upgrades and resultant benefit payout you receive:

NUMBER OF LIFETIME SEVERITY UPGRADES	ADDITIONAL PAYOUT PERCENTAGE
0	0%
1	25%
2	50%
3	75%
4	100%

Additional payout based on number of financial dependants

Recognising that the impact of an illness increases based on the number of financial dependants a client has when claiming, Discovery Life will pay an additional 5% of the client's cover amount for each dependant (up to a maximum of 15%). This applies to Severity A and B conditions that qualify for at least two LifeTime Severity Upgrades.

Selecting a LifeTime Max

To enable greater flexibility, clients will be able to choose their LifeTime Max percentage. This is the maximum that can be received for an illness, taking the base severity and number of LifeTime Severity Upgrades into account. Clients can choose a LifeTime Max percentage of 100% or 200%, depending on their individual needs. A LifeTime Max of 100% means that the payout for an illness will be increased by the LifeTime Severity Upgrades applicable to that illness, provided the total payout is still less than or equal to 100%.

The additional payout based on the number of financial dependants is not subject to the LifeTime Max.

LifeTime Severe Illness Benefit in action

CONDITION	QUADRIPLEGIA	PERMANENT INABILITY TO PERFORM 3 OUT OF 6 ACTIVITIES OF DAILY LIVING	STAGE 1 CANCER
Severity	A (100%)	B (75%)	D (25%)
LifeTime Upgrades	4 (100%)	3 (75%)	3 (75%)
LifeTime Payout with 200% Max	200%	150%	100%
LifeTime Payout with 100% Max	100%	100%	100%
Number of dependants at date of claim	1	3	4
Additional payout according to your number of dependants	5%	15%	0%

Key features of the LifeTime Severe Illness Benefit

- Some of the highest payouts on the market with a minimum payout of 100% for all SCIDEP conditions.
- Efficient and dynamic matching of the payout to the long-term impact of the illness ensures an appropriate level of cover for each illness.
- The level of cover adjusts with the number of financial dependants.
- Claims assessment is based on a transparent clinical model that objectively measures the lifestyle impact of a severe illness.
- A market-first Cancer Relapse Benefit, providing a comprehensive multiple claims facility for relapses of cancer.

Technical details

- The LifeTime upgrades apply to illnesses of Severity levels A to D.
- The LifeTime Severity Upgrades do not apply to the Child and Parent Severe Illness Benefits.
- The LifeTime upgrades may be updated to reflect advances in medical technology and treatment protocols.
- For every set of related claims, a maximum of three LifeTime Severity Upgrades will be payable (four upgrades on LifeTime Max 200%).
- Additional payouts for the number of dependants at the time of claiming is only applied once for a set of related conditions.
- The Life Fund will be reduced by the full LifeTime payout.
- The Cancer Relapse Benefit is available on all Life Plans except the Essential Life Plan.

Unique features of Discovery Life's Severe Illness Benefit

An extensive multiple claims facility

On the Smart, Classic, Dollar and Purple Life Plans, multiple claims are permitted for illnesses that have progressed, as well as for future related and unrelated illnesses. Non-progressive illnesses will be covered whether the severity of the subsequent illness is of a higher, lower or same severity as the first claim, and the full applicable severity level is paid.

Furthermore, the total amount that clients can receive under their Severe Illness Benefit is uncapped, which means that subsequent claims can be made, provided they have an amount remaining in their Life Fund, or have the non-accelerated benefit.

The Cancer Relapse Benefit

This benefit provides a comprehensive multiple claims facility for cancer and is automatically included in the LifeTime Severe Illness Benefit options on Smart, Classic, Dollar and Purple Life plans. The Cancer Relapse Benefit allows a clients to receive a subsequent claim under their Severe Illness Benefit on the relapse of cancer, if the client has been in remission for at least one year.

The benefit pays on a cancer relapsing to Severity A-D where an initial payout or (payouts) under severity A-D of the Severe Illness Benefit were already paid for the cancer, regardless of the subsequent severity level.

The payout from the Cancer Relapse Benefit depends on the LifeTime Max selected. Clients who select the 100% LifeTime Max will receive an additional payout of 50% of their Severe Illness Benefit sum assured on a qualifying relapse of cancer. Clients who select the 200% LifeTime Max will receive an additional 100% of their sum assured.

The Cancer Relapse Benefit will be paid out in addition to the normal progressive cancer payouts. A maximum of two relapse payouts are payable for a set of related cancers over the duration of the policy.

Cover will never drop below a specified level

By adding the Minimum Protected Fund, the Life Fund will never drop below a specified level, regardless of previous claims. The Minimum Protected Fund is automatically included under the non-accelerated Severe Illness Benefit. Discovery Life's Smart, Classic, Dollar and Purple Life Plans reinstate cover not only for unrelated future illnesses, but also for related illnesses.

The Essential Life Plan also reinstates cover, but the maximum Severe Illness Benefit payout is limited to 200% of the Severe Illness Benefit amount for each set of related claims, where the accelerated benefit version has been selected with the Minimum Protected Fund.

The Early Cancer Benefit

This benefit is automatically included in the Comprehensive Plus and LifeTime Plus Severe Illness Benefits.

The Early Cancer Benefit provides cover against 17 in situ cancer categories with a payout of between 5% and 15% of the Severe Illness Benefit sum assured. Multiple payouts are possible, but are capped at a maximum claim amount of R100 000 per person (up to R160 000 based on whether the client has the Cover and Financial Integrator), per policy. This maximum can be increased as follows by adding the Cover Integrator (CI) and Financial Integrator (FI) to a policy. No claims will be payable if the diagnosis is made in the first six months following the commencement of this benefit.

Cancer Exome Sequencing Benefit

This provides a lump sum of R35 000 on Purple Life Plans and $3 000 on Dollar Life Plans to assist in funding the cost of exome sequencing of certain high-risk tumours. The benefit is automatically included under the Severe Illness Benefit on Purple and Dollar Life Plans. This benefit is paid in addition to any other payout under the client's Severe Illness Benefit sum assured. A payout from this benefit will not reduce the Life Fund.

Multiple claims can be made under this benefit for a sequence of unrelated cancers, subject to an overall maximum of R105 000 on Purple Life Plans and $9 000 on Dollar Life Plans.

Clients will qualify for access to this benefit on a predefined list of cancers, only in instances where the treating oncologist has recommended that the tumour sequencing is necessary.

The Intensive Care Benefit

This benefit is automatically included on all Severe Illness Benefit options and provides cover for intensive care unit admissions for both natural illnesses and unnatural trauma events.

Children and parents are automatically covered at no extra cost on the Classic and Purple Life Plans

The severe illness of a child or parent can have a significant impact on a client's lifestyle.

Discovery Life's Severe Illness Benefit automatically includes child severe illness cover and the ParentCare Benefit at no additional cost.

- Children are covered for the same illnesses that the main insured person is covered for.
- Cover for parents is based on their inability to perform defined Activities of Daily Living.
- Your clients can also buy additional cover for children, with the Child Severe Illness Benefit.
- Payouts from these benefits have no impact on the Life Fund.

Whole-of-life cover

Clients can choose cover until age 65, or for whole of life.

Access to some of the best medical practitioners and facilities in the world through the Global Treatment Benefit

Discovery Life's Global Treatment Benefit can help clients to get the best possible treatment through our network of international healthcare facilities.

This benefit, included in the Severe Illness Benefit on the Smart, Classic, Dollar and Purple Life Plans, allows clients to get up to 180% (250% under the latest Severe Illness Benefit on Purple and Dollar Life Plans) of their benefit if they choose to use an overseas treatment facility, at no additional cost.

How it works

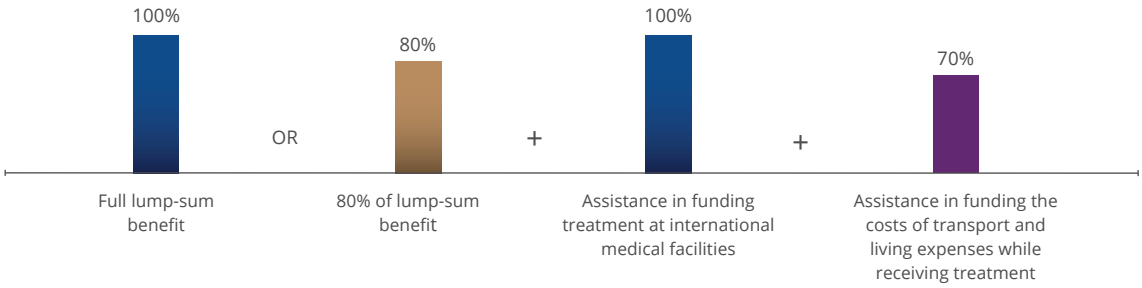
Option 1: Client chooses to have the treatment done in South Africa.

- Clients will get their normal benefit.

Option 2: Client chooses to have the treatment overseas.

- Clients will receive 80% of the normal lump sum, plus the actual cost of the treatment at the overseas facility (up to the maximum payout the client would have received under option 1, less the amount that Discovery Health would have paid if the procedure was done in South Africa).
- The Severe Illness Benefit on Purple and Dollar Life Plans will also provide an additional payout of up to 70% (limited to R3 000 000 on Purple Life Plans and $300 000 on Dollar Life Plans) of the benefit payout in option 1. This is to assist with any travel accommodation and living expenses relating to the qualifying treatment for the illness overseas. This includes a daily allowance of up to $600 to assist in funding the costs of accommodation and living expenses incurred while receiving treatment for the claimed condition overseas. This effectively allows clients on Purple and Dollar Life Plans to receive up to 250% of their Severe Illness Benefit sum assured for qualifying illnesses treated overseas.
- The illness must be between Severity A and D to qualify. In order for Purple and Dollar Life Plan clients to qualify for the additional payout of up to 70%, the illness must be treated with a qualifying treatment overseas, according to the list in the Life Plan Guide.
- This benefit will expire on the earlier of the Severe Illness Benefit expiry age and the client's 75th birthday.

Refer to the Life Plan Guide for the full list of qualifying criteria.



* For illnesses treated with qualifying treatments overseas on Purple and Dollar Life Plans

Non-accelerated Severe Illness Benefit

Clients have the flexibility of choosing the non-accelerated Severe Illness Benefit. This ensures that any Severe Illness Benefit claims will not reduce the Life Fund. On the Smart, Classic and Purple Life Plans, the non-accelerated Severe Illness Benefit will automatically reinstate 14 days after each claim for unrelated and non-progressive related future illnesses. It will reinstate to the same level that it was before the claim to ensure that cover never runs out.

On the Essential Life Plan, the maximum payout for a set of related claims is 100% of the cover amount.

Payouts for Standardised Critical Illness Definitions Project (SCIDEP) conditions

Comprehensive and Comprehensive Plus Severe Illness Benefit

FIRST CLAIM				
Event	**SCIDEP Level A**	**SCIDEP Level B**	**SCIDEP Level C**	**SCIDEP Level D**
Heart attack	100%	75%	50%	25%
Coronary Artery by-pass graft (CABG)	100%	50%	50%	50%
Stroke	100%	100%	100%	50%
Cancer	100%	100%	50%	25%

LifeTime and LifeTime Plus Severe Illness Benefit (100% LifeTime Max)*

FIRST CLAIM				
Event	SCIDEP Level A	SCIDEP Level B	SCIDEP Level C	SCIDEP Level D
Heart attack	100%	100%	100%	100%
Coronary Artery by-pass graft (CABG)	100%	100%	100%	100%
Stroke	100%	100%	100%	100%
Cancer	100%	100%	100%	100%

LifeTime and LifeTime Plus Severe Illness Benefit (200% LifeTime Max)*

FIRST CLAIM				
Event	SCIDEP Level A	SCIDEP Level B	SCIDEP Level C	SCIDEP Level D
Heart attack	150%	100%	100%	100%
Coronary Artery by-pass graft (CABG)	125%	100%	100%	100%
Stroke	175%	175%	175%	100%
Cancer	150%	150%	100%	100%

* Up to 15% in addition to above percentages based on number of financial dependents.

Estate Planning Benefit

- Allows clients to select a sum assured equal to any estate duties payable.
- Pays out the sum assured on the last death of either the main insured person or spouse on the Life Plan.
- After the first death, allows clients to access a portion of their Estate Planning Benefit sum assured before the second death.
- Accelerates payout from this benefit if the surviving spouse suffers a terminal illness.

When a client passes away, any money, property and belongings that they leave behind to their family will form part of their estate. Their estate is taxable through an Estate Duty of up to 20%, which becomes payable on the last to die of the main insured person and their spouse, if their spouse inherited their estate. The Estate Planning Benefit provides a lump-sum payout after both your client and their spouse have passed away to protect their estate against this tax, while providing a market-first feature of allowing your client to access a portion of the payout after the first death.

Key features of the Estate Planning Benefit

Premium affordability after first death

To ensure affordability of this benefit after a death, on the first death of either the main insured person or spouse, the premium for the Estate Planning Benefit will end and the sum assured will lock in, with no further increases for the remaining term of the policy.

Access the payout before the second death

The Estate Planning AccessCover Benefit gives your clients the ability to access up to 30% of their Estate Planning Benefit sum assured, at any time after the first death. The amount that they receive for each rand converted is based on certain conversion factors that depend on the age of the surviving spouse at the time of the first death, as displayed in the table below.

AGE NEXT BIRTHDAY OF THE SURVIVING SPOUSE AT THE DATE OF THE FIRST DEATH	QUALIFYING CONVERSION PERCENTAGE
59 and younger	Not applicable
60 – 69	25%
70 – 74	40%
75 – 79	50%
80 – 84	60%
85 and older	80%

Payout made on second death

This benefit (less any amount accessed prior to the last death) will pay out on the last death of either the main insured person or spouse on the Life Plan. It will also pay out on terminal illness of the last surviving spouse.

Technical details

- Only available on Purple, Classic and Essential Life Plans with minimum and maximum entry ages that are the same as the Life Cover Benefit.
- Also available on Life Plans that have the Discovery Retirement Optimiser.
- Only available as a non-accelerated benefit and the Cover and Financial Integrator Funds will not apply to this benefit.
- The maximum of the main insured person and spouse's age will be used to determine the annual contribution increase for this benefit.
- To qualify for this benefit, a spouse must be added to the policy, but they are not required to have any other benefits on the Life Plan in order to qualify.
- The Estate Planning AccessCover benefit is only available if both the main insured person and spouse have no exclusions and are younger than age 60 next birthday when the Estate Planning Benefit starts.
- The Estate Planning AccessCover Benefit may only be exercised once, ever.
- The Estate Planning Benefit will not be used to determine if the policy qualifies for Comprehensive Integration. In addition, the premiums for the Estate Planning benefit will form part of the PayBack calculation.
- Please refer to the Life Plan Guide for full details about this benefit.

Supplementary Illness Benefit

- Provides lump-sum payouts on qualifying illnesses typically associated with high treatment costs and co-payouts, as well as access to advanced genomic sequencing for certain cancers to inform the optimal treatment regime.
- Provides premium protection for the client's Discovery Health Medical Scheme, Vitality and Illness Benefit contributions for up to two years on qualifying life-changing events.
- Provides monthly paymouts to assist with home support needs, such as home nursing.
- Provides premium PayBacks of up to 25% every year.

While clients may have existing medical scheme cover, unexpected medical costs can place significant financial strain on the client's family. These costs can occur, for example, when being treated in a hospital by a specialist who charges more than the amount that the medical scheme pays, or if a life-changing health event occurs that requires expensive breakthrough treatment.

Discovery has combined its insurance and healthcare expertise to deliver an innovative, cost-effective solution that provides additional financial protection and reduced exposure to these unforeseen costs.

Key features of the Supplementary Illness Benefit

Medical Breakthrough Funder

If a client experiences a life-changing event that meets the criteria for making a claim, the Medical Breakthrough Funder will pay a tax-free lump sum of up to R500 000.

This benefit can be used to fund high-cost breakthrough treatments not fully covered by the medical scheme, or it can be put towards any other financial need that the client may have. The amount paid out depends on the condition and on the payout band the qualifying condition falls into:

MEDICAL BREAKTHROUGH FUNDER CATEGORY AMOUNTS			
Category 1	**Category 2**	**Category 3**	**Category 4**
R50 000	R125 000	R250 000	R500 000

The Medical Breakthrough Funder will also provide funding of up to $3 000 for advanced genomic sequencing of certain cancers. This will apply in instances where it has been recommended by the treating oncologist and where an international provider has been used. The Cancer Exome Sequencing Benefit payout is in addition to the amounts defined in the table above, but will be included in the maximum amount that is payable per entity.

Multiple payouts can be made for unrelated qualifying conditions, up to the maximum claim amount of R1 000 000 per person. If the client qualifies under more than one definition at the same time, the payout will be based on the condition that provides the highest benefit payout.

The medical definitions and applicable payout bands for the conditions will be reviewed yearly to ensure relevant cover throughout the duration of the client's policy.

Comprehensive Premium Protector

In the event that the client passes away or suffers a qualifying severe illness or disability, the Comprehensive Premium Protector pays the family's monthly medical scheme contributions for up to two years. Illness Benefit and Vitality premiums will also be covered under this benefit. The benefit payouts will increase in line with the applicable Discovery Health Medical Scheme contribution each year.

This benefit also provides members with the option to upgrade to a Classic Comprehensive Health Plan in claim, in accordance with the Discovery Health Medical Scheme rules.

The benefit will not cover any new members added to the Health Plan during the benefit payout term, except in the event of a baby being born to the client or their spouse within nine months after the commencement of the benefit payout term.

Benefits will be payable directly to Discovery Health Medical Scheme.

Home Support Benefit

If the client experiences a life-changing event that meets the criteria mentioned below, Discovery Life will make monthly payouts of R10 000 for one year to cover the cost of any additional expenses that the client may encounter, such as home nursing and other medical needs.

Criteria:

- Unable to perform three self-care Activities of Daily Living, or
- Impaired in performing six self-care Activities of Daily Living or
- Permanent, full-time admission to a registered frail care facility, hospice or nursing home

Once a payout has been made, the benefit will fall away.

The monthly benefit amount will be reviewed yearly to ensure relevant cover throughout the duration of the policy.

If the insured person dies while in claim, the benefit will stop and no further payouts will be made.

Annual PayBack

Clients can get back up to 25% of their premiums paid over the previous year for managing their health and wellness and for good driving behaviour.

The PayBack percentage depends on the client's Vitality and Vitality Drive status as at 90 days before the Plan Anniversary, as specified in the table below.

VITALITY STATUS					
Vitality Drive status	**Blue**	**Bronze**	**Silver**	**Gold**	**Diamond**
None/Blue/Bronze	0%	5%	7.5%	10%	15%
Silver	5%	10%	12.5%	15%	20%
Gold/Diamond	10%	15%	17.5%	20%	25%

An active Vitality membership is required for a payout to be made.

The PayBack will be reduced by claim amounts paid during the year.

No PayBack is payable if premiums were waived.

Technical details

- The client must be on a scheme administered by Discovery Health to qualify for the Discovery Supplementary Illness Benefit product (this excludes KeyCare or similar income plans).
- The maximum entry age is 60 next birthday and the minimum entry age is 20 next birthday.
- Cover for all individuals will stop at the end of the month in which they turn 65. Cover for children will stop when they move to the adult dependant category on the Health Plan or at the end of the month in which they turn 21.
- The main insured person life qualifies for cover under the Medical Breakthrough Funder, Comprehensive Premium Protector and the Home Support Benefit. The spouse qualifies for cover under the Medical Breakthrough Funder and the Home Support Benefit. Children are automatically insured under the Medical Breakthrough Funder provided they are younger than 21.
- The Discovery Supplementary Illness Benefit product can be purchased without the Discovery Gap Cover product.
- There can be only one Discovery Supplementary Illness Benefit product per medical scheme plan. If the spouse is on a separate medical scheme plan, they will need to take out a separate Discovery Supplementary Illness Benefit policy.
- The spouse benefits automatically form part of the product and cannot be removed.
- If the Discovery Health Medical Scheme plan is cancelled or moved to the non-qualifying KeyCare Plans (or equivalent plans on other schemes), the Discovery Supplementary Illness Benefit policy will end.

Global Education Protector

The Global Education Protector covers the actual costs of your client's children's education, from crèche through to their tertiary education, if the main insured person or their spouse passes away, or suffers a severe illness or disability. If your clients actively manage their health and wellness, we will fund up to 100% of their children's tertiary education, subject to limits, even if they have not experienced a life-changing event such as a death or severe illness in their family.

The Global Education Protector includes a number of protection offerings to meet the needs of every family:

- Your client has the option to choose whether they want to be covered for disability, severe illness and death, or disability and severe illness only or only for death.
- On the Core and Private option they can choose whether or not to protect their children's education on these events happening to their spouse.
- To ensure they are protected according to their children's needs, they can select from our Core, Private or Dollar (only available on the Dollar Life Plan) Global Education Protector benefits, providing the same key benefits but at different levels of cover.

Protecting the education needs of your clients' children when they are unable to

Covering tuition and tertiary residence fees

- Both our Core and Private options cover the costs of local institutions from crèche to secondary school, and will also pay for tertiary studies, both locally and globally. The education costs will be covered up to a maximum, which varies based on the Global Education Protector Benefit selected. These maximums are revised annually in line with education inflation.
- The Dollar Global Education Protector provides true global education protection for your clients' children, at any international education institution, from crèche until they graduate from college. On this option, the actual tuition and residence fees (at tertiary education) will always be paid at the maximum amount set per phase of education, irrespective of the cost of the education facility attended. Any amounts left over after paying the fees, will be paid offshore either into a trust or into a selected offshore bank account. This amount can be used at your client's discretion.

The maximum amounts payable per phase of education and per Global Education Protector Benefit selected in 2019 are displayed in the table below.

		MAXIMUMS		
Phase of education	**Maximum number of years covered**	**Core**	**Private**	**Dollar**
Crèche	3	R12 773 a year	R51 327 a year	$5 440 a year
Pre-primary	2	R25 545 a year	R89 822 a year	$10 870 a year
Primary	7	R31 932 a year	R128 318 a year	$16 310 a year
Secondary school	5	R44 704 a year	R160 397 a year	$27 170 a year
Tertiary education tuition	An undergraduate degree or recognised trade diploma or certificate	R50 622 a year	R56 949 a year	$16 310 a year
Tertiary education residence	An undergraduate degree or recognised trade diploma or certificate	R25 311 a year	R37 966 a year	$7 610 a year

Cover at Ivy League Colleges

For select Ivy League Colleges (displayed below), the Private and Dollar Global Education Protector benefit options will provide higher maximums. The Private Global Education Protector will pay up until a maximum of $65 208 a year, which includes the cost of residence. On the Dollar Global Education Protector, $65 210 will be paid out for college tuition fees and $15 600 will be paid out for college residence fees if the child attends one of the Ivy League Colleges below while this benefit is in claim:

Brown University (USA)
California Institute of Technology (USA)
Cambridge University (UK)
Columbia University (USA)
Cornell University (USA)
Dartmouth College (USA)
Duke University (USA)
Harvard University (USA)
Johns Hopkins University (USA)
Massachusetts Institute of Technology (USA)
Northwestern University (USA)
Oxford University (UK)
Princeton University (USA)
Rice university (USA)
Stanford University (USA)
University of Chicago (USA)
University of Pennsylvania (USA)
Washington University in St Louis (USA)
Yale University (USA)

Annual lump sum providing holistic protection

Ensuring that your clients' children have all the necessary resources they need to excel in their education is key in our increasingly competitive world. To assist in your clients' children's endeavours, Discovery Life's Discretionary Lump-sum Benefit provides an annual lump sum in claim to assist in funding the costs of:

- Uniforms
- Stationery and textbooks
- Technology (such as laptops and iPads)
- Tutoring and extra lessons
- Transport costs
- School trips

Clients will not have to prove these expenses while in claim. The Discretionary Lump-sum Benefit will differ for the different Global Education Protector products for each phase of education, as set out in the table below.

	LUMP SUM PAYABLE		
Phase of education	**Core**	**Private**	**Dollar**
Crèche	R6 386 a year	R12 832 a year	$1 640 a year
Pre-primary	R6 386 a year	R12 832 a year	$1 640 a year
Primary	R6 386 a year	R12 832 a year	$2 180 a year
Secondary school	R9 579 a year	R19 248 a year	$3 270 a year
Tertiary education (including Ivy League Colleges)	R12 655 a year	R31 639 a year	$8 700 a year

Rewarding achievements through the Bursary CashBack Benefit

If your clients' children receive a full or partial bursary while this benefit is in claim, the Bursary Cashback Benefit rewards this achievement by providing an additional payout equal to the fees being covered by the bursary. The additional payout will be subject to the relevant maximum applicable to the benefit option that the client is covered under and on the covered child's phase of education at the time.

Funding up to 100% of tertiary education fees, even if no claim is made

With the Global Education Protector from Discovery Life, not only can your clients ensure that their children's education is comprehensively protected, but they can channel the risk surplus created through their health and wellness management into funding up to 100% of their children's tertiary tuition fees (subject to maximums), even if they don't claim.

How the University Funder Benefit works

- The total number of years of tertiary tuition fees applicable to the University Funder Benefit is based on the age of their child at the start date of this benefit.

ACTUAL AGE OF CHILD AT BENEFIT START DATE	NUMBER OF YEARS FUNDED
Below age 5	3
Between age 5 and 9	2
Between age 10 and 12	1
13 years or older	not applicable

- We will automatically fund 10%* of your clients' children's tertiary tuition fees at the start of their policy. By engaging in Vitality each year, clients can increase the percentage of their children's tertiary tuition fees that are funded to up to 100%*, based on the adjustments in the table below:

	VITALITY STATUS				
	Blue	**Bronze**	**Silver**	**Gold**	**Diamond**
Additional percentage of tertiary tuition fees funded each year*	0.5%	1.5%	3%	4%	5%

** If the Core condition is selected, half of these percentages will apply.*

- At the beginning of the year that the child first attends a qualifying tertiary education institution, Discovery Life will calculate the accumulated percentage earned to date, and then fund that percentage of the child's actual tuition fees (subject to a specified rand maximum).
- The following are the maximum tertiary tuition fees covered by the University and College Funder Benefits: Core R40 000, Private R45 000, Dollar $15 000. These benefit maximums will grow each year by a factor that takes education inflation into account, subject to a maximum of CPI+3%.

Technical details

Who qualifies?

- This benefit will be available as both an ancillary to a Life Plan and as a standalone benefit.
- The maximum entry and expiry ages for the Global Education Protector are 60 and 85 next birthday respectively.

University Funder Benefit

- A client must be a member of Vitality to qualify for the University or College Funder Benefit. If a client cancels their Vitality membership or lapses or removes their Global Education Protector, the University and College Funder Benefit and all accrued percentages will fall away.
- This benefit will cover tuition fees only and will not cover residence or any other costs.
- If the child does not attend a qualifying tertiary education institution, Discovery Life will make a once-off payout equal to 50% of their accumulated percentage earned to date, multiplied by the relevant annual University or College Funder Benefit maximum applicable to that benefit option.
- If a client switches between the different Global Education Protector Benefit options, their University Funder Benefit and accrued percentages may be adjusted accordingly.

Integration

- The Global Education Protector doesn't qualify for the Vitality Rating discount and because of the University Funder Benefit, its premiums do not form part of the PayBack Benefit.

Claiming

- Discovery Life will need proof of enrolment, proof of fees and, if applicable, the previous year's education results.
- All registered education institutions (public and private schools, schools for learners with special education needs and home schooling) as set out in the South African Schools Act, 1996, are included in this benefit. In terms of tertiary education, all South African universities are included, as well as technikons and recognised institutions providing trade-based certification (for example plumbing and electrical). Cover is also provided within Discovery's global network of universities.
- If the Severity A Severe Illness Benefit criteria or Category A or D Capital Disability Benefit criteria are met, the Global Education Protector will meet the cost of the remaining years of education (if the death, severe illness and capital disability benefit underpin is selected).
- For a full explanation of these benefits, please refer to the relevant Life Plan Guide.

Medical Premium Waiver

- Protecting the healthcare contributions of a client's family.
- Covers the cost of medical scheme contributions for up to 10 years in the event of death, disability or severe illness.

The Medical Premium Waiver has been specifically designed to cover a family's healthcare needs. It ensures that if something happens to the client, their family's medical aid costs will continue to be met. This protects the family against high healthcare costs, which they would otherwise had to pay privately.

This benefit is a critical element of financial planning. While a client may have existing life, disability or severe illness cover, there are often other needs that these payouts have to go towards. The Medical Premium Waiver ensures that there will be enough funds available to cover the family's health plan contributions.

How the Medical Premium Waiver works

If a client experiences a qualifying life-changing event, Discovery Life will make monthly payouts for either five or 10 years (depending on the option the client selects) equal to the client's Discovery Health contributions.

Monthly payouts are equal to the contributions for the Health Plan the client was on at the time of the life-changing event.

Premiums for the Medical Premium Waiver will be waived for the full benefit payout term for a valid claim.

The benefit payouts will be increased annually in line with the increase rate of Discovery Health Medical Scheme Plan, subject to a maximum increase of 20% a year.

Life-changing events covered

- Death
- Severe Illness (according to the Severity A Severe Illness Benefit criteria)
- Disability (according to the Category A Capital Disability Benefit criteria)

Technical details

Qualifying criteria

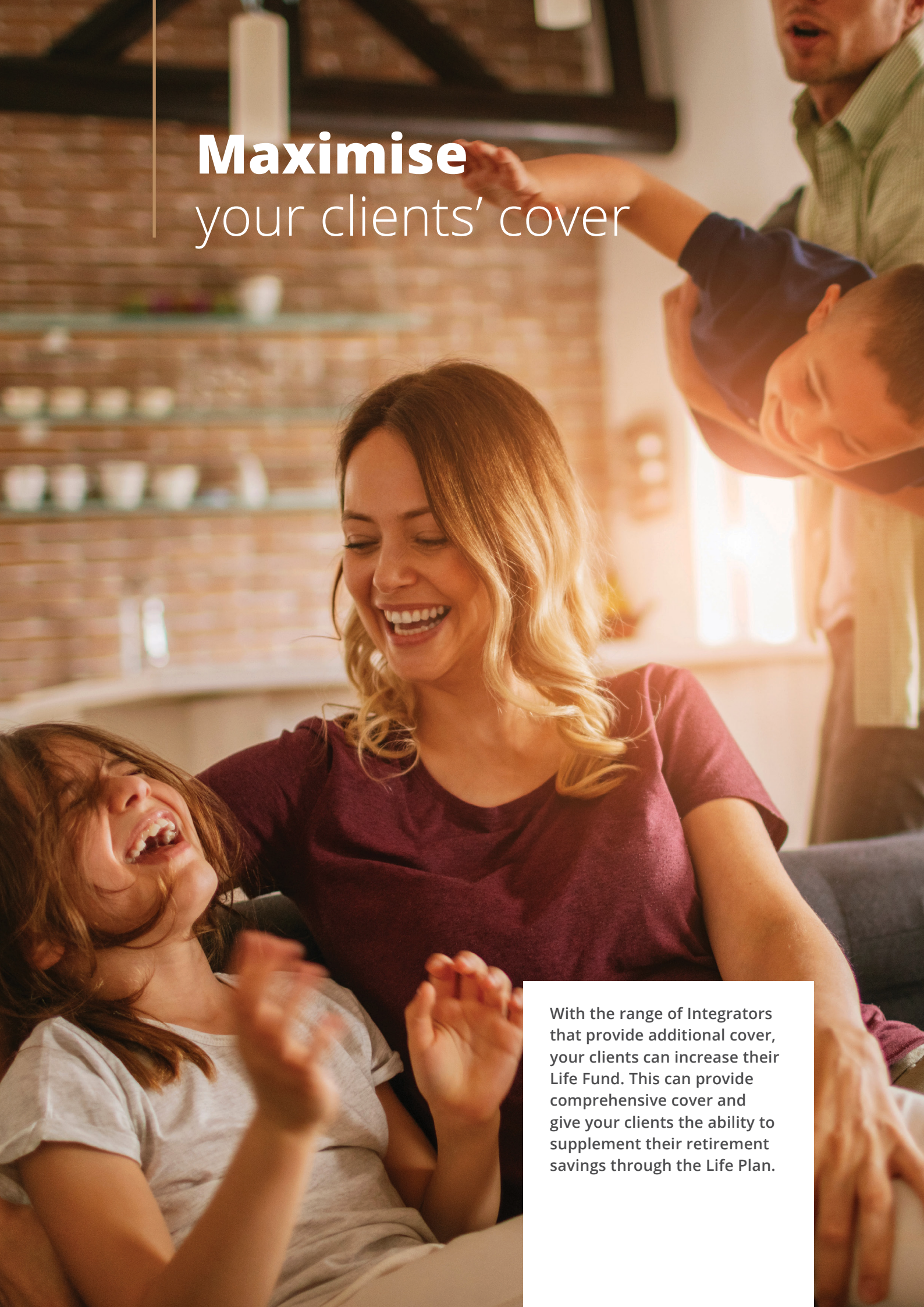
- No medical tests are required to qualify for the benefit; however, clients can be declined based on their answers to the medical questions in the application form.
- This benefit is only available to the main insured person of the Discovery Health Medical Scheme plan.
- The benefit is not available to clients with a Health Plan Protector on the same Discovery Health Medical Scheme plan.

When the benefit expires

- The benefit expires at the end of the month in which the main insured person turns 65.
- If there has been a claim for a life-changing event before the end of the month in which the client turns 65, the benefit will expire at the end of the selected benefit payout term.
- Once a claim has been admitted for death, severe illness (Severity A) or disability (Category A), no further claims may be submitted.

Premiums

- The premium for the benefit will increase on policy anniversary every year, by the sum of the most recent rate increase applicable to the Discovery Health Medical Scheme plan and an age-related increase.



Maximise your clients' cover

With the range of Integrators that provide additional cover, your clients can increase their Life Fund. This can provide comprehensive cover and give your clients the ability to supplement their retirement savings through the Life Plan.

Cover and Financial Integrator

- Cover that dynamically adjusts with your client's level of health and wellness.
- Access to discounted rates and the Annual Guaranteed PayBack Benefit.
- Significant payouts in retirement through the Cash Conversion Benefit.

The Cover Integrator gives clients the ability to increase their Life Fund at an average saving of 50% on the increased cover, while the Financial Integrator gives clients access to the Annual Guaranteed PayBack Benefit.

How do the Integrator Funds work?

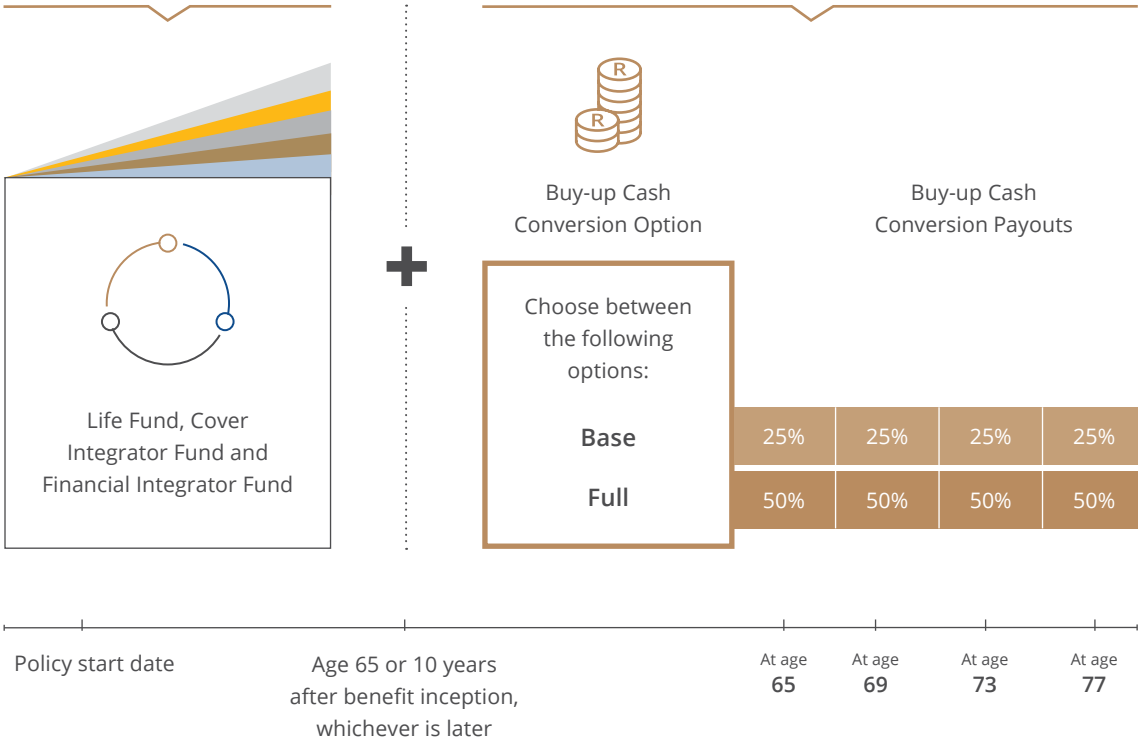
The level of the Integrator Funds may change on a yearly basis depending on the client's level of health and wellness, but clients are always protected, with the ability to increase their cover to the original level.

Clients can also choose to buy up their Cover Integrator Fund and Financial Integrator Funds by paying an additional premium for the Buy-up Cash Conversion benefit. This enables them to receive four equal benefit payments from age 65, payable in four-yearly intervals (that is, ages 65, 69, 73, 77). All clients qualify for the Base Buy-up Cash Conversion benefit (100% of the Integrator Funds), while clients that have a high take-up of ancillary benefits can qualify for the Full Buy-up Cash Conversion benefit (200% of the Integrator Funds).

At age 65*, the client's cover continues without any further health and wellness adjustments.

* The later of age 65 and 10 years after the benefit inception age

How the Cover and Financial Integrators work



01 | Increase your client's cover

The Cover and Financial Integrator Funds can be selected to be equal to either 20% or 40% of the Life Fund, subject to a combined maximum of 60% of the Life Fund.

02 | The increased cover will fluctuate on a yearly basis, depending on:

- Vitality status and qualifying health claims (Health Integrator)
- Vitality status only (Vitality Integrator)
- Vitality Active status (Active Integrator).

03 | Buy up to 200% of the Cover and Financial Integrator Funds

The Buy-up Cash Conversion Benefit allows the client to receive 100% (through Base Buy-up) or 200% (through Full Buy-Up) of their Integrator Fund value at age 65 in four equal instalments at ages 65, 69, 73 and 77 to supplement retirement savings.

04 | Cover is maintained after age 65*

The Integrator Funds will continue for whole of life, with no additional health and wellness adjustments after age 65*

* The later of age 65 and 10 years after the benefit inception age

Integrated Cover Adjustments

- The annual health and wellness adjustments depend on the selected Integrator Fund percentage and the Life Plan type.
- These adjustments are expressed as a percentage of the relevant Integrator Fund plus the Life Fund.
- The adjustment percentages specified in the following matrices apply to both the Cover and Financial Integrator Funds.

ACTIVE INTEGRATOR		
Vitality status	**20% option**	**40% option**
Blue	-0.35%	-0.60%
Bronze	-0.12%	-0.20%
Silver	0.12%	0.20%
Gold/Diamond	0.35%	0.60%

VITALITY INTEGRATOR		
Vitality status	**20% option**	**40% option**
Blue/ None	-0.35%	-0.60%
Bronze	-0.175%	-0.30%
Silver	0%	0%
Gold	0.175%	0.30%
Diamond	0.35%	0.60%

2020 Health Integrator integrated cover adjustment matrices

- Included below is an example matrix for a Comprehensive Health Plan. For the full list of Health Integrator integrated cover adjustment matrices across all Discovery Health Plans, please see Appendix 1, Section D.

COMPREHENSIVE HEALTH PLAN											
		20% option					40% option				
	Health Claims (R)	Blue/ None	Bronze	Silver	Gold	Diamond	Blue/ None	Bronze	Silver	Gold	Diamond
Main insured person only	0 – 3 995	-0.150%	0.000%	0.250%	0.400%	0.750%	-0.250%	0.050%	0.400%	0.750%	1.275%
	3 996 – 5 855	-0.250%	-0.150%	0.150%	0.350%	0.580%	-0.350%	-0.250%	0.250%	0.650%	1.000%
	5 856 – 8 177	-0.300%	-0.250%	0.100%	0.300%	0.440%	-0.500%	-0.400%	0.100%	0.500%	0.750%
	8 178 – 16 572	-0.450%	-0.300%	0.000%	0.200%	0.290%	-0.750%	-0.550%	-0.050%	0.350%	0.500%
	16 573 – 23 799	-0.500%	-0.450%	-0.100%	0.100%	0.150%	-0.900%	-0.750%	-0.200%	0.150%	0.250%
	23 800 – 39 553	-0.550%	-0.500%	-0.150%	0.050%	0.090%	-1.000%	-0.850%	-0.350%	0.000%	0.150%
	39 554+	-0.620%	-0.550%	-0.200%	-0.050%	0.000%	-1.070%	-0.950%	-0.500%	-0.150%	0.000%
Family	0 – 5 331	-0.150%	0.000%	0.250%	0.400%	0.750%	-0.250%	0.050%	0.400%	0.750%	1.275%
	5 332 – 8 407	-0.250%	-0.150%	0.150%	0.350%	0.580%	-0.350%	-0.250%	0.250%	0.650%	1.000%
	8 408 – 16 572	-0.300%	-0.250%	0.100%	0.300%	0.440%	-0.500%	-0.400%	0.100%	0.500%	0.750%
	16 573 – 24 638	-0.450%	-0.300%	0.000%	0.200%	0.290%	-0.750%	-0.550%	-0.050%	0.350%	0.500%
	24 639 – 39 565	-0.500%	-0.450%	-0.100%	0.100%	0.150%	-0.900%	-0.750%	-0.200%	0.150%	0.250%
	39 566 – 55 560	-0.550%	-0.500%	-0.150%	0.050%	0.090%	-1.000%	-0.850%	-0.350%	0.000%	0.150%
	55 561+	-0.620%	-0.550%	-0.200%	-0.050%	0.000%	-1.070%	-0.950%	-0.500%	-0.150%	0.000%

Technical details

- Maximum entry age is age 66 next for the Integrator Fund and 56 next for the Buy-up Cash Conversion.
- An additional premium will be payable if a client selects the Base or Full Buy-up Cash Conversion. The additional premium does not add to the PayBack benefit and ends when the last Cash Conversion instalment is paid. The premium will halve after each Cash Conversion instalment.
- On death before age 65, 100% of the Buy-up Cash Conversion premiums will be returned. In the case of death between ages 65 and 77, if the client has paid more in premiums for the benefit than what they have received in payouts, the excess premiums will be returned. There will be no further Cash Conversion payouts if the benefit or policy is lapsed.
- The Integrator Funds are only available on Life Plans with an annual benefit increase higher than 0%.
- The Base and Full Buy-up Cash Conversion benefits are available on the Smart, Purple, Classic and Essential Life Plans.
- On the Dollar Life Plan, the maximum Buy-up Cash Conversion percentage is 50% and the full amount will be paid as a lump sum at age 65.
- The Buy-up Cash Conversion is reduced by claims. To protect against this, the Minimum Protected Fund or non-accelerated benefits should be selected.

Integrating your clients' cover

Integration offers clients a unique opportunity to benefit in a number of ways for actively managing their health and financial wellness. The Integrator range offers two solutions: the Comprehensive Integrator and the Core Integrator.

Both of these Integrators offer clients a choice of mechanisms that give them the ability to control their premium increases and to receive the PayBack Benefit on the Comprehensive Integrator.

Health Integrator

An integrated approach that protects and improves a client's health and lifestyle

Discovery Life gives clients who are members of participating medical schemes administered by Discovery Health (Pty) Ltd and Vitality the unique opportunity to benefit from the Health Integrator. The Health Integrator is designed to work over a client's entire lifetime. It provides clients with upfront discounts on their Life Plan premiums and gives them the power to influence future premiums by actively managing and improving their health and lifestyle.

How the Health Integrator works

01 | Initial premiums are lower

- Discovery Health and Vitality members enjoy reduced premiums from the start of the policy.
- The reduction is as follows:

		STANDARD/ACCELERATER		FLEXRATER	
Integrators		**Comprehensive Integrator**	**Core Integrator**	**Comprehensive Integrator**	**Core Integrator**
Health Plans	Executive/ Comprehensive /Priority	20%	10%	15%	7.5%
	Core/Saver	17.5%	8.75%	15%	7.5%

02 | Future premiums are determined by the Personal Health Matrix, which uses the following:

- Discovery Health claims, including:
  - Chronic and in-hospital benefits linked to the insured persons on the Discovery Life Plan
  - Medical expenses accumulating towards and above the Above Threshold Benefit for the main insured person and spouse on the Discovery Health Medical Scheme plan.
- Vitality status at policy anniversary.

The following claims are excluded

- All out-of-hospital health claims on Core Health Plans
- All child claims (regardless of whether they are an insured person on the Life Plan)
- All adult dependant claims accumulating towards and above the Above Threshold Benefit
- One general or routine check-up with a GP annually for each insured person
- All childbirth claims
- Optometry
- Dentistry
- Registered counsellors
- Social workers
- Dietitians
- Hearing aid acousticians
- Podiatrists
- Speech therapists and audiologists
- A range of preventive screening tests (see the Life Plan Guide for details)

- Included below is an example matrix for a Family: Classic Comprehensive Health Plan. For the full list of premium adjustment matrices across all Discovery Health Plans, please see Appendix 1, Section A.

Personal Health Matrix 2020

FAMILY: COMPREHENSIVE HEALTH PLAN					
	Vitality status				
Health claims (R)	Blue	Bronze	Silver	Gold	Diamond
0 – 5 331	0.00%	-0.25%	-0.75%	-1.75%	-2.25%
5 332 – 8 407	1.50%	1.25%	0.25%	-0.85%	-1.25%
8 408 – 16 572	2.25%	2.00%	1.15%	-0.25%	-0.65%
16 573 – 24 638	2.90%	2.60%	1.70%	0.30%	0.00%
24 639 – 39 565	3.30%	3.05%	2.30%	0.55%	0.25%
39 566 – 55 560	3.65%	3.30%	2.65%	1.00%	0.50%
55 561+	3.75%	3.70%	3.25%	1.40%	0.90%

- A client cannot increase their Health Integrator premium discount to more than what they qualified for upfront.

03 | Certainty is enhanced by additional guarantees

- The premium will never be more than the premium a client would have paid on a similar non-Health-integrated plan for at least the first five years.
- After that, the premiums will never be more than the Maximum Protected Premium, as set out below:

Comprehensive Integrator

	STANDARD/ACCELERATER PLANS		FLEXRATER PLAN
Years	Executive/Comprehensive/ Priority Health Plans	Saver/Core Health Plans	All Health Plans
0 to 5	NI	NI	NI
6 to 10	NI +10%	NI + 7.5%	NI + 7.5%
11 to 15	NI + 15%	NI + 11.25%	NI + 15%
16+	NI + 20%	NI + 17.5%	NI + 15%

NI: Equivalent non-integrated premium

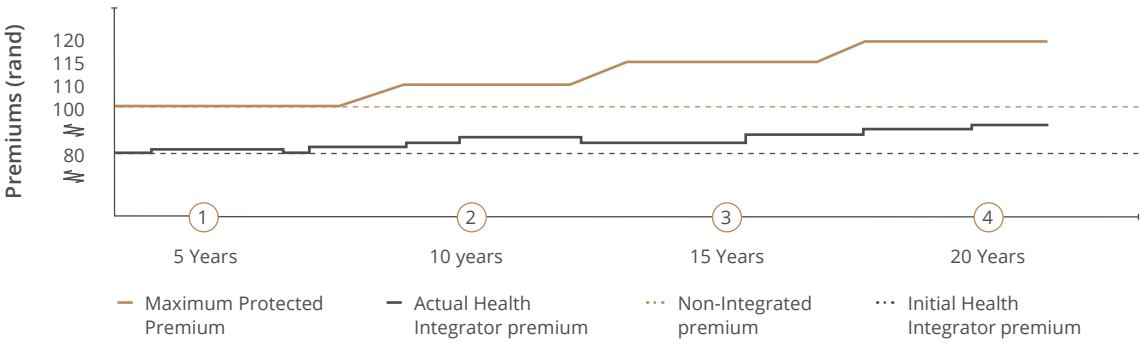
Core Integrator

	STANDARD/ACCELERATER PLANS		FLEXRATER PLAN
Years	Executive/Comprehensive/ Priority Health Plans	Saver/Core Health Plans	All Health Plans
0 to 5	NI	NI	NI
6+	NI + 10%	NI + 8.75%	NI + 7.5%

NI: Equivalent Non-Integrated Premium

- Certainty is further enhanced by the fact that Integrator adjustments will be capped at 0% on a policy that has a qualifying disability or severe illness claim.

Health Integrator in action



Note: This example applies to a Standard Plan with level premiums and benefits where members are on a Comprehensive Health Plan.

The Health Integrator provides excellent value for money as shown by the breakthrough and break-even terms illustrated below:

Health Integrator breakthrough term

Number of years before Health Integrator premiums exceed non-Health-integrated premiums

HEALTH CLAIMS (R)	BLUE	BRONZE	SILVER	GOLD	DIAMOND
0 – 5 080	Never	Never	Never	Never	Never
5 081 – 8 012	17	23	Never	Never	Never
8 013 – 15 793	11	13	23	Never	Never
15 794 – 23 480	9	10	15	Never	Never
23 481 – 37 706	7	8	11	Never	Never
37 707 – 52 949	7	7	10	45	45
52 950+	7	7	8	30	30

Health Integrator break-even term

Number of years before cumulative Health Integrator premiums exceed non-Health-integrated cumulative premiums

HEALTH CLAIMS (R)	BLUE	BRONZE	SILVER	GOLD	DIAMOND
0 – 5 080	Never	Never	Never	Never	Never
5 081 – 8 012	Never	Never	Never	Never	Never
8 013 – 15 793	26	Never	Never	Never	Never
15 794 – 23 480	20	31	Never	Never	Never
23 481 – 37 706	16	20	Never	Never	Never
37 707 – 52 949	15	17	Never	Never	Never
52 950+	15	16	28	Never	Never

Assumptions: Classic Life Plan, main insured person and spouse age 40 next birthday; Comprehensive Health Integrator, AcceleRater Plan; ABI = CPI and CPI = 4%; Classic Comprehensive Health Plan (family). The break-even term takes PayBack into account. The break-even term takes PayBack into account without the Double PayBack option.

The following benefits enable policyholders to build a financial asset in their risk policy by managing their health and wellness.

The PayBack Benefit

The PayBack benefit on Classic and Purple Life Plans provides clients with a significant financial reward every five years.

- The percentage of the premiums refunded depends on a client's Vitality status and their Discovery Health claims.
- The PayBack percentage applicable in each year varies between and within Core, Saver, Priority and Executive or Comprehensive plans and according to the number of insured persons on the Life Plan.
- The amount received in any five-year term will not be influenced by the experience in any previous five-year period.

Included below is an example matrix for a Family: Classic Comprehensive Health Plan. To view the full list of personal PayBack matrices across all Discovery Health Plans, please see Appendix 1, Section B.

Personal PayBack matrix:

FAMILY: CLASSIC COMPREHENSIVE HEALTH PLAN					
Health Claims (in rand)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 5 331	20.00%	27.50%	35.00%	42.50%	50.00%
5 332 – 8 407	15.00%	17.50%	25.00%	32.50%	40.00%
8 408 – 16 572	7.50%	10.00%	17.50%	25.00%	32.50%
16 573 – 24 638	5.00%	7.50%	12.50%	22.50%	27.50%
24 639 – 39 565	1.25%	5.00%	10.00%	20.00%	22.50%
39 566 – 55 560	0.00%	2.50%	5.00%	15.00%	17.50%
55 561+	-2.50%	0.00%	2.50%	12.50%	15.00%

- Clients must keep their Health-integrated policy in force for the entire five-year period to receive a PayBack at the end of that five-year period. Any reductions in premium may cause a reduction in PayBack Funds.
- Any claim on the Life Plan during the five-year period will be deducted from the PayBack at the end of the five-year period, with a minimum PayBack of zero.
- The PayBack is only available on the Comprehensive Integrator range on Classic and Purple Life Plans.

Double PayBack Option

Clients can add the Double PayBack option to their policy. Under this option, clients choose to receive their PayBacks 5 years later and get boosted PayBacks of up to 100% of their premiums back up to age 65. The effect on the Personal PayBack matrices is that any positive PayBack percentages are doubled, up to a max of 100%. Negative PayBack percentages remain the same and are not affected by the Double PayBack option.

Included below is an example matrix for a Family: Classic Comprehensive Health Plan with the Double PayBack option. To view the full list of Double PayBack matrices across all Discovery Health Plans, please see Appendix 1 Section C.

FAMILY: CLASSIC COMPREHENSIVE HEALTH PLAN					
	Vitality status				
Health claims (R)	Blue	Bronze	Silver	Gold	Diamond
0 – 5 331	40.00%	55.00%	70.00%	85.00%	100.00%
5 332 – 8 407	30.00%	35.00%	50.00%	65.00%	80.00%
8 408 – 16 572	15.00%	20.00%	35.00%	50.00%	65.00%
16 573 – 24 638	10.00%	15.00%	25.00%	45.00%	55.00%
24 639 – 39 565	2.50%	10.00%	20.00%	40.00%	45.00%
39 566 – 55 560	0.00%	5.00%	10.00%	30.00%	35.00%
55 561+	-2.50%	0.00%	5.00%	25.00%	30.00%

Annual Guaranteed PayBack

Clients can receive an Annual Guaranteed PayBack of up to 10% for the first 10 years, with any additional PayBack in excess of the guarantee being accrued to the Health Surplus PayBack, which will be paid out at the end of year five and year 10. This allows clients to keep receiving up to 50% of their premiums back every five years.

Determining the level of the guarantee

The following table shows the level of the Annual Guaranteed PayBack under the various Discovery Health Medical Scheme plans:

CORE HEALTH PLANS	SAVER HEALTH PLANS	EXECUTIVE/COMPREHENSIVE/ PRIORITY HEALTH PLANS
5%	7.5%	10%

Double PayBack Option

Clients can add the Double PayBack option to their policy. Under this option, clients choose to receive their PayBacks 5 years later and get boosted PayBacks of up to 100% of their premiums back up to age 65. This means that clients will receive a Guaranteed PayBack of up to 20%. Any additional PayBack in excess of the guarantee will be accrued to the Health Surplus PayBack, allowing clients to receive up to 100% of their premiums back.

The following table shows the level of the Annual Guaranteed PayBack under the various Discovery Health Medical Scheme plans when the Double PayBack option is selected on the policy:

CORE HEALTH PLANS	SAVER HEALTH PLANS	EXECUTIVE/COMPREHENSIVE/ PRIORITY HEALTH PLANS
10%	15%	20%

Technical details

- The Annual Guaranteed PayBack is available to Comprehensive Integrated Purple and Classic Life Plans on the correct version of the Financial Integrator.
- The Double PayBack option is available on Classic and Purple Life Plans that qualify for PayBacks.

The Vitality Premium Leveller

From age 65, clients no longer receive PayBacks and begin to reduce their Life Plan premiums in retirement through the Vitality Premium Leveller. The Vitality Premium Leveller utilises a client's Vitality engagement throughout the duration of their policy to reduce the age-related factors used to calculate their Life Plan premium increases for qualifying benefits once the principal life assured reaches the later of age 65 or 10 years after policy inception.

Every year throughout the duration of their policy, clients accrue a Vitality Premium Leveller discount based on their Vitality Status:

VITALITY STATUS	ACCELERATER/FLEXRATER	STANDARD
None	0%	0%
Blue	0.04%	0.03%
Bronze	0.08%	0.06%
Silver	0.12%	0.09%
Gold	0.14%	0.105%
Diamond	0.16%	0.12%

At the later of age 65 or 10 years after policy inception, client's accrued Vitality Premium Leveller discounts will be summed to determine the total reduction to apply to their Annual Contribution Increase at all future policy anniversaries. While this discount can still be increased in retirement, through further Vitality engagement, it can never be reduced which results in clients paying substantially lower premiums in retirement.

The Vitality Premium Leveller can reduce the premium in retirement until a maximum discount of 40%, relative to your premium without the Vitality Premium Leveller, is reached.

Technical details

- The Vitality Premium Leveller is available on Classic or Purple Life Plans.
- Clients must be Comprehensive Integrated throughout the duration of the policy.
- Clients with a Standard 0% Annual Benefit Increase funding pattern will not qualify for the Vitality Premium Leveller.
- The Vitality Premium Leveller discount will apply to all of the client's Life Plan premiums with the exception of the premiums for Vitality (including Vitality Active and Vitality Purple) and the Discovery Retirement Optimiser.
- If a client chooses to remove Vitality while their Vitality Premium Leveller discount applies, a client will maintain their accumulated discount percentage and will not accrue further discounts going forward.

Business Life Plan PayBack benefit

For Integrated Business Life Plans, PayBack payments are made every five years until the age of 65*. Clients will also receive a minimum guaranteed PayBack for the first 10 years of the policy.

The PayBack that a client accrues annually is based on their Vitality status and qualifying health claims, and the total amount accrued becomes payable at the end of each five year period. In addition, during the first 10 years, Health Integrated policies receive a guaranteed minimum PayBack of up to 15%, and Vitality Integrate policies receive a guaranteed minimum PayBack of 10%.

After the first 10 years, PayBacks may continue to apply on the policy without the guarantees that are highlighted in the tables below.

The following table shows the level of the Guaranteed PayBack under the various Discovery Health Medical

CORE HEALTH PLANS	SAVER HEALTH PLANS	EXECUTIVE/COMPREHENSIVE/ PRIORITY HEALTH PLANS
10%	12.50%	15%

* PayBacks are received until the later of the life assured turning 65 and the policy being in force for 10 years.

The Dollar PayBack Fund

The Dollar PayBack Fund on the Dollar Life Plan offers a tangible financial benefit that grows based on how clients manage their health and wellness. This benefit allows clients to convert their health and wellness into supplementary retirement savings offshore. An upfront fund, which represents the present value of a client's future health, will be established as follows (provided the Cover Integrator plus the Financial Integrator is equal to 60% of the Life Fund):

INTEGRATOR TYPE	VALUE OF FUND
Comprehensive Integrator	335 times the initial monthly life cover premium
Core Integrator	170 times the initial monthly life cover premium

At every policy anniversary, the PayBack Fund will grow with US inflation as well as a health adjustment, which is based on the client's health claims and Vitality status. The annual health adjustments can be seen in the tables below.

2020

Core Health Plan

Health Claims (in rand)	Vitality status				
	Blue/None	Bronze	Silver	Gold	Diamond
0 – 1 449	-1.65%	-1.20%	-0.35%	0.10%	0.50%
1 450 – 2 765	-1.90%	-1.30%	-0.50%	0.05%	0.40%
2 766 – 4 436	-2.20%	-1.45%	-0.70%	-0.20%	0.00%
4 437 – 5 946	-2.35%	-1.75%	-0.90%	-0.40%	-0.15%
5 947 – 11 298	-2.50%	-1.85%	-1.00%	-0.50%	-0.25%
11 299 – 16 555	-2.75%	-2.00%	-1.15%	-0.65%	-0.40%
16 556+	-3.00%	-2.25%	-1.25%	-0.75%	-0.50%

2020

Comprehensive Health Plan

Health Claims (in rand)	Vitality status				
	Blue/None	Bronze	Silver	Gold	Diamond
0 – 3 995	-1.35%	-0.75%	0.00%	0.50%	0.75%
3 996 – 5 855	-1.50%	-0.85%	-0.15%	0.35%	0.60%
5 856 – 8 177	-1.75%	-1.00%	-0.25%	0.25%	0.50%
8 178 – 16 572	-1.85%	-1.25%	-0.40%	0.10%	0.35%
16 573 – 23 799	-2.00%	-1.35%	-0.50%	0.00%	0.25%
23 800 – 39 553	-2.25%	-1.50%	-0.65%	-0.15%	0.10%
39 554+	-2.50%	-1.75%	-0.75%	-0.25%	0.00%

2020					
Saver Health Plan					
Health Claims (in rand)	Vitality status				
	Blue/None	Bronze	Silver	Gold	Diamond
0 – 1 812	-1.60%	-1.00%	-0.25%	0.35%	0.60%
1 813 – 3 456	-1.75%	-1.10%	-0.40%	0.10%	0.45%
3 457 – 5 694	-2.00%	-1.25%	-0.50%	0.00%	0.25%
5 695 – 8 177	-2.10%	-1.50%	-0.65%	-0.15%	0.10%
8 178 – 16 007	-2.25%	-1.60%	-0.75%	-0.25%	0.00%
16 008 – 23 454	-2.50%	-1.75%	-0.90%	-0.40%	-0.15%
23 455+	-2.75%	-2.00%	-1.00%	-0.50%	-0.25%

2020					
Priority Health Plan					
Health Claims (in rand)	Vitality status				
	Blue/None	Bronze	Silver	Gold	Diamond
0 – 2 904	-1.35%	-0.75%	0.00%	0.50%	0.75%
2 905 – 4 655	-1.50%	-0.85%	-0.15%	0.35%	0.60%
4 656 – 6 935	-1.75%	-1.00%	-0.25%	0.25%	0.50%
6 936 – 12 375	-1.85%	-1.25%	-0.40%	0.10%	0.35%
12 376 – 19 904	-2.00%	-1.35%	-0.50%	0.00%	0.25%
19 905 – 31 503	-2.25%	-1.50%	-0.65%	-0.15%	0.10%
31 504+	-2.50%	-1.75%	-0.75%	-0.25%	0.00%

At the later of 20 years after inception of the fund and age 65, 100% of the PayBack Fund will be paid into the client's offshore or local bank account, subject to the Integrated Dollar Life Plan still being in force at that time. This payout will have no impact on the Life Fund.

Integration with Vitality

Clients who are not Health Integrated can influence their future premiums by actively maintaining and improving their health and lifestyle through Vitality or Vitality Purple.

How the Vitality Integrator works

01 | Initial premiums are lower

- The reduction is as follows:

COMPREHENSIVE INTEGRATOR		CORE INTEGRATOR	
Standard or AcceleRater	FlexRater	Standard or AcceleRater	FlexRater
17.5%	15%	8.75%	7.5%

02 | Future premium adjustments are determined by Vitality status

VITALITY STATUS				
Blue	Bronze	Silver	Gold	Diamond
2.25%	1.50%	0.50%	-0.5%	-0.75%

- Applicable to both the Comprehensive and Core Integrator.
- A client cannot increase their Vitality Integrator premium discount to more than what they qualified for upfront.

03 | Certainty is enhanced by additional guarantees

- The premium will never be more than the premium a client would have paid on a similar non-Vitality-integrated plan for at least the first five years.
- After that, the premiums will never be more than the Maximum Protected Premium set out below:

COMPREHENSIVE INTEGRATOR		
Life Plans	Standard or AcceleRater	FlexRater
1 – 5 years	NI	NI
6 – 10 years	NI + 10%	NI + 10%
11 – 15 years	NI + 15%	NI + 15%
16+ years	NI + 17.5%	NI + 15%

CORE INTEGRATOR		
Life Plans	Standard or AcceleRater	FlexRater
1 – 5 years	NI	NI
6+ years	NI + 8.75%	NI + 7.5%

(NI is the premium for an equivalent non-integrated plan)

- Certainty is further enhanced by the fact that Integrator adjustments will be capped at 0% on a policy that has a qualifying disability or severe illness claim.

The PayBack Benefit

The PayBack Benefit refunds a percentage of your clients' qualifying Life Plan premiums every five years. The PayBack percentage will depend on Vitality status as follows:

BLUE	BRONZE	SILVER	GOLD	DIAMOND
5%	7.5%	10%	15%	20%

- The PayBack Benefit only applies to the Comprehensive Integrator on the Purple and Classic Life Plans.
- Clients must keep their Vitality-integrated policy in force for the entire five-year period to receive a PayBack at the end of the five-year period. Any reduction in premium may cause a reduction in PayBack Fund.

Double PayBack Option

Clients can add the Double PayBack option to their policy. Under this option, clients choose to receive their PayBacks 5 years later and get boosted PayBacks of up to 40% of their premiums back up to age 65.

The PayBack percentage where the Double PayBack option has been selected will be as follows:

BLUE	BRONZE	SILVER	GOLD	DIAMOND
10%	15%	20%	30%	40%

Annual Guaranteed PayBack

Clients can receive an Annual Guaranteed PayBack of 5% for the first 10 years, with any additional PayBack in excess of the guarantee being accrued to the Vitality Surplus PayBack, which will be paid out at the end of year five and year 10.

Double PayBack Option

Clients can add the Double PayBack option to their policy. Under this option, clients choose to receive their PayBacks 5 years later and receive a guaranteed PayBack of 10%. Any additional PayBack in excess of the Guarantee will be accrued to the Vitality Surplus PayBack.

The Vitality Premium Leveller

From age 65, clients no longer receive PayBacks and begin to reduce their Life Plan premiums in retirement through the Vitality Premium Leveller. The Vitality Premium Leveller utilises a client's Vitality engagement throughout the duration of their policy to reduce the age-related factors used to calculate their Life Plan premium increases for qualifying benefits once the principal life assured reaches the later of age 65 or 10 years after policy inception.

Every year throughout the duration of their policy, clients accrue a Vitality Premium Leveller discount based on their Vitality Status:

VITALITY STATUS	ACCELERATER/FLEXRATER	STANDARD
None	0%	0%
Blue	0.04%	0.03%
Bronze	0.08%	0.06%
Silver	0.12%	0.09%
Gold	0.14%	0.105%
Diamond	0.16%	0.12%

At the later of age 65 or 10 years after policy inception, client's accrued Vitality Premium Leveller discounts will be summed to determine the total reduction to apply to their Annual Contribution Increase at all future policy anniversaries. While this discount can still be increased in retirement, through further Vitality engagement, it can never be reduced which results in clients paying substantially lower premiums in retirement.

The Vitality Premium Leveller can reduce the premium in retirement until a maximum discount of 40%, relative to your premium without the Vitality Premium Leveller, is reached.

Technical details.

- The Vitality Premium Leveller is available on Classic or Purple Life Plans.
- Clients must be Comprehensive Integrated throughout the duration of the policy.
- Clients with a Standard 0% Annual Benefit Increase funding pattern will not qualify for the Vitality Premium leveller.
- The Vitality Premium Leveller discount will apply to all of the clients Life Plan premiums with the exception of the premiums for Vitality (including Vitality Active and Vitality Purple) and the Discovery Retirement Optimiser.
- If a client chooses to remove Vitality while their Vitality Premium leveller discount applies, a client will maintain their accumulated discount percentage and will not accrue further discounts going forward.

The Dollar PayBack Fund

The Dollar PayBack Fund offers a tangible financial benefit that grows based on how clients manage their health and wellness. This benefit allows clients to convert their health and wellness into supplementary retirement savings offshore. An upfront fund, which represents the present value of a client's future health, will be established as follows (provided the Cover Integrator plus the Financial Integrator is equal to 60%).

INTEGRATOR TYPE	VALUE OF FUND
Comprehensive Integrator	335 times the initial monthly life cover premium
Core Integrator	170 times the initial monthly life cover premium

At every policy anniversary, the PayBack Fund will grow with US inflation as well as a health adjustment, which is based on the client's Vitality status. The annual health adjustments can be seen in the table below.

BLUE	BRONZE	SILVER	GOLD	DIAMOND
-2.00%	-1.35%	-0.50%	0.00%	0.30%

At the later of 20 years after fund inception and age 65, 100% of the PayBack Fund will be paid into the client's offshore or local bank account, subject to the Integrated Dollar Life Plan still being in force at that time. This payout will have no impact on the Life Fund.

Integration with Vitality Money

- Unlock significant additional value by managing your financial health
- Integration for clients who are members of Vitality Money through Discovery Bank
- Initial discount of up to 15% as upfront credit for managing their financial health.
- Smart, Essential and Classic Life Plan clients can also get access to Vitality Fund Benefit

How the Bank Integrator works

01 | Initial premiums are lower

UPFRONT BANK INTEGRATED DISCOUNTS						
	Standard		AcceleRater		FlexRater	
Bank account type	Comprehensive Integrator	Core Integrator	Comprehensive Integrator	Core Integrator	Comprehensive Integrato	Core Integrator
Signature	10%	5%	15%	7.5%	12.50%	6.25%
Platinum	7.5%	3.75%	12.5%	6.25%	10%	5%
Gold	5%	2.5%	10%	5.00%	7.5%	3.75%

02 | Future premium adjustments are determined by Vitality Money engagement and qualifying Discovery Bank spend

Clients can manage their premium adjustments over time by managing their financial health. Importantly, the Bank Integrator has been designed such that all clients, regardless of income, can maintain their discount.

PERSONAL BANK MATRICES					
Gold Discovery Bank account Personal Bank Matrix					
	Vitality Money status				
Average qualifying Bank spend	Blue	Bronze	Silver	Gold	Diamond
R0 – R5 225	2.75%	2.50%	2.25%	1.80%	1.60%
R5 226 – R15 675	2.35%	2.00%	1.40%	0.75%	1.60%
R15 676 – R20 900	2.00%	1.50%	0.60%	-0.25%	-0.50%
R20 901+	1.70%	1.00%	-0.20%	-1.25%	-1.50%

PLATINUM DISCOVERY BANK ACCOUNT PERSONAL BANK MATRIX					
	Vitality Money status				
Average qualifying Bank spend	Blue	Bronze	Silver	Gold	Diamond
R0 – R5 225	2.75%	2.50%	2.25%	1.80%	1.60%
R5 226 – R18 288	2.35%	2.00%	1.40%	0.75%	0.50%
R18 289 – R28 738	2.00%	1.50%	0.60%	-0.25%	-0.50%
R28 739+	1.70%	1.00%	-0.20%	-1.25%	-1.50%

BLACK/PURPLE DISCOVERY BANK ACCOUNT PERSONAL BANK MATRIX					
	Vitality Money status				
Average qualifying Bank spend	Blue	Bronze	Silver	Gold	Diamond
R0 – R10 450	2.75%	2.50%	2.25%	1.80%	1.60%
R10 451 – R26 125	2.35%	2.00%	1.40%	0.75%	0.50%
R26 126 – R39 188	2.00%	1.50%	0.60%	-0.25%	-0.50%
R39 189+	1.70%	1.00%	-0.20%	-1.25%	-1.50%

Applicable to both the Comprehensive and Core Integrator.

03 | Certainty is enhanced by additional guarantees

In order to ensure sustainability, the Bank Integrated premium cannot exceed the Maximum Protected Premium defined below.

MAXIMUM PROTECTED FUND TABLE				
		Standard	FlexRater	AcceleRater
Comprehensive Integration	Gold Account	NI + 5%	NI + 7.5%	NI + 10%
	Platinum Account	NI + 7.5%	NI + 10%	NI + 12.5%
	Black/Purple Account	NI + 10%	NI + 12.5%	NI + 15%
Core Integration	Gold Account	NI + 2.5%	NI + 3.75%	NI + 5%
	Platinum Account	NI + 3.75%	NI + 5%	NI + 6.25%
	Black/Purple Account	NI + 5%	NI + 6.25%	NI + 7.5%

The main insured person must be the principal or secondary cardholder of a qualifying Discovery Bank account to qualify for the Bank Integrator.

Main insured persons with Discovery Cards (excluding Blue Discovery Cards) can also qualify for the Bank Integrator where the colour of their Discovery Card will determine their Bank Integration discount and Personal Bank Matrix.

Integration with Vitality Active

Clients who are not members of Vitality can manage their future premiums by actively maintaining and improving their health and lifestyle through Vitality Active.

How the Active Integrator works

01 | Initial premiums are lower

- The reduction is as follows:

COMPREHENSIVE INTEGRATOR	
Standard/AcceleRater	FlexRater
15%	10%

CORE INTEGRATOR	
Standard/AcceleRater	FlexRater
7.5%	5%

02 | Future premium adjustments are based on a client's Vitality status

VITALITY STATUS			
Blue	Bronze	Silver	Gold/Diamond
1.75%	1%	0.5%	-0.5%

Applicable to both the Comprehensive and Core Integrator.

03 | Certainty is enhanced by additional guarantees

- The premium will never be more than the premium a client would have paid on a similar non-integrated plan for at least the first five years.
- The premiums will never be more than the Maximum Protected Premium set out below:

COMPREHENSIVE INTEGRATOR		
Duration	**Standard/AcceleRater**	**FlexRater**
1 – 5 years	NI	NI
6 – 10 years	NI + 10%	NI + 10%
11+ years	NI + 15%	NI + 10%

CORE INTEGRATOR		
Life Plans	**Standard/AcceleRater**	**FlexRater**
1 – 5 years	NI	NI
6+ years	NI + 7.5%	NI + 5%

(NI is the premium for an equivalent non-Integrated plan)

- Certainty is further enhanced by the fact that Integrator adjustments will be capped at 0% on a policy that has a qualifying disability or severe illness claim.

The PayBack Benefit

The PayBack Benefit refunds a percentage of qualifying Life Plan premiums every five years.
The PayBack percentage will depend on a client's Vitality status as follows:

Vitality status	Blue	Bronze	Silver	Gold/Diamond
Payback Percentage	0%	2.5%	5%	10%

- Only applies to the Comprehensive Integrator on the Classic or Purple Life Plan.
- Clients must keep their Active Integrator policy in force for the entire five-year period to receive a PayBack at the end of the five-year period.
- Any reduction in premium may cause a reduction in PayBack Fund.

Double PayBack Option

Clients can add the Double PayBack option to their policy. Under this option, clients choose to receive their PayBacks 5 years later and get boosted PayBacks of up to 20% of their premiums back up to age 65.

The Vitality Active matrix will be boosted to the below if the Double PayBack option is selected:

Vitality status	Blue	Bronze	Silver	Gold/Diamond
Payback Percentage	0%	5%	10%	20%

The Vitality Premium Leveller

From age 65, clients no longer receive PayBacks and begin to reduce their Life Plan premiums in retirement through the Vitality Premium Leveller. The Vitality Premium Leveller utilises a client's Vitality engagement throughout the duration of their policy to reduce the age-related factors used to calculate their Life Plan premium increases for qualifying benefits once the principal life assured reaches the later of age 65 or 10 years after policy inception.

Every year throughout the duration of their policy, clients accrue a Vitality Premium Leveller discount based on their Vitality Status:

VITALITY STATUS	ACCELERATER/FLEXRATER	STANDARD
None	0%	0%
Blue	0.04%	0.03%
Bronze	0.08%	0.06%
Silver	0.12%	0.09%
Gold	0.14%	0.105%
Diamond	0.16%	0.12%

At the later of age 65 or 10 years after policy inception, client's accrued Vitality Premium Leveller discounts will be summed to determine the total reduction to apply to their Annual Contribution Increase at all future policy anniversaries. While this discount can still be increased in retirement, through further Vitality engagement, it can never be reduced which results in clients paying substantially lower premiums in retirement.

The Vitality Premium Leveller can reduce the premium in retirement until a maximum discount of 40%, relative to your premium without the Vitality Premium Leveller, is reached.

Technical details

- The Vitality Premium Leveller is available on Classic or Purple Life Plans.
- Clients must be Comprehensive Integrated throughout the duration of the policy.
- Clients with a Standard 0% Annual Benefit Increase funding pattern will not qualify for the Vitality Premium leveller
- The Vitality Premium Leveller discount will apply to all of the clients Life Plan premiums with the exception of the premiums for Vitality (including Vitality Active and Vitality Purple) and the Discovery Retirement Optimiser.
- If a client chooses to remove Vitality while their Vitality Premium leveller discount applies, a client will maintain their accumulated discount percentage and will not accrue further discounts going forward.

Business Integrator PayBacks

Under the Business Integrator, PayBack payments are made every five years until the age of 65*.

The PayBack that a client accrues annually is based on their Vitality status , and the total amount accrued becomes payable at the end of each five year period.

* PayBacks are received until the later of the life assured turning 65 and the policy being in force for 10 years. If a client has less than 5 years from their last PayBack date until age 65, the final PayBack will be paid at the end of the month in which they turn 65, and will be based on the total PayBack accrued since the previous PayBack date until that point.

Smart PayBack Fund

The Smart PayBack Fund returns the surplus risk savings generated by a client's healthy behaviour and good driving habits and allows Smart Life Plan clients to get up to 100% of their qualifying Smart Life Plan premiums back by being healthy and driving well.

How the Smart PayBack Fund works

The Smart PayBack Fund allows clients to receive up to 100% of their qualifying Smart Life Plan premiums back for managing their health and wellness and practising good driving behaviour. Clients who have a Comprehensive Integrated Smart Life Plan and have either Vitality or Vitality Active will qualify for the Smart PayBack Fund.

Based on a client's level of health and wellness and their driving behaviour, they will accrue a percentage of their premiums annually towards their Smart PayBack Fund. The value of this fund is automatically added to their Classic Life Plan PayBack on conversion and is paid on their first policy anniversary at least five years after conversion. The percentages that can accrue to the Smart PayBack Fund are shown below:

	VITALITY DRIVE STATUS			
Vitality status	**Blue/ No Vitality drive**	**Bronze**	**Silver**	**Gold/Diamond**
Blue	10%	15%	25%	50%
Bronze	15%	20%	35%	60%
Silver	20%	30%	45%	70%
Gold	35%	45%	60%	80%
Diamond	50%	65%	80%	100%

Technical details

- The Smart PayBack Fund is paid out on the first policy anniversary at least five years after conversion of the Smart Life Plan to a Classic Life Plan only if the Smart Life Plan was in force for more than one year. If a client converts their Smart Life Plan to a Classic Life Plan within one year, then their Smart PayBack Fund falls away.
- The Smart PayBack Fund is not reduced by any Smart or Classic Life Plan claims.
- The Smart PayBack Fund calculation includes all benefit premiums except the Cover and Financial Integrator Buy-up Cash Conversion, Vitality and Vitality Active premiums. 100% of the Income Continuation and Temporary Income Continuation Benefit premiums are included in the Smart PayBack Fund calculation.

Vitality and Legacy Fund

Vitality and Legacy Fund on Purple Life Plans

- Vitality Fund is automatically available on all qualifying Purple Life Plans and Smart, Essential and Classic Bank Integated Life Plans.
- Legacy Fund is automatically available on all qualifying purple life plans.
- Vitality Fund provides an immediate 20% boost to life cover at no initial additional premium.
- Legacy Fund Provides up to 40% additional life cover, at the latter of age 65 or 10 years since policy inception, at no additional premium.
- Enables Purple Life Plan clients to get up to 98% additional life cover with no underwriting based on Vitality engagement.

How it works

Purple Life Plans

The Vitality Fund consists of three, three-year periods. Over the first three years of this benefit, your clients can receive additional non-accelerated life cover amounting to 20% of their base life cover amount (excluding any Cover and Financial Integrator Funds) at no additional cost. At the end of the first three-year period, a premium becomes payable for the initial 20% Vitality Fund, after which it will provide your clients with whole-of-life cover. This will then unlock a new portion of the Vitality Fund of up to 26% at no additional premium for the next three years. The updated Vitality Fund percentage is based on a client's Vitality status each year since the start of this benefit, as shown below.

	VITALITY STATUS				
	Blue	Bronze	Silver	Gold	Diamond
Vitality Fund Adjustment*	-2%	-1%	0%	1%	2%

** The Vitality Fund adjustment occurs every third policy anniversary based on the client's accumulated Vitality status adjustment since benefit inception.*

At the end of six years, the premium for the second portion of the Vitality Fund becomes payable, which then unlocks a third portion of additional cover, of up to 32%, at no additional premium for the next three years. The updated Vitality Fund percentage is based on a client's Vitality status each year since the start of this benefit, as shown in the table above.

At the end of year nine, a premium becomes payable for the final portion of the Vitality Fund, where it will provide your client with whole-of-life cover.

At the later of age 65 or 10 years since policy inception, the Legacy Fund Benefit will be granted and will provide up to 40% in additional life cover.

The Legacy Fund will depend on a clients engagement in Vitality and health in retirement.

Each year since the Vitality Fund was granted, the client's Vitality status will determine their Legacy Fund adjustment which will accumulate until the Legacy Fund is granted.

	VITALITY STATUS				
	Blue	Bronze	Silver	Gold	Diamond
Vitality Fund and Legacy adjustent	-2%	-1%	0%	1%	2%

The additional cover is calculated as 20% of the life cover at age 65 or 10 years after inception of the policy (excluding any Cover or Financial Integrators) and increased or decreased based on the Vitality status achieved by the principal life each year before the cover is granted, per the table above.

This Legacy Fund is then adjusted by a factor that is based on a clients Vitality Rating Health check. The following table displays the Legacy Adjustment factor.

	LONGEVITY VITALITY RATING CLASS		
Longevity Vitality Rating Class	LifeTime Select	Select	Standard/No result
Legacy Adjustment	100%	50%	25%

The Legacy Fund benefit thus provides additional cover of up to 40% but no less than 2.5% of life cover (excluding any Cover and Financial Integrators).

Smart, Essential and Classic Life Plan Bank Integrated clients

The Vitality Fund consists of two, three-year periods. Over the first three years of this benefit, your clients can receive additional non-accelerated life cover amounting to 20% of their base life cover amount (excluding any Cover and Financial Integrator Funds) at no additional cost. At the end of the first three-year period, a premium becomes payable for the initial 20% Vitality Fund, after which it will provide your clients with whole-of-life cover. This will then unlock a new portion of the Vitality Fund of up to 26% at no additional premium for the next three years. The updated Vitality Fund percentage is based on a client's Vitality and Vitality Money status each year since the start of this benefit, as shown in the following table:

VITALITY FUND					
	Vitality Money status				
Vitality Health status	Blue	Bronze	Silver	Gold	Diamond
Blue	-2%	-1.50%	0%	0.25%	1%
Bronze	-1.50%	-1%	0%	0.50%	1.25%
Silver	0%	0%	0%	0.75%	1.50%
Gold	0.25%	0.50%	0.75%	1%	1.75%
Diamond	1%	1.25%	1.50%	1.75%	2%

* *The Vitality Fund adjustment occurs every third policy anniversary based on the client's accumulated Vitality status adjustment since the benefit start date.*

At the end of six years, the premium for the second portion of the Vitality Fund becomes payable.

Need to know: Vitality Fund

- The Vitality Fund is only available to the main insured person on the Life Plan, provided the main insured person is age 61 next birthday or younger on the benefit start date. Clients between the age of 57 and 61 next birthday will only qualify for two Vitality Fund periods instead of three.
- The main insured person must have a life cover health rating of A1 on all life cover tranches throughout the Vitality Fund period.
- To qualify for the Vitality Fund, the policyholder and the main insured person must be the same person or the policy must be owned by a natural trust throughout the Vitality Fund period.
- The policy must be on the latest Integration structure, with Comprehensive Integration throughout the Vitality Fund period.
- The maximum amount of additional cover that a client can receive through the Vitality Fund is limited to R5 million on Purple Life Plans and R2 million on Smart, Essential and Classic Life Plans, increased with Annual Benefit Increases, in each Vitality Fund period.
- If a client has a qualifying claim during a Vitality Fund period or adds additional cover at non-A1 rates, they will not qualify for the subsequent additional cover at the end of the three year period.
- At the end of each Vitality Fund period, the premium for the cover purchased will be based on new business rates using the client's age at that time. If a client reduces or removes a premium-paying portion of the Vitality Fund, all current and future cover received through this benefit will fall away.
- If a client reduces or lapses their Life Fund on a policy that they had in force within 180 days before or after the start of the Vitality Fund, the Vitality Fund will fall away.
- The Vitality Fund will only apply to the client's first Life Plan and a client cannot have more than one Vitality Fund on their Life Plan at any time.

Need to know: Legacy Fund

The Legacy Fund benefit provides the principal life additional non-accelerated life cover excluding the Cover and Financial Integrator (if applicable) at no additional cost and free of medical underwriting. The following criteria apply to this benefit:

- The client must be the main life assured on a Purple Life Plan and qualify for the Vitality Fund.
- The client must have Paybacks expiring at age 65 provided that they qualify for Paybacks.
- A client must have taken up and maintained all his/her Vitality Fund tranches. This would be either two or three tranches depending on the client's initial age.
- The extra cover is awarded on the policy anniversary following the policyholder's 65th birthday or after 10 years since policy inception, whichever comes later.
- All Vitality Fund tranches must be premium paying before the client receives the Legacy Fund.
- The main life assured must have a life cover health rating of A1 on all life cover portions (tranches) throughout the Vitality Fund period.
- Where the Legacy Fund has already been added to the life cover amount, clients who wish to service down their Life Fund will have to start by removing the Legacy Fund after which they can service down their Life Fund.
- On removing the Vitality Fund, the Legacy Fund Benefit will fall away, and the client will lose any cover that they may have been provided through this benefit.

- The Legacy Fund benefit will not apply should there be ancillary claims by the principal life on the policy prior to the Legacy Fund being added. These ancillary claims include:

  Severe Illness Benefit claims under Severities A to D

  Severe Illness Benefit claims relating to Heart and Artery or Cancer claims under Severities E to G

  Capital Disability Benefit claims under Category A to D

  Income Continuation Benefit claims under Category A and D and temporary claims longer than 6 months

  Income Continuation Benefit claims under any Underpins – excluding fractures and hospitalisation

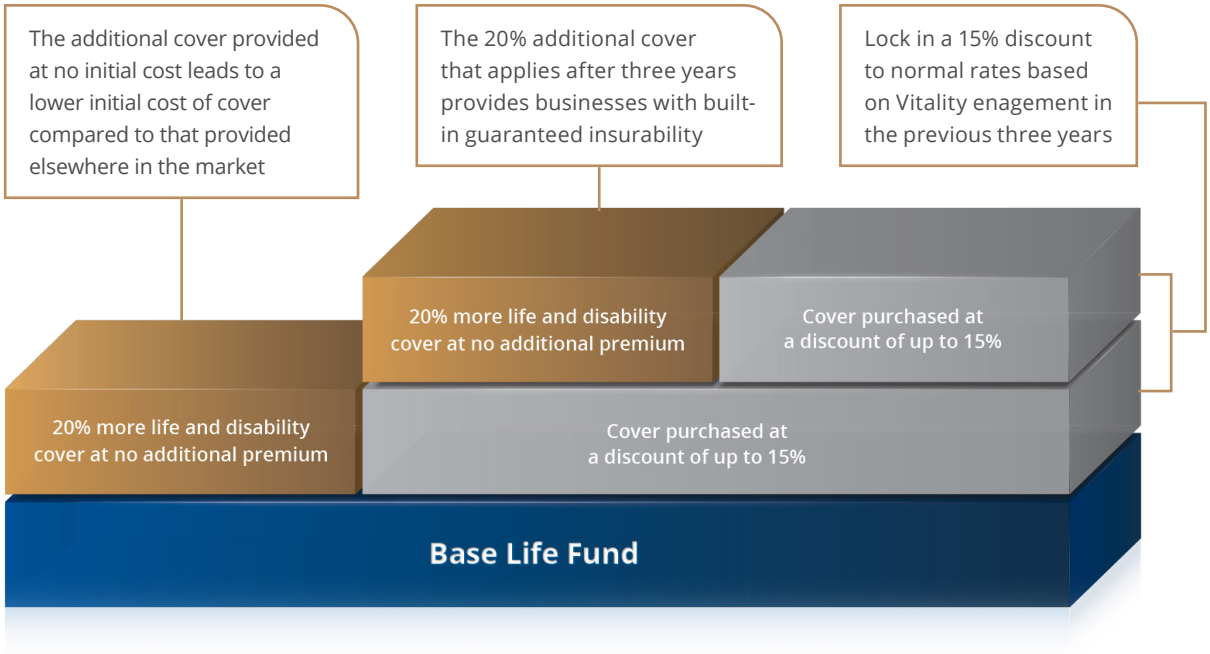
  Medical Access Cover claims

  Terminal Illness Benefit claims
- Clients will not lose their Legacy Fund if a claim occurs in the period in which the Legacy Fund is active.
- If a client reduces their ancillary percentages to below the level where they qualify for the Comprehensive Integrator, the Legacy Fund benefit will fall away.
- AccessCover and AccessCover Plus (if applicable) will apply to the extra cover received through the Legacy Fund benefit.
- The Legacy Fund benefit will only apply to a client's first Purple Life Plan.
- If a client switches their Purple Life Plan to an Essential, Smart or Classic Life Plan, they will no longer qualify for the Legacy Fund benefit, and any cover already granted through this benefit will fall away.
- The Legacy Fund benefit will provide additional cover of up to 40% but no less than 2.5% of your life cover (excluding any Cover and Financial Integrators).
- The maximum amount of cover a client can receive under the Legacy Fund Benefit is limited to R10 million, plus any automatic benefit increases (if applicable).

Please refer to the Life Plan Guide for full details of these benefits and how they work.

The Business Vitality Fund

The Business Vitality Fund provides additional life and disability cover (if applicable) on qualifying Business Life Plans to ensure upfront affordability for policy owners, as well as providing guaranteed insurability to businesses. This is particularly important in cases where the value of a business grows at a rate that is faster than the annual benefit increase on a business assurance policy.



First 3 years

The Business Vitality Fund provides an immediate 20% boost to a client's base life and disability cover (excluding the Cover and Financial Integrator) at no additional initial premium.

Years 4 to 6

After three years, this additional cover is purchased at a discount of up to 15% to normal new business rates, based on the life assured's Vitality status each year for the first three years.

On purchasing the initial Business Vitality Fund amount, a client unlocks a further 20% life and disability cover free of underwriting, and at no additional premium for the following three years.

After year 6

At the end of year six, a premium becomes payable for the final portion of the Business Vitality Fund, where it will provide the client with cover for the remainder of the cover term. This cover is purchased at a discount of up to 15% to normal new business rates, based on the life assured's Vitality status from years 4 to 6.

The Vitality status of the life assured each year, for the applicable three-year period, will determine the discount at which the Business Vitality Fund is purchased

Vitality status	None/Blue	Bronze	Silver	Gold	Diamond
Percentage discount	0%	1.5%	3%	4%	5%

The annual percentage earned will be summed to determine the total discount applicable when purchasing the Business Vitality Fund after each three-year period.

Vitality Rating

Discovery Life recognises the importance of regular health checks and screenings for ongoing health. This is why we have included the Vitality Health Check as part of our new business process. The Vitality Health Check enables us to identify clients who are in good health, allowing us to provide them with a Vitality Rating discount of up to 15% on qualifying benefits on their Discovery Life Plan. We multiply the client's integrated premium by this discount.

How Vitality Rating works

The health check considers a client's body mass index (BMI), blood pressure, cholesterol and glucose levels, with the results giving clients one of three Vitality Ratings:

- Clients classified as Lifetime Select will retain the full Vitality Rating discount on qualifying benefits for whole of life.
- Clients classified as Select will retain half of the Vitality Rating discount on qualifying benefits for whole of life.
- Clients classified as Standard will lose the Vitality Rating discount.

How we determine the upfront Vitality Rating discount percentage

INTEGRATOR TYPE		FUNDING PATTERN	
Comprehensive Integrator		Standard or AcceleRate	FlexRater
Health Integrator	Comprehensive/Priority/Executive	15%	12.5%
	Saver	12.5%	10%
	Core	10%	7.5%
Vitality Integrator		10%	7.5%
Active Integrator		7.5%	5%

*Core Integrator qualifies for half of the discount specified in the table above.

How the Vitality Rating is determined

The Vitality Rating is determined individually for the main insured person and spouse. To be considered a Lifetime Select client, all of the client's health checks need to be within the Lifetime Select range. If any or all of the checks fall within the Select range, with the remainder of the checks falling into the Lifetime Select range, the client will be considered a Select client. If any of the client's checks fall outside the Select and Lifetime Select ranges, they will be considered a Standard life.

MEASURE	LIFETIME SELECT		SELECT	STANDARD
Blood pressure	Systolic	< 140 mmHg	140 ≤ Systolic blood pressure < 150 mmHg	Outside ranges specified under Select
	Diastolic	< 90 mmHg	90 ≤ Diastolic blood pressure < 95 mmHg	
Glucose	< 6 mmol/l		6 ≤ Glucose < 6.5 mmol/l	
Cholesterol (LDL)	< 3.5 mmol/l		3.5 ≤ LDL < 4.2 mmol/l	
BMI*	The range varies by gender and age, as specified in the table below.			

The following table illustrates the BMI ranges for Vitality Rating for males. In instances where the female number differs, it is shown in brackets.

	LIFETIME SELECT	SELECT
Younger than age 55	18.5 ≤ BMI < 25, OR 25 ≤ BMI < 29 (27) and waist circumference less than 94 (80) cm	25 ≤ BMI < 31
From age 55 to 64	18.5 ≤ BMI < 28, OR 28 ≤ BMI < 32 (30) and waist circumference less than 98 (84) cm	28 ≤ BMI < 33
Age 65 and older	18.5 ≤ BMI < 30, OR 30 ≤ BMI < 34 (32) and waist circumference less than 102 (88) cm	30 ≤ BMI < 35

How the premium adjusts to reflect the client's Vitality Rating

Qualifying premiums will be increased by the following percentages at each policy anniversary to adjust the Vitality Rating discount to the appropriate level. The adjustments are applied multiplicatively at each policy anniversary and depend on the upfront Vitality Rating discount that the policy qualified for.

15% VITALITY RATING DISCOUNT				
	Year 2	**Year 3**	**Year 4**	**Year 5**
Lifetime Select	0%	0%	0%	0%
Select	1.20%	1.20%	1.20%	1.20%
Standard	2.28%	2.28%	2.28%	2.28%

12.5% VITALITY RATING DISCOUNT				
	Year 2	**Year 3**	**Year 4**	**Year 5**
Lifetime Select	0%	0%	0%	0%
Select	0.960%	0.960%	0.960%	0.960%
Standard	1.839%	1.839%	1.839%	1.839%

10% VITALITY RATING DISCOUNT

	Year 2	Year 3	Year 4	Year 5
Lifetime Select	0%	0%	0%	0%
Select	0.737%	0.737%	0.737%	0.737%
Standard	1.424%	1.424%	1.424%	1.424%

7.5% VITALITY RATING DISCOUNT

	Year 2	Year 3	Year 4	Year 5
Lifetime Select	0%	0%	0%	0%
Select	0.53%	0.53%	0.53%	0.53%
Standard	1.03%	1.03%	1.03%	1.03%

6.25% VITALITY RATING DISCOUNT

	Year 1	Year 2	Year 3	Year 4	Year 5
Lifetime Select	0%	0%	0%	0%	0%
Select	1.56%	0.433%	0.433%	0.433%	0.433%
Standard	3.13%	0.848%	0.848%	0.848%	0.848%

5% VITALITY RATING DISCOUNT

	Year 1	Year 2	Year 3	Year 4	Year 5
Lifetime Select	0%	0%	0%	0%	0%
Select	1.25%	0.339%	0.339%	0.339%	0.339%
Standard	2.50%	0.667%	0.667%	0.667%	0.667%

3.75% VITALITY RATING DISCOUNT

	Year 1	Year 2	Year 3	Year 4	Year 5
Lifetime Select	0%	0%	0%	0%	0%
Select	0.938%	0.249%	0.249%	0.249%	0.249%
Standard	1.875%	0.492%	0.492%	0.492%	0.492%

2.5% VITALITY RATING DISCOUNT

	Year 1	Year 2	Year 3	Year 4	Year 5
Lifetime Select	0%	0%	0%	0%	0%
Select	0.625%	0.163%	0.163%	0.163%	0.163%
Standard	1.250%	0.323%	0.323%	0.323%	0.323%

* These adjustments apply in year 1 if the Vitality Rating Select feature was selected at the start of the policy

The applicable Vitality Rating discount adjustment applies individually to the premiums for the main insured person and spouse's benefits, based on their respective Vitality Ratings.

Reviewing the Vitality Rating

Standard and Select lives may improve their Vitality Rating by resubmitting their health check results.

To give clients enough time to improve their health metrics, they can resubmit their Vitality Health Check results after an initial six-month period. The review can be done by simply contacting Discovery Life and requesting a review, and they will be provided with a requirements letter to give to their doctor or an approved laboratory. A review can be performed once in every 12-month period, at the client's own expense.

Improving the Vitality Rating

If a client's future health check results all fall into the Lifetime Select range, they will keep the full Vitality Rating discount on their qualifying premiums for whole of life. If their results fall into the Select range, half of this discount will be retained on qualifying premiums for whole of life. The discount will not be applied retrospectively to premiums already paid.

Example

John's Integrated premium is R1 000 and he qualifies for a 10% Vitality Rating discount. John does not choose the Vitality Rating select feature and therefore pays an initial premium of R900.

John is classified as a Standard client based on his health check results at policy inception. His premium will increase as follows to allow for the removal of the Vitality Rating discount:

YEAR	PREMIUM
0	R900
1	R900 x (1 + 5%) = R945
2	R945 x (1 + 1.424%) = R958.46
3	R958.46 x (1 + 1.424%) = R972.11

After three years, John reviews his Vitality Rating and improves his health check results to the level of a Select client. His premium then adjusts to the premium that he would have paid had he always been a Select client. This premium is calculated as follows:

YEAR	PREMIUM
3	R900 x (1+2.5%) x (1+0.737%) x (1+0.737%) = R936.15

His premium then adjusts in year 4 and 5 based on the adjustments for a Select client:

YEAR	PREMIUM
4	R936.15 x (1 + 0.737%) = R943.05
5	R943.05 x (1 + 0.737%) = R950

After five years, his remaining Vitality Rating discount will lock in. However, if he improves his health metrics to the level of a Lifetime Select client, he will lock in his full Vitality Rating discount of 10%, resulting in his premium reducing to R900.

*This example ignores Annual Contribution Increases and Integrator premium adjustments to illustrate the mechanics of Vitality Rating.

Vitality Rating Longevity Discount

The Vitality program is tailored to different client segments, and at age 65 or 10 years after policy inception if this is later, a bespoke Vitality Health Check will be available. This Vitality Health Check targets relevant goals for a member's BMI, cholesterol, glucose and blood pressure, as well as additional age-specific assessments:

VITALITY RATING LONGEVITY CLASS CRITERIA			
	Lifetime Select		Select
Blood pressure	Systolic	< 140mmHg	≥ 140mmHg but < 150mmHg
	Diastolic	< 90mmHg	≥ 90mmHg but < 95mmHg
Glucose (HbA1c)	<6%		≥ 6% but < 6.5%
Cholesterol	< 3.0mmol/l		≥ 3.0mmol/l but < 4.0mmol/l
BMI	≥ 18.5 but < 30; or ≥ but <34 and waist circumference < 102cm* (88cm)		≥ 30 but < 35

** The table illustrates the BMI ranges for the Vitality Rating Longevity discount for males. The number applicable to females is shown in brackets.*

Based on these results, policyholders can receive a Vitality Rating Longevity discount of up to 10% on their qualifying Discovery Life premiums at retirement. This is in addition to any existing Integrator discounts that they may have on their policy at that point in time.

Clients will have to notify Discovery Life of having completed their Vitality Health Check in order to qualify for the discount, which will lock in for whole of life on their qualifying premiums.

The discount a client receives is based on their Integration type and their Vitality Rating Longevity Class:

	VITALITY RATING LONGEVITY DISCOUNT	
Vitality Rating Longevity Class	Comprehensive Integrated	Core Integrated
Lifetime Select	10%	5%
Select	5%	2.5%
Standard	0%	0%

To be considered as a Lifetime Select client, all the Vitality Health Check metrics need to be within the Lifetime Select range. If any checks fall within the Select range, the client will be considered a Select life. If any of the checks fall outside of this range, the client will be considered a Standard life. If future health check results improve a client's Vitality Rating, the updated Vitality Rating Longevity discount will apply going forward in time.

Technical details

- The Vitality Rating discount is available on the Smart, Essential, Classic, Dollar, Purple and Business Life Plans.
- The Vitality Rating discount and adjustments apply to the following benefits: Life cover, Severe Illness Benefit, Capital Disability Benefit, Income Continuation Benefit, Overhead Expenses Benefit and the Minimum Protected Fund.
- In order for a benefit to receive the Vitality Rating discount, the insured person must have an A1 health risk rating.
- Benefits previously declined will not qualify for the discount.
- Since clients are able to qualify for the additional Vitality Rating discount upfront, they cannot increase their Health or Vitality Integrator premium discount to more than what they qualified for at the start of their policy.
- The Vitality Health Check will either be completed during underwriting, or the results from a verified Vitality Health Check or previous underwriting that a client performed within the previous twelve months will be used. Vitality Health Checks completed at Dis-Chem or Clicks are not verified and the results can therefore not be used.
- The results of the Vitality Health Check may be used for underwriting purposes.
- Clients that meet the eligibility criteria for the Vitality Rating discount may also qualify for the Vitality Rating Longevity discount on the same benefits.
- The Vitality Rating Longevity discount is only available on Classic, Essential and Purple Life Plans.
- Clients will not qualify for the discount if they have had certain qualifying claims on their Discovery Life Plan such as a Severity A to D severe illness claim. Please refer to the Life Plan Guide for full details.

Managed Care Integrator

Tailored dynamic underwriting for clients with chronic conditions or illnesses

Discovery Health and Vitality have developed a number of Managed Care Programmes for clients with chronic conditions or illnesses. These programmes are tailored to an individual's health needs, enabling them to enjoy a personalised journey to better health. Discovery Life clients with certain conditions can now link their Life Plan to their particular Managed Care Programme to qualify for customised dynamic underwriting and significant rewards and benefits through the Managed Care Integrator.

Features of the Managed Care Integrator

01 | Receive a 10% discount on your health loading

Clients can receive an initial discount of 10% on the health loadings applicable to their life cover, Capital Disability and Severe Illness Benefits as credit for taking steps to manage their health. This discount can be maintained through ongoing engagement in their managed care programme.

02 | Clients can reduce their health loading over time

By improving the specified health metrics related to their condition, your clients' health loading may be automatically reduced on each policy anniversary. Once the loading has been reduced, it cannot be increased on that amount of cover, regardless of the client's future health.

03 | Clients can accumulate 50% of the loading reduction into their Managed Care Integrator PayBack Fund

If your clients improve their health metrics to the extent that they qualify for a reduction in their health loading through the Managed Care Integrator, they will accumulate 50% of the loading reduction on their life cover, Capital Disability and Severe Illness Benefit premiums into their Managed Care Integrator PayBack Fund. The Managed Care Integrator PayBack Fund will be paid out at the end of each five-yearly cycle.

04 | Opportunity to gain access to disability and severe illness cover

By managing their condition and living a healthy lifestyle, your clients are able to gain access to disability and severe illness cover over time. As their loading reduces, they may be given the opportunity to purchase higher levels of accelerated disability and severe illness cover on their Discovery Life Plan.

05 | Reach standard rates through sustained health management

By managing their condition at the optimal level for the required amount of time, your clients can reduce their health loadings and reach standard rates on their life cover. This will be locked in for whole of life on the relevant cover.

Managed Care Integrators

There are three different Managed Care Integrators - for diabetes, BMI and HIV+ respectively.

	WHO QUALIFIES?	MANAGED CARE PROGRAMME	OPPORTUNITY TO ACHIEVE STANDARD RATES THROUGH SUSTAINED HEALTH MANAGEMENT	ACCESS TO THE MANAGED CARE INTEGRATOR PAYBACK BENEFIT	OPPORTUNITY TO UNLOCK DISABILITY AND SEVERE ILLNESS COVER
Managed Care Integrator	 **Diabetes** Clients with diabetes who received an initial health loading of D1 or better. Smokers do not qualify.	Discovery Health DiabetesCare Centre for Diabetes and Endocrinology managed care programme	By controlling their key health metrics, clients are able to improve their diabetes score, which will reduce their life cover, Capital Disability and Severe Illness Benefit loading	✓	✓ Clients can qualify for the Accidental Disability Benefit at the benefit start date and have the ability to unlock Capital Disability and Severe Illness cover over time
	 **BMI** Clients older than 21 with a high BMI, resulting in an initial health loading of C1 or better. Smokers do not qualify.	Vitality Weight Loss Rewards	By reducing their BMI, clients are able to improve their BMI score, which will reduce their life cover, Capital Disability and Severe Illness Benefit loading	✓	N/A Clients may be able to qualify for Capital Disability and Severe Illness cover at benefit inception and therefore do not need to unlock cover.
	 **HIV+** HIV+ clients on HAART (Highly Active Antiretroviral Therapy) who received an initial health loading of F3 or better. Smokers do not qualify.	Discovery Health HIV*Care*	By maintaining a CD4 count of above 500 for two consecutive years, a client will be able to improve their HIV score, which will reduce their life cover loading.	✓	x Clients can only qualify for the Accidental Disability Benefit.

How the Managed Care Integrator works

Managed Care Integrator discount

The 10% Managed Care Integrator discount applies to the health loadings on the Life Cover, Capital Disability and Severe Illness benefits of the insured person who qualifies for the Managed Care Integrator. The discount represents credit for appropriate management of the condition through the relevant managed care programme.

To maintain the discount, a client's engagement in the relevant managed care programme will be assessed 90 days before each policy anniversary. The following requirements, stated in terms of Vitality points earned through engagement in the relevant managed care programme, must be met to keep the discount:

CONDITION	MANAGED CARE PROGRAMME	REQUIREMENT
Diabetes	Discovery Health DiabetesCare	More than 1 000 Vitality points
BMI	Vitality Weight Loss Rewards	More than 300 Vitality points
HIV+	Healthyfood benefit and physical activity points	More than 6 000 Vitality points

If a client fails to meet the Vitality points requirement, the discount will be removed and cannot be reinstated. If the management care programme has been in force for less than 12 months, the Vitality points requirement will be adjusted proportionately. If the policy was in force for less than 9 months, the discount will remain on the policy where the requirement will be assessed during the following year's anniversary process. In order to keep the discount, the Vitality points requirement must be met in addition to the requirements to remain on the Managed Care Integrator. If a client is on the Centre for Diabetes and Endocrinology managed programme, then the discount will remain in force as long as the client remains on the programme and keeps the Managed Care Integrator in force.

Ability to reduce the health loading over time

Clients who have diabetes

The Managed Care Integrator automaticallly reassesses a client's health loading based on their diabetes score at each policy anniversary.

The diabetes score is calculated as the sum of the diabetes duration score and the diabetes outcomes score.

The diabetes duration score is based on the client's age at onset of diabetes and the number of years since onset. The diabetes duration score is calculated as the sum of the scores obtained according to the tables below:

AGE AT ONSET	SCORE
0 – 14	10
15 – 24	4
25 – 34	1
35 – 44	0.5
45 – 54	0

DISEASE DURATION	SCORE
0 – 15 years	0.5
>15 years	0

The diabetes outcomes score is based on the results of the tests that must be performed as part of the management of the condition. The result of each individual test maps to a score according to the tables below, where the sum of the scores is equal to the diabetes outcomes score.

HBA1C (GLYCATED HEMOGLOBIN)	SCORE
<5.1	10
5.1 – 7	0
7.1 – 7.5	0.5
7.6 – 7.9	1.5
8 – 9	2
>9	10

LDL CHOLESTEROL	SCORE
<1.8	0
1.8 – 2.5	1
2.6 – 3.3	2
>3.3	3

BLOOD PRESSURE		SCORE
SYSTOLIC	DIASTOLIC	
<100	<60	2
100 – 145	60 – 85	0
146 – 150	86 – 90	1.5
>150	>90	2

ACR (ALBUMIN: CREATININE RATIO)	SCORE
<2.5 (Males) or <3.5 (Females)	0
2.6-30 (Males) or 3.6-30 (Females)	2
>30	4

* The highest of the systolic and diastolic blood pressure will be used when determining the score

STATIN	SCORE
On a statin	0
Not on a statin	0.5

The diabetes score is then linked to a health loading according to the following table:

DIABETIC SCORE	LIFE COVER BENEFIT		CAPITAL DISABILITY BENEFIT		SEVERE ILLNESS BENEFIT	
	LINKED LOADING	LINKED RISK RATING	LINKED LOADING	LINKED RISK RATING	LINKED LOADING	LINKED RISK RATING
0*	50%	A3	100%	B2	125%	B3
0.5 – 1	75%	B1	125%	B3	150%	C1
1.5 – 2	100%	B2	Benefit not available			
2.5 – 3	125%	B3				
3.5 – 4	150%	C1				
4.5 – 5	175%	C2				
5.5 – 6	200%	D1				

The linked health loading may be further reduced by the Optimal Loading Adjustment, which is defined as:

Optimal Loading Adjustment = (Years optimal – 1) x 25%

Where years optimal are the number of consecutive years that a client's diabetes outcomes score has been 0. The Optimal Loading Adjustment would be subtracted from the linked diabetes score health loading. If the newly calculated health loading is lower than the health loading that applies at the time, the health loading will be reduced to the new health loading as part of the anniversary process.

A loading reduction will not be applied in the following circumstances

- If there are any outcomes missing from the measures required to calculate the diabetes score.
- Where the client's triglyceride level exceeds 4.4 mmol/l.
- Where the client's diabetes score is greater than 6.
- Where the client's BMI is above 37.5 or below 18.5. The BMI will be obtained from Vitality and can only be used where it has been verified.

BMI

The Managed Care Integrator automaticallly reassesses your client's health loading based on their BMI score at each policy anniversary. The BMI score is based on a client's BMI obtained from Vitality, according to the table below:

BMI	SCORE
18.5 – 37.4	0
37.5 – 39.9	1
40.0 – 42.99	2
43 – 43.99	3
44.0 – 44.9	4
45+	10

The BMI score is then linked to a health loading according to the following table:

BMI SCORE	LIFE COVER BENEFIT		CAPITAL DISABILITY BENEFIT		SEVERE ILLNESS BENEFIT	
	LINKED LOADING	LINKED RISK RATING	LINKED LOADING	LINKED RISK RATING	LINKED LOADING	LINKED RISK RATING
0	0	A1	0%	A1	0%	A1
1	50	A3	75%	B1	75%	B1
2	75	B1	100%	B2	100%	B2
3	100	B2	125%	B3	125%	B3
4	125	B3	Benefit not available			
5	150	C1				

If the newly calculated health loading is lower than the health loading that applies at the time, the health loading will be reduced to the new health loading as part of the anniversary process.

There will be no loading reduction if the client has a BMI score of 10, or if there is no verifiable BMI result.

HIV+

The Managed Care Integrator automatically reassesses your client's health loading according to their HIV score at each policy anniversary. The HIV score is calculated as follows:

HIV score = (Years optimal – 1) x 25%

Where years optimal are the number of two years in a row that your client has kept their CD4 count above 500. The health loading is then calculated as the lower of the current health loading and the initial health loading less the HIV score.

Example

Suppose a client who, already on Discovery Health's HIV*Care* programme and Vitality applies for a Life Plan. In her counter-offer letter, she is offered the Managed Care Integrator and receives the 10% Managed Care Integrator Discount to her 300% health loading on her Life Cover and thus starts with a 270% health loading.

YEAR	CD4 COUNT	YEARS OPTIMAL	HIV SCORE	INTIAL HEALTH LOADING LESS HIV SCORE	CURRENT HEALTH LOADING	HEALTH LOADING APPLIED	HEALTH LOADING AFTER DISCOUNT
1	543	0	0	300%	300%	300%	270%
2	519	1	25	275%	300%	275%	247.5%
3	523	1	25	275%	275%	275%	247.5%
4	446	0	0	300%	275%	275%	247.5%
5	457	0	0	300%	275%	275%	247.5%

The table below illustrates how the client's health loading could reduce over time:

* This assumes the Managed Care Integrator discount is maintained

The following tests must be completed within each policy year

- CD4 count
- Viral load
- Liver function test
- Creatinine levels
- Lipogram test
- Haemoglobin levels
- HIV medicine resistance test
- Platelet count

A loading reduction will not be applied in the following circumstances

- If there are any outcomes missing from the list of required outcomes.
- Where the worst of the two most recent CD4 counts is below 350.
- Where the CD4 count in the previous year was below 200.
- A viral load of 40 copies/ml or more.
- Where any of the following Liver Function Test (LFT) results are greater than 1.5 times the normal upper range, as defined in the table below.

LIVER FUNCTION TESTS	NORMAL RANGES		1.5 X UPPER LIMIT OF NORMAL RANGE	
	MALES	FEMALES	MALES	FEMALES
GGT	0-50 IU/L	0-30 IU/L	>75 IU/L	>45 IU/L
ALT	50 IU/L	40 IU/L	>75 IU/L	>60 IU/L
AST	40 IU/L	35 IU/L	>60 IU/L	>55 IU/L

- Where the client's creatinine values fall outside the normal range (Males: 60-110 µmol/L; Females 45-90 mmol/L).
- Where the client's haemoglobin level is lower than normal (Males: Hb <= 12; Females: Hb <=10).
- Where the lipogram shows a total cholesterol value greater than 5.5.
- Where the HIV drug resistant test is positive.
- Where the platelet count is less than or equal to 100 or greater than or equal to 500.
- If the treatment regime has changed more than once due to resistance.

Managed Care Integrator PayBack

The Managed Care Integrator PayBack benefit is available on Classic and Business Life Plans and allows clients to accumulate 50% of their loading reduction into their Managed Care Integrator PayBack Fund, payable five-yearly. This PayBack is in addition to any Health, Vitality or Active Integrator PayBack or payouts from the Principal PayBack Fund.

At each policy anniversary where a client qualifies for a health loading reduction, the insured person's annual premium based on their current loading is compared to the annual premium they would have paid based on the reduced health loading. Half of the difference is then accumulated into the client's Managed Care Integrator PayBack Fund.

Example

A client has a R2 000 premium at the start of the year, which consists of a R1 000 health loading (100% loading). By managing his condition through the Managed Care Integrator, his loading is reduced to 50% at policy anniversary. The premium with a 50% health loading is R1 500.

Premiums received over the year came to R24 000 (R2 000 x 12).

Premiums received over the year would have been R18 000 (R1 500 x 12) with the lower health loading.

(R24 000 – R18 000) x 50%= R3 000 would accumulate to the client's Managed Care Integrator PayBack Fund.

There is no accumulation into the Managed Care Integrator PayBack Fund if the health loading is reduced outside the Managed Care Integrator process, for example through the normal loading review process.

Opportunity to gain access to disability and severe illness cover

This benefit is available to Managed Care Integrator clients who have diabetes. A client with diabetes may not initially qualify for full Capital Disability or Severe Illness cover based on their risk profile. However, by managing their condition, they are able to gain access to disability and severe illness cover over time. As their health loading reduces they will be given the option to purchase increasing levels of accelerated disability and severe illness cover on their Discovery Life Plan, which will be indicated to them in their anniversary letter.

Where a client has not yet unlocked 100% of their Life Fund in disability or severe illness cover, the Core Capital Disability and Comprehensive Severe Illness Benefits may be added with expiry age 65. The Capital Disability Benefit does not include the automatic conversion to Severe Illness cover at benefit expiry. Once 100% of the Life Fund is unlocked, any accelerated Capital Disability or Severe Illness benefit option may be purchased.

Need to know

General information

- Clients who have previously claimed on their policy will not qualify for the Managed Care Integrator.
- Clients must be members both upfront and over time of a qualifying Discovery Health Medical Scheme Plan and Vitality and must be on the relevant Managed Care Programme.
- If a client does not meet the criteria to keep the Managed Care Integrator, it will be removed. Any accumulated Managed Care Integrator PayBacks will fall away and there will be no future accumulations, except if the Managed Care Integrator is removed as a result of the client reaching a 0% health loading on their Life Cover where any accumulated Managed Care Integrator PayBack will be paid at the end of their Managed Care Integrator PayBack cycle.
- The health metrics used, their associated score and the linked health loading may change in future.
- Loading reductions are subject to an underwriter's approval, where applicable.
- Clients may be asked to complete a health declaration where any loading reduction can be disallowed if there is a new co-morbidity.
- If a client qualifies for the Managed Care Integrator, it will be communicated in the counter-offer letter.
- The unlocked disability and severe illness cover will be subject to full underwriting.
- Commission clawback may apply where the loading reduces.
- The Managed Care Integrator PayBack Benefit is only available on the Classic and Business Life Plan.
- On Business Life Plans, the Managed Care Integrator PayBack will be paid to the person to whom Principal PayBack Fund is paid.

Managed Care Integrator for Diabetes

- Once Severe Illness cover partially unlocks it can be added to the Life Fund as Comprehensive Severe Illness Benefit with an expiry of age 65. Once cover is fully unlocked, severe illness cover can be selected at any severity or expiry (limits apply).
- Once Capital Disability cover partially unlocks, it can be added to the Life Fund as Core Capital Disability withan expiry of age 65 (with no conversion at benefit expiry). Once the cover is fully unlocked, cover can be selected at any severity or expiry (limits apply).

Managed Care Integrator for HIV+

- Discovery's whole-of-life premium guarantee does not apply to these policies.
- Clients will only be allowed to add life cover and Accidental Disability cover.

APPENDIX 1

Health Integrator matrices

Section A: Personal Health matrices 2020

FAMILY: CLASSIC CORE HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 042	1.50%	1.35%	0.50%	-0.50%	-0.75%
2 043 – 4 052	1.75%	1.50%	0.75%	-0.35%	-0.65%
4 053 – 7 666	2.15%	1.75%	1.00%	-0.25%	-0.50%
7 667 – 12 311	2.55%	2.25%	1.50%	0.00%	-0.25%
12 312 – 16 799	3.15%	2.80%	2.00%	0.25%	0.00%
16 800 – 27 929	3.60%	3.30%	2.45%	1.00%	0.50%
27 930+	3.75%	3.50%	2.65%	1.15%	0.65%

PRINCIPAL ONLY: CLASSIC CORE HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 1 449	1.50%	1.35%	0.50%	-0.50%	-0.75%
1 450 – 2 765	1.75%	1.50%	0.75%	-0.35%	-0.65%
2 766 – 4 436	2.15%	1.75%	1.00%	-0.25%	-0.50%
4 437 – 5 946	2.55%	2.25%	1.50%	0.00%	-0.25%
5 947 – 11 298	3.15%	2.80%	2.00%	0.25%	0.00%
11 299 – 16 555	3.60%	3.30%	2.45%	1.00%	0.50%
16 556+	3.75%	3.50%	2.65%	1.15%	0.65%

FAMILY: ESSENTIAL CORE HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 042	1.80%	1.60%	0.85%	-0.25%	-0.50%
2 043 – 4 052	1.90%	1.75%	1.00%	-0.15%	-0.35%
4 053 – 7 666	2.25%	1.90%	1.15%	0.00%	-0.15%
7 667 – 12 311	2.65%	2.35%	1.65%	0.15%	0.00%
12 312 – 16 799	3.25%	3.00%	2.15%	0.45%	0.15%
16 800 – 27 929	3.65%	3.45%	2.60%	1.15%	0.65%
27 930+	3.75%	3.55%	2.80%	1.25%	0.75%

PRINCIPAL ONLY: ESSENTIAL CORE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 1 449	1.80%	1.60%	0.85%	-0.25%	-0.50%
1 450 – 2 765	1.90%	1.75%	1.00%	-0.15%	-0.35%
2 766 – 4 436	2.25%	1.90%	1.15%	0.00%	-0.15%
4 437 – 5 946	2.65%	2.35%	1.65%	0.15%	0.00%
5 947 – 11 298	3.25%	3.00%	2.15%	0.45%	0.15%
11 299 – 16 555	3.65%	3.45%	2.60%	1.15%	0.65%
16 556+	3.75%	3.55%	2.80%	1.25%	0.75%

FAMILY: EXECUTIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 5 331	0.00%	-0.50%	-1.50%	-2.25%	-2.75%
5 332 – 8 407	1.00%	0.75%	0.25%	-1.25%	-1.75%
8 408 – 16 572	2.10%	1.85%	1.00%	-0.50%	-0.75%
16 573 – 24 638	2.80%	2.30%	1.50%	0.00%	-0.25%
24 639 – 39 565	3.30%	3.00%	2.10%	0.25%	0.00%
39 566 – 55 560	3.65%	3.30%	2.50%	0.75%	0.50%
55 561+	3.75%	3.70%	2.95%	1.25%	0.75%

PRINCIPAL ONLY: EXECUTIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 995	0.00%	-0.50%	-1.50%	-2.25%	-2.75%
3 996 – 5 855	1.00%	0.75%	0.25%	-1.25%	-1.75%
5 856 – 8 177	2.10%	1.85%	1.00%	-0.50%	-0.75%
8 178 – 16 572	2.80%	2.30%	1.50%	0.00%	-0.25%
16 573 – 23 799	3.30%	3.00%	2.10%	0.25%	0.00%
23 800 – 39 553	3.65%	3.30%	2.50%	0.75%	0.50%
39 554+	3.75%	3.70%	2.95%	1.25%	0.75%

FAMILY: CLASSIC COMPREHENSIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 5 331	0.00%	-0.25%	-0.75%	-1.75%	-2.25%
5 332 – 8 407	1.50%	1.25%	0.25%	-0.85%	-1.25%
8 408 – 16 572	2.25%	2.00%	1.15%	-0.25%	-0.65%
16 573 – 24 638	2.90%	2.60%	1.70%	0.30%	0.00%
24 639 – 39 565	3.30%	3.05%	2.30%	0.55%	0.25%
39 566 – 55 560	3.65%	3.30%	2.65%	1.00%	0.50%
55 561+	3.75%	3.70%	3.25%	1.40%	0.90%

PRINCIPAL ONLY: CLASSIC COMPREHENSIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 995	0.00%	-0.25%	-0.75%	-1.75%	-2.25%
3 996 – 5 855	1.50%	1.25%	0.25%	-0.85%	-1.25%
5 856 – 8 177	2.25%	2.00%	1.15%	-0.25%	-0.65%
8 178 – 16 572	2.90%	2.60%	1.70%	0.30%	0.00%
16 573 – 23 799	3.30%	3.05%	2.30%	0.55%	0.25%
23 800 – 39 553	3.65%	3.30%	2.65%	1.00%	0.50%
39 554+	3.75%	3.70%	3.25%	1.40%	0.90%

FAMILY: ESSENTIAL COMPREHENSIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 5 331	0.00%	-0.25%	-0.75%	-1.75%	-2.25%
5 332 – 8 407	1.50%	1.25%	0.25%	-0.85%	-1.25%
8 408 – 16 572	2.25%	2.00%	1.15%	-0.25%	-0.65%
16 573 – 24 638	3.00%	2.65%	1.75%	0.40%	0.25%
24 639 – 39 565	3.45%	3.15%	2.40%	0.65%	0.50%
39 566 – 55 560	3.65%	3.50%	2.65%	1.10%	0.75%
55 561+	3.75%	3.70%	3.25%	1.50%	1.00%

PRINCIPAL ONLY: ESSENTIAL COMPREHENSIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 995	0.00%	-0.25%	-0.75%	-1.75%	-2.25%
3 996 – 5 855	1.50%	1.25%	0.25%	-0.85%	-1.25%
5 856 – 8 177	2.25%	2.00%	1.15%	-0.25%	-0.65%
8 178 – 16 572	3.00%	2.65%	1.75%	0.40%	0.25%
16 573 – 23 799	3.45%	3.15%	2.40%	0.65%	0.50%
23 800 – 39 553	3.65%	3.50%	2.65%	1.10%	0.75%
39 554+	3.75%	3.70%	3.25%	1.50%	1.00%

FAMILY: CLASSIC SAVER HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 553	0.50%	0.25%	-0.25%	-1.00%	-1.50%
2 554 – 5 064	1.45%	1.20%	0.45%	-0.75%	-1.25%
5 065 – 9 837	1.90%	1.70%	1.00%	-0.50%	-0.75%
9 838 – 16 929	2.55%	2.25%	1.50%	-0.25%	-0.50%
16 930 – 23 799	3.15%	2.80%	2.00%	0.00%	-0.25%
23 800 – 39 565	3.60%	3.30%	2.45%	0.35%	0.20%
39 566+	3.75%	3.50%	2.75%	0.75%	0.65%

PRINCIPAL ONLY: CLASSIC SAVER HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 1 812	0.50%	0.25%	-0.25%	-1.00%	-1.50%
1 813 – 3 456	1.45%	1.20%	0.45%	-0.75%	-1.25%
3 457 – 5 694	1.90%	1.70%	1.00%	-0.50%	-0.75%
5 695 – 8 177	2.55%	2.25%	1.50%	-0.25%	-0.50%
8 178 – 16 007	3.15%	2.80%	2.00%	0.00%	-0.25%
16 008 – 23 454	3.60%	3.30%	2.45%	0.35%	0.20%
23 455+	3.75%	3.50%	2.75%	0.75%	0.65%

FAMILY: ESSENTIAL SAVER HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 553	1.15%	1.00%	0.25%	-0.75%	-1.25%
2 554 – 5 064	1.75%	1.50%	0.65%	-0.50%	-0.85%
5 065 – 9 837	2.25%	1.85%	1.25%	-0.25%	-0.50%
98 38 – 16 929	2.55%	2.25%	1.50%	0.00%	-0.25%
16 930 – 23 799	3.15%	2.80%	2.00%	0.15%	0.00%
23 800 – 39 565	3.65%	3.35%	2.60%	0.85%	0.45%
39 566+	3.75%	3.55%	2.90%	1.15%	0.75%

PRINCIPAL ONLY: ESSENTIAL SAVER HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 1 812	1.15%	1.00%	0.25%	-0.75%	-1.25%
1 813 – 3 456	1.75%	1.50%	0.65%	-0.50%	-0.85%
3 457 – 5 694	2.25%	1.85%	1.25%	-0.25%	-0.50%
5 695 – 8 177	2.55%	2.25%	1.50%	0.00%	-0.25%
8 178 – 16 007	3.15%	2.80%	2.00%	0.15%	0.00%
16 008 – 23 454	3.65%	3.35%	2.60%	0.85%	0.45%
23 455+	3.75%	3.55%	2.90%	1.15%	0.75%

FAMILY: CLASSIC PRIORITY HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 944	0.00%	-0.25%	-0.50%	-1.50%	-2.15%
3 945 – 6 736	1.55%	1.25%	0.50%	-0.75%	-1.00%
6 737 – 13 204	2.25%	2.00%	1.45%	0.00%	-0.35%
13 205 – 20 783	3.00%	2.75%	1.85%	0.50%	0.00%
20 784 – 31 683	3.40%	3.25%	2.25%	0.75%	0.45%
31 684 – 47 563	3.65%	3.50%	2.75%	1.25%	1.00%
47 564+	3.75%	3.70%	3.35%	1.50%	1.25%

PRINCIPAL ONLY: CLASSIC PRIORITY HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 904	0.00%	-0.25%	-0.50%	-1.50%	-2.15%
2 905 – 4 655	1.55%	1.25%	0.50%	-0.75%	-1.00%
4 656 – 6 935	2.25%	2.00%	1.45%	0.00%	-0.35%
6 936 – 12 375	3.00%	2.75%	1.85%	0.50%	0.00%
12 376 – 19 904	3.40%	3.25%	2.25%	0.75%	0.45%
19 905 – 31 503	3.65%	3.50%	2.75%	1.25%	1.00%
31 504+	3.75%	3.70%	3.35%	1.50%	1.25%

FAMILY: ESSENTIAL PRIORITY HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 944	0.00%	-0.25%	-0.50%	-1.50%	-2.15%
3 945 – 6 736	1.55%	1.25%	0.50%	-0.75%	-1.00%
6 737 – 13 204	2.25%	2.00%	1.45%	0.25%	-0.35%
13 205 – 20 783	3.15%	2.75%	1.85%	0.65%	0.25%
20 784 – 31 683	3.55%	3.25%	2.25%	0.85%	0.55%
31 684 – 47 563	3.65%	3.60%	2.75%	1.35%	1.15%
47 564+	3.75%	3.70%	3.40%	1.60%	1.35%

PRINCIPAL ONLY: ESSENTIAL PRIORITY HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 904	0.00%	-0.25%	-0.50%	-1.50%	-2.15%
2 905 – 4 655	1.55%	1.25%	0.50%	-0.75%	-1.00%
4 656 – 6 935	2.25%	2.00%	1.45%	0.25%	-0.35%
6 936 – 12 375	3.15%	2.75%	1.85%	0.65%	0.25%
12 376 – 19 904	3.55%	3.25%	2.25%	0.85%	0.55%
19 905 – 31 503	3.65%	3.60%	2.75%	1.35%	1.15%
31 504+	3.75%	3.70%	3.40%	1.60%	1.35%

Health Integrator matrices

Section B: Health Integrator PayBack matrices 2020

FAMILY: CLASSIC CORE HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 042	10.00%	15.00%	20.00%	30.00%	40.00%
2 043 – 4 052	7.50%	10.00%	15.00%	20.00%	30.00%
4 053 – 7 666	6.00%	8.00%	12.50%	17.50%	25.00%
7 667 – 12 311	5.00%	7.50%	10.00%	15.00%	20.00%
12 312 – 16 799	2.50%	5.00%	7.50%	12.50%	17.50%
16 800 – 27 929	-2.50%	2.50%	6.25%	10.00%	15.00%
27 930+	-7.50%	-2.50%	5.00%	7.50%	10.00%

PRINCIPAL ONLY: CLASSIC CORE HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 1 449	10.00%	15.00%	20.00%	30.00%	40.00%
1 450 – 2 765	7.50%	10.00%	15.00%	20.00%	30.00%
2 766 – 4 436	6.00%	8.00%	12.50%	17.50%	25.00%
4 437 – 5 946	5.00%	7.50%	10.00%	15.00%	20.00%
5 947 – 11 298	2.50%	5.00%	7.50%	12.50%	17.50%
11 299 – 16 555	-2.50%	2.50%	6.25%	10.00%	15.00%
16 556+	-7.50%	-2.50%	5.00%	7.50%	10.00%

FAMILY: ESSENTIAL CORE HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 042	10.00%	12.50%	17.50%	27.50%	37.50%
2 043 – 4 052	7.50%	10.00%	12.50%	17.50%	25.00%
4 053 – 7 666	5.00%	7.50%	10.00%	15.00%	22.50%
7 667 – 12 311	3.75%	6.25%	8.50%	13.50%	20.00%
12 312 – 16 799	2.50%	5.00%	7.50%	12.50%	17.50%
16 800 – 27 929	-2.50%	2.50%	6.25%	10.00%	15.00%
27 930+	-7.50%	-2.50%	5.00%	7.50%	10.00%

PRINCIPAL ONLY: ESSENTIAL CORE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 1 449	10.00%	12.50%	17.50%	27.50%	37.50%
1 450 – 2 765	7.50%	10.00%	12.50%	17.50%	25.00%
2 766 – 4 436	5.00%	7.50%	10.00%	15.00%	22.50%
4 437 – 5 946	3.75%	6.25%	8.50%	13.50%	20.00%
5 947 – 11 298	2.50%	5.00%	7.50%	12.50%	17.50%
11 299 – 16 555	-2.50%	2.50%	6.25%	10.00%	15.00%
16 556+	-7.50%	-2.50%	5.00%	7.50%	10.00%

FAMILY: EXECUTIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 5 331	20.00%	27.50%	35.00%	42.50%	50.00%
5 332 – 8 407	15.00%	17.50%	25.00%	32.50%	40.00%
8 408 – 16 572	10.00%	12.50%	20.00%	27.50%	35.00%
16 573 – 24 638	7.50%	10.00%	15.00%	22.50%	30.00%
24 639 – 39 565	2.50%	7.50%	10.00%	20.00%	25.00%
39 566 – 55 560	0.00%	5.00%	7.50%	17.50%	20.00%
55 561+	-2.50%	2.50%	5.00%	15.00%	17.50%

PRINCIPAL ONLY: EXECUTIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 995	20.00%	27.50%	35.00%	42.50%	50.00%
3 996 – 5 855	15.00%	17.50%	25.00%	32.50%	40.00%
5 856 – 8 177	10.00%	12.50%	20.00%	27.50%	35.00%
8 178 – 16 572	7.50%	10.00%	15.00%	22.50%	30.00%
16 573 – 23 799	2.50%	7.50%	10.00%	20.00%	25.00%
23 800 – 39 553	0.00%	5.00%	7.50%	17.50%	20.00%
39 554+	-2.50%	2.50%	5.00%	15.00%	17.50%

FAMILY: CLASSIC COMPREHENSIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 5 331	20.00%	27.50%	35.00%	42.50%	50.00%
5 332 – 8 407	15.00%	17.50%	25.00%	32.50%	40.00%
8 408 – 16 572	7.50%	10.00%	17.50%	25.00%	32.50%
16 573 – 24 638	5.00%	7.50%	12.50%	22.50%	27.50%
24 639 – 39 565	1.25%	5.00%	10.00%	20.00%	22.50%
39 566 – 55 560	0.00%	2.50%	5.00%	15.00%	17.50%
55 561+	-2.50%	0.00%	2.50%	12.50%	15.00%

PRINCIPAL ONLY: CLASSIC COMPREHENSIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 995	20.00%	27.50%	35.00%	42.50%	50.00%
3 996 – 5 855	15.00%	17.50%	25.00%	32.50%	40.00%
5 856 – 8 177	7.50%	10.00%	17.50%	25.00%	32.50%
8 178 – 16 572	5.00%	7.50%	12.50%	22.50%	27.50%
16 573 – 23 799	1.25%	5.00%	10.00%	20.00%	22.50%
23 800 – 39 553	0.00%	2.50%	5.00%	15.00%	17.50%
39 554+	-2.50%	0.00%	2.50%	12.50%	15.00%

FAMILY: ESSENTIAL COMPREHENSIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 5 331	20.00%	27.50%	35.00%	42.50%	50.00%
5 332 – 8 407	12.50%	15.00%	22.50%	30.00%	40.00%
8 408 – 16 572	7.50%	10.00%	17.50%	25.00%	32.50%
16 573 – 24 638	5.00%	7.50%	12.50%	20.00%	27.50%
24 639 – 39 565	1.25%	5.00%	10.00%	17.50%	22.50%
39 566 – 55 560	0.00%	2.50%	5.00%	15.00%	17.50%
55 561+	-2.50%	0.00%	2.50%	12.50%	15.00%

PRINCIPAL ONLY: ESSENTIAL COMPREHENSIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 995	20.00%	27.50%	35.00%	42.50%	50.00%
3 996 – 5 855	12.50%	15.00%	22.50%	30.00%	40.00%
5 856 – 8 177	7.50%	10.00%	17.50%	25.00%	32.50%
8 178 – 16 572	5.00%	7.50%	12.50%	20.00%	27.50%
16 573 – 23 799	1.25%	5.00%	10.00%	17.50%	22.50%
23 800 – 39 553	0.00%	2.50%	5.00%	15.00%	17.50%
39 554+	-2.50%	0.00%	2.50%	12.50%	15.00%

FAMILY: CLASSIC SAVER HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 553	15.00%	20.00%	27.50%	35.00%	45.00%
2 554 – 5 064	12.50%	15.00%	22.50%	30.00%	40.00%
5 065 – 9 837	7.50%	10.00%	17.50%	25.00%	35.00%
9 838 – 16 929	5.00%	7.50%	15.00%	22.50%	27.50%
16 930 – 23 799	2.50%	5.00%	12.50%	20.00%	25.00%
23 800 – 39 565	-2.50%	2.50%	10.00%	17.50%	22.50%
39 566+	-7.50%	-2.50%	7.50%	15.00%	17.50%

PRINCIPAL ONLY: CLASSIC SAVER HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 1 812	15.00%	20.00%	27.50%	35.00%	45.00%
1 813 – 3 456	12.50%	15.00%	22.50%	30.00%	40.00%
3 457 – 5 694	7.50%	10.00%	17.50%	25.00%	35.00%
5 695 – 8 177	5.00%	7.50%	15.00%	22.50%	27.50%
8 178 – 16 007	2.50%	5.00%	12.50%	20.00%	25.00%
16 008 – 23 454	-2.50%	2.50%	10.00%	17.50%	22.50%
23 455+	-7.50%	-2.50%	7.50%	15.00%	17.50%

FAMILY: ESSENTIAL SAVER HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 553	15.00%	20.00%	27.50%	35.00%	45.00%
2 554 – 5 064	8.75%	12.50%	17.50%	25.00%	35.00%
9 838 – 9 837	6.25%	7.50%	15.00%	20.00%	30.00%
98 38 – 16 929	5.00%	5.00%	12.50%	17.50%	25.00%
16 930 – 23 799	2.50%	2.50%	10.00%	15.00%	20.00%
23 800 – 39 565	-2.50%	0.00%	7.50%	12.50%	17.50%
39 566+	-7.50%	-2.50%	5.00%	10.00%	12.50%

PRINCIPAL ONLY: ESSENTIAL SAVER HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 1 812	15.00%	20.00%	27.50%	35.00%	45.00%
1 813 – 3 456	8.75%	12.50%	17.50%	25.00%	35.00%
3 457 – 5 694	6.25%	7.50%	15.00%	20.00%	30.00%
5 695 – 8 177	5.00%	5.00%	12.50%	17.50%	25.00%
8 178 – 16 007	2.50%	2.50%	10.00%	15.00%	20.00%
16 008 – 23 454	-2.50%	0.00%	7.50%	12.50%	17.50%
23 455+	-7.50%	-2.50%	5.00%	10.00%	12.50%

FAMILY: CLASSIC PRIORITY HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 944	20.00%	22.50%	30.00%	40.00%	50.00%
3 945 – 6 736	15.00%	17.50%	25.00%	32.50%	40.00%
6 737 – 13 204	10.00%	12.50%	20.00%	27.50%	35.00%
13 205 – 20 783	7.50%	10.00%	15.00%	22.50%	30.00%
20 784 – 31 683	2.50%	7.50%	10.00%	20.00%	25.00%
31 684 – 47 563	0.00%	5.00%	7.50%	17.50%	20.00%
47 564+	-2.50%	2.50%	5.00%	15.00%	17.50%

PRINCIPAL ONLY: CLASSIC PRIORITY HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 904	20.00%	27.50%	35.00%	42.50%	50.00%
2 905 – 4 655	12.50%	15.00%	22.50%	30.00%	40.00%
4 656 – 6 935	7.50%	10.00%	17.50%	25.00%	32.50%
6 936 – 12 375	5.00%	7.50%	12.50%	20.00%	27.50%
12 376 – 19 904	1.25%	5.00%	10.00%	17.50%	22.50%
19 905 – 31 503	0.00%	2.50%	5.00%	15.00%	17.50%
31 504+	-2.50%	0.00%	2.50%	12.50%	15.00%

FAMILY: ESSENTIAL PRIORITY HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 944	20.00%	25.00%	32.50%	40.00%	50.00%
3 945 – 6 736	12.50%	15.00%	22.50%	30.00%	40.00%
6 737 – 13 204	7.50%	10.00%	17.50%	25.00%	30.00%
13 205 – 20 783	5.00%	7.50%	12.50%	20.00%	25.00%
20 784 – 31 683	1.25%	5.00%	10.00%	17.50%	20.00%
31 684 – 47 563	0.00%	2.50%	5.00%	15.00%	17.50%
47 564+	-2.50%	0.00%	2.50%	12.50%	15.00%

PRINCIPAL ONLY: ESSENTIAL PRIORITY HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 904	20.00%	25.00%	32.50%	40.00%	50.00%
2 905 – 4 655	12.50%	15.00%	22.50%	30.00%	40.00%
4 656 – 6 935	7.50%	10.00%	17.50%	25.00%	30.00%
6 936 – 12 375	5.00%	7.50%	12.50%	20.00%	25.00%
12 376 – 19 904	1.25%	5.00%	10.00%	17.50%	20.00%
19 905 – 31 503	0.00%	2.50%	5.00%	15.00%	17.50%
31 504+	-2.50%	0.00%	2.50%	12.50%	15.00%

Health Integrator matrices

Section C: Health Integrator PayBack matrices with Double PayBack 2020

FAMILY: CLASSIC CORE HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 042	20.00%	30.00%	40.00%	60.00%	80.00%
2 043 – 4 052	15.00%	20.00%	30.00%	40.00%	60.00%
4 053 – 7 666	12.00%	16.00%	25.00%	35.00%	50.00%
7 667 – 12 311	10.00%	15.00%	20.00%	30.00%	40.00%
12 312 – 16 799	5.00%	10.00%	15.00%	25.00%	35.00%
16 800 – 27 929	-2.50%	5.00%	12.50%	20.00%	30.00%
27 930+	-7.50%	-2.50%	10.00%	15.00%	20.00%

PRINCIPAL ONLY: CLASSIC CORE HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 1 449	20.00%	30.00%	40.00%	60.00%	80.00%
1 450 – 2 765	15.00%	20.00%	30.00%	40.00%	60.00%
2 766 – 4 436	12.00%	16.00%	25.00%	35.00%	50.00%
4 437 – 5 946	10.00%	15.00%	20.00%	30.00%	40.00%
5 947 – 11 298	5.00%	10.00%	15.00%	25.00%	35.00%
11 299 – 16 555	-2.50%	5.00%	12.50%	20.00%	30.00%
16 556+	-7.50%	-2.50%	10.00%	15.00%	20.00%

FAMILY: ESSENTIAL CORE HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 042	20.00%	25.00%	35.00%	55.00%	75.00%
2 043 – 4 052	15.00%	20.00%	25.00%	35.00%	50.00%
4 053 – 7 666	10.00%	15.00%	20.00%	30.00%	45.00%
7 667 – 12 311	7.50%	12.50%	17.00%	27.00%	40.00%
12 312 – 16 799	5.00%	10.00%	15.00%	25.00%	35.00%
16 800 – 27 929	-2.50%	5.00%	12.50%	20.00%	30.00%
27 930+	-7.50%	-2.50%	10.00%	15.00%	20.00%

PRINCIPAL ONLY: ESSENTIAL CORE HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 1 449	20.00%	25.00%	35.00%	55.00%	75.00%
1 450 – 2 765	15.00%	20.00%	25.00%	35.00%	50.00%
2 766 – 4 436	10.00%	15.00%	20.00%	30.00%	45.00%
4 437 – 5 946	7.50%	12.50%	17.00%	27.00%	40.00%
5 947 – 11 298	5.00%	10.00%	15.00%	25.00%	35.00%
11 299 – 16 555	-2.50%	5.00%	12.50%	20.00%	30.00%
16 556+	-7.50%	-2.50%	10.00%	15.00%	20.00%

FAMILY: EXECUTIVE HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 5 331	40.00%	55.00%	70.00%	85.00%	100.00%
5 332 – 8 407	30.00%	35.00%	50.00%	65.00%	80.00%
8 408 – 16 572	20.00%	25.00%	40.00%	55.00%	70.00%
16 573 – 24 638	15.00%	20.00%	30.00%	45.00%	60.00%
24 639 – 39 565	5.00%	15.00%	20.00%	40.00%	50.00%
39 566 – 55 560	0.00%	10.00%	15.00%	35.00%	40.00%
55 561+	-2.50%	5.00%	10.00%	30.00%	35.00%

PRINCIPAL ONLY: EXECUTIVE HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 995	40.00%	55.00%	70.00%	85.00%	100.00%
3 996 – 5 855	30.00%	35.00%	50.00%	65.00%	80.00%
5 856 – 8 177	20.00%	25.00%	40.00%	55.00%	70.00%
8 178 – 16 572	15.00%	20.00%	30.00%	45.00%	60.00%
16 573 – 23 799	5.00%	15.00%	20.00%	40.00%	50.00%
23 800 – 39 553	0.00%	10.00%	15.00%	35.00%	40.00%
39 554+	-2.50%	5.00%	10.00%	30.00%	35.00%

FAMILY: CLASSIC COMPREHENSIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 5 331	40.00%	55.00%	70.00%	85.00%	100.00%
5 332 – 8 407	30.00%	35.00%	50.00%	65.00%	80.00%
8 408 – 16 572	15.00%	20.00%	35.00%	50.00%	65.00%
16 573 – 24 638	10.00%	15.00%	25.00%	45.00%	55.00%
24 639 – 39 565	2.50%	10.00%	20.00%	40.00%	45.00%
39 566 – 55 560	0.00%	5.00%	10.00%	30.00%	35.00%
55 561+	-2.50%	0.00%	5.00%	25.00%	30.00%

PRINCIPAL ONLY: CLASSIC COMPREHENSIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 995	40.00%	55.00%	70.00%	85.00%	100.00%
3 996 – 5 855	30.00%	35.00%	50.00%	65.00%	80.00%
5 856 – 8 177	15.00%	20.00%	35.00%	50.00%	65.00%
8 178 – 16 572	10.00%	15.00%	25.00%	45.00%	55.00%
16 573 – 23 799	2.50%	10.00%	20.00%	40.00%	45.00%
23 800 – 39 553	0.00%	5.00%	10.00%	30.00%	35.00%
39 554+	-2.50%	0.00%	5.00%	25.00%	30.00%

FAMILY: ESSENTIAL COMPREHENSIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 5 331	40.00%	55.00%	70.00%	85.00%	100.00%
5 332 – 8 407	25.00%	30.00%	45.00%	60.00%	80.00%
8 408 – 16 572	15.00%	20.00%	35.00%	50.00%	65.00%
16 573 – 24 638	10.00%	15.00%	25.00%	40.00%	55.00%
24 639 – 39 565	2.50%	10.00%	20.00%	35.00%	45.00%
39 566 – 55 560	0.00%	5.00%	10.00%	30.00%	35.00%
55 561+	-2.50%	0.00%	5.00%	25.00%	30.00%

PRINCIPAL ONLY: ESSENTIAL COMPREHENSIVE HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 995	40.00%	55.00%	70.00%	85.00%	100.00%
3 996 – 5 855	25.00%	30.00%	45.00%	60.00%	80.00%
5 856 – 8 177	15.00%	20.00%	35.00%	50.00%	65.00%
8 178 – 16 572	10.00%	15.00%	25.00%	40.00%	55.00%
16 573 – 23 799	2.50%	10.00%	20.00%	35.00%	45.00%
23 800 – 39 553	0.00%	5.00%	10.00%	30.00%	35.00%
39 554+	-2.50%	0.00%	5.00%	25.00%	30.00%

FAMILY: CLASSIC SAVER HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 553	30.00%	40.00%	55.00%	70.00%	90.00%
2 554 – 5 064	25.00%	30.00%	45.00%	60.00%	80.00%
5 065 – 9 837	15.00%	20.00%	35.00%	50.00%	70.00%
9 838 – 16 929	10.00%	15.00%	30.00%	45.00%	55.00%
16 930 – 23 799	5.00%	10.00%	25.00%	40.00%	50.00%
23 800 – 39 565	-2.50%	5.00%	20.00%	35.00%	45.00%
39 566+	-7.50%	-2.50%	15.00%	30.00%	35.00%

PRINCIPAL ONLY: CLASSIC SAVER HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 1 812	30.00%	40.00%	55.00%	70.00%	90.00%
1 813 – 3 456	25.00%	30.00%	45.00%	60.00%	80.00%
3 457 – 5 694	15.00%	20.00%	35.00%	50.00%	70.00%
5 695 – 8 177	10.00%	15.00%	30.00%	45.00%	55.00%
8 178 – 16 007	5.00%	10.00%	25.00%	40.00%	50.00%
16 008 – 23 454	-2.50%	5.00%	20.00%	35.00%	45.00%
23 455+	-7.50%	-2.50%	15.00%	30.00%	35.00%

FAMILY: ESSENTIAL SAVER HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 553	30.00%	40.00%	55.00%	70.00%	90.00%
2 554 – 5 064	17.50%	25.00%	35.00%	50.00%	70.00%
9 838 – 9 837	12.50%	15.00%	30.00%	40.00%	60.00%
98 38 – 16 929	10.00%	10.00%	25.00%	35.00%	50.00%
16 930 – 23 799	5.00%	5.00%	20.00%	30.00%	40.00%
23 800 – 39 565	-2.50%	0.00%	15.00%	25.00%	35.00%
39 566+	-7.50%	-2.50%	10.00%	20.00%	25.00%

PRINCIPAL ONLY: ESSENTIAL SAVER HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 1 812	30.00%	40.00%	55.00%	70.00%	90.00%
1 813 – 3 456	17.50%	25.00%	35.00%	50.00%	70.00%
3 457 – 5 694	12.50%	15.00%	30.00%	40.00%	60.00%
5 695 – 8 177	10.00%	10.00%	25.00%	35.00%	50.00%
8 178 – 16 007	5.00%	5.00%	20.00%	30.00%	40.00%
16 008 – 23 454	-2.50%	0.00%	15.00%	25.00%	35.00%
23 455+	-7.50%	-2.50%	10.00%	20.00%	25.00%

FAMILY: CLASSIC PRIORITY HEALTH PLAN					
Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 944	40.00%	45.00%	60.00%	80.00%	100.00%
3 945 – 6 736	30.00%	35.00%	50.00%	65.00%	80.00%
6 737 – 13 204	20.00%	25.00%	40.00%	55.00%	70.00%
13 205 – 20 783	15.00%	20.00%	30.00%	45.00%	60.00%
20 784 – 31 683	5.00%	15.00%	20.00%	40.00%	50.00%
31 684 – 47 563	0.00%	10.00%	15.00%	35.00%	40.00%
47 564+	-2.50%	5.00%	10.00%	30.00%	35.00%

PRINCIPAL ONLY: CLASSIC PRIORITY HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 904	40.00%	55.00%	70.00%	85.00%	100.00%
2 905 – 4 655	25.00%	30.00%	45.00%	60.00%	80.00%
4 656 – 6 935	15.00%	20.00%	35.00%	50.00%	65.00%
6 936 – 12 375	10.00%	15.00%	25.00%	40.00%	55.00%
12 376 – 19 904	2.50%	10.00%	20.00%	15.00%	45.00%
19 905 – 31 503	0.00%	5.00%	10.00%	30.00%	35.00%
31 504+	-2.50%	0.00%	5.00%	30.00%	35.00%

FAMILY: ESSENTIAL PRIORITY HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 3 944	40.00%	50.00%	65.00%	80.00%	100.00%
3 945 – 6 736	25.00%	30.00%	45.00%	60.00%	80.00%
6 737 – 13 204	15.00%	20.00%	35.00%	50.00%	60.00%
13 205 – 20 783	10.00%	15.00%	25.00%	40.00%	50.00%
20 784 – 31 683	2.50%	10.00%	20.00%	35.00%	40.00%
31 684 – 47 563	0.00%	5.00%	10.00%	30.00%	35.00%
47 564+	-2.50%	0.00%	5.00%	25.00%	30.00%

PRINCIPAL ONLY: ESSENTIAL PRIORITY HEALTH PLAN

Health claims (R)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 904	40.00%	50.00%	65.00%	80.00%	100.00%
2 905 – 4 655	25.00%	30.00%	45.00%	60.00%	80.00%
4 656 – 6 935	15.00%	20.00%	35.00%	50.00%	60.00%
6 936 – 12 375	10.00%	15.00%	25.00%	40.00%	50.00%
12 376 – 19 904	2.50%	10.00%	20.00%	35.00%	40.00%
19 905 – 31 503	0.00%	5.00%	10.00%	30.00%	35.00%
31 504+	-2.50%	0.00%	5.00%	25.00%	30.00%

Health Integrator matrices

Section D

PRIORITY HEALTH PLAN											
		20% option					40% option				
	Health Claims (R)	Blue/ None	Bronze	Silver	Gold	Diamond	Blue/ None	Bronze	Silver	Gold	Diamond
Main insured person only	0 – 2 904	-0.150%	0.000%	0.200%	0.400%	0.700%	-0.250%	0.050%	0.400%	0.750%	1.200%
	2 905 – 4 655	-0.250%	-0.150%	0.150%	0.350%	0.575%	-0.350%	-0.250%	0.250%	0.650%	1.000%
	4 656 – 6 935	-0.300%	-0.250%	0.075%	0.300%	0.425%	-0.550%	-0.400%	0.100%	0.500%	0.750%
	6 936 – 12 375	-0.450%	-0.350%	0.000%	0.200%	0.275%	-0.800%	-0.600%	-0.050%	0.350%	0.500%
	12 376 – 19 904	-0.550%	-0.450%	-0.100%	0.100%	0.150%	-0.900%	-0.725%	-0.200%	0.150%	0.250%
	19 905 – 31 503	-0.600%	-0.500%	-0.150%	0.050%	0.075%	-1.000%	-0.850%	-0.350%	0.000%	0.150%
	31 504+	-0.700%	-0.550%	-0.200%	-0.075%	0.000%	-1.070%	-0.950%	-0.500%	-0.150%	0.000%
Family	0 – 3 944	-0.150%	0.000%	0.200%	0.400%	0.700%	-0.250%	0.050%	0.400%	0.750%	1.200%
	3 945 – 6 736	-0.250%	-0.150%	0.150%	0.350%	0.575%	-0.350%	-0.250%	0.250%	0.650%	1.000%
	6 737 – 13 204	-0.300%	-0.250%	0.075%	0.300%	0.425%	-0.550%	-0.400%	0.100%	0.500%	0.750%
	13 205 – 20 783	-0.450%	-0.350%	0.000%	0.200%	0.275%	-0.800%	-0.600%	-0.050%	0.350%	0.500%
	20 784 – 31 683	-0.550%	-0.450%	-0.100%	0.100%	0.150%	-0.900%	-0.725%	-0.200%	0.150%	0.250%
	31 684 – 47 563	-0.600%	-0.500%	-0.150%	0.050%	0.075%	-1.000%	-0.850%	-0.350%	0.000%	0.150%
	47 564+	-0.700%	-0.550%	-0.200%	-0.075%	0.000%	-1.070%	-0.950%	-0.500%	-0.150%	0.000%

SAVER HEALTH PLAN

		20% option					40% option				
	Health Claims (R)	Blue/ None	Bronze	Silver	Gold	Diamond	Blue/ None	Bronze	Silver	Gold	Diamond
Main insured person only	0 – 1 812	-0.250%	-0.050%	0.150%	0.350%	0.650%	-0.400%	-0.100%	0.200%	0.600%	1.125%
	1 813 – 3 456	-0.275%	-0.200%	0.085%	0.325%	0.525%	-0.475%	-0.375%	0.130%	0.530%	0.880%
	3 457 – 5 694	-0.400%	-0.350%	-0.025%	0.225%	0.350%	-0.650%	-0.550%	-0.050%	0.350%	0.650%
	5 695 – 8 177	-0.475%	-0.425%	-0.075%	0.175%	0.250%	-0.850%	-0.650%	-0.125%	0.250%	0.430%
	8 178 – 16 007	-0.600%	-0.525%	-0.150%	0.075%	0.125%	-0.950%	-0.800%	-0.250%	0.100%	0.200%
	16 008 – 23 454	-0.650%	-0.550%	-0.250%	0.000%	0.100%	-1.050%	-0.900%	-0.350%	0.000%	0.130%
	23 455+	-0.700%	-0.600%	-0.300%	-0.100%	0.000%	-1.100%	-0.950%	-0.450%	-0.150%	0.000%
Family	0 – 2 553	-0.250%	-0.050%	0.150%	0.350%	0.650%	-0.400%	-0.100%	0.200%	0.600%	1.125%
	2 554 – 5 064	-0.275%	-0.200%	0.085%	0.325%	0.525%	-0.475%	-0.375%	0.130%	0.530%	0.880%
	5 065 – 9 837	-0.400%	-0.350%	-0.025%	0.225%	0.350%	-0.650%	-0.550%	-0.050%	0.350%	0.650%
	9 838 – 16 929	-0.475%	-0.425%	-0.075%	0.175%	0.250%	-0.850%	-0.650%	-0.125%	0.250%	0.430%
	16 930 – 23 799	-0.600%	-0.525%	-0.150%	0.075%	0.125%	-0.950%	-0.800%	-0.250%	0.100%	0.200%
	23 800 – 39 565	-0.650%	-0.550%	-0.250%	0.000%	0.100%	-1.050%	-0.900%	-0.350%	0.000%	0.130%
	39 566+	-0.700%	-0.600%	-0.300%	-0.100%	0.000%	-1.100%	-0.950%	-0.450%	-0.150%	0.000%

CORE HEALTH PLAN

		20% option					40% option				
	Health Claims (R)	Blue/ None	Bronze	Silver	Gold	Diamond	Blue/ None	Bronze	Silver	Gold	Diamond
Main insured person only	0 – 1 449	-0.300%	-0.150%	0.075%	0.300%	0.625%	-0.500%	-0.250%	0.100%	0.500%	1.075%
	1 450 – 2 765	-0.320%	-0.260%	0.030%	0.260%	0.470%	-0.550%	-0.450%	0.050%	0.450%	0.800%
	2 766 – 4 436	-0.380%	-0.320%	0.000%	0.200%	0.350%	-0.650%	-0.550%	0.000%	0.350%	0.600%
	4 437 – 5 946	-0.500%	-0.380%	-0.060%	0.150%	0.230%	-0.850%	-0.650%	-0.100%	0.250%	0.400%
	5 947 – 11 298	-0.550%	-0.500%	-0.120%	0.050%	0.120%	-0.950%	-0.800%	-0.250%	0.100%	0.200%
	11 299 – 16 555	-0.600%	-0.550%	-0.160%	0.000%	0.080%	-1.050%	-0.900%	-0.350%	0.030%	0.130%
	16 556+	-0.700%	-0.600%	-0.250%	-0.100%	0.000%	-1.100%	-0.950%	-0.450%	-0.050%	0.000%
Family	0 – 2 042	-0.300%	-0.150%	0.075%	0.300%	0.625%	-0.500%	-0.250%	0.100%	0.500%	1.075%
	2 043 – 4 052	-0.320%	-0.260%	0.030%	0.260%	0.470%	-0.550%	-0.450%	0.050%	0.450%	0.800%
	4 053 – 7 666	-0.380%	-0.320%	0.000%	0.200%	0.350%	-0.650%	-0.550%	0.000%	0.350%	0.600%
	7 667 – 12 311	-0.500%	-0.380%	-0.060%	0.150%	0.230%	-0.850%	-0.650%	-0.100%	0.250%	0.400%
	12 312 – 16 799	-0.550%	-0.500%	-0.120%	0.050%	0.120%	-0.950%	-0.800%	-0.250%	0.100%	0.200%
	16 800 – 27 929	-0.600%	-0.550%	-0.160%	0.000%	0.080%	-1.050%	-0.900%	-0.350%	0.030%	0.130%
	27 930+	-0.700%	-0.600%	-0.250%	-0.100%	0.000%	-1.100%	-0.950%	-0.450%	-0.050%	0.000%

Health Integrator matrices

Section E: Buy-up Income Continuation Fund matrices 2020

FAMILY: CORE HEALTH PLAN					
Qualifying Health Claims (in rand)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 2 042	-2.50%	-1.50%	-0.50%	0.50%	1.50%
2 043 – 4 052	-3.25%	-2.00%	-1.00%	0.00%	1.00%
4 053 – 7 666	-4.00%	-2.50%	-1.50%	-0.25%	0.50%
7 667 – 12 311	-4.75%	-3.00%	-2.00%	-0.50%	0.25%
12 312 – 16 799	-5.50%	-3.50%	-2.25%	-0.75%	0.00%
16 800 – 27 929	-6.25%	-4.00%	-2.50%	-1.00%	-0.50%
27 930+	-7.00%	-4.50%	-3.00%	-1.50%	-1.00%

MAIN INSURED PERSON ONLY: CORE HEALTH PLAN					
Qualifying Health Claims (in rand)	Vitality status				
	Blue	Bronze	Silver	Gold	Diamond
0 – 1 449	-2.50%	-1.50%	0.50%	0.50%	1.50%
1 450 – 2 765	-3.25%	-2.00%	-1.00%	0.00%	1.00%
2 766 – 4 436	-4.00%	-2.50%	-1.50%	-0.25%	0.50%
4 437 – 5 946	-4.75%	-3.00%	-2.00%	-0.50%	0.25%
5 947 – 11 298	-5.50%	-2.50%	-2.25%	-0.75%	0.00%
11 299 – 16 555	-6.25%	-4.00%	-2.50%	-1.00%	-0.50%
16 556+	-7.00%	-4.50%	-3.00%	-1.50%	-1.00%

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