



Discovery

PRECISION AND PERSONALISATION

Human-centered innovation for a healthier healthcare system

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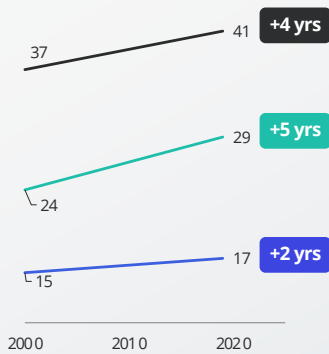
Discovery Health

Global improvements in healthcare outcomes

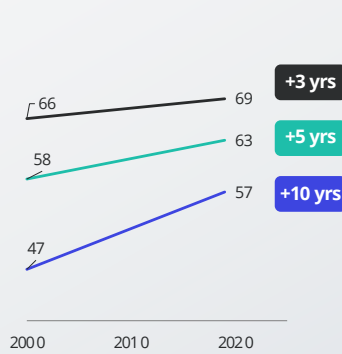


— Low Income — Middle Income — High Income

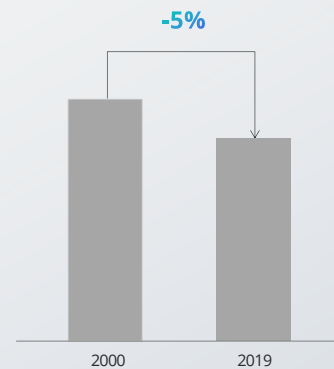
Global median age (years)



Global life expectancy (years)



Global DALYs



Source: Our World in Data; World Health Organization (WHO)

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Over the past 20 years, healthcare systems the world over have done a remarkable job in improving health outcomes. Across high, middle and low income countries, there have been significant advances in median age and life expectancy and a global reduction in DALYS

Increasing investment required to drive continued improvement

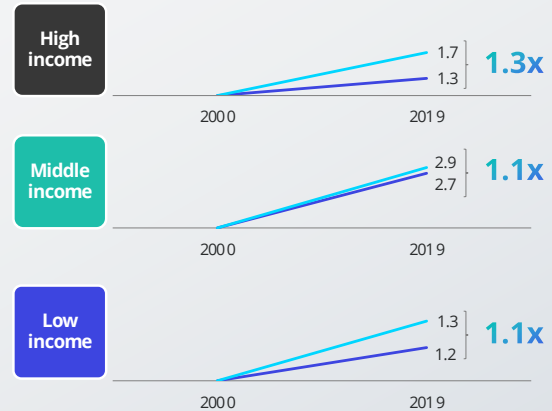


— GDP per capita — Healthcare expenditure per capita

Increasing cost of improving health outcomes



Healthcare costs out-pacing GDP growth



Source: BMC, Cost per DALY averted in low, middle- and high-income countries: evidence from the global burden of disease study to estimate the cost-effectiveness thresholds, 2021

*Values inflation-adjusted to 2015
Source: World Bank

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However, it is becoming increasingly costly for health systems, globally to achieve improved health outcomes

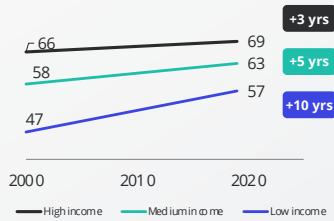
On the left-hand side of this slide, the chart illustrates the cost per DALY averted for countries of low, medium, high and very high development indices. As can be seen, the cost to avert a DALY increases exponentially as the healthcare system advances.

And on the right hand side, this is demonstrated by healthcare costs outpacing GDP growth by a factor of between 1.1 and 1.3 times per capita

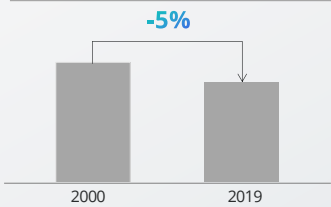
While health outcomes are improving globally, healthcare costs continue to increase exponentially



Global life expectancy (years)

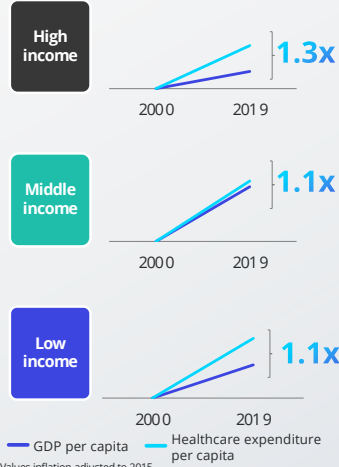


Global DALYs



Source: Our World in Data; World Health Organization (WHO)

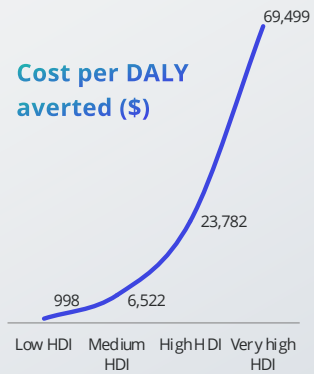
Healthcare costs out-pacing GDP growth



*Values inflation-adjusted to 2015
Source: World Bank

Increasing cost of improving health outcomes

Cost per DALY averted (\$)



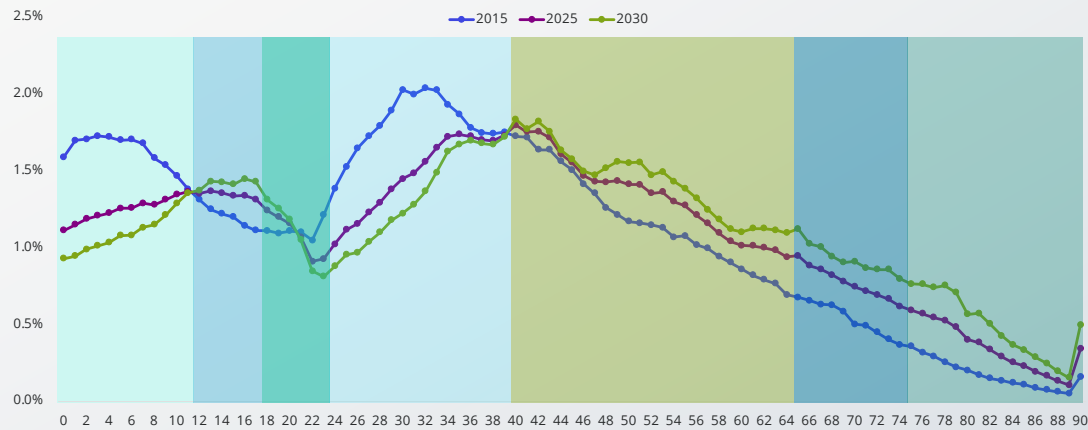
Source: BMC, Cost per DALY averted in low, middle- and high-income countries: evidence from the global burden of disease study to estimate the cost-effectiveness thresholds, 2021

So, while health outcomes are improving globally, healthcare costs continue to increase exponentially, exacerbating resource limitations and creating financial pressure.

The demographic profile of medical schemes is changing with members living longer and fewer young members entering the scheme



Age distribution of DHMS members in 2015 and 2025, projected for 2030



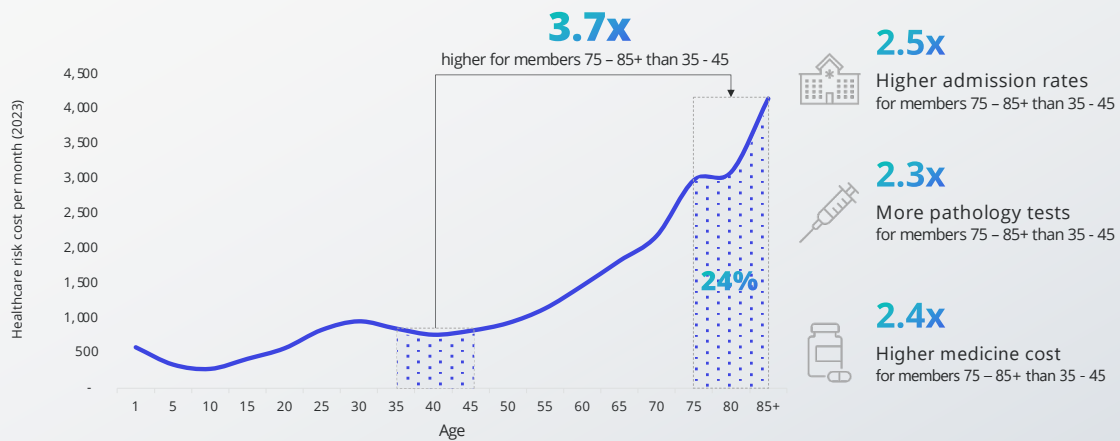
With improvements in median age and life expectancy, healthcare systems are faced with a growing aging population. In South Africa, this impact is compounded by fewer young members entry the system.

In this graph we plot the age distribution of the DHMS population in 2015 and 2025 and have modelled the likely distribution in 2030. Pay particular attention to the 0-12 band and then the 23 – 40 age bans where you will see that there has been a significant drop membership. At the same time, older members remain on the scheme and are living longer so we see an every increasing proportion of members sitting in the 50 years and older age bands.

Effect of ageing on healthcare costs (excl. chronic conditions)



Cost of healthcare per life per month



Source: Discovery Health Medical Scheme

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This has a profound effect on health care funding.

Members who are between the ages of 75-85 years have 2.7x higher risk costs per month than a member between the ages of 35 and 45 years old, driven by higher hospital admission rates, medicine costs and utilization of other healthcare services.

So as the medical scheme population ages, the costs of providing cover for healthcare services increases exponentially.

Higher per capita elective procedures for same age demographic

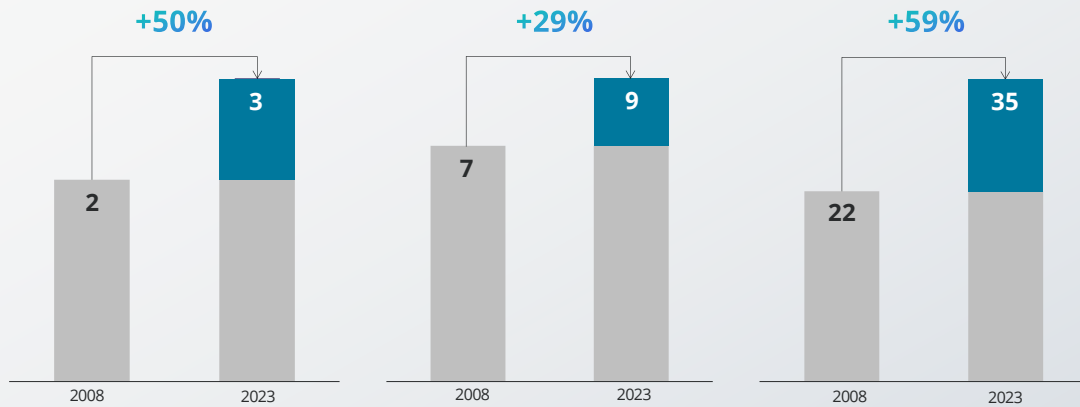


Non-chronic members aged 65 yrs

Spinal surgeries
per 1,000 lives

Hip and knee replacements
per 1,000 lives

Cataract surgeries
per 1,000 lives



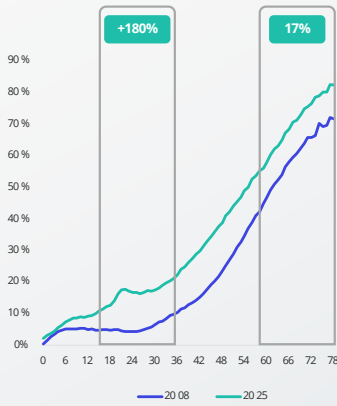
Source: Discovery Health Medical Scheme

We are also seeing increasing demand for elective healthcare services. When comparing the spinal surgery, hip and knee replacements and cataract surgeries rates per 1000 lives for members aged 65 years old in 2008 and 15 years later in 2023 for current 65 year old members, our data shows between a 29% and 59% increase the rate of these surgical procedures.

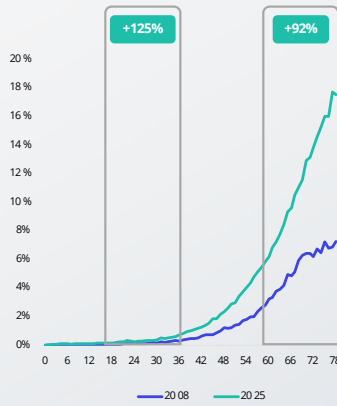
Chronic disease, cancer and mental health increasing demand



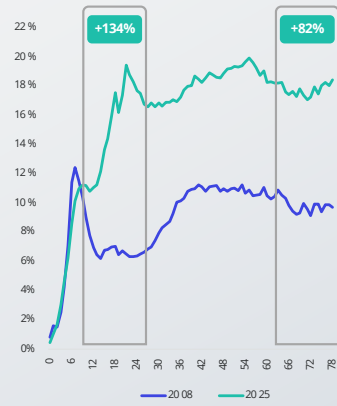
Increased chronic prevalence amongst younger lives



Increased cancer prevalence across all age groups



Increased mental health conditions amongst young adults



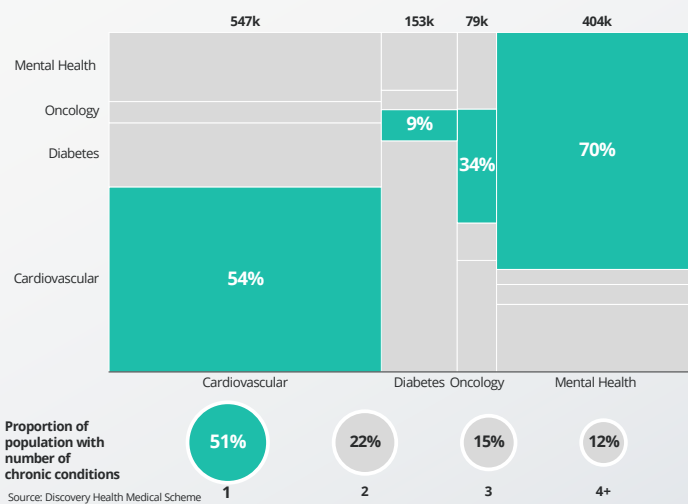
Source: Discovery Health Medical Scheme

The increased need for services is not limited to the elderly as we are seeing an increase in chronic prevalence across all age groups with significant increases in prevalence in younger lives for mental health conditions.

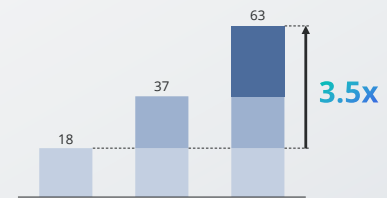
Overlapping chronic conditions are compounding costs



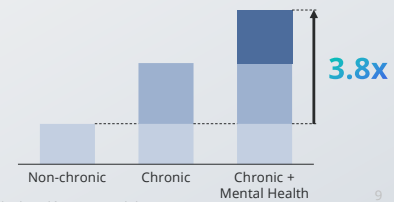
Overlap between members living with chronic conditions



Hospital admission rate (%)*



Cost per life per month (ZAR)



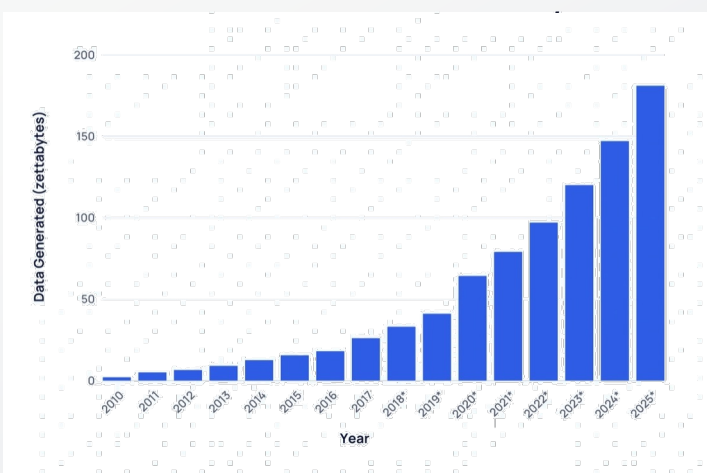
And an increase in members with multiple chronic conditions. As can be seen in the chart on the left, only 51% of members have a single chronic condition with 12% of members registered for chronic benefits having 4 or more chronic conditions. And we are also seeing the multiplicative effect of chronic conditions in combination with mental illness.

And this effect is escalating with the increase in disease burden index, currently at 4.3% per annum, increasing by 5.3% per annum by 2030.

The amount of data generated globally each year continues to increase, with healthcare information being vital for future advancements in the sector



Global data generation



Source: Statista - Global Data Generated Annually

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Internal

Key insights

- Data created across the world reached **149 zettabytes** in **2024**
- Data creation is expected to surpass **394 zettabytes** by **2028**
- The global installed data storage capacity was projected to reach **16 zettabytes** in **2025**.
- Healthcare currently generates about **30% of the world's data**

But with every challenge, there are opportunities. While these changes in healthcare demands have been taking place, we are also experiencing exponential growth in the volume of data that is created, captured, copied and consumed, with 140 zettabytes of data being created in 2024. By the end of 2025, the global volume of data was projected to rise further to 181 zettabytes and to 394 zettabytes by the end of 2028. To put this into perspective, one zettabyte equals 1 billion terrabytes, or the equivalent of storing 250 billion DVDs.

Recent analyses indicate that approximately 90% of the world's data has been generated within the past two years, and according to IDC, the volume of data stored globally is doubling approximately every four years.

The installed capacity for data storage globally is estimated to be 16 zettabytes in 2025, i.e. less than 10% of the data created each year.

Healthcare generates 30% of the world's data, according to Google.



As it becomes increasingly challenging to improve gains in life expectancy and to meet the demands of multimorbidity in a manner that is financially sustainable, there is an increasing need to target already limited resources better.

Inspiration:

Mongolian archery holds a significant place in history, particularly due to its role in the rise of the Mongol Empire under Genghis Khan.

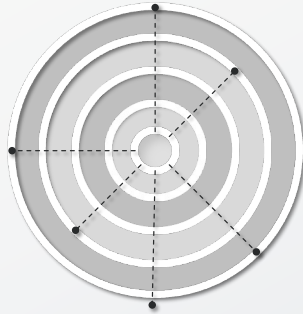
1. Military Prowess: Mongolian archers were renowned for their exceptional skill, especially in mounted archery. This combination of horseback riding and archery provided unmatched mobility and striking power on the battlefield, allowing the Mongols to conquer vast territories across Asia and Europe¹.

2. Technological Innovation: The Mongol composite bow was a technological marvel of its time. Made from materials like wood, horn, and sinew, it was smaller and more powerful than the longbows used in Europe. This bow could shoot arrows over long distances with great accuracy, giving Mongol warriors a significant advantage².

Impact of precision and personalisation in healthcare



SOURCES OF WASTE IN THE HEALTH SYSTEM



Inappropriate and ineffective drug use

Sub-optimal quality of care and re-admissions

Long patient wait times and system backlogs

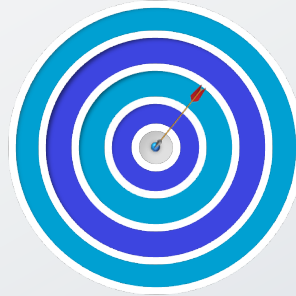
Inappropriate hospital admissions and length of stay

Inappropriate and overuse of investigations

Inappropriate hospital resources and workforce mix

Source: World Health Organisation

PRECISION & PERSONALISATION



Reduce adverse drug reactions by up to 30% through precision medicine



Reduce healthcare costs by >35% by eliminating unwarranted variations in care



British Medical Journal

Increase patient engagement by 60% through personalised health approaches



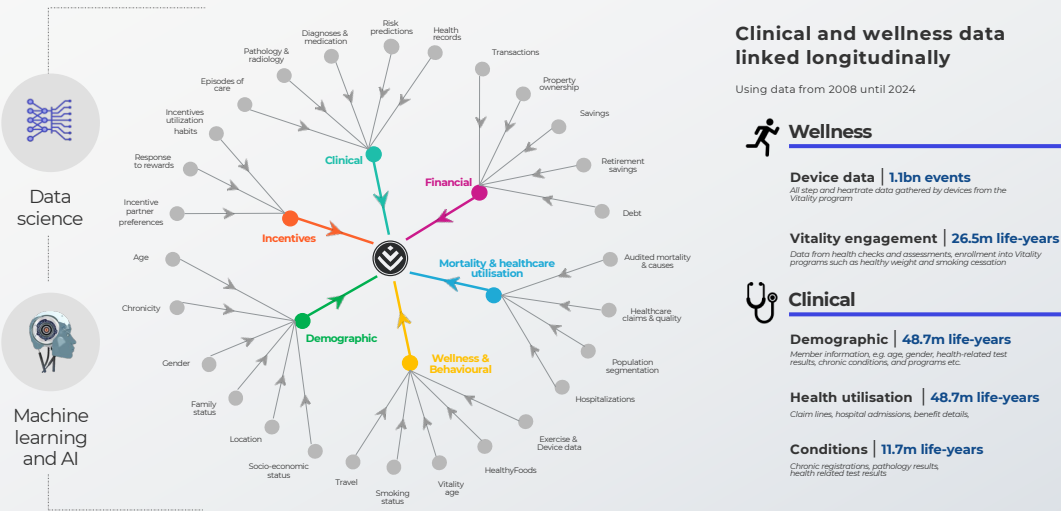
Reduction in hospital readmission rates by 15% through precision healthcare

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The sources of waste in the healthcare system are well documented and often deeply embedded in how medicine is practised. Take for example, the patient who is placed on an anti-depressant for a number of months before being changed to another molecule after they fail to respond or the patient who undergoes a battery of tests while their medical team tries to make a diagnosis.

Precision and personalisation in how we deliver care has the potential to significantly reduce waste in the system.

Rich and comprehensive Discovery dataset allows for a sophisticated understanding of behaviour and the impact on mortality



Underpinning personalisation and precision in healthcare is the need for rich integrated data sources and advanced analytics and AI

From inception, a key principle of Discovery has been to ensure that the data we receive is captured, stored, cleaned and codified so it is accurate and useable so insights can be generated to support effective decision-making. This has created a foundation of longitudinal clinical and wellness data.

Maturity of Discovery datasets enable effective data science, machine learning and AI deployment



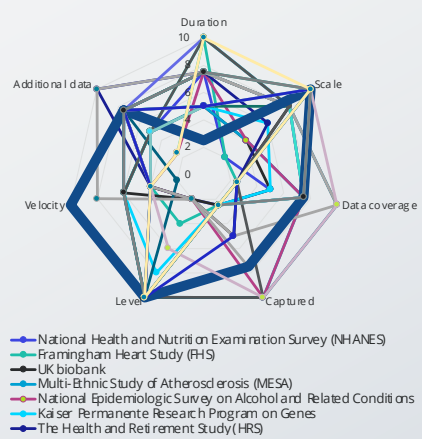
Comprehensive dataset with 60 million life years



Drivers of utility of data sources

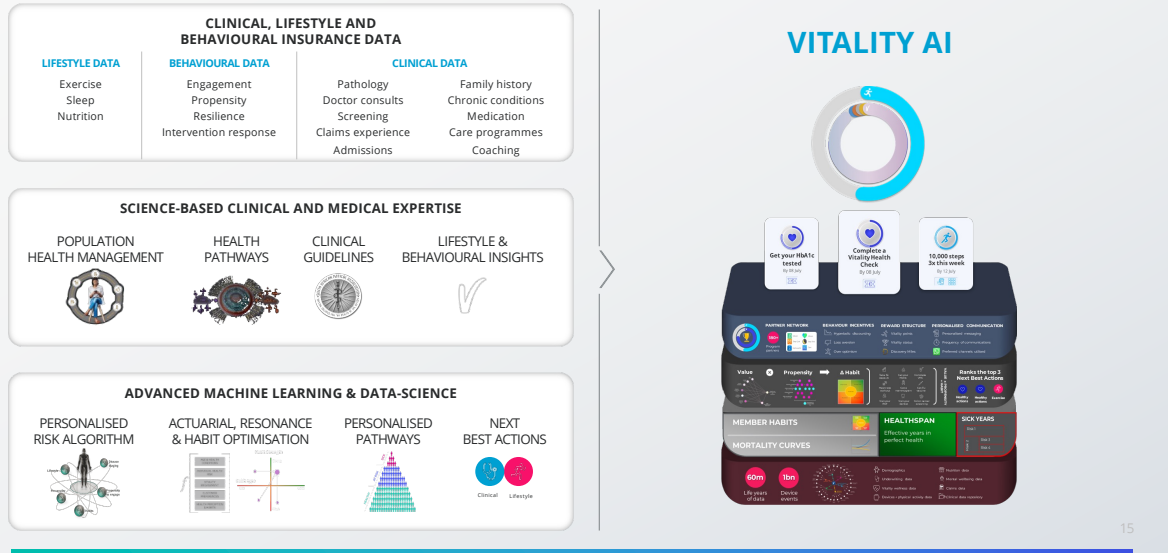
Duration	How long the dataset has been in existence
Scale	How large the dataset is
Coverage	How broad the coverage of the dataset is
Verifiability	Are the sources of the data verifiable
Velocity	How quickly does the data get updated
Level	At what level is the data collected e.g. individual or population
Context	What additional data is collected

Discovery has a high-quality dataset by global standards



The maturity of the dataset, including the duration, scale and frequency with which it is updated enables the effective deployment of data science and machine learning models.

Discovery is well-positioned for precision and personalisation given its unique underlying data, healthcare experience and capabilities

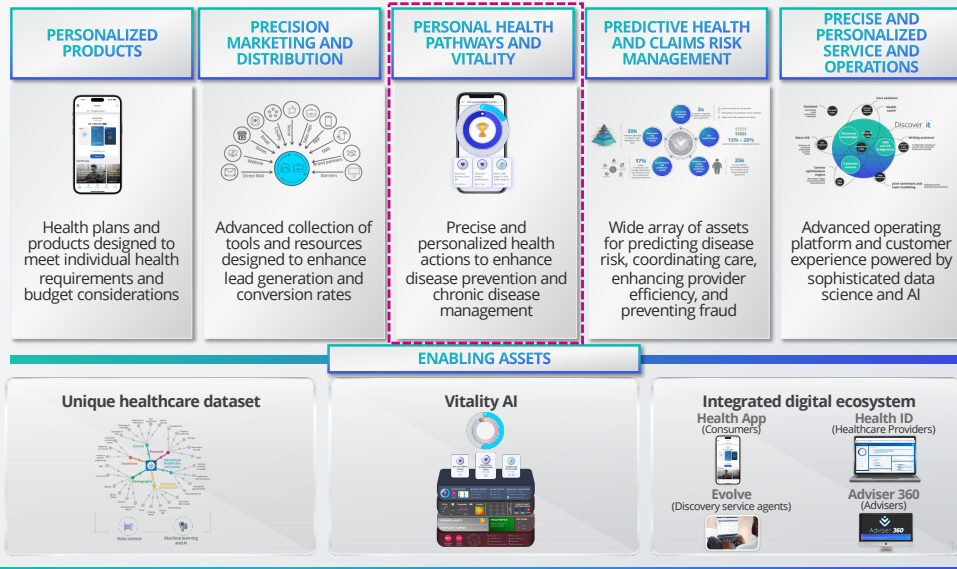


Together with science-based clinical and behavioural expertise, creating the foundation for precision and personalisation

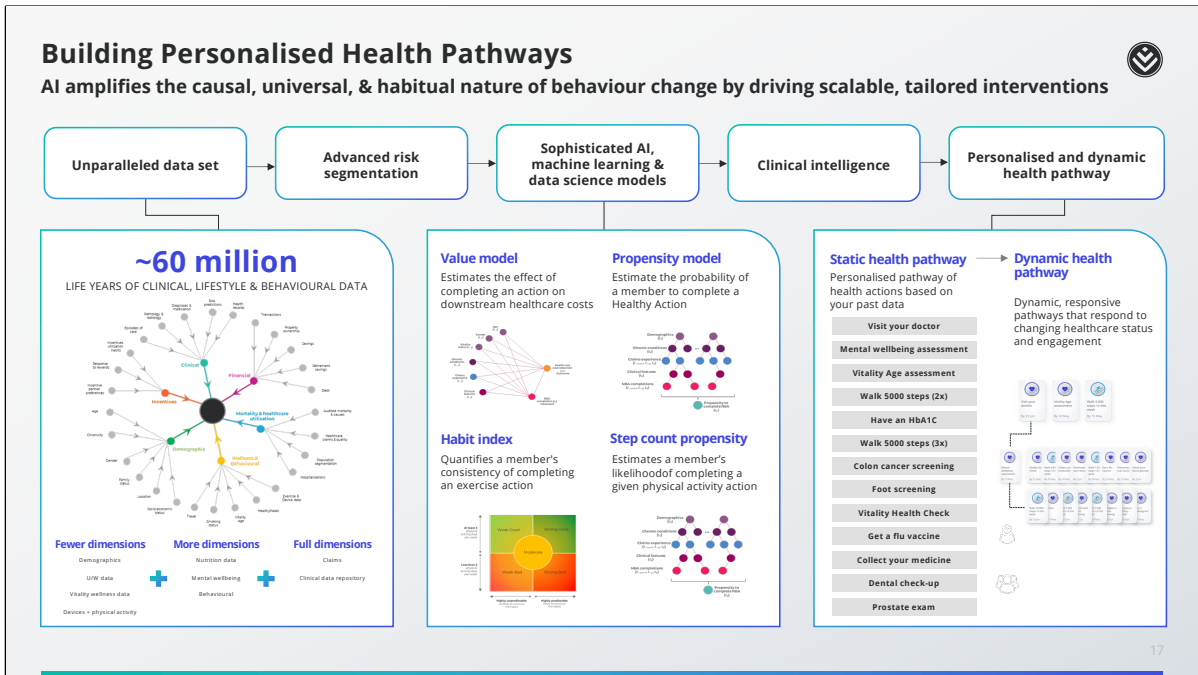
What guidelines are used to create the pathways?

SEMSDA

Discovery Health business model anchored in data and AI-driven precision and personalisation



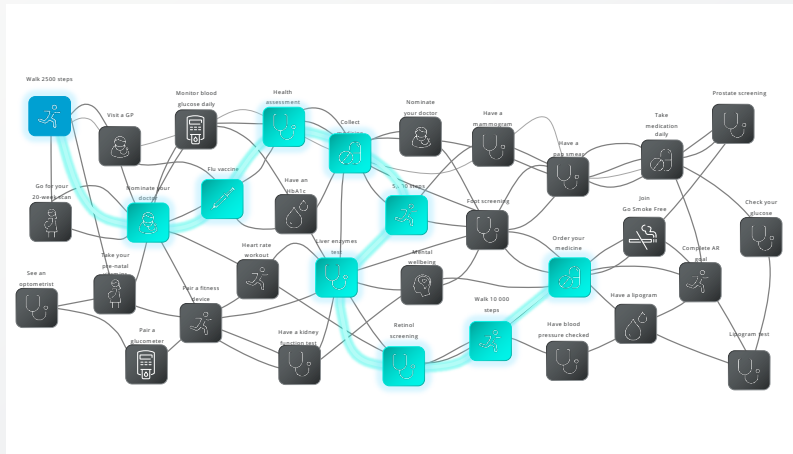
Driving precision and personalisation is key to the Discovery Health business model. For example, data science models and artificial intelligence is being used to tailor the tone, use of language and the medium of communication at an individual level to most effectively convey different messages. Similarly, sophisticated data science models are used to match callers and call center agents to optimise both experience and query resolution. The focus of most of my presentation today will be on personal health pathways but I will also touch on how the concepts of personalisation and precision are changing the way in which we manage claims risk including hospital risk management.



In 2023 Discovery Health, understanding the profound effect of behaviour on habit formation and health outcomes, embarked on a journey to develop AI-powered personalized health pathways for our members. Using the vast set of clinical, lifestyle and behavioural data, the data science team developed models that, at an individual level, determine the value associated with performing a specific health action along with the likelihood (or propensity) of a member completing the action and the consistency with which they perform the action (i.e. the strength of the habit).

This was overlaid on well established clinical pathways and best practice guidelines to create health pathways for our members that dynamically respond to changes in health status, engagement and behaviour. For example, using the SEMSDA guidelines for the management of type 2 diabetes, a best practice pathway was constructed for members living with diabetes. Vitality AI then checks which actions are applicable to a specific member with diabetes and dynamically adjusts the pathway to take into account propensity, personal attributes, the value of the action for that member and how strong their existing habit is for performing an action. These set of actions are then merged with pathways for other pre-existing conditions and circumstances.

PERSONAL HEALTH PATHWAYS | Unique and dynamic personalised health pathway for all adult customers



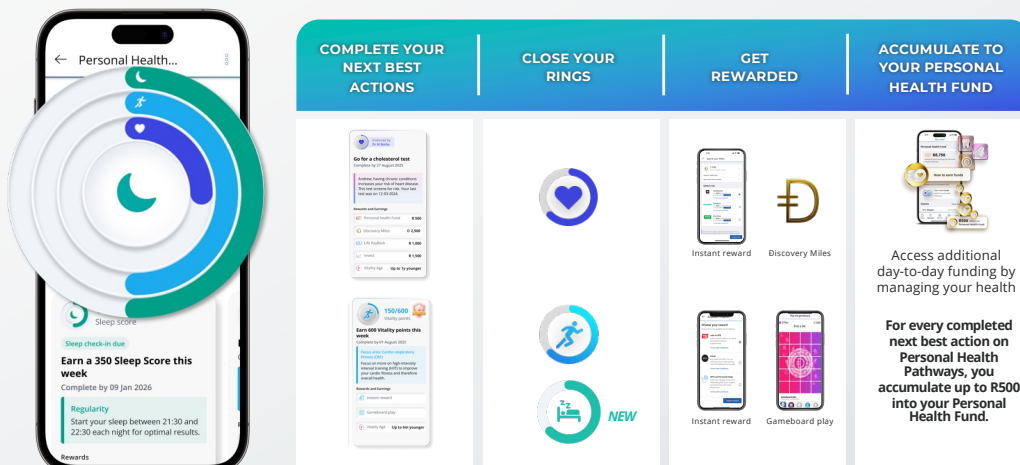
2.1 million
customers

>7 million
possible health
pathways
per customer

18

In January 2025, personalized health pathways were launched for 2.1 million adult members on DHMS. These pathways have been designed to help members navigate a complex healthcare system by identifying positive actions that an individual should complete, prioritizing these using machine learning models and surfacing these to the member sequentially for optimal impact.

PERSONAL HEALTH PATHWAYS manifests as a simple and intuitive user experience



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From behavioural science, we know that it is all well and good to know what someone should be doing, but another thing to actually get them to do it. For this reason, despite a possible 7 million different pathways per member, Personal Health Pathways manifests as a simple and intuitive user experience that includes information on why the action is important, makes it easy for the user to complete the action and then rewards them for doing the action. Gamification principles are also embedded in how we display next best actions and progress made to completing the action.

Journey is available on our Health App and WhatsApp and is made visible to healthcare professionals via HID.

As a simple example, a member completes a Vitality Health Check and their blood pressure and glucose levels are elevated. The model picks up this trigger and surfaces a high priority next best action for this member “Go visit your primary GP” as the model has determined that there is high value for a doctor to confirm a possible diagnosis and initiate treatment or, if no diagnosis, address the risk factors. We also know that the value of a GP visit is highest where there is a strong relationship with the GP. So the member is asked to visit their primary

GP. If they have already nominated a primary GP, the member receives personalized information that they should visit Dr Thomas and the contact details are displayed for the member. Where the GP makes use of a booking platform, the member is able to immediately book an appointment online. The member is told why they should visit the GP including details of which results are out of range. And they are given a period of time in which to complete the action as we also know from behavioural science that a sense of urgency helps drive actions to completion.

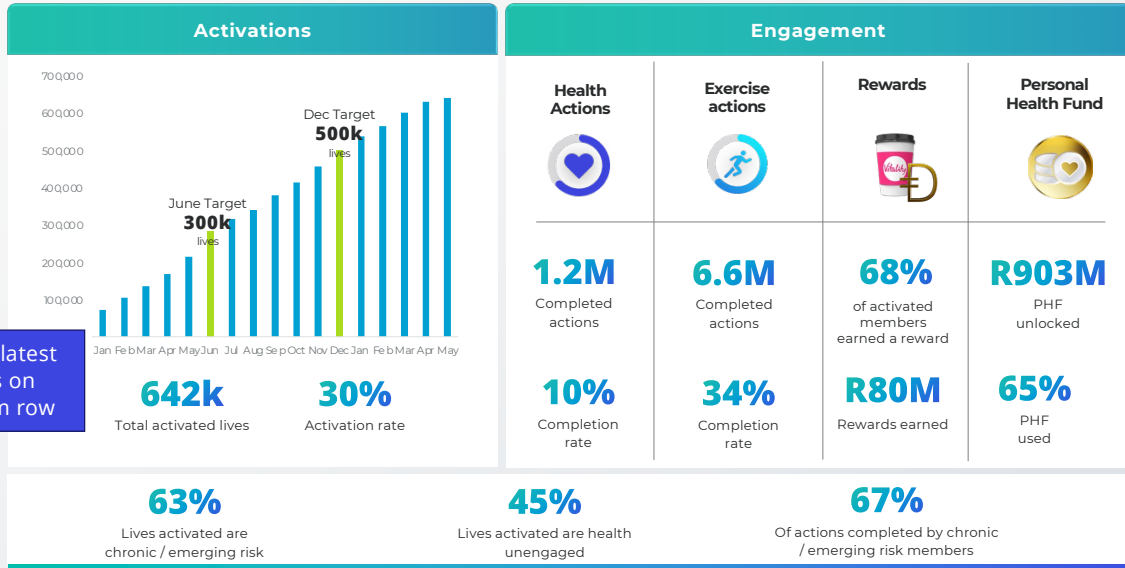
When the member visits their GP, the details of the NBA are visible to the GP on Health ID. The GP also has the ability to view the NBAs of their patients at an aggregate level and drill down and endorse specific NBAs for their patients. For example, Dr Thomas has the ability to see how many of her patients have activated PHP, what NBAs are surfaced for each of her patients and then endorse NBAs that she also believes are valuable.

Once the member completes the action, they receive both rewards and additional day-to-day funding in their personal health fund, a risk-funded benefit within the scheme. By building up this fund, members are able to supplement their day-to-day benefits and cover any shortfalls associated with actions recommended for them.

PERSONAL HEALTH PATHWAYS | Exceptional activation and engagement exceeding initial targets



*Data as at 11 May 2026

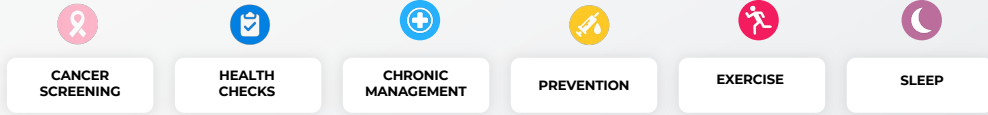


Check latest stats on bottom row

Less than 18 months after making Personal Health Pathways available to members, more than 30% of DHMS' 2.1m adult members have activated PHP. This slide is from 11 May 2026 and when I checked yesterday, the number of activated lives now 650k. That is 650k people receiving personalized nudges to complete actions that are designed to improve their health. To date, members have completed more than 1.2m health actions and 6.6m exercise actions. And have earned R80m in rewards for completing these actions. And more significantly, have unlocked R903m worth of risk cover for outpatient services.

Based on the increasing disease burden and associated costs in the scheme, what is really important is that 63% of lives who have activated their personal health pathway are either registered with one or more chronic condition or have out of range biometrics that suggest that they are at risk for a chronic disease.

2026 Targets | Driving focus and measurable impact across all dimensions of health



	CANCER SCREENING	HEALTH CHECKS	CHRONIC MANAGEMENT	PREVENTION	EXERCISE	SLEEP
Objective	Priority actions Rival and exceed international benchmarks	Foundational actions Set the global benchmark for health checks and medical check-ups	Care plan adherence Drive an increase in completion rates across core medical actions for the population with chronic conditions	Targeted prevention Improve uptake of vaccinations and other preventative actions for high-risk members	1 weekly action Consistent weekly activity participation	1 weekly action Sustained weekly sleep health behaviours
Examples (not exhaustive)	Cervical cancer screening (HPV) Breast cancer screening (Breast risk calculator, mammogram) Prostate cancer screening (PSA) Colorectal cancer screening (FIT, colonoscopy)	Nominate your primary care practitioner (PCP) Annual Vitality Health Check PCP / GP check up post out of range health check 6 monthly PCP / GP visit (chronic members) GP or psychologist visit (at risk for depression)	Collect your medicine HbA1c test Annual lipogram Retinal screening Blood pressure Blood glucose Diabetes nurse educator visit	Flu vaccine Pneumococcal vaccine Dental check up Bone density scan		

Informed by local and international guidelines and evidence-based medicine







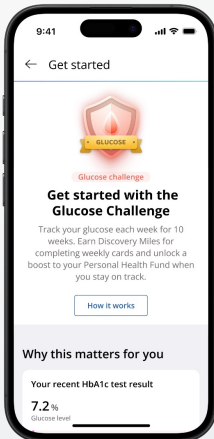



PERSONAL HEALTH PATHWAYS | Introducing Personal Health Challenges



Complete your Challenge

Personalised challenges, building habits that are prioritised by highest clinical impact



Better Health Challenge

- Monitor Blood Glucose**
Building habits to track blood glucose
- Monitor Blood Pressure**
Building habits to track blood pressure

Move More Challenge

- Get started & Get Active**
Supporting new or unengaged members to start exercising
- Stay Active & Get Consistent**
Getting low engagers to form an exercise habit

Sleep Well Challenge

- Link a device & Track your sleep**
Building a base sleep habit
- Achieve optimal sleep**
Getting better quality sleep patterns

Get healthy and rewarded

Earn instant weekly rewards

Add to your Personal Health Fund

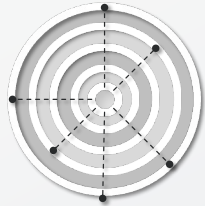
Earn up to R3,000 per adult per annum in your **Personal Health Fund** for Challenges completed

Personal Health Pathways is brought to you by Discovery Health (Pty) Ltd. Vitality is not part of Discovery Health Medical Scheme. Vitality is a separate product sold and administered by Discovery Vitality (Pty) Ltd. The Personal Health Fund is a Discovery Health Medical Scheme benefit.

In this evolving landscape the GP remains central to a patient's journey through the healthcare system



Navigating the healthcare system without a GP drives waste



- Inappropriate and ineffective drug use
- Sub-optimal quality of care and re-admissions
- Long patient wait times and system backlogs
- Inappropriate hospital admissions and length of stay
- Inappropriate and overuse of investigations
- Inappropriate hospital resources and workforce mix



GPs play a critical role by providing value for all population segments

Population segment	Value to population segment	Actions
Complex Case	My PCP coordinates my care, checks in on me and helps me when I need it most	<ul style="list-style-type: none"> • Coordinate care and help patients navigate health system • Refer to specialists & other HPs • Rationalise prescriptions • Respond to care alerts
Chronic Disease	My PCP helps me to manage my chronic condition(s) and delay disease progression	<ul style="list-style-type: none"> • Create treatment plans • Monitor condition(s) • Encourage self-management • Refer to specialists & allied HPs • Respond to care alerts
Emerging Risk	My PCP makes me aware of my health risks and supports me to make lifestyle changes	<ul style="list-style-type: none"> • Recommend lifestyle changes • Prescribe treatment to reduce risks
Well	My PCP understands me, knows my history and helps me stay healthy	<ul style="list-style-type: none"> • Encourage healthy lifestyle choices (exercise, nutrition, smoking cessation, mental wellbeing)

Key trends shifting how primary care is delivered



1

Evidence-based medicine is evolving through digital health and AI



Primary care moving from a reactive, disease-focused model to a proactive, population health-centered approach



PCP remains the primary point of contact

2

Patients are increasingly informed and seeking personalised care

Patients are becoming more involved in managing their health, leveraging digital tools and information to navigate health systems and make informed decisions

Personal Health Pathways

3

Population health and personalised care generates value and minimizes waste

Healthcare is shifting towards reimbursement models that reward providers for delivering high-quality, outcome-driven care rather than solely on the volume of services provided

Population Health Booster

Introducing the Population Health Booster



Current¹
DHMS all

Care Programmes

Care Programme enrolment of eligible chronic members

R30 per enrolled member per month

Digital engagement

EHR engagement: access EHR for 20% of all consults

HID CIB applications: 75% of CIB apps through HID

R50 per eligible consult all DHMS plans excl KeyCare

R25 per eligible consult KeyCare

New²
DHMS over 18 years

Population Management

Population-based management fee (all nominated members per month)*

Active Support Fee (per month)

Fee falls away where there is no interaction between member and GP for >13 months

Participation Threshold: 20% of nominated population consistently achieve Next Best Actions ("engaged")

	Not eligible for Care Programme	Care Programme Eligible
	R5	R10

	Not Care Programme eligible	Care Programme Eligible
On Care Programme	✓	✓
Activated PHP	✓	✓
Nominated PCP	✓	✓
	R15	R35

EHR engagement: access EHR for 20% of all consults (regardless of access times)

HID CIB applications: 75% of CIB apps through HID

R40 all DHMS plans

* Performance for the population-based management fee is calculated quarterly and is used to determine the management fee paid monthly over the subsequent 3 months

1. VBM currently payable to small number of GP practices. This will fall away in the new model.
2. Current model will still apply to members <18 years and other DH administered schemes

The Population Health Booster is designed to support earnings from proactively managing the health of your patient population



Current vs New reimbursement potential

PCP Nomination: 98.8%
 PHP Activation: 32.3%
 Patient Population: 586
 NBA Engagement Threshold: 23.6%

Population Health Booster shadow report

Current	Amount earned	Lost earnings	Total potential	Earned as % of total potential
* Care Programme enrolment	R7,200	R450	R7,650	94%
** HID engagement	R3,850	R2,125	R5,975	64%
Total	R11,050	R2,575	R13,625	81%

New	Amount earned	Lost earnings	Total potential	Earned as % of total potential
*** Active support	R4,280	R10,510	R14,790	29%
**** Population outcome	R1,295	R3,135	R4,430	29%
HID engagement	R3,520	R2,160	R5,680	62%
Total	R9,095	R15,805	R24,900	37%

YTD March 2026, GPs earned R39.1m in additional fees.

Earnings from PHB would be R39.1m with 74% of practices being better off.

Potential earnings across practices YTD March 2026 is R86.9m.

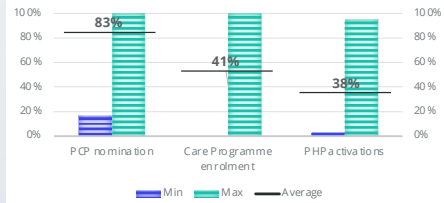
Potential earnings from PHB is R145.6m, a **68%** increase in earning potential.

Enhanced GP reimbursement in 2027 will focus on increasing the Population Booster Payment

Find a copy of your monthly Population Health Booster report in your secure inbox. Search for "population" if you struggle to find it. This report will help you track your progress as we move towards implementation of the new reimbursement model.

Remember, the new model does not replace you're the usual tariffs but will replace the supplementary fees available for HID engagement, Care Programme enrolment and the Value Based Multiplier

Performance against key metrics



Population Health Booster | Implementation Timeline



JANUARY 2026

- Updated communication (infographic)
- Webinar invite
- 1 to 1 support by field force (account managers)



FEBRUARY 2026

- Practice deep dive (analysis)
- Refresher webinar (24/02)
- New HID dashboards tested with practices



MARCH 2026

- Updated FAQs
- Update at Family Practitioners Advisory Board (FPAB) (18/03)
- Webinar: HID dashboard walk through + peer masterclass (26/03)
- Ongoing field force support
- HID enhancements



APRIL & MAY 2026

- High alert discussions with practices not managing to optimize reimbursement
- Masterclass II with breakout sessions (16/04)
- Ongoing field force support





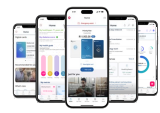






JUNE - AUG 2026

- Review and refine for go live
- WhatsApp PHP activation journey for all members prescribed PHP by the PCP
- Go to market launch
- Ongoing field force support

▪ Shadow period - November 2025 to September 2026

A coordinated approach to driving engagement with Personal Health Pathways

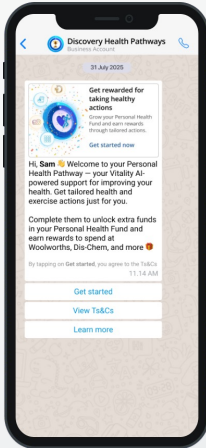


SMARTER INTELLIGENT CONTEXT	DEEPER PERSONALISATION	FRICTIONLESS MEMBER EXPERIENCE	ENGAGEMENT INITIATIVES	
<p>Transforming data into decision-ready intelligence, at scale</p> 	<p>Turning insight into the right action, message, and incentive</p> 	<p>Changing behavior through effortless engagement</p>  <p>Integrated booking journeys Frictionless NBA journeys Digital strategy</p>	<p>Execute a bold engagement plan to engagement</p> 	
ENABLERS				
 Superior and stable Health App	 Embedded communications engine	 Vitality.AI enabling AB testing at scale	 WhatsApp Glidepath widely used as a core engagement channel	 HealthID as channel to support an enabler of doctor advocacy and engagement

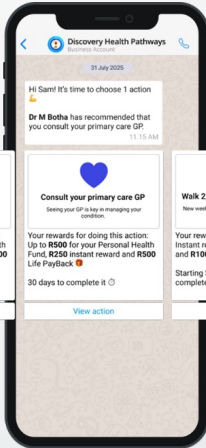
WhatsApp journey using best-in-class UX features



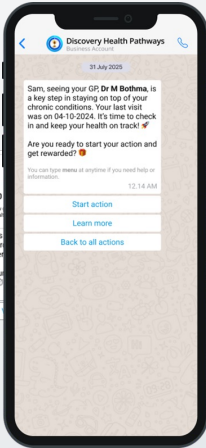
Onboarding message introduces PHP. Highlights the incentives and Personal Health Fund



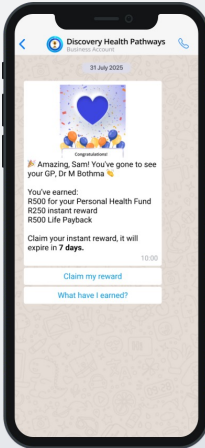
Next Best Actions appear in the carousel. Members choose which action they want to complete



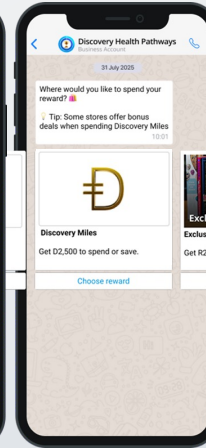
Personalised messaging – LLM-based – providing context for why the action matters



Completion of the action and detailing rewards earned



Choose and redeem the instant reward with the option to "save" Discovery Miles for later use



Ongoing Discovery support to drive awareness and engagement



Population Health BOOSTER

Population Health Booster Checklist
This checklist outlines the key engagement actions required from Practice Managers and Healthcare Professionals to align with Population Health Management outcomes and the Population Health Booster.

BE DIGITALLY ENGAGED	
Next Best Actions <ul style="list-style-type: none"> Obtain patient consent Assess patient electronic health records Enable newly diagnosed chronic illness patients on the Chronic Disease Health Pathway Complete MyCare specialist authentication requests digitally 	Remuneration R40 per patient per month
PROVIDE ACTIVE SUPPORT	
Next Best Actions <ul style="list-style-type: none"> Ensure patients maintain the practice as their primary care professional Enrol and manage eligible patients on Care programmes Prescribe Personal Health Pathways (where that applies) 	Remuneration R35* = All 3 steps per eligible patient per month OR R15 per patient per month that qualify for Care programmes
DRIVE POPULATION OUTCOMES	
Next Best Actions <ul style="list-style-type: none"> Reduce patients' next best actions Encourage patients to complete their next best actions Monitor patient progress in Personal Health Pathways 	Remuneration If 20% of patients complete their next best actions R10* per patient per month on Care programme OR R5* per patient per month for a Care programme *Paid quarterly, absorbed monthly and the next three months.

Scan this QR code to access HealthID and for useful tips on how to complete these actions.

Scan this QR code for more information on Personal Health Pathways.

Practice Managers Healthcare Professionals All these actions can be completed on HealthID

Population Health BOOSTER

Patient journey checklist
This checklist outlines the key engagement actions required to align with Population Health Management outcomes and the Population Health Booster.

1 BE DIGITALLY ENGAGED

- HealthID enhances the patient's healthcare journey.
- Use HealthID during consultations to manage and track your patients' health.
- Complete all three actions below on HealthID to qualify for your engagement fee of R40 per Discovery Health Medical Scheme patient per month (all plans, including KeyCare).

2 PROVIDE ACTIVE SUPPORT

- As your patients' primary care professional, you are best positioned to identify appropriate Care programme enrolments and encourage active management of their health.
- Enhance your care delivery and benefits from shared value rewards by supporting patients to activate their Personal Health Pathway and complete their next best actions to achieve better health outcomes.
- Complete all three actions below to qualify for an additional R30 per eligible patient per month or R15 per patient per month who does not qualify for a Care programme.

3 DRIVE POPULATION OUTCOMES

- Encourage consistent engagement in Personal Health Pathways (PHW) to improve patient outcomes.
- Engaged patients qualify for additional funding through the Personal Health Fund (PHF).
- 20% of your population have must complete their next best actions for you to qualify for R10 per patient per month enrolled on a Care programme, or R5 per patient per month who does not qualify for a Care programme.
- Repeat the calculation this measure quarterly and pay it monthly over the next three months.

DIGITALLY ENGAGED ACTIONS

- Get patient consent and access their electronic health record on HealthID for 20% of your total consultations each month.
- Link to new patients' electronic health record and create a HealthID account.
- Register 75% of your newly diagnosed chronic illness patients every month on the Chronic Disease Health Pathway on HealthID.
- Complete 20% of your MyCare specialist authentication requests on HealthID.

ACTIVE SUPPORT ACTIONS

- Ensure every patient you regularly see has nominated your practice as their primary care professional.
- Prescribe Personal Health Pathways on HealthID.
- Encourage patients to activate their Personal Health Pathway before their appointment and follow up on their successful activation during their visit.
- Enrol and manage your eligible patients on Care programmes on HealthID.

POPULATION HEALTH ACTIONS


- Reduce your patient next best actions on HealthID.
- Actively track your patient engagement in Personal Health Pathways and nudge them to complete their next best actions.
- Use every interaction with the patient to encourage ongoing engagement in Personal Health Pathways.

2026 Enhancements | Supporting Proactive Primary Care

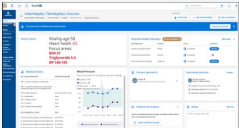


Population Data Insights

Intuitive population and patient disease management on HealthID



Population dashboard expanded to include Healthy, Emerging Risk and Complex cohorts




Access to alerts and triggers for:

- Predicted risks
- Remote monitoring
- Hospital admissions

Decision Support

HealthID's evolution as an assistant



Electronic medical record:

- Data trends and predictions
- Remote monitoring and interpretation
- Identification of polypharmacy with medicine reconciliation tool
- Alerts for escalation

Connected care team:

- GP : specialist referral pathways
- Inter-professional consultations for complex cases
- Group video calls

Benefit Enhancements

PERSONAL HEALTHfund



+ 30,000 risk funded GP consults in Jan - Mar 2026

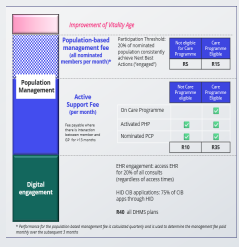
Personal Health Fund Advance
Up to R1,000 per adult

Personal Health Fund for Actions
Up to R2,000 per adult

Personal Health Fund for Challenges
Up to R3,000 per adult

Aligned Incentives

Population Health BOOSTER



- Population Health Booster (PHB) rewarding population outcomes
- Long term goal is to expand population-based payments

*Requires development, go live JULY



**“The future of healthcare is proactive, precise and personalised
– powered by AI, guided by data, and driven by people.”**

- Dr Ronald Whelan, CEO of Discovery Health

**THANK
YOU**

Discovery Health

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