



Cover for allied, therapeutic and psychology
healthcare professionals

2018

Overview

This document tells you more about the following benefits:

- The Allied, Therapeutic and Psychology Benefit
- Allied, Therapeutic and Psychology Extender Benefit (only available on the Executive and Comprehensive plans)
- Additional funding cover for allied, therapeutic and psychology healthcare services (only available on the Executive, Comprehensive and Priority plans).

About some of the terms we use in this document

Terminology	Description
Allied, therapeutic and psychology healthcare professional	This is a registered medical professional other than a doctor or dentist who provides support services and/or rehabilitation services that are aimed at improving the physical, psychological, emotional, and social wellbeing of members.
Allied, Therapeutic and Psychology Benefit	The Allied, Therapeutic and Psychology Benefit covers out-of-hospital allied, therapeutic and psychology healthcare services up to an annual limit on Executive, Comprehensive and Priority plans. The limit depends on the family size as well as the plan type.
Allied, Therapeutic and Psychology Extender Benefit	Gives members with severe, complex conditions, who need short-or-long-term care from allied, therapeutic and psychology healthcare professionals, access to clinically appropriate care. Available on the Executive and Comprehensive plans only.
Additional funding	Additional cover for allied, therapeutic and psychology healthcare services above the annual benefit limit for conditions that do not form part of the Allied, Therapeutic and Psychology Extender Benefit.
Discovery Health Rate (DHR)	This is a rate set by us at which we pay for healthcare services from hospitals, pharmacies and healthcare professionals.
Day-to-day benefits	These are the funds available in the Medical Savings Account and Above Threshold Benefit, where applicable.
Medical Savings Account (MSA)	We pay your day-to-day medical expenses such as GP and specialist consultations, medicine, except for registered and approved chronic medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year.
Above Threshold Benefit (ATB)	Once the claims you have sent to us add up to the Annual Threshold, we pay the rest of your claims from the Above Threshold Benefit (ATB), at the DHR or a portion of it. The Executive and Comprehensive plans have an unlimited ATB, and the Priority plans have a limited ATB.
Annual Threshold	The Annual Threshold is an amount that claims need to add up to before we pay day-to-day claims from the Above Threshold Benefit.

Allied, Therapeutic and Psychology Benefit

Available on the Executive, Comprehensive and Priority Plans only.

We pay for out-of-hospital allied, therapeutic and psychology services from your day-to-day benefits

We pay out-of-hospital allied, therapeutic and psychology healthcare services from the available funds allocated to your Medical Savings Account. When the money in your Medical Savings Account is used up, you must pay these claims from your pocket (Self-payment Gap) until you reach your Annual Threshold. You will then have cover from your Above Threshold Benefit. The Classic Comprehensive Zero MSA Plan does not have a Medical Savings Account and so there is no benefit for day-to-day medical expenses until you reach the Annual Threshold. After this, we pay claims from the Above Threshold Benefit.

We pay for allied, therapeutic and psychology healthcare services up to an annual limit on the Executive, Comprehensive and Priority Plans

Out-of-hospital allied, therapeutic and psychology healthcare services are covered up to an overall annual limit, which varies according to family size and plan type. Please refer to *Benefits available on the different plan types* section to see what the limit is applicable to your health plan.

We pay for certain allied, therapeutic and psychology healthcare professionals

Cover from the Allied, Therapeutic and Psychology Benefit includes services from the following healthcare professionals:

- Acousticians
- Art therapists
- Biokineticists
- Chiropractors
- Counsellors
- Dietitians
- Homeopaths
- Occupational therapists
- Physiotherapists
- Podiatrists
- Psychologists (clinical, counselling and educational)
- Psychometrists
- Registered nurses
- Social workers
- Speech and hearing therapists (Speech-language therapists and audiologists)

You can apply for additional cover once you reach the Allied, Therapeutic and Psychology Benefit limit

On the ***Executive, Comprehensive and Priority Plans***, Discovery Health Medical Scheme also supplements cover for allied, therapeutic and psychology healthcare services for members with conditions that need access to additional benefits above the annual benefit limit, but whose conditions do not form part of the Allied, Therapeutic and Psychology Extender Benefit.

Discovery Health Medical Scheme, along with an advisory panel (consisting of the representatives of the relevant professional society), will review and evaluate the clinical circumstances of every member's application for additional benefits when they reach the Allied, Therapeutic and Psychology Benefit limit. This review will be based on our clinical protocols developed by Discovery Health Medical Scheme and the relevant society. Any member with genuine clinical need will gain access to additional benefits.

We will only consider applications for additional cover from the following healthcare professionals:

- Acousticians
- Biokineticists
- Chiropractors
- Occupational therapists
- Psychologists (clinical, counselling and educational)
- Physiotherapists
- Social workers
- Speech and hearing therapists (Speech-language therapists and audiologists)

We will not consider cover for both a chiropractor and physiotherapist for the same condition.

We will not consider cover for both a psychologist and social worker for the same condition.

Allied, Therapeutic and Psychology Extender Benefit

Available on the Executive and Comprehensive Plans only.

Applying for more comprehensive allied, therapeutic and psychology healthcare cover on the Allied, Therapeutic and Psychology Extender Benefit

The Allied, Therapeutic and Psychology Extender Benefit gives members who qualify for the benefit, unlimited cover for a list of allied, therapeutic and psychology healthcare services. This cover **does not** add up towards the annual family Allied, Therapeutic and Psychology Benefit limit.

This benefit has been introduced to cater for members with severe, complex conditions who require short or long-term assistance from allied, therapeutic and psychology healthcare professionals.

This unlimited cover is for a defined list of providers and conditions, such as quadriplegia and cerebral palsy, and cover depends on the member's condition and the criteria for it.

You do not have to wait for the Allied, Therapeutic and Psychology Benefit limit to be reached before applying for the Allied, Therapeutic and Psychology Extender Benefit. You can apply immediately to prevent depleting the annual limit available to the rest of the family for these services.

How to apply for the Allied, Therapeutic and Psychology Extender Benefit

The latest version of the application form is available on www.discovery.co.za

Alternatively, members can call 0860 99 88 77 and healthcare professionals can call 0860 44 55 66 to request a form. You and the relevant healthcare professional need to fill in and sign the application form and send it back to us using the channels indicated on the form.

There are three types of cover on the Allied, Therapeutic and Psychology Extender Benefit

Members who meet the requirements for the Allied, Therapeutic and Psychology Extender Benefit can have cover:

- for the remainder of the year of the event and the following year
- on an ongoing basis
- on an ongoing basis until the year in which the relevant beneficiary turns 18.

A member's cover will depend on whether they meet the requirements for funding. The requirements are based on our clinical guidelines and protocols.

Only certain healthcare professionals are covered on the Allied, Therapeutic and Psychology Extender Benefit

The Allied, Therapeutic and Psychology Extender Benefit covers clinically appropriate services from the following healthcare professionals:

- Acousticians
- Biokineticists
- Chiropractors
- Occupational therapists
- Psychologists (clinical, counselling and educational)
- Physiotherapists
- Social workers
- Speech and hearing therapists (Speech-language therapists and audiologists)

We will not consider cover for both a chiropractor and physiotherapist for the same condition.

We will not consider cover for both a psychologist and social worker for the same condition.

How we pay allied, therapeutic and psychology healthcare accounts

We pay accounts funded from the Allied, Therapeutic and Psychology Extender Benefit at 100% of the Discovery Health Rate.

Conditions and procedures covered on the Allied, Therapeutic and Psychology Extender Benefit

To register for the Allied, Therapeutic and Psychology Extender Benefit, your condition must meet certain criteria and the appropriate clinical guidelines. This means that this cover is for a defined list of conditions and depends on your condition and the criteria for it.

1. You have additional cover from the Allied, Therapeutic and Psychology Extender Benefit in the year in which you were diagnosed with one of the following conditions, as well as the year following the diagnosis:

Condition	Benefit entry criteria
Hemiplegia and paraplegia	<ul style="list-style-type: none"> Application form completed by your doctor You must have been a member at the time of your diagnosis
Speech and swallowing disorder resulting from a neurological event	<ul style="list-style-type: none"> Application form completed by your doctor You must have been a member at the time of your diagnosis
Neonate born at <34 weeks' gestation and/or weighing <2 499 grams	<ul style="list-style-type: none"> Application form completed by your doctor Baby born at less than 34 weeks' gestation and/or baby born weighing less than 2 499 grams Baby must be born onto Discovery Health Medical Scheme Baby must be 24 months or younger at the time of applying
Neonates born with congenital disorders, including cardiac, gastrointestinal, endocrine, neurological or other congenital abnormalities (including cleft palate)	<ul style="list-style-type: none"> Application form completed by your doctor Baby born with congenital abnormalities Baby must be born onto Discovery Health Medical Scheme Baby must be 24 months or younger at the time of applying

2. You have additional cover from the Allied, Therapeutic and Psychology Extender Benefit in the year in which you underwent the following procedure, as well as the year after the procedure:

Procedure	Benefit entry criteria
Hearing aid prescription and fitment in child 12 years or younger	<ul style="list-style-type: none"> Application form completed by an ear, nose and throat (ENT) surgeon or audiologist Child 12 years or younger at the time the hearing aid was inserted Child must have been on Discovery Health Medical Scheme at the time when the procedure took place
Cochlear implant	<ul style="list-style-type: none"> Application form completed by your doctor Member must have been on Discovery Health Medical Scheme at the time when the procedure took place
Voice synthesizer insertion	<ul style="list-style-type: none"> Application form completed by your doctor Member must have been on Discovery Health Medical Scheme at the time when the procedure took place

3. You have additional cover for approved clinically appropriate care from the Allied, Therapeutic and Psychology Extender Benefit for the following conditions:

Condition	Benefit entry criteria
<i>Registered for the condition through our Chronic Illness Benefit, or application form completed by the provider specified below:</i>	
Quadriplegia (tetraplegia)	Any medical doctor
Motor neuron disease	Any medical doctor
Parkinson's disease (and other movement disorders of the basal ganglia)	Diagnosis: Physician, neurologist and psychiatrist Ongoing management: Any medical doctor
Multiple sclerosis (and other demyelinating CNS disorders)	Only neurologist
Bronchiectasis (any cause)	Diagnosis: Pulmonologist physician and paediatrician Ongoing management: Any medical doctor
Cystic fibrosis	Only pulmonologist, paediatrician, specialist physician
Pulmonary interstitial fibrosis	Only pulmonologist and paediatric pulmonologist
Muscular dystrophy (and hereditary muscular disorders)	Any medical doctor

Connective tissue disorders

Rheumatoid arthritis	Diagnosis: Rheumatologist, physician and paediatrician Ongoing management: Any medical doctor
Systemic lupus erythematosus	Only rheumatologist, specialist physician, nephrologist or paediatrician
Sjögren's syndrome	Only specialist physician, rheumatologist, or nephrologist
Systemic sclerosis	Diagnosis: Rheumatologist or specialist physician Ongoing management: any medical doctor
Overlap syndrome	Diagnosis: Rheumatologist or specialist physician Ongoing management: any medical doctor
Juvenile chronic arthritis	Only paediatrician or rheumatologist
Ankylosing spondylitis	Diagnosis: Rheumatologist or specialist physician Ongoing management: any medical doctor
Psoriatic arthritis	Only rheumatologists or specialist physicians

4. You have additional cover for approved clinically appropriate care from the Allied, Therapeutic and Psychology Extender Benefit for the following conditions:

Condition	Benefit entry criteria
Autism (spectrum disorders)	Application completed by physician, neurologist, psychiatrist or paediatrician (in the case of a child)
Cerebral palsy	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Hereditary ataxias	Application completed by physician, neurologist or paediatrician (in the case of a child)
Spinal muscular atrophy	Application completed by physician, neurologist or paediatrician (in the case of a child)
Idiopathic pulmonary fibrosis Diffuse pulmonary fibrosis Fibrosing alveolitis Hamman-Rich syndrome	Application completed by physician, pulmonologist or paediatrician (in the case of a child)
Down's syndrome	Application completed by physician, neurologist or paediatrician (in the case of a child) or supply a copy of genetic test results confirming diagnosis

5. You have cover from the Allied, Therapeutic and Psychology Extender Benefit, until the end of the year in which the child dependant turns 18, for the following conditions:

Condition	Benefit entry criteria
Prader-Willi syndrome	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Verbal apraxia	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Fragile X syndrome	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Asperger's syndrome	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Rett's syndrome	Application completed by physician, neurologist, or paediatrician (in the case of a child)
West syndrome (infantile spasm)	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Achondroplasia	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Inborn errors of metabolism	Application completed by physician, neurologist, or paediatrician (in the case of a child)

Benefits available for your plan type

Executive Plan

We pay for allied, therapeutic and psychology services from your day-to-day benefits

We pay for out-of-hospital allied, therapeutic and psychology healthcare services from the available funds allocated to your Medical Savings Account and from the Above Threshold Benefit once your claims add up to the Annual Threshold.

We pay claims for allied, therapeutic and psychology healthcare professionals up to a maximum of 100% of the Discovery Health Rate. If your healthcare provider charges above this rate, you will need to pay the balance.

We pay claims for allied, therapeutic and psychology healthcare professionals up to a maximum of 100% of the Discovery Health Rate, or at cost if you chose this option. Claims will add up to, and pay out from, your Above Threshold Benefit at 100% of the Discovery Health Rate once you reach your Annual Threshold. If you have run out of funds in your Medical Savings Account and have not yet reached your Annual Threshold (you are in the Self-payment Gap), you will need to pay these accounts. This is not a separate benefit; limits apply to claims paid from your MSA, your own pocket (if you are in a Self-payment Gap) and Above Threshold Benefit.

We pay for allied, therapeutic and psychology healthcare services up to a limit

The annual limits are:

Single member	R21 200
With one dependant	R25 500
With two dependants	R29 800
With three or more dependants	R35 800

If you join Discovery Health Medical Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

You can apply for additional cover once you reach the Allied, Therapeutic and Psychology Benefit limit

We also supplement cover for allied, therapeutic and psychology healthcare services for members with conditions that need access to additional benefits above the annual benefit limit, but whose conditions do not form part of the Allied, Therapeutic and Psychology Extender Benefit.

Discovery Health Medical Scheme, along with an advisory panel (consisting of the representatives of the relevant professional society), will review and evaluate the clinical circumstances of every member's application for additional benefits when they reach the Allied, Therapeutic and Psychology Benefit limit. This review will be based on our clinical protocols developed by Discovery Health Medical Scheme and the relevant society. Any member with genuine clinical need will gain access to additional benefits.

Allied, Therapeutic and Psychology Extender Benefit

The Allied, Therapeutic and Psychology Extender Benefit gives members who qualify for the benefit, unlimited cover for a list of allied, therapeutic and psychology healthcare services. This cover **does not** add up towards the annual family Allied, Therapeutic and Psychology Benefit limit.

This benefit has been introduced to cater for members with severe, complex conditions who require short or long-term assistance from allied, therapeutic and psychology healthcare professionals.

This unlimited cover is for a defined list of providers and conditions, such as quadriplegia and cerebral palsy, and cover depends on the member's condition and the criteria for it.

We pay accounts funded from the Allied, Therapeutic and Psychology Extender Benefit at 100% of the Discovery Health Rate.

You do not have to wait for the Allied, Therapeutic and Psychology Benefit limit to be reached before applying for the Allied, Therapeutic and Psychology Extender Benefit. You can apply immediately to prevent depleting the annual limit available to the rest of the family for these services.

Comprehensive Series

We pay for allied, therapeutic and psychology services from your day-to-day benefits

We pay for allied, therapeutic and psychology healthcare services from the available funds allocated to your Medical Savings Account and from the Above Threshold Benefit once your claims add up to the Annual Threshold.

The Classic Comprehensive Zero MSA Plan does not have a Medical Savings Account and so there is no benefit for day-to-day medical expenses until you reach the Annual Threshold. After this, we pay claims from the Above Threshold Benefit.

We pay claims for allied, therapeutic and psychology healthcare professionals up to a maximum of 100% of the Discovery Health Rate, or at cost if you chose this option. Claims will add up to, and pay out from, your Above Threshold Benefit at 100% of the Discovery Health Rate once you reach your Annual Threshold. If you have run out of funds in your Medical Savings Account and have not yet reached your Annual Threshold (you are in the Self-payment Gap), you will need to pay these accounts. This is not a separate benefit; limits apply to claims paid from your MSA, your own pocket (if you are in a Self-payment Gap) and Above Threshold Benefit. If your healthcare provider charges above this rate, you will need to pay the balance.

We pay for allied, therapeutic and psychology healthcare services up to a limit

The annual limits are:

	Classic	Essential
Single member	R16 950	R10 200
With one dependant	R23 000	R14 450
With two dependants	R28 050	R18 700
With three or more dependants	R32 500	R22 100

If you join the medical scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

You can apply for additional cover once you reach the Allied, Therapeutic and Psychology Benefit limit

We also supplement cover for allied, therapeutic and psychology healthcare services for members with conditions that need access to additional benefits above the annual benefit limit, but whose conditions do not form part of the Allied, Therapeutic and Psychology Extender Benefit.

Discovery Health Medical Scheme, along with an advisory panel (consisting of the representatives of the relevant professional society), will review and evaluate the clinical circumstances of every member's application for additional benefits when they reach the Allied, Therapeutic and Psychology Benefit limit. This review will be based on our clinical protocols developed by Discovery Health Medical Scheme and the relevant society. Any member with genuine clinical need will gain access to additional benefits.

Allied Therapeutic and Psychology Extender Benefit

The Allied, Therapeutic and Psychology Extender Benefit gives members who qualify for the benefit, unlimited cover for a list of allied, therapeutic and psychology healthcare services. This cover **does not** add up towards the annual family Allied, Therapeutic and Psychology Benefit limit.

This benefit has been introduced to cater for members with severe, complex conditions who require short or long-term assistance from allied, therapeutic and psychology healthcare professionals.

This unlimited cover is for a defined list of providers and conditions, such as quadriplegia and cerebral palsy, and cover depends on the member's condition and the criteria for it.

We pay accounts funded from the Allied, Therapeutic and Psychology Extender Benefit at 100% of the Discovery Health Rate.

You do not have to wait for the Allied, Therapeutic and Psychology Benefit limit to be reached before applying for the Allied, Therapeutic and Psychology Extender Benefit. You can apply immediately to prevent depleting the annual limit available to the rest of the family for these services.

Priority Series

We pay for allied, therapeutic and psychology services from your day-to-day benefits

We pay for allied, therapeutic and psychology healthcare services from the available funds allocated to your Medical Savings Account or from the limited Above Threshold Benefit once your claims add up to the Annual Threshold.

We pay claims for allied, therapeutic and psychology healthcare professionals up to a maximum of 100% of the Discovery Health Rate, or at cost if you chose this option. Claims will add up to, and pay out from, your limited Above Threshold Benefit at 100% of the Discovery Health Rate once you reach your Annual Threshold. If you have run out of funds in your Medical Savings Account and have not yet reached your Annual Threshold (you are in the Self-payment Gap), or when you reach your Above Threshold Benefit limit, you will need to pay these accounts. This is not a separate benefit; limits apply to claims paid from your MSA, your own pocket (if you are in a Self-payment Gap) and Above Threshold Benefit limit, whichever you reach first.

If your healthcare provider charges above this rate, you will need to pay the balance.

We pay for allied, therapeutic and psychology healthcare services up to a limit

The annual limits are:

	Classic	Essential
Single member	R10 200	R6 750
With one dependant	R14 450	R10 200
With two dependants	R18 700	R12 700
With three or more dependants	R22 100	R15 300

If you join the medical scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

You can apply for additional cover once you reach the Allied, Therapeutic and Psychology Benefit limit

We also supplement cover for allied, therapeutic and psychology healthcare services for members with conditions that need access to additional benefits above the annual benefit limit, but whose conditions do not form part of the Allied, Therapeutic and Psychology Extender Benefit.

Discovery Health Medical Scheme, along with an advisory panel (consisting of the representatives of the relevant professional society), will review and evaluate the clinical circumstances of every member's application for additional benefits when they reach the Allied, Therapeutic and Psychology Benefit limit. This review will be based on our clinical protocols developed by Discovery Health Medical Scheme and the relevant society. Any member with genuine clinical need will gain access to additional benefits.

Contact us

You can call us on 0860 99 88 77 or visit www.discovery.co.za for more information.

Complaints process

The following channels are available for your complaints and we encourage you to follow the process:

Step 1 – To take your query further: If you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations.

Step 2 – To contact the Principal Officer: If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by emailing principalofficer@discovery.co.za.

Step 3 – To lodge a dispute: If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the website.

Step 4 – To contact the Council for Medical Schemes: Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.com | 0861 123 267 | www.medicalschemes.com