



Mental Health Care Programme



What the Mental Health Care Programme is and how it works

The Mental Health Care Programme, together with your Premier Plus GP or Network psychologist, will help you actively manage episodic depression.

This programme gives you and your healthcare provider access to tools and benefits to monitor and manage your condition, making sure that you have access to high-quality, coordinated healthcare.

This document will give you more information about the Mental Health Care Programme.

The Mental Health Care Programme is available on all Discovery Health Medical Scheme plans, as well as the medical schemes we administer (excluding Libcare, Lonmin and Netcare Medical Scheme).

The Mental Health Care Programme allows your healthcare provider to track your progress on a personalised dashboard on HealthID. This will help to identify which areas require attention so that your healthcare provider can improve the management of your condition.

How members get enrolled on the Mental Health Care Programme

The following healthcare professionals can enrol you on the Mental Health Care Programme through HealthID once you have given them consent to do so:



KeyCare Plan members must be enrolled by a KeyCare Network GP who is also taking part in the Premier Plus GP Network.



Smart Plan members must be enrolled by a GP in the Smart Plan GP Network who is also taking part in the Premier Plus GP Network.

ALL OTHER MEMBERS MUST BE ENROLLED BY A:

GP in the Premier Plus GP Network

OR

Psychologist who takes part in the Mental Health Benefit Network.

The Programme runs over 6 months but, where clinically appropriate, the enrolling healthcare professional can extend it to 12 months.

Benefits available on the Mental Health Care Programme

Once a psychologist or Premier Plus GP enrolls you on the Mental Health Care Programme, you will have access to the following benefits – in addition to those covered by the Prescribed Minimum Benefits – while registered on the Programme.

iCBT

- Up to one Internet-Based Cognitive Behavioural Therapy (iCBT) course, accessible 24/7 for 12-months.
- iCBT will be paid from the allocated consultation benefit at a value of R1850, subject to a health professional recommendation, scheme benefit criteria and available benefits.

CONSULTATIONS

- Up to three consultations (virtual or face-to-face) with the enrolling Premier Plus GP.
- Up to 3 individual psychotherapy consultations of 50 minutes or 9 group therapy sessions of 110 minutes with the enrolling network psychologist, up to the maximum of the Discovery Health Rate, when Prescribed Minimum Benefits have been depleted.

MEDICINE

Once enrolled by or referred to a Premier Plus GP, you will also have access to extra scheme funding for antidepressant medicine:

- Members on the Executive Plan and Comprehensive plans have access to any medicine in the selective serotonin reuptake inhibitor (SSRI) class, up to a monthly medicine amount of R130.
- Members on the Priority, Saver, Smart, Core and KeyCare plans have access to any medicine in the SSRI class up to a monthly medicine amount of R110.



Referrals for members who need medicine or psychotherapy

The Mental Health Care Programme offers referral pathways for members who need medicine or psychotherapy:

- If you were enrolled on the Mental Health Care Programme by a psychologist v medicine, you must visit a GP in the Premier Plus GP Network to get funding for medicine.
- If you were enrolled on the Mental Health Care Programme by a Premier Plus GP and require psychotherapy, you must visit a network psychologist.

About some of the **terms we use**

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

Designated service provider (DSP)	A healthcare provider (for example doctor, specialist, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit www.discovery.co.za or click on Find a healthcare provider on the Discovery app to view the full list of designated service providers (DSPs).
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
Emergency medical condition	An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy. An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.
HealthID	HealthID is an online digital platform that gives your doctor fast, up-to-date access to your health information. Once you have given consent, your doctor can use HealthID to access your medical history, make referrals to other healthcare professionals and check your relevant test results.
ICD-10 code	A clinical code that describes diseases, signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).
Premier Plus GP	A Premier Plus GP is a network GP who has contracted with us to provide you with coordinated care for defined chronic conditions.
Prescribed Minimum Benefits (PMBs)	<p>In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> ■ An emergency medical condition ■ A defined list of 271 diagnoses ■ A defined list of 27 chronic conditions. <p>To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:</p> <ul style="list-style-type: none"> ■ Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions ■ The treatment needed must match the treatments in the defined benefits ■ You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a designated service provider (DSP) we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.

Additional support for mental wellbeing

You can access our Mental Health Information hub for additional resources and content for enhanced mental health support.

Contact us

Tel (members): 0860 99 88 77, Tel (health partners):
0860 44 55 66

Go to www.discovery.co.za to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say 'Hi' to start chatting with us 24/7.

PO Box 784262, Sandton, 2146. 1 Discovery Place,
Sandton, 2196.

Complaints process

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints and we encourage you to follow the process:

Step 01 | 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 02 | 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 03 | 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 04 | 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.co.za | 0861 123 267 | www.medicalschemes.co.za.



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