



2021

DISCOVERY HEALTH MEDICAL SCHEME

TRAUMA RECOVERY EXTENDER BENEFIT

Overview

This document tells you about the Trauma Recovery Extender Benefit. Read further to understand how the benefit works, which healthcare services are covered and details about the criteria that apply to qualify for the benefit.

The Trauma Recovery Extender Benefit is available on all Discovery Health Medical Scheme plans, except the Essential Smart Plan, the Core Series, and KeyCare Core Plan.

About some of the terms we use in this document

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.

TERMINOLOGY	DESCRIPTION
Allied, therapeutic and psychology healthcare professional	This is a registered medical professional other than a doctor, dentist or nurse who provides support services and/or rehabilitation services that are aimed at improving the physical, psychological, emotional, and social wellbeing of members.
Annual Threshold	Available on the Executive, Comprehensive and Priority plans We set the Annual Threshold amount at the beginning of each year. The number and type of dependants (spouse, adult or child) on your plan will determine the amount. The Annual Threshold is an amount that your claims need to add up to before we pay your day-to-day claims from the Above Threshold Benefit (ATB).
Above Threshold Benefit (ATB)	Available on the Executive, Comprehensive and Priority plans 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 Discovery Health Rate (DHR) or a portion of it. The Executive and Comprehensive plans have an unlimited ATB, and the Priority plans have a limited ATB.
Beta score	A nursing scale used to measure patients' activities of daily living. The scale measures the level of dependence on others to perform routine daily living activities such as problem solving, grooming, bowel or bladder emptying, eating, and others.
Discovery Health Rate (DHR)	This is a rate set by us at which we pay for healthcare services from hospitals, pharmacies and healthcare professionals.
Functional Independence Measure Scale (FIMS)	The Functional Independence Measure Scale (FIMS) is a universal measure of activities of daily living.
Medical Savings Account (MSA)	Available on the Executive, Comprehensive, Priority and Saver plans The Medical Savings Account (MSA) is an amount that is set aside for you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year. Should you leave the Scheme or change your plan partway through the year and have used more of the funds than what you have contributed, you will need to pay the difference to us.

The Trauma Recovery Extender Benefit

The Trauma Recovery Extender Benefit helps extend your day-to-day cover

The Trauma Recovery Extender Benefit helps to preserve the funds in your Medical Savings Account (MSA) after certain traumatic events by giving you access to additional cover for day-to-day treatment after you are discharged from hospital. Depending on your health plan, the benefit includes cover for:

- Allied, therapeutic and psychology healthcare services
- Prescribed medicine
- External medical items and hearing aids
- Prosthetic limbs

The benefit pays for the day-to-day healthcare expenses for the beneficiary for whom the benefit is registered, related to the traumatic event in the year it happened, and in the year after it happened, without using the funds in your Medical Savings Account (MSA).

To qualify for cover, you must be a member of Discovery Health Medical Scheme, on a qualifying health plan, in the year that the traumatic event occurs.

The benefit will only cover claims that are related to the original diagnosis following the traumatic event for the beneficiary registered for the benefit.

The Trauma Recovery Extender Benefit is available on most plans

The Trauma Recovery Extender Benefit is available on all health plans, **except** the Essential Smart Plan, the Core Series and KeyCare Core Plan.

Members must meet the clinical entry criteria to access cover on the Trauma Recovery Extender Benefit

The Trauma Recovery Extender Benefit extends cover for certain day-to-day medical costs for the beneficiary who meets the clinical entry criteria resulting from any of the following:

TRAUMA CONDITION	TO QUALIFY FOR THE BENEFIT (CLINICAL ENTRY CRITERIA)
<ul style="list-style-type: none"> ▪ Crime-related injury ▪ Conditions related to a near-drowning ▪ Poisoning ▪ Severe anaphylactic (allergic) reaction 	The condition must require an ICU stay of five days or more.
<ul style="list-style-type: none"> ▪ Paraplegia (paralysis of the lower half of the body affecting both legs, for example due to blunt force injury to the spinal cord) ▪ Quadriplegia (paralysis of both arms and legs, for example due to blunt force injury to the spinal cord) 	<p>Severe lessening of the strength or effectiveness of the limbs, shown by loss of reflexes, numbness and loss of motion.</p> <p>We use Beta score or Functional Independence Measure Scale (FIMS) indications to measure the severity of the physical trauma.</p>
Severe burns	15% of the surface area must have full thickness burns.
External and internal head injuries	<p>The condition must require an ICU stay of five days or more.</p> <p>We use Beta score or Functional Independence Measure Scale (FIMS) indications to measure the severity of the physical trauma.</p>
Loss of limb	Trauma-related loss of limb, for example due to direct blunt force trauma.

Members who qualify have automatic access to the Trauma Recovery Extender Benefit

You will have automatic access to this benefit if the entry criteria in the table above are met. The benefit will be activated after the beneficiary has been admitted for one of the specific traumas, and the event has been appropriately reviewed and the benefits approved.

You have unlimited cover for radiology and pathology services

Once registered for the benefit, you will have cover for radiology (including x-rays and scans) and pathology (blood and other tissue) tests if referred by your treating healthcare professional.

Certain healthcare services are not covered on the Trauma Recovery Extender Benefit

- The Trauma Recovery Extender Benefit does not cover the cost of dentistry, optometry, antenatal classes or over-the-counter (schedule 0, 1 and 2) medicine.
- The general scheme exclusions apply to the Trauma Recovery Extender Benefit.

How we pay accounts from the Trauma Recovery Extender Benefit

The Trauma Recovery Extender Benefit provides cover up to the Discovery Health Rate (DHR), unless stated otherwise. The co-payment for MRI or CT scans that usually applies **will not** apply to scans that form part of treatment covered from the Trauma Recovery Extender Benefit.

We will pay prescribed medicine (that is schedule 3 and above) on the Preferred Medicine List up to 100% of the Discovery Health Rate subject to the annual Prescribed Medicine limit. For medicine that is not on our Preferred Medicine List we will pay up to either 50% or 75% of the Discovery Health Rate (DHR) depending on the price of the medication relative to the cost of the preferentially priced medicine.

Benefits available for your plan type

EXECUTIVE PLAN

Specialists and other healthcare professionals

We pay accounts for specialists up to 300% of the Discovery Health Rate (DHR). For GP and other healthcare professional claims, including pathology and radiology, we pay up to 100% of the Discovery Health Rate (DHR). If you use a healthcare professional who we have a payment arrangement with, the agreed rate will apply, and we will pay them directly.

How we pay allied, therapeutic and psychology healthcare professionals

You have unlimited cover for the following allied, therapeutic and psychology healthcare services for the remainder of the year of the traumatic event and in the following year through the Allied, Therapeutic and Psychology **Extender** Benefit:

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

We pay claims for other allied, therapeutic and psychology healthcare professionals as listed below from the available funds in your Medical Savings Account (MSA) and Above Threshold Benefit (ATB), up to the annual Allied, Therapeutic and Psychology Benefit limit:

- Dietitians
- Registered counsellors
- Homeopaths
- Registered nurses
- Podiatrists
- Registered social workers
- Psychometrists

The annual limit varies, depending on your family size. The limits are:

Single member	R26 250
With one dependant	R31 550
With two dependants	R36 950
With three or more dependants	R44 300

If you join the Scheme after January, you won't get the full limit for allied, therapeutic and psychology services because these limits are calculated by counting the remaining months in the year.

We pay for prescribed medicine (schedule 3 and above) up to the annual limit

We pay for prescribed medicine (schedule 3 and above) up to the annual limit for prescribed medicine. This is not a separate benefit, which means that your day-to-day medicine claims as well as medicine claims for the Trauma Recovery Extender Benefit add up to the limit.

The annual limit varies, depending on your family size. The limits are:

Single member	R43 850
With one dependant	R51 400
With two dependants	R58 850
With three or more dependants	R66 350

If you join the Scheme after January, you won't get the full limit for prescribed medicine because these limits are calculated by counting the remaining months in the year.

For medicine on our Preferred Medicine List, we will pay up to 100% of the Discovery Health Rate (DHR), and for medicine not on the Preferred Medicine List, we will pay up to either 50% or 75% of the Discovery Health Rate (DHR) depending on the price of the medicine relative to the cost of the preferentially priced medicine.

We pay for external medical items and hearing aids up to the annual limit

We pay for medical items such as wheelchairs and crutches up to the annual limit for external medical items of R60 550 for your family.

We pay for hearing aids up to the annual limit of R26 600 for your family.

These are not separate benefits, which means that your day-to-day claims as well as claims for the Trauma Recovery Extender Benefit add up to these limits.

We pay for prosthetic limbs up to an annual limit

We pay artificial limbs (prostheses) up to an overall limit of R88 250 per person where the loss of the limb was as a result of trauma. This does not add up to the annual external medical items limit for day-to-day claims.

COMPREHENSIVE SERIES
Classic Comprehensive, Classic Delta Comprehensive, Classic Smart Comprehensive, Essential Comprehensive and Essential Delta Comprehensive Plans
Specialists and other healthcare professionals

We pay accounts for specialists, GPs and other healthcare professional claims, including pathology and radiology up to 100% of the Discovery Health Rate (DHR). If you use a healthcare professional who we have a payment arrangement with, the agreed rate will apply, and we will pay them directly.

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

You have unlimited cover for the following selected allied, therapeutic and psychology healthcare services for the remainder of the year of the traumatic event and in the following year through the Allied, Therapeutic and Psychology **Extender** Benefit:

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

We pay claims for other allied, therapeutic and psychology healthcare professionals as listed below from the available funds in your Medical Savings Account (MSA) and Above Threshold Benefit (ATB), up to the annual Allied, Therapeutic and Psychology Benefit limit:

- Dietitians
- Registered counsellors
- Homeopaths
- Registered nurses
- Podiatrists
- Registered social workers
- Psychometrists

The annual limit varies, depending on your family size. The limits are:

	CLASSIC	ESSENTIAL
Single member	R20 950	R12 600
With one dependant	R28 450	R17 850
With two dependants	R34 700	R23 150
With three or more dependants	R40 250	R27 050

If you join the Scheme after January, you won't get the full limit for allied, therapeutic and psychology services because these limits are calculated by counting the remaining months in the year.

We pay for prescribed medicine (schedule 3 and above) up to the annual limit

We pay prescribed medicine (schedule 3 and above) up to the annual limit for prescribed medicine. This is not a separate benefit, which means that your day-to-day medicine claims as well as medicine claims for the Trauma Recovery Extender Benefit add up to the limit.

The annual limit varies, depending on your family size. The limits are:

	CLASSIC	ESSENTIAL
Single member	R35 750	R22 950
With one dependant	R41 950	R27 950
With two dependants	R48 700	R33 650

COMPREHENSIVE SERIES

With three or more dependants	R55 550	R36 700
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If you join the Scheme after January, you won't get the full limit for prescribed medicine because these limits are calculated by counting the remaining months in the year.

For medicine on our Preferred Medicine List, we will pay up to 100% of the Discovery Health Rate (DHR) and for medicine not on the Preferred Medicine List, we will pay up to either 50% or 75% of the Discovery Health Rate (DHR) depending on the price of the medicine relative to the cost of the preferentially priced medicine.

We pay for external medical items and hearing aids up to the annual limit

We pay for medical items such as wheelchairs and crutches up to the annual limit for external medical items of R60 550 for your family on the Classic Comprehensive, Classic Delta Comprehensive and Classic Smart Comprehensive Plan and R40 550 for your family on the Essential Comprehensive and Essential Delta Comprehensive Plans.

We pay for hearing aids up to the annual limit of R26 600 for your family on the Classic Comprehensive, Classic Delta Comprehensive and Classic Smart Comprehensive Plans and R21 350 for your family on the Essential Comprehensive and Essential Delta Comprehensive Plans.

We pay for prosthetic limbs from an annual limit

We pay artificial limbs (protheses) up to an overall limit of R88 250 per person where the loss of the limb was as a result of trauma. This does not add up to the annual external medical items limit for day-to-day claims.

PRIORITY SERIES

Specialists and other healthcare professionals

We pay accounts for specialists, GPs and other healthcare professional claims, including pathology and radiology up to 100% of the Discovery Health Rate (DHR). If you use a healthcare professional who we have a payment arrangement with, the agreed rate will apply, and we will pay them directly.

How we pay allied, therapeutic and psychology healthcare professionals

We pay accounts for the following allied, therapeutic and psychology healthcare professionals up to an annual limit for your family:

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

The annual limit varies, depending on your family size and plan type. The limits are:

	CLASSIC	ESSENTIAL
Single member	R12 500	R8 300
With one dependant	R17 700	R12 500
With two dependants	R22 900	R15 550

PRIORITY SERIES

With three or more dependants	R27 050	R18 750
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If you join the Scheme after January, you won't get the full limit for allied, therapeutic and psychology services because these limits are calculated by counting the remaining months in the year.

We pay for prescribed medicine (schedule 3 and above) up to the annual limit

We pay for prescribed medicine (schedule 3 and above) up to the annual limit for prescribed medicine. This is not a separate benefit, which means that your day-to-day medicine claims as well as medicine claims for the Trauma Recovery Extender Benefit add up to the limit.

The annual limit varies, depending on your family size and plan type. The limits are:

	CLASSIC	ESSENTIAL
Single member	R22 850	R16 200
With one dependant	R27 700	R19 150
With two dependants	R33 350	R22 750
With three or more dependants	R36 400	R27 650

If you join the Scheme after January, you won't get the full limit for prescribed medicine because these limits are calculated by counting the remaining months in the year.

For medicine on our Preferred Medicine List, we will pay up to 100% of the Discovery Health Rate (DHR), and for medicine not on the Preferred Medicine List, we will pay up to either 50% or 75% of the Discovery Health Rate (DHR) depending on the price of the medicine relative to the cost of the preferentially priced medicine.

We pay for external medical items and hearing aids up to the annual limit

We pay for medical items such as wheelchairs and crutches up to the annual limit for external medical items of R40 550 for your family on the Classic Priority Plan and R27 250 for your family on the Essential Priority Plan.

We pay for hearing aids up to the annual limit of R21 350 for your family on the Classic Priority Plan and R15 200 for your family on the Essential Priority Plan.

We pay for prosthetic limbs from an annual limit

We pay artificial limbs (protheses) up to an overall limit of R88 250 per person where the loss of the limb was as a result of trauma. This does not add up to the annual external medical items limit for day-to-day claims.

SAVER SERIES

Specialists and other healthcare professionals

We pay accounts for specialists, GPs and other healthcare professional claims, including pathology and radiology up to 100% of the Discovery Health Rate (DHR). If you use a healthcare professional who we have a payment arrangement with, the agreed rate will apply, and we will pay them directly.

How we pay allied, therapeutic and psychology healthcare professionals

We pay accounts for the following allied, therapeutic and psychology healthcare professionals up to an annual limit for your family:

- Acousticians
- Biokineticists
- Chiropractors
- Physiotherapists
- Podiatrists
- Psychologists (clinical, counselling, educational and industrial)

SAVER SERIES

- Counsellors
- Dietitians
- Homeopaths
- Occupational therapists
- Psychometrists
- Registered nurses
- Social workers
- Speech and hearing therapists (Speech-language therapists and audiologists)

Payment for these services is subject to the benefit limit for your family.

The annual limit varies, depending on your family size and plan type. The limits are:

Single member	R8 300
With one dependant	R12 500
With two dependants	R15 550
With three or more dependants	R18 750

We pay for prescribed medicine (schedule 3 and above) up to an annual limit

We pay for prescribed medicine (schedule 3 and above) up to an annual limit for prescribed medicine.

The annual limit varies, depending on your family size. The limits are:

Single member	R16 200
With one dependant	R19 150
With two dependants	R22 750
With three or more dependants	R27 650

If you join the Scheme after January, you won't get the full limit for prescribed medicine because these limits are calculated by counting the remaining months in the year. For medicine, we will pay up to 100% of the Discovery Health Rate (DHR).

How we pay for external medical items, hearing aids and prosthetic limbs

We pay for medical items such as wheelchairs and crutches up to an annual limit of R27 250 for your family.

For hearing aids, we pay up to an annual limit R15 200 for your family.

We pay artificial limbs (prostheses) up to an overall limit of R88 250 per person where the loss of the limb was as a result of trauma.

SMART SERIES

Essential Smart Plan

The Trauma Recovery Extender Benefit is not available on the Essential Smart Plan.

Classic Smart Plan

Specialists and other healthcare professionals

We pay accounts for specialists, GPs and other healthcare professional claims, including pathology and radiology up to 100% of the Discovery Health Rate (DHR). If you use a healthcare professional who we have a payment arrangement with, the agreed rate will apply, and we will pay them directly.

How we pay allied, therapeutic and psychology healthcare professionals

We pay accounts for the following allied, therapeutic and psychology healthcare professionals up to an annual limit for your family:

- Acousticians
- Physiotherapists

SMART SERIES

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

The annual limit varies, depending on your family size. The limits are:

Single member	R8 300
With one dependant	R12 500
With two dependants	R15 550
With three or more dependants	R18 750

We pay for prescribed medicine (schedule 3 and above) up to an annual limit

We pay for prescribed medicine (schedule 3 and above) up to an annual limit for prescribed medicine.

The annual limit varies, depending on your family size and plan type. The limits are:

Single member	R16 200
With one dependant	R19 150
With two dependants	R22 750
With three or more dependants	R27 650

If you join the Scheme after January, you won't get the full limit for prescribed medicine because these limits are calculated by counting the remaining months in the year. For medicine, we will pay up to 100% of the Discovery Health Rate (DHR) subject to the limit.

How we pay for external medical items, hearing aids and prosthetic limbs

We pay for medical items such as wheelchairs and crutches up to an annual limit of R27 250 for your family.
 For hearing aids, we pay up to an annual limit R15 200 for your family.

We pay artificial limbs (prostheses) up to an overall limit of R88 250 per person where the loss of the limb was as a result of trauma.

CORE SERIES

The Trauma Recovery Extender Benefit is not available on Core Plans as your plan does not have cover for day-to-day expenses.

KEYCARE SERIES

KeyCare Core Plan

The Trauma Recovery Extender Benefit is not available on the KeyCare Core Plan.

KeyCare Plus Plan and KeyCare Start Plan

Specialists and other healthcare professionals

We pay accounts for specialists, GPs and other healthcare professional claims, including pathology and radiology up to 100% of the Discovery Health Rate (DHR). If you use a healthcare professional who we have a payment arrangement with, the agreed rate will apply, and we will pay them directly.

You must visit your chosen KeyCare or KeyCare Start GP.

We pay for specialist visits for the treatment after the trauma and these visits will not add up to the Specialist Benefit. You need to contact us for a reference number to confirm your benefits. Get your GP to contact us to see if you need to visit a specialist.

We also pay for the radiology and pathology referred by your chosen GP or specialist.

How we pay allied, therapeutic and psychology healthcare professionals

We pay accounts for the following allied, therapeutic and psychology healthcare professionals up to an annual limit for your family.

- 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)

The annual limit varies, depending on your family size. The limits are:

Single member	R8 300
With one dependant	R12 500
With two dependants	R15 550
With three or more dependants	R18 750

If you join the Scheme after January, you won't get the full limit for prescribed medicine because these limits are calculated by counting the remaining months in the year. For medicine, we will pay up to 100% of the Discovery Health Rate (DHR).

We pay for prescribed medicine (schedule 3 and above) up to an annual limit

We pay prescribed medicine (schedule 3 and above) up to the annual limit for prescribed medicine.

The annual limit varies, depending on your family size. The limits are:

Single member	R16 200
With one dependant	R19 150
With two dependants	R22 750
With three or more dependants	R27 650

If you join the Scheme after January, you won't get the full limit for prescribed medicine because these limits are calculated by counting the remaining months in the year. For medicine, we will pay up to 100% of the Discovery Health Rate (DHR).

How we pay for medical items, hearing aids and prosthetic limbs

We pay for medical items such as wheelchairs and crutches up to an annual limit of R27 250 for your family. For hearing aids, we pay up to an annual limit R15 200 for your family.

We pay artificial limbs (prostheses) up to an overall limit of R88 250 per person where the loss of the limb was as a result of trauma.

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:

1 | 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.

2 | 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.

3 | 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.

4 | 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.co.za 0861 123 267 | www.medicalschemes.co.za