

**COVER FOR ALLIED,
THERAPEUTIC AND PSYCHOLOGY
HEALTHCARE PROFESSIONALS**

DISCOVERY HEALTH MEDICAL SCHEME
2026





Overview

This document tells you more about the following benefits:

1. **The Allied, Therapeutic and Psychology Benefit** limit – applicable on the Executive, Comprehensive and Priority plans. On all other plans, these services are covered from the available funds in the Personal Health Fund or Medical Savings Account, where applicable.
2. **Additional cover for allied, therapeutic and psychology healthcare services** – available on the Executive, Comprehensive and Priority plans.
3. **The Allied, Therapeutic and Psychology Extender Benefit** – available on the Executive and Comprehensive plans.

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
Above Threshold Benefit (ATB)	Once the day-to-day claims that you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit, at the Discovery Health Rate or a portion of it. The Comprehensive and Priority plans have a limited Above Threshold Benefit.
Additional cover for allied, therapeutic and psychology healthcare services	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. Available on the Executive, Comprehensive and Priority plans only.
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 from available day-to-day benefits. The limit depends on the family size as well as the plan type. On the Saver plans, cover is limited to available money in the Medical Savings Account (MSA).
Allied, Therapeutic and Psychology Extender Benefit	Gives members with severe, complex conditions on a defined list, 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.
Allied, therapeutic and psychology healthcare professional	This is a registered medical professional other than a doctor, nurse or dentist who provides support services and/or rehabilitation services that are aimed at improving the physical, psychological, emotional, and social wellbeing of members.
Annual Threshold	<p>Available on the Executive, Comprehensive and Priority plans</p> <p>The Annual Threshold is the amount that your claims must add up to before we pay your day-to-day claims from the limited Above Threshold Benefit.</p> <p>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.</p>
Comprehensive cover	<p>This cover exceeds the essential healthcare services and Prescribed Minimum Benefits that are prescribed by the Medical Schemes Act 131 of 1998. Comprehensive cover offers you extra cover and benefits to complement your basic cover.</p> <p>It gives you the flexibility to choose your healthcare options and service providers. Whether you choose full cover or options outside of full cover, we give you the freedom to decide what suits your needs. Our cover is in line with defined clinical best practices. This ensures that you receive treatment that is expected for your condition and that is clinically appropriate.</p>



TERMINOLOGY	DESCRIPTION
	We may review these principles from time to time to stay current with changes in the healthcare landscape. While comprehensive, your cover remains subject to the Scheme's treatment guidelines, protocols, and designated service providers. We still prioritise managed care to make sure you get the best outcomes for your health.
Day-to-day benefits	The day-to-day benefits are the available money allocated to your Personal Health Fund, Medical Savings Account, cover from the limited Above Threshold Benefit or defined benefits for day-to-day healthcare services.
Discovery Health Rate (DHR)	This is the rate that we pay for healthcare services from hospitals, pharmacies, healthcare professionals, and other providers of relevant healthcare services.
Medical Savings Account (MSA)	<p>Medical Savings Account (MSA) You have access to a Medical Savings Account (MSA) 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.</p> <p>We pay your day-to-day medical expenses from the money allocated in your MSA. These day-to-day expenses are for general practitioner (GP) and specialist consultations, acute medicine, and radiology and pathology services, among others.</p> <p>You can choose to have your claims paid from the MSA, either at the Discovery Health Rate or at cost. If you have unused money in the account, this will carry over to the next year. If you leave the Scheme or change your plan during the year and have used more of the MSA money than what you have contributed, you will need to pay the difference to us.</p>

The Allied, Therapeutic and Psychology Benefit

We pay for out-of-hospital 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 funds available in your Personal Health Fund (PHF) and Medical Savings Account (MSA).

Once you've used the full amount in your MSA, you will need to pay for these services yourself until your day-to-day claims add up to your **Annual Threshold**.

After reaching your threshold, you'll have access to further cover through your **Above Threshold Benefit (ATB)** up to the annual benefit limit, depending on your **plan type and ATB limit**.

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

Out-of-hospital allied, therapeutic and psychology healthcare services are covered at the **Discovery Health Rate**, up to a single **overall annual benefit limit**. This limit depends on your **family size** and **plan type**. These are **not separate benefits** depending on your plan, the annual limit applies to claims paid from your **Medical Savings Account (MSA)** and from your **ATB**.

- On the **Comprehensive and Priority Plans**, your cover for these services is also subject to the **Above Threshold Benefit (ATB) limit**.

To understand what cover applies to you, please refer to the *Benefits available for your plan type* section.



We pay for certain allied, therapeutic and psychology healthcare professionals

Cover for allied, therapeutic and psychology healthcare services include the following healthcare professionals:

<ul style="list-style-type: none"> • Acousticians • Biokineticists • Chiropractors • Counsellors • Dietitians • Homeopaths • Occupational therapists 	<ul style="list-style-type: none"> • Physiotherapists • Podiatrists • Psychologists (clinical, counselling, and educational) • Psychometrics • Registered nurses • Social workers • Speech and hearing therapists (speech-language therapists and audiologists)
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Additional cover for Allied, Therapeutic and Psychology healthcare services

Available on the Executive, Comprehensive and Priority plans only

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

If you have a health condition that requires ongoing care and your claims for allied, therapeutic and psychology services have exceeded the standard annual benefit limit, but your condition does not qualify for the Allied, Therapeutic and Psychology Extender Benefit – we may still be able to offer you **additional cover**. Approved sessions will be covered from your available day-to-day benefits. On the **Comprehensive and Priority Plans**, this extra cover is subject to your **Above Threshold Benefit (ATB)** limit.

To make sure your care remains clinically appropriate and in line with the highest standards, each request for additional benefits is **carefully reviewed** by Discovery Health Medical Scheme, together with an **advisory panel** that includes representatives from relevant professional societies (where applicable). These reviews follow strict clinical protocols to ensure fairness, accuracy and quality of care.

To apply, please download the latest application form from www.discovery.co.za under: **Medical Aid > Find documents and certificates**

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

<ul style="list-style-type: none"> • Acousticians • Biokineticists • Chiropractors • Occupational therapists • Physiotherapists 	<ul style="list-style-type: none"> • Psychologists (clinical, counselling, and educational) • Social workers • Speech and hearing therapists (speech-language therapists and audiologists)
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We will not consider cover for both a chiropractor and physiotherapist or a psychologist and social worker for the same condition.

The 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 you access to **extended cover over and above your annual benefit limit**, and where applicable, beyond your **Above Threshold Benefit (ATB)** limit. The cover is available for certain defined conditions that require ongoing, clinically appropriate care.



This benefit is available to members who meet specific **entry criteria** for **approved, evidence-based healthcare** related to a defined list of allied, therapeutic and psychology services.

It is designed to support members with **severe and complex health conditions** (such as **quadriplegia or cerebral palsy**) where long- or short-term care from healthcare professionals is essential. Cover is available for a defined list of conditions and providers and is based on clinical need.

Our goal is to make sure that when your care needs are significant, your cover rises to meet them with expert oversight and genuine support.

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

To apply for the Allied, Therapeutic and Psychology Extender Benefit, both you and your diagnosing healthcare professional (who will refer you to the appropriate allied healthcare professional) will need to **complete and sign an application form**.

You can access the most up-to-date forms anytime by visiting www.discovery.co.za > **Medical Aid** > **Manage your health plan** > **Find important documents and certificates**

Alternatively:

- **Members** can call us on **0860 99 88 77**
- **Healthcare professionals** can call **0860 44 55 66** to request the relevant form.

Once completed, please send the form back using the submission details provided on the form itself.

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

If you meet the clinical criteria for the **Allied, Therapeutic and Psychology Extender Benefit**, you may qualify for cover for one of the following durations, depending on your condition and individual needs:

- For the **rest of the year** in which the qualifying event occurs, **plus the following year**.
- **On an ongoing basis**, where the condition warrants long-term support.
- **Until the year the beneficiary turns 18**, for qualifying paediatric conditions.

This ensures that your care continues for as long as it's clinically appropriate, supporting better health outcomes over time.

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:

<ul style="list-style-type: none"> • Acousticians • Biokineticists • Chiropractors • Occupational therapists • Psychologists (clinical, counselling, and educational) 	<ul style="list-style-type: none"> • Social workers • Speech and hearing therapists (speech-language therapists and audiologists) • Physiotherapists
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We will not consider cover for both a chiropractor and physiotherapist, or a psychologist and social worker for the same condition.



How we pay allied, therapeutic and psychology healthcare accounts

If you qualify for the **Allied, Therapeutic and Psychology Extender Benefit**, we cover approved claims at **100% of the Discovery Health Rate**, subject to available funds in your Personal Health Fund (PHF), **Medical Savings Account (MSA)** or **Above Threshold Benefit (ATB)**.

If your healthcare provider charges more than the Discovery Health Rate, you will need to pay the difference directly to them. Here's how your cover works:

- We first pay these claims from your PHF and **MSA**, if funds are available.
- Once your MSA is used up and you've reached your **Annual Threshold**, we continue to pay from your **ATB**, if applicable.
- For approved conditions and services, you can qualify for cover **in addition to your annual benefit and ATB limits**, giving you access to clinically appropriate, evidence-based care for as long as you need it.

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

To access cover through the Allied, Therapeutic and Psychology Extender Benefit, your condition must meet a set of defined clinical entry criteria based on medical evidence and guidelines.

Cover is only available for a specific list of conditions, and approval is based on your clinical need and alignment to the criteria set for that condition.

A) You have 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
Neonate born at <34 weeks' gestation and/or weighing <2 499 grams	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)	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
Neonates who develop serious complications of birth trauma	Application form to be completed by your doctor Birth trauma related injuries and complications Baby must be born onto the Discovery Health Medical Scheme Baby must be 24 months or younger at the time of applying

B) You have cover for the above listed Allied, Therapeutic and Psychology (ATP) healthcare services from the ATP 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 in child 12 years or younger	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 the procedure took place
Cochlear implant	Application form completed by your doctor



Voice synthesizer insertion	Member must have been on Discovery Health Medical Scheme at the time the procedure took place
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The cost of the above procedures, including the devices, will be covered according to your chosen plan benefits and are not funded from the ATP extender benefit.

1. You have cover for approved clinically appropriate care from the Allied, Therapeutic and Psychology Extender Benefit for the following conditions on an ongoing basis:

CONDITION	BENEFIT ENTRY CRITERIA
Registered for the condition through our Chronic Illness Benefit, or application form completed by the provider specified below:	
Autism (spectrum disorders) including Asperger's syndrome	Application form completed by physician, neurologist, psychiatrist, or paediatrician (in the case of a child)
Bronchiectasis (any cause)	Diagnosis: application form completed by pulmonologist physician and paediatrician Ongoing management: complication form completed by any medical doctor
Cerebral palsy	Application form completed by physician, neurologist, or paediatrician (in the case of a child)
Cystic fibrosis	Application form completed by pulmonologist, paediatrician, specialist physician
Down's syndrome	Application form completed by physician, neurologist or paediatrician (in the case of a child) or supply a copy of genetic test results confirming diagnosis
Fibrosis (Idiopathic pulmonary fibrosis; Diffuse pulmonary fibrosis; Fibrosing alveolitis; Hamman-Rich syndrome)	Application form completed by physician, pulmonologist or paediatrician (in the case of a child)
Head injuries (moderate and severe)	Application form completed by your doctor You must have been a member at the time of your diagnosis
Hemiplegia and paraplegia	
Motor neuron disease	
Muscular dystrophy (and hereditary muscular disorders)	
Speech and swallowing disorder resulting from a neurological event	
Stroke (moderate and severe)	
Hereditary ataxias	Application form completed by physician, neurologist or paediatrician (in the case of a child)
Spinal muscular atrophy	
Multiple sclerosis (and other demyelinating CNS disorders)	Application form completed by neurologist



CONDITION	BENEFIT ENTRY CRITERIA
Parkinson's disease (and other movement disorders of the basal ganglia)	Diagnosis: application form completed by physician, neurologist and psychiatrist Ongoing management: application form completed by any medical doctor
Pulmonary interstitial fibrosis	Application form completed by pulmonologist and paediatric pulmonologist
Quadriplegia (tetraplegia)	Application form completed by any medical doctor
CONNECTIVE TISSUE DISORDERS	
Ankylosing spondylitis	Diagnosis: application form completed by rheumatologist or specialist physician Ongoing management: application form completed by any medical doctor
Overlap syndrome	
Rheumatoid arthritis	
Systemic sclerosis	
Juvenile chronic arthritis	Application form completed by paediatrician or rheumatologist
Psoriatic arthritis	Application form completed by rheumatologists or specialist physicians
Sjögren's syndrome	Application form completed by specialist physician, rheumatologist, or nephrologist
Systemic lupus erythematosus	Application form completed by rheumatologist, specialist physician, nephrologist or paediatrician

2. 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
Achondroplasia	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)
Inborn errors of metabolism	
Prader-Willi syndrome	
Rett's syndrome	
Verbal apraxia	
West Syndrome (infantile spasm)	



Benefits available for your plan type

EXECUTIVE PLAN

We cover out-of-hospital allied, therapeutic and psychology services, such as sessions with physiotherapists, psychologists and occupational therapists, from your available day-to-day benefits.

Here's how your cover works:

- We pay these claims from the available funds in your Personal Health Fund, or Medical Savings Account (MSA). Once your Annual Threshold is reached, we continue to pay for these claims from your Above Threshold Benefit (ATB).
- We pay up to 100% of the Discovery Health Rate. If your provider charges more than this rate, you will need to pay for the difference directly.

It's important to note:

- If your MSA runs out before reaching your Annual Threshold, and you don't have any available funds in your Personal Health Fund (PHF), you will need to pay for these services until your claims accumulate to the threshold amount. Your cover for these services is subject to an annual benefit limit, which applies to claims paid from your MSA and ATB. This is not a separate or additional benefit.

This structure is designed to help you manage everyday healthcare costs while ensuring access to the essential services that support your physical, emotional and psychological well-being.

THE ANNUAL LIMITS ARE:

Single member	R32,000
With one dependant	R38,450
With two dependants	R45,000
With three or more dependants	R54,000

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

Apply for additional cover once you've reached your Allied, Therapeutic and Psychology Benefit limit

If you have a condition that requires more care than your annual benefit limit provides but your condition does not qualify for the Allied, Therapeutic and Psychology Extender Benefit you may still have access to supplementary cover.

Once you've reached the Allied, Therapeutic and Psychology Benefit limit, Discovery Health Medical Scheme will review your application for additional funding, in partnership with an advisory panel made up of representatives from relevant healthcare professional societies and /or associations.

Your case will be reviewed against evidence-based clinical protocols developed by Discovery Health and these professional bodies. If your condition meets the criteria, and there is an appropriate clinical need, we will approve additional benefits.

Payments are made from the available funds in your Personal Health Fund (PHF), Medical Savings Account (MSA) or your Above Threshold Benefit (ATB). If your MSA has run out before you reach your Annual Threshold, and you don't have any available funds in your Personal Health Fund (PHF), you'll need to pay these claims out of pocket.

The Allied, Therapeutic and Psychology Extender Benefit

For members with qualifying severe or complex conditions, we offer the Allied, Therapeutic and Psychology Extender Benefit. This benefit provides unlimited cover for specific clinically appropriate services if you meet the clinical entry criteria.

This extended support applies to a defined list of conditions and providers for example:



EXECUTIVE PLAN

- Head injuries
- Hemiplegia
- Paraplegia
- Cerebral palsy
- Rheumatoid Arthritis

This benefit ensures that where your condition requires short- or long-term care from allied, therapeutic or psychology healthcare professionals, we provide comprehensive and clinically appropriate cover based on clinical need.

We pay these claims at 100% of the Discovery Health Rate, from your available PHF, MSA or ATB.

COMPREHENSIVE SERIES

We cover out-of-hospital allied, therapeutic and psychology healthcare services, such as physiotherapy, psychology, occupational therapy and others, from your available day-to-day benefits.

Here's how your cover works:

- **We pay these claims from the** available funds in your Personal Health Fund (PHF), or **Medical Savings Account (MSA)**. Once your Annual Threshold is reached, we continue to pay for these claims from your limited Above Threshold Benefit (ATB). We pay up to 100% of the Discovery Health Rate. If your provider charges more than this rate, you will need to pay for the difference directly.

It's important to note:

- If your MSA runs out **before reaching** your Annual Threshold, or if you reach your ATB limit **and you don't have any available funds in your PHF**, you will need to pay these claims out of pocket. Your cover for these services is subject to an annual benefit limit. This is not a separate benefit, and the limit applies to claims paid from your MSA and limited ATB.

This structure is designed to help you manage everyday healthcare costs while ensuring access to the essential services that support your physical, emotional and psychological well-being.

THE ANNUAL LIMITS ARE:

Single member	R25,500
With one dependant	R34,700
With two dependants	R42,250
With three or more dependants	R49,050

**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.*

Apply for additional cover once you've reached your Allied, Therapeutic and Psychology Benefit limit

If you have a condition that requires more care than your annual benefit limit provides but your condition does not qualify for the Allied, Therapeutic and Psychology Extender Benefit you may still have access to supplementary cover.

Once you've reached the Allied, Therapeutic and Psychology Benefit limit, Discovery Health Medical Scheme will review your application for additional funding, in partnership with an advisory panel made up of representatives from relevant healthcare professional societies and/or associations.

Your case will be reviewed against evidence-based clinical protocols developed by Discovery Health and these professional bodies. If your condition meets the criteria, and there is an appropriate clinical need, we will approve additional benefits.



COMPREHENSIVE SERIES

Payments are made from the available funds your Personal Health Fund (PHF), Medical Savings Account (MSA) or your limited Above Threshold Benefit (ATB).

If your MSA runs out before you reach your Annual Threshold, or you reach your ATB limit, and you don't have any available funds in your PHF, you'll need to pay these claims out of pocket.

The Allied, Therapeutic and Psychology Extender Benefit

For members with qualifying severe or complex conditions, we offer the Allied, Therapeutic and Psychology Extender Benefit. This benefit provides unlimited cover for specific clinically appropriate services if you meet the clinical entry criteria.

This extended support applies to a defined list of conditions and providers including cases such as:

- Head injuries
- Hemiplegia
- Paraplegia
- Cerebral palsy
- Rheumatoid Arthritis

This benefit ensures that where your condition requires short- or long-term care from allied, therapeutic or psychology healthcare professionals, we provide comprehensive and clinically appropriate cover based on clinical need.

We pay these claims at 100% of the Discovery Health Rate, from your available PHF, MSA or limited ATB.

PRIORITY SERIES

We cover out-of-hospital allied, therapeutic and psychology healthcare services such as physiotherapy, psychology, occupational therapy and others from your available day-to-day benefits.

Here's how your cover works:

- We pay these claims from the available funds in your Personal Health Fund (PHF), or Medical Savings Account (MSA). Once your Annual Threshold is reached, we continue to pay for these claims from your limited Above Threshold Benefit (ATB).
- We pay up to 100% of the Discovery Health Rate. If your provider charges more than this rate, you will need to pay for the difference directly.

It's important to note:

- If your MSA runs out before reaching your Annual Threshold, **or you reach your ATB limit, and you don't have any available funds in your PHF**, you will need to pay for these services until your claims accumulate to the threshold amount. Your cover for these services is subject to an annual benefit limit, which applies to claims paid from your MSA and ATB. This is not a separate or additional benefit.

THE ANNUAL LIMITS ARE:	CLASSIC	ESSENTIAL
Single member	R15,250	R10,100
With one dependant	R21,550	R15,250
With two dependants	R27,900	R18,950
With three or more dependants	R32,950	R22,800

**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.*



PRIORITY SERIES

Apply for additional cover once you've reached your Allied, Therapeutic and Psychology Benefit limit

If you have a condition that requires more care than your annual benefit limit provides, you may have access to supplementary cover.

Once you've reached the Allied, Therapeutic and Psychology Benefit limit, Discovery Health Medical Scheme will review your application for additional funding, in partnership with an advisory panel made up of representatives from relevant healthcare professional societies and/or associations.

Your case will be reviewed against evidence-based clinical protocols developed by Discovery Health and these professional bodies. If your condition meets the medical criteria, and there is an appropriate clinical need, we will approve additional benefits.

Payments are made from the available funds in your Personal Health Fund (PHF), Medical Savings Account (MSA) or your limited Above Threshold Benefit (ATB).

If your MSA has run out before you reach your annual threshold, or you reach your ATB limit, and you don't have any available funds in your Personal Health Fund (PHF), you'll need to pay these claims out of pocket.

SAVER SERIES

These healthcare services are paid from the available funds in your Personal Health Fund (PHF) or Medical Savings Account (MSA). If you have run out of funds in your Personal Health Fund (PHF) or Medical Savings Account (MSA), you will have to pay this cost.

SMART SAVER SERIES

Classic Smart Saver Plan

These healthcare services are paid from the available funds allocated to your Personal Health Fund (PHF) or Medical Savings Account (MSA) up to 100% of the Discovery Health Rate. If you have run out of funds in your Personal Health Fund (PHF) or Medical Savings Account (MSA), you will have to pay this cost. You also have cover for sports related injuries that qualify under the **Sports Injury Benefit**.

Essential Smart Saver Plan

These healthcare services are paid from the available funds allocated to your Personal Health Fund or Medical Savings Account (MSA) up to 100% of the Discovery Health Rate. If you have run out of funds in your Personal Health Fund (PHF) or Medical Savings Account (MSA), you will have to pay this cost. On the Essential Smart Saver Plan, sports-related injuries are covered for children who are 12 years old and younger from the **Sports Injury Benefit**.

SMART SERIES

Classic Smart Plan

These healthcare services are paid from the available funds allocated to your Personal Health Fund (PHF) up to 100% of the Discovery Health Rate. You also have cover for sports related injuries that qualify under the **Sports Injury Benefit**.

Essential Smart, Essential Dynamic Smart and Active Smart plans

These healthcare services are paid from the available funds allocated to your Personal Health Fund (PHF) up to 100% of the Discovery Health Rate.



CORE SERIES

These healthcare services are paid from the available funds allocated to your Personal Health Fund (PHF) up to 100% of the Discovery Health Rate.

KEYCARE SERIES

These healthcare services are paid from the available funds allocated to your Personal Health Fund (PHF) up to 100% of the Discovery Health Rate.



How to contact us

	Members can call us on 0860 99 88 77 Health partners can call us on 0860 44 55 66
	Go to www.discovery.co.za to get help from our chatbot, Ask Discovery.
	You can ask us a question by just saving the number 0860 75 67 56 on your phone and typing 'Hi' to start chatting with us 24/7.
	You can send us a letter to PO Box 784262, Sandton, 2146
	You can visit our offices at 1 Discovery Place, Sandton, 2196

We welcome any feedback about our service

We would love to hear if there's anything we can improve on or if we have exceeded your expectations. Your feedback helps us serve you better. To give us feedback, you can complete our short *Complaints and compliments form* on the right side of the [Complaints, compliments or disputes page](#) under **Contact us**.

What to do if you have a complaint

1. To take your query further

If you have already contacted Discovery Health Medical Scheme and feel that your query has not been resolved, you can take the next step. Please complete our short online *Complaints and compliments form*. It's on the right side of the [Complaints, compliments and disputes page](#) under section 1, Contact us.

2. To contact the principal officer

If you are still not satisfied with the outcome after following the process in Step 1, you can escalate your complaint to the principal officer of Discovery Health Medical Scheme by choosing one of these options:

- Complete our short online *Contact the principal officer form*. You'll find it on the right side of the [Complaints, compliments and disputes page](#) under section 2, Contact us.
- Send an email to principalofficer@discovery.co.za.

3. To lodge a dispute

If you have received a final decision from the principal officer of Discovery Health Medical Scheme and want to challenge it, you can lodge a formal dispute. You can find more information online about the [Scheme's dispute process](#).

4. To contact the Council for Medical Schemes

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You can contact the Council directly at any stage of the complaints process, but we encourage you to follow the steps above before doing so.

The contact details are:

	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 12 32 67
	www.medicalschemes.co.za

Your privacy matters to us

We take your privacy seriously. We're committed to protecting your personal information and keeping it safe and confidential. You can read our full privacy statement anytime at www.discovery.co.za > **MEDICAL AID** > **About Discovery Health Medical Scheme**.