

MENTAL HEALTH CARE PROGRAMME

DISCOVERY HEALTH MEDICAL SCHEME 2025

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.



Overview

The Mental Health Care Programme, together with your nominated Premier Plus GP, will help you actively manage episodic depression. This programme gives you and your nominated Premier Plus GP access to tools and benefits to monitor and manage your condition to ensure you get high quality and coordinated healthcare. This document gives you more information about the Mental Health Care Programme, which is available on all Discovery Health Medical Scheme 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
Designated service provider (DSP)	A healthcare provider (for example doctor, specialist, pharmacy or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit <u>www.discovery.co.za</u> 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.
Primary care doctor	A primary care doctor helps you take care of your general health. Having one nominated doctor who manages your health and coordinates your care leads to better health outcomes. Your primary care doctor knows your complete medical history and takes the healthcare approach that works best for you.
Prescribed Minimum Benefits (PMBs)	 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: An emergency medical condition A defined list of 271 diagnoses A defined list of 27 chronic conditions.
	To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:

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	 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. If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.
Selective serotonin re- uptake inhibitor (SSRI)	Selective serotonin re-uptake inhibitors are a class of antidepressant medicine that includes Fluoxetine, Paroxetine, Citalopram, Escitalopram, Sertraline and Fluvoxamine.

How to join the Mental Health Care Programme

A Premier Plus GP or a Psychologist in the Mental Health Care Programme network can enrol you on the Mental Health Care Programme through HealthID; provided that you give consent.

- Members on KeyCare Plans must be enrolled by their nominated KeyCare network GP who is also a Premier Plus GP.
- Members on the KeyCare Start and KeyCare Start Regional plans can be enrolled by their nominated Premier Plus GP. KeyCare Start Regional plans must remember that they must access their nominated GP via the online practice.
- Members on Smart plans must be enrolled by their nominated Smart network GP who is also a Premier Plus GP.
- Members on the Active Smart plan must be enrolled by their nominated Smart network GP who is also a Premier Plus GP

Visit <u>www.discovery.co.za</u> under Medical Aid > Find a healthcare provider or click on **Find a healthcare provider** on the Discovery app to find a doctor or psychologist in the network. <u>Give your nominated Premier Plus GP consent to access your Electronic</u> <u>Health Record (EHR)</u> to enrol you on the programme.

Nominate a primary care GP

There is overwhelming medical evidence that patients experience improved health outcomes when their primary care is coordinated through a single primary care GP. In line with this best practice, you and your dependants need to nominate a primary care GP for the effective management of your chronic conditions. If you are on any health plan except the Executive Plan, when you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation in full.

If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, you will be responsible for any co-payments. You and your dependants can change your nomination three times every calendar year. This does not affect the cover for prescribed chronic medicine, chronic illnesses managed by specialists, or consultations relating to acute conditions.

Nominate your GP or manage your existing nomination here.

Your nominated Premier Plus GP and/or psychologist will work with you to manage your condition

The Mental Health Care Programme gives you and your healthcare provider access to tools and benefits to monitor and manage your condition and to ensure you have access to coordinated care. Your healthcare provider can 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. The Mental Health Care Programme runs over a six-month period but can be extended to 12 months by your enrolling healthcare provider using the HealthID platform, where clinically appropriate.

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Benefits available on the Mental Health Care Programme

If you are enrolled on the Mental Health Care Programme by your network psychologist, where applicable, or nominated Premier Plus GP, you have access to the following benefits (in addition to those covered by the Prescribed Minimum Benefits) while registered on the programme:

- Up to three consultations (virtual or face-to-face) with your enrolling nominated Premier Plus GP.
- If you are registered for a mental health condition under the Prescribed Minimum Benefits (PMB), psychotherapy sessions will be paid from your approved PMB basket of care first.
- Thereafter, you have access to individual psychotherapy sessions or group therapy sessions with a Mental Health Care Programme network psychologist. Psychotherapy sessions in the Mental Health Care Programme are paid up to a total cover amount of R3,479 per person per year. You can claim for psychotherapy sessions up to a maximum of 60-minutes per session until you reach the benefit limit. Members 18 years and older also have access to one internet-based Cognitive Behavioural Therapy (iCBT) course through the Discovery Health app when referred by your enrolling Premier Plus GP or network psychologist. iCBT will be paid up to the Discovery Health Rate, from the psychotherapy consultation cover amount stated above.

In addition to the above benefits, once enrolled by your nominated Premier Plus GP, you also have access to additional funding for antidepressant medicine:

- Members on the *Executive and Comprehensive plans* have access to any medicine in the Selective Serotonin Reuptake Inhibitor (SSRI) class up to a monthly maximum cover 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 maximum cover amount of R110.

Out-of-hospital management of depression as a Prescribed Minimum Benefit

Enrolment and participation in a disease management programme have shown to enhance both the efficiency and effectiveness of managing your condition. In addition to the cover provided through the Mental Health Care Programme, you may also apply for Prescribed Minimum Benefit (PMB) cover if you are diagnosed with depression. This will provide additional support for the out-of-hospital management of your condition.

If you are on the Active Smart, Keycare Start or Keycare Start Regional Plan, you must enrol on the Mental Health Care Programme to be eligible for cover for the out-of-hospital management of depression. If you are enrolled on the Mental Health Care Programme we will cover your available psychotherapy sessions up to the Discovery Health Rate. If you are not enrolled on the Mental Health Care Programme, you will have to pay a co-payment as we will fund your psychotherapy sessions up to 80% of the Discovery Health Rate.

You can find more information on out-of-hospital management of a Prescribed Minimum Benefit condition here.

Additional support for mental wellbeing

You and your dependants can complete a Mental Wellbeing Assessment on the website or on the Discovery Health app > My health > View available screenings. You can also access the <u>Mental Health Information hub</u> for additional resources and content for enhanced mental health support.

Discover your best health with Personal Health Pathways

Personal Health Pathways is designed to help you get healthier by doing personalised health and exercise actions. You'll get personalised health and exercise actions to complete, based on your unique healthcare needs. By completing actions, you'll close your rings and earn personalised rewards. You can access your personalised healthcare pathway through the Discovery Health app making it easy for you to seamlessly navigate the healthcare system and to know what will have the biggest impact on your health. Completing these health and exercise actions will not only have a positive influence on your health but you can get rewarded along the way. As a Discovery Health Medical Scheme member, you can also access increased healthcare benefits when you complete your health next best actions. Learn more here.

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Working to care for and protect you

Our goal is to provide support for you in the times when you need it most.

How to contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66 Go to <u>www.discovery.co.za</u> 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.

What to do if you have a complaint

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 <u>www.discovery.co.za</u>. We would also love to hear from you if we have exceeded your expectations.

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 <u>www.discovery.co.za</u> or by emailing <u>principalofficer@discovery.co.za</u>.

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 <u>website</u>.

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.

Your privacy is important to us

We hold your privacy in the highest regard. Our unwavering commitment to protecting your personal information and ensuring the security and confidentiality of your data is clearly outlined in our Privacy Statement. You can view our latest version on <u>www.discovery.co.za</u> > Medical aid > About Discovery Health Medical Scheme.

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