

COVER FOR ALLIED, THERAPEUTIC AND PSYCHOLOGY HEALTHCARE PROFESSIONALS

DISCOVERY HEALTH MEDICAL SCHEME
2022





Overview

This document tells you more about the following benefits:

1. The Allied, Therapeutic and Psychology Benefit (only available on the Executive, Comprehensive and Priority plans).
2. Additional cover for allied, therapeutic and psychology healthcare services (only available on the Executive, Comprehensive and Priority plans).
3. The Allied, Therapeutic and Psychology Extender Benefit (only 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)	Available on the Executive, Comprehensive and Priority plans Once the day-to-day claims 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 (ATB), at the Discovery Health Rate or a portion of it. The Executive and Comprehensive plans have an unlimited Above Threshold Benefit (ATB), and the Priority plans have a limited Above Threshold Benefit (ATB).
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).
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.
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.
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.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB), where applicable. Depending on the plan you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the plan you choose.
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.

COVER FOR ALLIED, THERAPEUTIC, AND PSYCHOLOGY HEALTHCARE PROFESSIONALS

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.



TERMINOLOGY	DESCRIPTION
Medical Savings Account (MSA)	<p>Available on the Executive, Comprehensive, Priority and Saver plans</p> <p>The Medical Savings Account (MSA) is an amount that gets allocated to 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.</p>

The Allied, Therapeutic and Psychology Benefit

Available on the Executive, Comprehensive and Priority Plans

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 (MSA). When the money in your Medical Savings Account (MSA) is used up, you must pay these claims until you reach your Annual Threshold. You will then have cover from your Above Threshold Benefit (ATB) up to the annual benefit limit.

The Classic Smart Comprehensive Plan does not have a Medical Savings Account (MSA), so you must pay for day-to-day medical expenses until you reach the Annual Threshold, unless related to a sports injury and covered by the Sports Injury Benefit. For more information on the Sport Injury Benefit please refer to the Sports Injury Benefit on the Classic Smart Plan guide available on our website at www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

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 the Discovery Health Rate 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 limit is applicable to your health plan. These are not separate limits. Depending on your plan, limits apply to claims paid from your Medical Savings Account (MSA), by you, and from the Above Threshold Benefit (ATB).

We pay for certain allied, therapeutic and psychology healthcare professionals

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

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



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

On the Executive, Comprehensive and Priority Plans, we supplement cover for allied, therapeutic and psychology healthcare services for members with conditions that require additional benefits beyond the annual benefit limit, but whose conditions do not form part of those that qualify for 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 where applicable), will review and evaluate the clinical circumstances of every application for additional benefits once the Allied, Therapeutic and Psychology Benefit limit is reached. This review is based on the clinical protocols, developed by Discovery Health Medical Scheme and the relevant health professional society or association. Any member with appropriate clinical need will have access to additional benefits. Download the latest version of the forms from www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

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

- Acousticians
- Biokineticists
- Chiropractors
- Occupational therapists
- Physiotherapists
- Psychologists (clinical, counselling and educational)
- 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.

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 members who meet the benefit entry criteria for certain conditions, unlimited cover for a list of allied, therapeutic and psychology healthcare services.

This benefit extends cover 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 entry criteria.

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

Up to date forms are always available on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates. Alternatively, members can call 0860 99 88 77 and healthcare professionals can call 0860 44 55 66 to request an application form. Members 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 in which the event occurred 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)
- Social workers
- Speech and hearing therapists (speech-language therapists and audiologists)
- Physiotherapists

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 for these accounts from the Allied, Therapeutic and Psychology Extender Benefit at 100% of the Discovery Health Rate, subject to available funds allocated to your 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 balance yourself.

When the money allocated to your Medical Savings Account (MSA) is used up and you have reached your Annual Threshold, we will continue to cover these claims from the Above Threshold Benefit (ATB).

For members on the Classic Smart Comprehensive Plan, you need to reach the Annual Threshold to have cover for day-to-day medical expenses.

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

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

1.

- 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	<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

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CONDITION	BENEFIT ENTRY CRITERIA
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

- b) You have 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 the procedure took place
Cochlear implant	<ul style="list-style-type: none"> • Application form completed by your doctor
Voice synthesizer insertion	<ul style="list-style-type: none"> • Member must have been on Discovery Health Medical Scheme at the time the procedure took place

2. 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)	Application form completed by physician, neurologist, psychiatrist or paediatrician (in the case of a child)
Bronchiectasis (any cause)	<ul style="list-style-type: none"> • 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)

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CONDITION	BENEFIT ENTRY CRITERIA
Head injuries (moderate and severe)	<ul style="list-style-type: none"> • 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)	Application form completed by physician, neurologist or paediatrician (in the case of a child)
Hereditary ataxias	
Spinal muscular atrophy	
Multiple sclerosis (and other demyelinating CNS disorders)	Application form completed by neurologist
Parkinson's disease (and other movement disorders of the basal ganglia)	<ul style="list-style-type: none"> • 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
Ankylosing spondylitis	<ul style="list-style-type: none"> • 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

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3. 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:

PROCEDURE	BENEFIT ENTRY CRITERIA
Achondroplasia	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Asperger's syndrome	
Fragile X syndrome	
Inborn errors of metabolism	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Prader-Willi syndrome	
Rett's syndrome	
Verbal apraxia	

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 (MSA) and from the Above Threshold Benefit (ATB), 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.

Claims will add up to, and pay from your Above Threshold Benefit (ATB) 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 (MSA) and have not yet reached your Annual Threshold, you will need to pay these accounts.

We pay for allied, therapeutic and psychology healthcare services up to a limit. This is not a separate benefit. Limits apply to claims paid from your Medical Savings Account (MSA), by you, and from the Above Threshold Benefit (ATB).

The annual 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 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.

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 additional benefits beyond the annual benefit limit, but whose conditions do not form part of the Allied, Therapeutic and Psychology Extender Benefit.

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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 the clinical protocols developed by Discovery Health Medical Scheme and the relevant society. Any member with genuine clinical needs will gain access to additional benefits.

Payment is subject to available funds in your Medical Savings Account (MSA) or Above Threshold Benefit (ATB). If you have run out of funds in your Medical Savings Account (MSA) and have not yet reached your Annual Threshold, you will need to pay these accounts.

Allied Therapeutic and Psychology Extender Benefit

The Allied, Therapeutic and Psychology Extender Benefit gives members who meet the clinical entry criteria, unlimited cover for a list of allied, therapeutic and psychology healthcare services.

This benefit extends cover 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 head injuries, hemiplegia, paraplegia, 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 (DHR) from the available funds allocated to the Medical Savings Account (MSA) or the Above Threshold Benefit (ATB).

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 (MSA) and from the Above Threshold Benefit (ATB) once your claims add up to the Annual Threshold.

The Classic Smart Comprehensive Plan does not have a Medical Savings Account (MSA), so you must pay for day-to-day medical expenses until you reach the Annual Threshold, unless related to a sports injury and covered by the Sports Injury Benefit. After this, we pay claims from the Above Threshold Benefit (ATB).

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 choose this option. Claims will add up to, and pay from, your Above Threshold Benefit (ATB) 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 (MSA) and have not yet reached your Annual Threshold, you will need to pay these accounts.

We pay for allied, therapeutic and psychology healthcare services up to a limit. This is not a separate benefit. Limits apply to claims paid from your Medical Savings Account (MSA), by you, and from the Above Threshold Benefit (ATB).

The annual 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 350

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.

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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 additional benefits beyond 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 the clinical protocols developed by Discovery Health Medical Scheme and the relevant society. Any member with genuine clinical needs will gain access to additional benefits. Payment is subject to available funds in your Medical Savings Account (MSA) or Above Threshold Benefit (ATB). If you have run out of funds in your Medical Savings Account (MSA) and have not yet reached your Annual Threshold, you will need to pay these accounts.

Allied Therapeutic and Psychology Extender Benefit

The Allied, Therapeutic and Psychology Extender Benefit gives members who meet the clinical entry criteria unlimited cover for a list of allied, therapeutic and psychology healthcare services.

This benefit extends cover 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 head injuries, hemiplegia, paraplegia, 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 (DHR) from the available funds allocated to the Medical Savings Account (MSA) or the Above Threshold Benefit (ATB).

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 (MSA) or from the limited Above Threshold Benefit (ATB) 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. Claims will add up to, and pay from, your limited Above Threshold Benefit (ATB) 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 (MSA) and have not yet reached your Annual Threshold, or when you reach your Above Threshold Benefit (ATB) limit, you will need to pay these accounts.

We pay for allied, therapeutic and psychology healthcare services up to a limit. This is not a separate benefit. Limits apply to claims paid from your Medical Savings Account (MSA), by you, and from the limited Above Threshold Benefit (ATB).

The annual limits are:	Classic	Essential
Single member	R12 500	R8 300
With one dependant	R17 700	R12 500
With two dependants	R22 900	R15 550
With three or more dependants	R27 050	R18 750

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PRIORITY SERIES

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 additional benefits beyond 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 the clinical protocols developed by Discovery Health Medical Scheme and the relevant society. Any member with genuine clinical needs will gain access to additional benefits.

Payment is subject to available funds in your Medical Savings Account (MSA) or limited Above Threshold Benefit (ATB). If you have run out of funds in your Medical Savings Account (MSA) and have not yet reached your Annual Threshold, or when you reach your Above Threshold Benefit (ATB) limit, you will need to pay these accounts.

SAVER SERIES

These healthcare services are paid from the available funds allocated to your Medical Savings Account (MSA). If you have run out of funds in your Medical Savings Account (MSA), you will have to pay these costs.

SMART SERIES

You do not have cover for these out-of-hospital costs, unless related to a sports injury and covered by the Sports Injury Benefit.

CORE SERIES

You do not have cover for these out-of-hospital costs.

KEYCARE SERIES

You do not have cover for these out-of-hospital costs.



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