

# Trauma Recovery Extender Benefit

2010



*The Trauma Recovery Extender Benefit is available on all Discovery Health plans, except the Core and KeyCare Core Plans which do not have cover for day-to-day benefits.*

The Trauma Recovery Extender Benefit helps to preserve the funds in your Medical Savings Account after certain traumatic events by giving you access to cover for certain day-to-day treatment after you are discharged from hospital.

The benefit pays the day-to-day medical care costs of the traumatic event in the year it happened and in the year after it happened, without using the funds in your Medical Savings Account. This applies if you are on a Discovery Health Plan that offers the benefit.

The Trauma Recovery Extender Benefit does not cover the cost of dentistry, optometry, antenatal classes or over-the-counter medicine. Limits apply to some of the healthcare services.

The Trauma Recovery Extender Benefit pays for the day-to-day medical costs resulting from any of the following:

Trauma condition	To qualify for the benefit	Day-to-day costs the benefit covers
<ul style="list-style-type: none"> <li>• Crime-related injury</li> <li>• Conditions related to a near-drowning</li> <li>• Poisoning</li> <li>• Severe anaphylactic (allergic) reaction</li> </ul>	<p>The condition must require an ICU stay of five days or more.</p>	<ul style="list-style-type: none"> <li>• Cost of GP and specialist visits</li> <li>• Consultations with a psychiatrist or psychologist*</li> <li>• Private nursing*</li> <li>• Allied healthcare services, like physiotherapy and occupational therapy</li> <li>• Prescribed medicine* (schedule 3 and above)</li> <li>• Radiology</li> <li>• Pathology</li> <li>• External medical items, like wheelchairs or hearing aids*</li> <li>• Limb prostheses up to a R50 000 limit</li> </ul>
<p>Paraplegia (paralysis of the lower half of the body affecting both legs, due to injury to the spinal cord)</p>	<p>Severe lessening of the strength or effectiveness of the limbs, shown by loss of reflexes, numbness and loss of motion in the spine.</p>	
<p>Quadriplegia (paralysis of both arms and legs)</p>	<p>We use Beta or FIMS** score indications to measure the severity of the physical trauma.</p>	
<p>Severe burns</p>	<p>15% of the surface area must have full thickness burns.</p>	
<p>External and internal head injuries</p>	<p>The condition must require an ICU stay of five days or more.</p> <p>We use Beta or FIMS** score indications to measure the severity of the physical trauma.</p>	
<p>Loss of limb</p>	<p>Trauma-related loss of limb</p>	

\* The day-to-day limits that apply to claims paid from your day-to-day benefits also apply to the Trauma Recovery Extender Benefit. Prescribed medicine and mental health limits are prorated according to when you join the Scheme.

\*\*FIMS: Functional Independent Measure Scale – a universal measure of activities of daily living.

The Saver and KeyCare Plus Plans do not ordinarily have limits on the available day-to-day cover, as the day-to-day care on these plans is either limited to funds in the Medical Savings Account or members have to use specific healthcare providers and formularies. For this reason, certain sub-limits on the Saver and KeyCare Plus Plans have been created specifically for the cover available through the Trauma Recovery Extender Benefit. These limits are detailed in the section *Benefits available for your plan type*.

## The Trauma Recovery Extender Benefit under the Prescribed Minimum Benefits

### Understanding Prescribed Minimum Benefits (PMBs)

- Prescribed Minimum Benefits is a set of minimum benefits, which, by law, must be provided to all medical scheme members. It includes the provision of diagnosis, treatment and care costs of a **defined set of conditions**. Medical schemes have to pay these minimum treatments in full from the risk benefits.
- Schemes, on their part, are encouraged to define Designated Service Provider (DSP) networks, apply evidence-based protocols and develop formularies or medicine lists to manage PMBs.
- Your condition may be classified as a Prescribed Minimum Benefit condition, however, only certain treatment protocols are available for funding from the PMB risk benefit.
- Only when a member chooses to receive treatment outside the designated service provider network, protocols and formularies, does the scheme have the right to apply co-payments.

You will have full cover when you use the Scheme's designated service providers in the case of a Prescribed Minimum Benefit, subject to confirming your benefits. The Trauma Recovery Extender Benefit provides more cover for day-to-day treatment following specific trauma events. The cover is available in the year the event occurred and in the following year, as long as you are still on a Discovery Health plan that offers this benefit.

Members on Core and KeyCare Core Plans have cover according to their plan benefits and the Prescribed Minimum Benefits.

## What this benefit may expose you to

- The Trauma Recovery Extender Benefit is available on all Discovery Health plans, except the Core and KeyCare Core Plans which do not have cover for day-to-day benefits.
- The Trauma Recovery Extender Benefit does not cover the cost of dentistry, optometry, antenatal classes or schedule 0, 1 and 2 medicines.
- Limits apply to some of the healthcare services, up to the limit on your plan type or the specific limits for Saver and KeyCare Plus Plans.
- The Trauma Recovery Extender Benefit covers only claims that are related to the trauma.
- The Trauma Recovery Extender Benefit provides cover up to the Discovery Health Rate, unless stated otherwise.
- The general scheme exclusions apply to the Trauma Recovery Extender Benefit.
- The benefit covers only the claims for the member who is registered for the benefit and claims that are related to the original diagnosis after the specific trauma.
- You will not qualify for the Trauma Recovery Extender Benefit if the traumatic event occurred in a previous benefit year while you were on a plan type that did not offer this benefit or while you were a member of another medical scheme.

## What you need to know before

1. This benefit is not available on the Core and KeyCare Core Plans.
2. The Trauma Recovery Extender Benefit covers day-to-day healthcare costs related to the trauma in the year the trauma occurred and in the year following the trauma, as long as you are still on a plan type that offers this benefit.
3. You have to be a member of the Discovery Health Medical Scheme at the time that the trauma occurs to qualify for cover from the Trauma Recovery Extender Benefit.

4. If you qualify, you are automatically registered for the Trauma Recovery Extender Benefit, which applies on discharge from the hospital or rehabilitation facility. *Refer to trauma condition table above.*
5. Prescribed medicine (schedule 3 and above) will be paid from this benefit according to your plan. Generic medicine will be paid up to a maximum of 100% of the Discovery Health Medication Rate and non-generic medicine will be paid up to 75% of the Discovery Health Medication Rate (90% on Executive Plan).
6. The co-payment for MRI or CT scans that normally applies will not apply to scans that form part of treatment covered from the Trauma Recovery Extender Benefit.

## What you need to do

- You will have automatic access to this benefit if you meet the entry criteria (*Refer to trauma condition table above*). The benefit will be activated after you have been admitted for one of the specific traumas and the event has been appropriately reviewed and your benefits approved.

## Benefits available for your plan type

### Executive Plan

1. Specialist claims are paid up to 300% of the Discovery Health Rate. Other claims are paid up to 100% of the Discovery Health Rate.
2. Where a healthcare provider takes part in one of our payment arrangements, the agreed rate will apply and we will pay the healthcare provider direct.
3. Some of your benefits on the Trauma Recovery Extender Benefit are limited. Please refer to the benefit information in your Health Plan Guide.

### These benefits apply if you are on any of the Comprehensive, Priority Saver and KeyCare Plus Plans.

1. Claims are paid up to 100% of the Discovery Health Rate.
2. Where a healthcare provider takes part in one of our payment arrangements, the agreed rate will apply and we will pay the healthcare provider direct.
3. Some of your benefits on the Trauma Recovery Extender Benefit are limited. Please refer to the benefit information in your Health Plan Guide.

### KeyCare

1. You must visit your chosen general practitioner.
2. You have unlimited specialist visits for the treatment after the trauma. You must contact us for a reference number to confirm your benefits.
3. You will have unlimited radiology and pathology cover and no formularies apply.
4. You have unlimited access to allied healthcare services, like physiotherapy and occupational therapy.
5. All other day-to-day services remain the same for cover from the Trauma Recovery Extender Benefit.

Get your GP to contact us to see if you need to visit a specialist and confirm that you are on a KeyCare Plus Plan.

**On the Saver Plans and KeyCare Plus Plans, the following limits apply to the day-to-day claims following your trauma:**

Benefit	Limit
Consultations with a psychiatrist or psychologist*	R11 100 for your family for the year
Private nursing	R6 200 for your family for the year
Prescribed medicine* (schedule 3 and above)	Single member: R7 250 Member with one dependant: R8 550 Member with two dependants: R10 150 Member with three or more dependants: R12 300
External medical items, like wheelchairs or limb prostheses	R18 600 for your family for the year
Hearing aids	R8 700 for your family for the year

\*The limits for consultations (with a psychiatrist and psychologist) and prescribed medicine are prorated according to when you join the Scheme during the year.

### Core series

Core Plans do not provide cover from the Trauma Recovery Extender Benefit.