

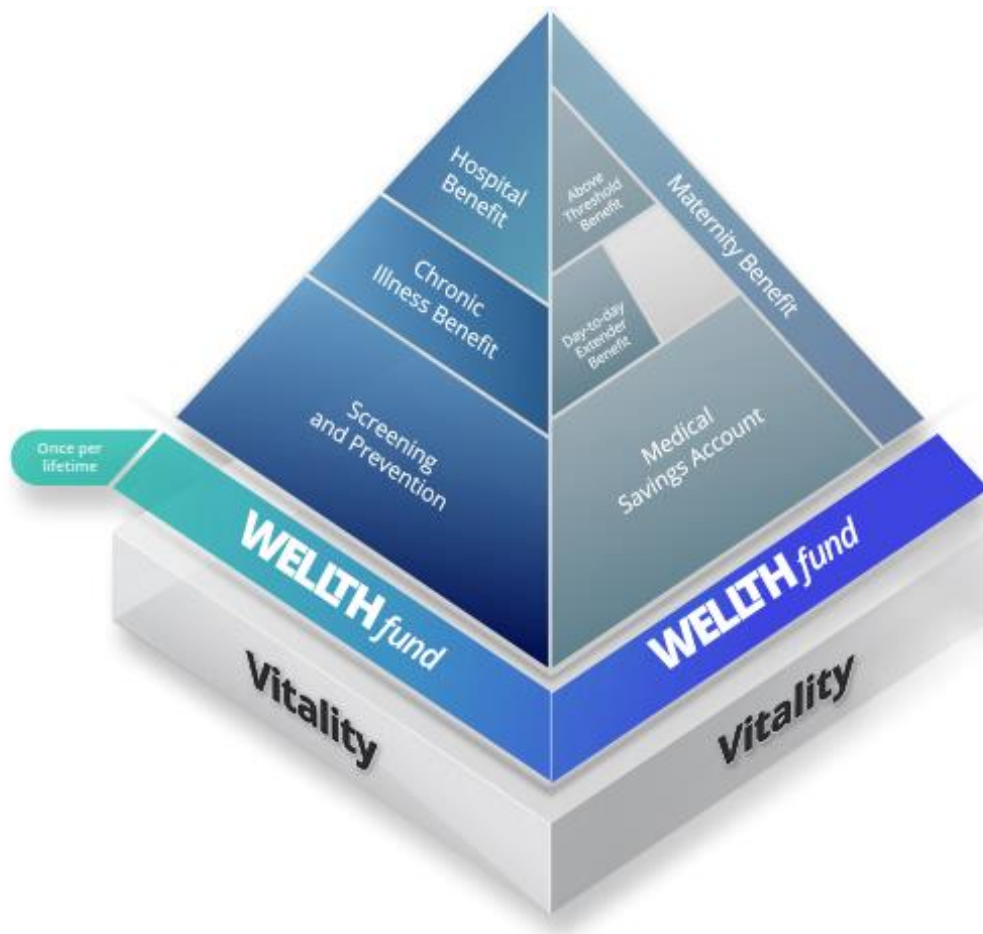
Chronic Illness Benefit



Dependant on your plan choice, your contributions to Discovery Health are split into two parts. One part covers your in-hospital treatment procedures, chronic medicines and other serious treatments. The other portion pays day-to-day medical expenses, like acute medicine, GP visits and out of hospital pathology.

Below you will see a visual representation of the cover provided by Discovery Health. Where a claim pays from is dependent on your plan type, the health diagnosis, the medical service provided and the treatment basket prescribed. Not all plans include the benefits shown on the right side of this diagram, so familiarise yourself with your plan.

In this newsletter we will focus on the Chronic Illness Benefit, which is offered on all plans.



What is the Chronic Illness Benefit?

The Chronic Illness Benefit covers approved treatment and medicine for the 27 Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions on all plans. Approved medicine on the [Chronic Illness Benefit medicine list \(formulary\)](#) will be funded in full up to the Scheme Rate. Medicines not on the medicine list will be funded up to the Chronic Drug Amount (CDA). The CDA does not apply to the Smart and Keycare plans. On these plans approved medicine that is not on the formulary will be funded up to the Reference Price for the medicines specific medicine category.

Members on the Executive and Comprehensive Plans (except the Classic Comprehensive Smart plan) have further cover for Additional Disease List (ADL) conditions.

Chronic Disease List (CDL) conditions covered on all plan types

A	Addison's disease, Asthma
B	Bipolar mood disorder, Bronchiectasis
C	Cardiac failure, Cardiomyopathy, Chronic obstructive pulmonary disease (COPD), Chronic renal disease, Coronary artery disease, Crohn's disease
D	Diabetes insipidus, Diabetes type 1, Diabetes type 2, Dysrhythmia
E	Epilepsy
G	Glaucoma
H	Haemophilia, HIV*, Hyperlipidaemia, Hypertension, Hypothyroidism
M	Multiple sclerosis
P	Parkinson's disease
R	Rheumatoid arthritis
S	Schizophrenia, Systemic lupus erythematosus
U	Ulcerative colitis

Additional Disease List (ADL) conditions

A	Ankylosing spondylitis
B	Behcet's disease
C	Cystic fibrosis
D	Delusional disorder, Dermatopolymyositis
G	Generalised anxiety disorder
H	Huntington's disease
I	Isolated growth hormone deficiency in children younger than 18 years
M	Major depression, Motor neurone disease, Muscular dystrophy and other inherited myopathies, Myasthenia gravis
O	Obsessive compulsive disorder, Osteoporosis
P	Page't's disease, Panic disorder, Polyarteritis nodosa, Post-traumatic stress disorder, Psoriatic arthritis, Pulmonary interstitial fibrosis
S	Sjögren's syndrome, Systemic sclerosis

How to access the CIB?

If you want to access cover from the Chronic Illness Benefit, you must apply for it. You must complete a [Chronic Illness Benefit application form](#) with your doctor and submit it for review.

If your doctor uses HealthID, your doctor can apply for cover online, provided you have given your consent.

You need to meet the benefit entry criteria for your condition(s) to be registered on the Chronic Illness Benefit. You or your doctor may need to provide certain test results or extra information as indicated on the CIB application form for the condition(s) you are applying for. Please ensure that these documents are submitted with your application to avoid any delays in the process.

Nominate a GP for your Chronic treatment

Healthcare outcomes are improved through care coordination with your doctors. On all health plans except the Executive Plan, you and your dependants need to nominate a primary care GP for the management of your chronic conditions. When you visit your nominated network GP for the management of your chronic condition, the Scheme will 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 experience a co-payment. You can change your nominated GP three times a year.

Nominate your GP or manage your existing nomination [here](#).

Where can you get your Chronic Medicine?

You can get your chronic medicine from any pharmacy or from your dispensing doctor. On certain plans to avoid a 20% co-payment you must obtain their chronic medicine from your designated service provider (DSP).

You can find out more about the Chronic Illness Benefit in the [benefit guide](#). If you have any queries regarding this benefit, please feel free to contact our office.

Regards,
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