

## Allied, Therapeutic and Psychology Extender Benefit

*The Allied, Therapeutic and Psychology Extender Benefit is only available on the Essential Plus Option.*

### Overview

This document tells you about the Allied, Therapeutic and Psychology Extender Benefit (referred to as “the Benefit”) and how it works.

### About some of the terms we use in this document

There are some terms we refer to in this document that you may not be familiar with. We give you the meaning of these terms.

Terminology	Description
Allied, therapeutic and psychology healthcare professional	This is a registered medical professional other than a doctor or dentist who provides support services and/or rehabilitation services that are aimed at improving the physical, psychological, emotional, and social wellbeing of patients. For this Benefit, the professionals are limited to acousticians, biokineticists, chiropractors, occupational therapists, physiotherapists, psychologists (clinical, counselling, educational and industrial), speech-language therapists and audiologists.
Scheme Rate	This is the rate the Scheme sets for paying claims from healthcare professionals and other services.
Above Threshold Benefit	This gives you further day-to-day cover when your Medical Savings Account runs out after your day-to-day claims have added up to the Threshold, which is a set rand amount.

### The Allied, Therapeutic and Psychology Extender Benefit at a glance

On the Essential Plus Option, the Benefit gives access to unlimited cover for certain clinically appropriate healthcare services.

The Benefit provides cover for patients with severe, complex conditions, who need short- or long-term care from allied, therapeutic and psychology healthcare professionals. This cover does not add up to the annual Allied, Therapeutic and Psychology Benefit limit for other beneficiaries on the membership.

### Beneficiaries who meet the benefit entry requirements have unlimited visits for a specified period at the Scheme Rate

To enjoy cover under the Benefit, certain benefit entry requirements must be met to ensure you have unlimited cover for clinically appropriate treatment from certain allied, therapeutic and psychology healthcare professionals.

Once the criteria are met, you have cover from the Benefit:

- for the remainder of the year of the event, and the following year
- on an ongoing basis
- on an ongoing basis up to the year in which the beneficiary using the Benefit turns 18.

The level of cover will depend on whether the beneficiary meets the requirements for funding. These requirements are based on clinical guidelines and protocols.

### Only certain healthcare professionals are covered on the Benefit

The Benefit covers clinically appropriate services from biokineticists, chiropractors, occupational therapists, physiotherapists, psychologists (clinical, counselling, educational) and speech-language therapists or audiologists.

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 accounts funded from the unlimited Allied, Therapeutic and Psychology Extender Benefit at 100% of the Scheme Rate. This cover is for a defined list of conditions, depends on your condition, and the criteria for it.

**If your healthcare provider charges a rate that is higher than the Scheme Rate, you will need to pay the shortfall.**

### These are the conditions and procedures we will cover on the Allied, Therapeutic and Psychology Extender Benefit (the Benefit)

1. You have cover from the 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
Hemiplegia and paraplegia	<ul style="list-style-type: none"> <li>• Application form completed by your doctor</li> <li>• You must have been a member of the Scheme at the time of your diagnosis</li> </ul>
Speech and swallowing disorder resulting from a neurological event	<ul style="list-style-type: none"> <li>• Application form completed by your doctor</li> <li>• You must have been a member of the Scheme at the time of your diagnosis</li> </ul>
Neonate born at <34 weeks' gestation and/or <2 499 grams	<ul style="list-style-type: none"> <li>• Application form completed by your doctor</li> <li>• Baby born at less than 34 weeks' gestation and/or newborn weighing less than 2 499 grams</li> <li>• Baby must be born onto the Scheme</li> <li>• Baby must be 24 months or younger at the time of applying</li> </ul>
Neonates born with congenital disorders, including cardiac, gastrointestinal, endocrine, neurological, or other congenital abnormalities (including cleft palate)	<ul style="list-style-type: none"> <li>• Application form completed by your doctor</li> <li>• Baby born with congenital abnormalities</li> <li>• Baby must be born onto the Scheme</li> <li>• Baby must be 24 months or younger at the time of applying</li> </ul>

2. You have cover from the 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"> <li>Application form must be completed by an ear, nose and throat (ENT) surgeon or audiologist</li> <li>Child 12 years or younger at the time the hearing aid was inserted</li> <li>Child must have been a registered dependant on the Scheme at the time when the procedure took place</li> </ul>
Cochlear implant	<ul style="list-style-type: none"> <li>Application form completed by your doctor</li> <li>Beneficiary must have been registered on the Scheme at the time when the procedure took place</li> </ul>
Voice synthesizer insertion	<ul style="list-style-type: none"> <li>Application form completed by your doctor</li> <li>Beneficiary must have been registered on the Scheme at the time when the procedure took place</li> </ul>

3. You have unlimited cover at the Scheme Rate for clinically appropriate care from the Benefit for the following conditions:

Condition	Benefit entry criteria
<b>Must be registered on the Chronic Illness Benefit for the condition, or the application form is completed by the provider specified below:</b>	
Quadriplegia (tetraplegia)	Any medical doctor
Motor neuron disease	Any medical doctor
Parkinson's disease (and other movement disorders of the basal ganglia)	Diagnosis: Physician, neurologist, or psychiatrist Ongoing management: Any medical doctor
Multiple sclerosis (and other demyelinating CNS disorders)	Neurologist
Bronchiectasis (any cause)	Diagnosis: Pulmonologist physician or paediatrician Ongoing management: Any medical doctor
Cystic fibrosis	Pulmonologist, paediatrician, or specialist physician
Pulmonary interstitial fibrosis	Pulmonologist or paediatric pulmonologist
Muscular dystrophy (and hereditary muscular disorders)	Any medical doctor
<b>Connective tissue disorders</b>	
Rheumatoid arthritis	Diagnosis: Rheumatologist, physician, or paediatrician Ongoing management: Any medical doctor
Systemic lupus erythematosus	Rheumatologist, specialist physician, nephrologist, or paediatrician
Sjögren's syndrome	Specialist physician, rheumatologist, or nephrologist
Systemic sclerosis	Diagnosis: Rheumatologist or specialist physician Ongoing management: any medical doctor

Overlap syndrome	Diagnosis: Rheumatologist or specialist physician Ongoing management: any medical doctor
Juvenile chronic arthritis	Only paediatrician or rheumatologist
Ankylosing spondylitis	Diagnosis: Rheumatologist or specialist physician Ongoing management: any medical doctor
Psoriatic arthritis	Only rheumatologists or specialist physicians

4. You have unlimited visits at the Scheme Rate for **clinically appropriate care** from the Benefit for the following conditions:

Condition	Benefit entry criteria
Autism (spectrum disorders)	Application completed by physician, neurologist, psychiatrist, or paediatrician (in the case of a child)
Cerebral palsy	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Hereditary ataxias	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Spinal muscular atrophy	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Idiopathic pulmonary fibrosis, Diffuse pulmonary fibrosis, or Fibrosing alveolitis Hamman-Rich syndrome	Application completed by physician, pulmonologist, or paediatrician (in the case of a child)
Down's syndrome	Application completed by physician, neurologist, or paediatrician (in the case of a child) or by providing a copy of genetic test results confirming the diagnosis

5. You have cover from the Benefit **until the end of the year of the beneficiary's 18<sup>th</sup> birthday**, for the following conditions:

Condition	Benefit entry criteria
Prader-Willi syndrome	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Verbal apraxia	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)
Asperger's syndrome	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Rett's syndrome	Application completed by physician, neurologist, or paediatrician (in the case of a child)
West syndrome (infantile spasm)	Application completed by physician, neurologist, or paediatrician (in the case of a child)
Achondroplasia	Application completed by physician, neurologist, or paediatrician (in the case of a child)

Inborn errors of metabolism	Application completed by physician, neurologist, or paediatrician (in the case of a child)
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Cover will depend on whether the condition meets the requirements for funding (according to the Scheme's clinical guidelines and protocols).

### How to apply for the Allied, Therapeutic and Psychology Extender Benefit in 2026

The latest version of the application form is available on [www.retailmedicalscheme.co.za](http://www.retailmedicalscheme.co.za).

Alternatively, members can call **0860 101 252** and healthcare professionals can call **0860 44 55 66** to request a form.

You, 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.

### Contact us

You can call us on **0860 101 252** or visit [www.retailmedicalscheme.co.za](http://www.retailmedicalscheme.co.za) for more information.

### Complaints process

You may lodge a complaint or query with the Scheme directly on **0860 101 252** or send an email to [service@retailmedicalscheme.co.za](mailto:service@retailmedicalscheme.co.za). If the query/complaint remains unresolved, you may send your complaint in writing to the Principal Officer at the Scheme's registered address. Please be sure to include the reference number obtained through the query process with the Administrator.

Should your complaint still not be resolved to your satisfaction, you may lodge a formal dispute by following the Scheme's internal disputes process, as explained on the website at [www.retailmedicalscheme.co.za](http://www.retailmedicalscheme.co.za).

You may, as a last resort, approach the Council for Medical Schemes for assistance: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / 0861 123 267 / [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za) / [www.medicalschemes.co.za](http://www.medicalschemes.co.za)