



 Discovery
Life

Intelligent
insurance for life

Health Plan Protector

POLICY GUIDE

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1. THE HEALTH PLAN PROTECTOR

1.1. Who the Health Plan Protector is available to

The Health Plan Protector is only available to members on both the Discovery Health Medical Scheme (and in-house schemes administered by Discovery Health) and Vitality. Members on a KeyCare plan who are not members of Vitality may still qualify if they are members of KeyFit.

When buying this benefit, you can choose whether the life-changing events covered include:

- death, severe illness and disability; or
- severe illness and disability only.

You can also select whether cover applies to:

- the principal life on the Health Plan Protector only; or
- the first of the principal life and spouse on the Health Plan Protector to experience life-changing events.

There are two benefit options available under the Health Plan Protector:

- Health Plan Protector with Health Fund: This option includes two components:
 - Medical Premium Waiver
 - Health Fund with five-yearly PayBack Benefit
- Health Plan Protector with Health Dividends: This option includes two components:
 - Medical Premium Waiver
 - Health Dividends payable on an annual basis

Your Policy Schedule shows the option that you have chosen. A Discovery Health Plan can only contribute to the Health Fund or Health Dividends of one policy's Health Plan Protector. Only one Health Plan Protector is allowed per Discovery Health Plan.

1.2. The benefits provided by the Health Plan Protector

1.2.1. How the Medical Premium Waiver works

We make monthly payments during the benefit payment term to cover the contributions to your Discovery Health Plan if you experience a life-changing event for which you chose to be covered. You can choose a benefit payment term of five or ten years.

In the case of your death, the payments will continue to cover the other lives on the Health Plan (if you selected death as a covered life-changing event). If you become severely ill or disabled, the payments will cover your contributions and those of the other lives on the Health Plan.

The monthly payments cover the contributions for the Health Plan you were on at the time of the life-changing event. This includes the contributions you were making to the Medical Savings Account, if applicable. The monthly payments don't cover the Health Plan Protector premiums.

If you meet the Severity A level of the Severe Illness Benefit (defined in Appendix 1) or Category A or D (if applicable to your occupation) levels of the Capital Disability Benefit (defined in Appendix 2), the Medical Premium Waiver will make benefit payments for the full benefit payment term.

If you meet the Severity B level definition of the Severe Illness Benefit, as defined in Appendix 1, the benefit payments will cover the next two years of your Health Plan contributions only. After paying a Severity B claim, further Severity B claims may be submitted as long as they don't exceed the benefit payment term. If an illness progresses from a Severity B claim to a Severity A claim, we will pay the balance of the benefit term.

The monthly payments will only be made for the lives who were members of the Health Plan at the time of claim and if premiums for the Health Plan Protector are paid. Discovery Life reserves the right to nominate whether to pay the members on the Health Plan directly, or Discovery Health or the Discovery Health Medical Scheme. Discovery Life can use instruments, like voluntary annuities, to minimise the tax payable by the policy owner or beneficiaries on benefit payments.

If the benefit becomes payable, it will cover the Health Plan contributions for children below the age of 21 until the earlier of:

- the benefit payment term expiring,
- the end of the month in which the child turns 21, unless the child becomes an adult dependant on the Health Plan,
- the death of the child

The Medical Premium Waiver will stop providing payments for any life that dies during the benefit payment term. The benefit will not cover any new lives added to the Health Plan during the benefit payment term, except babies born to the principal life and spouse within nine months after the benefit payment term started.

If any member of the Health Plan changes to another Health Plan during the benefit payment term, the Medical Premium Waiver will not be increased or reduced and will still be based on the Health Plan at the time of claim.

If any member of the Health Plan stops being a member of the Discovery Health Medical Scheme during the benefit payment term, the payment to that member will be reduced by 20% for the rest of the benefit payment term. Benefit payments will not be made for any member who stops belonging to any medical scheme. The benefit payments will be increased annually in line with the increase rate of the Discovery Health Medical Scheme. Annual increases can't be more than 20% per year. If increases in any particular year are more than 20%, the members covered on the Health Plan at the time will be responsible for the excess. If the child changes to a different Health Plan while claiming or changes to another health provider while claiming, Discovery Life will pay as outlined above until the benefit payment term expires, the death of the child or the end of the month in which the child turns 21.

If you change your occupation, you have to tell Discovery Life in writing of this change within six months.

The Medical Premium Waiver benefit will also cover the contributions for Vitality and KeyFit (if applicable).

There is no accrual to the Health Fund (and PayBack Benefit) and no payment of Health Dividends (described in paragraphs 1.2.2 and 1.2.4 respectively) for the duration of the benefit payment term.

1.2.2. How the Health Fund works

As a member of the Discovery Health Medical Scheme, Discovery Life will calculate, at your policy anniversary, the annual excess or shortfall in your contributions to the Health Scheme as follows:

- i. Total Discovery Health Plan contribution (excluding Vitality or KeyFit contribution)
less
- ii. Various expenses and solvency funding requirements for the Discovery Health Medical Scheme (approximately 20% of the total contributions payable on your Discovery Health Plan)
less
- iii. Medical Savings Account contribution (if applicable)
less
- iv. Risk claims

Please note that the risk claims include:

- Hospital claims
- Chronic claims
- All claims from the Above Threshold Benefit

Claims from the Medical Savings Account are not included in risk claims.

Example of Health Fund calculation

- A family of four on the Discovery Health Classic Comprehensive Plan
- Assume annual risk claims at 50% of the risk calculations

Risk contribution (per annum)	R65 136
Plus Medical Savings Account contribution (per annum)	R21 696
Total Discovery Health contribution (per annum)	R86 832
Total Discovery Health contribution less expenses	$R86\ 832 - 20\% \times (R86\ 832)$
	R69 465.60
Less Medical Savings Account contribution	R21 696
	R47 769.60
Less risk claims (per annum)	R32 568
Annual excess	R15 201.60

Any excess or shortfall is then transferred to your Health Fund, where your Health Fund grows annually at a rate of interest in line with average rates of interest set by banks for savings accounts. This rate is determined annually by Discovery Life and will be increased as follows, based on your Vitality status:

Blue	Bronze	Silver	Gold	Diamond
Interest rate as defined by Discovery Life	Interest rate as defined by Discovery Life +0.5%	Interest rate as defined by Discovery Life +0.5%	Interest rate as defined by Discovery Life +2%	Interest rate as defined by Discovery Life +6%

**The interest rate applicable to Blue status is always applicable on negative Health Fund balances.*

Where a client has KeyFit and not Vitality, a Blue Vitality status will be assumed. The Health Fund is reduced every five years by the amount paid to the policyholder with the PayBack Benefit (see paragraph 1.2.3).

At the end of the month in which you turn 65, or in the case of an earlier life-changing event as selected at benefit inception, the Health Fund will be paid to you. The value of the Health Fund is determined at the beginning of the policy year in which the life-changing event occurs or age 65 is reached.

In the case of severe illness and disability, this lump sum payment will only be made if you meet the Severity A level of the Severe Illness Benefit (defined in Appendix 1) or Category A or D (if applicable to your occupation) levels of the Capital Disability Benefit (defined in Appendix 2).

If the healthcare industry changes significantly in the future so that Discovery Life can no longer provide this cover, you will receive the lesser of your Health Fund and the premiums for this component of the benefit.

The Health Fund payable at claim stage has a minimum value of zero.

1.2.3. How the PayBack Benefit works

The annual excess or shortfall (as described in paragraph 1.2.2) will accrue to you each year. At the end of each five-year period, the sum of the previous five years' accruals, if positive, will be paid to the policy owner through the PayBack Benefit.

The annual percentage accrued is determined by your Vitality status at the policy anniversary. Where a client has KeyFit and not Vitality, a Blue Vitality status will be assumed. These percentages are as follows:

Vitality status	Blue	Bronze	Silver	Gold	Diamond
Annual percentage accrued	5%	10%	15%	20%	25%

You need to keep your Health Plan Protector (as well as your Discovery Health Plan and Vitality or KeyFit (if applicable) for the entire five-year period to receive a PayBack at the end of the five-year period.

The PayBack Benefit starts at a value of zero at the beginning of each five-year period, irrespective of your health claims experience over the previous five-year period.

If you suffer a life-changing event, as defined under the Health Plan Protector during any five-year period, the Health Fund will be paid to you as a benefit. The PayBack Benefit stops when the Health Fund has been paid.

1.2.4. How the Health Dividends work

The annual excess or shortfall (as described in paragraph 1.2.2) will be calculated at the end of each calendar year. A percentage of any excess will be paid to you in the form of a Health Dividend. The percentage is determined by the following at the end of each calendar year:

- your Vitality status (where a client has KeyFit and not Vitality, a Blue Vitality status is assumed),
- duration of your Vitality membership or KeyFit membership (if you have both Vitality and KeyFit the longest duration of membership of the two will be used),
- whether or not you are a Discovery Card holder.

This percentage is indicated in the table below:

Status	Percentage with Discovery Card					Percentage without Discovery Card
	Blue	Bronze	Silver	Gold	Diamond	
Vitality status						
Less than 3 years	10%	10%	10%	10%	N/A	
3 to 5 years	10%	11%	12%	13%	15%	8%
More than 5 years	10%	12%	14%	15%	20%	

You need to keep your Health Plan Protector, your Discovery Health Plan and Vitality (or KeyFit) for the entire year to receive a Health Dividend at the end of the year.

If your risk benefit claims and expenses exceed the risk contributions paid in a particular year, no Health Dividends will be payable in that particular year.

Health Dividends payable in any year will not be influenced by Health Plan contributions or claims in any previous year.

1.3. Medical exclusions for which you are not covered on the Health Plan Protector

- Any injury, illness or physical defect that arose prior to the commencement or reinstatement dates of the policy that the life assured suffered from, was aware of, or received medical treatment or advice for (the pre-existing conditions) is specifically excluded.
- Any injury, illness, physical defect or death arising within three years after the commencement or reinstatement dates of the policy, as a consequence of the pre-existing conditions referred to above will be excluded if such claim would, in the opinion of the medical panel of Discovery Life, have satisfied the criteria for, Severity A or B of the Severe Illness Benefit or Categories A or D of the Capital Disability Benefit or a death claim as the case may be.

If you decide to include the Health Plan Protector on a Life Plan in future, the pre-existing condition exclusions stated above will still apply.

1.4. When the Health Plan Protector expires

The benefit expires at the end of the month in which you turn 65. If there has been a claim for a life-changing event before the end of the month in which you turn 65, the benefit will expire at the end of the benefit payment term under the Medical Premium Waiver. Once a claim has been admitted for death, severe illness (Severity A) or disability (Category A or D where applicable to your occupation), no further claims may be submitted. If you selected the Health Fund option, the Health Fund will be paid if you experience a life-changing event and will expire with no further accumulations accruing to it afterwards. If you selected the Health Dividends option, no further Health Dividends will be payable.

If you stop being a member of Discovery Health or Vitality (or KeyFit, if applicable) before the end of the month in which you turn 65 and before a valid claim arises, you will forfeit the balance in the Health Fund or forfeit any further Health Dividends. In addition:

- Your Health Plan Protector will be converted to a Classic Life Plan. The Classic Life Plan will include the Life Cover Benefit (if death was selected as a contingency on the Health Plan Protector), as well as the Capital Disability Benefit and the Severe Illness Benefit. The Severe Illness Benefit provided at conversion is for whole-of-life and will cover Severities A and B only. The Capital Disability Benefit provided at conversion will be the Core option to age 65, (Category D is only available if it is applicable to your occupation) with automatic conversion at age 65 to the Severe Illness Benefit (covering severities A and B only and excluding the Global Treatment

Benefit). Where the conversion occurs after the maximum entry age applicable to Core Capital Disability with an expiry age of 65, additional Severe Illness Benefit will be provided in its place.

- Automatic Child Severe Illness and Parent Care Severe Illness will apply on the converted Severe Illness but will also be limited to Severities A and B.
- The first premium for this cover will be the same as the premium for the Health Plan Protector. Afterwards, the premium will increase at the same rate as an AcceleRater funding plan with an annual benefit increase of Core CPI will apply (refer to Discovery Life's Individual Life Plan Guide, which will be issued to you at the time of the conversion). The sum assured is determined by the amount of cover that the Health Plan Protector premium would purchase, based on the age of the principal life and spouse at the time when the Health Plan Protector is converted to a Classic Life Plan. Maximum entry ages for each benefit still apply.
- You will have the option to continue paying the premiums for the converted policy (which may be below the minimum premium rules of Discovery Life at that time), or to cancel the policy and stop paying the premiums for these benefits.
- If the Health Plan Protector covered the principal life only, the conversion will also provide a Classic Life Plan on the principal life only. If the Health Plan Protector covered the first of principal or spouse, the conversion will provide separate Classic Life Plans for the principal and spouse.
- The pre-existing medical exclusions on the Health Plan Protector application form will also apply on the newly issued Classic Life Plan. Medical exclusions imposed on the Health Plan Protector at underwriting stage will also continue to apply.
- Please refer to Discovery Life's Individual Life Plan Guide, which will be issued to you at the time of the conversion, for further information.

2. TERMS AND CONDITIONS

2.1. Premium increases for the Health Plan Protector

The premium for the Health Plan Protector will increase on 1 January every year, taking the following factors into account:

- The most recent rate increase applicable to the Discovery Health Plans. This takes medical inflation, benefit increases and rule changes to the Discovery Health Medical Scheme into account.
- The past and expected future experience of the Discovery Health Medical Scheme and Health Plan Protector clients.

[Who is responsible for paying the premiums?](#)

The owner of the Health Plan Protector must pay the premium of the total amount stated in the policy schedule, as amended from time to time.

Premiums are payable monthly in advance, on or before the first day of each calendar month for the whole duration of the policy.

What happens if premiums are not paid by the due date?

We will notify you in writing if a premium is not paid. If a premium is not paid on time, Discovery Life allows you a 30-day grace period from when the premium was due to pay the premium. If you qualify for a claim during this period, Discovery Life will consider a payment (subject to the terms of the policy) but only on receipt of the late premium.

If you miss two premiums in a row, your policy will be suspended and no benefit under the policy will be payable.

If you don't pay your premiums for three months in a row, your policy will automatically lapse and be cancelled from the date at which the premiums were late, whether or not you received a notification of your failure to pay. In this case, no benefit is payable after the date at which you failed to pay your first premium.

Can I reinstate the policy?

If the policy is cancelled, you can apply to Discovery Life to reinstate your policy by paying the late premiums and completing our Declaration of Health form or whatever underwriting requirements Discovery Life considers necessary. After your policy is reinstated all PayBack, Dividends and Health Fund values will also be reinstated within three months, if applicable and will continue to accumulate from that point onwards, without any penalties.

How do I pay my premiums?

Discovery Life will only collect your premiums by debit order on your bank account. Cash premiums are not allowed.

What if I cannot afford my annual premium increase?

Each year, before the annual premium increase, Discovery Life will forward a letter and policy schedule to you, showing the changes to the policy. If you cannot afford the annual premium increase, you need to notify us before the policy anniversary.

Depending on the benefits selected, we can make changes to your policy to suit what you can afford and a new policy schedule will be forwarded to you confirming the changes.

2.2. Benefit payments

2.2.1. How do I receive a benefit payment?

If you experience a life-changing event that qualifies for a benefit payment, please contact your financial adviser or Discovery Life Claims on 0860 103 905. We will give you the necessary forms to complete and procedures to follow to submit a claim.

2.2.2. Severe illness and disability claims

Apart from the necessary forms and procedures, you will need to provide Discovery Life with the following details within 60 days of the date of diagnosis of your severe illness or disability:

- The nature of your claim.
- Other assurance products that you hold that also cover the benefits for which you are claiming.

You need to give us written notice of the event giving rise to a claim under Category D within four months of the date of the event. If we reject your claim and you want to challenge the decision legally, you must do so within six months after the date of rejection. If you don't, you will lose any potential benefit payments as a result of your claim.

2.2.3. Death claims

The benefit payment will be made to the nominated beneficiary, or directly to Discovery Health; or if no beneficiary has been nominated then either to the executor in your estate or to any other person entitled thereto in law. The beneficiary, or any other nominated person, like the executor of the estate, needs to notify the financial adviser or Discovery Life's service centre of the death claim.

In addition to the necessary forms and procedures, the claimant also needs to provide Discovery Life with the following details within 60 days of the date of death:

- The date and cause of death.
- The contact person responsible for completing the documents.

If Discovery Life rejects the claim and the claimant wants to challenge the decision legally, the claimant must do so within six months of the date of rejection. If they don't, they will lose any potential benefit payments as a result of the claim.

3. CESSION

This benefit may not be ceded.

4. BENEFICIARIES

You can nominate one or more beneficiaries to receive benefits in the event of your death, provided that:

- Nominations for beneficiaries are received in writing, and submitted to Discovery Life following the company's procedures.
- Your nomination will not be valid until you have received written notice from Discovery Life that your nomination has been noted in its records.

Beneficiaries can't receive any benefits during your lifetime. You reserve the right to change your list of beneficiaries at any time.

5. MISREPRESENTATION AND NON-DISCLOSURE OF INFORMATION

The information you give Discovery Life in your application form, or any other documents that you provide in support of your application, forms the basis on which your policy is issued.

If you fail to disclose any information, provide false information or distort information when applying for your policy, Discovery Life can suspend your cover from the inception date of your policy. Discovery Life can also:

- Refuse to pay out any current or future claims that are related to the misrepresentation or non-disclosure.
- Adjust your premium from the date of the misrepresentation or non-disclosure.
- Recover payments already made to you for claims that relate to the misrepresentation or non-disclosure.
- Cancel certain benefits or your entire policy and keep any premiums paid to Discovery Life.

6. FRAUD

Your policy and all its benefits will be cancelled if you:

- Submit a fraudulent claim.
- Use any fraudulent means or devices to make your claims.

7. FALSE INFORMATION

Your policy and all its benefits will be cancelled if you:

- Give false information to receive a benefit.
- Knowingly allow anyone acting on your behalf to provide false information to receive a benefit.
- Deliberately and willfully conspire to cause the illness or disability that gives rise to a claim.

8. CONSENT TO DISCLOSURE

You need to consent to the exchange of information, including medical information, between Discovery Life, any medical practitioner you have consulted, or any other life office, Discovery Health and Discovery Health Medical Scheme. You gave Discovery Life permission to access this information when you signed your application form.

9. YOUR POLICY SCHEDULE WILL GIVE YOU THE DETAILS OF YOUR COVER

If you are ever in doubt about what benefits you are entitled to, please refer to your policy schedule. Your policy schedule describes all your policy details. It also contains details of which benefits you have chosen.

You will receive a policy schedule from Discovery Life when your policy starts. If any of your policy details change, Discovery Life will send you a new policy schedule that includes the changes.

10. WHEN MAY I NOT CLAIM?

Discovery Life reserves the right to refuse claims if:

1. Your, or your spouse's death, is a result of suicide and within two years after the start or reinstatement of your policy;
2. Your, or your spouse's disability or severe illness, was deliberately self-inflicted;
3. You or your spouse do not tell Discovery Life about physical disabilities or medical conditions that affect you or your spouse at the time that cover starts;
4. You fail to notify Discovery Life of your correct occupation and occupational duties at policy inception or change in occupational duties where the new occupation or change in occupational duties are classified by Discovery Life, as falling into a risk category for which the relevant benefit(s) would not have been granted on the same terms and conditions to the claimant.
5. Discovery Life can't get enough medical or financial (if applicable) evidence from you, your spouse or treating medical practitioner to meet our criteria for making a benefit payment;
6. The disability or severe illness claim was as a result of:
 - Willful and deliberate breaking of any law or willful involvement in any riot, insurrection, usurpation of power, martial law or war
 - Regular participation in any hazardous sport or pursuit that was not disclosed to Discovery Life before the claim
 - Intentional and negligent consumption of poisons, drugs and narcotics, unless prescribed by a registered medical practitioner (neither you nor your dependants may perform the role of registered medical practitioner in such a case).

Appendix 1

SEVERE ILLNESS AND FAMILY BENEFITS

General provisions

- The life changing event must have occurred after the commencement of the benefit. Symptoms and signs must be compatible with the diagnosis and the relevant special investigations (including blood tests, imaging, histology and other tests) must confirm the diagnosis.
- Inability to perform Activities of Daily Living must be due to and compatible with the diagnosis of the life changing event.
- Major organ transplant claims include being on an official South African or international transplant waiting list for the relevant transplant.
- Specialist reports are required to assess all claims. A specialist is a medical practitioner registered as a specialist with the Health Professions Council of South Africa.

1 | Cancer benefit

Cancer is a malignant tumour characterised by the uncontrolled growth of cells, invasion of normal tissue and spread to distant organs. The term malignant tumour includes leukaemia, lymphoma and sarcoma.

A current internationally recognised staging system will be used to assess the claim.

A report from the treating specialist, including the histology and stage of the cancer, the relevant imaging reports and other tests must confirm the diagnosis. A specialist is a person registered as such with the Health Professions Council of South Africa in a relevant speciality.

Definition

Severity A

Stage IV cancer

Stage III cancer unless specified elsewhere

Acute Myelocytic Leukaemia

Chronic Lymphocytic Leukaemia: stage III or IV on the Rai classification system

Chronic Myelocytic Leukaemia

Acute Lymphoblastic Leukaemia in adults

Bone marrow transplant

Severe Aplastic Anaemia as defined by the International Aplastic Anaemia Study Group

Multiple Myeloma: stage III on the Durie-Salmon scale, or equivalent stage on an appropriate staging system

Definition

Severity A

Hodgkin's or Non-Hodgkin's lymphoma: stage III or IV on the Ann-Arbor staging system, or equivalent stage on an appropriate staging system

Stage IV prostate cancer

Stage III or IV Malignant Melanoma

Carcinoid syndrome with evidence of liver metastasis of atypical carcinoid tumour

2 | Heart and Artery Benefit

This benefit covers conditions of the heart and arteries as specified below.

The diagnosis must be confirmed by a cardiologist, cardiothoracic surgeon, neurosurgeon, vascular surgeon or specialist physician. Relevant special investigations such as ECGs, echocardiograms, other imaging studies and blood tests must confirm the diagnosis.

Chronic diastolic heart failure is defined as NYHA class 4 and irreversible restriction demonstrated on Doppler echocardiography.

Permanence of the ejection fraction impairment will be established in two measurements taken three months apart unless otherwise proven to the satisfaction of Discovery Life.

Definition

Severity A

Bilateral carotid artery endarterectomy or bypass surgery

Four vessel coronary artery bypass graft

Permanent ejection fraction of less than 40%

Severe myocardial infarction with ejection fraction of less than 40% at least 14 days after the acute myocardial infarction

Heart transplant

Heart and lung transplant

Chronic diastolic heart failure: NYHA Class 4

Heart valve replacement

Gangrene or limb amputation due to peripheral arterial disease

Definition

Severity B

Three vessel coronary artery bypass graft

Permanent ejection fraction between 40% and 50%

Myocardial infarction with ejection fraction of between 40% and 50% at least 14 days after the acute myocardial infarction

Surgical repair of a thoracic aortic aneurism

Surgical repair of an abdominal aortic aneurism including or above the renal arteries

Valvuloplasty

3 | Nervous System Benefit

The claimant must be treated by a neurologist or neurosurgeon registered as such with the Health Professions Council of South Africa.

This benefit covers specified conditions of the brain, spinal cord nerves and arteries to the brain. Stroke is defined as death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit lasting longer than 24 hours, confirmed by neuro-imaging investigation and appropriate clinical findings by a specialist neurologist. Symptoms and signs as well as imaging (Computerised Tomography or magnetic resonance imaging) must confirm a new stroke. Transient ischaemic attacks are specifically excluded.

Neurological deficits and ADL impairments must be compatible with the diagnosis and objective medical evidence.

Permanence will be established after 90 days unless otherwise proven to the satisfaction of Discovery Life.

Brain tumours are assessed according the World Health Organisation's grading. Pituitary microadenomas are specifically excluded under this benefit.

Definition

Severity A

Stroke with permanent inability to perform one category of the Activities of Daily Living Score Sheet (as defined in Appendix 3)

Permanent inability to perform four or more categories of the Activities of Daily Living Score Sheet (as defined in Appendix 3)

Definition

Severity A

Permanently unable to do three or more out of the six Self-Care Activities of Daily Living (as defined in Appendix 3)

Total permanent loss of speech including expressive or receptive aphasia

Quadriplegia

Paraplegia

Coma with a score of less than 8 on the Glasgow Coma Scale lasting for longer than 96 hours

Definite diagnosis of motor neuron disease

World Health Organisation Grade III and IV brain tumours

Severity B

Permanent inability to perform three categories of the Activities of Daily Living Score Sheet (as defined in Appendix 3)

Permanently unable to do two out of the six Self-Care Activities of Daily Living (as defined in Appendix 3)

4 | Gastrointestinal Benefit

This benefit covers specified conditions of the liver, pancreas, biliary system and upper and lower gastrointestinal system.

Conditions related to drug or alcohol abuse are not covered under this benefit.

The claimant must be treated by a specialist physician, gastroenterologist or surgeon registered as such with the Health Professions Council of South Africa.

The diagnosis must be supported by compatible signs and symptoms and confirmed by relevant special investigations such as blood tests, histology or imaging.

Definition

Severity A

Cirrhosis of the liver

Sclerosing cholangitis

Fulminant hepatic failure

Liver transplant

Pancreas transplant

5 | Connective Tissue Diseases Benefit

The claimant must be treated by a specialist Rheumatologist registered as such with the Health Professions Council of South Africa. The diagnosis must be made in accordance with current internationally recognised criteria and supported by the relevant histology, serology and imaging.

Definition

Severity A

Definite objective evidence of involvement of at least three of the following organ systems due to a listed Connective Tissue Disease:

- Cardiovascular
- Neurological
- Respiratory
- Renal
- Gastrointestinal
- Musculoskeletal

Permanent inability to perform four or more categories of the Activities of Daily Living Score Sheet (as defined in Appendix 3) due to a listed Connective Tissue Disease

Permanently unable to do three or more out of the six Self-Care Activities of Daily Living (as defined in Appendix 3) due to a listed Connective Tissue Disease

Severity B

Definite objective evidence of involvement of two or more of the following organ systems due to a listed Connective Tissue Disease:

- Cardiovascular
- Neurological
- Respiratory
- Renal
- Gastrointestinal

Musculoskeletal

Permanent inability to perform three categories of the Activities of Daily Living Score Sheet (as defined in Appendix 3) due to a listed Connective Tissue Disease

Permanently unable to do two out of the six Self-Care Activities of Daily Living (as defined in Appendix 3) due to a listed Connective Tissue Disease

6 | Urogenital Tract and Kidney Benefit

This benefit covers specified conditions of the urogenital tract and kidneys. Surgery for gender reassignment is not covered under this benefit.

The claimant must be treated by a specialist nephrologist or urologist registered as such with the Health Professions Council of South Africa.

The diagnosis must be supported by compatible signs and symptoms and confirmed by relevant special investigations such as blood tests, histology or imaging.

Definition

Severity A

Chronic renal failure with ongoing permanent haemodialysis or a GFR of less than 15ml/min/1.73m² according to the MDRD study equation

Renal transplant

Ongoing permanent peritoneal dialysis

7 | Respiratory Disease Benefit

This benefit covers specified conditions of the respiratory system.

The diagnosis must be supported by compatible signs and symptoms and confirmed by relevant special investigations such as lung function tests, blood tests, histology or imaging.

The claimant must be treated by a pulmonologist registered as such with the Health Professions Council of South Africa. Lung function tests should be performed by a pulmonologist. The test should include pre and post dilatation measurements and show less than 5% variation between three successive FVC or FEV₁ readings. Two D_{co} tests must be done with results within 3 units. Corrections must be made for anaemia and carboxyhaemoglobin on the D_{co} test.

Definition

Severity A

Presence of irreversible cor pulmonale

Pulmonary hypertension groups 1 to 5, confirmed on cardiac catheterisation, including pulmonary veno-occlusive disease, with a pulmonary artery pressure exceeding 25mmHg

Lung transplant

Heart and lung transplant

Chronic obstructive or restrictive lung disease with a permanent FEV₁ or FVC or D_{co} of 40% or less than predicted

Severity B

Removal of more than one lobe of the lung

Pulmonary venous occlusive disease not specified elsewhere

Pulmonary venous occlusive disease not specified elsewhere

8 | Advanced AIDS/Accidental HIV Benefit

This benefit covers advanced AIDS and accidental HIV sero conversion as specified below. A positive Human Immunodeficiency Virus antibody test and confirmatory Polymerase Chain Reaction test is required to confirm the diagnosis.

The diagnosis of the specified AIDS-defining conditions must be supported by compatible signs and symptoms and confirmed by relevant special investigations such as blood tests, antibody test and histology or imaging.

Definition

Severity A

Advanced AIDS evidenced by positive blood tests as specified above and CD4 cell count of less than 50 while on antiretroviral therapy for at least 3 months

Advanced AIDS evidenced by positive blood tests as specified above and CD4 cell count of less than 200 while on antiretroviral therapy for at least 3 months, with definite diagnosis of any three conditions defined as stage 3 AIDS on the World Health Organisation clinical criteria list

Advanced AIDS evidenced by positive blood tests as specified above and CD4 cell count of less than 200 while on antiretroviral therapy for at least 3 months, with definite diagnosis of one or more of the following:

- Kaposi's sarcoma
- Pneumocystis jirovecii pneumonia (PJP)
- Confirmed progressive multifocal leukoencephalopathy
- Active extra-pulmonary tuberculosis
- Cryptococcosis
- Disseminated non-tuberculous mycobacteria infection
- Confirmed diagnosis of any other condition defined as stage 4 AIDS on the World Health Organisation clinical criteria list

Accidental HIV as a result of:

- Accidental needlestick injury acquired while rendering professional duties as a doctor/dentist/paramedic/nurse. A negative HIV test must be done within 24 hours of the needlestick injury
 - A road traffic accident
 - The transfusion of infected blood from a transfusion service recognised by Discovery Life
 - Receiving an organ transplant where the organ was previously infected with HIV
 - Rape, criminal assault or any other violent crime. The case must have resulted in the opening of a criminal case by the police. A negative HIV test must be done within 24 hours of the assault and a medical examination performed directly after the assault
-

9 | Musculoskeletal Benefit

This benefit covers specified conditions of the muscle, bones, joints and nerves.

The claimant must be treated by a specialist registered as such with the Health Professions Council of South Africa. The diagnosis must be supported by the relevant investigations and reports.

Definition

Severity A

More than 25% full thickness body surface area burns

Total and permanent loss of use or amputation of both lower limbs at the level of the ankle or higher (proximal to the ankle)

Total and permanent loss of use or amputation of both upper limbs at the level of the wrist or higher (proximal to the wrist)

Total and permanent loss of use or amputation of one upper limb above the wrist (proximal to the wrist) and one lower limb above the ankle (proximal to the ankle)

Severity B

Full thickness burns involving 15% to 25% of the body surface area

Total and permanent loss of use or amputation of a lower limb at the level of the ankle or higher (proximal to the ankle)

Total and permanent loss of use or amputation of a upper limb at the level of the wrist or higher (proximal to the wrist)

10 | Eye Benefit

This benefit covers specified conditions of the globe, retina, optic nerve, cornea and orbit.

The claimant must be treated by an ophthalmologist registered as such with the Health Professions Council of South Africa. The diagnosis must be supported by compatible signs and symptoms and confirmed by relevant special investigations such as visual acuity tests or imaging.

Definition

Severity A

Total blindness

Severity B

Best corrected binocular Snellen rating of less than 20/125

Enucleation of eye

11 | Ear, Nose and Throat Benefit

This benefit covers specified conditions of the ear and neural pathways that relate to hearing, as well as specified conditions of the nose, paranasal sinuses and venous sinuses of the brain.

The claimant must be treated by a specialist ear, nose and throat surgeon, registered as such with the Health Professions Council of South Africa.

The diagnosis must be supported by compatible signs and symptoms and confirmed by relevant special investigations such as blood tests, histology or imaging.

Definition

Severity A

Complete deafness under the age of 70 years as defined by hearing loss of 90dB or more in both ears, measured over 500Hz, 1000Hz, 2000Hz and 3000Hz frequencies, measured six months apart with a hearing aid

Severity B

Greater than 75% permanent binaural hearing loss (as defined by the AMA guide) under the age of 70 years

Bilateral hearing loss under the age of 70 years of 70dB or more, measured over 500Hz, 1000Hz, 2000Hz and 3000Hz frequencies, measured six months apart with a hearing aid

Appendix 2

DISABILITY BENEFITS

General provisions

Category A - The Health Plan Protector will make benefit payments for the full benefit payment term if your disability satisfies the criteria set out below in Appendix 2 for Category A.

Category D - The Health Plan Protector will make benefit payments for the full benefit payment term once it is established, to the satisfaction of Discovery Life, that you are totally and permanently unable to perform your nominated occupation (as indicated on your policy schedule) due to sickness, injury, disease or surgery.

All changes reflected in Appendix 2 must be permanent despite treatment according to recognised medical protocols. These new life changing events must have occurred since the date of commencement of the policy.

1 | Cardiovascular system

Disease	Category A
Heart failure due to Myocardial Infarction or Valvular heart disease or Cardiomyopathy or Cardiac Arrhythmias or Congenital heart disease or Hypertensive heart disease	<ul style="list-style-type: none">NYHA III and EF less than 40% orMaximum METs achieved on effort ECG less than 2 orEF less than 35% or Awaiting cardiac transplantation orAwaiting cardiac transplantation orNYHA IV and confirmed with raised Pro BNP levels according to age bands (age below 50: ProBNP more than 450 pg/mL; age 50 and above: ProBNP more than 900 pg/mL)
Hypertension	Cardiac end organ damage as defined by an estimated LV mass Males: more than 255 g (greater than 131g/m ²) Females: more than 193g (greater than 113g/m ²) or Inter-ventricular septum or posterior wall thickness of more than 17mm
Constrictive Pericarditis	Constrictive pericarditis as confirmed on transthoracic echocardiography with all of the following: Dilatation of the inferior vena cava and hepatic veins, calcifications, abnormal septal wall motion and atrial enlargement.
Peripheral arterial disease	<ul style="list-style-type: none">Permanent ABI less than 0.4 following vascular surgery unless surgery is medically contra-indicated orGangrene of a limb orAmputation of a limb orArterial ulceration

2 | Respiratory system

Disease	Category A
Chronic obstructive airways disease (chronic bronchitis emphysema) or Asthma or Restrictive or Mixed Lung Disease	<ul style="list-style-type: none"> ▪ FVC less than 40% of predicted* or ▪ FEV1 less than 40% of predicted* or ▪ Dco less than 40% predicted* or ▪ Constant use of prescribed oxygen due to blood oxygen saturation levels below 88%
Lung cancer	See Cancer Table

* Pulmonary function tests should be performed by a pulmonologist, including post-bronchodilatation testing, and show less than 5% variation between three successful readings – these tests must be technically acceptable to the treating specialist as well as Discovery Life's medical panel.

3 | Mental and behavioural disorders

Disease	Category A
Mood Disorders	<p>Permanent inability to perform at least 4 Activities of Daily Living from 4 different ADL categories. The categories include Self-care ADLs, Communication ADLs, Physical ADLs and Advanced ADLs. ADL failure must be present despite ongoing medical treatment by a psychiatrist with evidence of all of the following:</p> <ol style="list-style-type: none"> 1. Demonstrable compliance to at least a combination of antidepressant at maximal dosages and/or mood stabilizers or anti-psychotic medication for more than 2 years or 2. 2 or more in-patient admissions of longer than 2 weeks or 3. A complete in-patient course of ECT therapy unless medically contraindicated**
Schizophrenia and other psychotic disorders	<ul style="list-style-type: none"> ▪ Permanent inability to perform at least 4 Activities of Daily Living from 4 different ADL categories. The categories include Self-care ADLs, Communication ADLs, Physical ADLs and Advanced ADLs. ADL failure must be present despite demonstrable compliance with adequate trials of at least two different antipsychotic regimes for at least 1 year** ▪ Permanent legal institutionalisation for a psychiatric disorder*

*Excluding institutionalisation for drug or alcohol abuse or a violation of South African criminal law.

**Sensory Function ADLs and Hand Function ADLs are excluded.

4 | Nervous system

Category A

Total and permanent loss of speech

Total and permanent loss of comprehension of language

Permanent inability to perform 4 or more out of 6 Activities of Daily Living or

Permanent inability to perform 3 or more Selfcare Activities of Daily Living or

Persistent vegetative state for more than 3 months

Permanent loss of memory recall or orientation to person, place and time, confirmed by a persistent MMSE score of less than 21

Permanent non-progressive cognitive impairment with a MMSE score of less than 21

Dementia or progressive neurocognitive disorders with a permanent CDR score of 2 or more

Persistent quadriplegia, hemiplegia or paraplegia

Complete blindness* defined as best corrected binocular Snellen rating of less than 20/200

70% visual acuity impairment** or

Hearing loss* (deafness) of 90db or more in both ears measured over the frequencies (500, 1000, 2000 Hz) in two measurements over 6 months with a hearing aid

All changes must be permanent.

**All measurements are with appropriate aids*

***AMA Guides to the Evaluation of Permanent Impairment: Latest Edition*

Neuropsychometric and any other appropriate testing must be done to demonstrate permanency and pathology with regard to soft neurological signs.

Functional psychiatric disorders are excluded.

All definitions to be confirmed by corresponding findings on specialist investigation.

5 | Digestive system

Disease	Category A
Upper and lower digestive tract disease	<ul style="list-style-type: none">▪ Anatomical loss and alteration in the gastrointestinal tract with medical evidence of established gastrointestinal pathology and weight loss of more than 25% below the lower limit of normal BMI or BMI of less than 14.▪ Faecal incontinence defined as permanent, continuous uncontrolled passage of faecal material. Colostomies and ileostomies are not covered under this definition▪ Permanent disturbance of bowel function resulting in a malabsorption syndrome with evidence of any two of the following:<ol style="list-style-type: none">1. Steatorrhoea or more than 20g of fat in the stool2. Refractory anaemia of Hb less than 9g/dl3. Refractory hypoalbuminaemia of less than 28g/l▪ Irreparable hernia with previous bowel obstruction and the permanent inability to perform 4 or more out of 6 Activities of Daily Living.▪ Permanent inability to swallow due to an anatomical or neurological abnormality as confirmed by abnormal oesophageal manometry or imaging studies.
Liver and biliary disease	<ul style="list-style-type: none">▪ Chronic liver disease classified as Child Pugh Class C or▪ Primary sclerosing cholangitis or▪ Primary biliary cirrhosis or▪ Awaiting liver transplant on a recognised SA or international transplant list

Functional disorders with no demonstrable gastrointestinal pathology are excluded under this benefit.

6 | Renal disease

Category A

- Permanent kidney dysfunction with a GFR of less than 15ml / min / 1.73m² according to the MDRD study equation
 - Ongoing peritoneal dialysis or haemodialysis
 - Total or continuous permanent urinary incontinence
-

7 | Endocrine system

Disease	Category A
Diabetes mellitus	Claims as a result of type 1 or type 2 diabetes mellitus with evidence of endorgan damage are assessed under the relevant body systems
Other: including Cushing's syndrome, pheochromocytoma, syndrome of inappropriate antidiuretic hormone secretion (SIADH), chronic adrenal insufficiency, parathyroid associated chronic hypo- or hypercalcaemia, chronic hyperaldosteronism	Claims as a result of any endocrine disease are assessed under the relevant body systems

8 | Other

Category A

Permanent inability to perform 4 out of 6 Activities of Daily Living or Permanent inability to perform 3 Self-care activities of Daily Living.

All changes must be permanent

9 | Haematology

Category A

A permanent treatment resistant pancytopenia (anaemia leukopenia, thrombocytopenia) resulting in ongoing monthly transfusions of at least 4 units of blood or blood products. This excludes cancer-related pancytopenias

10 | Advanced AIDS

Category A

- Despite optimal treatment and full adherence to prescribed antiretroviral therapy, a permanent CD4 count less than 50 and a positive PCR **or**
 - Despite optimal treatment and full adherence to prescribed antiretroviral therapy, a CD4 cell count of less than 200 and a positive PCR **and**
 - At least one of the following diseases must be diagnosed:
 1. Kaposi's sarcoma
 2. Pneumocystis jirovecii pneumonia (PJP)
 3. Confirmed progressive multifocal leukoencephalopathy
 4. Active extra-pulmonary tuberculosis
 5. Cryptococcosis
 6. Disseminated non-tuberculous mycobacteria infection
 7. Confirmed diagnosis of any other condition as defined as stage 4 on the WHO clinical criteria list
-

11 | Cancer

Category A

- Stage IV cancer
 - Stage III Cancer scoring 4 on the ECOG performance scale continuously for a period of over 6 months
 - Leukaemia scoring 4 on the ECOG performance scale continuously for a period of over 6 months
 - Brain Tumour WHO Grade III or IV
 - Stage III Multiple Myeloma
-

12 | Musculoskeletal system*

Disease	Category A
Hand	Total loss of use of hand at the level of the wrist. Manual occupation: Failure of the hand function ADL's, as assessed by an occupational therapist, as follows: All three of the following hand function impairments: 1. Grip strength below 2 standard deviations of average age and gender values (Mathiowetz) and 2. Pinch strength below 2 standard deviations of average age and gender values (Mathiowetz) and 3. co-ordination/ dexterity below norm according to coordination test, OR 4. completely unable to perform 2 of the following three hand function ADL's: 1) grasping and holding 2) pinching 3) coordination/dexterity
Upper limb	80% impairment of dominant upper limb** or 100% impairment of non-dominant upper limb** or bilateral upper limb impairment equivalent to 48% WPI** Manual occupation: 50% impairment of either upper limb, or a bilateral upper limb impairment equivalent to a 30% WPI**
Lower limb	80% impairment of lower limb** Manual Occupation: 50% impairment of lower limb or bilateral lower limb impairment equivalent to a 20% WPI**
Upper and lower limb	Combined upper and lower limb impairment equivalent to a 50% WPI** or Manual occupation: Combined upper and lower limb impairment equivalent to a 35% WPI**
Spine	Cauda equina Syndrome or Loss of bowel or bladder integrity or Paraplegia or Quadriplegia or Cervical spine impairment resulting in 30% WPI after surgery unless surgery is medically contra-indicated or Thoracic spine impairment resulting in 22% WPI after surgery unless surgery is medically contra-indicated or Lumbar spine impairment resulting in 33% WPI after surgery unless surgery is medically contra-indicated or Permanent inability to perform 3 Self-Care Activities of Daily Living
Soft tissue	Severe facial disfigurement as per AMA guide Class four or 25% body surface area full thickness burns resulting in contractures with 50% WPI**

Manual occupation greater than 20% very heavy, 30% heavy, or 40% moderate manual labour job description or profession requiring manual dexterity

*Disorders include muscle, bone, nerve or joint impairments

** Based on AMA guides to the Evaluation of Permanent Impairment; latest edition - examining doctor will be provided with specific valuating protocols

*** The coordinated use of both hands to perform Activities of Daily Living or work

WPI - Whole person impairment

Appendix 3

ACTIVITIES OF DAILY LIVING

The Activities of Daily Living (ADLs) is an internationally used scoring system that assesses the functional ability of a person including the physical, cognitive and interactive abilities. Discovery Life uses the ADLs to assess functioning in both the Severe Illness and Capital Disability Benefits when objective criteria of impairment are needed – for example when neurological and connective tissue diseases as specified in Appendix 1 and 2 are assessed. Changes to the ADLs must be permanent, must have occurred after the date of commencement of the policy, and must be due to the condition, illness or event that is being claimed for.

Discovery Life reserves the right to request an Occupational Therapist's or Neuropsychologist's assessment of ADL functioning, using standardised assessment methods.

There are six categories of ADLs:

1. Self-care
2. Communication
3. Physical Activity
4. Sensory Function
5. Hand Function
6. Advanced Activities

Scoring of the categories:

The terms “no impairment”, “moderately impaired”, “severely impaired” and “very severely impaired” are used in the Advanced Activities category. The terms “independent”, “impaired” and “unable” are used in all the other categories. These terms are defined in the Activities of Daily Living Score Sheet at the end of this appendix.

Self-care

- If a person is unable to do one activity within this category, it is scored as the inability to perform the Self-care category of the ADL Score sheet.
- If a person is **impaired** in doing **two** activities within this category, it is scored as the inability to perform the Self-care category of the ADL Score Sheet.

Communication

- If a person is unable to do one activity within this category, it is scored as the inability to perform the Communication category of the ADL Score sheet.
- If a person is impaired in doing two activities within this category, it is scored as the inability to perform the Communication category of the ADL Score sheet.

Physical Activity

- If a person is **unable** to do **three** activities within this category, it is scored as the inability to perform the Physical Activity category of the ADL Score Sheet.
- If a person is **impaired** in doing **six** activities within this category, it is scored as the inability to perform the Physical Activity category of the ADL Score Sheet.

Sensory Function

- If a person is **unable** to do **one** activity within this category, it is scored as the inability to perform the Sensory Function category of the ADL Score Sheet.
- If a person is **impaired** in doing **two** activities within this category, it is scored as the inability to perform the Sensory Function category of the ADL Score Sheet.

Hand Function

- If a person is **unable** to do **one** activity within this category, it is scored as the inability to perform the Hand Function category of the ADL Score Sheet.
- If a person is **impaired** in doing **two** activities within this category, it is scored as the inability to perform the Hand Function category of the ADL Score Sheet.

Advanced Activities

It is scored as the inability to perform the Advanced Activity category if:

- A person is **moderately impaired** in all **four** areas, or
- A person is **severely impaired** in **two** of the four areas, or
- A person is very **severely impaired** in **one** of the four areas.

Activities of Daily Living Score Sheet:

Self-care			
Activity	Independent	Impaired	Unable
Bathing	<ul style="list-style-type: none">▪ No assistance is required, or▪ The client is able to perform bathing or showering independently with the aid of hand rails and a non-slip bath mat.	<ul style="list-style-type: none">▪ Hands-on assistance is required, or▪ Assistive devices such as an electronic bath bench is required when getting in or out of the tub or shower, or▪ The client generally baths himself/herself but needs some assistance with cleaning hard-to-reach areas.	The client is totally dependent on others in all areas of bathing; the client would be at risk if left alone.

Activities of Daily Living Score Sheet:

Self-care (continued)			
Activity	Independent	Impaired	Unable
Grooming	No assistance is required.	Hands-on assistance is required with some activities of personal hygiene.	The client is totally dependent on others in all areas of grooming.
Dressing	No assistance is required, or The client may perform dressing with an adapted method (such as sitting to dress lower limbs).	<ul style="list-style-type: none"> ▪ Hands-on assistance is required with some activities, or ▪ The client is unable to dress himself/herself completely (e.g: tying shoes, zipping or buttoning) without the help of another person. 	The client is totally dependent on others in all areas of dressing.
Eating and feeding	<ul style="list-style-type: none"> ▪ No assistance is required, or ▪ The client is able to perform the activity independently with the aid of modified cutlery. 	Hands-on assistance is required, e.g: help with cutting up food or pushing food within reach, or help with applying an assistive device (such as a universal cuff).	The client is totally dependent on others in all areas of eating.
Toilet use and continence	No assistance is required with toilet use, and the client has no incontinence.	<ul style="list-style-type: none"> ▪ Hands-on assistance is required with some activities, e.g. transferring onto the toilet, but the constant presence of another person while toileting is not necessary, or ▪ Intermittent catheterising. 	<ul style="list-style-type: none"> ▪ The client is totally dependent on others in all areas of toileting, or <p>The client has no control of bowel or bladder, or</p> <ul style="list-style-type: none"> ▪ Permanent catheter, or ▪ Permanent colostomy.

Activities of Daily Living Score Sheet:

Self-care (continued)			
Activity	Independent	Impaired	Unable
Mobility in home	The client goes about the home independently.	Walking and transferring requires the assistance of another person, or a railing, cane, walker or wheelchair.	<ul style="list-style-type: none"> ▪ The client sits unsupported in a chair or wheelchair, but cannot propel himself/herself alone or transfer from bed to chair alone, or ▪ The client is bedridden.

Communication			
Activity	Independent	Impaired	Unable
Listening	The client is able to comprehend verbal communication in his or her first language.	The client is significantly impaired to comprehend verbal communication in his or her first language.	The client is permanently unable to comprehend verbal communication in his or her first language.
Speaking	The client is functionally able to communicate verbally in his or her first language.	The client is significantly impaired to communicate verbally in his or her first language.	The client is permanently unable to communicate verbally in his or her first language.
Reading	The client is able to comprehend written language in his or her first language.	The client is significantly impaired to comprehend written language in his or her first language.	The client is permanently unable to comprehend written language in his or her first language.
Writing	The client is able to complete personal information documents in his or her first language independently.	The client requires assistance when completing forms in his or her first language.	The client is permanently unable to write in his or her first language.
Keyboard use	The client can use a cellphone, keyboard, ATM and credit card machine independently.	The client requires assistance when using a cellphone, keyboard, ATM or credit card machine.	The client is permanently unable to use a cellphone, keyboard, ATM or credit card machine.

Activities of Daily Living Score Sheet:

Physical activity			
Activity	Independent	Impaired	Unable
Standing	The client can stand independently for longer than 10 minutes.	The client needs external support or assistive devices (such as a walking frame), to stand, or The client can stand independently but not for longer than 10 minutes.	The client is unable to stand independently and therefore requires hands-on support when standing; the client would be at risk if unassisted.
Sitting	The client can sit independently for longer than 20 minutes.	<ul style="list-style-type: none"> ▪ The client needs support to sit, or ▪ The client can sit independently but not for longer than 20 minutes. 	The client is unable to sit independently.
Walking	The client can walk independently (even though some difficulty or discomfort may be experienced) for six minutes, covering a distance of more than 300 metres.	<ul style="list-style-type: none"> ▪ The client needs assistive devices (such as a walking frame) to walk, or ▪ The client can walk independently but the distance covered in six minutes is less than 300 metres. 	<ul style="list-style-type: none"> ▪ The client is totally dependent on others for walking, or ▪ The client must be pushed in a wheelchair or gurney at all times.
Crouching	The client is able to assume and maintain the crouching position independently.	The client requires external support getting in or out of the crouching position, or in maintaining the crouching position.	The client is unable to assume the crouching position.

Physical activity

Activity	Independent	Impaired	Unable
Squatting	The client is able to perform five repetitive knee squats.	<ul style="list-style-type: none"> The client is able to perform repetitive knee squats but is unable to perform five, or <p>The client requires external support when squatting.</p>	The client is unable to perform a knee squat.
Kneeling	The client is able to assume and maintain the kneeling position independently.	The client requires external support getting in or out of the kneeling position, or in maintaining the kneeling position.	The client is unable to assume the kneeling position.
Reaching	The client is able to reach to full arm length (above head height).	The client is able to reach past eyelevel height, but unable to reach to full arm length.	The client is unable to reach past eye-level height.
Bending	The client is able to bend forward independently.	The client requires external support when bending forward.	The client is unable to bend forward.
Carrying	<ul style="list-style-type: none"> The client is able to carry 4.5kg for 5 meters with both hands, and The client is able to carry 2kg with the left hand for 5 meters, and The client is able to carry 2kg with the right hand for 5 meters. 	<ul style="list-style-type: none"> The client is able to carry some weight with both hands, but is unable to carry 4.5kg with both hands for 5 meters, or The client is unable to carry 2kg with the left hand for 5 meters, or The client is unable to carry 2kg with the right hand for 5 meters 	The client is unable to carry any weight.

Physical activity

Activity	Independent	Impaired	Unable
Lifting	<ul style="list-style-type: none"> The client is able to lift (from floor to waist) 4.5kg with both hands, and The client is able to lift (from floor to waist) 2kg with the left hand, and The client is able to lift (from floor to waist) 2kg with the right hand. 	<ul style="list-style-type: none"> The client is able to lift some weight with both hands, but is unable to lift (from floor to waist) 4.5kg with both hands, or The client is unable to lift (from floor to waist) 2kg with the left hand, or The client is unable to lift (from floor to waist) 2kg with the right hand. 	Lifting
Stair use	<ul style="list-style-type: none"> The client is able to climb 20 steps independently, during which a handrail may be used and one step at a time is climbed. 	<ul style="list-style-type: none"> The client requires hands-on assistance when climbing stairs, or The client is unable to climb 20 or more steps. 	The client is unable to negotiate stairs.
Travel (driving, riding)	<ul style="list-style-type: none"> The client is able to drive a vehicle independently, or The client is able to use public transport independently. 	<ul style="list-style-type: none"> The client requires assistance when using public transport, or The client requires a driver if he/she had previously been able to drive a motor vehicle independently. 	The client is unable to travel.

Activities of Daily Living Score Sheet:

Sensory function

Activity	Independent	Impaired	Unable
Hearing	The client has functional hearing with or without the use of a hearing aid.	The client's best corrected, permanent binaural hearing loss exceeds 50%.	The client's best corrected, permanent hearing loss exceeds 70dB as measured over the frequencies 500Hz, 1000Hz, 2000Hz and 3000Hz
Seeing	The client has normal vision with or without correction.	The client has a permanent visual field defect of 25% or more in one eye due to a scotoma.	The client has a permanent visual field defect of 25% or more in both eyes due to scotomas or permanent quadrantanopia.
Tactile sensation	The client has normal sensory function (sensation of the hands is assessed under hand function).	The client has impaired sensory function in a dermatome corresponding with objective pathology (sensation of the hands is assessed under hand function).	The client has complete loss of sensory function in a dermatome corresponding with objective pathology (sensation of the hands is assessed under hand function).
Tasting and Smelling	The client has normal ability to taste and smell.	The client has significant impairment to taste or smell as a result of an injury or disease.	The client is permanently unable to taste, or permanently unable to smell, as a result of an injury or disease.

Activities of Daily Living Score Sheet:

Hand function			
Activity	Independent	Impaired	Unable
Grasping and Holding	The client has grip strength better than 2 standard deviations below the average age and gender values (according to Mathiowetz normative data for adults).	The client has grip strength weaker than 2 standard deviations below average age and gender values (according to Mathiowetz normative data for adults).	The client is unable to grasp.
Pinching/Tip pinch	The client has pinch strength better than 2 standard deviations below average age and gender values (according to Mathiowetz normative data for adults)	The client has pinch strength weaker than 2 standard deviations below average age and gender values (according to Mathiowetz normative data for adults)	The client is unable to pinch
Coordination/ Dexterity	This is better than two standard deviations below the norm according to standardised hand coordination tests (for example the Minnesota Rate of Manipulation).	This is two standard deviations below the norm according to coordination test (for example the Minnesota Rate of Manipulation).	The client is unable to perform percussive movements (finger touching or diadochokinesis).
Sensory discrimination / Tactile sensation	The client has normal sensory function in hands.	The client has impairment of sensory function, but retained protective sensibility in the hands.	The client has no sensation in hands.

Advanced Activities:

The following areas are assessed under this category:

- Concentration
- Memory
- Problem solving, judgement and reasoning
- Executive function including planning, initiation, organizing, error monitoring

The above four areas can be tested by a Neuropsychologist and stratified according to percentiles.

Activity	No impairment	Moderately impaired	Severely impaired	Very severely impaired
Memory	Neuropsychological testing results fall above the 30 th percentile, or higher than half a standard deviation below the norm.	Neuropsychological testing results fall between the 15th and 30th percentile, or between half and 1 standard deviation below the norm.	Neuropsychological testing results fall between the 5th and 15th percentile, or between 1 and 2 standard deviations below the norm.	Neuropsychological testing results fall below the 5 th percentile, or 2 standard deviations below the norm (or worse).
Concentration	Neuropsychological testing results fall above the 30 th percentile, or higher than half a standard deviation below the norm	Neuropsychological testing results fall between the 15th and 30th percentile, or between half and 1 standard deviation below the norm.	Neuropsychological testing results fall between the 5th and 15th percentile, or between 1 and 2 standard deviations below the norm.	Neuropsychological testing results fall below the 5 th percentile, or 2 standard deviations below the norm (or worse).
Problem solving, judgment and reasoning	Neuropsychological testing results fall above the 30 th percentile, or higher than half a standard deviation below the norm.	Neuropsychological testing results fall between the 15th and 30th percentile, or between half and 1 standard deviation below the norm.	Neuropsychological testing results fall between the 5th and 15th percentile, or between 1 and 2 standard deviations below the norm.	Neuropsychological testing results fall below the 5 th percentile, or 2 standard deviations below the norm (or worse).
Executive function including planning, initiation, organizing and error monitoring	Neuropsychological testing results fall above the 30 th percentile, or higher than half a standard deviation below the norm.	Neuropsychological testing results fall between the 15th and 30th percentile, or between half and 1 standard deviation below the norm.	Neuropsychological testing results fall between the 5th and 15th percentile, or between 1 and 2 standard deviations below the norm.	Neuropsychological testing results fall below the 5 th percentile, or 2 standard deviations below the norm (or worse).

Appendix 4

AGE RELATED INCREASES

These are applied in addition the medical inflation.

Age next	Accelerator Base	Age next	Accelerator Base
20	0.70%	43	3.20%
21	0.70%	44	3.20%
22	0.70%	45	3.20%
23	0.70%	46	3.80%
24	0.70%	47	3.80%
25	0.70%	48	3.80%
26	0.70%	49	3.80%
27	0.70%	50	3.80%
28	0.70%	51	3.80%
29	0.70%	52	3.80%
30	0.70%	53	3.80%
31	1.50%	54	3.80%
32	1.50%	55	3.80%
33	1.50%	56	6.10%
34	1.50%	57	6.20%
35	1.50%	58	6.30%
36	1.70%	59	6.40%
37	1.70%	60	6.50%
38	1.70%	61	6.60%
39	1.70%	62	6.70%
40	1.70%	63	6.80%
41	2.70%	64	6.90%
42	2.70%	65	7.00%

