



# Mental Health Care Programme

2026



## Who we are

TFG Medical Aid Scheme (referred to as “the Scheme”), registration number 1578, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as “the Administrator”), is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

## Contact us

You can call us on **0860 123 077** or visit [www.tfgmedicalaidscheme.co.za](http://www.tfgmedicalaidscheme.co.za) for more information

## Overview

The Mental Health Care Programme, together with your healthcare provider, will help you actively manage episodes of Major Depression. This programme gives you and your healthcare provider access to tools and benefits to monitor and manage your condition and ensure you get high quality coordinated healthcare and the best outcomes. This document gives you more information about the Mental Health Care Programme.

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

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Designated service provider (DSP)	A healthcare provider (for example doctor, specialist, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate.



TERMINOLOGY	DESCRIPTION
Emergency medical condition	An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy. An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.
HealthID	HealthID is an application (computer software program) that gives your doctor fast, up-to-date access to your health information. Once you have given consent, your doctor can use HealthID to access your medical history, gain insight into the benefits of your health plan, make referrals to other healthcare professionals, study your blood test results, and write electronic prescriptions and referrals. Discovery HealthID is brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.
ICD-10 diagnosis code	A clinical code that describes diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organisation (WHO).
Premier Plus GP	A Premier Plus GP is a network GP who has contracted with us to provide you with high quality healthcare for your condition.
Prescribed Minimum Benefits (PMBs)	<p>In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> <li>• An emergency medical condition</li> <li>• A defined list of 271 diagnoses</li> <li>• A defined list of 27 chronic conditions.</li> </ul> <p>To access Prescribed Minimum Benefits, there are rules that apply:</p> <ul style="list-style-type: none"> <li>• Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions</li> <li>• The treatment needed must match the treatments in the defined benefits</li> <li>• You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a DSP we will pay up to 80% of the Scheme Rate You will be responsible for the difference between what we pay and the actual cost of your treatment.</li> </ul> <p>If your treatment doesn't meet the above criteria, we will pay according to your benefit plan benefits.</p>

TERMINOLOGY	DESCRIPTION
Scheme Rate	This is a rate set by us. We pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services at this rate.
Selective serotonin re-uptake inhibitor (SSRI)	Selective serotonin re-uptake inhibitors are a class of antidepressant medicine that includes Fluoxetine, Paroxetine, Citalopram, Escitalopram, Sertraline and Fluvoxamine.

### How to join the Mental Health Care Programme

A Premier Plus GP or a Psychologist in the Mental Health Care Programme network can enrol you on the programme through HealthID; provided you give consent.

- Members on the TFG Health benefit plan must be enrolled by a Premier Plus GP who is also their chosen primary or secondary GP.

Visit [www.tfgmedicalaidscheme.co.za](http://www.tfgmedicalaidscheme.co.za) to find a provider in the network.

### Nominate a primary care provider to manage your chronic condition(s)

There is overwhelming medical evidence that patients experience improved health outcomes when their primary care is coordinated through a single primary care GP. In line with this best practice, you and your dependents need to nominate a primary care GP for the effective management of your chronic conditions.

When you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation at 100% of the Scheme Rate.

If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, you will be responsible for any co-payments. You and your dependents can change your nomination three times every calendar year.

### Your nominated Premier Plus GP and Psychologist will work with you to manage your condition

The Mental Health Care Programme gives you and your healthcare provider access to tools and benefits to monitor and manage your condition and to ensure you have access to coordinated care.

Your healthcare provider can track your progress on a personalised dashboard on HealthID. This will help to identify which areas require attention so that your healthcare provider can improve the management of your condition.

The Mental Health Care Programme runs over a 6-month period but can be extended to 12 months, where clinically appropriate, by your enrolling provider using the HealthID platform.

## Benefits available on the Mental Health Care Programme

When enrolled on the Mental Health Care Programme, you will have access to the following benefits;

- Up to three consultations (virtual or face-to-face) with your enrolling Premier Plus GP.
- If you are registered for a mental health condition under the Prescribed Minimum Benefits (PMB), psychotherapy sessions will be paid from your approved PMB basket of care first.
- Thereafter, you have access to individual psychotherapy sessions or group therapy sessions with a Mental Health Care Programme network psychologist. Psychotherapy sessions in the Mental Health Care Programme are paid up to a total cover amount of R3,611.20 per person per year. You can claim for psychotherapy sessions up to a maximum of 60-minutes per session until you reach the benefit limit. Members 18 years and older also have access to one internet-based Cognitive Behavioural Therapy (iCBT) course when referred by your enrolling Premier Plus GP or network psychologist.

When enrolled by a Premier Plus GP, you have access to antidepressant medicine.

- Members on the TFG Health Plus benefit plan have access to medicine in the SSRI class up to a monthly amount of R130.
- Members on the TFG Health benefit plan have access to medicine in the SSRI class up to a monthly amount of R110.

## Contact us

You can call us on **0860 123 077** or visit [www.tfgmedicalaidscheme.co.za](http://www.tfgmedicalaidscheme.co.za) for more information. This document provides you with banking details to use when you need to make a manual payment for TFG Medical Aid Scheme contributions and money owing to the Scheme.

## Complaints process

You may lodge a complaint or query with TFG Medical Aid Scheme directly on 0860 123 077 address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the TFG Medical Aid Scheme internal disputes process.

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)