

2020

DISCOVERY HEALTH MEDICAL SCHEME

ONCOLOGY PROGRAMME

Your cover for cancer treatment in 2020

Overview

This document explains how we cover you for cancer treatment on the Oncology Programme for 2020. It tells you about what you need to do when you are diagnosed with cancer and gives you information about our flexible range of options available for all members who have been diagnosed with cancer.

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
Above Threshold Benefit (ATB)	Available on the Executive, Comprehensive and Priority plans Once the day-to-day claims you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate or a portion of it. The Executive and Comprehensive plans have an unlimited ATB, and the Priority plans have a limited ATB.
Co-payment	This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service, the age of the patient or if the amount the service provider charges is higher than the rate we. If the benefit co-payment or upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB). Depending on the plan you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the plan you choose
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. Visit www.discovery.co.za or click on Find a healthcare provider on the Discovery app to view the full list of DSPs.
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
ICD-10 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).
Medical Savings Account (MSA)	Available on the Executive, Comprehensive, Priority and Saver plans Medical Savings Account (MSA) is an amount that gets set aside for you at the beginning of each year or when you join the Scheme. We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year.
Morphology code	A clinical code that describes the microscopic structure and behaviour and indicates whether a tumour is malignant, benign, in situ, or uncertain (whether benign or malignant) as classified by the World Health Organisation (WHO).
Prescribed Minimum Benefits (PMBs)	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: <ul style="list-style-type: none"> ▪ An emergency medical condition ▪ A defined list of 270 diagnoses ▪ A defined list of 27 chronic conditions.

TERMINOLOGY	DESCRIPTION
	<p>To access Prescribed Minimum Benefits, there are rules defined by the Council for Medical Schemes (CMS) that apply:</p> <ul style="list-style-type: none"> ▪ Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions ▪ The treatment needed must match the treatments in the defined benefits ▪ 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 Discovery Health Rate (DHR). You will have to pay the difference between what we pay and the actual cost of your treatment. <p>If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.</p>
Emergency medical condition	<p>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.</p> <p>An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.</p>

The Oncology Programme at a glance

What you need to do before your treatment

- If you are diagnosed with cancer, you need to register on the Oncology Programme.
- In order to register, you or your treating doctor must send us a copy of your laboratory results confirming your diagnosis via email to DCO_Oncology@discovery.co.za
- Your cancer specialist will need to send us your treatment plan for approval before starting treatment. We will only fund your cancer treatment from the Oncology Benefit if we have approved your treatment plan.

We need the appropriate ICD-10 and morphology codes on accounts

All accounts for your cancer treatment must have a relevant and correct ICD-10 and morphology code for us to pay it from the Oncology Benefit. To ensure there is no delay in paying your accounts, please make sure that your healthcare professional has included the ICD-10 and morphology codes.

The Scheme covers approved and registered treatment methods and medicine only

The Scheme does not cover cancer treatment and related services that have not been approved.

The Scheme does not pay for medicine and treatment that is not approved or registered by the South African Health Products Regulatory Authority (SAHRA). This includes treatment that has not been sufficiently tested as well as herbal or traditional treatments.

The Scheme acknowledges that there may be unique circumstances where members may require these treatments. These requests will be reviewed and considered through an exceptions process. On approval, Southern Rx is the preferred supplier for all unregistered medicines approved from the Oncology Benefit. Southern Rx will require a valid prescription and South African Health Products Regulatory Authority (SAHRA) authorisation in order to supply the medicine to the patient.

The Scheme covers your approved cancer treatment over a 12-month cycle

Once you are registered on the Oncology Programme and depending on your health plan, the Scheme covers your approved cancer treatment over a 12-month cycle up to the Discovery Health Rate, in accordance with your plan benefits:

- On Executive and Comprehensive plans, we cover the first R400 000 up to 100% of the Discovery Health Rate.
- On the Classic Smart Comprehensive plan, we cover the first R 300 000 up to 100% of the Discovery Health Rate.
- On Priority, Saver, Smart and Core plans we cover the first R200 000 up to 100% of the Discovery Health Rate.

The 12-month cycle starts when you are diagnosed with cancer. If you are newly diagnosed and registered on the Oncology programme for example on 1 April 2019, then the 12-month cycle will begin on 1 April 2019 and the cover amount will renew 12 months later on 1 April 2020.

All costs related to your approved cancer treatment including Prescribed Minimum Benefit treatment during the 12-month period, will add up to the 12-month cycle cover amount. We cover all cancer-related healthcare services up to 100% of the Discovery Health Rate. If your healthcare professional charges more than this rate you will need to pay the difference.

If your treatment costs more than the cover amount, we will cover up to 80% of the subsequent additional costs, except if the treatment forms part of Prescribed Minimum Benefits or the Extended Oncology Benefit offered on the Executive and Comprehensive plans, which we will be covered in full. The Extended Oncology Benefit is not available on Classic Smart Comprehensive.

Chemotherapy, radiotherapy and other healthcare services paid from the Oncology Benefit will be subject to clinical entry criteria, consideration of evidence-based medicine, cost effectiveness and affordability.

Cancer treatment that qualifies for cover as a Prescribed Minimum Benefit (PMB) is covered in full when you use our DSPs. Visit www.discovery.co.za or click on **Find a healthcare provider** on the Discovery app to view the full list of DSPs.

The Oncology Benefit covers treatment provided by your cancer specialist and other healthcare providers including:

- Chemotherapy and radiotherapy
- Technical planning scans
- Implantable cancer treatments, for example prostate or cervical brachytherapy and Gliadel® wafers
- Hormonal therapy related to your cancer
- Consultations with your cancer specialist
- Fees charged by accredited facilities
- Specific blood tests related to your condition
- Materials used in the administration of your treatment, for example drips and needles
- Medicine on a medicine list (formulary) to treat pain, nausea and mild depression as well as other medicine used to treat the side effects of your cancer treatment except schedule 0, 1 and 2 medicines
- External breast prostheses and special bras
- Stoma products
- Oxygen
- Basic radiology and pathology that is appropriate for your condition that you receive before and after treatment, from the date you register on the Oncology Programme
- Radiology requested by your cancer specialist, which includes:
 - CT, MRI and PET-CT scans related to your cancer
 - Ultrasound, isotope or nuclear bone scans
 - Other specialised scans, for example a gallium scan

- Scopes such as bronchoscopy, colonoscopy and gastroscopy that are used in the management of your cancer. Please note that the Scheme will pay for up to a **maximum of two scopes** from your Oncology Benefit for the management of your condition, where you are registered on the Oncology Programme.

The Scheme pays for certain treatments from your day-to-day benefits

Other needs related to your condition and treatment that are not covered from the Oncology Benefit will be paid from the available funds in your day-to-day benefits, where applicable. This includes, for example, wigs.

To see what benefits apply to your specific treatment refer to the *Benefits available on your health plan* section.

Additional benefits available on Executive and Comprehensive plans

The Extended Oncology Benefit

The Extended Oncology Benefit gives members on the Executive and Comprehensive plans access to extended approval of specific medicine without a co-payment once their 12-month cycle cover amount is used up. This benefit is not available on Classic Smart Comprehensive.

The Extended Oncology Benefit provides ongoing cover for a defined list of medicine for specific conditions. Approval is subject to meeting clinical criteria and requests may be reviewed by an external panel for consideration for funding from this benefit.

We will pay up to 100% of the Discovery Health Rate for the specific approved medicine once the R400 000 12-month cycle cover amount is used up. Once the 12-month cycle cover amount is renewed, the specific approved medicine will then pay from 12-month cover amount.

We will pay 80% of the Discovery Health Rate for all additional approved items such as consultations, facility fees and pathology and you need to pay the balance. If your healthcare provider charges more than what the Scheme pays, you will need to pay the difference. This amount could be more than 20% if your treatment cost is above the Discovery Health Rate.

The Oncology Innovation Benefit

The Oncology Innovation Benefit gives members on the Executive and Comprehensive plans access to a defined list of high-cost medicines and new technologies. This benefit is not available on Classic Smart Comprehensive.

Approval is subject to meeting clinical entry criteria and requests may be reviewed by an external panel for consideration for funding from this benefit. We will pay up to 75% of the Discovery Health Rate. If your healthcare provider charges more than what we pay, you will need to pay the difference. This amount could be more than 25% if your treatment cost is above the Discovery Health Rate. These claims will accumulate to your R400 000 cover amount at 75% of the Discovery Health Rate.

Once your treatment costs exceed your R400 000 cover amount, we will continue to pay 75% of the Discovery Health Rate for approved medicine.

You have cover for bone marrow donor searches and transplants

Bone marrow transplant costs **do not** add up to the 12-month cycle cover amount for cancer treatment.

On all plans except KeyCare, we cover you for bone marrow donor searches and transplants up to the agreed rate, if you adhere to our clinical protocols. Your cover is subject to review and approval.

Advanced Illness Benefit

Members with advanced cancer have access to comprehensive palliative care services through the Advanced Illness Benefit which provides quality care in the comfort of their own home. Palliative care is provided by a multidisciplinary team, including trained doctors and nurses, in partnership with the Hospice Palliative Care Association of South Africa. Enrolled patients have access to this service through the Advanced Illness Benefit. For more information, please refer to the Advanced Illness Benefit guide on www.discovery.co.za

The Scheme covers cancer treatment as a Prescribed Minimum Benefit (PMB)

Most cancer conditions are covered under the Prescribed Minimum Benefits. Cover includes the diagnosis, treatment and costs of the ongoing care of these conditions. Prescribed Minimum Benefits treatment costs add up to the 12-month cycle cover amount. If your treatment costs more than the cover amount we will continue to cover your cancer treatment in full as long as you meet the rules for Prescribed Minimum Benefits payment as described in the definition section on the first page of this document.

The Scheme may pay the out-of-hospital pathology and radiology tests and investigations tests before a diagnosis is confirmed (diagnostic work-up) from your day-to-day benefits. Once confirmed, you can request for us to review these diagnostic tests to be funded as a PMB.

You have full cover in our designated service provider networks and for providers who we have a payment arrangement with

You can benefit by using doctors and other healthcare providers like hospitals, pharmacies, radiologists and pathologists that we have a payment arrangement with, because the Scheme will cover their approved procedures/services in full. If your healthcare provider charges more than what the Scheme pays, you will need to pay the difference for professional services.

Visit www.discovery.co.za or click on **Find a healthcare provider** on the Discovery app to find healthcare service providers we have a payment arrangement with.

Please use our pharmacy designated service provider (DSP) for approved oncology medicines to avoid a 20% co-payment. Speak to your treating doctor and confirm that they are using our DSPs for your medicine and received in room treatment or in a treatment facility.

For approved oncology-related medicine where your doctor has provided a prescription, please use a MedXpress Network Pharmacy. To find a MedXpress Network Pharmacy visit www.discovery.co.za or click on **Find a healthcare provider** on the Discovery app.

The Scheme covers you in full if you visit these healthcare providers we have a payment arrangement with:

Cancer-treating specialists: Out of hospital	
All health plans except KeyCare and Essential Smart	Any cancer specialist who is part of our Premier Rate payment arrangement. (For specialists on other payment arrangements you may have a co-payment)
Essential Smart Plans	Any cancer specialist who is part of ICON network
KeyCare Plans	Any cancer specialist who is part of KeyCare ICON network On the KeyCare Start plan you have access to oncology care in a state facility
Cancer-treating GPs	
All health plans except KeyCare	Any GP who is on the GP Network and is a member of the South African Oncology Consortium (SAOC)
KeyCare Plans	Primary or Secondary chosen GP who is part of the KeyCare Network. On the KeyCare Start plan you have access to oncology care in a state facility
In-hospital admissions	

All health plans except KeyCare	For non-network plans, you may use any hospital at the agreed rates. Where your health plan restricts you to a network hospital like the Delta Hospital Network, Smart Hospital Network and Coastal hospitals, you must use those facilities for full cover. If you do not have cover on your plan (once your plan benefits have run out), then you should use any KeyCare network hospital or contracted network of state facilities
KeyCare Plans	Any KeyCare network hospital or a state hospital that is contracted with us. If you are on a KeyCare Start plan you must use a state facility as the DSP for chemotherapy and radiation
In-hospital specialist consultations	
Executive Plan and Classic Series	<ul style="list-style-type: none"> ▪ All specialists who we have a payment arrangement with, and ▪ Any specialist practicing in a state hospital that is contracted with us
All other health plans	<ul style="list-style-type: none"> ▪ All specialists who are part of our Premier Rate payment arrangement, and ▪ Any specialist practicing in a state hospital that is contracted with us
KeyCare Plans	<ul style="list-style-type: none"> ▪ Any specialist participating in a KeyCare Specialist Network ▪ Any cancer specialist in the KeyCare ICON network ▪ Any specialist practicing in a state hospital that is contracted with us If you are on a KeyCare Start plan you must use a state facility as the DSP
Medicine for your cancer care (Pharmacy)	
All health plans	All approved cancer-related medicine must be obtained from our designated pharmacy service provider
PET CT	
All health plans	All approved PET CT scans should be done within a radiology unit that we have an agreement with

You may apply for us to review our decision

We can review our decision when you or your doctor sends us new information about your condition or information that was not sent with the original application. We will review the individual circumstances of the case and confirm the outcome. Please note that application does not guarantee funding approval.

Call us on 0860 99 88 77 for more information on the process.

You can dispute our funding decisions in certain circumstances

If you disagree with our decision on the cover you requested, there is a formal disputes process that you can follow. Call us on 0860 99 88 77 to request a disputes application form.

EXECUTIVE PLAN
<p>Cancer treatment</p> <p>We pay for your approved cancer treatment up to a cover amount of R400 000 within a 12-month cycle, up to the Discovery Health Rate from the Oncology Benefit. If your treatment costs more than the cover amount, the Scheme will pay 80% of the Discovery Health Rate for all treatment that falls outside of the Prescribed Minimum Benefits and you need to pay the balance from your pocket. This may be more than 20% if your treatment cost is above the Discovery Health Rate.</p>

Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. This is if you use service providers who we have a payment arrangement with and if they do not charge above the agreed rate.

The Oncology Innovation Benefit

You have cover for a defined list of innovative cancer medicines that meet the Scheme's criteria. The Scheme will pay 75% of the cost of these treatments and you will need to pay 25% of the cost of these treatments.

Extended Oncology Benefit

You also have extended cover in full once you have used up your R400 000 cover amount for a defined list of cancers and treatments that meet the Scheme's criteria.

Approved hospital admissions for administration of chemotherapy or radiotherapy

Claims for the cancer specialist, appropriate pathology, radiology and medicine, as well as radiation therapy add up to the R400 000 cover amount for your cancer treatment.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from your Hospital Benefit and not the Oncology Benefit. However, implantable cancer treatments done in hospital such as, but not limited to brachytherapy (for prostate, cervical, and head and neck cancer) and Gliadel® wafers, are covered from the Oncology Benefit.

Bone marrow donor searches and transplantation

We cover you for bone marrow donor searches, stem cell harvesting and transplants up to the agreed rate, if you adhere to our protocols. Your cover is subject to review and approval. Bone marrow transplant costs do not add up to the 12-month cover amount for cancer treatment.

PET-CT scans

We cover PET-CT scans subject to using one of our preferred providers and certain terms and conditions. You need to preauthorise PET-CT scans before having it done.

If we have approved your scan and you have it done at one of our preferred providers: The Scheme will pay up to the agreed rate if you have not used up the R400 000 amount for your cancer treatment. If you have used up this amount, the Scheme will pay 80% of the Discovery Health Rate and you need to pay the difference. This amount could be more than 20% if your healthcare provider charges above the Discovery Health Rate.

If your Oncology cover amount has been used up and your treatment is a Prescribed Minimum Benefit, we will cover your approved PET-CT scan in full at a PMB PET-CT scan facility.

We pay for wigs from your day-to-day benefits

The Scheme pays wigs from the available funds in your Medical Savings Account and Above Threshold Benefit. Payment is subject to the overall annual limit for external medical items.

COMPREHENSIVE SERIES

Cancer treatment

We pay for your approved cancer treatment up to the cover amount of R400 000 on Comprehensive plans and up to the cover amount of R300 000 on Classic Smart Comprehensive plan within a 12-month cycle from the Oncology Benefit. If your

treatment costs more than the cover amount, the Scheme will pay 80% of the Discovery Health Rate for all treatment that falls outside of the Prescribed Minimum Benefits and you need to pay the balance from your pocket. This may be more than 20% if your treatment cost is above the Discovery Health Rate.

Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. This is if you use service providers who we have a payment arrangement with and if they do not charge above the agreed rate.

The Oncology Innovation Benefit

You have cover for a defined list of innovative cancer medicines that meet the Scheme's criteria. The Scheme will pay 75% of the cost of these treatments and you will need to pay 25% of the cost of these treatments. The Oncology Innovation Benefit is not covered on the Classic Smart Comprehensive plan.

Extended Oncology Benefit

You also have extended cover in full once you have used up your R400 000 cover amount for a defined list of cancers and treatments that meet the Scheme's criteria. The Extended Oncology Benefit is not covered on the Classic Smart Comprehensive plan.

Approved hospital admissions for administration of chemotherapy or radiotherapy

Claims for the cancer specialist, appropriate pathology, radiology and medicine, as well as radiation therapy add up to the cover amount of R400 000 or R300 000 on the Classic Smart Comprehensive, for your cancer treatment.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from your Hospital Benefit and not the Oncology Benefit. However, implantable cancer treatments done in hospital such as, but not limited to brachytherapy (for prostate, cervical, and head and neck cancer) and Gliadel® wafers, are covered from the Oncology Benefit.

If you are on the Classic Delta or Essential Delta network option: You are covered in full at private hospitals and day-clinic in the Delta Hospital Network. For planned admissions outside the network, you need to pay an upfront amount of R8 400 to the hospital. If the benefit co-payment or upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service. This does not apply in an emergency.

If you are on the Classic Smart Comprehensive plan: You are covered in full at private hospitals and day-clinics in the Smart Hospital Network. For planned admissions outside the network, you need to pay an upfront amount of R9 650 to the hospital. If the benefit co-payment or upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service. This does not apply in an emergency.

Bone marrow donor searches and transplantation

We cover you for bone marrow donor searches, stem cell harvesting and transplants up to the agreed rate, if you adhere to our protocols. Your cover is subject to review and approval. Bone marrow transplant costs do not add up to the 12-month month cover amount for cancer treatment.

PET-CT scans

We cover PET-CT scans subject to using one of our preferred providers and certain terms and conditions. You need to preauthorise PET-CT scans before having it done.

If we have approved your scan and you have it done it at one of our preferred providers: The Scheme will pay up to the agreed rate if you have not used up the R400 000 or R300 000 on the Classic Smart Comprehensive for your cancer treatment. If you have

used up this amount, the Scheme will pay 80% of the Discovery Health Rate and you need to pay the difference. This amount could be more than 20% if your healthcare provider charges above the Discovery Health Rate.

If your Oncology cover amount has been used up your treatment is a Prescribed Minimum Benefit, we will cover your approved PET-CT scan in full at a PMB PET-CT scan facility.

We pay for wigs from your day-to-day benefits

The Scheme pays wigs from the available funds in your Medical Savings Account and Above Threshold Benefit. Payment is subject to the overall annual limit for external medical items. Wigs are covered on the Classic Smart Comprehensive plan once you have reached the Above Threshold Benefit.

PRIORITY SERIES

Cancer treatment

We pay for your approved cancer treatment up to R200 000 cover amount within a 12-month cycle from the Oncology Benefit. If your treatment costs more than the cover amount, the Scheme will pay 80% of the Discovery Health Rate for all treatment that falls outside of the Prescribed Minimum Benefits and you need to pay the balance from your pocket. This amount may be more than 20% if your treatment cost is above the Discovery Health Rate.

Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. This is if you use service providers who we have a payment arrangement with and if they do not charge above the agreed rate.

Approved hospital admissions for administration of chemotherapy or radiotherapy

Claims for the cancer specialist, appropriate pathology, radiology and medicine, as well as radiation therapy add up to the R200 000 cover amount for your cancer treatment.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from the Hospital Benefit and not the Oncology Benefit. However, implantable cancer treatments done in-hospital such as, but not limited to brachytherapy (for prostate, cervical, and head and neck cancer) and Gliadel® wafers, are covered from the Oncology Benefit.

Bone marrow donor searches and transplantation

We cover you for bone marrow donor searches and transplants up to the agreed rate, if you adhere to our protocols. Your cover is subject to review and approval. Bone marrow transplant costs do not add up to the 12-month cover amount for cancer treatment.

PET-CT scans

We cover PET-CT scans subject to using one of our preferred providers and certain terms and conditions. You need to preauthorise PET-CT scans with us before having it done.

If we have approved your scan and you have it done at one of our preferred providers: The Scheme will pay up to the agreed rate if you have not used up the R200 000 cover amount for your cancer treatment. If you have used up this amount, the Scheme will pay 80% of the Discovery Health Rate and you need to pay the difference. This amount could be more than 20% if your healthcare provider charges above the Discovery Health Rate.

If your Oncology cover amount has been used up and your treatment a Prescribed Minimum Benefit, we will cover your approved PET-CT scan in full at a PMB PET-CT scan facility.

We pay for wigs from your day-to-day benefits

The Scheme pays wigs from the available funds in your Medical Savings Account and limited Above Threshold Benefit. Payment is subject to the overall annual limit for external medical items.

SAVER SERIES

Cancer treatment

We pay for your approved cancer treatment up to R200 000 cover amount within a 12-month cycle from the Oncology Benefit. If your treatment costs more than the cover amount, the Scheme will pay 80% of the Discovery Health Rate for all treatment that falls outside of the Prescribed Minimum Benefits and you need to pay the balance from your pocket. This amount may be more than 20% if your treatment cost is above the Discovery Health Rate.

Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. This is if you use service providers who we have a payment arrangement with and if they do not charge above the agreed rate.

Approved hospital admissions for administration of chemotherapy or radiotherapy

Claims for the cancer specialist, appropriate pathology, radiology and medicine, as well as radiation therapy add up to the R200 000 cover amount for your cancer treatment.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from your Hospital Benefit and not the Oncology Benefit. However, implantable cancer treatments done in-hospital such as, but not limited to brachytherapy (for prostate, cervical, and head and neck cancer) and Gliadel® wafers, are covered from the Oncology Benefit.

If you are on the Classic Delta or Essential Delta network option: You are covered in full at private hospitals and day-clinics in the Delta Hospital Network. For planned admissions outside the network, you need to pay an amount of R 8 400 upfront to the hospital. If the benefit co-payment or upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service This does not apply in an emergency.

If you are on the Coastal Saver Plan: You must go to a hospital in one of the four coastal provinces for a planned hospital admission. If you don't use a coastal hospital, the Scheme will pay up to a maximum of 70% of the hospital account and you need to pay the difference.

Bone marrow donor searches and transplantation

We cover you for bone marrow donor searches and transplants up to the agreed rate, if you adhere to our protocols. Your cover is subject to review and approval. Bone marrow transplant costs do not add up to the 12-month cover amount for cancer treatment.

PET-CT scans

We cover PET-CT scans subject to using one of our preferred services providers and certain terms and conditions. You need to preauthorise PET-CT scans with us before having it done.

If we have approved your scan and you have it done at one of our preferred providers: The Scheme will pay up to the agreed rate if you have not used up the R200 000 cover amount for your cancer treatment.

If you have used up this amount, the Scheme will pay 80% of the Discovery Health Rate and you need to pay the difference. This amount could be more than 20% if your healthcare provider charges above the Discovery Health Rate. If your Oncology cover amount has been used up and your treatment is a Prescribed Minimum Benefit, we will cover your approved PET-CT scan in full at a PMB PET-CT scan facility.

We pay for wigs from your Medical Savings Account

The Scheme pays wigs from the available funds in your Medical Savings Account. If you run out of funds you need to pay these costs.

SMART SERIES

Cancer treatment

We pay for your approved cancer treatment up to R200 000 cover amount within a 12-month cycle from the Oncology Benefit. If your treatment costs more than the cover amount, the Scheme will pay 80% of the Discovery Health Rate for all treatment that falls outside of the prescribed minimum benefits and you need to pay the balance from your pocket. This amount may be more than 20% if your treatment cost is above the Discovery Health Rate.

Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. This is if you use service providers who we have a payment arrangement with and if they do not charge above the agreed rate.

Designated service provider for members on Essential Smart Plans

You have cover for approved chemotherapy, radiotherapy and other treatment prescribed by your cancer specialist in the full ICON network from the Oncology Benefit. If you use a cancer specialist who is not in the full ICON network, the Scheme will pay 80% of the Discovery Health Rate and you need to pay the balance from your pocket.

Approved hospital admissions for administration of chemotherapy or radiotherapy

Claims for the cancer specialist, appropriate pathology, radiology and medicine, as well as radiation therapy add up to the R200 000 cover amount for your cancer treatment.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from your Hospital Benefit and not the Oncology Benefit. However, implantable cancer treatments done in hospital such as, but not limited to brachytherapy (for prostate, cervical, and head and neck cancer) and Gliadel® wafers, are covered from the Oncology Benefit.

If you are on the Classic Smart or Essential Smart network option: You are covered in full at private hospitals and day-clinics in the Smart Hospital Network. For planned admissions at hospitals outside the network, you need to pay an amount of R R9 650 upfront to the hospital. If the benefit co-payment or upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service. This does not apply in an emergency.

Bone marrow donor searches and transplantation

We cover you for bone marrow donor searches, stem cell harvesting and transplants up to the agreed rate, if you adhere to our protocols. Your cover is subject to review and approval. Bone marrow transplant costs do not add up to the 12-month cover amount for cancer treatment.

PET-CT scans

We cover PET-CT scans subject to using one of our preferred providers and certain terms and conditions. You need to preauthorise PET-CT scans before having it done.

If we have approved your scan and you have it done at one of our preferred providers: The Scheme will pay up to the agreed rate if you have not used up the R200 000 cover amount for your cancer treatment. If you have used up this amount, the Scheme will pay 80% of the Discovery Health Rate and you need to pay the difference. This amount could be more than 20% if your healthcare provider charges above the Discovery Health Rate.

If your Oncology cover amount has been used up and your treatment is a Prescribed Minimum Benefit, we will cover your approved PET-CT scan in full at a PMB PET-CT scan facility.

You need to pay for wigs

You need to pay these costs.

CORE SERIES

Cancer treatment

We pay for your approved cancer treatment up to a R200 000 cover amount within a 12-month cycle from the Oncology Benefit. If your treatment costs more than the cover amount, the Scheme will pay 80% of the Discovery Health Rate for all treatment that falls outside of the Prescribed Minimum Benefits, and you need to pay the balance from your pocket. This amount may be more than 20% if your treatment cost is above the Discovery Health Rate.

Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. This is if you use service providers who we have a payment arrangement with and if they do not charge above the agreed rate.

Approved hospital admissions for administration of chemotherapy or radiotherapy

Claims for the cancer specialist, appropriate pathology, radiology and medicine, as well as radiation therapy add up to the R200 000 cover amount for your cancer treatment.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from the Hospital Benefit and not the Oncology Benefit. However, implantable cancer treatments done in-hospital such as, but not limited to brachytherapy (for prostate, cervical, and head and neck cancer) and Gliadel® wafers, are covered from the Oncology Benefit.

If you are on the Classic or Essential Delta network option: You are covered in full at private hospitals and day-clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you need to pay an amount of R8 400 upfront to the hospital. If the benefit co-payment or upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service. This does not apply in an emergency.

If you are on the Coastal Core Plan: You must go to a hospital in one of the four coastal provinces for a planned hospital admission. If you don't use a coastal hospital, the Scheme will pay up to a maximum of 70% of the hospital account and you need to pay the difference.

Bone marrow donor searches and transplantation

We cover you for bone marrow donor searches and transplants up to the agreed rate, if you adhere to our protocols. Your cover is subject to review and approval. Bone marrow transplant costs do not add up to the 12-month cover amount for cancer treatment.

PET-CT scans

We cover PET-CT scans subject to using one of our preferred providers and certain terms and conditions. You need to preauthorise PET-CT scans with us before having it done.

If we have approved your scan and you have it done at one of our preferred providers: The Scheme will pay up to the agreed rate if you have not used up the R200 000 cover amount for your cancer treatment.

If you have used up this amount, the Scheme will pay 80% of the Discovery Health Rate and you need to pay the difference. This amount may be more than 20% if your healthcare provider charges above the Discovery Health Rate.

If your Oncology cover amount has been used up and your treatment is a Prescribed Minimum Benefit, we will cover your approved PET-CT scan in full at a PMB PET-CT scan facility.

You need to pay for wigs

You need to pay these costs.

KEYCARE SERIES

Cancer treatment

KeyCare Start Plan

The Scheme covers cancer treatment and related costs, if it is a Prescribed Minimum Benefit, in a state facility.

We will pay for your cancer treatment from the Oncology Benefit if you have registered on the Oncology Programme and your treatment plan has been approved and meets the terms and conditions of the Scheme.

KeyCare Core and Plus

The Scheme covers cancer treatment and related costs, if it is a Prescribed Minimum Benefit. You have cover for approved chemotherapy, radiotherapy and other treatment prescribed by your cancer specialist in the KeyCare ICON network from the Oncology Benefit. If you use a cancer specialist who is not in the KeyCare ICON network, the Scheme will pay 80% of the Discovery Health Rate and you need to pay the difference.

We also cover pathology, radiology, medicine and other approved cancer-related treatment that is provided by healthcare professionals other than your cancer specialist.

The Scheme must approve your treatment before we can pay it from the Oncology Benefit. This treatment must be in line with agreed protocols and medicine lists (formularies).

Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment. This is if you use service providers who we have a payment arrangement with and if they do not charge above the agreed rate.

You also have cover for medicine on the oncology supportive medicine list (formulary)

We will also pay, from the Oncology Benefit, for medicine prescribed during active treatment, to treat symptoms resulting from your cancer treatment. We cover approved medicine in full up to the Scheme rate if the medicine is on the supportive formulary. Medicine not listed on the formulary, will be covered up to the Reference Price. You may be responsible for a co-payment.

Approved hospital admissions for administration of chemotherapy or radiotherapy

Claims for the oncologist, appropriate pathology, radiology and medicine as well as radiation therapy will add up to the Oncology Benefit. You must use a hospital in the KeyCare Hospital Network.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from the Hospital Benefit and not the Oncology Benefit. You must use a hospital in the KeyCare Full Cover Hospital Network.

Bone marrow donor searches and transplantation

If you are the *KeyCare Plus and KeyCare Core Plans*, Discovery Health Medical Scheme covers you for local bone marrow donor searches and transplants up to the agreed rate, once we have approved your transplant procedure and treatment.

PET-CT scans

We cover PET-CT scans subject to using one of our preferred providers and certain terms and conditions. You need to preauthorise PET-CT scans with us before having it done. If you do not use a preferred provider, the Scheme will pay 80% of the Discovery Health Rate and you need to pay the difference.

Approved PET-CT scans will be paid up to the agreed rate, subject to the use of a PMB PET-CT scan facility in our network.

You need to pay for wigs

You must pay these costs.

Contact us

Tel (Members): 0860 99 88 77, Tel (Health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za,
1 Discovery Place, Sandton, 2196.

Complaints process

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints and we encourage you to follow the process:

1 | STEP 1 – TO TAKE YOUR QUERY FURTHER:

If you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations.

2 | STEP 2 – TO CONTACT THE PRINCIPAL OFFICER:

If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by emailing principalofficer@discovery.co.za.

3 | STEP 3 – TO LODGE A DISPUTE:

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the website.

4 | STEP 4 – TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES:

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.com
0861 123 267 | www.medicalschemes.com