



Oncology Programme

2018

Your cover for cancer treatment in 2018

Overview

This document explains how we cover you for cancer treatment on the Oncology Programme for 2018. 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.

We also provide information about your benefits for cancer treatments under the Prescribed Minimum Benefits and how we cover consultations with cancer-treating GPs and specialists, in and out of hospital.

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 and your treatment plan.
- Call us on 0860 99 88 77 for assistance.

About some of the terms we use in this document

There are a number of terms used in the document that you may not be familiar with. We give you the meaning of these terms below.

Terminology	Description
Above Threshold Benefit	Available on the Executive, Comprehensive and Priority plans Once the claims you have sent to us add up to the Annual Threshold, we pay the rest of your claims from the Above Threshold Benefit (ATB), at the DHR or a portion of it. The Executive and Comprehensive plans have an unlimited ATB, and the Priority plans have a limited ATB.
Centres	Medical facilities that Discovery Health Medical Scheme has chosen to partner with. We will refer you to your nearest centre for treatment. You can choose not to go to our centres, but then your cover may be limited.
Co-payment	The portion of the account that you need to pay from either your day-to-day benefits or your pocket, when the amount Discovery Health Medical Scheme pays is less than what your doctor charges.
Day-to-day benefits	These are the funds available in the Medical Savings Account and Above Threshold Benefit, where applicable.
Deductible	This is the amount that you must pay upfront to the hospital or day clinic. You must pay this amount from your pocket.
Discovery Health Rate	This is a rate set by us at which we pay for healthcare services from hospitals, pharmacies and healthcare professionals.
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).
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.
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).

Terminology	Description
Prescribed Minimum Benefits (PMB)	<p>In terms of the Medical Schemes Act 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"> • An emergency medical condition • A defined list of 270 diagnoses • A defined list of 27 chronic conditions <p>To access Prescribed Minimum Benefits, there are rules 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. <p>If your treatment doesn't meet the above criteria, we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.</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>
12-month cycle limit	<p>A 12-month benefit period that is individualised depending on when a member is diagnosed with cancer. For example, if a member is newly diagnosed in early April and registers on the Oncology Programme in April, this member's 12-month cycle limit will begin in April and will refresh 12 months later (end of March the following year).</p>

The Oncology Programme at a glance

Tell us about your cancer treatment and we'll tell you how you will be covered

If you need cancer treatment, your cancer specialist must send us your treatment plan for approval before starting with the treatment. We will only fund your cancer treatment from the Oncology Benefit if we have approved your treatment plan.

You may also have cover from PMBs, but you must use a DSP and your treatment must match the treatments included as part of the defined benefits for your condition, or you will have a co-payment. Read further for more information about PMBs.

The Scheme covers the first portion of your treatment over a 12-month cycle

Depending on your health plan, and once you are registered on the Oncology Programme, the Scheme covers the first R200 000 or R400 000 of your approved cancer treatment over a 12-month cycle up to the Discovery Health Rate. Once your treatment costs go over this amount, the Scheme will pay 80% of the

Discovery Health Rate for all further treatment and you need to pay the balance. This amount could be more than 20% if your treatment cost is above the Discovery Health Rate.

This does not apply to the KeyCare Plans. Please refer to the *Benefits available for your plan type* section for your plan cover.

Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full if you use our DSPs.

All costs related to your approved cancer treatment add up to the 12-month rand amount

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

Healthcare services that are deemed by the Scheme as unaffordable and/or not cost effective and/or lacking clinical evidence to demonstrate efficacy are excluded from cover.

Treatment provided by your cancer specialist and other healthcare providers that add up to the 12-month rand amount include:

- 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:
 - Basic x-rays
 - 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.

Check what benefits apply to your specific treatment. Refer to the Benefits available on your health plan section.

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

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

For members on the Classic Comprehensive Zero MSA Plan, you need to reach the Annual Threshold to have cover for day-to-day medical expenses.

You have cover for bone marrow donor searches and transplants

Bone marrow transplant costs **do not** add up to the 12-month rand limit for cancer treatment.

On all plans except KeyCare, the Scheme covers 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.

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 doctor's accounts, it would be helpful if you double check to make sure that your doctor 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 Medicines Control Council of South Africa (MCC). 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 Medicines Control Council (MCC) authorisation in order to supply the medicine to the patient.

The Scheme covers cancer treatment as a Prescribed Minimum benefit under certain conditions

Most cancer conditions are covered under the Prescribed Minimum Benefits. The basic level of cover includes the diagnosis, treatment, and costs of the ongoing care of these conditions. The Scheme will cover your treatment in full as long as you meet the rules for PMB funding as indicated 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 that are done to confirm a diagnosis (diagnostic work-up) from your day-to-day benefits initially.

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.

You will need to complete an Oncology PMB appeal form. You can get a form at www.discovery.co.za or call us on 0860 99 88 77.

You can dispute our funding decisions in certain circumstances

If you disagree with our decision on the PMB 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.

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 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 need to pay the difference from your pocket for professional services such as consultations.

To find healthcare service providers we have a payment arrangement with, use the MaPS tool on www.discovery.co.za or call us on 0860 99 88 77.

Please use our DSPs for approved oncology medicine claims to avoid a 20% co-payment. Speak to your treating doctor and confirm that they are using our DSPs for your medicine and treatment received in rooms or in a treatment facility.

For approved oncology-related medicine where your doctor has provided a script please use a MedXpress Network Pharmacy. To find a MedXpress Network Pharmacy use the MaPS tool on www.discovery.co.za or call us on 0860 99 88 77.

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	Any cancer specialist who is part of our Premier Rate payment arrangement. (For specialists on other payment arrangements you may have a co-payment)
KeyCare Plans	Any cancer specialist who is part of KeyCare ICON network
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

In-hospital admissions

All health plans except KeyCare	Any hospital at the agreed rates. Where your health plan restricts you to a specific list of hospitals like the Delta network, Smart network and Coastal options, you must use those facilities for full cover. If you do not have cover on your plan (and only once your plan benefits have run out), then you should use any KeyCare network hospital or contracted network of state facilities.
KeyCare Plans excluding KeyCare Access	Any KeyCare network hospital or a state hospital that is contracted with us. Members on a KeyCare Access plan only have access to a state facility

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 practising 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 practising 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 practising in a state hospital that is contracted with us

Medicine for your cancer care (Pharmacy)

All health plans	All approved cancer-related medicine must be obtained from our designated pharmacy service provider
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Benefits available for your plan type

Executive Plan

Cancer treatment

We pay for the first R400 000 of your approved cancer treatment over a 12-month benefit cycle, up to the Discovery Health Rate from the Oncology Benefit. Once your treatment costs go over this amount, the Scheme will pay 80% of the Discovery Health Rate for all further treatment and you need to pay the balance from your pocket. This amount could be more than 20% if your treatment cost is above the Discovery Health Rate.

Radiology and pathology for your cancer treatment is also paid from the Oncology Benefit. We cover all cancer-related healthcare services up to 100% of the Discovery Health Rate. If you use a healthcare provider that charges above this rate, you need to pay the co-payment from your pocket.

Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment if you use service providers who we have a payment arrangement with and if they do not charge above the agreed rate. Refer to the section *You have full cover in our designated service provider network and for doctors who we have a payment arrangement with* for more details.

Approved hospital admissions with administration of chemotherapy or radiotherapy for your cancer

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

PET-CT scans

We cover PET-CT scans subject to using our designated services providers and certain terms and conditions. You need to preauthorise PET-CT scans before having it done. Your condition determines how many PET-CT scans will be covered.

If we have approved your scan and you have it done in our PET scan network: 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 shortfall. This shortfall amount could be more than 20% if your healthcare provider charges above the Discovery Health Rate.

If your Oncology limit has been depleted and you are on Prescribed Minimum Benefit (PMB) treatment, 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 the first R400 000 of your approved cancer treatment over a 12-month benefit cycle from the Oncology Benefit. Once your treatment costs go over this amount, the Scheme will pay 80% of the Discovery Health Rate for all further treatment and you need to pay the balance from your pocket. This amount could be more than 20% if your treatment cost is above the Discovery Health Rate.

Radiology and pathology for your cancer treatment is also paid from the Oncology Benefit.

We cover all cancer-related healthcare services up to 100% of the Discovery Health Rate. If you use a healthcare provider that charges above this rate, you need to pay the co-payment from your pocket.

Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment if you use service providers who we have a payment arrangement with and if they do not charge above the agreed rate. Refer to the section *You have full cover in our designated service provider network and for doctors who we have a payment arrangement with* for more details.

Approved hospital admissions with administration of chemotherapy or radiotherapy for your cancer

Claims for the cancer specialist, appropriate pathology, radiology and medicine, as well as radiation therapy add up to the R400 000 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 and 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 R7 650 upfront to the hospital. 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.

PET-CT scans

We cover PET-CT scans subject to using our designated services providers and certain terms and conditions. You need to preauthorise PET-CT scans before having it done. Your condition determines how many PET-CT scans will be covered.

If we have approved your scan and you have it done in our PET scan network: 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 shortfall. This shortfall amount could be more than 20% if your healthcare provider charges above the Discovery Health Rate.

If your Oncology limit has been depleted and you are on Prescribed Minimum Benefit (PMB) treatment, 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. If you are on the Classic Comprehensive Zero MSA Plan, you need to pay for these costs yourself until you reach the Annual Threshold to have cover for day-to-day medical expenses from your Above Threshold Benefit.

Priority Series

Cancer treatment

We pay for the first R200 000 of your approved cancer treatment over a 12-month benefit cycle from the Oncology Benefit. Once your treatment costs go over this amount, the Scheme will pay 80% of the Discovery Health Rate for all further treatment and you need to pay the balance from your pocket. This amount could be more than 20% if your treatment cost is above the Discovery Health Rate.

Radiology and pathology for your cancer treatment is also paid from the Oncology Benefit.

We cover all cancer-related healthcare services up to 100% of the Discovery Health Rate. If you use a healthcare provider that charges above this rate, you need to pay the co-payment from your pocket. Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment if you use service providers who we have a payment arrangement with and if they do not charge above the agreed rate. Refer to the section *You have full cover in our designated service provider network and for doctors who we have a payment arrangement with* for more details.

Approved hospital admissions with administration of chemotherapy or radiotherapy for your cancer

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

PET-CT scans

We cover PET-CT scans subject to using our designated services providers and certain terms and conditions. You need to preauthorize PET-CT scans with us before having it done. Your condition determines how many PET-CT scans will be covered.

If we have approved your scan and you have it done in our PET scan network: The Scheme will pay up to the agreed rate if you have not used up the R200 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 shortfall. This shortfall amount could be more than 20% if your healthcare provider charges above the Discovery Health Rate.

If your Oncology limit has been depleted and you are on Prescribed Minimum Benefit (PMB) treatment, 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 the first R200 000 of your approved cancer treatment over a 12-month benefit cycle from the Oncology Benefit. Once your treatment costs go over this amount, the Scheme will pay 80% of the Discovery Health Rate for all further treatment and you need to pay the balance from your pocket. This amount could be more than 20% if your treatment cost is above the Discovery Health Rate.

Radiology and pathology for your cancer treatment is also paid from the Oncology Benefit.

We cover all cancer-related healthcare services up to 100% of the Discovery Health Rate. If you use a healthcare provider that charges above this rate, you need to pay the co-payment from your pocket.

Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment if you use service providers who we have a payment arrangement with and if they do not charge above the agreed rate. Refer to the section *You have full cover in our designated service provider network and for doctors who we have a payment arrangement with* for more details.

Approved hospital admissions with administration of chemotherapy or radiotherapy for your cancer

Claims for the cancer specialist, appropriate pathology, radiology and medicine, as well as radiation therapy add up to the R200 000 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 and 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 R7 650 upfront to the hospital. 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.

PET-CT scans

We cover PET-CT scans subject to using our designated services providers and certain terms and conditions. You need to preauthorise PET-CT scans with us before having it done. Your condition determines how many PET-CT scans will be covered.

If we have approved your scan and you have it done in our PET scan network: The Scheme will pay up to the agreed rate if you have not used up the R200 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 shortfall. This shortfall amount could be more than 20% if your healthcare provider charges above the Discovery Health Rate. If your Oncology limit has been depleted and you are on Prescribed Minimum Benefit (PMB) treatment, 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 the first R200 000 of your approved cancer treatment over a 12-month benefit cycle from the Oncology Benefit. Once your treatment costs go over this amount, the Scheme will pay 80% of the Discovery Health Rate for all further treatment and you need to pay the balance from your pocket. This amount could be more than 20% if your treatment cost is above the Discovery Health Rate.

Radiology and pathology for your cancer treatment is also paid from the Oncology Benefit.

We cover all cancer-related healthcare services up to 100% of the Discovery Health Rate. If you use a healthcare provider that charges above this rate, you need to pay the co-payment from your pocket.

Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment if you use service providers who we have a payment arrangement with and if they do not charge above the agreed rate. Refer to the section *You have full cover in our designated service provider network and for doctors who we have a payment arrangement with* for more details.

Approved hospital admissions with administration of chemotherapy or radiotherapy for your cancer

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

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 and 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 R8 800 upfront to the hospital. 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.

PET-CT scans

We cover PET-CT scans subject to using our designated services providers and certain terms and conditions. You need to preauthorise PET-CT scans before having it done. Your condition determines how many PET-CT scans will be covered.

If we have approved your scan and you have it done in our PET scan network: The Scheme will pay up to the agreed rate if you have not used up the R200 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 shortfall. This shortfall amount could be more than 20% if your healthcare provider charges above the Discovery Health Rate.

If your Oncology limit has been depleted and you are on Prescribed Minimum Benefit (PMB) treatment, 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 from your pocket.

Core Series

Cancer treatment

We pay for the first R200 000 of your approved cancer treatment over a 12-month benefit cycle from the Oncology Benefit. Once your treatment costs go over this amount, the Scheme will pay 80% of the Discovery Health Rate for all further treatment and you need to pay the balance from your pocket. This amount could be more than 20% if your treatment cost is above the Discovery Health Rate.

Radiology and pathology for your cancer treatment is also covered from the Oncology Benefit.

We cover all cancer-related healthcare services up to 100% of the Discovery Health Rate. If you use a healthcare provider that charges above this rate, you need to pay the co-payment from your pocket.

Cancer treatment that falls within the Prescribed Minimum Benefits is always paid in full, with no co-payment if you use service providers who we have a payment arrangement with and if they do not charge above the agreed rate. Refer to the section *You have full cover in our designated service provider network and for doctors who we have a payment arrangement with* for more information on this.

Approved hospital admissions with administration of chemotherapy or radiotherapy for your cancer

Claims for the cancer specialist, appropriate pathology, radiology and medicine, as well as radiation therapy add up to the R200 000 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 and 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 R7 650 upfront to the hospital. 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.

PET-CT scans

We cover PET-CT scans subject to using our designated 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 in our PET scan network: The Scheme will pay up to the agreed rate if you have not used up the R200 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 shortfall. This shortfall amount may be more than 20% if your healthcare provider charges above the Discovery Health Rate.

If your Oncology limit has been depleted and you are on Prescribed Minimum Benefit (PMB) treatment, 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 from your pocket.

KeyCare Plans

Cancer treatment

KeyCare Access Plan

We will only 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.

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

KeyCare Plus and KeyCare Core Plans

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 balance from your pocket.

The Scheme also covers 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. Refer to the section *You have full cover in our designated service provider network and for doctors who we have a payment arrangement with* for more details.

Approved hospital admissions with administration of chemotherapy or radiotherapy for your cancer

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 Hospital Network on the KeyCare Plus and KeyCare Core Plans.

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 our designated services providers and certain terms and conditions. You need to preauthorise PET-CT scans with us before having it done. Your condition determines how many PET-CT scans will be covered.

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 the cost for wigs from your pocket.

Contact us

You can call us on 0860 99 88 77 or visit www.discovery.co.za for more information.

Complaints process

The following channels are available for your complaints and we encourage you to follow the process:

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.

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.

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.

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