Discovery
Health Medical Scheme

ONCOLOGY PROGRAMME

DISCOVERY HEALTH MEDICAL SCHEME

2023

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

Your cover for cancer treatment

Overview

This document explains how we cover you for cancer treatment on the Oncology Programme. 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 (DHR) or a portion of it. The Executive and Comprehensive plans have an unlimited Above Threshold Benefit (ATB), and the Priority plans have a limited Above Threshold Benefit (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 or if the amount the service provider charges is higher than the rate we cover. 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), where applicable. 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, allied healthcare professional, 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 designated service providers (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.
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.
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 Organization (WHO).
ICON network	Icon Managed Care is a provider driven oncology managed care organisation that represents a significant number of the private practicing oncologists in South Africa. The Icon Network comprises of 26 radiotherapy facilities and 66 accredited chemotherapy facilities across South Africa. Icon's network members collaborate to publish cost efficient, evidence-based treatment protocols providing patients with access to the right treatment at the right time.

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

TERMINOLOGY	DESCRIPTION
Medical Savings Account (MSA)	**Available on the Executive, Comprehensive, Priority and Saver plans** The Medical Savings Account (MSA) is an amount that gets allocated to you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. 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. You can choose to have your claims paid from the MSA either at the Discovery Health Rate, or at cost. Any unused funds will carry over to the next year. Should you leave the Scheme or change your plan during the year and have used more of the funds than what you have contributed, you will need to pay the difference to us.
Morphology code	A clinical code that describes the microscopic structure and behaviour and indicates whether a tumor is malignant, benign, in situ, or uncertain (whether benign or malignant) as classified by the World Health Organization (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: • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions. To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply: • 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. If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.
Reference Price	The price the Scheme has set to pay for medicine, relative to a similar medicine on a medicine list (formulary) or the preferentially priced equivalent.
South African Oncology Consortium (SAOC)	The South African Oncology Consortium (SAOC) is an independent managed care organisation established to support the delivery of quality and cost-effective cancer care

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.
- To access comprehensive information about your diagnosis please visit our website here.

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

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

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

The Scheme covers approved and registered treatment methods and medicine

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 (SAHPRA). 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 (SAHPRA) authorisation 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 for a 12-month cycle up to the following cover amounts according to your chosen health plan:

- On Executive and Comprehensive plans, we cover the first R500 000 up to 100% of the Discovery Health Rate (DHR).
- On the Classic Smart Comprehensive Plan, we cover the first R375 000up to 100% of the Discovery Health Rate (DHR).
- On Priority, Saver, Smart and Core plans we cover the first R250 000up to 100% of the Discovery Health Rate (DHR).

If you are already enrolled on the Programme, the increased cover amount allocation for 2023 will be prorated according to the number of months left of your 12-month cycle.
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 2022, then the 12-month cycle will begin on 1 April 2022 and the cover amount will renew 12 months later on 1 April 2023.

All costs related to your approved cancer treatment including Prescribed Minimum Benefit (PMB) 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 (DHR). 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 (PMBs) or the Extended Oncology Benefit offered on the Executive and Comprehensive plans, which we will cover in full. The Extended Oncology Benefit is not available on the Classic Smart Comprehensive Plan.

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 designated service providers (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 provides access to healthcare services for the treatment and management of your cancer

All costs related to approved treatment will add up to the 12-month cycle cover amount.
Cover from the Oncology Benefit includes the following:

- Radiotherapy, oncology medicines (e.g. chemotherapy, hormonal therapy, biologics, targeted therapies) professional fees
- PET CT Scans
- Scopes (used in the management of your cancer) such as bronchoscopy, colonoscopy or gastroscopy

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

The following additional healthcare services are funded under the Prescribed Minimum Benefits (PMB). These services are available through oncology treatment baskets (staging, active and ongoing) and the supportive formulary:

- Consultations
- Radiology and pathology appropriate for staging, active treatment and ongoing management of your cancer
- Rental of home oxygen
- External medical items such as stoma products
- Formulary for supportive medication for the management of pain, nausea and other side effects

On approval, additional items required in the treatment of your cancer may be funded from your Oncology Benefit at 100% of the Discovery Health Rate (DHR). Once the 12-month cycle cover amount is depleted you can continue to access funding for treatment that is not Prescribed Minimum Benefit (PMB) level care up to 80% of the Discovery Health Rate (DHR). Prescribed Minimum Benefit (PMB) treatment will continue to be covered at 100% of the Discovery Health Rate (DHR) even if the cover amount is reached.

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 your available day available 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 of this document.

Additional benefits

The Extended Oncology Benefit available on the Executive and Comprehensive Plans

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

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 a clinical panel for consideration.

We will pay up to 100% of the Discovery Health Rate (DHR) for the specific approved medicine once the R500 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 the 12-month cycle cover amount.

We will pay 80% of the Discovery Health Rate (DHR) 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 the amount 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 (DHR).

The Oncology Innovation Benefit available on the Executive and Comprehensive Plans

The Oncology Innovation Benefit gives members on the Executive and Comprehensive health plans access to a defined list of high-cost medicines and new technologies. Approval is subject to meeting clinical entry criteria and requests may be reviewed by an external panel for consideration. For cover on the Classic Smart Comprehensive Plan, refer to the cover information provided below. This benefit is not available on the Classic Smart Comprehensive Plan.

We will pay up to 75% of the Discovery Health Rate (DHR) for approved medicine. If your healthcare provider charges more than the amount 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 (DHR). These claims will add up to your R500 000cover amount at 75% of the Discovery Health Rate (DHR). Once your treatment costs exceed your R500 000cover amount, we will continue to pay 75% of the Discovery Health Rate (DHR) for approved medicine.

For more information and a list of cancers and medicine, refer to the Oncology Innovation Guide on the website at www.discovery.co.za under Medica aid > Manage your health plan > Find important documents and certificates.

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

The Oncology Innovation Benefit available on the Classic Smart Comprehensive, Priority, Saver, Core and Smart Plans

You have cover for a sub-set of the defined list of innovative cancer medicine indicated in specific conditions covered by the Oncology Innovation Benefit, subject to the Scheme's clinical entry criteria. Approval is subject to meeting clinical entry criteria and requests may be reviewed by an external panel for consideration. This benefit is not available on the KeyCare Plans.

We will pay up to 50% of the Discovery Health Rate (DHR). If the healthcare provider charges more than the amount the Scheme pays, you will need to pay the difference. This amount could be more than 50% if your treatment cost is above the Discovery Health Rate (DHR). These claims will accumulate to your R375 000 or R250 000 cover amount at 50% of the Discovery Health Rate (DHR), depending on your plan type.

Once your treatment costs exceed the R375 000 or R250 000 cover amount, the Scheme will continue to pay 50% of the Discovery Health Rate (DHR) for approved medicine.

For more information and a list of cancers and medicine, refer to the Oncology Innovation Guide on the website at www.discovery.co.za under Medica aid > Manage your health plan > Find important documents and certificates.

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 approval of your stem cell transplant, 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. For KeyCare plans this is limited to local searches.

Members with Advanced Illness

Members with advanced cancers have access to comprehensive palliative care services through the Advanced Illness Benefit (AIB) 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. Members have access to this service through the Advanced Illness Benefit (AIB), if they are enrolled. For more information, please refer to the Advanced Illness Benefit (AIB) guide on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

Our team may proactively engage members with an advanced illness to understand whether they require any additional support and to assist in connecting them and their families with a care team that may include palliative trained providers and counsellors.

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

Most cancer conditions are covered under the Prescribed Minimum Benefits (PMBs). Cover includes the diagnosis, treatment and costs of the ongoing care of these conditions. Prescribed Minimum Benefits (PMBs) 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 (PMBs) 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 investigative tests from your day-to-day benefits, in scenarios where a diagnosis is not yet confirmed. If diagnosis is confirmed, please contact the Scheme to review these diagnostic tests for cover from the Prescribed Minimum Benefits (PMBs). These requests will be managed on a case-by-case basis.

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

You can benefit by using doctors and other healthcare providers such as 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 the amount the Scheme pays, you will need to pay the difference.

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

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

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 designated service providers (DSPs) for your medicine for treatment in the doctor's rooms 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.

Discovery MedXpress is a convenient medicine ordering service that provides seamless ordering of prescribed medicine via SMS, the Discovery website and the Discovery app. Learn more about the benefits of using MedXpress and how to order your medicine here.

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 and Essential Dynamic Smart plans	• Any cancer specialist who is part of the ICON network. • Any other 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 the KeyCare ICON network. • Any other specialist who is part of the KeyCare Specialist network. • On the KeyCare Start and KeyCare Start Regional Plan you must use a state facility for oncology care.

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	• Your chosen GP who is part of the KeyCare Network. • On the *KeyCare Start and KeyCare Start Regional Plan* you must use a state facility for oncology care.

IN-HOSPITAL ADMISSIONS	
All health plans except KeyCare	For non-network plans, you may use any hospital approved by the Scheme. Where your health plan restricts you to a network hospital such as the Delta Hospital Network, Smart Hospital Network, Essential Dynamic Smart Network and Coastal hospitals, you must use those facilities for full cover. If you do not have cover on your health plan (once your health 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 and KeyCare Start Regional Plan* you must use a state facility as the designated service provider (DSP) for chemotherapy and radiation.

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

IN-HOSPITAL SPECIALIST CONSULTATIONS	
Executive Plan and Classic Plans	• All specialists who we have a payment arrangement with. • Any specialist practicing in a state hospital that is contracted with us.
All other health plans	• All specialists who are part of our Premier Rate payment arrangement. • Any specialist practicing in a state hospital that is contracted with us.
KeyCare plans	• 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 and KeyCare Start Regional plan you must use a state facility as the designated service provider (DSP).

MEDICINE FOR YOUR CANCER CARE (PHARMACY)	
All health plans	All approved cancer-related medicine must be obtained from our designated pharmacy service provider. If you are on a *KeyCare Start and KeyCare Start Regional Plan* you must use a state facility as the designated service provider (DSP).

PET CT	
All health plans	All approved PET CT scans should be done within a radiology unit that we have an agreement with. If you are on a *KeyCare Start and KeyCare Start Regional Plan* you must use a state facility as the designated service provider (DSP).

RECONSTRUCTIVE SURGERY	
All health plans	Hospitals and designated service providers (DSPs) approved by the Scheme. Preauthorisation is required.

You may apply for us to review our decision

If any treatment was declined, we may 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. You can find more information of the Scheme's dispute process on www.discovery.co.za.

EXECUTIVE PLAN

Cancer treatment

We pay for your approved cancer treatment up to a cover amount of R500 000 within a 12-month cycle, up to the Discovery Health Rate (DHR) from the Oncology Benefit. If your treatment costs more than the cover amount, the Scheme will pay 80% of the Discovery Health Rate (DHR) for all treatment that falls outside of the Prescribed Minimum Benefits (PMBs) and you need to pay the balance. This may be more than 20% if your treatment cost is above the Discovery Health Rate (DHR).

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

EXECUTIVE PLAN

Cancer treatment that falls within the Prescribed Minimum Benefits (PMBs) is covered in full, with no co-payment. This is if you use service providers who we have a payment arrangement with

Extended Oncology Benefit

You also have extended cover in full once you have used up your R500 000 cover amount for a defined list of cancers and treatments that meet the Scheme's criteria.

The Oncology Innovation Benefit

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

Approved hospital admissions for administration of chemotherapy or radiotherapy

Claims for the cancer specialist, and approved oncology medicines, as well as radiation therapy add up to the R500 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 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 them 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 R500 000 cover amount for your cancer treatment. If you have used up this amount, the Scheme will pay 80% of the Discovery Health Rate (DHR) and you need to pay the difference. This amount could be more than 20% if your healthcare provider charges above the Discovery Health Rate (DHR).

If your Oncology cover amount has been used up, we will cover your approved PET-CT scan in full at a PMB PET-CT scan facility. This is subject to a list of conditions and indications where the PET CT is Prescribed Minimum Benefit (PMB) level of care

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

The Scheme pays for wigs from the available funds allocated to your Medical Savings Account (MSA) and Above Threshold Benefit (ATB). We will fund for 1 wig up to a maximum reference price of R5 000 per year subject to the overall External Medical Items limit.

COMPREHENSIVE SERIES

Cancer treatment

We pay for your approved cancer treatment up to the cover amount of R500 000 on Comprehensive plans and up to the cover amount of R375 000 on the *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 (DHR) for all treatment

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

that falls outside of the Prescribed Minimum Benefits (PMBs) and you need to pay the balance. This may be more than 20% if your treatment cost is above the Discovery Health Rate (DHR).

Cancer treatment that falls within the Prescribed Minimum Benefits (PMBs) is covered in full, with no co-payment. This is if you use service providers who we have a payment arrangement with.

Extended Oncology Benefit

You also have extended cover in full once you have used up your R500 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.

The Oncology Innovation Benefit

You have cover for a defined list of innovative cancer medicines for specific indications that meet the Scheme's criteria. If you are on a *Classic Comprehensive plan or the Essential Classic plan* the Scheme will pay up to 75% of the cost of these treatments and you will need to pay the balance.

If you are on the *Classic Smart Comprehensive plan* you have cover for a sub-set of the cancers and innovative cancer medicines for specific indications covered on the Oncology Innovation Benefit. We will pay up to 50% of the Discovery Health Rate (DHR). If the healthcare provider charges more than the amount the Scheme pays, you will need to pay the difference. This amount could be more than 50% if your treatment cost is above the Discovery Health Rate (DHR).

Approved hospital admissions for administration of chemotherapy or radiotherapy

Claims for the cancer specialist and approved medicines, as well as radiation therapy add up to the cover amount of R500 000 or R375 000, depending on your plan type.

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 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 upfront amount of R9 650 to the hospital. If the 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 R11 000 to the hospital. If the 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 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 them done.

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

COMPREHENSIVE SERIES

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

The Scheme pays for wigs from the available funds allocated to your Medical Savings Account (MSA) and Above Threshold Benefit (ATB). We will fund for 1 wig up to a maximum reference price of R5 000 per year subject to the overall External Medical Items limit. Wigs are covered on the Classic Smart Comprehensive Plan once you have reached the Annual Threshold.

SAVER SERIES

Cancer treatment

We pay for your approved cancer treatment up to the cover amount of R250 000 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 (DHR) for all treatment that falls outside of the Prescribed Minimum Benefits (PMBs) and you need to pay the balance. This amount may be more than 20% if your treatment cost is above the Discovery Health Rate (DHR).

Cancer treatment that falls within the Prescribed Minimum Benefits (PMBs) is covered in full, with no co-payment. This is if you use service providers who we have a payment arrangement with.

The Oncology Innovation Benefit

You have cover for a sub-set of the cancers and innovative cancer medicines for specific indications covered on the Oncology Innovation Benefit. We will pay up to 50% of the Discovery Health Rate (DHR). If the healthcare provider charges more than the amount the Scheme pays, you will need to pay the difference. This amount could be more than 50% if your treatment cost is above the Discovery Health Rate (DHR).

Approved hospital admissions for administration of chemotherapy or radiotherapy

Claims for the cancer specialist and medicines, as well as radiation therapy add up to the R250 000 cover amount.
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 R9 650 upfront to the hospital. If the 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.

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 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 R9 650 upfront to the hospital. If the 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.

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

SAVER SERIES

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 them 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 R250 000cover amount for your cancer treatment. If you have used up this amount, the Scheme will pay 80% of the Discovery Health Rate (DHR) and you need to pay the difference. This amount could be more than 20% if your healthcare provider charges above the Discovery Health Rate (DHR).

If your Oncology cover amount has been used up, we will cover your approved PET-CT scan in full at a PMB PET-CT scan facility. This is subject to a list of conditions and indications where the PET CT is Prescribed Minimum Benefits (PMB) level of care.

We pay for wigs from your Medical Savings Account (MSA)

The Scheme pays for wigs from the available funds allocated to your Medical Savings Account (MSA). If you run out of funds you need to pay these costs. We will fund for 1 wig up to a maximum reference price of R5 000 per year.

SMART SERIES

Cancer treatment

We pay for your approved cancer treatment up to the cover amount of R250 000 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 (DHR) for all treatment that falls outside of the Prescribed Minimum Benefits (PMBs) and you need to pay the balance. This amount may be more than 20% if your treatment cost is above the Discovery Health Rate (DHR).

Cancer treatment that falls within the Prescribed Minimum Benefits (PMBs) is covered in full, with no co-payment. This is if you use service providers who we have a payment arrangement with.

Designated service provider (DSP) for members on the Essential Smart and Essential Dynamic Smart plans

You have full cover for approved chemotherapy, radiotherapy and other treatment prescribed by your cancer specialist in the 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 (DHR) and you need to pay the balance.

The Oncology Innovation Benefit

You have cover for a sub-set of the cancers and innovative cancer medicines for specific indications covered on the Oncology Innovation Benefit. We will pay up to 50% of the Discovery Health Rate (DHR). If the healthcare provider charges more than the amount the Scheme pays, you will need to pay the difference. This amount could be more than 50% if your treatment cost is above the Discovery Health Rate (DHR).

Approved hospital admissions for administration of chemotherapy or radiotherapy

Claims for the cancer specialist and medicines, as well as radiation therapy add up to the R250 000 cover amount.

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

SMART SERIES

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 R11 000 upfront to the hospital. If the 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 hospital. If the 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 *Essential Dynamic Smart Plan*, you must use a Dynamic Smart network hospital. If you have a planned hospital admission at any other hospital, you will have to pay R13 250 to the hospital. This does not apply in an emergency. Ask Discovery and the full extent of the Essential Dynamic Smart Hospital Network will become available during the second quarter of 2023. Prior to that, Essential Dynamic Smart members may use any Smart network hospital for planned admissions.

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 (and Gliadel® wafers, are covered from the Oncology Benefit.

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 R11 000 upfront to the hospital. If the 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 *Essential Dynamic Smart Plan*, you must use a Dynamic Smart network hospital. If you have a planned hospital admission at any other hospital, you will have to pay R13 250 to the hospital. This does not apply in an emergency. Ask Discovery and the full extent of the Essential Dynamic Smart Hospital Network will become available during the second quarter of 2023. Prior to that, Essential Dynamic Smart members may use any Smart network hospital for planned admissions.
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 them 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 R250 000 cover amount for your cancer treatment. If you have used up this amount, the Scheme will pay 80% of the Discovery Health Rate (DHR) and you need to pay the difference. This amount could be more than 20% if your healthcare provider charges above the Discovery Health Rate (DHR).

If your Oncology cover amount has been used, we will cover your approved PET-CT scan in full at a PMB PET-CT scan facility. This is subject to a list of conditions and indications where the PET CT is Prescribed Minimum Benefits (PMB) level of care

You need to pay for wigs

The Smart Series does not offer a Medical Savings Account (MSA) and you need to pay these costs.

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

Cancer treatment

We pay for your approved cancer treatment up to the cover amount of R250 000 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 (DHR) for all treatment that falls outside of the Prescribed Minimum Benefits (PMBs) and you need to pay the balance. This amount may be more than 20% if your treatment cost is above the Discovery Health Rate (DHR).

Cancer treatment that falls within the Prescribed Minimum Benefits (PMBs) is covered in full, with no co-payment. This is if you use service providers who we have a payment arrangement with.

The Oncology Innovation Benefit

You have cover for a sub-set of the cancers and innovative cancer medicines for specific indications covered on the Oncology Innovation Benefit. We will pay up to 50% of the Discovery Health Rate (DHR). If the healthcare provider charges more than the amount the Scheme pays, you will need to pay the difference. This amount could be more than 50% if your treatment cost is above the Discovery Health Rate (DHR).

Approved hospital admissions for administration of chemotherapy or radiotherapy

Claims for the cancer specialist and medicines, as well as radiation therapy add up to the R250 000 cover amount.

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 at hospitals outside the network, you need to pay an amount of R9 650 upfront to the hospital. If the 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.

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 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 at hospitals outside the network, you need to pay an amount of R9 650 upfront to the hospital. If the 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 them done.

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

CORE SERIES

If we have approved your scan and you have it done at one or our preferred providers: The Scheme will pay up to the agreed rate if you have not used up the R250 000 over amount for your cancer treatment.

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

If your Oncology cover amount has been used up, we will cover your approved PET-CT scan in full at a PMB PET-CT scan facility. This is subject to a list of conditions and indications where the PET CT is Prescribed Minimum Benefits (PMB) level of care

You need to pay for wigs

The Core Series does not offer a Medical Savings Account (MSA) and you need to pay these costs.

KEYCARE SERIES

KeyCare Core and KeyCare Plus plans

Cancer treatment

The Scheme covers cancer treatment and related costs, if it is a Prescribed Minimum Benefit (PMB). 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 (DHR) and you need to pay the difference.

We also cover appropriate pathology and radiology subject to the oncology treatment baskets, 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 covered in full, with no co-payment. This is if you use service providers who we have a payment arrangement with.

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.

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

We will also pay for medicine prescribed during active treatment from the Oncology Benefit, 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 and medicines, as well as radiation therapy will pay from 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.

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

Bone marrow donor searches and transplantation

If you are on 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 them done. If you do not use a preferred provider, the Scheme will pay 80% of the Discovery Health Rate (DHR) and you need to pay the difference.

You need to pay for wigs

The KeyCare Series does not offer a Medical Savings Account (MSA) and you must pay these costs.

KeyCare Start and KeyCare Start Regional plans

The Scheme covers cancer treatment and related healthcare services in accordance with the Prescribed Minimum Benefit (PMB), within a state facility as designated service provider.

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66
Go to www.discovery.co.za to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.
PO Box 784262, Sandton, 2146. 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.co.za | 0861 123 267 | www.medicalschemes.co.za.

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider, Discovery MedXpress and the Discovery app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.