Oncology Programme

2015
Overview

This document explains the University of KwaZulu-Natal Medical Scheme Oncology Programme for 2015. It gives you details about:

- What you need to do when you are diagnosed with cancer
- What you need to know before your treatment
- What this benefit may expose you to and how you can manage this.

You’ll find information about our flexible range of options available for the University of KwaZulu-Natal Medical Scheme members who have been diagnosed with cancer. It also explains the annual limit for approved cancer treatment and what you’ll need to pay once your allocated rand amount is reached.

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

What you need to do before your treatment

Tell us if you’re diagnosed with cancer and we’ll register you on the Oncology Programme.

If you are diagnosed with cancer, you need to register on the Oncology Programme to have access to the Oncology Benefit. To register, you or your treating doctor must send us details of your histology results that confirm your diagnosis.
Understanding some of the terms we use in this document

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

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Description</th>
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<tbody>
<tr>
<td>Co-payment</td>
<td>The portion that you have to pay yourself, when the amount the Scheme pays is less than what your doctor charges.</td>
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<tr>
<td>Day-to-day benefits</td>
<td>The funds available in your Medical Savings Account and General Benefit Pool (GBP).</td>
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<tr>
<td>Scheme Rate</td>
<td>The rate that the Scheme sets for paying claims from healthcare professionals.</td>
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<tr>
<td>ICD-10 code</td>
<td>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).</td>
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<tr>
<td>Morphology code</td>
<td>A clinical code that describes the specific histology and behavior and indicates whether a tumour is malignant, benign, in situ, or uncertain (whether benign or malignant) as classified by the World Health Organization (WHO).</td>
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<tr>
<td>Payment arrangements</td>
<td>We have payment arrangements in place with specific specialists to pay them in full at a higher rate. When you use these providers, you won’t need to make a co-payment.</td>
</tr>
<tr>
<td>Prescribed Minimum Benefits</td>
<td>A set of conditions for which all medical schemes must provide a basic level of cover. This basic level of cover includes the diagnosis, treatment and costs of the ongoing care of these conditions.</td>
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The Oncology Benefit at a glance

Cover for cancer

The Oncology Benefit provides members cover for approved cancer treatment. You may be responsible for a co-payment if your healthcare provider charges more than the Scheme Rate. The Oncology benefit is limited to R236 000 per beneficiary per event, over a 12 month cycle.

This does not apply to the KeyPlus. Please refer to the Benefits available for your plan type section on page 7 for your plan 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, including 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
- 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 we will fund up to a maximum of two scopes from your Oncology Benefit for the management of your condition, if you are enrolled in the Oncology Programme.

All the costs related to your approved cancer treatment will count towards the 12-month cycle rand amount.
Once this rand limit has been reached, we will continue funding cancer treatment defined as PMB Treatment in full, in accordance with our clinical guidelines (defined as SAOC Tier 1). Alternatively, you can apply to continue to have your approved cancer treatment covered by the University of KwaZulu-Natal Medical Scheme. This is subject to approval.

**We pay 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.

**You have full cover for doctors who we have an agreement with**

You can benefit by using doctors and other healthcare providers, like hospitals, who we have an agreement with, because we will cover their approved procedures in full. If your healthcare provider charges more than what the Scheme pays, you will be responsible for paying the difference from your own pocket for professional services such as consultations.

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

All accounts for your cancer treatment must have the relevant and correct ICD-10 and morphology code for us to pay it from the Oncology Benefit. To ensure there isn’t a 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.

**Understanding what is included in your cancer benefits**

**Prescribed Minimum Benefits**

Prescribed Minimum Benefits is a set of conditions for which all medical schemes must provide a basic level of cover. This basic level of cover includes the diagnosis, treatment and costs of the ongoing care of these conditions.

The aim of the Prescribed Minimum Benefits is to ensure that no matter what plan a member is on, there is always a basic level of cover for these conditions.

Cancer is one of the conditions covered under the Prescribed Minimum Benefits. We will cover your treatment in full as long as you meet all three of these requirements for funding.
Your condition must be part of the list of defined conditions for Prescribed Minimum Benefits. You may need to send us the results of your medical tests and investigations that confirm the diagnosis for your condition.

The treatment you need must match the treatments included as part of the defined benefits for your condition. There are standard treatments, procedures, investigations and consultations for each condition.

You must use a doctor, specialist or other healthcare provider who the Scheme has an agreement with. There are some cases where this is not necessary, for example a life-threatening emergency.

Tests to confirm a diagnosis (diagnostic work-up)

This refers to the certain out-of-hospital pathology and radiology tests and investigations that are carried out in diagnosing your cancer. We may pay these from your day-to-day benefits.

You may apply for us to review this decision

We will review this decision if 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, but please note this process 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 11 33 22.

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 11 33 22 to request a disputes application form.
The Oncology Programme at a glance

Tell us about your cancer treatment and we’ll tell you how we will cover it

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 your treatment plan has been approved and meets the terms and conditions of the Scheme.

You have cover from the Prescribed Minimum Benefits, but you must use a healthcare provider who we have an agreement with and your treatment must match the treatments included as part of the defined benefits for your condition, or you will have a co-payment. Refer to page 4 for more information about the Prescribed Minimum Benefits.

Use approved treatment methods and medicine

The Scheme does not pay for medicine and treatment that are 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.

We also do not cover PET-CT scans or any other cancer treatment that we have not approved.

PET – CT scans

We cover PET-CT scans subject to certain terms and conditions. You need to preauthorise PET-CT scans with us before having it done.

Use doctors who we have an agreement with

If we have an agreement with your doctor, the Scheme will pay all your approved treatment costs. If we don’t have an agreement with your doctor, you will have to pay any difference between what is charged and what the Scheme pays.

For radiology and pathology (including histology), please ensure you use healthcare providers who we have an agreement with, to avoid any possible co-payments. We recommend you discuss this with your cancer specialist.
We cover you in full if you visit these healthcare providers who are in the Scheme’s network:

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<tr>
<th>Cancer-treating specialists: out of hospital</th>
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<tr>
<td><strong>Standard</strong></td>
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<tr>
<td><strong>KeyPlus</strong></td>
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<th>Cancer-treating GPs</th>
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<td><strong>Standard</strong></td>
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<td><strong>KeyPlus</strong></td>
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<th>In-hospital admissions</th>
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</thead>
<tbody>
<tr>
<td><strong>Standard</strong></td>
</tr>
<tr>
<td><strong>KeyPlus</strong></td>
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<th>In-hospital specialist consultations</th>
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<td><strong>KeyPlus</strong></td>
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</table>

You can use our MaPS tool on www.discovery.co.za or call us on 0860 11 33 22 to find healthcare service providers where you won’t have shortfalls.
UKZN Standard

Please call us to register on the DiscoveryCare Oncology Programme.

Cancer treatment

The Scheme pays for the first R236 000 per beneficiary per approved event, over a 12 month cycle. Once this rand limit has been reached, we will continue funding cancer treatment defined as PMB Treatment in full, in accordance with our clinical guidelines (defined as SAOC Tier 1).

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

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 an agreement with and if they do not charge higher than the agreed rate. Refer to the section. You have full cover for doctors who we have an agreement with on page 4 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 add up to the R236 000 amount for your cancer treatment.

Surgery for your cancer

The Scheme pays 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

You have access to local and international 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

The Scheme covers PET-CT scans subject to 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.

UZKN pays for wigs from your day-to-day benefits

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

Please call us to register on the DiscoveryCare Oncology Programme.

Cancer treatment
You have cover for approved chemotherapy, radiotherapy and other treatment prescribed by your cancer specialist at the agreed rates. The Scheme also covers pathology, radiology, medicine and other approved cancer-related treatment that is provided by healthcare professionals other than your cancer specialist.

Your cover is subject to approval. This treatment must be in line with agreed protocols and subject to treatment in the ICON (Independent Clinical Oncology Network) network.

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
Discovery Health Medical Scheme pays 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.

Bone marrow donor searches and transplantation
If you are on the KeyPlus Plan, you have access to local bone marrow donor searches and transplants up to the agreed rate, once we have approved your transplant procedure and treatment.

PET-CT scans
Discovery Health Medical Scheme covers PET-CT scans subject to 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.

You need to pay for wigs
You must pay the cost for wigs from your pocket.