

Oncology Benefit 2023

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a non-profit organisation, registered with the Council for Medical Schemes.

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

Contact us

You can call us on **0860 103 933** or visit www.lahealth.co.za for more information.

Overview

This document explains how LA Health Medical Scheme covers you for cancer treatment on the Oncology Programme. 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 benefits for all LA Health Medical Scheme members who have been diagnosed with cancer. It also explains the allocated 12-month rolling 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 and 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 pathology 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.

Terminology	Description
Above Threshold Benefit or Extended Day-to-Day Benefit	The Above Threshold Benefit is included on the LA Comprehensive Option. The Extended Day-to-Day Benefit is included on the LA Core and LA Active Options. This is when the Scheme starts paying for non-hospital expenses once you have reached a certain accumulated amount.
Centres	Medical facilities that the 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 will be limited.
Co-payment	The portion that you have to pay yourself, for example when the amount the Scheme pays is less than what your doctor charges.
Day-to-day Benefits	The funds available in the Medical Savings Account, the Above Threshold Benefit or Extended Day-to-Day Benefit.
Deductible	The amount that you must pay upfront to the hospital or day clinic. You must pay this amount from your own pocket.
LA Health Rate or Scheme Rate	The rate that the Scheme sets for paying claims from 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 Organization (WHO).
Morphology code	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).
Payment arrangements	We have payment arrangements in place with specific specialists and GPs to pay them in full at a higher rate. When you use these providers, you won't need to make a co-payment.

Terminology	Description
Prescribed Minimum Benefits	A set of conditions that all medical schemes must provide a basic level of cover for. This basic level of cover includes the diagnosis, treatment and costs of the ongoing care of these conditions.
12-month cycle limit	When a member is diagnosed with cancer, Benefits are individualised for a 12-month period. For example, if you are newly diagnosed in early March and register on the Oncology Programme in March, your 12-month cycle limit will begin in March and will refresh 12 months later (end of February the following year). We call it a rolling limit since it may “roll over” at year end and continue in the next year.

The Oncology Benefit at a glance

We cover the first portion of your treatment over a 12-month cycle in full

Except for LA KeyPlus, depending on your benefit option, the Oncology Programme covers the first R228 000 or R456 000 of your approved cancer treatment over a 12-month cycle.

Once your treatment costs go over this amount, the Scheme will pay 80% of all further treatment for non-PMB cancers and you will need to pay the balance from your own pocket. This amount could be more than 20% if your treatment cost is higher than the LA Health Rate. Approved PMB care is paid in full from the Scheme’s DSPs.

This does not apply to the LA KeyPlus Option.

We cover all cancer-related healthcare services up to 100% of the LA Health Rate from health professionals who do not have a payment arrangement with the Scheme. You might have a co-payment if your healthcare professional charges more than this rate. Health professionals who have a payment arrangement with the Scheme will be funded at the agreed rate.

Treatment provided by your cancer specialist and other healthcare providers that add up to the 12-month rolling limit 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 medicine)
- External breast prostheses and special bras
Stoma products
- Oxygen (rental home oxygen concentrators)
- 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 costs related to your approved cancer treatment including Prescribed Minimum Benefit treatment during the 12-month period, will add up to the 12-month cycle cover amount.

We 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 that have an agreement with us

You can benefit by using doctors and other healthcare providers, like hospitals that have an agreement with us, because we will cover their approved procedures in full at the agreed rate.

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
The Scheme covers you for bone marrow donor searched and transplants up to the agreed rate, if you adhere to our protocols. Your cover is subject to review and approval.

We need the appropriate ICD-10 codes on accounts

All accounts for your cancer treatment must have the relevant and correct ICD-10 codes 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 they have included the ICD-10 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 benefit option you are 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 has an agreement with the Scheme.	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 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. Once confirmed, you can request for us to review these diagnostic tests to be funded as a Prescribed Minimum Benefit.

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 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 103 933 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 has an agreement with us and your treatment must match the treatment included as part of the defined benefits for your condition, or you will have a co-payment. Refer to the section *Understanding what is included in your cancer benefits* for more information about the Prescribed Minimum Benefits.

Use approved treatment methods and medicine

LA Health 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.

Use doctors who have an agreement with us

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.

Where there are no payment agreements for healthcare professionals such as radiologists (basic radiology), orthotists and prosthetists we pay these in full from the Oncology Benefit.

We cover you in full if you visit these healthcare providers who are in the Scheme's network:

Cancer-treating specialists: out of hospital	
All other options except LA KeyPlus	Any cancer specialist who is part of our Premier Rate payment arrangement. (For specialists on other payment arrangements you may have a co-payment).
LA KeyPlus	For specialists not on the KeyCare ICON Network you may have a co-payment.
Cancer-treating GPs	
All other options except LA KeyPlus	Any GP who is on the Scheme's GP Network and is a member of the South African Oncology Consortium (SAOC).

LA KeyPlus	Primary or Secondary chosen GP who is part of the KeyCare GP Network.
In-hospital admissions	
All other options except LA KeyPlus	Once your benefits have run out, you should use any KeyCare Network hospital or a state hospital that have an agreement with us.
LA KeyPlus	Any KeyCare Network hospital or a state hospital that has a contract with the Scheme.
In-hospital specialist consultations	
All other options except LA KeyPlus	All specialists who are part of the Premier Rate payment arrangement. Any specialist practicing in a state hospital who has an agreement with the Scheme.
LA KeyPlus	Any specialist participating in a KeyCare Specialist Network. Any cancer specialist in the KeyCare ICON network. Any specialist practicing in a state hospital who has an agreement with the Scheme.
Medicine for your cancer care (Pharmacy)	
All other options except LA KeyPlus	Certain approved specialised treatment must be obtained from our designated pharmacy service provider.
LA KeyPlus	All approved cancer related treatment must be obtained from the designated pharmacy service provider.

Find a healthcare professional at www.lahealth.co.za or call us on 0860 103 933 to find healthcare service providers where you won't have shortfalls.

Introduction of a Designated Service Provider (DSP) Pharmacy network for oncology medicines

Oncology medication significantly contribute to the total medication expenditure of the Scheme and the Trustees approved the implementation of a Designated Service Provider (DSP) for oncology to ensure that efficiencies can be achieved whilst ensuring sustainable access to a comprehensive oncology benefit offering. Through a DSP arrangement, the Scheme can work with the pharmacies to ensure that members are dispensed the most preferentially price products.

In 2023, the Scheme will introduce a Pharmacy DSP for the supply of approved oncology medicines

Please ensure that you use our pharmacy DSP for your oncology medicines. For treatment administered in the doctors' rooms (in-rooms) your treating doctor will need to use one of the following providers within the DSP:

- Dis-Chem's Oncology Courier Pharmacy
- Medipost Pharmacy
- Qestmed
- Olsens Pharmacy
- Southern Rx

Speak to your treating doctor if you have any concerns.

Where your treating doctor has provided you with a prescription (like supportive medicine, oral chemotherapy and hormonal therapy). Please use a MedXpress Network Pharmacy or one of the in-rooms pharmacies.

Benefits available on your Benefit Option



Please call us on 0860 103 933 to register on the Oncology Programme.

Cancer treatment

We cover the first R456 000 of your approved cancer treatment over a 12-month benefit cycle. Once your treatment costs go over this amount, the Scheme will pay 80% of the LA Health Rate of all further treatment and you will need to pay the balance from your own pocket. This amount could be more than 20% if your treatment cost is higher than the LA Health Rate.

Radiology and pathology approved for your cancer treatment are also covered 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 have agreements with us. Refer to the section *Understanding what is included in your cancer benefits* for more information.

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

Claims for the oncologist, appropriate pathology, radiology, medicine as well as radiation therapy add up to the R456 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.

Implantable cancer treatments done in hospital, such as brachytherapy 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 transplant up to the agreed rate, if you adhere to our protocols. Your cover is subject to review and approval treatment.

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.

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 R456 000 amount for your cancer treatment. If you have used up this amount, the Scheme will pay 80% of the LA Health Rate and you must pay the shortfall. This amount could be more than 20% if your healthcare provider charges higher than the LA Health Rate.

If we have approved your scan and you have it done outside of our PET scan network:

The Scheme will pay the scan cost up to R 456 000 amount for your cancer treatment and you will be liable for a 20 % co – payment for the use of a NON Network Provider. If you have used up this amount, the Scheme will pay 80 % of the LA Health Rate and you must pay the shortfall. You would be liable for a higher amount if your provider charges higher than the LA Health Rate.

Innovation Benefit

Access to cover for a defined list of non – PMB novel and ultra-high cost cancer treatment.

The Scheme will pay up to 75 % of the cost for a defined list of high cost cancer – related medicines and new technologies on the LA Core and LA Comprehensive benefit options. The payment rule is applicable before and after the Oncology threshold is reached.

Wigs

We pay for wigs from the available funds in your Medical Savings Account and Above Threshold Benefit. Wigs add up to the External Medical Items limit.



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Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment, if you use service providers who have an agreement with us. Refer to the section *Understanding what is included in your cancer benefits* for more information on this.

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

Claims for the oncologist, appropriate pathology, radiology, medicine as well as radiation therapy add up to the R456 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 brachytherapy 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 transplant 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 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 in our PET scan network:

The Scheme will pay up to the agreed rate if you have not used up the R456 000 amount for your cancer treatment. If you have used up this amount, the Scheme will pay 80% of the LA Health Rate and you must pay the shortfall. This amount could be more than 20% if your healthcare provider charges higher than the LA Health Rate.

If we have approved your scan and you have it done outside of our PET scan network:

The Scheme will pay the scan cost up to R 456 000 amount for your cancer treatment and you will be liable for a 20 % co – payment for the use of a NON Network Provider. If you have used up this amount, the Scheme will pay 80 % of the LA Health Rate and you must pay the shortfall. You would be liable for a higher amount if your provider charges higher than the LA Health Rate.

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Wigs

We pay for wigs from the available funds in your Medical Savings Account. Wigs add up to the External Medical Items limit.



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Cancer treatment

We cover the first R228 000 of your approved cancer treatment over a 12-month benefit cycle. Once your treatment costs go over this amount, the Scheme will pay 80% of the LA Health Rate of all further treatment and you will need to pay the balance from your own pocket. This amount could be more than 20% if your treatment cost is higher than the LA Health Rate. Radiology and pathology approved for your cancer treatment are also covered 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 have an agreement with us. Refer to the section *Understanding what is included in your cancer benefits* for more information on this.

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

Claims for the oncologist, appropriate pathology, radiology, medicine as well as radiation therapy add up to the R228 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 brachytherapy 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 transplant 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 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 in our PET scan network:

The Scheme will pay up to the agreed rate if you have not used up the R228 000 amount for your cancer treatment. If you have used up this amount, the Scheme will pay 80% of the LA Health Rate and you must pay the shortfall. This amount could be more than 20% if your healthcare provider charges higher than the LA Health Rate.

If we have approved your scan and you have it done outside of our PET scan network:

The Scheme will pay the scan cost up to R 228 000 amount for your cancer treatment and you will be liable for a 20 % co – payment for the use of a NON Network Provider. If you have used up this amount, the Scheme will pay 80 % of the LA Health Rate and you must pay the shortfall. You would be liable for a higher amount if your provider charges higher than the LA Health Rate.



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The Scheme will pay the scan cost up to R 228 000 amount for your cancer treatment and you will be liable for a 20 % co – payment for the use of a NON Network Provider. If you have used up this amount, the Scheme will pay 80 % of the LA Health Rate and you must pay the shortfall. You would be liable for a higher amount if your provider charges higher than the LA Health Rate

Wigs

We pay for wigs from the available funds in your Medical Savings Account.



Please call us on 0860 103 933 to register on the Oncology Programme.

Cancer treatment

You have cover for approved chemotherapy, radiotherapy and other treatment prescribed by your cancer specialist. We also cover 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 medicine lists (formularies) and is 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, 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.

Bone marrow donor searches and transplantation

You have access to local bone marrow donor searches and transplant 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 certain terms and conditions and a preferred provider needs to be used. You need to preauthorise PET-CT scans with us before having them done. Your condition determines how many PET-CT scans will be covered.

You need to pay for wigs

You must pay for the cost of wigs from your own pocket.

Complaints process

You can lodge a complaint or query with LA Health Medical Scheme directly on 0860 103 933 or address a complaint in writing to the Principal Officer. If your complaint remains unresolved, you can lodge a formal dispute by following LA Health Medical Scheme's internal disputes process.

Once the Scheme's internal processes are exhausted, and the issues remains unresolved, you may approach the Council for Medical Schemes for assistance: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157/
complaints@medicalschemes.co.za/ 0861 123 267/ www.medicalschemes.co.za.