

## Oncology Programme 2026

### Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a not-for-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](http://www.lahealth.co.za) for more information.

### Overview

This document explains how the 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 the LA Health benefits for members who have been diagnosed with cancer. It also explains the allocated 12-month rolling limit for approved cancer treatment and what members need to pay once the 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 in- and out-of-hospital.

### 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, LA Engage 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 the centre we ask you to go to, but then your cover will be limited.
Co-payment	The portion that you must 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.
Designated Service Provider (DSPs)	A healthcare provider (for example doctor, specialist, allied healthcare professional, pharmacy or hospital) who we have an agreement with to provide treatment or services at a contracted rate.
LA Health Rate or Scheme Rate	The rate that the Scheme sets for paying claims from healthcare providers.

Terminology	Description
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.
Prescribed Minimum Benefits (PMB)	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 rolling threshold	When a member is diagnosed with cancer, benefits are available to you for a rolling 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 threshold limit is available to you from 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.
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.

## 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
- To register, you or your treating healthcare provider must send us a copy of your laboratory results confirming your diagnosis via email to [oncology@lahealthms.co.za](mailto:oncology@lahealthms.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 Programme if your treatment plan has been approved and meets the terms and conditions of the Scheme.

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

All accounts for your cancer treatment must have the relevant and correct ICD-10 (diagnosis) and morphology codes 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 provider has included the ICD-10 and morphology codes.

### 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 for these from your day-to-day benefits. Once the cancer is confirmed, you can request for us to review these diagnostic tests to be funded as a Prescribed Minimum Benefit.

### We cover approved and registered treatment methods and medicine

LA Health does not cover cancer treatment and related services that have not been 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.

### Changes to the way we pay for cancer medicine

A Reference Price for chemotherapy, hormonal therapy, and supportive oncology medicines where a generic or substitutable alternatives exist. We will cover the approved medicine in full, up to the agreed rate, if the medicine is on the Supportive Medicine or Preferred Product list. For medicine not on our medicine lists, we will pay up to a maximum of the LA Health Rate or Reference Price, where applicable.

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

On LA Active, LA Engage or LA Focus, the Oncology Programme covers the first R250 000 of your approved cancer treatment over a 12-month cycle, and on LA Core or LA Comprehensive, the first R500 000.

Once your treatment costs go over this threshold 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 for the Scheme's DSPs.

On the LA KeyPlus Option, the Scheme covers cancer treatment and related costs if it is a Prescribed Minimum Benefit (PMB). If you use a cancer specialist who is not a DSP, the Scheme will pay 80% of the LA Health Rate and you need to pay the difference. This amount could be more than 20% if your treatment cost is higher than the LA Health Rate.

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

**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.**

Treatment provided by your cancer specialist and other healthcare providers that add up to the 12-month threshold 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 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.

### **We pay for certain treatments from your day-to-day benefits**

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

### **Additional benefits**

The Oncology Innovation Benefit gives members on LA Comprehensive or LA Core 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 funding from this benefit.

The Scheme will pay up to 75% or 50% of the cost of these treatments, depending on the treatment prescribed, and you will need to pay the balance. 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 25% or 50% if your treatment cost is above the LA Health Rate.

These claims will accumulate to the R500 000 threshold at 75% or 50% of the LA Health Rate. Once your treatment costs exceed R500 000, the Scheme will continue to pay 75% or 50% of the LA Health Rate for approved medicine.

For more information and a list of cancers and medicine we cover on the Oncology Innovation Benefit, refer to the Oncology Innovation Guide under **Find a Document > Benefit Guides** on the website at [www.lahealth.co.za](http://www.lahealth.co.za)

On LA Active, LA Engage or LA Focus, you have cover for some 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.

We will pay up to 50% of the LA Health Rate and you will need to pay the difference. This amount could be more than 50% of the cost, if your treatment cost is above the LA Health Rate. These claims will accumulate to the R250 000 Oncology Threshold at 50% of the LA Health Rate. Once your treatment costs exceed the R250 000 Oncology Threshold, the Scheme will continue to pay 50% of the LA Health Rate for approved medicine.

For more information and a list of cancers and medicine we cover on the Oncology Innovation Benefit, refer to the Oncology Innovation Guide under **Find a Document > Benefit Guides** on the website at [www.lahealth.co.za](http://www.lahealth.co.za).

### You have cover for bone marrow donor searches and transplants

Bone marrow transplant costs do not add up to the Oncology Threshold amount for cancer treatment. The Scheme covers you for bone marrow donor searches and transplants up to the agreed rate, if you adhere to our clinical protocols. Your cover is subject to review and approval.

### Prescribed Minimum Benefit (PMB) cancer treatment

The Scheme must provide a basic level of cover for certain conditions as Prescribed Minimum Benefits (PMBs), for 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 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 PMB 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.

### 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 is not a DSP, and charges more than the amount the Scheme pays, you will need to pay the difference.

Where there are no payment agreements for healthcare providers such as radiologists (basic radiology), orthotists and prosthetists, we pay their claims 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 Options except LA KeyPlus	Any cancer specialist who is part of the Premier Rate payment arrangement between the Scheme and the Network providers. (For specialists on other payment arrangements you may have a co-payment).
LA KeyPlus Option	For specialists who are not part of the KeyCare ICON Network you may have a co-payment.
CANCER-TREATING GPs	
All 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	Your chosen GP, who is part of the KeyCare GP Network.

IN-HOSPITAL ADMISSIONS	
All Options except LA KeyPlus	For full cover, once your benefits have run out, you must use any KeyCare Network hospital or a state hospital that have an agreement with us.
LA KeyPlus Option	Any KeyCare Network hospital or a state hospital that has a contract with the Scheme.
IN-HOSPITAL SPECIALIST CONSULTATIONS	
All 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 Option	Any specialist: <ul style="list-style-type: none"> <li>- participating in a KeyCare Specialist Network</li> <li>- in the KeyCare ICON network</li> <li>- in a state hospital who has an agreement with the Scheme.</li> </ul>
MEDICINE FOR YOUR CANCER CARE (PHARMACY)	
All Options except LA KeyPlus	Certain approved specialised medicine / treatment must be obtained from our designated pharmacy service provider.
LA KeyPlus Option	All approved cancer related medicine / treatment must be obtained from the designated pharmacy service provider.

Find a healthcare provider where you won't have shortfalls by looking on [www.lahealth.co.za](http://www.lahealth.co.za) or call us on 0860 103 933.

### You may apply for us to review our decision

We will review our 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

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.

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.

## Benefits available on your Benefit Option

### LA COMPREHENSIVE

#### Cancer treatment

All costs related to your approved cancer treatment accumulate to a R500 000 threshold over a 12-month benefit cycle.

Once your treatment costs go over this amount, the Scheme will pay:

- Cancer treatment that falls within the Prescribed Minimum Benefits in full, with no co-payment, if you use service providers who have agreements with us. If you use a cancer specialist who is not a DSP, the Scheme will pay 80% of the LA Health Rate and you need to pay the difference. This amount could be more than 20% if your treatment cost is higher than the LA Health Rate.

- Claims at 80% of the LA Health Rate for non-PMB cancer treatment, and you will need to pay the balance from your own pocket. This amount could be more than 20% of the claimed amount, 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.

### **Oncology Innovation Benefit**

You have cover for a defined list of innovative cancer medicines for specific indications, subject to meeting clinical entry criteria. The Scheme will pay up to 75% or 50% of the cost of these treatments, depending on the condition and the treatment prescribed, and you will need to pay the balance. If the healthcare provider charges more than the amount the Scheme pays, you will need to pay the difference.

### **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 R500 000 Oncology Threshold 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, and accumulate to the Oncology Threshold.

### **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.

Bone marrow transplant costs do not add up to the Oncology Threshold amount for cancer treatment.

### **PET-CT scans**

We cover PET-CT scans subject to certain terms and conditions. You need to pre-authorise 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, up to the R500 000 threshold for your cancer treatment. If you have reached this threshold, the Scheme will continue to pay claims at 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 at a non-preferred provider:**

The Scheme will pay up to 80% of the Scheme Rate for the scan, and the claim will accumulate to the R500 000 threshold for your cancer treatment. You will have to pay the difference between the amount charged and the payment made by the Scheme. You would be liable for a higher amount (more than 20% of the cost of the claim) if your provider charges higher than the LA Health Rate.

### **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.

## LA CORE

### Cancer treatment

All costs related to your approved cancer treatment accumulate to a R500 000 threshold over a 12-month benefit cycle.

Once your treatment costs go over this amount, the Scheme will pay:

- Cancer treatment that falls within the Prescribed Minimum Benefits in full, with no co-payment, if you use service providers who have agreements with us. If you use a cancer specialist who is not a DSP, the Scheme will pay 80% of the LA Health Rate and you need to pay the difference. This amount could be more than 20% if your treatment cost is higher than the LA Health Rate.
- Claims at 80% of the LA Health Rate for non-PMB cancer treatment, and you will need to pay the balance from your own pocket. This amount could be more than 20% of the claimed amount, if your treatment cost is higher than the LA Health Rate.

### Oncology Innovation Benefit

You have cover for a defined list of innovative cancer medicines for specific indications, subject to meeting clinical entry criteria. The Scheme will pay up to 75% or 50% of the cost of these treatments, depending on the condition and the treatment prescribed, and you will need to pay the balance. If the healthcare provider charges more than the amount the Scheme pays, you will need to pay the difference.

### 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 R500 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, and accumulate to the Oncology Threshold.

### 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. Bone marrow transplant costs do not add up to the 12-month threshold for cancer treatment.

### PET-CT scans

We cover PET-CT scans subject to certain terms and conditions. You need to pre-authorise 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, up to the R500 000 threshold for your cancer treatment. If you have reached this threshold, the Scheme will continue to pay claims at 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 at a non-preferred provider:**

The Scheme will pay up to 80% of the Scheme Rate for the scan and the claim will accumulate to the R500 000 threshold for your cancer treatment. You will have to pay the difference between the amount charged and the payment made by the Scheme. You would be liable for a higher amount (more than 20% of the cost of the claim) if your provider charges higher than the LA Health Rate.

### **Wigs**

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

## **LA Engage**

### **Cancer treatment**

All costs related to your approved cancer treatment accumulate to a R250 000 threshold over a 12-month benefit cycle.

Once your treatment costs go over this threshold amount:

- 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. If you use a cancer specialist who is not a DSP, the Scheme will pay 80% of the LA Health Rate and you need to pay the difference. This amount could be more than 20% if your treatment cost is higher than the LA Health Rate.
- Pay claims at 80% of the LA Health Rate for non-PMB cancer treatment, and you will need to pay the balance from your own pocket. This amount could be more than 20% of the claimed amount, 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.

### **Oncology Innovation Benefit**

You have cover for certain innovative cancer medicines for specific indications, covered on the Oncology Innovation Benefit.

We will pay up to 50% of the LA Health Rate for the treatment authorised under the Oncology Innovation Benefit. 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 LA Health Rate.

### **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 R250 000 threshold 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, and accumulate to the Oncology Threshold.

### 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

We cover PET-CT scans subject to certain terms and conditions. You need to pre-authorise 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, up to the R250 000 threshold for your cancer treatment. If you have reached this threshold, the Scheme will continue to pay claims at 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 at a non-preferred provider:**

The Scheme will pay up to 80% of the Scheme Rate for the scan and the claim will accumulate to the R250 000 threshold for your cancer treatment. You will have to pay the difference between the amount charged and the payment made by the Scheme. You would be liable for a higher amount (more than 20% of the cost of the claim) if your provider charges higher than the LA Health Rate.

### Wigs

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

## LA ACTIVE

### Cancer treatment

All costs related to your approved cancer treatment accumulate to a R250 000 threshold over a 12-month benefit cycle.

Once your treatment costs go over this threshold amount:

- 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. If you use a cancer specialist who is not a DSP, the Scheme will pay 80% of the LA Health Rate and you need to pay the difference. This amount could be more than 20% if your treatment cost is higher than the LA Health Rate.
- Pay claims at 80% of the LA Health Rate for non-PMB cancer treatment, and you will need to pay the balance from your own pocket. This amount could be more than 20% of the claimed amount, 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.

### Oncology Innovation Benefit

You have cover for certain innovative cancer medicines for specific indications, covered on the Oncology Innovation Benefit.

We will pay up to 50% of the LA Health Rate for the treatment authorised under the Oncology Innovation Benefit. 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 LA Health Rate.

### 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 R250 000 threshold 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, and accumulate to the Oncology Threshold.

### 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

We cover PET-CT scans subject to certain terms and conditions. You need to pre-authorise 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, up to the R250 000 threshold for your cancer treatment. If you have reached this threshold, the Scheme will continue to pay claims at 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 at a non-preferred provider:**

The Scheme will pay up to 80% of the Scheme Rate for the scan and the claim will accumulate to the R250 000 threshold for your cancer treatment. You will have to pay the difference between the amount charged and the payment made by the Scheme. You would be liable for a higher amount (more than 20% of the cost of the claim) if your provider charges higher than the LA Health Rate.

**Wigs**

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

## LA FOCUS

### Cancer treatment

All costs related to your approved cancer treatment accumulate to a R250 000 threshold over a 12-month benefit cycle.

Once your treatment costs go over this threshold amount, the Scheme will pay:

- Cancer treatment that falls within the Prescribed Minimum Benefits in full, with no co-payment, if you use service providers who have agreements with us. If you use a cancer specialist who is not a DSP, the Scheme will pay 80% of the LA Health Rate and you need to pay the difference. This amount could be more than 20% if your treatment cost is higher than the LA Health Rate.
- Claims at 80% of the LA Health Rate for non-PMB cancer treatment, and you will need to pay the balance from your own pocket. This amount could be more than 20% of the claimed amount, 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.

### 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 R250 000 Oncology Threshold 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, and accumulate to the Oncology Threshold.

## **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. Bone marrow transplant costs do not add up to the Oncology Threshold amount for cancer treatment.

## **PET-CT scans**

We cover PET-CT scans subject to certain terms and conditions. You need to pre-authorise 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, up to the R250 000 threshold for your cancer treatment. If you have reached this threshold, the Scheme will continue to pay claims at 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 at a non-preferred provider:**

The Scheme will pay up to 80% of the Scheme Rate for the scan and the claim will accumulate to the R250 000 threshold for your cancer treatment. You will have to pay the difference between the amount charged and the payment made by the Scheme. You would be liable for a higher amount (more than 20% of the cost of the claim) if your provider charges higher than the LA Health Rate.

## **Oncology Innovation Benefit**

You have cover for innovative cancer medicines for specific indications, covered on the Oncology Innovation Benefit. We will pay up to 50% of the LA Health Rate. 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 LA Health Rate.

## **Wigs**

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

## **LA KEYPLUS**

### **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 other healthcare providers. 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 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 pre-authorise 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](mailto:complaints@medicalschemes.co.za) / 0861 123 267 / [www.medicalschemes.co.za](http://www.medicalschemes.co.za).