ANGLOVAAL GROUP MEDICAL SCHEME

Administered by Discovery Health

Oncology Benefit 2021

Who we are

The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, 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.

Overview

This document explains the Scheme's Oncology Programme for 2021. It gives you details about:

- What you need to do when you are diagnosed with cancer
- What you need to know before your treatment
- How your approved cancer treatment will be funded from the Oncology Benefit.

You'll find information about our flexible range of options available for the 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 (PMBs), 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.

Once registered on the Oncology Programme you will 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.

Terminology	Description
IPB	This is when the Scheme starts paying for certain out-of-hospital procedures from your Risk Benefit.
Co-payment	The portion that you have to pay yourself. If your doctor charges above the Scheme Rate, you will have to pay the difference to that doctor.
Day-to-day benefits	The funds available in your Medical Savings Account (MSA).
Scheme Rate	The rate that the **Scheme sets** for paying claims for 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 behaviour 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 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 (PMBs)	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 Oncology Benefit at a glance

Cover for cancer

The Oncology Benefit provides members cover for approved cancer treatment. It offers you a flexible range of options for your cancer treatment. We have structured the benefit to include an amount of R379 869 per family, each benefit year for all your approved cancer-related treatment.

Treatment provided by your cancer specialist and other healthcare providers that add up to an annual 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 y our cancer specialist
- Fees charged by accredited facilities
- 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
- Oxygen.

All the costs related to your approved cancer treatment will count towards an annual Rand amount

Once this Rand limit has been reached, we will continue funding cancer treatment defined as PMBs 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 Scheme. This is subject to approval.

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 cover all cancer-related healthcare services up to 100% of the Scheme 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.

How we cover basic pathology, radiology and consultations

The Scheme has designated treatment groups called baskets of care, to cover basic pathology, radiology and consultations from the Oncology Programme. These baskets of care do not apply if you receive hormonal or stoma therapy alone.

When you are first diagnosed

Once you are registered on the Oncology Programme we will assign you a treatment basket, called the **medical management basket**. We will pay the listed tests and consultations from when you are first diagnosed, up until we receive and approve a treatment plan from your cancer specialist. We cover the following items from the medical management basket:

Treatment	Medical management basket limit for each
Full blood count including platelet count	Two
Consultations	Two
Chest x-ray	One
Sonar of the abdomen	One

When you actively receive treatment

If you actively receive cancer treatment (chemotherapy and/or radiotherapy), you'll have access to specific tests and consultations in the **basket of care**. Your cover is **for the duration** of your treatment (from the treatment start date to the treatment end date).

An **extended basket** of care is available for members with more complex cancers like leukaemia and specific lymphomas, as well as paediatric patients under the age of 16 years, who actively receive chemotherapy or radiation therapy. Access to the items in the **extended basket** of care will apply for the duration of their treatment (from the treatment start date to the treatment end date).

We cover the following items from the basket of care and extended basket of care:

Treatment	Basket of care limit for each year	Extended basket of care limit for each year
Full blood count including platelet count	7	18
U & E and Creatine	2	6
Alkaline phosphate	3	6
LDH	3	6
Bilirubin	3	6
Calcium	3	6
Chest x-ray	2	6
Ultrasound of the abdomen	2	6
Consultations	6	24

Please note: If you were assigned a **medical management basket of care** earlier in the year when you registered, you will receive the rest of items in the basket after your treatment is complete. Or, if you receive treatment and access the medical management basket and then start treatment again within the same year, we will allocate the rest of the medical management basket for 90 days on completion of your treatment.

ANGLOVAAL GROUP MEDICAL SCHEME

Administered by Discovery Health

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.

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 (PMBs)

PMBs 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 PMBs 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 PMBs. 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 PMBs.	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 upon request. The tests and investigations can be reviewed for funding as a Prescribed Minimum Benefit. Please contact us to have the tests and investigations reviewed.

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 appeal against our funding decisions in certain circumstances

If you disagree with our decision on the PMB cover you requested, there is an appeals process that you can follow. Call us on 0860 100 693 to request an appeals application form.

Getting the most out of your cancer benefits

Get to know all about your cancer benefits

Check what benefits apply to your specific treatment, whether it's in- or out-of-hospital. You can go to www.avgms.co.za or call us on **0860 100 693**.

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 the treatment. We will only cover 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 PMBs, 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.

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.

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.

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
Any cancer specialist who is part of our Premier Rate payment arrangement. (For specialists on other payment arrangements you may have a co-payment)
Cancer-treating GPs
Any GP who is on the Scheme GP Network and is a member of the South African Oncology Consortium (SAOC)
In-hospital admissions
If you do not have cover on your plan (and only once your plan benefits have run out), you should use any network hospital or a state hospital that we have an agreement with.
In-hospital specialist consultations
• All specialists who are part of our Premier Rate payment arrangement • Any specialist practising in a state hospital who we have an agreement with

You can login to our website www.avgms.co.za /Manage your medical aid/ Find a healthcare provider or

ANGLOVAAL GROUP MEDICAL SCHEME

Administered by Discovery Health

call us on **0860 100 693** to find healthcare service providers where you won't have shortfalls.

Approved hospital admissions with 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 amount of R 379 869 per family 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.

PET-CT scans

The Scheme covers PET-CT scans subject to certain terms and conditions. You need to preauthorise PET-CT scans before having it done. Your condition determines how many PET-CT scans will be covered.

Complaints process

You may lodge a complaint or query with Anglovaal Group Medical Scheme directly on **0860 100 693** or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following Anglovaal Group Medical Scheme's internal disputes process. Members, who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email complaints@medicalschemes.co.za. Customer Care Centre: **0861 123 267**/website www.medicalschemes.co.za.