

# **ONCOLOGY INNOVATION BENEFIT**

DISCOVERY HEALTH MEDICAL SCHEME  
2025





## Overview

The Oncology Innovation Benefit gives members on all plans, except the KeyCare and Active Smart Plans, access to a defined list of high-cost medicines and new technologies for a defined list of cancers. Your cover depends on your chosen health plan.

### About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Co-payment	This is an amount that you have to pay towards a healthcare service. The amount can vary, depending on the type of healthcare service, the place of service and whether the amount that the service provider charges is higher than the rate that we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Designated service provider (DSP)	This refers to a healthcare professional or provider (for example, a doctor, specialist, allied healthcare professional, pharmacy or hospital) who/that has agreed to provide Discovery Health Medical Scheme members with treatment or services at a contracted rate. To view the full list of designated service providers, visit <a href="http://www.discovery.co.za">www.discovery.co.za</a> or click on 'Find a healthcare provider' on the Discovery Health app.
Discovery Health Rate (DHR)	This is the rate that we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant healthcare services.
Precision medicine	Targeted therapies and immunotherapies guided by Next Generation Sequencing (a pathology test that identifies cancer genomic drivers). NGS is covered from the hospital benefit where clinical entry criteria is met.
Reference price	The Reference Price is the set amount that we pay for a medicine category. This applies for medicine that is not listed on the medicine list (formulary).

### Cover from the Oncology Innovation Benefit for Executive and Classic Comprehensive plans (excluding Classic Smart Comprehensive plan).

You have cover for a defined list of cancers and precision medicine covered from 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 for funding from this benefit. Where approved, we will pay up to 75% of the Discovery Health Rate (DHR) for the defined list of medicines and cancers listed in the tables below. On the Classic Comprehensive Plan, we will fund up to 50% of the Discovery Health Rate (DHR) for a select list of the innovative medicines and conditions. 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 Discovery Health Rate (DHR). These claims will accumulate to your R500,000 cover amount at 75% or 50% of the Discovery Health Rate (DHR). Once your treatment costs exceed the R500,000 cover amount, the Scheme will continue to pay 75% or 50% of the Discovery Health Rate (DHR) for approved medicine.

### Cover from the Oncology Innovation Benefit for the Classic Smart Comprehensive, Priority, Saver, Smart and Core Plans

You have cover for a sub-set of the cancers and precision medicine covered from the Oncology Innovation Benefit, subject to the Scheme's clinical entry criteria. This benefit is not available on the KeyCare or Active Smart Plans. Approval is subject to meeting clinical entry criteria and requests may be reviewed by an external panel for consideration for funding from this benefit. Where approved, we will pay up to 50% of the Discovery Health Rate (DHR) for the defined list of medicines and cancers listed in the table below. If the healthcare provider charges more than the amount the Scheme pays, you will need to pay the difference. This amount could be more than 50% if your treatment cost is above the Discovery Health Rate (DHR). These claims will accumulate to the R375,000 or R250,000 cover amount, depending on your chosen health plan, at 50% of the Discovery Health Rate (DHR). Once your treatment costs exceed the R375,000 or R250,000 cover amount, the Scheme will continue to pay 50% of the Discovery Health Rate (DHR) for approved medicine.



## Defined medicines are covered from the Oncology Innovation Benefit for Executive and Classic Comprehensive plans (excluding Classic Smart Comprehensive plan)

If you meet the Scheme's clinical entry criteria, you have cover for the following oncology medicines:

### Funding on the Executive Plan at 75% of the Discovery Health Rate

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
Locally Advanced or Metastatic non small cell lung cancer	Keytruda	Metastatic non-small cell lung carcinoma (NSCLC) and as first line therapy and whose tumours express PD-L1 with a $\geq 50\%$ and with no EGFR or ALK genomic tumour aberrations
	Keytruda	Metastatic Squamous non-small cell lung carcinoma (NSCLC) and in combination with carboplatin and either paclitaxel or nab-paclitaxel and as first line therapy
	Keytruda	Metastatic non-squamous non-small cell lung carcinoma (NSCLC) and in combination with pemetrexed and platinum chemotherapy and as first line therapy and with no EGFR or ALK genomic tumour aberrations
	Keytruda	Advanced non-small cell lung carcinoma (NSCLC) as second line therapy after platinum-containing chemotherapy and whose tumours express PD-L1 with a $\geq 1\%$ TPS If EGFR or ALK genomic tumour aberration, After one line of targeted therapy
	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC) as second line therapy (after EGFR TKI therapy) and EGFR T790M mutation-positive
	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC) as first line therapy and (EGFR) exon 19 deletions or exon 21 (L858R) positive
	Tagrisso	Non-small cell lung cancer adjuvant therapy after tumor resection in adult patients with tumors having (EGFR) exon 19 deletions or exon 21 L858R mutations.
	Xalkori	Advanced non-small cell lung carcinoma (NSCLC) whose tumours are ALK positive and as first line therapy or second line therapy after failure of systemic chemotherapy
Malignant Melanoma	Yervoy	Advanced (unresectable or metastatic) malignant melanoma
	Keytruda	Adjuvant malignant melanoma and with lymph node involvement and following complete resection
	Keytruda	Advanced (unresectable or metastatic) malignant melanoma
	Keytruda	Stage IB or IC Melanoma Adults and adolescents aged 12 years and above Adjuvant therapy Monotherapy



INDICATION	PRODUCT NAME	CLINICAL CRITERIA
Multiple Myeloma	Darzalex	Multiple myeloma and after at least three prior lines of therapy (including a proteasome inhibitor and immunomodulatory agent) or who are double refractory to PI and immunomodulatory agent
	Darzalex	Newly diagnosed myeloma, and ineligible for autologous stem cell transplant (ASCT), in combination with bortezomib, melphalan and prednisone
	Darzalex	Newly diagnosed myeloma, and ineligible for autologous stem cell transplant (ASCT), in combination with lenalidomide and dexamethasone
	Darzalex	Newly diagnosed myeloma, and ineligible for autologous stem cell transplant (ASCT), in combination with bortezomib, thalidomide and dexamethasone
	Darzalex	Multiple myeloma, treatment of relapsed/refractory disease, in combination with bortezomib and dexamethasone in adult patients
	Darzalex	Multiple myeloma, treatment of relapsed/refractory disease, in combination with lenalidomide and dexamethasone in adult patients
Chronic Lymphocytic Leukemia	Imbruvica	Chronic Lymphocytic Leukaemia and as first line therapy or treatment for relapsed (refractory) disease
	Venclexta	Chronic lymphocytic leukemia in combination with obinituzumab and as first line therapy
	Venclexta	Chronic lymphocytic leukemia in combination with rituximab and after at least one prior therapy
	Calquence	Relapsed or Refractory Chronic Lymphocytic Leukemia
	Calquence®	Chronic Lymphocytic Leukaemia and as first line therapy or treatment for relapsed (refractory) disease
	Brukinsa®	Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma, without Del 17p mutation as first line therapy
Waldenstrom Macroglobulinemia	Imbruvica	Waldenstrom Macroglobulinemia as first line therapy or relapsed disease and after treatment with a rituximab-containing regimen
	Brukinsa®	Waldenstrom Macroglobulinemia as first line therapy or relapsed disease after ≥1 prior line of therapy
Mantle Cell Lymphoma	Imbruvica	Mantle cell lymphoma (MCL) and after treatment with at least one prior therapy
T-cell Lymphoma	Adcetris	Cutaneous T-cell Lymphoma and in combination with Doxorubicin, Cyclophosphamide and Prednisone and previously treated (relapsed disease) and CD-30 positive





INDICATION	PRODUCT NAME	CLINICAL CRITERIA
T-cell Lymphoma	Adcetris	Cutaneous T-cell Lymphoma and in combination with Doxorubicin, Cyclophosphamide and Prednisone and as first line therapy and CD-30 positive
	Adcetris	Systemic anaplastic large cell lymphoma (sALCL)
Hodgkin's Lymphoma	Adcetris	Hodgkin's lymphoma and as consolidation therapy after autologous stem-cell transplantation and at risk of relapse or progression
	Keytruda	Classical Hodgkin lymphoma, and failed autologous stem cell transplant (ASCT), or following at least two prior therapies when ASCT is not a treatment option
Renal Cell Carcinoma	Lenvima	Advanced renal cell carcinoma (RCC) and in combination with everolimus and after one prior antiangiogenic therapy
	Keytruda	Advanced renal cell carcinoma (RCC) as first line treatment, and in combination with axitinib
	Keytruda	Advanced renal cell carcinoma, and as first line therapy, and in combination with lenvatinib
	Keytruda	Adjuvant treatment in Renal Cell Carcinoma as monotherapy, at intermediate-high or high risk of recurrence following nephrectomy
Metastatic Head and Neck Squamous Cell Carcinoma	Keytruda	Head and neck squamous cell carcinoma (HNSCC), as first line treatment, and in combination with platinum and 5-fluorouracil (5-FU) CPS $\geq 1$
	Keytruda	HNSCC with disease progression on or after platinum containing chemotherapy, as monotherapy in adults whose tumours express PD-L1 with a $\geq 50\%$ TPS
	Keytruda	Unresectable or metastatic colorectal cancer, with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), and as first line treatment
Metastatic Colorectal Cancer	Lynparza	Epithelial ovarian, fallopian tube or primary peritoneal cancer, with a mutation in BRCA1, BRCA2, or both complete response or partial response, to first line platinum-based chemotherapy as onotherapy
Metastatic Ovarian Cancer	Lynparza	Epithelial ovarian, fallopian tube or primary peritoneal cancer, platinum sensitive relapsed, with a mutation in BRCA1, BRCA2, or both complete response or partial response, to first line platinum-based chemotherapy as monotherapy Epithelial ovarian, fallopian tube or primary peritoneal cancer, platinum sensitive relapsed, with a mutation in BRCA1, BRCA2, or both complete response or partial response, to first line platinum-based chemotherapy as monotherapy



INDICATION	PRODUCT NAME	CLINICAL CRITERIA
	Venclexta	Acute Myeloid Leukemia $\geq 75$ or not eligible for intensive chemotherapy in combination with LDAC Acute Myeloid Leukemia $\geq 18$ previously untreated patients, and Acute Myeloid Leukemia $\geq 75$ or not eligible for intensive chemotherapy in combination with LDAC
Acute Myeloid Leukemia	Venclexta	Acute Myeloid Leukemia $\geq 18$ previously untreated patients, and ineligible for intensive chemotherapy in combination with Azacitidine
Acute Myeloid Leukemia	Keytruda	Locally recurrent unresectable or metastatic triple-negative breast cancer, in adults whose tumours express PD-L1 with a CPS $\geq 10$ .
Metastatic triple-negative breast cancer	Keytruda	Early stage triple-negative breast cancer in combination with chemotherapy as neo-adjuvant therapy then monotherapy as adjuvant
Early-stage Triple-negative Breast cancer	Keytruda	Locally advanced unresectable or metastatic carcinoma of the oesophagus, or HER2-negative gastro-oesophageal junction adenocarcinoma, previously untreated patients, and in combination with platinum and 5-fluorouracil (5-FU) in adults whose tumours express PD-L1 with a CPS $\geq 10$ .
Oesophageal and gastro-oesophageal junction cancer	Keytruda	Advanced or recurrent endometrial carcinoma in adults with disease progression on or, following prior treatment with platinum containing therapy in any setting in combination with lenvatinib, and who are not candidates for curative surgery or radiation
Endometrial Carcinoma	Keytruda	Advanced or recurrent endometrial carcinoma, and not candidate of curative surgery or radiation, in combination with lenvatinib, and following prior treatment with a platinum-containing therapy
	Lynparza®	Metastatic castration-resistant prostate cancer with a homologous recombination repair gene mutations, as monotherapy, and following prior hormone agent
Metastatic Prostate Cancer	Keytruda Tagrisso® Tagrisso®	Metastatic Cervical Cancer, in tumors expressing PD-L1 and with a CPS $\geq 1$ In combination with chemotherapy with or without Bevacizumab As first line treatment Adjuvant non-small cell lung cancer (NSCLC), and EGFR - exon 19 deletions or exon 21 (L858R) positive, first line therapy, as monotherapy
Adjuvant non small cell lung cancer	Tagrisso® Tagrisso®	Adjuvant non-small cell lung cancer (NSCLC), and EGFR - exon 19 deletions or exon 21 (L858R) positive, first line therapy, as monotherapy
Metastatic Cervical cancer	Keytruda	Metastatic Cervical Cancer, in tumors expressing PD-L1 and with a CPS $\geq 1$ in combination with chemotherapy with or without Bevacizumab as first line treatment



## Funding on the Classic Comprehensive plan at 75% of the Discovery Health Rate

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
Locally Advanced or Metastatic non small cell lung cancer	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC) as second line therapy (after EGFR TKI therapy) and EGFR T790M mutation-positive
	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC) as first line therapy and (EGFR) exon 19 deletions or exon 21 (L858R) positive
	Tagrisso	Non-small cell lung cancer adjuvant therapy after tumour resection in adult patients with tumours having (EGFR) exon 19 deletions or exon 21 L858R mutations.
	Xalkori	Advanced non-small cell lung carcinoma (NSCLC) whose tumours are ALK positive and as first line therapy or second line therapy after failure of systemic chemotherapy
Malignant Melanoma	Yervoy solution for infusion 10ml vial	Advanced (unresectable or metastatic) malignant melanoma
Chronic Lymphocytic Leukemia	Imbruvica	Chronic Lymphocytic Leukaemia and as first line therapy or treatment for relapsed (refractory) disease
	Calquence	Relapsed or Refractory Chronic Lymphocytic Leukemia
	Calquence®	Chronic Lymphocytic Leukaemia and as first line therapy or treatment for relapsed (refractory) disease
Waldenstrom Macroglobulinemia	Imbruvica	Waldenstrom Macroglobulinemia as first line therapy or relapsed disease and after treatment with a rituximab-containing regimen
Mantle Cell Lymphoma	Imbruvica	Mantle cell lymphoma (MCL) and after treatment with at least one prior therapy
T-cell Lymphoma	Adcetris	Cutaneous T-cell Lymphoma and in combination with Doxorubicin, Cyclophosphamide and Prednisone and previously treated (relapsed disease) and CD-30 positive
	Adcetris	Cutaneous T-cell Lymphoma and in combination with Doxorubicin, Cyclophosphamide and Prednisone and as first line therapy and CD-30 positive
	Adcetris	Systemic anaplastic large cell lymphoma (sALCL)
Hodgkin's Lymphoma	Adcetris	Hodgkin's lymphoma and as consolidation therapy after autologous stem-cell transplantation and at risk of relapse or progression
Renal Cell Carcinoma	Lenvima Lenvima	Advanced renal cell carcinoma (RCC) and and in combination with everolimus and after one prior antiangiogenic therapy



INDICATION	PRODUCT NAME	CLINICAL CRITERIA
Metastatic Ovarian Cancer	Lynparza	Epithelial ovarian, fallopian tube or primary peritoneal cancer, with a mutation in BRCA1, BRCA2, or both complete response or partial response, to first line platinum-based chemotherapy as monotherapy
	Lynparza	Epithelial ovarian, fallopian tube or primary peritoneal cancer, platinum sensitive relapsed, with a mutation in BRCA1, BRCA2, or both complete response or partial response, to first line platinum-based chemotherapy as monotherapy
Metastatic Prostate Cancer	Lynparza®	Metastatic castration-resistant prostate cancer with a homologous recombination repair gene mutations, as monotherapy, and following prior hormone agent
Adjuvant non-small cell lung cancer	Tagrisso®	Adjuvant non-small cell lung cancer (NSCLC), and EGFR - exon 19 deletions or exon 21 (L858R) positive, first line therapy, as monotherapy

#### Funding on the Classic Comprehensive plan at 50% of the Discovery Health Rate

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
Locally Advanced or Metastatic non small cell lung cancer	Keytruda	Metastatic non-small cell lung carcinoma (NSCLC) and as first line therapy and whose tumours express PD-L1 with a $\geq 50\%$ and with no EGFR or ALK genomic tumour aberrations
		Metastatic Squamous non-small cell lung carcinoma (NSCLC) and in combination with carboplatin and either paclitaxel or nab-paclitaxel and as first line therapy
	Keytruda	Metastatic non-squamous non-small cell lung carcinoma (NSCLC) and in combination with pemetrexed and platinum chemotherapy and as first line therapy and with no EGFR or ALK genomic tumour aberrations
	Keytruda	Advanced non-small cell lung carcinoma (NSCLC) as second line therapy after platinum-containing chemotherapy and whose tumours express PD-L1 with a $\geq 1\%$ TPS If EGFR or ALK genomic tumour aberration, After one line of targeted therapy
Malignant Melanoma	Keytruda	Adjuvant malignant melanoma and with lymph node involvement and following complete resection Advanced (unresectable or metastatic) malignant melanoma
	Keytruda	Stage IB or IC Melanoma Adults and adolescents aged 12 years and above Adjuvant therapy Monotherapy
Multiple Myeloma	Darzalex	Multiple myeloma after at least three prior lines of therapy (including a proteasome inhibitor and immunomodulatory agent) or who are double refractory to PI and immunomodulatory agent
	Darzalex	Newly diagnosed myeloma, and ineligible for autologous stem cell transplant (ASCT), in combination with bortezomib, melphalan and prednisone





INDICATION	PRODUCT NAME	CLINICAL CRITERIA
	Darzalex	Newly diagnosed myeloma, and ineligible for autologous stem cell transplant (ASCT), in combination with lenalidomide and dexamethasone
	Darzalex	Newly diagnosed myeloma, and ineligible for autologous stem cell transplant (ASCT), in combination with bortezomib, thalidomide and dexamethasone
	Darzalex	Multiple myeloma, treatment of relapsed/refractory disease, in combination with bortezomib and dexamethasone in adult patients
	Darzalex	Multiple myeloma, treatment of relapsed/refractory disease, in combination with bortezomib and dexamethasone in adult patients
Chronic Lymphocytic Leukemia	Venclexta	Chronic lymphocytic leukemia in combination with obinituzumab and as first line therapy
	Venclexta	Chronic lymphocytic leukemia in combination with rituximab and after at least one prior therapy
Hodgkin's Lymphoma	Keytruda	Classical Hodgkin lymphoma, and failed autologous stem cell transplant (ASCT), or following at least two prior therapies when ASCT is not a treatment option
Renal Cell Carcinoma	Keytruda	Advanced renal cell carcinoma (RCC) as first line treatment, and in combination with axitinib
	Keytruda	Advanced renal cell carcinoma, and as first line therapy, and in combination with lenvatinib
	Keytruda	Adjuvant treatment in Renal Cell Carcinoma as monotherapy, at intermediate-high or high risk of recurrence following nephrectomy
Metastatic Head and Neck Squamous Cell Carcinoma	Keytruda	Head and neck squamous cell carcinoma (HNSCC), as first line treatment, and in combination with platinum and 5-fluorouracil (5-FU) CPS $\geq$ 1
	Keytruda	HNSCC with disease progression on or after platinum containing chemotherapy, as monotherapy in adults whose tumours express PD-L1 with a $\geq$ 50% TPS
	Keytruda	Unresectable or metastatic colorectal cancer, with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), and as first line treatment
Metastatic Colorectal Cancer	Venclexta	Acute Myeloid Leukemia $\geq$ 75 or not eligible for intensive chemotherapy in combination with LDAC
Acute Myeloid Leukemia	Venclexta	Acute Myeloid Leukemia $\geq$ 18 previously untreated patients, and ineligible for intensive chemotherapy in combination with Azacitidine
	Keytruda	Locally recurrent unresectable or metastatic triple-negative breast cancer, in adults whose tumours express PD-L1 with a CPS $\geq$ 10.
Metastatic triple-negative breast cancer	Keytruda	Early stage triple-negative breast cancer in combination with chemotherapy as neo-adjuvant therapy then monotherapy as adjuvant



INDICATION	PRODUCT NAME	CLINICAL CRITERIA
Early stage Triple-negative Breast cancer	Keytruda	Locally advanced unresectable or metastatic carcinoma of the oesophagus, or HER2-negative gastro-oesophageal junction adenocarcinoma, previously untreated patients, and in combination with platinum and 5-fluorouracil (5-FU) in adults whose tumours express PD-L1 with a CPS $\geq$ 10.
Oesophageal and gastro-oesophageal junction cancer	Keytruda	Advanced or recurrent endometrial carcinoma in adults with disease progression on or, following prior treatment with platinum containing therapy in any setting in combination with lenvatinib, and who are not candidates for curative surgery or radiation
Endometrial Carcinoma	Keytruda	Advanced or recurrent endometrial carcinoma, and not candidate of curative surgery or radiation, in combination with lenvatinib, and following prior treatment with a platinum-containing therapy Advanced or recurrent endometrial carcinoma, and not candidate of curative surgery or radiation, in combination with lenvatinib, and following prior treatment with a platinum-containing therapy
Metastatic Cervical Cancer	Keytruda	Metastatic Cervical Cancer, in tumors expressing PD-L1 and with a CPS $\geq$ 1 Incombination with chemotherapy with or without Bevacizumab As first line treatment

**Defined medicines are covered up to 50% of the Discovery Health Rate from the Oncology Innovation Benefit for the Classic Smart Comprehensive, Priority, Saver, Smart (excluding Active Smart) and Core Plans**

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
Locally advanced or metastatic non-small cell lung cancer	Keytruda solution for infusion vial 4ml	Metastatic non-small cell lung carcinoma (NSCLC) and as first line therapy and whose tumours express PD-L1 with a $\geq$ 50 % and with no EGFR or ALK genomic tumour aberrations
	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC) as second line therapy (after EGFR TKI therapy) and EGFR T790M mutation-positive Locally advanced or metastatic non-small cell lung cancer (NSCLC)
	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC) as first line therapy and (EGFR) exon 19 deletions or exon 21 (L858R) positive
	Xalkori	Advanced non-small cell lung carcinoma (NSCLC) whose tumours are ALK positive and as first line therapy or second line therapy after failure of systemic chemotherapy
Metastatic colorectal cancer	Keytruda solution for infusion vial 4ml	Unresectable or metastatic colorectal cancer, with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), and as first line treatment



## Use our designated service providers (DSPs)

You have full cover in our designated service provider (DSP) networks and for providers who we have a payment arrangement with. You should use our pharmacy designated service provider (DSP) for approved oncology medicine. Speak to your treating doctor and confirm that they are using our designated service providers (DSPs) for your medicine received for treatment in-rooms or in a treatment facility.

For approved oncology-related medicine where the doctor has provided a prescription, please use a MedXpress Network Pharmacy. To find a MedXpress Network Pharmacy visit [www.discovery.co.za](http://www.discovery.co.za) under Medical aid > Find a healthcare provider.



## Working to care for and protect you

Our goal is to provide support for you in the times when you need it most.

### How to contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66

Go to [www.discovery.co.za](http://www.discovery.co.za) to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.

PO Box 784262, Sandton, 2146. 1 Discovery Place, Sandton, 2196.

### What to do if you have a complaint

#### 01 | TO TAKE YOUR QUERY FURTHER:

If you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on [www.discovery.co.za](http://www.discovery.co.za). We would also love to hear from you if we have exceeded your expectations.

#### 02 | TO CONTACT THE PRINCIPAL OFFICER:

If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on [www.discovery.co.za](http://www.discovery.co.za) or by emailing [principalofficer@discovery.co.za](mailto:principalofficer@discovery.co.za).

#### 03 | TO LODGE A DISPUTE:

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the [website](#).

#### 04 | TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES:

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za) | 0861 123 267 | [www.medicalschemes.co.za](http://www.medicalschemes.co.za).

### Your privacy is important to us

We hold your privacy in the highest regard. Our unwavering commitment to protecting your personal information and ensuring the security and confidentiality of your data is clearly outlined in our Privacy Statement. You can view our latest version on [www.discovery.co.za](http://www.discovery.co.za) > Medical aid > About Discovery Health Medical Scheme.