

## RETAIL MEDICAL SCHEME

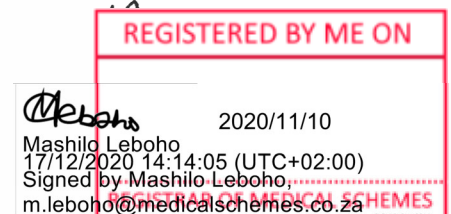
### Annexure D

#### CHEMOTHERAPY, RADIOTHERAPY AND ONCOLOGICAL TREATMENT

In terms of this Annexure, the following shall apply:

##### 1. Definitions

- 1.1 "SAOC" means the South African Oncology Consortium Limited.
  - 1.2 "SAOC Tier 1" means treatment regarded by SAOC as being for conditions that qualify for prescribed minimum benefits.
  - 1.3 "SAOC Tier 2" means treatment regarded by SAOC as being standard treatment.
  - 1.4 "Specialty drugs" means medicine and new technologies as contemplated in Annexure B, Rule 2.4 of these Rules.
2. For cover to be paid from the basket of care, the beneficiary must be actively receiving chemotherapy or radiotherapy, except for PMB conditions.
  3. Any oncology-related investigation and/or treatment plan, must be authorised and/or approved at least 48 hours prior to performing such investigation, or receiving such treatment. Failure to authorise in this manner may result in the application of a non-notification penalty equal to 30% of the total cost of the requested investigation or treatment plan.
  4. The determination whether the Scheme will allow cover for speciality drugs, will be based on:
    - 4.1. The clinical diagnosis of the prescribing medical practitioner; and / or
    - 4.2. The opinion of the Medical Panel of the Scheme in consultation with the SAOC, in terms of the relevant section of Annexure B1 or B2, Annexure C and this Annexure D of the Rules.



5. Benefits will commence on registration onto the Oncology Programme and will apply for 12 months from that date ("12-month cycle").
6. All relevant oncology health care services, such as chemotherapy, radiotherapy, consultations, facility fees, pathology, radiology, chronic medication for cancer, and stoma therapy, will accumulate in the 12-month cycle.
7. Stem Cell Transplants or Bone Marrow Transplants and specific surgery for the removal of cancerous tumours will not accumulate in the 12-month cycle.

Statutory prescribed minimum benefits	Basis of cover is contained in Annexure E of these Rules. Subject to a formulary and protocols. All Prescribed Minimum Benefits to accumulate to available limits first, thereafter unlimited.
Chemotherapy, Radiotherapy (including technical planning scans)	<p>Up to a maximum of 100% of Scheme Rate or 100% of the Scheme Medicine Rate, as applicable.</p> <ul style="list-style-type: none"> <li>• Subject to authorisation and / or approval and the treatment meeting the Scheme's clinical criteria and protocols.</li> <li>• Subject to review by an external panel of specialists.</li> <li>• Subject to generic substitution and cost-effective therapeutic equivalent substitution, where applicable.</li> </ul> <p>No co-payment will apply per beneficiary up to a threshold as stipulated in Annexure B1 or B2 of these rules for approved oncology-related claims.</p> <p>After the threshold is reached, all further claims will be paid at 80% of the Scheme Rate, per 12 month cycle, save for PMBs, which are subject to SAOC Tier 1 regimens and baskets of care for supportive requirements.</p>

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<p>Out-of-Hospital, Consultations</p> <p>Facility Fees, Pathology, Radiology (including basic X-rays, CT and MRI Scans, Isotope Scans, Bone Scans, Mammography, and other specialised scans, unless otherwise specified), and Stoma therapy.</p>	<p>Up to a maximum of 100% of the Scheme rate. Subject to the Scheme's oncology formulary and protocols. Facilities to be accredited by the South African Society of Medical Oncologists and/or the South African Society of Radiation Oncologists.</p> <p>No co-payment will apply per beneficiary up to the threshold for Oncological treatment as stipulated in Annexure B1 or B2 of these Rules for approved oncology-related claims.</p> <p>After the threshold is reached, all further claims will be paid at 80% of the Scheme Rate, per 12 month cycle, save for PMBs, which are subject to baskets of care.</p>
<p>Positron emission tomography (PET) Scans</p>	<p>Up to a maximum of 100% of the Scheme rate, subject to PMBs only.</p> <p>Subject to authorization and/or approval and the treatment meeting the Scheme's clinical criteria.</p> <p>All costs related to the PET scan will first accumulate to the R200 000 threshold for the approved oncology-related claims per beneficiary, per 12-month cycle. After the threshold for Oncological treatment is reached, PMB claims paid without a further limit.</p>
<p>Prescribed Medicine related to the cancer (e.g. Acute Antibiotics)</p>	<p>Basis of cover as described in Annexure B1 and B2 of these Rules.</p>
<p>Chronic Medicine for supportive care: Pain, Nausea, Vomiting, Depression, Osteoporosis and Convulsions, resulting from the cancer and its treatment</p>	<p>Up to a maximum of 100% of the Scheme Medicine Rate.</p> <p>Subject to authorisation, protocols, clinical entry criteria and drug utilisation review.</p> <p>No co-payment will apply per beneficiary up to the threshold for Oncological Treatment as described in Annexure B1 or B2 of these Rules for approved oncology- related claims. After the threshold is reached, all further claims will be paid at 80% of the Scheme Rate, per 12 month cycle, save for PMBs which are funded up to 100% of the Scheme's Medicine Rate for drugs on the Scheme's formulary.</p>
<p>Wigs</p>	<p>All claims will be paid up to 100% of the Scheme Rate from the member's individual medical savings account on the</p>

	Essential Plus Option, subject to available benefit, or from the member's own pocket on the Essential Option.
<p>Stem Cell Transplants / Bone Marrow Transplants</p> <ul style="list-style-type: none"> <li>• Donor registration</li> <li>• Pathology work-up</li> <li>• Donor searches and procurement</li> <li>• All hospital and related accounts for transplant</li> <li>• Post transplant follow-up</li> </ul>	<p>Up to a maximum of 100% of the Scheme Rate for in-and out-of-hospital treatment related to Stem Cell or Bone Marrow Transplants.</p> <p>If a Designated Service Provider is used, the benefit is unlimited.</p> <p>If treatment is not obtained from a Designated Service Provider, all claims related to the treatment will accumulate to a limit of R1million. This benefit is subject to authorisation and / or approval and the treatment meeting the Scheme's clinical criteria.</p>

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