ENGEN MEDICAL BENEFIT FUND

Annexure E

CHEMOTHERAPY, RADIOTHERAPY AND ONCOLOGICAL TREATMENT

In terms of this Annexure, the following shall apply:

Mashilo Leboho 0/11/25 14/12/2020 18:03:03 (UTC+02:00) signed by Mashilo Leboho, m.leboho@medicalschemes.co.za HEGISTRAR OF MEDICAL SCHEMES

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 3.2 of these Rules.
- 1.5 "SABMR" means the South African Bone Marrow Registry
- For cover to be paid from the basket of care, the beneficiary must be actively receiving chemotherapy or radiotherapy, except for PMB conditions.
- 2. Any in hospital 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 R1 000 non-notification penalty equal to 30% of the total cost of the requested investigation or treatment plan.
- 3. The determination whether the Fund will allow cover for speciality drugs, will be based on:
 - 3.1. The clinical diagnosis of the prescribing medical practitioner; and / or
 - 3.2. The opinion of the Medical Panel of the Fund in consultation with the SAOC,



in terms of the relevant section of Annexure B, Annexure C and this Annexure E of the Rules.

- 4. Benefits will commence on registration onto the Oncology Programme and will apply for 12 months from that date ("12-month cycle").
- 5. 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.
- 6. 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 D 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)	Up to a maximum of 100% of Fund Rate or 100% of the Fund Medicine Rate, as applicable.
	 Subject to authorisation and / or approval and the treatment meeting the Fund's clinical criteria and protocols.
	 Subject to review by an external panel of specialists.
	 Subject to generic substitution and cost-effective therapeutic equivalent substitution, where applicable
	No co-payment will apply per beneficiary up to a threshold as stipulated in Annexure B of these rules for approved oncology-related claims.
	After the threshold is reached, all further claims will be paid at 80% of the Fund Rate, per 12 month cycle, save for PMBs, which are subject to SAOC Tier 1 regimens and baskets of care for supportive requirements.





Out-of-Hospital, Consultations 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.	Up to a maximum of 100% of the Fund rate. Subject to the Fund'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. No co-payment will apply per beneficiary up to the threshold for Oncological treatment as stipulated in Annexure B of these Rules for approved oncology-related claims. After the threshold is reached, all further claims will be paid at 80% of the Fund Rate, per 12 month cycle, save for PMBs, which are subject to baskets of care.
Positron emission tomography (PET) Scans REGISTERED BY ME ON REGISTERED BY ME ON A12020 18:03:31 (UTC+02:00) igned by Mashilo Leboho, 1.leboho@medicalschemes.co.za	Covered in a PET Network, subject to PET CT protocols, and preauthorisation. All PET CT claims accumulate to the annual Threshold for Oncological treatment. In the PET CT Network: No co-payment will apply per beneficiary up to the threshold as stipulated in Annexure B of these Rules for approved oncology-related PET CT scans. After the Threshold is reached, all further non-PMB PET CT claims will pay at 80% of the Fund Rate. Out of the PET CT Network: PMB claims will be paid up to the Fund Rate for the voluntary use of the services of a non-Network PET CT provider. Non-PMB claims incurred at a non-Network PET CT provider will be paid up to the Fund Rate only.
Prescribed Medicine related to the cancer (e.g. Acute Antibiotics)	Basis of cover as described in Annexure B of these Rules.
Chronic Medicine for supportive care: Pain, Nausea, Vomiting, Depression, Osteoporosis and Convulsions, resulting	Up to a maximum of 100% of the Fund Medicine Rate. Subject to authorisation, protocols, clinical entry criteria and drug utilisation review. No co-payment will apply per beneficiary up to the threshold



from the cancer and its treatment	for Oncological Treatment as described in Annexure B of these Rules for approved oncology- related claims. After the threshold is reached, all further claims will be paid at 80% of the Fund Rate, per 12 month cycle, save for PMBs which are funded up to 100% of the Fund's Medicine Rate for drugs on the Fund's formulary.
Wigs	Claims will be paid up to 100% of the Fund Rate from the Oncological Benefit, subject to the Threshold per beneficiary. If the Threshold has been reached, further claims will be for the member's own pocket.
Stem Cell Transplants / Bone Marrow Transplants	
	The benefit includes: Pre-conditioning treatment (chemotherapy and / or radiotherapy) Harvesting and cryopreservation Transplantation Specific post-transplant treatment
	 The following limits apply: Local or International Donor searched limited to R110 000 per beneficiary per year from the SABMR. Local procurement of stem cells limited to R136 000 per beneficiary. International procurement of stem cells - unlimited.
	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 Fund's clinical criteria.



