

Oncology Management Programme Guide 2024

Who we are

Sasolmed (referred to as 'the Scheme'), registration number 1234, 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). Discovery takes care of the administration of your membership for the Scheme.

Overview

This document explains how we cover you for cancer treatment on the Oncology Management Programme. It tells you about what you need to do when you are diagnosed with cancer and gives you information about our flexible range of options available for all members who have been diagnosed with cancer. It also explains the oncology 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.

About some of the terms we use

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	Sasolmed pays service providers at the set Scheme Tariff. If the service providers charge more than the Scheme Tariff, the outstanding amount will be for your own cost.
Designated Service Provider (DSP)	A healthcare provider or group of providers designated by the Scheme to provide services to our members for the diagnosis, treatment and care of medical conditions.
Formulary	Also known as a chronic disease medicine list, is a list of cost-effective, evidence-based medicines that the Scheme funds for certain conditions.
ICD-Code	A clinical code that describes diseases, signs and 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 Organisation (WHO).
Payment arrangement	We have payment arrangements in place with specific healthcare providers to pay them in full at a higher tariff.

Prescribed Minimum Benefits (PMB)	<p>In terms of the Medical Schemes Act of 1998. (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions <p>To access PMBs there are rules defined by the Council for Medical Schemes (CMS) that apply:</p> <ul style="list-style-type: none"> • Your medical condition must qualify for cover and be part of the defined list of PMB conditions • The treatment needed must match the treatments in the defined treatment basket • You must use DSP where applicable. <p>This does not apply in emergencies. However, even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network once your condition has stabilised. If you do not use a DSP, we will pay up to the Scheme Tariff. The difference between what we pay and the actual cost of your treatment will be for your own cost.</p> <p>If your treatment doesn't meet the above criteria, we will pay according to your network option.</p>
Procedure or treatment code	<p>Procedure or treatment codes are a sub-type of medical classification used to identify specific surgical, medical, or diagnostic interventions.</p>
Scheme Tariff	<p>This is a tariff we pay for healthcare services from hospitals, pharmacies, healthcare providers and other providers of relevant health services.</p>

The Oncology Management 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 Management 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@sasolmed.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 Management Programme if we have approved your treatment plan.

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

All accounts for your cancer treatment must have the relevant and correct ICD-10 diagnosis and morphology code for us to pay it from the Oncology Management Programme.

The Scheme covers your approved cancer treatment

Once you are registered on the Oncology Management Programme, the Scheme covers your approved cancer treatment up to the cover amount of R580 000 per annum.

All costs related to your approved cancer treatment including PMB treatment, will add up to the cover amount of R580 000. We cover all cancer-related healthcare services up to 100% of the Scheme Tariff. We'll pay approved oncology medicine up to a maximum of the Scheme Tariff. If your healthcare provider charges more than the Scheme Tariff the difference will be for your own cost.

The Oncology Management Programme provides access to healthcare services for the treatment and management of your cancer

Cover from the Oncology Management Programme includes the following:

- Chemotherapy and radiotherapy
- Implantable cancer treatments including brachytherapy and Gliadel® wafers
- Hormonal therapy related to your cancer
- Consultations with your cancer specialists
- 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)
- Stoma products
- Oxygen
- Radiology and pathology appropriate for staging, active treatment and ongoing management of your cancer
- 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, where you are enrolled on the Oncology Management Programme and not on active treatment.

The Scheme covers cancer treatment as a Prescribed Minimum Benefit (PMB)

Most cancer conditions are covered under the PMBs. Cover includes the diagnosis, treatment, and costs of the ongoing care of these conditions. If your treatment costs more than the cover amount, we will continue to cover your cancer treatment in full if you meet the rules for PMBs payment as described in the definition section on the first page of this document.

Benefits available on your network option

Cancer treatment

We pay for your approved cancer treatment up to the cover amount of R580 000 per annum on the Comprehensive Network Option and Restricted Network Option, from the Oncology Management Programme. We'll pay approved oncology medicine up to a maximum of the Scheme Tariff. Cancer treatment that falls within the PMBs is covered in full, with no co-payment.

Approved hospital admissions for administration of chemotherapy or radiotherapy

Claims for the cancer specialist and approved medicines, as well as radiation therapy add up to the cover amount of R580 000 per annum.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from your Hospital Benefit and not the Oncology Management Programme. However, implantable cancer treatments done in hospital such as, but not limited to brachytherapy and Gliadel® wafers, are covered from the Oncology Management Programme.

Bone marrow donor searches and transplantation

We cover you for bone marrow donor searches and transplants up to the Scheme Tariff, if you adhere to our protocols. Your cover is subject to review and approval. Bone marrow transplant costs do not add up to the cover amount for cancer treatment.

PET/CT scans

We cover PET/CT scans for your cancer treatment up to the cover amount and is limited to 2 per family. You need to pre-authorise PET/CT scans before having them done.

If your oncology cover amount has been used up, we will cover your approved PET/CT scan in full at a PMB PET/CT scan facility. This is subject to a list of conditions and indications where the PET/CT is PMB level of care.

You also have cover for medicine on the oncology supportive medicine list (formulary)

We will also pay for medicine prescribed during active treatment from the Oncology Management Programme, to treat symptoms resulting from your cancer treatment. We cover approved medicine in full up to the Scheme Tariff if the medicine is on the supportive medicine list (formulary). Medicine not listed on the formulary, will be covered up to the Reference Price. You may be responsible for a co-payment.

We pay for external breast prosthesis, bras and wigs from the external prosthesis benefit

The Scheme pays for external breast prosthesis, bras and wigs from the available funds allocated to your external prosthesis limit. These costs do not add up to the cover limit.

Complaints process

You may lodge a complaint or query with Sasolmed directly on **0860 002 134** or send an email to enquiries@sasolmed.co.za. If the query or complaint remains unresolved, you may address a complaint in writing to the Principal Officer. Please be sure to include the reference number obtained through the process with the Administrator.

Should your complaint still not be resolved to your satisfaction, you may lodge a formal dispute by following the Scheme's internal disputes process, as explained on the website at sasolmed.co.za.

You may, as a last resort, 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 / **0861 123 267** / complaints@medicalschemes.co.za / www.medicalschemes.co.za.

Contact us

You can contact us on **0860 002 134** or visit our website at sasolmed.co.za for more information.