

Oncology Programme

| 2025

Your funding for cancer treatment in 2025

Members who are diagnosed with cancer need to register on the Oncology Management Programme.

Overview

This document explains how Anglo Medical Scheme funds your cancer treatment for 2025. It tells you about what you need to do when you are diagnosed.

We also provide information about:

- Your benefits for cancer treatment under the Prescribed Minimum Benefits
- How the Scheme funds approved cancer treatment
- Specialist consultations out of hospital and in hospital.

What you need to do before your treatment can start

If you have been diagnosed with cancer, you need to register on the Oncology Management Programme.

To register, your treating healthcare provider must send us a copy of your histology / relevant results that confirms your diagnosis. Please send the information to email oncology@angloms.co.za. Call us on **0860 222 633** for assistance.

About some of the terms we use in this document

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 that indicates whether a tumour is malignant, benign, in situ, or uncertain (whether benign or malignant) as classified by the World Health Organization (WHO).
Prescribed Minimum Benefits	A set of minimum benefits, which, by law, must be provided to all medical scheme members and include the provision of diagnosis, treatment and costs of ongoing care.
Risk Benefit	This is funded by the Scheme and will not affect your day-to-day benefits.
Scheme Reimbursement Rate	This is the rate that the Scheme sets for paying claims for healthcare providers.
Innovation medicine	A defined list of very high costing drugs and technology.
12-month cycle	The period within which the oncology claims accumulate.
Non-PMB cancer	A condition where the treatment might not form part of the Prescribed Minimum Benefit level of care.
PMB cancer	A condition that is listed on the defined list of conditions for full funding.

The Oncology Management Programme at a glance

The Oncology Management Programme provides funding for approved cancer treatment in and out of hospital.

Out of Hospital Treatment

Managed Care Plan

Funding for approved cancer treatment on the **Managed Care Plan** is unlimited as per approved treatment plans.

Standard Care Plan

Funding for approved cancer treatment on the **Standard Care Plan** will be allocated to the Oncology Benefit Limit, to the value of **R367 440** within a 12-month cycle up to the Scheme Reimbursement Rate. Once your treatment cost reaches this limit, the Scheme will pay 80% of the Scheme Reimbursement Rate for all treatment.

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 limit.

We fund all cancer-related healthcare services up to 100% of the Scheme Reimbursement Rate. You might have a co-payment if your healthcare provider charges more than this rate.

The Scheme also funds non-PMB cancer treatment from the Oncology Benefit to the value of **R367 440**. Claims for non-PMB conditions, where the healthcare provider charges above the Scheme Reimbursement Rate, will be an out-of-pocket expense.

Introduction of a Designated Service Provider (DSP) Pharmacy network for oncology medicines

Oncology medication significantly contribute to the total medication expenditure of the Scheme and the Trustees approved the implementation of a DSP for oncology to ensure that efficiencies can be achieved whilst ensuring sustainable access to a comprehensive oncology benefit offering. Through a DSP arrangement, the Scheme can work with the pharmacies to ensure that members are dispensed the most preferentially price products.

In 2025, the Scheme will introduce a Pharmacy DSP for the supply of approved oncology medicines.

Medicine administered in-rooms

Medicine administered in the doctor's rooms, such as injectable and infusional chemotherapy, should be obtained from a courier DSP (Network 276) indicated below:

- Dis-Chem's Oncology Courier Pharmacy
- Qestmed
- Olsens Pharmacy (practice no: 6002226)
- Medipost Pharmacy.

Medicine scripted and dispensed at a retail pharmacy

Oncology and oncology-related medicine (like supportive medicine, oral chemotherapy and hormonal therapy) will be covered in full at any MedXpress Network Pharmacy indicated below:

- Dis-Chem's Oncology Courier Pharmacy
- Medipost Pharmacy
- Qestmed

Approved unregistered (Section 21) treatment will need to be obtained through Southern Rx Pharmacy.

Speak to your treating doctor if you have any concerns.

A 20% copayment will not apply in the first year for not using a pharmacy DSP.

Approved hospital admissions for surgery and the administration of chemotherapy or radiotherapy

Managed Care Plan

Funding for approved hospital admissions relating to surgery and further cancer treatment i.e. chemotherapy, radiotherapy, pathology, radiology and medicine as per approved treatment plans is unlimited.

Standard Care Plan

Funding for approved hospital admissions relating to surgery and further cancer treatment i.e. chemotherapy, radiotherapy, pathology, radiology and medicine as per approved treatment plans will add up to the **R367 440** Oncology Benefit Limit.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from the Risk Benefit and not the Oncology Benefit. However, implantable cancer treatments and associated costs, performed in hospital such as, but not limited to brachytherapy (for prostate, cervical, head and neck cancer) and Gliadel® wafers, are funded from the Oncology Benefit.

Innovation Medicine funding

You have funding for a defined list of innovative cancer medicines that meet the Scheme's clinical entry criteria. The Scheme will pay 80% of the Scheme Reimbursement Rate for these treatments from start of treatment and you will need to pay the shortfall.

On the Managed Care Plan, funding for innovation drugs will be funded at 100% of the Scheme Reimbursement Rate and will add up to an Oncology Innovation Benefit limit of R600 000. Once the limit has been reached we will fund the treatment at 80% of the Scheme Reimbursement Rate and you will be responsible for the shortfall.

On the Standard Care Plan, funding for innovation drugs will be funded at 80% of the Scheme Reimbursement Rate and you will be responsible for the shortfall.

The following treatments will be funded as provided by your cancer specialist and other healthcare providers:

- Chemotherapy and radiotherapy (in or out of hospital)
- Technical planning scans
- Implantable cancer treatments, for example, prostate or cervical brachytherapy and Gliadel® wafers
- Hormonal therapy related to your cancer
- Consultations with your cancer specialist
- Fees charged by accredited facilities
- Specific blood tests related to your condition
- Materials used in the administration of your treatment, for example, drips and needles
- Medicine from a medicine list 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 medicine)
- External breast prostheses and special bras
- Stoma products
- Oxygen
- Radiology requested by your cancer specialist, which includes:
 - Basic X-rays

- CT, MRI and PET-CT scans related to your cancer
- Ultrasound, isotope or nuclear bone scans
- Other specialised scans, for example a gallium scan
- Scopes such as bronchoscopies, colonoscopies and gastroscopies performed in the management of your condition.

You have funding for bone marrow donor searches and transplants

Anglo Medical Scheme funds bone marrow donor searches and transplants up to the Scheme Reimbursement Rate, subject to our guidelines. Your funding is subject to review and approval.

Diagnosing Tests and Investigations

All investigative tests related to pathology and radiology, prior to your diagnosis, will be paid from an unlimited benefit on the Managed Care Plan and a limited pathology and radiology benefit limit on the Standard Care Plan. Once the diagnosis has been confirmed, you can request a review of these diagnostic tests to be funded as a Prescribed Minimum Benefit. You can call us on **0860 222 633** or send an email to oncology@angloms.co.za for more information.

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

All accounts for your cancer treatment must have a relevant and correct ICD-10 and morphology code for us to pay it from the correct benefit. To make sure there is no delay in paying your healthcare provider’s accounts, it would be helpful if you double-check that your healthcare provider has included the ICD-10 and morphology codes before your accounts are submitted.

Prescribed Minimum Benefits under certain conditions

Prescribed Minimum Benefits are a set of conditions that all medical schemes must provide a basic level of cover for. This basic level of cover includes the diagnosis, treatment and costs of the ongoing care of these conditions. The aim of the Prescribed Minimum Benefits 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 funded under the Prescribed Minimum Benefits. The Scheme will fund your treatment as long as you meet the following requirements:

Your condition must be part of the list of defined conditions for Prescribed Minimum Benefits.	➔	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 may request a review of our decision

Should we decline funding for your proposed treatment, we will review our decision if you or your healthcare provider 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 call us on **0860 222 633** or send an email to oncology@angloms.co.za for more information.

Option changes

It is important to note that should you change your plan during the year or for the upcoming financial year, there may be changes to your authorised treatment based on your option change.

Should you be on the Standard Care plan and have been diagnosed with a cancer condition, you will have the opportunity to upgrade to the Managed Care plan during the year. The upgrade must be done within 3-months of the date of diagnosis or commencement of treatment. The upgrade will take effect the 1st of the next month that the change was actioned.

For example:

- Date of diagnosis: 1 March 2025
- Date upgrade requested: 25 April 2025
- Effective date of Managed Care plan: 1 May 2025

Complaints process

You may lodge a complaint or query with Anglo Medical Scheme directly on **0860 222 633** or address a complaint in writing directly to the Principal Officer visit the website www.angloms.co.za for the contact details. Should your complaint remain unresolved, you may lodge a formal dispute by following Anglo Medical Scheme's internal disputes process.

Once you have exhausted all avenues you may contact the Council for Medical Schemes for assistance, may do so in writing: 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.