



Oncology Brochure 2024

Who We Are.

SAB Medical Aid (the Scheme), registration number 1209, is the medical scheme. This is a non-profit organisation, registered with the Council for Medical Schemes and administered by 3Sixty Health (Pty) Ltd, registration number 1978/001109/07, an accredited administration and managed care service provider.

Overview

This document explains how SAB Medical Aid covers your cancer treatment for 2024. It will also tell you what you need to do when you are diagnosed.

Some terms we use in this document.

Term	Description
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 and 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 (PMBs)	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.
Contracted rate	The rate determined in terms of an agreement between the Scheme and a service provider or group of service providers, with regards to the payment of relevant services.
DSP	Designated Service Provider – a Healthcare Provider or group of providers contracted by the Scheme as preferred provider/s to provide diagnosis, treatment, and/or care to beneficiaries in respect of one or more Prescribed Minimum Benefit (PMB) condition/s.
Scheme Rate	The Rate at which health services are reimbursed by the Scheme in accordance with



	the applicable benefit schedule and determined by the Scheme from time to time.
12-month benefit threshold	A 12-month benefit period that is individualised depending on when a member is diagnosed with cancer. For example, if a member is newly diagnosed and registered on the 1st of April, the member's 12-month cycle benefit threshold will refresh 12 months later (1st of April the following year).

What you need to do before your treatment can start.

If you are diagnosed with cancer, you need to register on the SAB Medical Aid Oncology programme. To register, you or your treating doctor must send us a copy of your histology results that confirm your diagnosis. To email address oncology@SABMAS.co.za

SAB Medical Aid Oncology programme at a glance.

SAB Medical Aid Oncology programme provides members with cover for approved cancer treatment. Here is a breakdown of how we cover it, according to your Option:

Comprehensive Option

Members have access to PMB and non-PMB treatment with accumulation to the R500 000 Oncology Benefit threshold.

Essential Option

Members have access to PMB and non-PMB level of care with accumulation to the R250 000 Oncology Benefit threshold. Existing Overall Annual Limit (OAL) rules remain applicable. Approved Oncology PMB treatment will be covered once this limit is depleted at 100% of the scheme rate.



Inclusion of chemotherapy, radiotherapy, and other healthcare services fundable from the Oncology programme will be subject to consideration of evidence-based medicine, cost-effectiveness, and affordability.

Healthcare services that are considered by the Scheme to be unaffordable and/or not cost-effective and/or lacking clinical evidence to demonstrate efficacy, are excluded from cover.

The programme covers the following treatments that are provided by your cancer specialist and other Healthcare Providers:

- Chemotherapy and radiotherapy.
- 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 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.
- External prosthesis, for example, breast and voice prostheses • 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.

You have cover for bone marrow donor searches and transplants.

SAB Medical Aid covers you for bone marrow donor searches and transplants up to the Scheme Rate if you keep to our funding rules. Your cover is subject to review and approval.

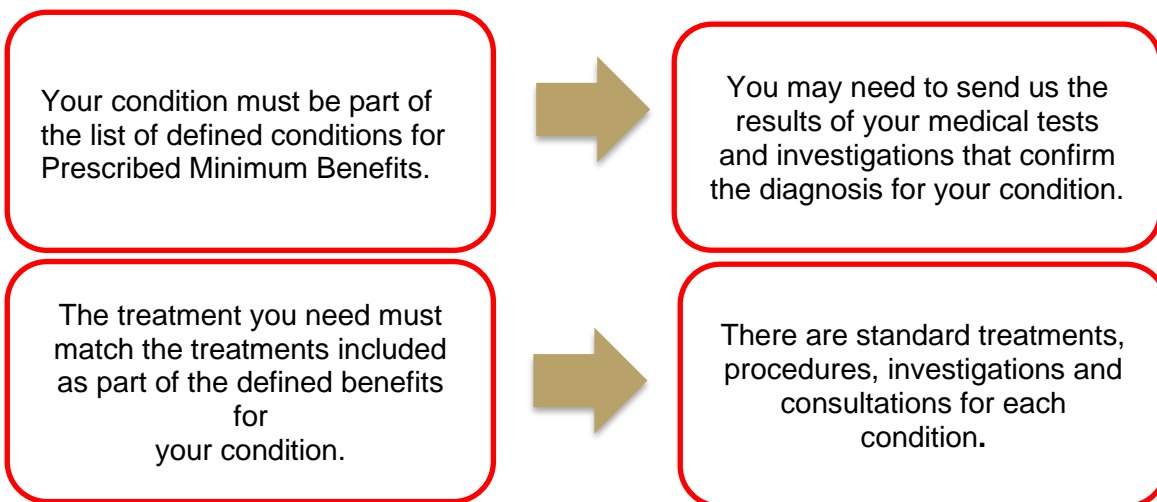
We need the appropriate ICD-10 and morphology codes reflected on accounts.

All accounts for your cancer treatment must have a relevant and correct ICD-10 and morphology code to make sure it is paid from the correct benefit. To make sure there isn't a delay in paying your doctor's accounts, please double-check that your doctor has included the ICD-10 and morphology codes before submitting your account.

Prescribed Minimum Benefits under certain conditions.

Prescribed Minimum Benefits are a set of conditions that, by Law, all medical schemes must provide basic cover for. This basic 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 cover a member has, there is always basic cover for certain conditions.

Cancer is one of the conditions covered under Prescribed Minimum Benefits. The Scheme will cover your treatment in full, as long as you meet the following requirements for funding.



You can request a review of our decision.

If we do not approve your cover, we will review our decision if you or your doctor sends us new information about your condition or information that was not sent with the original application. We will review individual cases but please note that this process does not guarantee funding approval.

You can dispute our funding decisions in certain circumstances.

If you disagree with our decision on the PMB cover you requested, you can follow the appeals process. Contact us on 0860 002 133.

Benefits available on your Option.

Cancer treatment

We cover approved cancer treatment, inclusive of pathology and radiology, subject to the approved treatment plan and basket of care.



Comprehensive Option

- Access to PMB and non-PMB treatment with accumulation to the R500 000 Oncology Benefit threshold, per beneficiary per rolling 12 months.

Essential Option

- Access to PMB and non-PMB level of care with accumulation to the R250 000 Oncology Benefit threshold, per beneficiary per rolling 12 months. Existing Overall Annual Limit (OAL) rules remain applicable.
- Once the R250 000 Oncology Benefit threshold and the limited Overall Annual Limit (OAL) are depleted, approved Oncology PMB treatment will be funded at 100% of the scheme rate.
- Consultations, pathology, and radiology in the Oncology Ancillary basket are paid from the
- Oncology Benefit and limited Overall Annual Limit (OAL).

Surgery for your cancer.

We pay medical expenses incurred during an approved hospital admission from the unlimited Major Medical Benefit for the Comprehensive Option and from the limited Overall Annual Limit (OAL) for the Essential Option. Members of the Essential Option are covered in full at private hospitals on the Acute Hospital Network. For planned admissions outside the network, you need to pay an upfront amount of R7 650 to the hospital. This does not apply in an emergency.

Bone Marrow donor searches and transplants.

SAB Medical Aid covers you for bone marrow donor searches and transplants up to the SAB Medical Aid Scheme Rate if you observe our guidelines. Your cover is subject to review and approval and will be funded from your unlimited Major Medical Benefit, if you are on the Comprehensive Option or from the limited Overall Annual Limit (OAL) if you are on the Essential Option.

PET-CT scans.

We cover PET-CT scans, subject to certain terms and conditions up to the agreed rate. You need to pre-authorise PET-CT scans with us before having the scan.

Wigs

We pay for wigs subject to a benefit confirmation from your Medical and Surgical Appliance Limit.



Contact Us.

You can contact us on 0860 002 133 or visit our website at www.sabmas.co.za for more information.

Complaints Process.

You may lodge a complaint or query with SAB Medical Aid by sending an email to info@sabmas.co.za, calling 0860 002 133, or address your complaint in writing directly to the Principal Officer. If the complaint remains unresolved, members who wish to approach the Council for Medical Schemes for assistance may do so in writing to the 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 .