

Oncology Management Programme Guide 2026

Who we are

MEDiPOS Medical Scheme (referred to as 'the Scheme'), registration number 1548, is a not-for-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). We take care of the administration of your membership for the Scheme.

Overview

This document explains how MEDiPOS covers you for cancer treatment on the Oncology Management Programme. It gives you details about:

- What you need to do when you are diagnosed with cancer.
- What you need to know before your treatment.
- How this benefit will cover your approved cancer treatment.

It also outlines the oncology limit for approved cancer treatment and the costs, once your allocated limit is reached.

We also provide information about your benefits for cancer treatments under the Prescribed Minimum Benefits (PMB), how we cover consultations with cancer-treating GPs and specialists, both in- and out-of-hospital.

Understanding some of the terms used in this document

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
Active treatment	The period when a patient undergoes chemotherapy or radiation therapy to slow, stop, or eliminate the cancer.
Co-payment	This is the amount you need to pay for a healthcare service. The amount can vary depending on the type of service, where it's provided, or if the service provider charges more than what we cover. If the co-payment or upfront amount is higher than the cost of the service, you will be responsible for paying the remaining amount.
Designated service provider (DSP)	A healthcare provider, for example oncologist/cancer specialist, in the ICON network with whom we have an agreement to provide treatment or services at a contracted rate. Visit www.medipos.co.za to view a list of designated service providers (DSPs).
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).
ICON network	ICON Managed Care is an organisation that represents a significant number of the private practicing oncologists in South Africa. The ICON network consists of 26 radiotherapy facilities and 66 accredited chemotherapy facilities across South Africa. The network members collaborate to develop affordable, evidence-based treatment plans, providing patients with the right treatment when needed.
Medical Scheme Rate (MSR)	This is the amount we pay for healthcare services from hospitals, pharmacies, doctors, and other health providers.
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).
Payment arrangement	We have payment arrangements in place with specific healthcare providers who have agreed to be reimbursed at an agreed rate. This ensures full cover with no-copayments.
Prescribed Minimum Benefits (PMB)	In terms of the Medical Schemes Act of 1998. (Act No. 131 of 1998) and its Regulations, all

	<p>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 • Your treatment must match the treatments in the defined treatment basket • You must use DSPs where applicable. 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 Medical Scheme Rate (MSR). The difference between what we pay and the actual cost of your treatment will be for your own pocket. <p>If your treatment doesn't meet the above criteria, we will pay according to your 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>
Reference Price	<p>The price the Scheme has set to pay for medicine, relative to a similar medicine on a medicine list (formulary) or the preferentially-priced equivalent.</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@medipos.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 include the relevant and correct ICD-10 diagnosis and morphology code for payment from the Oncology Management Programme. To make sure there is no delay in paying your accounts, please confirm that your healthcare provider has included the ICD-10 diagnosis and morphology codes.

The Scheme covers your approved cancer treatment

Once you are registered on the Oncology Management Programme, the Scheme will cover your approved cancer treatment up to the specified amounts, based on your chosen option:

Option A	Option B	Option B Classic	Option C
We cover cancer treatment and related costs up to R499 500 per beneficiary per annum at 100% of the MSR at a DSP for PMBs and non-PMBs. Thereafter, unlimited for PMBs. Non DSPs are paid up to 75% of the MSR.	We cover cancer treatment and related costs up to R299 700 per beneficiary per annum at 100% of the MSR at a DSP for PMBs and non-PMBs. Thereafter, unlimited for PMBs. Non DSPs are paid up to 75% of the MSR.	We cover cancer treatment and related costs up to R299 700 per beneficiary per annum at 100% of the MSR at a DSP for PMBs and non-PMBs. Thereafter, unlimited for PMBs. Non DSPs are paid up to 75% of the MSR.	We cover cancer treatment and related costs if it is a PMB at 100% of the MSR.

All costs for your approved cancer treatment (including PMB treatment) will count towards your cover amount, based on your chosen benefit option. We cover all cancer-related services up to 100% of the MSR when you use our designated service providers (DSPs). We'll pay for approved oncology medicine up to the MSR. If your healthcare provider charges more than the MSR, you'll need to pay the difference.

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
- 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 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 bronchoscopy, colonoscopy and gastroscopy that are used in the management of your cancer on Option A and Option B only.

The Scheme covers cancer treatment as a 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 PMB payment as described in the definition section on the first page of this document.

You have full cover in our Designated Service Provider (DSP) networks and for providers who we have a payment arrangement with

You can benefit by using doctors and other healthcare providers such as hospitals, pharmacies, radiologists and pathologists that we have a payment arrangement with, because the Scheme will cover their approved procedures/services in full. If your healthcare provider charges more than the amount the Scheme pays, you will need to pay the difference.

You have full cover for approved chemotherapy, radiotherapy and other treatment prescribed by your cancer specialist in the ICON Network from your Oncology Management Programme. If you use a cancer specialist who is not in the ICON Network, the Scheme will pay 75% of the MSR and you need to pay the balance.

Oncology reference price

The Oncology Reference Price applies to chemotherapy, hormonal therapy, and supportive oncology medicines where a generic or substitutable alternative exists. We will cover the approved medicine, in full up to the agreed rate if the medicine is on the supportive medicine or preferred product list. For medicine not on our medicine lists we will pay up to a maximum of the MSR or Reference Price, where applicable.

What this means:

- **You will have full cover** if your medicine costs less than or the same as the Reference Price. This means we'll cover it completely.
- **You will have a co-payment** if your medicine costs more than the Reference Price. You will have to pay the difference between the Reference Price and the provider's price.

You may apply for us to review our decision

If any treatment was declined, we may review our decision when 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 and confirm the outcome. Please note that application does not guarantee funding approval.

You can dispute our funding decisions in certain circumstances

If you disagree with our decision on the cover you requested, there is a formal disputes process that you can follow. You can find more information of the Scheme's disputes process on www.medipos.co.za.

Benefits available on your option

Option A

Cancer treatment

We pay for your approved cancer treatment up to the cover amount of R499 500 per beneficiary per annum on Option A, from the Oncology Management Programme. We'll pay approved oncology medicine up to a maximum of the MSR. Cancer treatment that falls within the PMBs is covered in full at a designated service provider (DSP), with no co-payment.

ICON Designated Service Provider (DSP)

You have full cover for approved chemotherapy, radiotherapy and other treatment prescribed by your cancer specialist in the ICON Network from your oncology benefit. If you use a cancer specialist who is not in the ICON Network, the Scheme will pay 75% of the MSR and you need to pay the balance.

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 R499 500 per beneficiary per annum.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from your Major Medical Expenses Benefits 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 MSR, 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 and is limited to local searches within South Africa only.

PET/CT scans

We cover PET/CT scans for your cancer treatment up to the cover amount, subject to certain terms and conditions. You need to pre-authorise PET/CT scans with us 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 MSR 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.

Option B and Option B Classic

Cancer treatment

We pay for your approved cancer treatment up to the cover amount of R299 700 per beneficiary per annum on Option B and Option B Classic, from the Oncology Management Programme. We'll pay approved oncology medicine up to a maximum of the MSR cancer treatment that falls within the PMBs is covered in full at a designated service provider (DSP), with no co-payment.

ICON Designated Service Provider (DSP)

You have full cover for approved chemotherapy, radiotherapy and other treatment prescribed by your cancer specialist in the ICON Network from your oncology benefit. If you use a cancer specialist who is not in the ICON Network, the Scheme will pay 75% of the MSR and you need to pay the balance.

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 R299 700 per beneficiary per annum.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from your Major Medical Expenses Benefits 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 MSR, 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 and is limited to local searches within South Africa only.

PET/CT scans

We cover PET/CT scans for your cancer treatment up to the cover amount, subject to certain terms and conditions. You need to pre-authorise PET/CT scans with us 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 MSR 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.

Option C

Cancer treatment

The Scheme covers cancer treatment and related costs if it is a Prescribed Minimum Benefit (PMB). You have cover for approved chemotherapy, radiotherapy and other treatment prescribed by your cancer specialist in the ICON Network from the Oncology Management Programme. If you use a cancer specialist who is not in the ICON Network, the Scheme will pay 75% of MSR and you need to pay the difference. We'll pay approved oncology medicine up to a maximum of the MSR or the Reference Price, whichever is applicable.

We also cover appropriate pathology and radiology, subject to the oncology treatment baskets, medicine and other approved cancer-related treatment that is provided by healthcare provider other than your cancer specialist.

The Scheme must approve your treatment before we can pay it from the Oncology Management Programme. This treatment must be in line with agreed protocols and medicine lists (formularies).

Cancer treatment that falls within the PMBs is covered in full, with no co-payment. This is if you use service providers who we have a payment arrangement with.

Approved hospital admissions for administration of chemotherapy or radiotherapy

Claims for the oncologist and medicines, as well as radiation therapy will pay from the Oncology Management Programme.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from the Major Medical Expenses Benefits and not the Oncology Management Programme. You must use a hospital in the KeyCare Full Cover Hospital Network.

Bone marrow donor searches and transplantation

We cover you for bone marrow donor searches and transplants, up to the MSR, 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 and searches are limited to within South Africa only.

PET/CT scans

We cover PET/CT scans for your cancer treatment up to the cover amount, subject to certain terms and conditions. You need to pre-authorise PET/CT scans with us 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 MSR 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.

Contact us for more information

You can find other important information on our website at www.medipos.co.za or contact us on 0860 100 078.

Complaints process

You may lodge a complaint or query with MEDiPOS directly at 0860 100 078 or send an email to enquiries@medipos.co.za.

If your query or complaint is not resolved to your satisfaction, address a complaint in writing to the Principal Officer at the Scheme's registered address. Please be sure to include the reference number obtained through your direct contact with the Scheme.

Should your complaint remain unresolved, you may lodge a formal dispute by following the MEDiPOS internal disputes process, which is explained on the website at www.medipos.co.za.

Members who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or via email at complaints@medicalschemes.co.za. Contact centre: 0861 123 267/ website www.medicalschemes.co.za.