

Oncology Benefit - 2022

Who we are

The Malcor Medical Aid Scheme (referred to as 'the Scheme'), registration number 1547, is the medical scheme that you are a member of. This 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). We take care of the administration of the Scheme.

Overview

This document explains the benefits offered by the Scheme's Oncology 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.

You'll find information about our flexible range of options available for Scheme members who have been diagnosed with cancer. It also explains the limit for approved cancer treatment.

We also provide information about your benefits for cancer treatments under the Prescribed Minimum Benefits and how we cover cancer-treating GP and specialist consultations in- and out-of-hospital.

What you need to do before your treatment

Tell us if you're diagnosed with cancer and we'll register you on the Oncology Programme

If you are diagnosed with cancer, you need to register on the Scheme's Oncology Programme to have access to the Oncology Benefit. To register, you or your treating doctor must send us details of your histology results that confirm your diagnosis. Call us on 0860 100 698 for assistance.

Understanding some of the terms we use in this document

There are a number of terms we refer to in this document that you may not be familiar with. We give you the meaning of these terms.

Terminology	Description
Co-payment	The portion that you have to pay in yourself, when the amount the Scheme pays is less than what your doctor charges.
Scheme Rate	This is the rate that the Scheme sets for paying claims from healthcare professionals.
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).
Payment arrangements	We have payment arrangements in place with specific specialists to pay them in full at a higher rate. When you use these providers you won't need to pay a co-payment.
Prescribed Minimum Benefits (PMBs)	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.
Overall annual limit	All benefits accumulate to the overall annual limit, which is different, depending on which plan you are on.
Baskets of care	A specific combination of services for the treatment of a Prescribed Minimum Benefit condition. These services are based on the treatment guidelines or protocols published by the Minister of Health.

The Oncology Benefit at a glance

The Oncology Benefit provides you cover for approved cancer treatment.

On Plan A, cover for approved cancer treatment is subject to a limit of R500 000 for each family a year. On Plan B, approved cancer treatment is limited to R300 000 for each family a year. On Plan C, approved cancer treatment is limited to R200 000 for each family a year. This rand amount will be allocated for the benefit year.

The rand amount covers the following treatments that are provided by your cancer specialist and other

healthcare providers:

- Chemotherapy and radiotherapy (both in- or out-of-hospital)
- Technical planning scans
- Implantable cancer treatments including 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 prescribed 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.

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 registered on the Oncology Programme and not on active treatment. Once your limit has been reached you are entitled to treatment under Prescribed Minimum Benefits.

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 cover amount. We cover all cancer-related healthcare services up to 100% of the Scheme Rate for health professionals who do not have a payment arrangement with the Scheme. You might have a co-payment if your healthcare professional charges more than this rate. Health professionals who have a payment arrangement with the Scheme will be funded at the agreed rate.

Please note: Wigs are not covered from the Oncology Benefit but will pay from your overall out-of-hospital benefit, subject to the external medical items limit.

You have full cover for doctors who we have an agreement with

You can benefit by using doctors and other healthcare providers like hospitals who we have an agreement with, because we will cover their approved procedures in full at the agreed Rate.

Oncology specialists who belong to ICON (Independent Clinical Oncology Network) and SAOC (South African Oncology Consortium) are the designated service providers for the Scheme for chemotherapy and radiotherapy treatment.

If we have an agreement with your doctor, the Scheme will pay all your approved treatment costs. If we don't have an agreement with your doctor, you will have to pay any difference between what is charged and what the Scheme pays.

Radiology and pathology (including histology)	A service provider of your choice may be used. We will pay up to Scheme Rate for all radiology and pathology (including histology) done.
Cancer-treating specialists	Any oncologist who we have an agreement with in the ICON (Independent Clinical Oncology Network) or SAOC (South African Oncology Consortium)
Cancer-treating GPs	Any GP who is on the GP Network
Medical and surgical management	You must use a doctor, specialist, hospital or other healthcare provider who the Scheme has a payment arrangement with.

You can find a healthcare professional on www.malcormedicalaid.co.za or call us on 0860 100 698 to find healthcare service providers where you won't have shortfalls.

You have cover for bone marrow donor searches and transplants

You have cover for bone marrow donor searches and transplants up to the agreed rate, if you adhere to our protocols. Your cover is subject to review and approval.

We need the appropriate ICD-10 and morphology codes 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 Oncology Benefit. To ensure there isn't a delay in paying your doctor's accounts, it would be helpful if you double check to make sure that your doctor has included the ICD-10 morphology codes.

Plan A – Cancer Treatment

We cover approved cancer treatment subject to R500 000 for the family a year. Once you reach this limit, you have access to Prescribed Minimum Benefit (PMB) cover only.

Radiology and pathology approved for your cancer treatment is also covered from the Oncology Benefit.

Cancer treatment that falls within the Prescribed Minimum Benefits is paid up to 100% of the Scheme Rate for health professionals who do not have a payment arrangement with the Scheme. You might have a co-payment if your healthcare professional charges more than this rate. Health professionals who have a payment arrangement with the Scheme will be funded at the agreed rate.

Approved hospital admissions with administration of chemotherapy or radiotherapy for your cancer

The Scheme will cover up to R500 000 for your cancer treatment. This includes oncology, pathology, radiology, medicine and radiation therapy.

Surgery for your cancer

The Scheme pays the medical expenses incurred during an approved hospital admission from your

Hospital Benefit and not the Oncology Benefit. However, we pay the medical expenses (Chemotherapy, Brachytherapy and Gliadel® wafers) incurred during an approved hospital admission from the Oncology Benefit.

PET-CT scans

We cover PET-CT scans subject to certain terms and conditions. You need to pre-authorise PET-CT scans with us before having it done. We pay approved scans from the Oncology Benefit for your cancer treatment.

Plan B – Cancer Treatment

We cover approved cancer treatment up to the limit of R300 000 for a family a year. Once you reach these limits, you have access to Prescribed Minimum Benefit (PMB) cover only.

Radiology and pathology approved for your cancer treatment is also covered from the Oncology Benefit.

Cancer treatment that falls within the Prescribed Minimum Benefits is paid up to 100% of the Scheme Rate for health professionals who do not have a payment arrangement with the Scheme. You might have a co-payment if your healthcare professional charges more than this rate. Health professionals who have a payment arrangement with the Scheme will be funded at the agreed rate.

Approved hospital admissions with administration of chemotherapy or radiotherapy for your cancer

The Scheme will cover up to R300 000 for your cancer treatment. This includes oncology, pathology, radiology, medicine and radiation therapy.

Surgery for your cancer

The Scheme pays the medical expenses incurred during an approved hospital admission from your

Hospital Benefit and not the Oncology Benefit. However, We pay the medical expenses (Chemotherapy, Brachytherapy and Gliadel® wafers) incurred during an approved hospital admission from the Oncology Benefit.

PET-CT scans

We cover PET-CT scans subject to certain terms and conditions. You need to pre-authorise PET-CT scans with us before having it done. We pay approved scans from the Oncology Benefit for your cancer treatment.

Plan C – Cancer Treatment

We cover approved cancer treatment up to the limit of R200 000 for a family a year. Once you reach these limits, you have access to Prescribed Minimum Benefit (PMB) cover only.

Radiology and pathology approved for your cancer treatment is also covered from the Oncology Benefit.

Cancer treatment that falls within the Prescribed Minimum Benefits is paid up to the scheme rate.

Approved hospital admissions with administration of chemotherapy or radiotherapy for your cancer

The Scheme will cover up to R200 000 for your cancer treatment. This includes oncology, pathology, radiology, medicine and radiation therapy.

Surgery for your cancer

The Scheme pays the medical expenses incurred during an approved hospital admission from your

Hospital Benefit and not the Oncology Benefit. However, We pay the medical expenses (Chemotherapy, Brachytherapy and Gliadel® wafers) incurred during an approved hospital admission from the Oncology Benefit.

PET-CT scans

We cover PET-CT scans subject to certain terms and conditions. You need to pre-authorise PET-CT scans with us before having it done. We pay approved scans from the Oncology Benefit for your cancer treatment.

Contact details

You can call us on 0860 100 698 or visit www.malcormedicalaid.co.za for more information.

Complaint process

You can lodge a complaint or query with the Scheme directly on 0860 100 698 or address a complaint in writing directly to the Principal Officer. If your complaint remains unresolved, you can lodge a formal dispute by following the Scheme's internal disputes process.

Members who want to approach the Council for Medical Schemes for assistance can 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 email complaints@medicalschemes.co.za.
Customer Care Centre: 0861 123 267, website: www.medicalschemes.co.za.