



Bankmed Oncology Programme 2020

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, 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) which takes care of the administration of your membership for the Scheme.

Contact us

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Cover for your cancer treatment in 2020

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

Overview

This document explains what you need to do when you are diagnosed with cancer and how Bankmed covers your cancer treatment.

We also provide information regarding:

- Your benefits for cancer treatments under the Prescribed Minimum Benefits
- How the Scheme covers cancer treatment
- Out-of-hospital and in-hospital specialist consultations

What you are required to do before your treatment may start

Should you be diagnosed with cancer, you are required to register on the Bankmed Oncology Programme. To register, you or your treating Healthcare Professional must provide us with a copy of your histology results that confirm your diagnosis.

Explaining the terms we use in this document

Term	Meaning
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 diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, 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
Contracted rate	The rate determined in terms of an agreement between the Scheme and a Healthcare Professional or group of Healthcare Professionals in respect of payment of relevant services
Cost	Refers to the nett cost (after discount) charged for a relevant healthcare service. When in respect of a contracted or negotiated service, 'cost' shall be the contracted rate. In respect of surgical items and procedures provided in hospital, 'cost' shall be the nett acquisition price.
Designated Service Provider (DSP)	a Healthcare Professional or group of Healthcare Professionals 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 condition/s
Scheme Medication Reference Price	The maximum price that the Scheme shall pay for a drug or a class of drugs, where cost-effective alternatives exist. In the event that you voluntarily choose a drug that is more expensive than an alternative available drug that falls within the Scheme Medication Reference Price, the price difference shall be a co-payment payable by yourself at point of sale, subject to PMB Regulations, where applicable
Scheme Rate	The rate at which healthcare services are reimbursed by the Scheme in accordance with the applicable benefit schedule and determined by the Scheme from time to time.

The Oncology Programme at a glance

The Managed Care Oncology Programme provides members with approved cover for cancer treatment.

On the Essential, Basic and Core Saver Plans, cover for approved cancer treatment is limited to PMBs only, subject to pre-authorisation.

On the Traditional, Comprehensive and Plus Plans, cover for approved cancer treatment is unlimited, subject to pre-authorisation.



Inclusion of chemotherapy, radiotherapy and other healthcare services fundable from the Managed Care Oncology Programme will be subject to consideration of evidence base medication, cost effectiveness and affordability.

Healthcare services that are deemed by the Scheme as 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 Professionals:

- 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
- Medication on a medicine list (formulary) to treat pain, nausea and mild depression as well as other medication used to treat the side effects of your cancer treatment, except schedule 0, 1 and 2 medication
- External prosthesis e.g. 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
- Scopes such as bronchoscopy, colonoscopy and gastroscopy that are performed in the management of your cancer

Your cover includes bone marrow donor searches and transplants

Bankmed covers you for bone marrow donor searches and transplants up to the Scheme Rate, should you observe our guidelines. Your cover is subject to review and approval.

ICD-10 and morphology codes must be reflected on accounts

All accounts for your cancer treatment must have a relevant and correct ICD-10 and morphology code for us to fund it from the correct benefit. To make sure there is no delay in paying your Healthcare Professional's accounts, it would be helpful for you to double-check that your Healthcare Professional has included the ICD-10 and morphology codes before submission of your accounts.

How do Prescribed Minimum Benefits work for cancer?

Prescribed Minimum Benefits are a set of conditions for which all medical schemes must provide a basic level of cover. 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 you are on, there is always a basic level of cover for these conditions.

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

1. You may need to send us the results of your medical tests and investigations that confirm the diagnosis for your condition



2. There are standard treatments, procedures, investigations and consultations for each condition
3. Your condition must be part of the list of defined conditions for Prescribed Minimum Benefits
4. The treatment you require must match the treatment included as part of the defined benefits for your condition

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. If your Healthcare Professional charges above this rate, you will have to cover this cost from our own pocket.

You may request a review of our decision

We will review our decision should you or your Healthcare Professional send us new information regarding your condition or information that was not submitted with the original application. We will review the individual circumstances of the case, but please note this process does not guarantee funding approval.

Benefits available on our Plans

	Essential and Basic Plans	Core Saver Plan	Traditional Plan	Comprehensive and Plus Plans
Cancer treatment	We cover approved cancer treatment inclusive of pathology and radiology, subject to the approved treatment plan limited to PMBs		We cover approved cancer treatment inclusive of pathology and radiology subject to the approved treatment plan	
Approved hospital admissions for chemotherapy and radiotherapy	Claims for the oncologist, appropriate pathology, medication, as well as radiation therapy are funded from the unlimited Hospital Benefit			
Surgery for your cancer	We fund the medical expenses incurred during an approved hospital admission from the unlimited Hospital Benefit			
Bone marrow donor searches and transplants	Bankmed covers you for bone marrow donor searches and transplants up to the Scheme Rate, should you observe our guidelines. Your cover is subject to review and approval and will be funded from the unlimited Hospital Benefit			
PET-CT scans	We cover PET-CT scans, subject to certain terms and conditions. Kindly pre-authorise PET-CT scans with us before proceeding with the scan			
Wigs	We will cover the cost of the wigs from the Chronic Appliance Benefit	We will cover the cost of the wigs from the Chronic Appliance Benefit	We will cover the cost of the wigs from the Chronic Appliance Benefit	We will cover the cost of the wigs from the Chronic Appliance Benefit

Complaints process

You may lodge a complaint or query with Bankmed Medical Scheme directly on 0800 BANKMED (0800 226 5633) or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following Bankmed Medical Scheme’s internal disputes process.

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 e-mail at complaints@medicalschemes.com. Customer Care Centre: 0861 123 267/website www.medicalschemes.com

