



Bankmed Oncology Care Programme 2026

Who we are

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

Cover for your cancer treatment in 2026

Members who are diagnosed with cancer need to register on the Oncology Care 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 (PMBs)
- 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 Care Programme. To register, you or your treating Healthcare Professional must provide us with a copy of your laboratory results that confirm your diagnosis. These results can be sent to oncology@bankmed.co.za.

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 Organisation (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 Organisation (WHO).
Prescribed Minimum Benefit (PMB)	A set of minimum benefits to be funded by all medical schemes in line with the Medical Schemes Act and Regulations, in respect of the PMB conditions. A PMB condition is a condition contemplated in the Diagnosis and Treatment Pairs listed and Chronic Disease List conditions in Annexure A of the Regulations or any emergency medical condition.
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. 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 (PMB) condition/s.
Scheme Medicine Reference Price	Similar to Scheme Rate but applies to medication. The maximum price that the Scheme shall pay for a drug or a class of drugs, where cost-effective alternatives exist. If you voluntarily choose a drug that is more expensive than an alternative available drug that falls within the Scheme Medicine 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.
Day-to-day benefits	These are the funds available in your Medical Savings Account and/or Above Threshold Benefit, if available on your Plan. Additionally, insured sub-limits might apply dependent on your selected Plan.



The Oncology Care Programme at a glance

The Oncology Care 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 Oncology Care Programme will be subject to consideration of evidence-based medication, cost-effectiveness and affordability.

Healthcare services the Scheme deems 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 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 medications
- 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

Oncology Medications Pharmacy DSP

Bankmed has partnered with a leading Oncology Medications Pharmacy DSP to manage costs while ensuring comprehensive oncology benefits.

Please use our pharmacy Oncology Medications Pharmacy DSP for approved oncology medications to avoid a co-payment. Speak to your treating Healthcare Professional and confirm that they are using our Oncology Medications Pharmacy DSP for your medication for **treatment in their rooms or in a treatment facility**.



Your treating Healthcare Professional will need to use one of the following DSPs:

- Dis-Chem's Oncology Courier Pharmacy
- Medipost Pharmacy
- Qestmed
- Olsens Pharmacy
- Southern Rx

For approved oncology-related medication **where your Healthcare Professional has provided a prescription**, please use the Oncology Medications Pharmacy DSP. To find an Oncology Medications Pharmacy DSP, visit www.bankmed.co.za and click on 'Find a Healthcare Professional' or access the 'Find a Healthcare Professional' tool on the Bankmed App. Our Oncology Medications Pharmacy DSP is a convenient medication-ordering service that allows you to order prescribed medication via SMS, the Bankmed website, and the Bankmed App.

In 2026 the Oncology Medications Pharmacy DSP will be enforced and failure to make use of the Oncology Medications Pharmacy DSP for oncology medication will attract a **co-payment of 20%**.

Important note:

We strictly adhere to predefined criteria and do not provide payment for healthcare services that fail to meet all established criteria.

Dispensing Healthcare Professionals who bill the Scheme directly for treatment performed in rooms would be exempt from the DSP arrangement. This would also not apply to chemotherapy administered in hospital.

Speak to your Healthcare Professional if you have any concerns.

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.

Diagnostic tests and investigations

The Scheme may pay the out-of-hospital pathology and radiology tests and investigations before a diagnosis is confirmed (diagnostic work-up) from your day-to-day benefits. Once confirmed, you can request for us review these diagnostic tests to be funded as PMB. You can send an e-mail to oncology@bankmed.co.za with your claims query.

ICD-10 and morphology codes must reflect on all accounts

All claims for your cancer treatment must have a relevant and correct ICD-10 and morphology code for us to fund it from the correct benefit. Please ensure that your Healthcare Professionals' claims include the ICD-10 and morphology codes before sending your claims for payment. Failure to include the correct codes can result in delayed claim payment.

How do Prescribed Minimum Benefits work for cancer?

Cancer is a PMB condition, and the Scheme will cover your treatment in full if 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 PMBs.



4. The treatment you require must match the treatment included as part of the defined benefits for your condition.

We cover all cancer-related healthcare services up to 100% of the Scheme Rate from Healthcare Professionals who do not have a payment arrangement with the us. You might have a co-payment if your Healthcare Professional charges more than the Scheme Rate. Healthcare Professionals who have a payment arrangement with the Scheme will be funded at the agreed rate.

Oncology Network Requirements for Traditional Plan Members

Effective 1 January 2026, a 20% co-payment will apply if you consult with a Oncology specialist who is not part of the approved Designated Service Provider (DSP) networks.

- For consultations: Your General practitioner in Bankmed GP Network 127
- For oncology-related treatment: Your treating specialist must be part of Bankmed Prestige A specialist (Network 318) and Bankmed Prestige B Specialist network (Network 319).

To avoid the co-payment, please ensure your chosen provider is within the applicable network before proceeding with treatment.

To locate a provider within the network, please access the Find a Healthcare Professional tool website by logging in to www.bankmed.co.za, look under the DOCTOR VISITS tab and then select [Find a Healthcare Professional](#).

You may request a review of our decision

Should you or your Healthcare Professional apply for cover for treatment and the request is declined, you may request that the decision is reviewed. 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 Insured Benefits.			
Surgery for your cancer	We fund the medical expenses incurred during an approved hospital admission from the unlimited Insured Benefits.			
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 Insured Benefits.			
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 Oncology Benefit with accumulation to the Chronic Appliance Limit and limited to one wig every two years.			



Contact us

E-mail: oncology@bankmed.co.za

Call: 0800 BANKMED (0800 226 5633)

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.co.za Customer Care Centre: 0861 123 267. Website: www.medicalschemes.co.za.

