

Oncology Programme 2025

Who we are

Remedi Medical Aid Scheme (referred to as 'the Scheme'), registration number 1430, 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 of Remedi.

Contact us

You can call us on **0860 116 116** or visit www.yourremedi.co.za for more information

Overview

This document explains the Remedi Medical Aid Scheme Oncology Programme for 2025. 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 provide cover for your approved cancer treatment

You'll find information about our flexible range of options available for Remedi Medical Aid Scheme members who have been diagnosed with cancer. It also explains the rolling limit for approved cancer treatment and what you'll need to pay once your allocated rand amount is reached.

We also provide information about your benefits for cancer treatments under the Prescribed Minimum Benefits, how we cover consultations with cancer-treating GPs and specialists, both out of hospital and in 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 Remedi Medical Aid Scheme's Oncology Programme to have access to the Oncology Benefit. To register, you or your treating doctor must send us details of your test results that confirm your diagnosis to dco_oncology@discovery.co.za.

Oncology ICON network access introduction on all benefit options

Remedi has contracted with the ICON network of service providers to enhance the registration process on the oncology care programme, should a member be diagnosed with cancer. Please speak to your treating doctor for more information in the event that you may need to be registered and treated for cancer.

Understanding some of the terms we use in this document

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

Terminology	Description
Agreed rate	The rate that the Scheme sets for paying claims from healthcare professionals.
Co-payment	The portion that you have to pay yourself, like when the amount the Scheme pays is less than what your doctor charges.
Day-to-day benefits	The funds available in your Personal Medical Savings Account (only on the Comprehensive Option)
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 behavior 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 make a co-payment
Prescribed Minimum Benefits	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 Oncology Benefit at a glance

Cover for cancer

The Oncology Benefit provides members cover for approved cancer treatment.

We cover all cancer-related healthcare services up to 100% of the agreed rate for healthcare 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.

Healthcare professionals who have a payment arrangement with the Scheme will be funded at the agreed rate.

Treatment provided by your cancer specialist and other healthcare providers that add up to the annual limit include:

- Chemotherapy and radiotherapy
- 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 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)

All the costs related to your approved cancer treatment will count towards the annual Benefit

- External breast prostheses and special bras
- Stoma products
- Oxygen
- Radiology requested by your cancer specialist, which includes:
 - Basic X-rays
 - CT and MRI 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 enrolled on the Oncology Programme and not on active treatment.

Once your annual rand limit has been reached, we will continue funding cancer treatment defined as a PMB condition in full, in accordance with our clinical guidelines. Alternatively, you can apply to continue to have your approved cancer treatment covered by Remedi. This is subject to approval.

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 pay certain treatments from your day-to-day benefits

Other needs related to your condition and treatment that is not covered from the Oncology Benefit will be paid from the available funds in your day-to-day benefits. This includes, for example, wigs.

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. If your healthcare provider charges more than what the Scheme pays, you will be responsible for paying the difference from your own pocket for professional services such as consultations.

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

All accounts for your cancer treatment must have the 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 and morphology codes.

Introduction of a Designated Service Provider (DSP) Pharmacy network for oncology medicines

Oncology medication significantly contributes to the total medication expenditure of the Scheme and the Trustees approved the implementation of a Designated Service Provider (DSP) for oncology to ensure that efficiencies can be achieved whilst ensuring sustainable access to a comprehensive oncology benefit offering. Through a DSP arrangement, the Scheme can work with the pharmacies to ensure that members are dispensed the most preferentially price products.

Please ensure that you use our pharmacy DSP for your oncology medicines. For treatment administered in the doctors' rooms (in-rooms) your treating doctor will need to use one of the following providers within the DSP:

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

Speak to your treating doctor if you have any concerns.

Where your treating doctor has provided you with a prescription (like supportive medicine, oral chemotherapy and hormonal therapy). Please use a MedXpress Network Pharmacy or one of the in-rooms pharmacies.

Oncology Reference Price

The oncology reference price is the maximum amount we will pay for a group of generic or similar medicine.

The reference price is applicable to chemotherapy, hormonal therapy, and supportive oncology medicine.

Approved medicine listed on the supportive medicine list (Formulary), or the preferred Product list will be fully covered up to the agreed rate.

For medicine not included on these lists, we will pay up to a maximum of the Scheme Rate or Reference Price, whichever is applicable.

What this means:

Members will have full cover if their medicine costs less than or the same as the Reference Price. This means we'll cover it completely.

Members will have a co-payment if their medicine costs more than the Reference Price. Members will have to pay the difference between the Reference Price and the provider's price.

Understanding what is included in your cancer benefits

Prescribed Minimum Benefits

Prescribed Minimum Benefits is 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 benefit option a member is on, there is always a basic level of cover for these conditions.

Cancer is one of the conditions covered under the Prescribed Minimum Benefits. We will cover your treatment in full as long as you meet all three of these requirements for funding.

Your condition must be part of the list of defined conditions for Prescribed Minimum Benefits.	→	You may need to send us the results of your medical tests and investigations that confirm the diagnosis for your condition.
The treatment you need must match the treatments included as part of the defined benefits for your condition.	→	There are standard treatments, procedures, investigations and consultations for each condition.
You must use a doctor, specialist or other healthcare provider who the Scheme has an arrangement with.	→	There are some cases where this is not necessary, for example a life-threatening emergency.

Tests to confirm a diagnosis (diagnostic work-up)

This refers to the certain out-of-hospital pathology and radiology tests and investigations that are carried out in diagnosing your cancer. We may pay these from your day-to-day benefits.

You may apply for us to review this decision

We will review this 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 the individual circumstances of the case, but please note this process does not guarantee funding approval.

You can contact us on 0860 116 116 for more information on this process.

Getting the most out of your cancer benefits

Get to know all about your cancer benefits

Check what benefits apply to your specific treatment, whether it's in or out of hospital. You can go to www.yourremedi.co.za, call us on 0860 116 116 or refer to your Benefit Brochure.

Tell us about your cancer treatment and we'll tell you how we will cover it

If you need cancer treatment, your cancer specialist must send us your treatment plan for approval before starting with the treatment. We will only fund your cancer treatment from the Oncology Benefit if your treatment plan has been approved and meets the terms and conditions of the Scheme.

You have cover from the Prescribed Minimum Benefits, but you must use a healthcare provider who we have an agreement with and your treatment must match the treatments included as part of the defined benefits for your condition, or you will have a co-payment. You can refer to the section on Prescribed Minimum Benefits for more information.

Use approved treatment methods and medicine

The Scheme does not pay for medicine and treatment that is not approved or registered by the Medicines Control Council of South Africa (MCC). This includes treatment that has not been sufficiently tested as well as herbal or traditional treatments.

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.

If we've approved your scan and you have it done in our PET scan network.

We will pay the full cost if you have not exceeded your annual limit for your cancer treatment. If you have exceeded this amount, you will be responsible for the full amount.

If we've approved your scan and you have it done outside of our PET scan network.

You will need to pay the first R3 400 of the scan cost from your pocket. We will pay the rest of the scan cost up to the annual amount for your cancer treatment. If you have exceeded this amount, you will be responsible for the full amount as well as the R3 400 co-payment.

Use doctors who we have an agreement with

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.

You can use our MaPS tool on **www.yourremedi.co.za** or call us on **0860 116 116** to find healthcare service providers where you won't have shortfalls.

Comprehensive Option

Please call us on 0860 116 116 to register on the Oncology Programme.

Cancer treatment

The Remedi oncology annual family limit will be replaced with an overall individual member limit at your oncology 12-month anniversary date.

This new limit will consist of a R490 000 limit where all claims will be funded at 100% of the Scheme Rate. Once this limit is depleted, you will be allocated a further R705 000 where claims will be funded at 80% of the Scheme Rate. Once this limit is depleted, only PMB level of care claims will be funded. All claims will accumulate to the overall individual member limit of R1 195 000.

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

Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment if you use service providers who have agreements with us. Refer to the section *Understanding what is included in your cancer benefits* for more information.

The Oncology Innovation Benefit provides members with access to innovative (new technology) cancer treatment.

We will pay up to 75% of the Scheme Rate for a defined list of approved medicine. Approval is subject to meeting clinical entry criteria and requests may be reviewed by an external panel for consideration for funding from this benefit. These claims will accumulate to your R1 195 000 cover amount at 75% of the Scheme Rate.

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

Claims for the oncologist, appropriate pathology, radiology and medicine, as well as radiation therapy add up to R490 000 or R705 000 (as may be applicable) for your cancer treatment.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from the Hospital Benefit and not the Oncology Benefit. Implantable cancer treatments done in hospital, such as brachytherapy and Gliadel® wafers, are covered from the Oncology Benefit.

Bone marrow donor searches and transplantation

You have access to local and international 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.

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 available R490 000 or R705 000 (as may be applicable) annual limit for your cancer treatment. You must get pre-authorisation and use one of our designated service providers; otherwise, you will have to make a co-payment of R3 400.

If we've approved your scan and you have it done in our PET scan network	We will pay at the agreed rate if you have not exceeded the R490 000 annual limit for your cancer treatment. If you have exceeded this amount, we will continue to pay at 80% of the agreed rate up to R705 000 from the overall member limit of R1 195 000. You will be responsible for paying the shortfall.
If we've approved your scan and you have it done outside of our PET scan network	You will need to pay the first R3 400 of the scan cost from your own pocket. We will pay the rest of the scan cost up to the R490 000 annual limit for your cancer treatment. If you have exceeded this amount, we will continue to pay at 80% of the Scheme Rate up to R705 000 from the overall member limit of R1 195 000. You will be responsible for paying the shortfall as well as the R3 400 co-payment. The shortfall may be higher than 20% if your healthcare provider charges more than the Scheme Rate.

Wigs

We pay wigs from the available funds in your Insured Out-of-Hospital (day-to-day) benefits and Personal Medical Savings Account.

Classic Option

Please call us on 0860 116 116 to register on the Oncology Programme.

Cancer treatment

The Remedi oncology annual family limit will be replaced with an overall individual member limit at your oncology 12-month anniversary date.

This new limit will consist of a R410 000 limit where all claims will be funded at 100% of the Scheme Rate. Once this limit is depleted, you will be allocated a further R265 000 where claims will be funded at 80% of the Scheme Rate. Once this limit is depleted, only PMB level of care claims will be funded. All claims will accumulate to the overall individual member limit of R675 000.

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

Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no co-payment if you use service providers who have agreements with us. Refer to the section *Understanding what is included in your cancer benefits* on for more information.

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

Claims for the oncologist, appropriate pathology, radiology and medicine, as well as radiation therapy add up to R410 000 or R265 000 (as may be applicable) for your cancer treatment.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from the Hospital Benefit and not the Oncology Benefit. Implantable cancer treatments done in hospital, such as brachytherapy and Gliadel® wafers, are covered from the Oncology Benefit.

Bone marrow donor searches and transplantation

You have access to local and international 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.

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 available R410 000 or R265 000 (as may be applicable) annual limit for your cancer treatment. You must get pre-authorisation and use one of our designated service providers; otherwise, you will have to make a co-payment of R3 400.

If we've approved your scan and you have it done in our PET scan network	We will pay at the agreed rate if you have not exceeded the R410 000 annual limit for your cancer treatment. If you have exceeded this amount, we will continue to pay at 80% of the agreed rate up to R265 000 from the overall member limit of R675 000. You will be responsible for paying the shortfall.
If we've approved your scan and you have it done outside of our PET scan network	You will need to pay the first R3 400 of the scan cost from your own pocket. We will pay the rest of the scan cost up to the R410 000 annual limit for your cancer treatment. If you have exceeded this amount, we will continue to pay at 80% of the Scheme Rate up to R265 000 from the overall member limit of R675 000. You will be responsible for paying the shortfall as well as the R3 400 copayment. The shortfall may be higher than 20% if your healthcare provider charges more than the Scheme Rate.

Wigs

We pay wigs from the available funds in your Insured out-of-hospital benefit.

Standard Option

Please call us on 0860 116 116 to register on the Oncology Programme.

Cancer treatment

As a member you have access to PMB level of care or South African Oncology Consortium (SAOC) Tier 1 treatment only.

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

Cancer treatment that falls within the Prescribed Minimum Benefits is covered in full, with no co-payment if you use service providers who have agreements with us. Refer to the section *Understanding what is included in your cancer benefits* on for more information.

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

Claims for the oncologist, appropriate pathology, radiology and medicine, as well as radiation therapy will pay from the Oncology Benefit.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from the Hospital Benefit and not the Oncology Benefit. Implantable cancer treatments done in hospital, such as brachytherapy and Gliadel® wafers, are covered from the Oncology Benefit.

Bone marrow donor searches and transplantation

You have access to local 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

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.

You must get pre-authorisation and use one of our designated service providers; otherwise, you will have to make a co-payment of R3 400.

If we've approved your scan and you have it done in our PET scan network	We will pay up to the agreed rate for PMB level of care.
If we've approved your scan and you have it done outside of our PET scan network	You will need to pay the first R3 400 of the scan cost from your own pocket. We will pay the rest of the scan cost up to the agreed rate for PMB level of care.

You can dispute our funding decisions in certain circumstances

If you disagree with our decision on the PMB cover you requested, there is a formal disputes process that you can follow. Call us on 0860 116 116. To query the funding and process.

Complaints process

You may lodge a complaint or query with Remedi Medical Aid Scheme directly on 0860 116 116 and address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the Remedi Medical Aid Scheme internal disputes process.

You may, as a last resort, approach the Council for Medical Schemes for assistance.

Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / 0861 123 267 / complaints@medicalschemes.co.za / www.medicalschemes.co.za