Oncology Programme

2024

Who we are

TFG Medical Aid Scheme (referred to as “the Scheme"), registration number 1578, 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 your membership for the Scheme.

Contact us

You can call us on 0860 123 077 or visit www.tfgmedicalaidscheme.co.za for more information.

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
- What this benefit may expose you to and how you can manage this

You’ll find information about our flexible range of options available for 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, how we cover cancer-treating GP and specialist consultations out of hospital and in hospital.

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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 123 077 for assistance.

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
Deductible	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 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 deductible.
Prescribed Minimum Benefits (PMB)	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 members cover for approved cancer treatment.

On TFG Health, cover for approved cancer treatment is subject to the use of ICON accredited providers and PMB level of care. On TFG Health Plus, approved cancer treatment is limited to the rolling 12-month oncology benefit threshold of R650 000 for each beneficiary. This rand amount will be allocated from the date of diagnosis for a 12-month period.

The rand amount covers the following treatments that are provided by your cancer specialist and other healthcare providers, up to the specific rand amount:

- 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 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
- Wigs
- 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.

Bone marrow transplant costs do not add up to the 12-month rand limit for cancer treatment

- Scopes such as bronchoscopy, colonoscopy and gastroscopy that are used in the management of your cancer. Please note that the Scheme 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.

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 deductible 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.

Once this rand limit has been reached on TFG Health Plus, we will continue to pay for the treatment defined by SAOC Tier 1 in line with Prescribed Minimum Benefits. Alternatively, you can apply to continue to have your approved cancer treatment covered by the Scheme. This is subject to approval.

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

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

You have cover for bone marrow donor searches and transplants

You have additional cover for bone marrow donor searches and transplants as per the Scheme's approved protocols and funding guidelines. 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.

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

You can benefit by using pharmacies 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.

Please use our pharmacy designated service provider (DSP) for approved oncology medicines to avoid a 20% co-payment. Speak to your treating doctor and confirm that they are using our designated service providers (DSPs) for your oncology medicine. For treatment administered in the doctors' rooms (in-rooms) your treating doctor will need to use one of the following providers within the DSP network:

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

Speak to you 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 to avoid a 20% co-payment.

Go to our website at www.tfgmedicalaidscheme.co.za and log in with your username and password. If you are looking for the nearest pharmacy, go to 'Your Details' on the left of the screen and click on 'MaPS (Medical and Provider Search)'. You can search by healthcare professional name or by area.

Understanding what is included in your cancer benefits

Prescribed Minimum Benefits

Prescribed Minimum Benefits is a set of conditions that all medical schemes must provide and includes a basic level of cover provided for. 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 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 agreement 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 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.

Please call us on 0860 123 077 for additional information on this process.

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.tfgmedicalaidscheme.co.za or call us on 0860 123 077 or refer to your Benefits Brochure.

Administered by Discovery Health

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 deductible. Please refer to the section on Prescribed Minimum Benefits for more information.

Use approved treatment methods and medicine

TFG Medical Aid Scheme does not pay for medicine and treatment that are 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.

We also do not cover PET-CT scans or any other cancer treatment that we have not approved.

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 the MaPS tool on www.tfgmedicalaidscheme.co.za or call us on 0860 123 077 to find healthcare service providers where you won't have shortfalls.

TFG Health

Cancer treatment

You have cover for approved chemotherapy, radiotherapy and other treatment prescribed by your cancer specialist in the KeyCare ICON network from the Oncology Benefit. If you use a cancer specialist who is not in the KeyCare ICON network, the Scheme will pay 80% of the Scheme Rate and you need to pay the balance from your pocket.

The Scheme also covers pathology, radiology, medicine and other approved cancer-related treatment that is provided by healthcare professionals other than your cancer specialist.

The Scheme must approve your treatment before we can pay it from the Oncology Benefit. This treatment must be in line with agreed protocols and medicine lists (formularies).
Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no deductible.

This is if you use service providers who we have a payment arrangement with. Refer to the section *You have full cover* in our designated service provider network and for doctors who we have a payment arrangement with for more details.

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 add up to the Oncology Benefit. You must use a hospital in the KeyCare Hospital Network.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from the Hospital Benefit and not the Oncology Benefit. You must use a hospital in the KeyCare Hospital Network.

Bone marrow donor searches and transplantation

TFG Medical Aid Scheme covers you for local bone marrow donor searches and transplants up to the agreed rate, once we have approved your transplant procedure and treatment.

PET-CT scans

We cover PET-CT scans subject to using our designated services providers and certain terms and conditions. You need to preauthorise PET-CT scans with us before having it done.

Approved PET-CT scans will be paid up to the agreed rate, subject to the use of a PMB PET-CT scan facility in our network.

You need to pay for wigs

You must pay the cost for wigs from your pocket.

TFG Health Plus

Cancer treatment

We cover approved cancer treatment up to the rolling 12-month limit of R650 000 for each beneficiary. Once you reached these limits, the Scheme will pay healthcare services up to 80% of the Scheme Rate for health professionals who do not have a payment arrangement with the Scheme. This amount could be more than 20% if your treatment cost is higher than the Scheme Rate. Health professionals who have a payment arrangement with the Scheme will be funded at 80% of the agreed rate of all further treatment and you will need to pay the balance from your own pocket.

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 always covered in full, with no deductible if you use service providers who we have an agreement with. Refer to the section *Understanding what is included in your cancer benefits* for more information on this.

Implantable cancer treatments done in-hospital such as, but not limited to brachytherapy and Gliadel® wafers are covered from the Oncology Benefit.

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 accumulate to the R650 000 limit.

Surgery for your cancer

Implantable cancer treatments done in-hospital such as, but not limited to brachytherapy and Gliadel® wafers are covered 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.

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 123 077 for more information on this process.

Complaints process

You may lodge a complaint or query with the Scheme directly on 0860 123 077 or 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 TFG 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