

Oncology Programme 2026



Overview

This document explains how SAB Medical Aid covers your cancer treatment. It will also tell you what you need to do when you are diagnosed.

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.

It also outlines the oncology benefit threshold for approved cancer treatment and the costs, once your allocated limit is reached.

We also provide information about your benefits for cancer treatments under the Prescribed Minimum Benefits (PMB), how we cover consultations with cancer-treating GPs and specialists, both in- and out-of-hospital.

Understanding some of the terms used in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

Term	Description
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, non-invasive (in situ) or uncertain (whether benign or malignant) as classified by the World Health Organization (WHO).
Prescribed Minimum Benefits (PMBs)	In terms of the Medical Schemes Act of 1998. (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of: • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions To access PMBs there are rules defined by the Council for Medical Schemes (CMS) that apply: Your medical condition must qualify for cover and be part of the defined list of PMB conditions Your treatment must match the treatments in the defined treatment basket You must use Designated Service Providers (DSPs) where applicable. This does not apply in emergencies. However, even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network once your condition has stabilised. If you do not use a Designated Service provider (DSP), we will pay up to the Medical Scheme Rate. The difference between what we pay and the actual cost of your treatment will be for your own pocket. If your treatment doesn't meet the above criteria, we will pay according to your benefit option.

Term	Description
Scheme Rate	The Rate at which health services are reimbursed by the Scheme in accordance with the applicable benefit schedule and determined by the Scheme from time to time.
Co-payment	This is the amount you need to pay for a healthcare service. The amount can vary depending on the type of service, where it's provided, or if the service provider charges more than what we cover. If the co-payment or upfront amount is higher than the cost of the service, you will be responsible for paying the remaining amount.
12-month benefit threshold	A 12-month benefit period that is individualised depending on when a member is diagnosed with cancer. For example, if a member is newly diagnosed and registered on the 1st of April, the member's 12-month cycle benefit threshold will refresh 12 months later (1st April the following year).

The Oncology Programme at a glance

What you need to do before your treatment can start

- If you are diagnosed with cancer, you need to register on the Oncology Programme
- To register, you or your treating healthcare professional must send us a copy of your laboratory results confirming your diagnosis via email to oncology@sabmas.co.za
- Your cancer specialist will need to send us your treatment plan for approval before starting treatment. We will only fund your cancer treatment from the Oncology Programme if we have approved your treatment plan

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

All accounts for your cancer treatment must include the relevant and correct ICD-10 diagnosis and morphology code for payment from the Oncology Programme. To make sure there is no delay in paying your accounts, please confirm that your healthcare provider has included the ICD-10 diagnosis and morphology codes.

The Scheme covers your approved cancer treatment

Once you are registered on the Oncology Programme, the Scheme will cover your approved cancer treatment up to the specified amounts, based on your chosen option:

Comprehensive Option	Essential Option
Each member has a R500 000 oncology threshold that applies over a rolling 12-month period. Approved Prescribed Minimum Benefit (PMB) and non-PMB cancer treatment costs accumulate towards this threshold. Once the threshold has been reached, approved PMB treatment will continue to be covered up to 100% of the Scheme Rate. Approved non-PMB treatment will be covered up to 80% of the Scheme Rate or the claimed amount, whichever is lower.	Each member has a R250 000 oncology threshold that applies over a rolling 12-month period. Approved Prescribed Minimum Benefit (PMB) and non-PMB cancer treatment costs accumulate towards this threshold. Once the threshold has been reached, approved PMB treatment will continue to be covered up to 100% of the Scheme Rate. Approved non-PMB treatment will be covered up to 80% of the Scheme Rate or the claimed amount, whichever is lower up to the Limited Overall Annual Limit. Once the Overall Annual Limit has been fully used, only PMB treatment will be covered.

All costs for your approved cancer treatment (including PMB treatment) will count towards your cover amount, based on your chosen benefit option. We cover all cancer-related services up to 100% of the Scheme Rate

We will pay for the approved treatment from the Oncology Programme, up to the agreed rate, for healthcare professionals who we have a payment arrangement with. For healthcare professionals who do not have a payment arrangement with us, we will cover services at 100% of the Scheme Rate.

For certain healthcare professionals, such as radiologists (basic radiology), orthotists, and prosthetists, where no payment arrangements are in place, we will cover services in full.

The Oncology Programme provides access to healthcare services for the treatment and management of your cancer

Cover from the Oncology Programme includes the following:

- Chemotherapy and radiotherapy
- 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 medicine)
- 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.

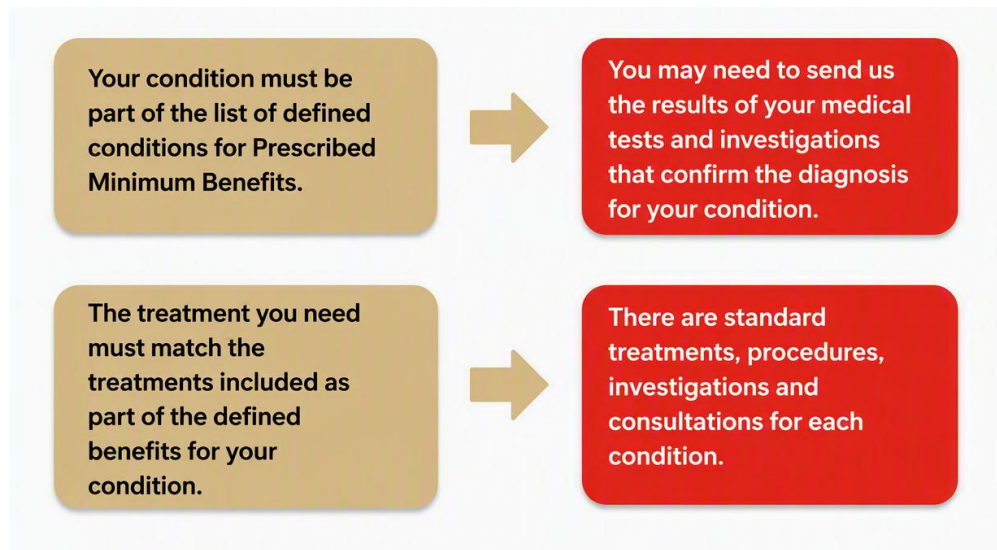
Prescribed Minimum Benefits under certain conditions

Most cancer conditions are covered under the PMBs. Cover includes the diagnosis, treatment, and costs of the ongoing care of these conditions. If your treatment costs more than the cover amount, we will continue to cover your cancer treatment in full if you meet the rules for PMB payment as described in the definition section on the first page of this document.

If your cancer diagnosis has not yet been confirmed, some out-of-hospital tests such as pathology, radiology, or other diagnostic investigations may be covered under your day-to-day benefits.

Once your diagnosis is confirmed, please contact us so we can reassess these tests for possible cover under the Prescribed Minimum Benefits (PMBs). Each request will be reviewed carefully and on an individual basis.

Call us on 0860 11 33 22 or email oncology@sabmas.co.za for more information on the process.



You can request a review of our decision

If we do not approve your cover, we will review our 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 individual cases but please note that this process does not guarantee funding approval

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. Contact us on 0860 002 133 to request a disputes form.

Cancer treatment

We cover approved cancer treatment, inclusive of pathology and radiology, subject to the approved treatment plan and basket of care.

Comprehensive Option

- Access to PMB and non-PMB treatment with accumulation to the R500 000 Oncology Benefit threshold, per beneficiary per rolling 12 months.
- Once the R500 000 Oncology Benefit Threshold is reached approved non-PMB treatment will be covered up to 80% of the Scheme Rate or the claimed amount, whichever is lower.
- Approved PMB treatment will continue to be covered up to 100% of the Scheme Rate

Essential Option

- Access to PMB and non-PMB level of care with accumulation to the R250 000 Oncology Benefit threshold, per beneficiary per rolling 12 months, subject to the Overall Annual Limit (OAL).
- Once the R250 000 Oncology Benefit threshold has been reached, approved non-PMB treatment will be funded at 80% of the Scheme Rate or the claimed amount, whichever is lower, subject to the applicable OAL.
- Once the OAL has been reached, benefits will be limited to PMB treatment only.
- Approved PMB treatment will continue to be covered up to 100% of the Scheme Rate.
- If you have been approved for non-PMB oncology treatment and you have reached your OAL, any non-PMB treatment will need to be submitted through the ex gratia process. We will then review the request to determine whether additional funding can be approved.

Approved hospital admissions for administration of chemotherapy or radiotherapy

Comprehensive Option

Claims for the oncologist, appropriate pathology, radiology, and medicine as well as radiation therapy are paid from the Oncology Benefit Threshold.

Essential Option

Claims for the oncologist, appropriate pathology, radiology and medicine funds as well as radiation therapy are paid from the Oncology Benefit Threshold, subject to the OAL.

Surgery for your cancer

We pay approved hospital costs during a hospital admission from the unlimited Major Medical Benefit on the Comprehensive Option and from the Overall Annual Limit (OAL) on the Essential Option.

Members on both the Comprehensive Option and Essential Option have full cover when they use a hospital in the SAB Medical Aid hospital network, which includes hospitals where the Scheme has a payment agreement.

If you use a hospital that is not part of the network, we pay claims up to 100% of the Scheme Rate. If the hospital or healthcare provider charges more than the Scheme Rate, you are responsible for paying the difference.

PET-CT scans

We cover PET-CT scans, subject to certain terms and conditions up to the agreed rate. You need to pre-authorise PET-CT scans with us before having the scan.

Wigs

We pay for wigs subject to a benefit confirmation from your Medical and Surgical Appliance Limit.

Contact us for more information

You can count on us for support. A cancer diagnosis can bring many questions and concerns, which is why we're here to help. Contact our Customer Care Centre on **0860 002 133** or email oncology@sabmas.co.za for assistance with the Oncology Programme, your cancer treatment benefits, or the approval process. We'll take the time to explain your cover and help you access the care and support available to you.

Complaints process

You may lodge a complaint or query with SAB Medical Aid by sending an email to info@sabmas.co.za, calling 0860 002 133 or address a complaint in writing directly to the Principal Officer. If the complaint remains unresolved 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 email complaints@medicalschemes.co.za. Customer Care Centre: 0861 123 267 / website www.medicalschemes.co.za.