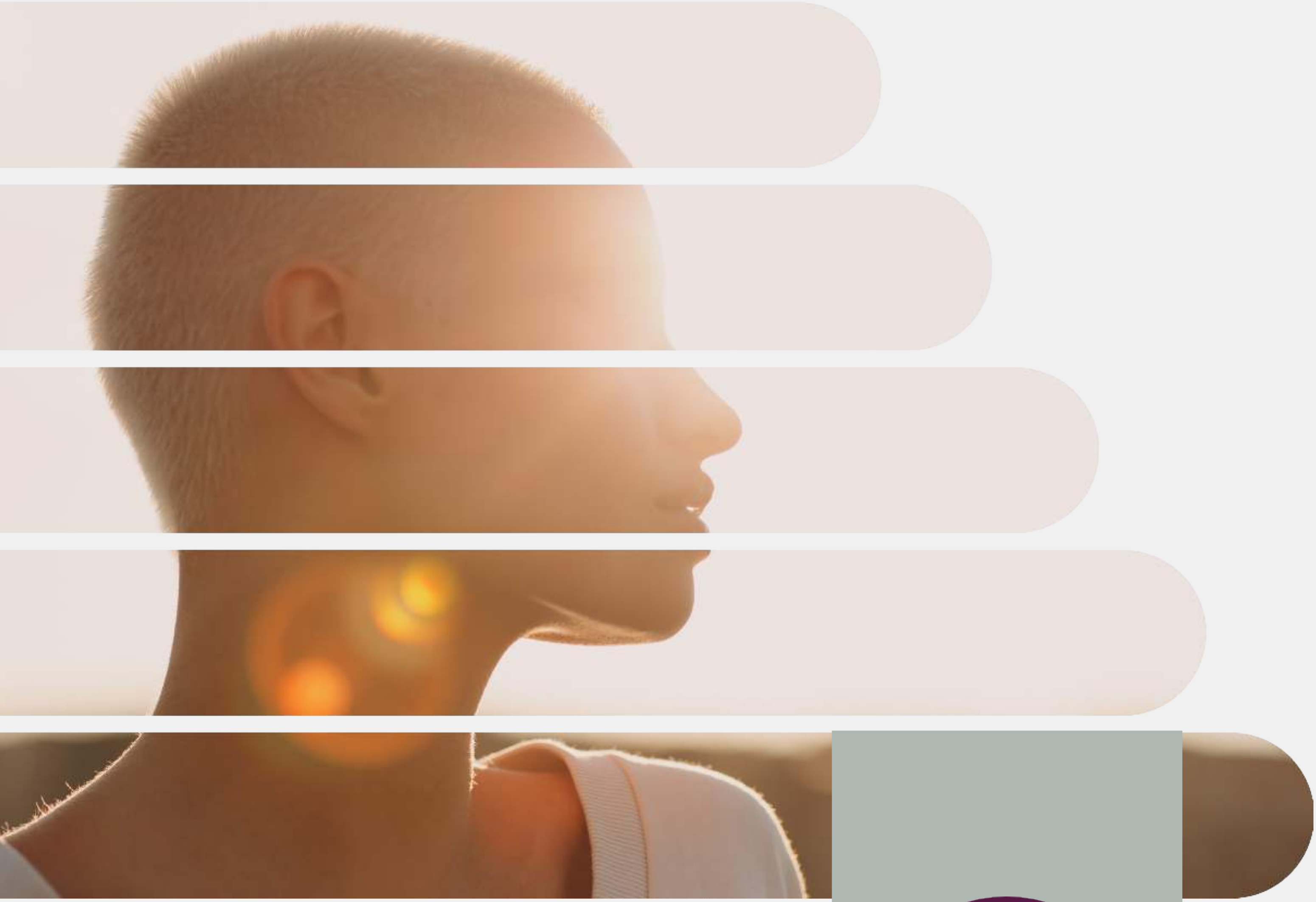

ONCOLOGY CARE GUIDE

YOUR HEALING JOURNEY

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WELCOME TO YOUR PROFMED ONCOLOGY CARE GUIDE

Being diagnosed with cancer is life-changing, and we want you to know you're not facing it alone. At Profmed, we're here to walk this journey with you, every step of the way.

This handbook was created to help you understand what lies ahead, what support is available, and how your medical aid benefits are designed to give you one less thing to worry about. From treatment options and authorisation processes to emotional support and wellness tools, we've pulled together everything you need to focus on what matters most, getting better.

You'll find practical guidance, clear explanations, and helpful contacts throughout this guide.

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FIRST THINGS FIRST

WHAT HAPPENS WHEN CANCER IS SUSPECTED?

If your doctor suspects cancer or refers you for further investigations (like scans or biopsies), you will be required to obtain pre-authorisation before these tests can be performed.

WHAT YOU NEED TO KNOW

- These **initial tests** (MRI, CT scan, sonar, pathology, biopsy) **are not covered by your oncology benefit**. They are paid from your day-to-day or hospital benefits, depending on where these tests are performed.
- If **cancer is confirmed**, your treatment plan will be funded from your **oncology benefit**.
- If **cancer is not confirmed**, the tests are still covered from the available **day-to-day benefits**, and not from the oncology benefit.

WHAT TO DO ONCE YOU'RE DIAGNOSED

Register on the Oncology Programme:

Send the following to **oncology@profmed.co.za**:

- Histology report
- Treating provider's practice number
- Active treatment plan (chemotherapy and/or radiation therapy)
- Prescription for all medication

Registration and treatment plan approval usually takes **1–2 working days.**

If more information is required or if your plan needs to be reviewed by Profmed's medical review team, the process may take longer.

WHAT YOUR

ONCOLOGY BENEFIT COVERS?

Once registered, your oncology benefit includes:

- Radiation therapy
- Chemotherapy
- Hormonal treatment
- Radiology and pathology tests and investigations related to cancer
- Supportive treatment (e.g. nausea medication)
- Post-treatment care for up to 180 days:
  - Consultations
  - Medication
  - Procedures
  - Investigations

All treatment is subject to your available oncology benefits, oncology treatment protocols and management, case management, according to your specific benefit option.

NEED

A PET SCAN?

PET scans require pre-authorisation. Here's what's needed:

FROM YOUR DOCTOR:

- Biopsy results (histology report)
- PET scan request form (with scan type, tariff codes, NAPPI codes)

FROM YOUR ONCOLOGIST:

- Pathology and radiology reports
- Date of diagnosis
- Cancer staging (TNM)
- Details of previous surgery, chemotherapy, and radiation therapy

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DESIGNATED SERVICE PROVIDERS

Selecting the appropriate healthcare provider during oncology treatment can have a major impact on both your care and your expenses. Designated Service Providers (DSPs) are there to assist, guiding you to appropriate care while keeping treatment costs manageable.

Profmed partners with specific healthcare providers who are part of our DSP network. These providers have agreed to offer services at rates that are fully or mostly covered by your oncology benefit. Using a DSPN helps you avoid unexpected co-payments and ensures your treatment aligns with Profmed's clinical protocols.

TREATMENT	DSPN	CO-PAYMENT*
CHEMOTHERAPY	Dischem Direct Oncology, Medipost	20%
BIOLOGICS | TARGETED THERAPY	Dischem Direct Oncology, Medipost	20%

* Should your approved treatment include a 20% co-payment as per the Scheme Rules, an additional 20% co-payment may be applied in the event of the use of a non-DSP.

Not Sure Who to Use?

We are here to assist you. Please reach out to us, and we will guide you through your options to help you make the best choice for your care and your budget.

Call us at **0860 776 363** Or email **preauth@profmed.co.za**

ONCOLOGY TIERS
MEDICATION EXPLAINED

Profmed's oncology benefits are structured into tiers, which vary depending on the benefit option you are on. These tiers determine what treatments are covered, how much is funded, and whether co-payments apply.

	TIER 1 BASIC COVER	TIER 2 MID-LEVEL COVER	TIER 3 COMPREHENSIVE COVER
OPTIONS COVERED	ALL **OPTIONS**	**PROSECURE, PROSECURE PLUS & THEIR SAVVY EQUIVALENTS** **PROPINNACLE & PROPINNACLE SAVVY**	**PROPINNACLE & PROPINNACLE SAVVY**
MEDICATIONS			
CHEMOTHERAPY	Funded at standard rates for in-protocol treatment that is clinically appropriate and at PMB level of care. ICON ESSENTIAL protocol treatment applies.	Funded at standard rates for in-protocol treatment that is clinically appropriate. ICON ESSENTIAL protocol and ICON CORE protocol treatment are funded if it is clinically appropriate. Treatment is subject to the available oncology benefits.	Funded at standard rates for in-protocol treatment that is clinically appropriate. ICON ESSENTIAL protocol, ICON CORE protocol, and ICON ENHANCED protocol treatments are funded if it is clinically appropriate. Treatment is subject to the available oncology benefits. A 20% co-payment applies to chemotherapy that is part of the Profmed expensive medicine list, which includes biologics/immunotherapy.
BIOLOGICS | TARGETED THERAPY	Only PMB level of care or ICON ESSENTIAL protocol treatment is funded if clinically indicated.	Only PMB level of care | ICON ESSENTIAL protocol treatment is funded if clinically indicated. On ProPinnacle a 20% co-payment applies for in-protocol treatment that is clinically appropriate, and not PMB level of care.	A 20% co-payment applies for in-protocol treatment that is clinically appropriate, and not PMB level of care.
SECTION 21 MEDICINES	Scheme exclusion, not funded.	Scheme exclusion, not funded.	Scheme exclusion, not funded.
RADIATION THERAPY	Funded at negotiated tariffs when clinically indicated and at PMB level of care. ICON ESSENTIAL protocol treatment applies.	Funded at negotiated tariffs when clinically indicated and PMB level of care. ICON CORE protocol treatment is funded if it is clinically appropriate and subject to available oncology benefits. ICON ENHANCED protocols are only funded on ProPinnacle options and subject to the available Oncology benefits.	Funded at negotiated tariffs when clinically indicated. ICON CORE protocol and ICON ENHANCED protocol treatments are funded if it is clinically appropriate. Subject to the available oncology benefits.
CONSULTATIONS	ICON network tariffs apply.	ICON network tariffs apply.	ICON network tariffs apply.
PET SCANS	Covered at negotiated tariffs if clinically indicated and approved at PMB level of care.	Covered at negotiated tariffs, if clinically indicated and approved.	Covered at negotiated tariffs, if clinically indicated and approved.
HAEMATOLOGY	Only PMB level of care on the SAOC protocol is funded if clinically appropriate.	PMB level of care and Standard level of care on the SAOC protocol are funded if clinically appropriate. Subject to available oncology benefits.	PMB level of care, Standard level of care, and Tier 3 on the SAOC protocol are funded if clinically appropriate. Subject to the available oncology benefits. A 20% co-payment applies to chemotherapy that is part of the Profmed expensive medicine list, which includes biologics/immunotherapy.

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WHAT IS A PMB?
PRESCRIBED MINIMUM BENEFIT

By law, all medical schemes are required to cover the diagnosis and treatment of 271 specific conditions, called Prescribed Minimum Benefits (PMBs), as well as emergency medical conditions. These rules are set out in the Medical Schemes Act No. 131 of 1998 and its regulations. Profmed fully complies, covering the 271 PMB conditions as well as 26 chronic conditions listed on the Chronic Disease List (CDL).

IMPORTANT TO NOTE:

All PMB treatments follow specific protocols and formularies, which may differ depending on your option. PMB-related claims are first paid from your relevant benefit. Once that is depleted, PMB-related claims are funded at the PMB cost. If your treatment costs go beyond the limits set by the formulary, reference pricing, or protocols, you may be responsible for the difference, and we're here to support you in understanding your options.

UNDERSTANDING
YOUR BENEFIT OPTION

Your oncology benefits vary depending on the benefit option you have selected.

HIGHER-TIER OPTIONS OFFER:

- Larger annual limits
- Greater flexibility with medication
- Enhanced cover for advanced treatments

If you are at higher risk for cancer or have already been diagnosed, it may be worth reviewing your option to ensure it still meets your treatment requirements. You could consider upgrading during the option change period or adding gap cover to help reduce co-payments, particularly for biologics and other high-cost medications.

BENEFIT	PROPINNACLE / PROPINNACLE SAVVY	PROSECURE PLUS / PROSECURE PLUS SAVVY / PROSECURE / PROSECURE SAVVY	PROACTIVE PLUS / PROACTIVE PLUS SAVVY / PROSELECT / PROSELECT SAVVY
Annual Limit (Include all costs related to treatment, consultations, investigations and drugs, excluding hospitalisation)	R773 000 per beneficiary	R515 300 per beneficiary	R418 000 per beneficiary, subject to PMB level of care treatment only.

We don't just cover your treatment, we walk beside you through every scan, every step, and every small victory. Because healing is more than medicine, it's knowing you are not alone.

SUPPORTIVE CARE

Cancer treatment isn't just about fighting the disease, it is also about caring for your overall well-being. That is where supportive care comes in.

Supportive care is specialised medical support for people living with serious illness. It focuses on relieving pain, managing symptoms, and supporting your emotional and psychological health. The goal is to help you feel as comfortable and supported as possible, whether you are undergoing active treatment or managing long-term effects.

WHAT IS INCLUDED IN PROFMED'S SUPPORTIVE CARE BENEFIT:

- **GP consultations** specifically for supportive care.
- **Social worker** consultations.
- **Supportive medication**, which requires a prescription.
- **Home nursing care**, if approved.
- **Hospice home visits** or in-hospice care, as approved.

This care is funded from Scheme risk, not from your oncology benefit, so it won't affect your oncology limits. However, frail care, which refers to long-term custodial care, is a scheme exclusion.

HOW TO ACCESS SUPPORTIVE CARE:

Your treating oncologist can request authorisation by emailing **advancedcare@profmed.co.za**.

Please include:

- A clinical letter from your oncologist, or
- An assessment and quotation from a GP or Oncologist, palliative care provider, nursing service or hospice provider
- A prescription for any supportive medication

ADDITIONAL SUPPORT SERVICES

If you need physiotherapy, occupational therapy, or medical appliances, please submit:

- A clinical motivation (to validate the requirement)
- A quotation

Send these to preauth@profmed.co.za.

Note:

These services are not covered under the oncology or supportive care benefits.

OTHER HELPFUL BENEFITS:

ITEM	COVERED FROM	NOTES
WIGS, STOMA BAGS, BREAST PROSTHESES	External Prostheses & Appliances benefit	Subject to day-to-day limits
POST-MASTECTOMY BRAS	R700 per bra	2 bras in year of surgery, 1 per year
OXYGEN SUPPLY	ECOMED (DSP)	Only rental oxygen funded

CONTACT LIST

PRE-AUTHORISATION Authorisation for tests scans, and supportive services	0860 776 363	preauth@profmed.co.za
ONCOLOGY PROGRAMME Registration & Treatment Plan Submission	0860 776 363	oncology@profmed.co.za
SUPPORTIVE CARE Requesting home nursing, hospice visits, supportive medication	0860 776 363	advancedcare@profmed.co.za
OXYGEN SUPPLY PROVIDER Rental oxygen arrangements	(011) 955-5710	sales@ecomed.co.za

This booklet will assist you to understand your oncology benefits, navigate treatment, and feel supported every step of the way. If anything still feels unclear or you are unsure about what to do next, please don't hesitate to reach out. Whether you have a question about authorisation, your treatment plan, our team is here to assist you. You are not alone, we are walking this journey with you.

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