

WORLD HEALTH ORGANISATION (WHO) GLOBAL OUTBREAK BENEFIT – 2022

COVID-19

Overview

From time to time, there are viruses or diseases that affect world health. These outbreaks are closely monitored by the World Health Organization (WHO) and are, depending on the severity and spread, declared as pandemics that place the global population's health at risk.

We recognise the importance of being responsive for these public health emergencies. Through careful benefit design and in support of public health initiatives aimed at containing and mitigating the spread of such outbreak diseases, our members have access to supportive benefits during the outbreak period. The outbreak is actively monitored by a dedicated team within Discovery Health that closely assesses the evolution and progression of such outbreaks. Having a timely and effective response to global epidemics help to improve the health outcomes for our members.

This document explains the enhancements made to your cover and support we provide to you when faced with a WHO-recognised epidemic.

Understanding COVID-19

The World Health Organization (WHO) confirmed that the outbreak of coronavirus disease (COVID-19) continues to be a public health emergency of international concern (PHEIC). With many countries around the world confirming an outbreak, Engen Medical Benefit Fund continues to take proactive steps to respond effectively to COVID-19 infections in South Africa.

COVID-19 is a disease caused by a novel type of coronavirus. The vast majority of people who contract COVID-19 experience only mild symptoms, potentially including fever, a cough and shortness of breath. In a small percentage of people, it may result in severe disease and even death.

Detailed information about the prevention and transmission of COVID-19 is available on www.engenmed.co.za.

WHO Global Outbreak Benefit

The WHO Global Outbreak Benefit is available during a declared outbreak period. The benefit provides cover for relevant healthcare services, as well as a defined basket of care for out-of-hospital healthcare services, related to the outbreak disease.

This benefit ensures you have access to screening consultations, testing, and management and appropriate supportive treatment as long as they meet the Fund's Benefit entry criteria.

How you are covered from the WHO Global Outbreak Benefit

How you are covered?

This benefit provides cover for cases of outbreak diseases and out-of-hospital healthcare services related to COVID-19 and does not affect your day-to-day benefits, where applicable.

What you are covered for?

This benefit offers cover for out-of-hospital management and appropriate supportive treatment of Global World Health Organization (WHO) recognised disease outbreaks and out-of-hospital healthcare services related to COVID-19.

The basket of care includes:

- Screening consultations with a nurse or network GP (either virtual consultations, telephone or face-to-face), following completion of a risk assessment
- 2 COVID-19 PCR screening tests, if referred by your doctor, or referred by a network GP when you may be at risk of having contracted COVID, and 2 pre-admission COVID tests required by hospitals before admitting you for non-COVID related treatment or procedures
- A defined basket of care for COVID-19 positive members, which includes pathology, x-rays and scans, chest physiotherapy and psychotherapy benefits
- Cover for a list of supportive medicines
- Consultations with a nurse or Network GP (either virtual consultations, telephone or face-to-face),
- Benefits for the home monitoring of COVID-19 positive members, which includes a pulse oximeter and up to 3 consultations per person per year
- Vaccines
- Benefits for Out-of-hospital treatment and care of long COVID-19 for patients for whom the symptoms of the infection persist after 21 days of the initial infection

Cover is subject to the use of services provided by Fund's Designated Service Providers (DSP) (where applicable), protocols and the treatment meeting certain clinical entry criteria and guidelines.

Any recommended treatment and healthcare services that are not included in the basket of care are paid from your available day-to-day benefits, or in accordance with Prescribed Minimum Benefits, where applicable.

Approved in-hospital treatment related to COVID-19 is covered from the Hospital Benefit in accordance with Prescribed Minimum Benefits (PMB), where applicable.

COVID-19 vaccine

The COVID-19 vaccine is aimed at preventing COVID-19-related disease and deaths, and to prevent transmission between individuals.

Even if you get the virus, the vaccine is believed to help prevent you from getting seriously ill. The vaccine contains weakened or inactive parts of the virus which teach or stimulate the body's immune system to recognise the virus as a "threat" when it attacks, and to promptly fight the virus.

It typically takes a few weeks after vaccination for the body to build protection (immunity) against the COVID-19 virus. That means it is possible a person could still get COVID-19 just after vaccination; this is because the vaccine has not had enough time to provide protection. Sometimes after vaccination, the process of building immunity can cause symptoms, such as fever; these symptoms are normal and are a sign that the body is building immunity.

Vaccines are critical in the battle against COVID-19, but as we learn how they work best, it is still important to continue to protect yourself by washing your hands regularly, wearing a mask and practicing safe social distancing.

The cost of COVID-19 vaccines, which includes the cost of the administration of the vaccine, is covered as Prescribed Minimum Benefits (PMBs).

You must register on the National Department of Health's Electronic Vaccine Data System (EVDS) to be vaccinated.

Benefits available to you from the WHO Global Outbreak Benefit

The benefits covered from the WHO Global Outbreak Benefit are outlined below:

Healthcare service	Description
Benefits are paid from the WHO Global Outbreak Benefit up to the Fund Rate. This cover does not affect your day-to-day benefits. Certain limits may apply. You may however apply for additional cover, where clinically appropriate, and motivated by your healthcare provider.	
Risk assessments	You can understand your risk status by completing the COVID-19 risk assessment available on www.engenmed.co.za , or by calling us on 0800 001 615 and following the prompts. The assessment is a set of questions which determines if you have symptoms of COVID-19 or may have been exposed to COVID-19 infection, and need a consultation with a doctor.
Screening consultations	Once you have successfully completed, and were referred from the screening risk assessment, you can choose to either access a virtual, telephone or face-to-face screening consultation with a DSP Network provider. Virtual or telephone consultations provide a safe alternative to face-to-face consultations for patients and doctors, and contributes to important containment measures that will continue to reduce the impact of the outbreak.
COVID-19 screening Antigen and PCR tests	You have access to two COVID-19 PCR tests or antigen tests per per year, regardless of the outcome of the test, except where approved as PMB. Screening tests are funded in full from the WHO Global Outbreak Benefit, when referred by the doctor that screened you. The Fund also pays for up to two COVID-19 PCR pre-admission tests for approved non-COVID related hospital admissions, subject to referral by a doctor.
Diagnostic and follow up consultations for COVID-19 positive members	You have access to a defined basket of diagnostic and follow up consultations if you have been diagnosed with COVID-19
Diagnostic and follow up tests for COVID-19 positive members	You have access to a defined basket of diagnostic and follow up pathology tests if you have been diagnosed with COVID-19
X-rays and scans	You have access to a defined basket of x-rays and scans
Physiotherapy	You have access to a defined basket of physiotherapy treatments up to the Fund Rate.

Mental Health	You have access to a defined basket of mental health consultations or treatment from Psychiatrists, Psychologists and Social Workers, paid up to the Fund Rate.
Supportive medicines list	We pay for listed supportive medicines prescribed by your doctor for the treatment of COVID-19 symptoms
Home monitoring for COVID-19 positive members	We pay for a pulse oximeter and up to 3 consultations with a wellness consultant when you are monitored in your own home when you have contracted COVID-19
Vaccines	The Fund pays for your COVID-19 vaccines and the administration costs thereof
Out-of-hospital treatment for long COVID	The Fund pays for specific benefits, listed in a basket of care, when the COVID-19 symptoms persist after 21 days of the initial infection.
In-hospital	Your hospital admission is subject to approval and preauthorisation. Sub-limits and clinical guidelines apply to certain healthcare services in hospital. In-hospital treatment related to COVID-19 for approved admissions is covered from the Hospital Benefit based and in accordance with Prescribed Minimum Benefits (PMB), where applicable.

Once you have used up the benefits available from the WHO Global outbreak benefit, we pay for out-of-hospital healthcare expenses related to COVID-19 from your available day-to-day benefits, where applicable.

How to access the WHO Global Outbreak Benefit

To access the benefits outlined above, as part of the WHO Global Outbreak Benefit, you must meet the Fund's Benefit entry criteria. The following criteria need to be met before claims will be paid from the WHO Outbreak Benefit:

- The disease needs to be a WHO recognised outbreak disease;
- The benefit is available for treatment and care relating to diseases during a declared outbreak period;
- Your benefits may be subject to use of Designated Service Providers, where applicable;
- Access to benefits is subject to completing the Fund's risk assessment and/or referral process for screening and testing;
- Your benefits are subject to certain treatment guidelines and protocols.

Understanding Long COVID-19

Long COVID' is the term commonly used to describe signs and symptoms that continue or develop after acute COVID-19 illness. It includes both ongoing symptomatic COVID-19 (from four to 12 weeks) and post COVID-19 syndrome (12 weeks or more). Some symptoms may only start for the first time three to four weeks after the acute COVID-19 infection.

Common symptoms of Long COVID include:

- Fatigue
- Persistent loss of smell and taste
- Shortness of breath
- Joint or muscle pains
- Persistent cough

- Headaches
- Difficulty thinking or concentrating (sometimes referred to as “brain fog”)

Other symptoms that have been reported include chest or stomach pain, fast-beating or pounding heart (also known as heart palpitations), pins-and-needles, diarrhoea, sleep problems, fever, dizziness on standing (light-headedness), body rash, mood changes, changes in menstrual cycles.

Illness severity can range from mild to critical:

- Mild to moderate – mild symptoms, mild pneumonia, occurs in approximately 80% of cases
- Severe - difficulty breathing, requiring oxygen, generally results in an hospital admission
- Critical - requiring intensive care.

Benefit activation:

Once you have been identified through qualifying claims, you will be allocated the benefit depending on the severity of your COVID-19 infection. You can also apply for the benefit by using the PMB application form.

Are you covered if you are in a waiting period?

The Fund resolved to change its approach to underwriting for the duration of the outbreak, specifically for cover related to COVID-19.

If you are diagnosed with COVID-19 after joining Engen Medical Benefit Fund, you will have access to cover for COVID-19, even if you are subject to a waiting period at the time of being diagnosed with COVID-19.

If you have been diagnosed with COVID-19 before joining the Fund, the normal underwriting rules and waiting periods apply.

In an emergency

If you need transport in an emergency, call ER24 on 084 124. You can request ambulance services, or go straight to hospital.

Contact us

You can call us on 0800 001 615 or visit www.engenmed.co.za for more information.

Complaints process

You may lodge a complaint or query with the Fund directly on 0800 001 615 or by emailing service@engenmed.co.za. If you are not satisfied with how your query was resolved, please send a complaint in writing to the Principal Officer at the Fund’s registered address.

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