

# 3<sup>RD</sup> EDITION NEWSLETTER 2022

## ONCOLOGY PROGRAMME

### BENEFITS FOR CANCER-RELATED TREATMENT ON OUR ONCOLOGY PROGRAMME

All registered members on the Oncology Programme have access to chemotherapy, medicine and materials, in and out of hospital radiation treatment and PET scans.

#### Benefits of our Oncology Programme

1. You have full cover for approved cancer-related treatment, in- and out-of-hospital.
2. You have cover for pathology, radiology, medicine and other cancer-related treatment from other healthcare professionals.
3. You have access to donor searches for bone marrow transplants.
4. We always cover any cancer-related treatment that falls within the Prescribed Minimum Benefits in full, with no co-payment if you use healthcare professionals with whom we have an agreement.
5. There is no overall limit applicable to the benefit, but all claims for Oncology treatment are subject to a threshold of R220,000 per beneficiary per year.

You can still get authorised treatment after you have reached the threshold.

- If the treatment you get is part of the [Prescribed Minimum Benefits \(PMBs\)](#), we will continue to pay at 100% of the Fund Rate after the threshold is reached. Note that you must use the Fund's designated service providers where applicable.
- If you've reached the threshold and the oncology treatment you get is not part of the Prescribed Minimum Benefits, we will continue to pay the claims, but at 80% of the Fund Rate.

#### What you need to do before your treatment

If you are diagnosed with cancer, you need to register on the Oncology Programme. To register, you or your treating doctor must send us a copy of your results that confirm your diagnosis

- Call 0800 00 16 15
- Email [oncology@engenmed.co.za](mailto:oncology@engenmed.co.za)
- Fax 011 539 5417

[Read more about our Oncology Programme.](#)



# CO-PAYMENTS FOR SCOPES: HOW DOES IT WORK?

## HOW WE PAY FOR SCOPES AND WHAT YOUR CO-PAYMENT WILL BE

If the scope is part of the Prescribed Minimum Benefits (PMB) and you have it in a doctor's room or as part of an authorised hospitalisation, we pay for it from your insured benefits at 100% of the Fund Rate.

If your scope is not part of the PMB, we call it an elective scope. When we talk about a scope in this article, we refer to an elective investigative endoscopy, such as a gastroscopy, colonoscopy, proctoscopy, laparoscopy, sigmoidoscopy, cystoscopy, arthroscopy and hysteroscopy.

You can have a scope in your doctor's rooms or in a hospital. The rules and costs depend on where you have the scope, and if it is part of the Prescribed Minimum Benefits (PMBs) or not.

## WHERE YOU GET THE SCOPE MATTERS

If you get the scope in a hospital, you must get authorisation at least 48 hours before the procedure. You must use a hospital, specialists and other medical service providers on the Fund's network list, to get the most from your benefits and minimise co-payments for treatment while in hospital.

We will email the details of the authorisation and any possible exclusions to your treating healthcare professional, the hospital and to you (if we have your email address and you asked for the authorisation).

If you get the scan in your doctor's rooms, you do not need authorisation.

If the scope is part of the PMBs and you have it in a doctor's room or as part of an authorised hospitalisation, we pay for it from your insured benefits at 100% of the Fund Rate.

## YOU MUST PAY A CO-PAYMENT FOR ELECTIVE SCOPES

If your scope is not part of the PMBs, we call it an elective scope. If you get an elective scope, you must pay a co-payment of R1,330 (for each scope). A co-payment is payment you must make directly to the service provider. If you do not use a doctor or hospital in our network, your co-payment may be much more.

Please visit the Fund's website at [www.engenmed.co.za](http://www.engenmed.co.za) to find a network GP or specialist close to you.



# STEPS TO ESCALATE YOUR QUERY: COMPLAINTS AND APPEALS PROCESS

## WHAT TO DO IF YOU HAVE A QUESTION OR COMPLAINT ABOUT A CLAIM

If you are not satisfied with how we processed your claims or if you want to lodge a complaint, you can follow this process:

1. Contact the **Fund's client service department** on 0800 00 16 15 during office hours or send an email to [service@engenmed.co.za](mailto:service@engenmed.co.za) to resolve your query.
2. If you are not satisfied with the result, you can ask that **more senior resources** in the administrator's service team, such as a team leader or manager, look into the case. You can send the query to [escalations@engenmed.co.za](mailto:escalations@engenmed.co.za)
3. If you are not satisfied with the outcome of the escalation process, you can ask the **Principal Officer of the Fund** to deal with the matter. You must write to [service@engenmed.co.za](mailto:service@engenmed.co.za) and address your query or complaint to the Principal Officer.

## Once you have followed these steps, and are still not satisfied with the outcomes, you may declare a dispute

If you do not accept the outcome of the escalation process to the Principal Officer, you can lodge a complaint in writing, for the attention of the **Fund's Disputes Committee**. Send your complaint to the Committee at [service@engenmed.co.za](mailto:service@engenmed.co.za) c/o the Principal Officer. The Principal Officer will follow the process to set up a formal meeting of the Disputes Committee to decide on your complaint or dispute. You have the right to be heard at these proceedings, either in person or through a representative. [Read more about the Disputes process.](#)

## THE COUNCIL FOR MEDICAL SCHEMES IS YOUR LAST RESORT

If you are still not satisfied after the Disputes Committee's decision, you can approach the Council for Medical Schemes for resolution. Please include query reference details provided by the Fund administrator and/or a copy of the Disputes Committee's decision when you write to the Council:

**Address:** Block A Eco Glades 2 Office Park, 420 Witch-Hazel Street, Ecopark, Centurion 0157

**Telephone:** 012 431 0500

**Fax:** 012 431 7544

**Customer care call number:** 0861 12 32 67

**Email address:** [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za)



# HOW TO REACH A CALL CENTRE CONSULTANT

## HOW TO GET HOLD OF AN ENGEN MEDICAL BENEFIT FUND CONSULTANT

This might sound silly, as of course the first step is to call us on 0800 00 16 15. The trick is to get the details right. To speak to a consultant, your details must be correct on our system, and you must give your own information (like your ID number) when you call the Fund.



### WHY IS THIS IMPORTANT?

By law, we must protect your personal information (like your Fund membership and health information). We can only talk to the main member about their details and the health details of their children who are younger than 18. If you are a member of Engen Medical Benefit Fund and you are older than 18, we can only talk to you about your personal information.

### WHAT DOES THIS HAVE TO DO WITH THE CALL CENTRE?

When you call us on 0800 00 16 15, we ask security questions and send you a one-time PIN (OTP) so that we can make sure we're talking to the right person. We send the OTP to your cellphone, so it's important to keep your contact details up to date. If you don't use your own details, you won't be able to give us the OTP and speak to a consultant.

### HOW TO CHECK AND UPDATE YOUR DETAILS

Please check if your contact details are up to date by logging in to the Engen Medical Benefit Fund website at [www.engenmed.co.za](http://www.engenmed.co.za). You can update your details on the website or email us at [service@engenmed.co.za](mailto:service@engenmed.co.za).

#### *What if you want to ask someone to act on your behalf?*

If you want to give someone else permission to talk to Engen Medical Benefit Fund for you, you have to fill in the Permission to make certain information available to a third party form and send it to us.

You can download Permission to make certain information available to a third party form from our website: [www.engenmed.co.za](http://www.engenmed.co.za) > **FIND A DOCUMENT > APPLICATION FORMS**. On the Discovery app, log in and choose **Medial aid > Documents > Application forms**. Otherwise, you can call us on 0800 00 16 15

Engen Medical Benefit Fund, registration number 1572, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.