ENGEN MEDICAL BENEFIT FUND

ANNEXURE D

PRESCRIBED MINIMUM BENEFITS (PMB)

2021

DEFINITIONS

"Prescribed Minimum Benefits"

The benefits contemplated in Section 29(1)(o) of the act, consisting of the provision of the diagnosis, treatment and care costs of

a) The conditions listed in Annexure A of the Regulations and specified therein; and
b) Any emergency medical condition.

'Prescribed Minimum Benefit condition"

A condition contemplated in the Diagnosis and Treatment Pairs listed on Annexure A for the Regulations, or any emergency condition.

1. Designation of service providers

   The Fund selects the following providers as its Designated Service Providers for Prescribed Minimum Benefit Services:

   - ER24 for Ambulance Services (emergency medical transport);
   - Listed Hospitals in the KeyCare Hospital Network
   - All KeyCare Specialists operating in a KeyCare Network Hospital
   - Premier A and Premier B Specialists
   - GPs in the Discovery DSP GP Network
   - The Discovery Premier GP Network for HIV, Diabetes and Cardio Care and Mental Health management;

- Other providers with whom the Fund has agreed tariffs related to PMB-specific care as stipulated in Annexure B and this Annexure D.

2. Prescribed Minimum Benefits obtained from a Designated Service Provider

2.1 The Fund shall pay 100% of the Agreed Tariff / Fund Rate for the diagnosis, treatment and care of Prescribed Minimum Benefits conditions, provided that such services are obtained from a Designated Service Provider or a provider who charges the Fund Rate, as may be applicable.

2.2 The Fund shall pay 100% of the Agreed Tariff / Fund Rate for the diagnosis, treatment and care of Prescribed Minimum Benefits conditions, involuntarily obtained from a non-Designated Service Provider or a provider who does not charge the Fund Rate, as may be applicable.

3. Prescribed Minimum Benefits voluntarily obtained from non-Designated Service Providers

If a beneficiary voluntarily obtains diagnosis, treatment and care in respect of a Prescribed Minimum Benefit condition from a provider other than the Designated Service Provider, the benefit payable in respect of such services will be subject to the Fund's clinical protocols and would be paid at the Fund Rate.

4. Medicine

4.1 Where a Prescribed Minimum Benefit includes medicine, the Fund will pay 100% of the cost of that medicine if it is obtained from a Designated Service Provider, or if it is involuntarily obtained from a provider other than the Designated Service Provider, and

4.1.1. the medicine is included on the applicable formulary in use by the Fund; or

4.1.2 the formulary does not include a drug that is clinically appropriate and effective for the treatment of that Prescribed Minimum Benefit condition.

4.2 Where a Prescribed Minimum Benefit includes medicine, a 20% co-payment will apply if:

4.2.1. that medicine is voluntarily obtained from a non-Designated Service Provider, or

4.2.2. the formulary includes medicine that is clinically appropriate and effective for the treatment of a Prescribed Minimum Benefit condition suffered by a beneficiary and that beneficiary voluntarily / knowingly declines the formulary medicine and opts to use another drug instead.

5. Prescribed Minimum Benefits obtained from a public hospital

Notwithstanding anything to the contrary contained in these Rules, the Fund shall pay 100% of the costs of Prescribed Minimum Benefits obtained in a public hospital, without limitations.

6. Diagnostic tests for an unconfirmed Prescribed Minimum Benefit diagnosis

Where diagnostic tests and examinations are performed but do not result in confirmation of a Prescribed Minimum Benefit diagnosis, except for an emergency medical condition, such diagnostic tests or examinations are not considered to be Prescribed Minimum Benefits.

7. Co-payments

Co-payments in respect of Prescribed Minimum Benefits may not be paid from the member's Medical Savings Account.

8. Chronic Illness Benefit

The Chronic Illness Benefit covers services rendered in respect of the Prescribed Minimum Benefits, which includes the diagnosis, medical management and medicine for the Chronic Disease List conditions to the extent that it is provided for in terms of a therapeutic algorithm as prescribed for these conditions.

The 26 legislated Chronic Disease List Prescribed Minimum Benefit conditions are:

1. Addison's Disease
2. Asthma
3. Bi-Polar Mood Disorder
4. Bronchiectasis

5. Cardiac Failure
6. Cardiomyopathy
7. Chronic Renal Disease
8. Chronic Obstructive Pulmonary Disease
9. Coronary Artery Disease
10. Crohn's Disease
11. Diabetes Insipidus
12. Diabetes Mellitus I & II
13. Dysrhythmias
14. Epilepsy
15. Glaucoma
16. Haemophilia
17. HIV / AIDS
18. Hyperlipidaemia
19. Hypertension
20. Hypothyroidism
21. Multiple Sclerosis
22. Parkinson's Disease
23. Rheumatoid Arthritis
24. Schizophrenia
25. Systemic Lupus Erythematosus
26. Ulcerative Colitis

The Chronic Illness Benefit will be managed by the Fund's contracted Managed Healthcare Organisation.

COVER FOR PRESCRIBED MINIMUM BENEFITS

Type	Designated Service Provider ("DSP")	Reimbursement Rate if the Beneficiary Uses the DSP or involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily does not use the DSP
Chronic Disease List ("CDL") – **Out-of-Hospital Consultations**	**Specialists** Any specialist who have agreed to charge the Premier A or Premier B Rate and/ or Any Specialist participating in the KeyCare Specialist Network.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate. The co-payment, which the member is liable for, is equal to any amount the provider charges above the Fund Rate.
	GPs Any GP participating in the Discovery Health GP Network. and /or the member's nominated Premier Plus GP who has contracted with the Fund.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate. The co-payment, which the member is liable for, is equal to any amount the provider charges above the Fund Rate.
CDL – Diagnosis	**Specialists** Specialists who have agreed to charge the Premier Rate and/ or Any Specialist participating in the KeyCare Specialist Network..	The Fund shall pay healthcare treatment, subject to Fund's diagnostic basket in full. This is subject to the member making application to the Fund.	The Fund shall pay healthcare treatment, subject to Fund's diagnostic basket up to the Fund Rate. This is subject to the member making application to the Fund. The co-payment, which the member is liable for, is equal to any amount the provider charges above the Fund Rate.
	GPs Any GP participating in the Discovery Health GP Network and /or the member's nominated Premier Plus GP who has contracted with the Fund. **HIV, Diabetes, Cardio and Mental Health Care**	The Fund shall pay healthcare treatment, subject to Fund's diagnostic basket in full. This is subject to the member making application to the Fund.	The Fund shall pay healthcare treatment, subject to Fund's diagnostic basket up to the Fund Rate. This is subject to the member making application to the Fund. The co-payment, which the member is liable for, is equal to any amount the provider charges above the Fund Rate.

Type	Designated Service Provider ("DSP")	Reimbursement Rate if the Beneficiary Uses the DSP or involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily does not use the DSP
	The member's nominated Premier Plus GP who has contracted with the Fund.		
CDL – Medicine	Any dispensing provider	For medicine on the Fund's formulary, the Fund will pay in full. If the medicine is not listed on the formulary, the Fund will pay to the maximum of Maximum Medical Aid Price (MMAP) This is subject to Regulations 15H(c) and 15I(c).	The Fund may, at its discretion, impose a co-payment and pay up to a maximum of the Maximum Medical Aid Price (MMAP). This is subject to Regulations 15H(c) and 15I(c). Where the pharmacy and/or provider charges more than the Maximum Medical Aid Price (MMAP), an additional co-payment may apply.
CDL – Pathology	A defined list of providers that has contracted with the Fund.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate.
CDL – Radiology	Any provider charging the Fund Rate.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate.
Diagnostic Treatment Pairs PMBs ("DTPMB") – Out-of-Hospital Consultations	**GPs** Any GP participating in the Discovery Health GP Network and /or the member's nominated Premier Plus GP who has contracted with the Fund.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate. The co-payment, which the member is liable for, is equal to any amount the provider charges above the Fund Rate.
	Specialists Specialists who have agreed to charge the Premier Rate and/ or Any Specialist participating in the KeyCare	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate. The co-payment, which the

Type	Designated Service Provider ("DSP")	Reimbursement Rate if the Beneficiary Uses the DSP or involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily does not use the DSP
	Specialist Network. Subject to Regulation 8(3)(a) and (b).		member is liable for, is equal to the Fund Rate and any amount the provider charges above the Fund Rate.
DTPMB – Diagnosis	Any provider that has contracted with the Fund and where it is appropriate for such diagnosis to be made by the provider.	The Fund shall pay healthcare treatment, subject to Fund's diagnostic basket in full. This is subject to the member making application to the Fund.	The Fund shall pay healthcare treatment, subject to Fund's diagnostic basket up to the Fund Rate. This is subject to the member making application to the Fund. The co-payment, which the member is liable for, is equal to any amount the provider charges above the Fund Rate.
DTPMB – In-Hospital Consultations	**GPs** Any GP participating in the Discovery Health GP Network and practicing in a KeyCare Network hospital. Subject to Regulation 8(3)(a) and (b).	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Where a member voluntarily uses a non-DSP benefits are paid to a maximum of the Fund Rate, subject to available benefits. The co-payment, which the member is liable for, is equal to any amount the provider charges above the Fund Rate.
	Specialists Specialists who have agreed to charge the Premier Rate and/ or Any Specialist participating in the KeyCare Specialist Network. Subject to Regulation 8(3)(a) and (b).	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Where a member voluntarily uses a non-DSP up to the Fund Rate subject to available benefits. The co-payment, which the member is liable for, is equal to any amount the provider charges above the Fund Rate.

Type	Designated Service Provider ("DSP")	Reimbursement Rate if the Beneficiary Uses the DSP or involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily does not use the DSP
DTPMB – Medicine	Any dispensing provider	For medicine on the Fund's formulary, the Fund will pay in full. If the medicine is not listed on the formulary, the Fund will pay to the maximum of the Maximum Medical Aid Price (MMAP). This is subject to Regulations 15H(c) and 15I(c).	The Fund will pay up to a maximum of the Maximum Medical Aid Price (MMAP) for medicine not listed on the formulary. This is subject to Regulations 15H(c) and 15I(c). Where the pharmacy and/or provider charges more than the Maximum Medical Aid Price (MMAP), an additional co-payment may apply.
DTPMB – Pathology	A defined list of providers that has contracted with the Fund and any provider charging at the Fund Rate.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate.
DTPMB– Radiology	Any provider charging the Fund Rate.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate.
DTPMB –Hospital Admissions	Any KeyCare Network Hospital. Subject to Regulation 8(3)(a) and (b).	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Where a member voluntarily uses a non-DSP we pay up to a maximum of the Fund/agreed rate, subject to available benefits. The co-payment, which the member is liable for, is equal to any amount the provider charges above the Fund Rate.
DTPMB – Mental Illness	**Drug and Alcohol abuse facilities** Any facility and or provider contracted with the Fund.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP up to a maximum of 21 days in-hospital.	Where a member voluntarily uses a non-DSP the Fund pays up to a maximum of the Fund / agreed rate, subject to available benefits, up to a maximum of 21 days in-hospital.

Type	Designated Service Provider ("DSP")	Reimbursement Rate if the Beneficiary Uses the DSP or involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily does not use the DSP
	All other conditions Any provider contracted with the Fund and/or a defined list of hospitals with a psychiatric ward and is contracted with the Fund.	The Fund shall pay the costs of PMBs in full subject to the rate contracted with the hospital for a psychiatric ward/facility. Subject to the condition meeting clinical entry criteria and the Fund's baskets of care. Limited to the up to a maximum of 21 days in-hospital, or 12 or 15 out-of-hospital consultations, for conditions as defined in Annexure A of the Regulations.	Where a member voluntarily uses a non-DSP we pay up to a maximum of the Fund/agreed rate, subject to available benefits. The co-payment, which the member is liable for, is equal to any amount the provider charges above the Fund Rate.
DTPMB – Terminal Care facilities	Hospice and any other compassionate care facility.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to the maximum of the Fund/agreed rate.
Oncology - Out-of-Hospital Treatment	**Specialists** Any Oncologist who has agreed to charge the Premier Rate. Subject to Regulation 8(3)(a) and (b).	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate. The co-payment, which the member is liable for, is equal to any amount the provider charges above the Fund Rate.
	GPs Any Discovery Network GP, or a KeyCare Network GP who is a SAOC member.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate. The co-payment, which the member is liable for, is equal to any amount the provider charges above the Fund Rate.
Oncology - Chemotherapy	A defined list of contracted pharmacies and/or providers.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate.

Type	Designated Service Provider ("DSP")	Reimbursement Rate if the Beneficiary Uses the DSP or involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily does not use the DSP
Oncology – Pathology	A defined list of providers that has contracted with the Fund.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate.
Oncology– Radiology	Any provider charging the Fund Rate.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate.
HIV – Out-of-Hospital Consultations	**GPs** Any Premier Plus GP who has contracted with the Fund.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate. The co-payment, which the member is liable for, is equal to any amount the provider charges above the Fund Rate.
	Specialists Specialists who have agreed to charge the Premier Rate and/ or Any Specialist participating in the KeyCare Specialist Network.	The Fund shall pay the costs of PMB's in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate. The co-payment, which the member is liable for, is equal to any amount the provider charges above the Fund Rate.
HIV – Pathology	A defined list of providers that has contracted with the Fund.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate.
HIV –Radiology	Any provider charging the Discovery Health Rate.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate.

Type	Designated Service Provider ("DSP")	Reimbursement Rate if the Beneficiary Uses the DSP or involuntarily uses a non-DSP	Reimbursement Rate if the Beneficiary Voluntarily does not use the DSP
HIV – Medicine	The DSP is a defined list of contracted pharmacies and or providers.	For medicine on the Fund's formulary, the Fund will pay in full. If the medicine is not listed on the formulary, the Fund will pay to the maximum of Chronic Drug Amount. This is subject to Regulations 15H(c) and 15I(c).	If a drug us not not listed on the formulary, the Fund will pay up the Chronic Drug Amount only. This is subject to Regulations 15H(c) and 15I(c). Where the pharmacy and/or provider charges more than the Fund Medicine Rate, an additional co-payment may apply.
HIV – VCT	Any vendor that has contracted with the Fund.	The Fund shall pay the costs of PMBs in full for involuntary use of non-DSP and up to the agreed rate for services obtained from a DSP.	Up to a maximum of the Fund Rate.