ENGEN | Medical Benefit Fund

Administered by Discovery Health

Maternity Benefit

Who we are

Engen Medical Benefit Fund, registration number 1572, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company, and an authorised financial services provider, and is responsible for the administration of your membership on behalf of the Fund.

About this document

This document tells you about how Engen Medical Benefit Fund covers pregnancy and childbirth. Read further to understand what is included in your benefits and how to get the most out of your Maternity Benefits.

Out-of-Hospital Maternity Benefits

These healthcare services are covered by the Fund from the Maternity Benefit, up to 100% of the Fund Rate from the date of activation of the Maternity Benefit.

Note: If you do not activate the benefit, all claims will be paid from the day-to-day benefits

Your have cover for the following benefits:

From the Antenatal Basket:

- Twelve ante-natal consultations with a midwife, GP or gynaecologist. We will pay the GP, specialist and midwife at the Network rate if the provider is on the Network, or up to the Fund Rate if it is a non-Network GP, specialist or midwife.
- One non-invasive prenatal test (NIPT) or T21 Chromosome Test.
- A defined basket of pregnancy blood tests.
- Two 2D ultrasounds scans.

From the Antenatal and Post-natal Basket

- Essential maternity-related external medical devices for you and your baby such as breast pumps or nebulisers. This is paid at 75% of the Fund rate and limited to R5 700 per pregnancy.

From the Post-natal mom and baby basket:

- One consultation with a midwife, GP or gyneacologist for any complications within 6 weeks of the delivery.
- One consultation with a registered lactation specialist.
- One nutrition assessment with a dietician for the mother up to two years after the birth of your baby.
- Two consultations with a GP, gynaecologist, counsellor or psychologist for post-natal mental healthcare services.
- Two visits with a GP, paediatrician or ENT for children under the age of 2 years who are registered on the Fund.

If you are not registered on the Maternity Programme, or once you have used up your Maternity Benefit, we pay for out-of-hospital healthcare expenses related to your pregnancy from your available day-to-day benefits. If you do not have day-to-day benefits, or if you have run out of funds, you must pay for these costs yourself.

In-Hospital Maternity Benefits

We pay for the hospital account from the Hospital Benefit, subject to authorisation. All related accounts such as those of the gynaecologist, midwife, anaesthetist and other healthcare services will be paid up to 100% of the Fund rate from the Hospital Benefit.

You have cover for 3 days and 2 nights for a normal delivery or 4 days and 3 nights for a caesarean section if approved. The day of the delivery is counted as day one.

If you need to stay in hospital longer than the number of days we have authorised, your doctor will need to send a letter with additional clinical information to support why you need to stay in hospital longer.

We cover home births with a registered midwife

Home births are covered from your Hospital Benefit. We will cover the cost of a midwife up to 100% of the Fund rate for up to 2 days, including the day of the delivery. The midwife must be registered with a valid practice number.

We cover water births in-hospital or at home

If you choose to have a water birth in hospital, we will pay for up to 3 days and 2 nights. The cost of the birthing pool is included in your delivery. If you choose to hire one, you will be responsible for the payment of the birthing pool.

If you choose to have a water birth at home, we will pay for the hiring of a birthing pool from your Hospital Benefit but you must hire it from a provider who has a registered practice number.

If you choose to have a water birth or normal delivery at home, we will pay for up to 2 days' midwifery care (including the delivery) from your Hospital Benefit, up to 100% of Fund rate. The midwife must be registered with a valid practice number.

Home Nursing

If your doctor is comfortable to discharge you and your baby earlier, you both may qualify for the postnatal service in the comfort of your home. It includes up to a maximum of three-day visits for a normal delivery and four-day visits for a caesarean section by a midwife after giving birth. We will cover the days for which you receive home nursing up to three days for a normal delivery and four days for a caesarean section. The day of the delivery is counted as the first day.

This service will be provided by Discovery Home Care and will be covered from the Hospital Benefit, if approved. Please contact homecare@engenmed.co.za if you are interested in this service.

You must discuss your discharge plan with your healthcare professional and advise us, to avoid possible short payments on claims.

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, the Fund will pay for the phototherapy lights, if authorisation is obtained.

We cover medically necessary circumcisions from the Hospital Benefit

Please pre-authorise the procedure with us if it is done in hospital. You do not require an authorisation if the circumcision is done in a doctor's rooms. The procedure is paid up to 100% of the Fund rate and will not affect your Primary Care benefits.

There are certain items we do not cover

- Mother-and-baby packs supplied by the hospital.
- The bed booking fee that some hospitals may need you to pay.
- Your lodging or boarding fees if your baby needs to stay in-hospital for longer and you choose to stay on with the baby.
- The cost of a birthing pool for water births, if you choose to hire a birthing pool from a non-registered practitioner.

How to activate the Maternity Benefit

The maternity and early childhood benefits will be effective from the date of activation.

You activate your maternity and early childhood benefits:

- When you create your pregnancy or baby profile on the My Pregnancy or My Baby programmes on www.engenmed.co.za or on the Discovery app, or
- When you preauthorise your pregnancy and delivery, or
- When you register your baby onto the Fund, or

- When you can also call us on 0800 001 615 to find out how you are covered and to authorise your hospital admission.

Getting the most out of your maternity benefits

Tell us about your pregnancy

Engen Medical Benefit Fund covers the birth of your baby either in hospital with a doctor or midwife or at home, with the help of a midwife. It is important to call and notify us of your pregnancy as soon as you are 12 weeks pregnant or earlier, so that the Fund can provide the cover for your pregnancy-related healthcare services without affecting your Primary Care Benefits, whether these are done in or out of hospital.

Make sure your baby is covered

To ensure all the necessary treatment is covered, please register your baby on the Fund as soon as possible after birth, but at least within 30 days from the date of birth.

Your baby may be subject to underwriting if he or she is not registered within the 30-day period.

Your baby will be registered from their date of birth, however contributions will only be charged from the first day of the month following the birth.

Example: A baby is born on the 3rd March. The mother is registered on the Fund. The baby is covered until the 31st March. To continue to receive cover from the 1st April onwards, the baby must be registered on the Fund, and the Fund must receive contrbutions for the child dependant from 1 April onwards.

Understand your benefits

Prescribed Minimum Benefits (PMB) are a set of conditions which all medical schemes must provide a basic level of cover for. The Prescribed Minimum Benefit (PMB) regulations include funding for antenatal care where it is necessary to hospitalise the mother before she gives birth.

We pay for confirmed PMB in full from the hospital benefit, subject to you meeting the requirements. Please refer to our PMB guide, visit www.engenmed.co.zaor call us on **0800 001 615** for more details about the PMB requirements and how you are covered.

We pay for benefits not included in the PMB from your appropriate and available benefits, according to the rules of the Fund.

How we cover In-Hospital claims

For confirmed PMB, the Fund will pay the hospital account at 100% of the negotiated rate and related accounts in full at the agreed rate if you receive treatment from a Designated Service Provider (DSP). Treatment received from a non-designated service provider (non-DSP), will be paid

up to the Fund Rate, which means you will have to pay the shortfalls if the healthcare provider charges more than what we pay.

The Fund pays for benefits not included in the PMBs from your appropriate and available benefits, according to the Rules of the Fund.

Using a Designated Service Provider (DSP)

You can use www.engenmed.co.za or call us on **0800 001 615** to find a DSP. The Fund pays for services provided by a DSP at the rate that was agreed between Fund and the DSP. When you use the services of a DSP, you will not have to pay any shortfalls as we cover their services in full, at the agreed rate. Using the services of a provider that is not a DSP may result in a co-payment.

To ensure you have full cover when you are admitted to hospital, you will have to use the services of DSP Specialists, GPs, and hospitals.

There are some circumstances where it is not necessary to meet these requirements, but you will still have full cover. An example of this is in a life-threatening emergency.

There are some circumstances where you do not have cover for PMBs

This is when:

- You join a medical scheme for the first time, or
- When you join a medical scheme more than 90 days after leaving your previous medical scheme.

In both these cases, the Fund would impose a waiting period, during which you and your dependants will not have access to the PMBs, no matter what conditions you might have. We will communicate with you at the time of applying for membership if a waiting period will apply.

There are a few instances when the Fund will only pay PMB claims

This happens when you have a three-month general waiting period or a 12-month condition-specific waiting period or when you have treatments linked to conditions that are excluded by the Fund.

In these instances you may have cover in full, if you meet the requirements stipulated by the PMB regulations.

Contact us

You can contact us on 0800 001 615 or visit our website at www.engenmed.co.za for more information.

Queries or complaints

You may lodge a query or complaint with Engen Medical Benefit Fund directly on 0800 001 615, or address a complaint in writing to the Principal Officer at the Fund's registered address. If your complaint remains unresolved, you may lodge a formal dispute by following the Fund's internal disputes process. You can read moe about the disputes process on www.engenmed.co.za

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