

Engen Medical Benefit Fund 1ST EDITION NEWSLETTER 2021

Designated Service Providers

Use the Fund's designated service providers if you want full cover when you see a GP or a specialist

For all consultations and treatment that are not emergency care (as defined in the Medical Schemes Act), you must use the services of the Fund's network GPs or specialists, if you want full cover for the cost of the services.

The doctors in our network of GPs and specialists are also the designated service providers for all Prescribed Minimum Benefit treatment. Our network:

- Consists of a large number of GPs and Specialists from across South Africa.
- Promotes competition by allowing any willing provider to take part, or to stop taking part, at any time.
- Has doctors for all your GP and specialist visit needs, including those for Prescribed Minimum Benefits.

When you visit one of our network doctors, and you have benefits for the treatment they give you:

- The doctor charges the Fund Rate
- We pay the doctor the full cost of the visit, so you do not have to pay anything yourself (you do not have a co-payment)
- You do not have to send us the claim

If your treating GP or specialist is not on the network, we pay the claim up to the Fund Rate only. If the doctor you used charges above the rate we will pay, you must pay the difference between the Fund Rate and the rate the doctor charges.

You probably have network GPs and specialists near you

You should be able to find a network doctor near you, as:

- 90% of all Engen Medical Benefit Fund members live within 15 km of a network GP.
- 77% of all visits to the five kinds of specialists that are visited most often, are from members who live less than 15 km away from the specialist.
- A large number of the members visiting non-network specialists are also within 15 km of a network specialist, where they could have full cover.



How to find a designated service provider close to you

There should be a network GP or specialist close to you for all your planned treatment and care. You can find a network provider near you by:

- Looking on the MaPS tool at www.engenmed.co.za
- Using the Discovery app
- Calling 0800 001 615 for more information

Get full cover for your Prescribed Minimum Benefit in-hospital treatment and care

If your condition or treatment is a Prescribed Minimum Benefit and one of the Fund's DSP GPs or Specialists admit you to a network hospital, we pay the accounts for the hospital, and those for any other providers who may provide treatment or care while you are in the hospital, in full. Even the accounts for the anaesthetist, physiotherapist or any other providers that may not be on the Fund's list of DSP providers.

When you will have to pay out of your own pocket

If the GP or Specialist admitting you to the hospital is not one of the Fund's Designated Network Providers, we will pay the hospital and other services you may receive whilst in hospital up to the Fund Rate only. If the hospital or the other providers charge above the Fund Rate, you will have to pay the shortfalls on the accounts.

Remember

You must get authorisation if you need to go to hospital and also for some services you get while you are not admitted to hospital.

When you call for authorisation, you can ask about the nearest network provider, who is one of the Fund's Designated Service Providers for your procedure.

Please note: For all pre-authorisations you need to call 0800 001 615.

What happens if you cannot use a designated service provider?

We will pay in full for the treatment and you will not have to pay anything yourself, if:

- you do not have reasonable access to one of our network GPs or Specialists for the specific procedure you need. This is in cases where the only doctor and / or hospital you can get the specific healthcare service from, is more than 15 km from your home or your workplace;
- you need emergency medical treatment in a life-threatening situation, or you need immediate treatment to prevent organ damage or losing a body part.

Chronic Illness Benefit

Cover for long-lasting (chronic) Prescribed Minimum Benefit (PMB) conditions

Your day-to-day benefits won't last long if you use them to treat lasting conditions, such as asthma, diabetes or high blood pressure. This is because you need to take regular medicine and often visit the doctor who treats your condition to make sure the treatment works.

We want you to be as healthy as possible, so the PMB Chronic Illness Benefit pays for specific medicine, tests and doctor's visits once you register your chronic condition with us. This means you get to keep your day-to-day benefits for unexpected illness.

Remember you must go to one of the Fund's Designated Service Provider GPs or Specialists for your treatment and care if you want to ensure the Fund will pay their claims in full.

Register on the Chronic Illness Benefit that pays for chronic conditions on our lists

Medicine for the Chronic Illness Benefit

The Chronic Illness Benefit covers authorised medicine for the 26 Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions. Authorised medicine on the Chronic Illness Benefit medicine list (formulary) will be paid in full up to the Fund Rate. Medicines not on the medicine list will be funded up to the Maximum Medical Aid Price (MMAP).

You can download the list of PMB conditions and see what we pay for when you click on this link.

If your condition is one of the PMB conditions and you meet the clinical entry criteria (that is, specific tests must show you have the condition) you can register on the Chronic Illness Benefit.

How to register



If your treating doctor is part of our network, they can use HealthID (an app) to apply for the Chronic Illness Benefit, if you give your consent.



Otherwise, you and your treating doctor can complete the **Chronic Illness Benefit application form** and send it to us. You can download the Chronic Illness Benefit application form from the Fund's website at www.engenmed.co.za, or call 0800 001 615 to ask us to send it to you.



What you get when you register

Once you are registered on the Chronic Illness Benefit for a PMB condition, we don't use your available day-to-day benefits to pay for medicine you need to keep taking.

Once we approve your application to register on the Chronic Illness Benefit, we pay for the following if you use our network providers to treat your Prescribed Minimum Benefit condition:

- Medicine on the list
- Specific tests needed to diagnose your condition (only when you first register)
- A limited number of specific tests and procedures for your condition
- A limited number of specialist consultations
- Four GP consultations for your registered conditions in a year

Get even more benefits by registering for these Care Programmes

We offer specific Care Programmes to guarantee the best outcomes and quality of life for our members. If you have one or more of these specific conditions, your Premier Plus GP can register you on one of the right Care Programme:

- Diabetes Care Programme
- Cardio Care Programme
- Mental Care Programme

Medicine cover for Additional Disease List conditions (non-PMB chronic conditions)

You have further medicine cover for Additional Disease List (ADL) conditions. These are conditions that require ongoing treatment for three months or more.

There is no medicine list (formulary) for ADL conditions. Approved medicine for these conditions will be funded up to the MMAP.

You and your treating doctor can complete the Chronic Illness Benefit application form and send it to us. You can download the Chronic Illness Benefit application form from the Fund's website at www.engenmed.co.za, or call 0800 001 615 to ask us to send it to you.



Digital tools

Digital tools available to members

Make sure we have your email and SMS details

We need your most up-to-date email and cellphone details to communicate with you by email or SMS from now on. To protect your confidential details and information, please give us your personal email address.

If you are currently receiving communication from us by post, we may not have your email or your cellphone details, or the details we have may be outdated / invalid. This concerns us, as you may not be receiving very important information from the Fund. It is really important that we have the right details for you, especially during the COVID-19 pandemic when we sometimes want to communicate with you quickly to send urgent information.

How to update your details:

- Register on www.engenmed.co.za to update your details and select whether we can communicate with you via SMS or email, or
- Call us on 0800 001 615 to give us your email address and cellphone number and tell us whether you want us to send you emails or SMS to communicate with you.

You can find all your benefit information online

Because it's safe and convenient, we all send emails, connect with people through social media, work and even bank online.

To make your life easier, we have put tools together so you can manage your Fund membership digitally through www.engenmed.co.za and the Discovery app.

When you have the app, you can manage your membership anywhere and anytime. You will even have your membership card on your phone.


Register on the website to use the app


To keep your information secure, you have to log in each time you use the app. Your username and password is the same as you use to log in to the Fund's website. If you haven't registered on the website yet, visit www.engenmed.co.za and click on REGISTER in the top-right corner. We guide you every step of the registration process, so it's quick and easy.





On the website and on the app you can


 **Show doctors your digital membership card.** The digital card is your proof of your membership.


 **Find a healthcare provider we pay for in full.** Find the closest pharmacy, hospital, specialist or GP who is part of our network.


 **Track your benefits and medical spend.** You can see your benefits, limits and how much you have left in your Medical Savings Account.

 **Find your tax certificate or other important documents.** You can get copies of your membership certificate, tax certificate, Chronic Illness Benefit decision letter and other policy documents.

 **View your authorised hospital admissions.** After you have called us for authorisation for a hospital stay, you can check your authorisation on the app. When you get to admissions at the hospital, you can just show them the proof of authorisation on your phone.

 **Access your health record.** View your full medical record of your doctor and hospital visits, prescribed medicine, blood tests, X-rays and other health measures.

 **Give your doctor consent to access your medical records.** Once you have given consent, your doctor can use HealthID (a Discovery app for doctors) to access your medical history, gain insight into Engen Medical Benefit Fund benefits, refer you to other healthcare professionals, study your previous blood test results and write electronic prescriptions.

 **Submit and see how we have processed and paid your claims.**