

4TH EDITION NEWSLETTER 2021

Contact us whenever you need us

You don't have to wait for business hours to get information about your benefits or claims payments. You can find all the information you need at www.engenmed.co.za or on the Discovery App.

If you do have a question for us, email questions to service@engenmed.co.za or send a copy of your claim to claims@engenmed.co.za.

Otherwise, you can call us on 0800 00 16 15 or send a fax to 011 539 7276.

Your cover for scopes

You don't always need surgery for a doctor to check what's going on inside you.

A scope (in medical terms an 'endoscope') is a long, thin tube with a light and a camera at the end that doctors use to check your organs. They can be used to look for and diagnose conditions such as gastric ulcers, reflux and infections.

Your doctor might tell you that you have to go for a scope, but what is covered depends on if you're admitted to hospital or not, the kind of scope you have, the condition your doctor diagnoses, and if it is a medical emergency or not.

How we pay if the scope is done during a hospital stay

You have to pay R1 270 to the hospital when you are admitted for a scope. You have to use your own funds to pay this; you cannot use the funds in your Medical Savings Account. You do not have to make this upfront payment if it's a medical emergency or if your condition is a Prescribed Minimum Benefit.

As long as you have authorisation for your hospital stay and the scope, we pay up to 100% of the Fund Rate for the scope and the hospital and related accounts. If it costs more than the Fund Rate, you have to pay the rest.

What to do if after having the scope, your diagnosis shows a Prescribed Minimum Benefit condition

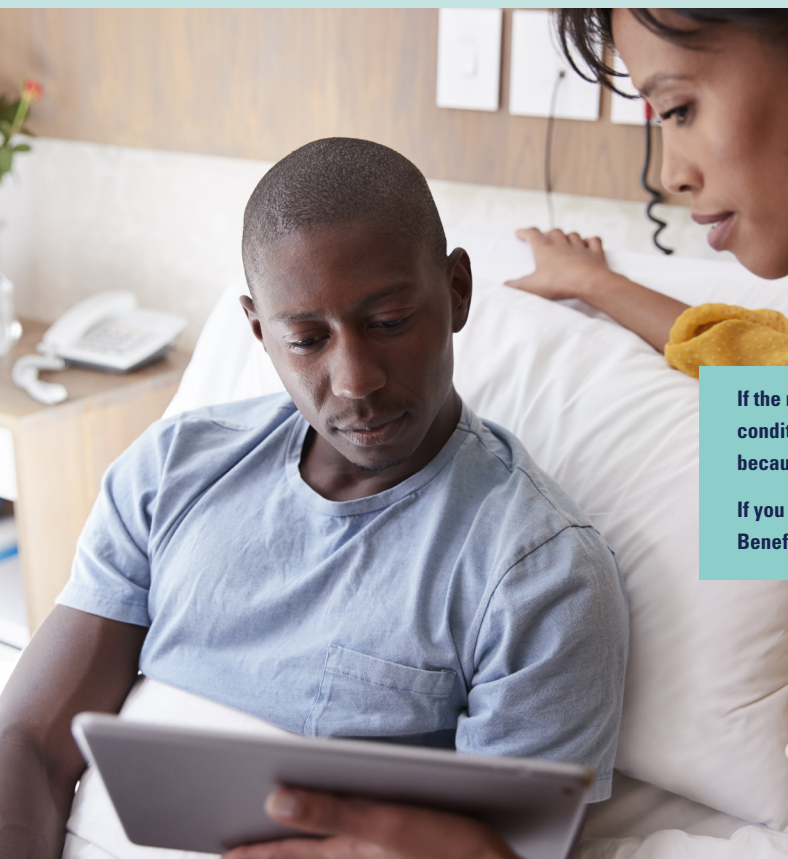
If you had your scope done in hospital and it shows you have a Prescribed Minimum Benefit condition, you or your treating doctor must send us the endoscopic report.

If the report you or your treating doctor sends the Fund confirms that your condition is a Prescribed Minimum Benefit, you don't have the upfront payment because we pay it from your insured benefits.

If you have already paid the upfront amount before the Prescribed Minimum Benefit diagnosis, this money will be paid back to you.

How we pay if the scope is done in a doctor's rooms

You do not have to get authorisation before having a scope done in a doctor's rooms. We pay for scopes up to 100% of the Fund Rate from your insured benefits. If it costs more than the Fund Rate, you have to pay the rest.



A woman's guide to cancer screening and prevention tests

Prevention is better than cure. This is what cancer screening tests are about. The tests are used to identify and eliminate common cancers or pre-cancerous conditions early on, so that more advanced cancers can be prevented. These tests can literally save your life.

"Screening is very much like wearing your seatbelt when driving," says Professor Carol-Ann Benn, a surgeon with a special interest in breast cancer. "It won't prevent you from having an accident, but it will protect you if you do. Some screening tests are routine - for example, your gynae will perform a Pap smear (see detail below) as part of your regular check-up. Others are also done routinely at certain ages as a general precaution, while your doctor will decide how to screen and how often to do so if you have a high risk."

To determine which screening tests are best for you, your doctor needs this information, says Professor Benn:

- Are there any cancers in your family, and at what age was the diagnosis made. It's far more relevant to your doctor if two of your cousins had breast cancer under the age of 40, than if your gran passed away as a result of cancer at age 95.
- What other chronic conditions run in your family? These might include heart disease, diabetes and a tendency towards blood clots.

"It's also important," she adds, "to do your bit too. Get to know your body intimately. **Regularly check your breasts and your skin for lumps and bumps.** Discuss any unusual symptoms such as pain or bleeding with your doctor. And don't ignore anything out of the ordinary due to fear. Remember that knowledge is strength and the sooner you screen for abnormalities, the quicker you can get them sorted out."

What should you screen for, and when?

There's a great deal of controversy about how often to do the various screening tests," explains radiologist Dr Peter Schoub. "Most cancers become lethal once they spread to vital organs. This spread usually only occurs once a cancer reaches a certain size. The goal of screening tests is to offer a relatively cheap, non-invasive test to a large population of people who are otherwise healthy, to pick up problems before they become symptomatic. As a general rule, consultation with your trusted GP or specialist doctor is advisable. You need to understand your risks of developing a certain cancer, and the benefits and flaws of each screening test - which constitutes informed consent and personal choice. The general principle though, is that early detection of cancer allows for life-saving treatment."

Breast cancer

Breast cancer is the most commonly-occurring cancer in women worldwide and is estimated to affect one in eight women according to Dr Schoub. "If caught early and treated appropriately, the prognosis is excellent," he explains, so the key is early detection.

The guidelines for the highest survival benefit are as follows:

- First mammogram at age 40
- Regular mammograms as discussed with your healthcare provider
- No older age limit. Unless you have less than a 10-year life expectancy, mammograms have been shown to be beneficial.

Breast ultrasound is often added to mammography, particularly in women who have dense breast tissue, but it cannot replace mammograms as a screening test.

Breast MRI is the most sensitive test for breast cancer. MRI (magnetic resonance imaging) is an exceptionally accurate cancer-detecting tool that uses a magnetic field in combination with intravenous contrast to show malignancy and precancerous conditions. MRI is able to detect some abnormalities that are otherwise invisible on a mammogram and ultrasound, and is recommended as a screening test if you have a high lifetime risk of breast cancer - a strong family history, or if you have the BRCA gene mutation.

Women should understand how to do breast self-examinations too, and should stick to a regular monthly routine so that any lumps or changes in the breast can be detected as early as possible. As an Engen Medical Benefit Fund member, you are covered for one mammogram every two years, as per international guidelines, paid for from the Screening and Prevention Benefit. If you are at high risk, you will be eligible for a yearly mammogram



Cervical cancer

Cancer of the cervix is the second most common cancer in South African women, explains Dr Schoub.

A Pap smear screening test is usually performed by your gynaecologist using a speculum and a special swab, and is a sensitive way to pick up abnormal tissue before it develops into cancer. If you are at high risk of cervical cancer, you should speak to your doctor to get advice about the appropriate screening test and how often you should be tested.

You should start having Pap smears from the age of 25, unless you are HIV positive (if so, you would have been tested at a younger age). These should be done every three years, unless abnormal cells are found, in which case more frequent smears may be recommended. You should have these screening tests up until age 65, unless abnormal cells were identified in the 10 years prior. In that case, regular Pap smears should continue beyond age 65 (for 20 years after the date the abnormal cells were found). You do not require a Pap smear if you've had a hysterectomy.

Increasingly, newer swab tests for human papillomavirus (HPV) are being done every five years in addition to Pap smears. HPV is the underlying cause of most cases of cancer of the cervix. Very importantly, HPV vaccinations have been shown to be highly effective in preventing the development of cancer of the cervix. The vaccine prevents infection of the cervix with HPV which in turn, prevents cancer cells developing. Teenagers should be vaccinated before becoming sexually active and should still have regular Pap smears.

The Fund covers the cost of these HPV vaccinations from the available funds in the Medical Savings Account, up to a specific limit.

Ovarian cancer

Ovarian cancer is on the rise, but only a small percentage (20%) of cases are detected in the early stages. If you're over the age of 55, or have a family history of ovarian cancer, a transvaginal ultrasound, as well as a CA-125 blood test could help to pick it up early. Chat to your gynae about your risk and whether or not to screen for this sort of cancer.



Sunscreen Q & A

It's pretty daunting standing in the sunscreen aisle looking at the bewildering array of options, all with different SPF's, ingredients and promises of protection. The good news is the answers are here as we've got all your sunscreen questions covered.

What is SPF?

A sunscreen's SPF, or Sun Protection Factor, measures how long a sunscreen will protect your skin from ultraviolet B (UVB) rays before burning, compared with how long it takes to burn unprotected skin. For example, if used correctly, sunscreen with an SPF of 15 will prevent sunburn 15 times longer than if the product wasn't used. So, according to the **Skin Cancer Foundation**, if it takes 20 minutes for your unprotected skin to start going red, applying a sunscreen with an SPF of 15 theoretically delays this for 15 times longer - about five hours. Furthermore sunscreen with an SPF of 15 effectively filters out about 93% of all incoming UVB rays, while SPF 30 keeps out 97% and SPF 50, 98%.

What type of sunscreen should I choose?

A high SPF alone isn't enough: SPF measures protection against UVB, but not against the sun's long-wave, ultraviolet A (UVA) rays, and new research shows that UVA penetrates the skin more deeply than UVB, causing as much or even more damage. UVA is also the main cause of sun-induced skin aging. Look for products that offer "broad spectrum" or "UVA/ UVB" protection, and make sure your sunscreen has one or more of these UVA-filtering ingredients: titanium dioxide, zinc oxide, stabilised avobenzone (Butyl Methoxydibenzoylmethane).

Do I only need sunscreen on a sunny day?

You need to use sunscreen every day, all year-round, in every kind of weather, even if you have dark skin. Here's why:

- Sunlight reflects off roads, sand and water, intensifying ultra violet radiation effects by up to 80%. So even in winter, when it's cold but bright, ensure that your hands, neck, and as much as possible of your face are covered
- On overcast days, up to 80% of UV radiation penetrates clouds, mist and fog. Water reflects an additional 5% of the sun's rays back on you. Even dry surfaces reflect the sun's rays, for example, concrete reflects 10% to 12% of the sun's rays.

What about vitamin D?

You get more than enough exposure to the sun for adequate vitamin D production when spending short times outdoors. Remember that the 'sun safe' time (amount of time you can safely be exposed to the sun with bare skin) in South Africa is 10 minutes!

Are fair-skinned people the only ones who need to cover up?

Even though darker skins seldom get melanoma, it's more often fatal when they do. Melanomas in darker skins most often occur on non-exposed skin with less pigment, with up to 60-75% of lesions arising on the palms, soles of the feet, mucous membranes and under toe nails (as in the case of Bob Marley). **CANSA** advises using SPF20 for darker skins. Remember to always notify your dermatologist about any suspicious marks that develop on your skin or changes to moles on your body.

How much sunscreen is enough?

Sunscreen only works to the indicated SPF if you're putting on enough, which most of us don't do. Leading dermatologists advise using a minimum of 30ml or two tablespoons on the average body. After two hours in the sun, even if you're not swimming, sunscreen loses its effectiveness, so it's vital to reapply. If you are swimming or exercising, reapply immediately afterwards to keep the original level of protection, otherwise top up every two hours.

Do you know how to get support to help control your diabetes?

Half of people living with diabetes don't know they have it. We know that more than 4.5 million adult South Africans have diabetes. Now is the time to know your blood sugar levels. And if you have diabetes, we have the enhanced support and benefits to help you.

Since March, South Africans have been focusing on the signs of infection and protecting themselves from the COVID-19 virus. This is sensible, but so is paying attention to a condition that affects 12.7% of adults in South Africa according to the International Diabetes Federation's (IDF's) 2019 Diabetes Atlas. By now, even more adults could have diabetes, especially considering the jump in numbers from just three years ago. 2017 statistics showed that 5.4% of adult South Africans had diabetes.

Have your blood sugar tested. Early detection and treatment can help prevent complications. If your diabetes is under control, you can lead a full, healthy life.

Getting the best health outcomes

Teamwork is the best way to manage chronic conditions like diabetes. You have to do your part by knowing your blood sugar levels, educating yourself, making healthy food choices, exercising, and taking your prescribed medicine. But while you have to put in the time and dedication to manage your condition, you have a team of healthcare professionals to guide and support you.

People with diabetes have the best health outcomes when one doctor helps you manage your diabetes with the support of a healthcare team. This makes sure that everyone involved in your treatment is following the same strategy and that they share important information with each other.



Once you register for diabetes on the Chronic Illness Benefit, you have cover for the care, treatment and ongoing management of your diabetes through the Diabetes Care Programme. Your Premier Plus GP can register you for the Diabetes Care Programme, which gives you access to additional benefits to help you manage your diabetes.

Connected Care app

We're introducing a new app to help you manage your chronic condition: Connected Care. The Connected Care app is an online digital platform that connects you to healthcare professionals and online coaches through online doctor consultations. It provides a medicine ordering and delivery service and links to remote home monitoring and point of care devices. You also have access to personalised condition-specific information to help you manage your health. Once you have given consent, this information in your electronic health record is made available to healthcare professionals to enable better quality of care wherever you are.

This app will give you access to:

- Remote monitoring devices and supporting apps to monitor your condition from home, for qualifying members on the Diabetes Care Programme
- Online consultations with a Health Coach to assist you with lifestyle changes, to find educational content and to help you navigate your benefits.
- If you need additional clinical support, you will also have access to consultations with a healthcare professional or a diabetes nurse educator
- Reliable health and wellness information about diabetes.

Track your health

We offer you all the support you need to track your exercise and achieve your personalised health goals. The **Health Tracker** is a free platform, made available to all members by Discovery Vitality that allows you to track your exercise and achieve your personalised health goals.

Read these inspiring stories about how the programme helped other members with diabetes

While it's useful to know that you have access to enhanced support and benefits, it's difficult to imagine how they can make a difference in your life if you haven't experienced them yet.

For Hilton Coltman, who got control of his diabetes with the help of his doctor and the Diabetes Care Programme, it was life-changing. "For the first time in 10 years, I feel like my energy is up, my sugar is controlled. I feel healthier," he says.



Merlin Naidoo had his first hint that something was wrong when his feet swelled up. A check-up with his doctor revealed that he has type 2 diabetes. Getting the coordinated care and information he needed got him to the point where he's "feeling great at the moment. Overall, my health has been good since I joined the Diabetes Care Programme."