

WORLD HEALTH ORGANISATION (WHO) GLOBAL OUTBREAK BENEFIT 2021

Overview

From time to time, there are viruses, or diseases, that affect world health. These outbreaks are closely monitored by the World Health Organization (WHO) and are, depending on the severity and spread, declared as epidemics that place the global population's health at risk.

We recognise the importance of being prepared for these public health emergencies. Through careful benefit design and in support of public health initiatives, aimed at containing and mitigating the spread of such outbreak diseases, our members now have access to supportive benefits during the outbreak period. The outbreak is actively monitored by a dedicated team within the Administrator's office, Discovery Health. They closely assess the evolution and progression of such outbreaks. Having a timely and effective response to global epidemics helps to improve the health outcomes for our members.

This document explains the cover and support we provide to you when faced with a WHO-recognised epidemic.

WHO Global Outbreak Benefit

The WHO Global Outbreak Benefit is available to all members of TFG Medical Aid Scheme (TFGMAS) during a declared outbreak period.

This benefit ensures members with a confirmed diagnosis have access to the out-of-hospital management and appropriate supportive treatment, as long as they meet the Scheme's Benefit entry criteria.

The WHO Global Outbreak Benefit provides cover, for a defined basket of healthcare services related to COVID-19 disease.

Understanding COVID-19

In January 2020, the World Health Organization declared COVID-19 a global population health threat. With many countries around the world confirming an outbreak, TFGMAS is taking proactive steps to respond effectively to COVID-19 infections in South Africa.

COVID-19 is a disease caused by a type of coronavirus. The vast majority of people who contract COVID-19 experience only mild symptoms, potentially including fever, a cough and shortness of breath. In a small percentage of people, it may result in severe disease and even death.

Detailed information about the prevention and transmission of COVID-19 is available on www.tfgmedicalaidscheme.co.za



How you are covered from the WHO Global Outbreak Benefit

How you are covered?

This benefit, available on all TFGMAS Benefit Plans, is covered by the Scheme for cases of outbreak diseases and out-of-hospital healthcare services related to COVID-19 and does not affect your day-to-day benefits, where applicable.

What you are covered for?

This benefit offers cover for out-of-hospital management and appropriate supportive treatment of global World Health Organization (WHO) recognised disease outbreaks and out-of-hospital healthcare services related to COVID-19.

The basket of care includes:

- COVID-19 screening consultations with a contracted GP (either virtually, telephonic or face-to-face)
- COVID-19 Antigen and PCR screening tests, if referred by a network GP
- A defined basket of pathology tests for COVID-19 positive members
- A defined basket of x-rays and scans for COVID-19 positive members
- Supportive treatment, including medicine and a home monitoring device to track oxygen saturation levels for at risk members who meet the clinical entry criteria
- A defined basket of physiotherapy treatment for COVID-19 positive members
- A defined basket of mental health consultations/treatments for COVID-19 positive members

Cover is subject to the Scheme's preferred providers (where applicable), protocols and the treatment meeting the Scheme's entry criteria and guidelines. Any recommended treatment and healthcare services that are not included in the basket of care are covered according to the benefits available on your chosen Benefit Plan or in accordance with Prescribed Minimum Benefits (PMB), where applicable.

In-hospital treatment related to COVID-19, for approved admissions, is covered from the Hospital Benefit based on your chosen Benefit Plan and in accordance with Prescribed Minimum Benefits (PMB), where applicable.

Use of the relevant networks and contracted providers, as per your chosen Benefit Option, will apply for healthcare services paid from the WHO Global Outbreak Benefit.

The benefits covered from the WHO Global Outbreak Benefit are outlined below:

These healthcare services are covered from the WHO Global Outbreak Benefit up to a maximum of 100% of the TFGMAS Scheme Rate, unless Prescribed Minimum Benefits (PMB). This cover does not affect your



day-to-day benefits, provided you followed the screening process and adhere to the TFGMAS entry criteria and guidelines. Benefit limits, as may be applicable, are set out below. You may apply for additional cover from the Scheme, where clinically appropriate.

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Screening consultations	You can choose to either access telephonically or via a face-to-face screening consultation with a network or contracted provider. You are covered for COVID-19 screening consultations, with a network or contracted provider. Telephonic consultations provide a safe alternative to face-to-face consultations for patients and doctors, and contributes to the important containment measures that will continue to reduce the impact of the outbreak. Virtual GP or nurse consultations are available for COVID-19 related consultations only.
COVID-19 screening Antigen and Polymerase Chain Reaction (PCR) tests	If you have been referred by your network or contracted doctor for testing, you will have access to two COVID-19 PCR tests and 2 Antigen tests per beneficiary per annum. Screening tests are funded in full from the WHO Global Outbreak Benefit, when referred by the doctor that screened you. This includes pre-admission PCR testing for approved hospital admissions, subject to referral by a doctor.
Diagnostic and follow up tests for COVID-19 positive members	Once your test is confirmed as positive, you have access to a defined basket of diagnostic and follow up pathology tests, up to the TFGMAS Scheme Rate. This includes 2 PCR tests per beneficiary.
Diagnostic and follow up consultations for COVID-19 positive members	You have access to a defined basket of diagnostic and follow up consultations if you are diagnosed with COVID-19, up to the Scheme Rate.
X-rays and scans	You have access to a defined basket of x-rays and scans up to the TFGMAS Scheme Rate.
Supportive medicines list	We pay for defined supportive medicines prescribed by your doctor for symptom management and treatment of COVID-19, up to the TFGMAS Scheme Rate.
Home monitoring device for at-risk COVID-19 positive members	If you are identified as potentially at high risk you may qualify to be issued with a pulse oximeter device, through our network provider, to track and monitor your oxygen saturation levels. Funding for this device is subject to a limit of one device per family. You will also be covered for two consultations with a Discovery wellness specialist, to track and monitor oxygen-saturation levels and a follow-up virtual consultation with a GP, where necessary.
In-hospital	Your hospital admission is subject to approval and preauthorisation. Sublimits and clinical guidelines apply to certain healthcare services in hospital.



	In-hospital treatment related to COVID-19 for approved admissions is covered from the Hospital Benefit based on your Benefit Plan and in accordance with Prescribed Minimum Benefits (PMB) where applicable.
Physiotherapy	You have access to a defined basket of physiotherapy treatments up to the TFGMAS Scheme Rate.
Mental Health	You have access to a defined basket of mental health consultations/treatments up to the TFGMAS Scheme Rate.

When will your day-to-day benefits be impacted?

It is important to note that where you **do not complete** the **risk assessment and the test result is negative**, your consultations will be funded from your day-to-day benefits or may only be partially funded, depending on your TFGMAS Benefit Plan.

How to access the WHO Global Outbreak Benefit?

To access the benefits outlined above, as part of the WHO Global Outbreak Benefit, you must meet the Scheme's Benefit entry criteria.

The following criteria need to be met before claims will be paid from the WHO Outbreak Benefit:

- The disease needs to be a WHO recognised outbreak disease;
- Cover is for diseases during a declared outbreak period;
- May be subject to use of preferred providers, where applicable;
- Subject to completing the Scheme's risk assessment and referral process for screening and testing;
- Subject to the Scheme's treatment guidelines and protocols.

Am I covered if I am in a waiting period?

The Scheme resolved to change its approach to underwriting for the duration of the outbreak, specifically for cover related to COVID-19.

Members, and their dependents, who are diagnosed with COVID-19 after joining the Scheme will have access to cover for COVID-19, even if they are subject to a waiting period at the time of being diagnosed with COVID-19.

Members that are diagnosed with COVID-19 before joining the Scheme, are subject to normal underwriting rules and waiting periods, and will not have access to the cover.

In an emergency

If you have an emergency, call Discovery 911 on 082 911. You can request ambulance services, or go straight to hospital.