



ISSUE 2
OF 2017!

NOVEMBER 2017

newsletter

Dear Member

Message from the Principal Officer

Welcome to the last edition of the Fund's newsletter for 2017.

Despite an older membership profile, the Fund continues to provide competitive benefits to you, our members. An adverse claims experience combined with various benefit enhancements and lower contribution increases over the past few years, has resulted in the deterioration in the Fund's operating result. The Board of Trustees remains committed to the long-term sustainability of the Fund and intends to implement measures during forthcoming years to ensure that the Fund remains sustainable.

Based on the benefit and contribution changes for 2018, the approved contribution increase should continue to assist in offering appropriate benefits at an affordable price to you, while ensuring that the future financial stability of the Fund is not compromised.

Together with the Board of Trustees, I commend and thank you for prudently managing your healthcare expenses. We encourage you to continue doing so and hope that 2018 is filled with healthy choices that help prevent illness and improve your overall state of health and wellness.

In this issue, we share more details on the benefit changes for 2018. Make sure that you also read the 2018 benefit schedule and handy pocket guide enclosed. We further share with you the results of the 2017 Trustee election at our annual general meeting held on 14 June 2017 and how to stretch your benefits by using the Fund's preferred general practitioner (GP) and specialist designated service provider (DSP) network.

On behalf of the Board and myself as Principal Officer, we wish you a safe and joyous festive season. We look forward to supporting you and your loved ones on your health journey in 2018.

Best wishes

Lesley Shaw



BENEFIT REVIEW FOR 2018

The following structural benefit changes have been implemented for 2018:

- **Fund rate and sub-limits increased**

The Fund approved a general inflationary increase of **5.5%** in the Fund Rate and the sub-limits for the various benefit categories. This means you will have access to 5.5% more benefits in 2018.

- **Screening tests**

The following preventative screening tests will no longer be covered by Momentum Multiply in 2018. Claims will be paid from funds available in your individual savings account, limited to one test per beneficiary per year:

- Blood pressure test
- Blood glucose test
- Total serum cholesterol test.

- **Chemotherapy**

Claims for chemotherapy are currently paid at Fund rates from the insured benefits with no limit.

From 2018, claims for chemotherapy will be paid at 100% of the Fund rate, limited to R200 000 per beneficiary per year. Medication and materials used for chemotherapy will be paid at 100% of the generic reference price (GRP).

Claims in respect of prescribed minimum benefits (PMBs) will be paid at 100% of cost or 100% of the negotiated rates before and after the limit has been reached.

Once the sub-limit is reached, claims for non-PMB claims will be paid at 80% of the Fund rate for chemotherapy and 80% of the GRP for medication and materials used for chemotherapy.

- **Neurosurgeons**

Neurosurgeons participating in the Fund's specialist network will be reimbursed at 150% of the Fund rate in 2018. This change aims to increase the number of neurosurgeons participating in the Fund's specialist network.

- **Gynaecologists**

The in-network reimbursement rate for confinements (tariff codes 2614 and 2615) will increase to 200% of the Fund rate in 2018. This change aims to prevent gynaecologists from charging an additional 'birthing fee' and members incurring additional co-payments.

Oncology management

Tell us about any planned cancer treatment so we can let you know whether the Fund will cover the cost of your treatment. This means that your doctor or oncologist needs to send us your treatment plan for approval before starting with the treatment.

The Fund offers an oncology care programme for members who have been diagnosed with cancer. The programme offers assistance with the pre-authorisation of oncology treatment, clinical advice and guidance and basic counselling for members with cancer.

To find out more about the programme, please call **021 480 4901** and request to be transferred to the Oncology Care Department or email oncology@mmiholdings.co.za.

OPTICAL AND DENTAL BENEFITS EXPLAINED

Spectacle and contact lenses are subject to the optical benefit limit every two years. The next cycle will be 2018/2019. It is important to note that optical claims will be paid from the individual savings account and will simultaneously accrue from the primary care benefit limit for optical services for the two-year cycle.

Basic dentistry claims will be paid from the individual savings account and will simultaneously accrue from the primary care benefit limit for basic dentistry.

If you have accumulated savings, you can use your positive savings balance to fund additional optical and dentistry benefits, i.e. where both your savings and primary care sub-limits have been depleted.



Results of the Trustee election

Earlier this year we informed you of a vacancy for a member-elected Trustee on the Board of Trustees. The Fund invited calls for the nomination of a Trustee and members across all regions were given the opportunity to vote. The results were announced at the annual general meeting in Cape Town on 14 June 2017.



We would like to welcome **Mr Tekane Nthabane** as the new member-elected Trustee and **Ms Chwayita Mareka** as the new employer-appointed Trustee. We also congratulate **Ms Dorcas Mokotjo** on her re-appointment as employer-appointed Trustee. The Board of Trustees looks forward to working with them over the next three years.

Preferred general practitioner (GP) and specialist designated service provider (DSP) network

Stretch your benefits – use the specialist network.

The Fund has a preferred general practitioner (GP) and specialist designated service provider (DSP) network for all prescribed minimum benefit (PMB) services. We have negotiated specific rates with all GPs and specialists in the network of service providers, who provide members with diagnosis, treatment and medication for any of the PMB conditions at an agreed-upon, more affordable rate.

What does the network mean for you?

If you elect to use a DSP, the Fund will cover related costs at the agreed-upon rate. If you choose not to use a DSP, the benefit that the Fund will pay is limited to 100% of the Fund rate. This means that if the specialist or GP charges fees in excess of the Fund rate, you will have to pay the additional costs. The advantage of using a DSP, however, is that any possible co-payment for PMB conditions will be minimised significantly, thereby reducing any out-of-pocket expenses.

A list of the network service providers is available at www.engenmed.co.za. Alternatively call the Client Service Department on **0800 001 615** for assistance in identifying a suitable network service provider.



Remember to let us know if your details have changed

If we don't have updated contact details for you, we can't communicate important information to you. It is just as important that you let us know if your banking details are going to change.

If your details, such as your contact numbers, postal or email address have changed, contact **0800 001 615** or send the details via email to **engen@mhg.co.za** or post to PO Box 5324, Cape Town 8000.



HAVE A SUGGESTION OR CONCERNS? TALK TO US

Client Service Department: 0800 001 615 | **Email:** engensuggestions@mhg.co.za

IMPORTANT CONTACT DETAILS

ADDRESS FOR CLAIMS QUERIES

Engen Medical Benefit Fund
PO Box 5324, Cape Town 8000

PHYSICAL ADDRESS

Parc du Cap, 7 Mispel Road, Bellville 7530

CLIENT SERVICE DEPARTMENT

Tel: 0800 001 615
Fax: 0860 104 125
Email: engen@mhg.co.za
Website: www.engenmed.co.za
Electronic query facility: 021 480 4901
General enquiry email: engen@mhg.co.za
New claims submission email: engenaccounts@mhg.co.za

KPMG FRAUD HOTLINE

Toll free: 0800 200 564
Email: audit@mhg.co.za

HOSPITAL PRE-AUTHORISATION

Tel: 0800 118 884 or 021 480 4488
Fax: 021 480 2754
Email: hrmengen@metropolitanhrm.co.za

ONCOLOGY RISK MANAGEMENT PROGRAMME

Tel: 0800 118 884 or 021 480 4488
Fax: 021 480 2754
Email: hrmengen@metropolitanhrm.co.za

PMB CARE PLANS

Tel: 0800 118 884 or 021 480 4460
Fax: 021 480 2754
Email: hrmengen@metropolitanhrm.co.za

LIFESENSE DISEASE MANAGEMENT (PTY) LTD/HIV PROGRAMME

Tel: 0860 506 080
Fax: 0860 804 960
Email: results@lifesense.co.za

CHRONIC MEDICATION ENQUIRIES

General chronic medication application enquiries:

Tel: 0800 001 615

Obtaining an application form:

Website: www.engenmed.co.za

Pharmacist-on-line: (for exclusive use by doctors/pharmacists)

Tel: 0861 888 344

MEDICINE RISK MANAGEMENT PROGRAMME

Fax: 021 480 2754
Email: engenmrm@mhg.co.za
Address: PO Box 15079, Vlaeberg 8018

SCRIPTWISE MEDICINES DISPENSING AND DELIVERY ENQUIRIES

Medication orders, delivery enquiries and general enquiries:

Tel: 0860 102 622 or 018 788 5814
Fax: 018 788 5109
Email: engen@scriptwise.co.za