


ANNEXURE B

ENGEN MEDICAL BENEFIT FUND
Fund Schedule of benefits 2018

PREAMBLE

1. Subject to the limitations and exclusions set out in Annexure C, the Statutory Prescribed Minimum Benefits and the provisions of the Rules of the Fund, members and their dependants are entitled to the benefits set out in this Annexure in respect of treatment received from the first day of membership. Prolonged treatment may be subject to review.
2. Members admitted during the course of a financial year shall be entitled to the benefits set out herein with the maximum benefits being adjusted in proportion to the period of membership during the particular financial year, calculated from the admission date to the end of that financial year.
3. No member shall be entitled to assign, transfer, pledge hypothecate or cede his benefits or rights to benefits in or from the Fund.
4. All claims must be submitted in accordance with Rule 15.
5. Benefits are not transferable from one benefit period to another or from one category to another.
6. The Fund shall enter into or cause to be entered into such arrangements or contracts with private hospitals or hospital groups, including but not limited to per diem reimbursements, as may be considered appropriate. Benefit entitlements shall be 100% of the cost according to the arrangement, agreement or contract.
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	SERVICE	BENEFIT (Subject to annual limits)	ANNUAL LIMITS	CONDITIONS/REMARKS
1.	STATUTORY PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE D			
		1. Services to be rendered by Designated Service Providers (DSP) 2. For purposes of prescribed minimum benefits, designated service providers are 2.1 ER24 for Ambulance Services 2.2 MMI Health Pharmacy Network for medicine benefits 2.3 All contracted private hospitals and the OneCare GP and Specialist Network for all other services		
1.1	Benefits contemplated in section 29(1)(o) of the Act as per Annexure D	100% of cost	No limit, subject to the use of relevant DSPs	1. Subject to standard pre-authorized admission and hospital case management. 2. If PMB conditions are confirmed, automatic enrolment on the Care Plan provided MRM application is completed and authorised
1.2	General and specialist practitioner services (consultations in hospital)	100% of Fund rate with a non-DSP 100% of agreed rate with DSP		1. Excludes radiology and pathology (refer to 1.4 below) 2. Subject to standard pre-authorized admission and hospital management 3. If PMB conditions are confirmed, automatic

				enrolment on the Care Plan provided MRM application is completed and authorised
1.3	General and specialist practitioner services (consultations out of hospital)	100% of Fund rate with a non-DSP 100% of agreed rate with DSP		<ol style="list-style-type: none"> 1. Excludes radiology and pathology (refer to 1.4 below) 2. Limited to the number of consultations provided for on the Care Plan 3. Subject to MRM application and authorisation 4. If authorised, automatic enrolment on the Care Plan
1.4	Radiology and pathology	100% of cost		<ol style="list-style-type: none"> 1. Limited to the number and type of services provided for on the Care Plan
1.5	Chronic medication	100% of TRP and or Generic Reference pricing for approved medication		<ol style="list-style-type: none"> 1. No limit and subject to enrolment on the disease risk management programme, chronic application and authorisation according to the Fund's PMB formulary 2. If a co-payment is applied to the medication dispensed by the pharmacy, the member will be personally liable for settling the amount due directly with the pharmacy
2.	HOSPITALISATION AND RELATED BENEFITS			
		<p>Preamble</p> <ol style="list-style-type: none"> 1. Pre-authorisation must be obtained at least 48 hours before admission to hospital for non-emergency hospitalisation, surgical procedures and before CT and MRI scans are performed. In the case of an emergency or after hours admission, the Fund shall be notified thereof within 24 hours or on the first working day following the admission of such an emergency or treatment having been initiated, failing which the provisions of paragraph 2.3 of this preamble will apply. Notwithstanding anything to the contrary, the Fund shall not refuse such authorisation or pre-authorisation for a prescribed benefit. 2. In respect of benefits set out in this Annexure, the following principles will apply in all cases where pre-authorisation is required: <ol style="list-style-type: none"> 2.1. If pre-authorisation is obtained, but the treatment does not exceed the authorisation, the treatment will qualify for the benefits as stated; 2.2. If pre-authorisation is obtained, but the authorisation is exceeded, benefits will only accrue for the authorised treatment. The cost pertaining to the treatment in excess of the pre-authorised, will be payable by the member. Application may be made retrospectively for review in respect of the treatment in excess of that pre-authorised; 		

		2.3. If treatment is undergone without pre-authorization having been obtained, application may be made retrospectively for an authorisation. In the event of such authorisation being granted, the benefit will (except in cases of emergency) be subject to a penalty of R1 000,00. If authorisation is declined, no benefits will accrue, provided that prescribed minimum benefits shall be covered in full as provided for in Rule 16.		
2.1	Accommodation: <ul style="list-style-type: none"> • General ward, high care, intensive care or labour ward • • Use of the recovery room • • Theatre fees and anaesthetics administered in theatre 	100% of the negotiated rate for private hospitals or 100% of uniform patient fee schedule rate for provincial hospitals		<ol style="list-style-type: none"> 1. The benefit shall not be charged to the member's individual savings account 2. No limit, subject to pre-authorization 3. No benefit shall be paid in respect of non-registered unattached theatres
2.2	Medicines, material and hospital equipment	100% of the negotiated/UPFS rate		<ol style="list-style-type: none"> 1. Pre-authorization of admission is required 2. The benefit shall not be charged to the member's individual savings account 3. Includes the cost of ward and theatre drugs, dressings, materials consumed and equipment utilised in hospital
2.3	To take out medicines (Medicines on discharge)	100% of cost	7 days' supply per Beneficiary per admission	<ol style="list-style-type: none"> 1. Pre-authorization of admission is required 2. The benefit shall not be charged to the member's individual savings account
2.4	In hospital operations, surgical procedures and consultations	100% of Fund rate		<ol style="list-style-type: none"> 1. No limit, subject to pre-authorization 2. The benefit shall not be charged to the member's individual savings account 3. Includes general practitioner and medical specialist's consultations and visits to a patient in hospital, ante-natal consultations, including the cost of anaesthesia and assistants at surgical procedures, operations and confinements 4. A co-payment of R1 150,00 applies to all elective scopes (Colonoscopy, Sigmoidoscopy, Proctoscopy, Gastroscopy, Cystoscopy, Arthroscopy, Laparoscopy and Hysteroscopy)

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2.5	Step-down, recuperation and rehabilitation facilities	100% of Fund rate, where applicable		1. No limit, subject to pre-authorisation, where such service follows pre-authorised hospitalisation
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				<p>or operation and is in lieu of further hospitalisation</p> <ol style="list-style-type: none"> The benefit will not be charged against the member's individual savings account The facility must be registered with the Department of Health Private nursing/frail care/hospice is paid from the Primary Care (day-to-day) benefit
2.6	<p>Post-Operative and Rehabilitation</p> <ul style="list-style-type: none"> Post-Operative physiotherapy, occupational therapy and speech therapy Surgical appliances 	<p>100% of Fund rate</p> <p>100% of cost</p>	6 week period	<ol style="list-style-type: none"> The benefit is limited to a six-week period for the same condition for which the patient was hospitalised The benefit will not be charged against the member's individual savings account
2.7	Maxillo facial and oral surgery	100% of Fund rate		<ol style="list-style-type: none"> No limit, subject to pre-authorisation The benefit shall not be charged to the member's individual savings account

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2.8	Internal prostheses	100% of Negotiated Rate, subject to sub-limits	<p>Multiple external and Internal prosthesis are subject to a joint overall limit of R82 000 per beneficiary per year</p> <p>The sub-limits are as follows:</p> <p>Hip replacements: Bilateral Total R 66 000 Total Hip R38 000 Partial Hip R21 000 Revision Hip R72 000</p> <p>Knee replacements: Without Patella R42 000 With Patella R4 7500 Bilateral Knee R84 000 Revision Knee R73 000</p>	<ol style="list-style-type: none"> 1. Subject to prior approval by the Scheme 2. Defined as appliances placed in the body as an internal adjuvant, during an operation, as well as the replacement of artificial eyes and limbs 3. Dental implants of any nature are not included in the definition of internal prostheses 4. The benefit shall not be charged to the member's individual savings account
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			<p>Shoulder replacements: Total Shoulder R50 000 Bilateral Shoulder R 64 000</p> <p>Spinal Fusion: Level 1 (without cage) R22 750 Level 1 (with cage) R43 500 Level 2 (without cage) R30 500 Level 2 (with 1 cage) R48 500 Level 2 (with 2cages) R71 000</p> <p>Artificial limbs: Below the knee R21 750 Above the knee R3 6 500</p> <p>Artificial Eyes R21 750 Finger joint prosthesis R5 400</p> <p>Pacemakers: With leads R45 500 Biventricular R75 000</p> <p>Intra Cardiac Device R250 000</p> <p>Cardiac valves, each R34 500</p>	<p>REGISTERED BY ME ON</p> <p>2018 -02 -16</p>  <p>REGISTRAR OF MEDICAL SCHEMES</p>
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			<p>Cardiac stents with delivery system, each (max 3 pa) R24 750</p> <p>Drug Eluting Stents, each (max 3 pa) R31 000</p> <p>Aortic Aneurism Repair Grafts R145 000</p>	
2.9	<p>Oncology:</p> <ul style="list-style-type: none"> • Chemotherapy • Medicines and materials used in chemotherapy 	<p>100% of Fund rate</p> <p>100% of Generic reference price</p>	<p>R200 000 pbpa</p> <p>Once the sub-limit is reached, claims are paid at 80% of Fund rate/generic reference price</p>	<ol style="list-style-type: none"> 1. Pre-authorisation of admission is required 2. The benefit shall not be charged to the member's individual savings account
2.10	Chronic appliances (oxygen and stoma products)	100% of cost	R24 250 pfpa	<ol style="list-style-type: none"> 1. Subject to case management and prior approval by the Fund 2. This benefit includes chronic appliances, inclusive of oxygen products, cylinders, ventilation expenses and stoma products 4. This benefit shall not be charged to the member's individual savings account

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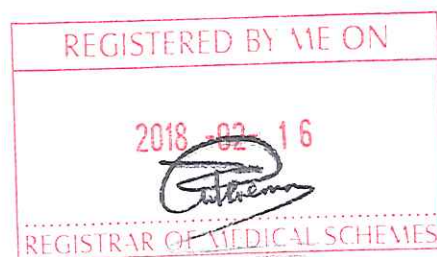
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2.11	Organ transplants Medicines	100% of negotiated rate For private hospitals or the UPFS rate for provincial hospitals 100% of Generic reference price	R410 000 pfpa	<ol style="list-style-type: none">1. Subject to pre-authorisation by the Fund's chosen provider2. The benefit shall not be charged to the member's individual savings account3. The benefit includes hospitalisation, organ and patient preparation, medication in and out of hospital, harvesting and transporting4. No benefits for traveling and accommodation
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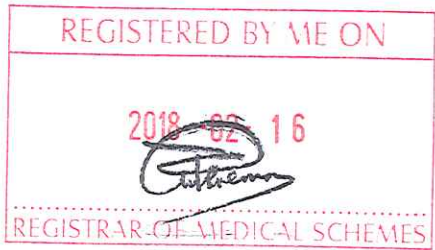
				expenses
2.12	Renal dialysis	100% of Negotiated for private hospitals or UPFS rate for provincial hospitals 100% of Fund rate for related services	Unlimited	<ol style="list-style-type: none"> 1. Subject to pre-authorisation and on-going case management as well as enrolment on the Disease Risk Management Programme 2. The benefit shall not be charged to the member's individual savings account 3. The benefit includes procedure and treatment, associated medicines and drugs
2.13	Mental Health and Drug and Alcohol Rehabilitation	100% of the negotiated rate for private hospitals or the UPFS rate for provincial hospitals for hospitalisation; and 100% of Fund rate for associated in-hospital services	Limited to 21 days pbpa	<ol style="list-style-type: none"> 1. Subject to pre-authorisation and case management with the Fund's chosen provider 2. The benefit shall not be charged to the member's individual savings account 3. Subject to PMBs only
2.14	Ambulance	100% of agreed rate	Unlimited if ER24 is Used A co-payment of 40% applies if non-DSP is used	<ol style="list-style-type: none"> 1. Includes emergency ambulance transport services to the nearest hospital, or inter-hospital transfers 2. All non-emergency ambulance transport services are subject to authorisation by the Designated Service Provider 3. Any unauthorised use of ambulance transport services will be limited to the negotiated tariff and subject to PMB 4. The benefit shall not be charged to the member's individual savings account



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2.15	MRI and CT Scans	100% of Fund rate	Limited to 2 scans pbpa	<ol style="list-style-type: none"> 1. Subject to pre-authorisation 2. Subsequent scans may be approved by the Board on recommendation by the Fund's Medical Advisor 3. The benefit shall not be charged to the member's individual savings account
2.16	Surgical procedures performed in doctors' rooms	100% of Fund rate		<ol style="list-style-type: none"> 1. No limit and No pre-authorisation required 2. The benefit shall not be charged to the member's individual savings account
2.17	Radiology and Pathology	100% of Fund rate		<ol style="list-style-type: none"> 1. No limit and No pre-authorisation required 2. Includes radiology, pathology, endoscopic investigations (done in doctor's rooms) and X-rays 3. The benefit shall not be charged to the member's individual savings account
2.18	Clinical and medical technologists	100% of Fund rate		<ol style="list-style-type: none"> 1. No limit and No pre-authorisation required 2. The benefit shall not be charged to the member's individual savings account 3. Includes services rendered, materials and apparatus supplied
2.19	Blood transfusions	100% of Fund rate		<ol style="list-style-type: none"> 1. No limit and No pre-authorisation required 2. The benefit shall not be charged to the member's individual savings account
2.20	<p>Medical and surgical appliances (including Hearing Aids and Wheelchairs)</p> <ul style="list-style-type: none"> • Second hearing aid 	100% of cost	<p>R24 250 pfpa</p> <p>R1 1 750 pfpa</p>	<ol style="list-style-type: none"> 1. No pre-authorisation required 2. Excludes prostheses provided for in 2.8 above 3. Includes conditions not covered under the post-operative/rehabilitation appliance benefit and the chronic appliances benefit 4. Includes 100% of the net cost after discount for the supply and fitment of hearing aids and hearing aid repairs 5. The benefit shall not be charged to the member's individual savings account 6. Clinical motivation and authorisation is required for the second hearing aid to meet strict criteria determined by the Board

2.21	HIV/AIDS and related illnesses Medicines	100% of agreed tariff at DSP 100% of the Generic Reference price		<ol style="list-style-type: none"> 1. Subject to pre-authorisation by the Fund's chosen provider and on-going case management. 2. Subject to enrolment on the HIV/AIDS Management Programme 3. The benefit shall not be charged to the member's individual savings account
3	CHRONIC AND SPECIALISED MEDICINE			
3.1	Non-PMB Chronic Medication	100% of TRP and or Generic Reference pricing for approved medication	Single R12 500 Family R24 750	<ol style="list-style-type: none"> 1. PMB conditions are not included in this benefit 2. The benefit shall not be charged to the

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				<p>member's individual savings account</p> <ol style="list-style-type: none"> 3. Includes approved medicine or injection material where a member or dependant of a member is suffering from a chronic sickness condition, i.e. any sickness condition (other than cancer which may require treatment by chemotherapy) requiring ongoing medicine or injection material for a period in excess of three months 4. Does not include medicine or injection material supplied or administered in a hospital or nursing home 5. Therapeutic Reference Pricing (TRP) applies 6. On application and authorisation via MRM – dispensing by a retail (local) pharmacy or alternatively dispensing and delivery by ScriptWise Medicines 7. All cases in excess of the above limits will be managed in terms of the Fund's drug utilization review processes 8. If a co-payment is applied to the medication dispensed by the pharmacy, the member will be personally liable for settling the amount due directly with the pharmacy
3.2	Specialised Medicine Benefit	100% of agreed rate	R145 000 pfpa	<ol style="list-style-type: none"> 1. The benefit relates to a defined list of specialised medication 2. Subject to clinical motivation and authorisation. 3. The benefit shall not be charged to the member's individual savings account
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4.1	Ante-natal ultrasound examinations	100% of Fund rate	2 examinations per pregnancy	1. This benefit shall not be charged to the member's individual savings account
4.2	Post-natal care by a midwife	100% of Fund rate		1. Must be prescribed by a medical practitioner 2. Subject to case management and prior approval by the Fund 3. This benefit shall not be charged to the member's individual savings account
4.3	Ante-natal classes (in and out of hospital)	100% of Fund rate	R900 per confinement	1. Subject to pre-authorisation 2. Inclusive of exercise classes and/or visits 3. This benefit shall not be charged to the member's individual savings account
5	PRIMARY CARE (DAY-TO-DAY) BENEFITS SUBJECT TO PAYMENT FROM INDIVIDUAL SAVINGS ACCOUNT			
	Primary care (day-to-day) benefits are first paid at 100% of Fund rate from the Individual Savings Account (which comprises 10% of the total annual medical contribution) until the advance credit has been reached in any one financial year. Once the Individual Savings Account is exhausted, the primary benefits are paid as described in 5.1 to 5.22 below.			
5.1	Acute, homeopathic and naturopathic medication	100% of Formulary and Generic reference price	M+0 R4 950 M+1 R7 400 M+2 R 8 500 M+3 R 9 800 M+4+ R11 000	1. 100% of GenRef until the advance credit has been reached 2. Includes medicines and material for injections and vaccinations prescribed by a person legally entitled to prescribe 3. Does not include medicines and material for injections supplied or administered in a hospital or nursing home 4. Includes medicine dispensed to outpatients 5. If a co-payment is applied to the medication dispensed by the pharmacy, the member will be personally liable for settling the amount due directly with the pharmacy 6. Pneumococcal vaccines are paid from insured benefits for beneficiaries older than 65. Limited to one per beneficiary 7. The contraceptive device, Implanon, will be funded from available savings

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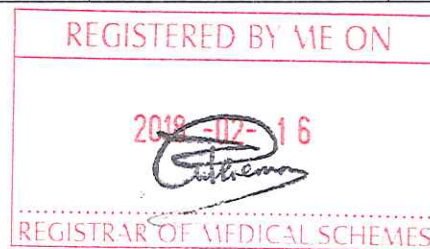
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5.2	General Practitioner, Medical specialists, homeopath, naturopath and Registered Private Nurse Practitioner consultations and non-surgical procedures	100% of Fund rate	M+0 R2 550 M+1 R4 200 M+2 R4 900 M+3 R5 400 M+4+ R6 300	<ol style="list-style-type: none"> 1. PMB-related conditions, including the 270 DTPs are not included in this benefit 2. Visits to a patient in hospital and ante natal consultations are not included in this benefit 3. Registered Private Nurse Practitioners consultations and treatment includes the cost of vaccinations and injection material, e.g. administering of mumps, measles and rubella (MMR) vaccinations 4. This benefit includes services and fees charged for outpatient consultative services
5.3	Self-medication (Over the Counter)	100% of cost	R240 per prescription per beneficiary per day	<ol style="list-style-type: none"> 1. Subject to Individual Savings Account 2. Limited to medicine which a pharmacist is entitled to prescribe and dispense
Paramedical and associated health services				
5.4	Acupuncture	80% of Fund rate	R1 625 pfpa	
5.5	Chiropractic treatment	80% of Fund rate	R 3 000 pfpa	<ol style="list-style-type: none"> 1. Includes the cost of treatment and X-rays 2. The benefit shall not exceed the Fund Rate for a consultation with a general
5.6	Dietetics	80% of Fund rate	R1 000 pfpa	
5.7	Non-surgical prostheses	80% of cost	R3 000 pfpa	<ol style="list-style-type: none"> 1. Includes prostheses for which a benefit is not provided elsewhere in these Rules
5.8	Audiology and speech therapy	80% of Fund rate	R3 000 pfpa	
5.9	Occupational therapy	80% of Fund rate	R3 000 pfpa	
5.10	Physiotherapy/Biokinetics	80% of Fund rate	R3 000 pfpa	
5.11	Private nursing and registered private nurse practitioners, including frail/hospice care	80% of Fund rate	R24 500 pfpa	<ol style="list-style-type: none"> 1. Includes private nursing/frail care treatment and hospice treatment prescribed by a medical practitioner 2. Subject to case management and prior approval by the Fund 3. General care is excluded 4. Private nurses must be registered with the SA Nursing Council or its legal
5.12	Podiatry/Chiropody	80% of Fund rate	R2 000 pfpa	<ol style="list-style-type: none"> 1. Must be prescribed by a medical practitioner



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5.13	Clinical psychology	80% of Fund rate	R8 200 pfpa	1. Subject to PMB's only
	Dentistry			
5.14	Basic dentistry	100% of Fund rate	M+0 R3 550 M+1 R4 550 M+2 R5 600 M+3 R6 800 M+4+ R8 000	1. Paid from individual savings account and insured benefits
5.15	Special dentistry	100% of Fund rate	M+0 R8 100 M+1 R11 250 M+2 R14 000 M+3 R16 250 M+4+ R18 000	1. Paid from insured benefits 2. Includes inlays, crowns, bridges, study models, metal base dentures and the repair of metal base dentures, oral medicine and periodontics, orthodontics and prosthodontics 3. Orthodontics is subject to prior approval by the Fund 4. Includes Osseointegrated Implantology
	Optical			
5.16	Eye tests and tonometry tests	100% of Optical Assist tariff	1 eye test and 1 tonometry test pbpa	1. Paid from individual savings account and insured benefits 2. Eye tests and tonometry tests must be performed by a registered
5.17	Spectacles and contact lenses Hardening, tinting, reflective lens coating and refractive surgery are included in this limit.	100% of Optical Assist tariff	Single R4 500 Family R9 000 The above includes a frame sub-limit of R1 425 pbpa every two years (2018/2019)	1. Paid from individual savings account and insured benefits 2. Sunglasses, spectacle cases, solutions or kits for contact lenses are excluded 3. Spectacle lenses and contact lenses are subject to the benefit limit every two years (2018/2019)
	Preventative Screening			

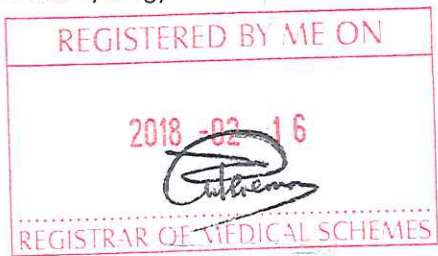


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5.18	Faecal occult blood test	100% of Fund rate	R1 050 pbpa	<ol style="list-style-type: none"> Used as a screening method for male prostate cancer. Screening tests are available for male members 50 years and older Subject to Individual Savings Account
5.19	Cervical cytology	100% of Fund rate	R1 050 pbpa	<ol style="list-style-type: none"> Cervical screening test used to detect potentially precancerous and cancerous processes in the cervix. Screening tests are available for female members between 21 and 65 years Subject to Individual Savings Account
5.20	HPV screening	100% of Fund rate	R 530 pbpa	<ol style="list-style-type: none"> Screening test available for all female members who receive abnormal test results after doing the cervical cytology screening test (abnormal pap test) Subject to Individual Savings Account
5.21	Mammography	100% of Fund rate	R2 100 pbpa	<ol style="list-style-type: none"> Breast imaging that uses low-dose x-rays to detect cancer early. Available for all female members 40 years and older Subject to Individual Savings Account
5.22	Health Risk Assessment	100% of Fund Rate		<ol style="list-style-type: none"> Includes blood pressure test, blood glucose test and total serum cholesterol test Subject to Individual Savings Account
6	GENERAL			



6.1	Acquired immune deficiency syndrome and asymptomatic positivity	100% of cost in DSP		1. Subject to once-off pre-authorisation 2. Subject to PMB's 3. Subject to insured benefits
6.2	Smoking Cessation	100% of the Fund Rate,	Limited to a R690 pbpm and paid from individual savings	1. Savings are reimbursed from the Chronic Medication benefit, subject to a negative test result for nicotine.

Legend:

Advance credit	The amount advanced to a member's credit by the Fund and paid into his individual savings account
Agreed rate	The rate of payment for services, as negotiated with the DSP
Cost	The fee charged outside the Fund/Agreed rate as published by the Fund, e.g. private rates
Care Plan	Individualised Care Plan issued by MMI Health after registration on the PMB programme
DSP	Designated Service Provider: ONECARE Health Network of general practitioners and specialists who provide members with diagnosis, treatment and care for one or more of the PMB conditions at an agreed rate
DTPs	A list of 270 Diagnosis and Treatment Pairs that are covered under PMBs
Fund rate	The tariff determined from time to time by the Engen Medical Benefit Fund for the reimbursement of claims in the absence of any other agreed or contracted tariff with any service provider. The tariff for 2018 is the 2017 tariff plus a 5.5% inflationary increase
ICD-10	International Statistical Classification of Disease and Related Health Problems – version 10; your medical practitioner or any other medical service provider must provide an ICD-10 diagnosis code with every claim submitted to the fund
GenRef	GenRef stands for Generic Reference Price; the maximum price that the Fund will pay for your medication
Negotiated Rates	Agreed tariff between the Scheme and the South African Service Provider (Applies to Private Hospitals)
pbpa	Per beneficiary per annum
pfpa	Per family per annum
PMB formulary	This is a preferred list of drugs for the treatment of the 26 listed PMB chronic conditions; in creating the list, safety, effectiveness and possible side effects were considered before looking at the cost of the drugs; the list meets the requirements of the regulations
PMBs	Prescribed Minimum Benefits
TRP	Therapeutic Reference Pricing. The maximum price that the Fund pays for medication for a particular chronic condition, based on a range medications that have the same therapeutic effect and pharmacological mode of action
UPFS	Uniform Patient Fee Schedule of tariffs as received from the Department of Health (applies to State/provincial hospitals)



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