

HIV Programme 2020

Who we are

Engen Medical Benefit Fund (referred to as 'the Fund'), registration number 1572, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company and an authorised financial services provider and is responsible for the administration of your membership on behalf of the Fund.

About this document

This document gives you information about the HIV Programme. It explains your cover for hospital admissions related to HIV and AIDs and how we pay for HIV medicine. We also give you information on the doctor consultations, laboratory tests and x-rays.

About some of terms we use in this document

You might come across some terms in the document that you may not be familiar with. Here are the terms with their meaning.

Terminology	Description
Fund rate	This is the rate that Engen Medical Benefit Fund sets for paying claims from healthcare professionals.
Payment arrangements	The Fund has entered into payment arrangements with various healthcare professionals that have agreed to be reimbursed at an agreed rate. This ensures full cover with no co-payments.
Maximum Medical Aid Price (MMAP)	This is the Maximum Medical Aid Price that the Fund will reimburse for an interchangeable multi-source pharmaceutical product.
**MaPS Advisor	MaPS Advisor is a medical and provider search tool which is available on the Engen Medical Benefit Fund website.

** The value-added service - MaPS Advisor - is owned by Discovery Health (Pty) Ltd.

The HIV Programme at a glance

You have access to clinically sound and cost-effective treatment

We base the HIV protocols on the Southern African HIV Clinicians' Society and South African Department of Health guidelines. Approval of HIV-related services is subject to Prescribed Minimum Benefit guidelines and your benefits.

We deal with each case with complete confidentiality

HIV and AIDS is a sensitive matter, whether one has the condition, or not. Our HIV healthcare team respects your right to privacy and will always deal with any HIV and AIDS related query, or case, with complete confidentiality.

There is no overall limit for hospitalisation for members who register on the HIV Programme

For members who register on the HIV Programme there is no limit to the hospital cover. Members must always get approval for their hospital admissions. The Engen Medical Benefit Fund rules states how we pay for treatment.

Engen Medical Benefit Fund covers a specified number of consultations and HIV-specific blood tests

For members who are registered on the HIV Programme, the Fund pays for 4 GP consultations and 1 specialist consultation per person each year for the management of HIV.

The Fund also pays for HIV-specific blood tests for members who are registered on the HIV Programme. These tests are a measure of the extent of the HIV virus and are instrumental in managing the patient's response to treatment. The specific tests are listed in the *Getting the most out of your benefits* section.

We pay for antiretroviral medicine on our HIV medicine list up to the Fund rate for medicines

Members who test positive for HIV, have cover for antiretroviral medicines that are on our HIV medicine list (formulary). This includes treatment for prevention of mother-to-child transmission, treatment of sexually transmitted infections and HIV-related (or AIDS-defining) infections. We will fund for supportive medicine if the conditions meet our requirements for cover (clinical entry criteria).

Our case managers will co-ordinate HIV medicine applications and monitor the patient's use of antiretroviral medicine to ensure the treatment is effective.

For preventive treatment in case of sexual assault, mother-to-child transmission, trauma or workman's compensation, any HIV waiting periods do not apply to preventive medicine. Members must pre-authorise their treatment. We pay treatment according to national treatment guidelines. Except for prevention of mother-to-child transmission of the HIV virus, members do not need to meet the clinical entry criteria to register on the HIV Programme for this preventive treatment.

We provide cover for nutritional feeds to prevent mother-to-child transmission

We pay for nutritional feeds for babies born to HIV-positive mothers from the date of birth and up to 6 months. We approve the first month upfront, however the infant needs to be registered on the membership to qualify for the remaining 5 months. These feeds are paid according to the HIV nutritional and mother to child prevention medicine list (formulary). This formulary can be found on www.engenmed.co.za

Getting the most out of your benefits

Register on the HIV Programme to access comprehensive HIV benefits

Call us on 0800 001 615, fax 011 539 3151 or email HIV@engenmed.co.za to register. The HIV team will only speak to you, the patient, or your treating doctor about any HIV-related query.

Use approved medicine on our medicine list

Engen Medical Benefit Fund does not cover experimental, unproven or unregistered treatments or practices. You have full cover for approved medicine on our HIV medicine list (formulary) if your healthcare professional charges the Fund rate for medicines.

For clinically appropriate antiretroviral medicine that is not on the list, we will pay up to 100% of the Maximum Medical Aid Price (MMAP) or 100% of the Fund rate, where no MMAP is available. You will be

responsible to pay any shortfall from your pocket for medicines not on the list, or if the pharmacy charges more than the Fund rate for medicines.

Use a healthcare professional who participates in our payment arrangements

You have full cover for healthcare professionals who have a payment arrangement with us, this includes GPs and specialists. Engen Medical Benefit Fund will pay the account up to the agreed rate. If you don't use a healthcare professional who we have an arrangement with, you will be responsible for any shortfall between what the provider charges, and what Engen Medical Benefit Fund pays.

Tell us about where you'll be having your treatment, and who your treating doctor is, and we'll confirm if we have an agreement with the healthcare professional. If you choose to have your treatment at a healthcare professional who we have an arrangement with, there will be no shortfall in payment. Remember that any membership benefits still apply in this case.

Discovery Health MaPS tool (Medical and Provider Search) on www.engenmed.co.za helps you find medical services and healthcare professionals where you will be covered without a co-payment. Go to www.engenmed.co.za for more details.

Take your HIV medicine as prescribed and send test results when requested

We will only fund your HIV treatment if Engen Medical Benefit Fund has approved it. It is important that you remain compliant with your treatment plan. Once you have registered on the HIV Programme, you will need to send us follow-up tests when we ask for them, for us to assist you in the ongoing management of your condition.

Prescribed Minimum Benefits (PMB) cover

The Prescribed Minimum Benefits are minimum benefits for specific conditions that the Medical Scheme Act defines that all medical schemes are required to cover according to clinical guidelines. In terms of the Act and its regulations, all medical schemes must cover the costs related to the diagnosis, treatment and care of any life-threatening emergency medical condition, a defined set of 270 defined diagnoses (Diagnostic Treatment Pairs Prescribed Minimum Benefits or DTPMBs) and 27 chronic conditions.

You may be required to use a Designated Service Provider (DSP) to have full cover for Prescribed Minimum Benefits. A DSP is a hospital or healthcare professional who has a payment arrangement with the Engen Medical Benefit Fund to provide treatment or services at a contracted rate and without any co-payments by you.

All medical schemes in South Africa have to include the Prescribed Minimum Benefits as part of the benefits they offer to their members. There are however certain requirements that a member must meet before he or she can benefit from the Prescribed Minimum Benefits.

These are the requirements that apply to access Prescribed Minimum Benefits

- Your condition must be part of the list of defined conditions for Prescribed Minimum Benefits. You may need to send us the results of your medical tests and investigations that confirm the diagnosis for your medical condition;
- The treatment you need must match the treatments included as part of the defined benefits for your medical condition;
- You must use a doctor, specialist or other healthcare professional who Engen Medical Benefit Fund has a payment arrangement with. There are some cases where this is not necessary, for example a life-threatening emergency.

HIV is classified as a Prescribed Minimum Benefit condition for members who qualify for cover. However, only certain treatment protocols are available for funding from this benefit. More information on our approach to Prescribed Minimum Benefits is available at www.engenmed.co.za

Your doctor can appeal for additional cover

Engen Medical Benefit Fund covers certain basic out-of-hospital treatments related to HIV infection as a Prescribed Minimum Benefit. You can ask for additional cover, if your condition requires this, through an appeals process. We will review the individual circumstances of the case, however it is important to note that an appeals process does not guarantee a positive outcome and neither does it change the way we cover Prescribed Minimum Benefits.

If the additional cover is approved, the Fund will pay the claims for these treatments in full if we have a payment arrangement with your doctor. You may be responsible to pay part of the claim if we do not have an arrangement with your doctor and he or she charges higher than what Engen Medical Benefit Fund pays.

If the additional cover is declined, it will fund from the next appropriate day to day benefit, subject to available limits. If the limit is depleted you will have to pay these accounts from your own pocket.

Hospital admissions

Cover for all costs while you are hospitalised is not automatic. When you know you are going to hospital, you need to tell us beforehand. You must pre-authorise your admission to hospital at least 48 hours before you go in. Please phone Engen Medical Benefit Fund on 0800 001 615 and follow the prompts to get approval.

When you contact us, please have specific information about your procedure and admission available so that we can assist you.

GP and specialist consultations

If you have registered on the HIV Programme, we pay for 4 GP consultations, including 1 specialist consultation, for a person each year.

If you have not registered on the HIV Programme, the consultation costs will be paid from available funds in your day-to-day benefits, up to the Fund rate. You must pay any shortfall from your pocket.

HIV antiretroviral and HIV-supportive medicine

Approved antiretroviral and supportive medicine not on our HIV medicine list, will pay up to 100% of the Maximum Medical Aid Price (MMAP), or 100% of the Fund rate, where no MMAP is available. You will be responsible to pay any shortfall from your pocket for medicines not on the list or if the pharmacy charges more than the Fund rate for medicines.

If your approved supportive medicine is on our HIV supportive medicine list, we will pay for it up to the Fund rate.

You have cover of up to R535 a person a year for the multivitamins and vaccination shown below:

Medicine name	NAPPI code
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001

HIV-monitoring blood tests

The Fund also pays for HIV-specific blood tests for members who are registered on the HIV Programme. These tests are a measure of the extent of the HI virus and are instrumental in managing the patient's response to treatment. If you have registered on the HIV Programme, the Fund pays for these blood tests up to the Fund rate:

Test	Number of tests we cover for each person a year
CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1
HIV drug resistance test (genotype)	1 (We only cover this test if we have approved funding before the test is done)

HIV drug resistance test

You do not automatically qualify to have this test covered from the Fund's risk benefits, authorisation for the test is a prerequisite. Authorisation applies for requests for tests done in-hospital and out-of-hospital. The authorisation process is used to manage risk to ensure that you receive best-practice HIV care, based on clinical evidence, to ensure optimal quality of care and health outcomes. It is important that the authorisation process be followed for every request

If you have not registered on the HIV Programme, the test costs will be paid from the available funds in your day-to-day benefits.

Contact us

You can contact us on 0800 001 615 or visit our website at www.engenmed.co.za for more information.

Complaints process

You may lodge a complaint or query with the Fund directly on 0800 001 615 or by emailing service@engenmed.co.za. If you are not satisfied with how your query was resolved, please send a complaint in writing to the Principal Officer at the Fund's registered address.

You may, as a last resort, approach the Council for Medical Schemes for assistance:
Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue,
Eco Park, Centurion, 0157 / 0861 123 267 / complaints@medicalschemes.com /
www.medicalschemes.com