

WORLD HEALTH ORGANISATION (WHO) GLOBAL DISEASE BENEFIT

The WHO Global Disease Benefit is available during a World Health Organization (WHO) declared outbreak period. The benefit provides cover for relevant healthcare services, as well as a defined basket of care for out-of-hospital healthcare services, related to the outbreak disease.

This benefit ensures you have access to screening consultations, testing, and management and appropriate supportive treatment as long as they meet the Fund's benefit entry criteria.

How you are covered for COVID-19 from the WHO Global Disease Benefit

This benefit provides cover for out-of-hospital healthcare services related to COVID-19 and does not affect your day-to-day benefits, where applicable.

What are you 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 COVID-19 benefits covered from the WHO Global Disease Benefit are outlined below:

Healthcare service	Description
	Benefits are paid from the WHO Global Disease Benefit up to the Fund Rate. This cover does not affect your day-to-day benefits. Certain limits may apply. You may, however, apply for additional cover where clinically appropriate and motivated by your healthcare provider.
Risk assessments	You can understand your risk status by completing the COVID-19 risk assessment available on www.engenmed.co.za , or by calling us on 0800 001 615 and following the prompts. The assessment is a set of questions which determines if you have symptoms of COVID-19 or may have been exposed to COVID-19 infection and need a consultation with a doctor.
Screening consultations	Once you have successfully completed, and were referred from the screening risk assessment, you can choose to either access a virtual, telephone or face-to-face screening consultation with a designated service provider (DSP). Virtual or telephone consultations provide a safe alternative to face-to-face consultations for patients and doctors and contributes to important containment measures that will continue to reduce the impact of the outbreak.
COVID-19 screening Antigen and PCR tests	You have access to two COVID-19 PCR tests or antigen tests per year, regardless of the outcome of the test, except where approved as PMB. Screening tests are funded in full from the WHO Global Outbreak Benefit, when referred by the doctor that screened you. The Fund also pays for up to two COVID-19 PCR pre-admission tests for approved non-COVID related hospital admissions, subject to referral by a doctor.
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 have been diagnosed with COVID-19

Diagnostic and follow up tests for COVID-19 positive members	You have access to a defined basket of diagnostic and follow up pathology tests if you have been diagnosed with COVID-19
X-rays and scans	You have access to a defined basket of X-rays and scans
Physiotherapy	You have access to a defined basket of physiotherapy treatments up to the Fund Rate.
Mental Health	You have access to a defined basket of mental health consultations or treatment from Psychiatrists, Psychologists and Social Workers, paid up to the Fund Rate.
Supportive medicines list	We pay for listed supportive medicines prescribed by your doctor for the treatment of COVID-19 symptoms
Home monitoring for COVID-19 positive members	We pay for a pulse oximeter when you are monitored in your own home when you have contracted COVID-19
Vaccines	The Fund pays for your COVID-19 vaccines and the administration costs thereof
Out-of-hospital treatment for long COVID	The Fund pays for specific benefits, listed in a basket of care, when the COVID-19 symptoms persist after 21 days of the initial infection.
In-hospital	Your hospital admission is subject to approval and preauthorisation. Sub-limits 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 and in accordance with Prescribed Minimum Benefits (PMB), where applicable.

Once you have used up the benefits available from the WHO Global Disease Benefit, we pay for out-of-hospital healthcare expenses related to COVID-19 from your available day-to-day benefits, where applicable.

Cover is subject to the use of services provided by Fund's Designated Service Providers (DSP) (where applicable), protocols and the treatment meeting certain clinical entry criteria and guidelines.

Any recommended treatment and healthcare services that are not included in the basket of care are paid from your available day-to-day benefits, or in accordance with Prescribed Minimum Benefits, where applicable.

Approved in-hospital treatment related to COVID-19 is covered from the Hospital Benefit in accordance with Prescribed Minimum Benefits (PMB), where applicable.

COVID-19 vaccine

The COVID-19 vaccine is aimed at preventing COVID-19-related disease and deaths, and to prevent transmission between individuals.

Even if you get the virus, the vaccine is believed to help prevent you from getting seriously ill. The vaccine contains weakened or inactive parts of the virus which teach or stimulate the body's immune system to recognise the virus as a "threat" when it attacks, and to promptly fight the virus.

It typically takes a few weeks after vaccination for the body to build protection (immunity) against the COVID-19 virus. That means it is possible a person could still get COVID-19 just after vaccination; this is because the vaccine has not had enough time to provide protection. Sometimes after vaccination, the process of building immunity can cause symptoms, such as fever; these symptoms are normal and are a

sign that the body is building immunity.

Vaccines are critical in the battle against COVID-19, it is still important to continue to protect yourself by washing your hands regularly, wearing a mask and practicing safe social distancing.

Administration of the COVID-19 vaccines is covered in accordance with the National Department of Health COVID-19 guidelines. All South Africans have access to the COVID-19 vaccines and boosters which are provided by the National Department of Health to public sector facilities and private service providers free of charge.

How to access the WHO Global Disease Benefit

To access the benefits outlined above, as part of the WHO Global Disease Benefit, you must meet the Fund's Benefit entry criteria. The following criteria need to be met before claims will be paid from the WHO Disease Benefit:

- The disease needs to be a WHO recognised outbreak disease;
- The benefit is available for treatment and care relating to diseases during a declared outbreak period;
- Your benefits may be subject to use of Designated Service Providers, where applicable;
- Access to benefits is subject to completing the Fund's risk assessment and/or referral process for screening and testing;
- Your benefits are subject to certain treatment guidelines and protocols.

Understanding Long COVID-19

'Long COVID' is the term commonly used to describe signs and symptoms that continue or develop after acute COVID-19 illness. It includes both ongoing symptomatic COVID-19 (from four to 12 weeks) and post COVID-19 syndrome (12 weeks or more). Some symptoms may only start for the first time three to four weeks after the acute COVID-19 infection.

Common symptoms of Long COVID include:

- Fatigue
- Persistent loss of smell and taste
- Shortness of breath
- Joint or muscle pains
- Persistent cough
- Headaches
- Difficulty thinking or concentrating (sometimes referred to as "brain fog")

Other symptoms that have been reported include chest or stomach pain, fast-beating or pounding heart (also known as heart palpitations), pins-and-needles, diarrhoea, sleep problems, fever, dizziness on standing (light-headedness), body rash, mood changes, changes in menstrual cycles.

Illness severity can range from mild to critical:

- Mild to moderate – mild symptoms, mild pneumonia, occurs in approximately 80% of cases

- Severe - difficulty breathing, requiring oxygen, generally results in a hospital admission
- Critical - requiring intensive care.

Benefit activation:

Once you have been identified through qualifying claims, you will be allocated the benefit depending on the severity of your COVID-19 infection. You can also apply for the benefit by using the PMB application form.

Are you covered if you are in a waiting period?

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

If you are diagnosed with COVID-19 after joining Engen Medical Benefit Fund, you will have access to cover for COVID-19, even if you are subject to a waiting period at the time of being diagnosed with COVID-19.

If you have been diagnosed with COVID-19 before joining the Fund, the normal underwriting rules and waiting periods apply.

How you are covered when diagnosed with M-Pox

This benefit is covered by the Fund for cases of outbreak diseases and out-of-hospital healthcare services related to M-Pox and does not affect your day-to-day benefits, where applicable.

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 the management of M-Pox.

The basket of care for confirmed cases includes:

- A diagnostic PCR screening test
- Two consultations with a dermatologist or GP
- Supportive medicine formulary for pain management.

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

In-hospital treatment related to M-Pox treatment and/or complications for approved admissions are covered from the Hospital Benefit and in accordance with Prescribed Minimum Benefits (PMB), where applicable.

In an emergency

If you need transport in an emergency, call **Discovery 911** on **0860 999 911**. You can request ambulance services or go straight to hospital.

Contact us

You can call us on 0800 001 615 or visit 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.co.za / www.medicalschemes.co.za