ENGEN | Medical Benefit Fund

Administered by Discovery Health

Oncology Programme 2022

Who we are

Engen Medical Benefit Fund (referred to as 'the Fund'), registration number 1572, is a non-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 explains how Engen Medical Benefit Fund ("the Fund") covers you for cancer treatment on the Oncology Programme. It tells you about what you need to do when you are diagnosed with cancer and gives you information about our flexible range of options available for the Fund's members who have been diagnosed with cancer.

About some of the terms we use in this document

Terminology	Description
Prescribed Minimum Benefits (PMBs)	A set of minimum benefits which, by law, must be provided to all medical scheme members and include the provision of diagnosis, treatment and costs of ongoing care.
Overall annual limit	All benefits accumulate to the overall annual limit.
Fund rate	This is the rate that the Fund sets for paying claims from healthcare professionals.
Maximum Medical Aid Price (MMAP)	This is the Maximum Medical Aid Price that the Fund will reimburse for an interchangeable multi-source pharmaceutical product.
ICD-10 code	A clinical code that describes diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).
Doctors and healthcare professionals we have an arrangement with	We have payment arrangements in place with specific specialists, GPs and other healthcare professionals like hospitals and pharmacies to pay them directly at an agreed rate. When you use these healthcare professionals you won't need to pay a co-payment.
Morphology code	A clinical code that describes the specific histology and behaviour and indicates whether a tumour is malignant, benign, in situ, or uncertain (whether benign or malignant) as classified by the World Health Organization (WHO).

What you need to do before your treatment

If you are diagnosed with cancer, you need to register on the Fund's Oncology Programme.
To register, you or your treating doctor must send us a copy of your histology results that confirm your diagnosis. Call us on 0800 001 615 for assistance.

The Oncology Programme at a glance

The Oncology Programme provides cover for approved cancer treatment.

Cover for approved cancer treatment is subject to the Oncology annual limit of R220 000 per person per year. This rand amount will be allocated for the year. The limit is pro-rated if you join the Fund part way through the year.

The rand amount covers the following treatments that are provided by your cancer specialist and other healthcare providers, up to the specific rand amount:

- Chemotherapy and radiotherapy
- Technical planning scans
- Hormonal therapy related to your cancer
- Consultations with your cancer specialist
- Fees charged by accredited facilities
- Specific blood tests related to your condition
- Materials used in the administration of your treatment. For example, drips and needles.
- Medicine on a medicine list (formulary) to treat pain, nausea and mild depression as well as other medicine used to treat the side effects of your cancer treatment except schedule 0, 1 and 2 medicines.
- External breast prostheses and special bras are limited to a quantity of 2 every 2 years and needs to be authorised.

Radiology requested by your cancer specialist, which includes:

- Basic X-rays
- CT, MRI and PET-CT scans related to your cancer
- Ultrasound, isotope or nuclear bone scans
- Other specialised scans, for example a gallium scan.

Scopes such as bronchoscopy, colonoscopy and gastroscopy that are used in the management of your cancer will add up towards your annual oncology limit of R220 000.

Once this rand limit has been reached, we will continue to pay for the treatment defined by the South African Oncology Consortium (SAOC) Tier 1 guidelines. Additional funding requests will be sent for review, if clinically appropriate.

PMB treatment will be covered in full, according to our clinical guidelines (defined as SAOC Tier 1). You may be responsible for a co-payment if your healthcare professional charges more than the Fund rate.

All costs related to your approved cancer treatment including Prescribed Minimum Benefit treatment during the 12-month period, will add up to the 12-month cycle cover amount.

We cover all cancer-related healthcare services up to 100% of the Fund Rate for health professionals who do not have a payment arrangement with the Fund. You might have a co-payment if your healthcare professional charges more than this rate. Health professionals who have a payment arrangement with the Fund will be funded at the agreed rate.

You have full cover for doctors who we have an agreement with

You can benefit by using doctors and other healthcare professionals like hospitals who we have an agreement with because we will cover their approved procedures in full, at the agreed rate.

You have cover for bone marrow donor searches and transplants

The Fund covers bone marrow donor searches and transplants up to the agreed rate if you adhere to our funding rules. Your cover is subject to review and approval and will accumulate to your annual oncology limit of R220 000.

Prescribed Minimum Benefits (PMB) under certain conditions

PMB is a set of conditions that all medical schemes must provide a basic level of cover for. This basic level of cover includes the diagnosis, treatment, and costs of the ongoing care of these conditions.

Cancer is one of the conditions covered under the PMB. The Fund will cover your treatment in full, as long as you meet all 3 of these requirements for funding:

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

The Fund may pay certain of the out-of-hospital pathology and radiology tests and investigations that are done to confirm a diagnosis (diagnostic work-up) from your day-to-day benefits. Please call us on 0800 001 615 for additional information.

Cancer treatment

We cover approved cancer treatment subject to the oncology overall annual limit of R220 000 per person per year. Once your treatment costs go over this amount, the Fund will pay healthcare services up to 80% of the Fund Rate for health professionals who do not have a payment arrangement with the Fund. This amount could be more than 20% if your treatment cost is higher than the Fund Rate. Health professionals who have a payment arrangement with the Fund will be funded at 80% of the agreed rate for all further treatment and you will need to pay the balance from your own pocket.

Radiology and pathology approved for your cancer treatment is also covered on the Oncology Programme. Cancer treatment that falls within PMB level of care is always covered in full with no co-payment if you use healthcare professionals who we have an agreement with.

Approved hospital admissions with administration of chemotherapy or radiotherapy

Claims for the oncologist, appropriate pathology, radiology and medicine as well as radiation therapy add up to the oncology limit of R220 000 per person.

Surgery for your cancer treatment

We pay the medical expenses incurred during an approved hospital admission from the hospital benefit. However, implantable cancer treatments done in hospital such as brachytherapy (for prostate, cervical and head and neck cancer) are covered from the oncology benefit.

PET-CT scans

We cover PET-CT scans subject to certain terms and conditions. You need to pre-authorise PET-CT scans with us before having it done. Your condition determines how many PET-CT scans will be covered.

Wigs and Voice Prosthesis

We cover approved items from the annual oncology limit of R220 000 per person per year.

Stoma products and Oxygen

We cover approved items from the Chronic Appliance limit of R28 200 per family per year.

You may apply for us to review our decision

We will review our decision if you, or your doctor, sends us new information about your condition, or information that was not sent with the original application. We will review the individual circumstances of the case but please note this process does not guarantee funding approval.

You can dispute our funding decisions in certain circumstances

If you disagree with our decision on the PMB cover you requested. there is a formal clinical disputes process that you can follow. Call us on 0800 001 615 to request a *disputes* application form.

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.co.za / www.medicalschemes.co.za