

3RD EDITION NEWSLETTER 2021

Remember to use designated service providers

If you have a condition that is on the list of Prescribed Minimum Benefits (like high blood pressure, diabetes, or asthma), you have to use the services of our designated service providers for the Fund to pay your claims in full.

Designated service providers are healthcare providers (like GPs, specialists, hospitals or pharmacies) that the Fund has an arrangement with to offer quality healthcare to our members at a set rate. By visiting these healthcare providers, you know you're getting quality care and the best cover.

Care and cover for your heart health

When you have a lasting condition like heart disease (cardiovascular disease), it's important you have one treating doctor who can coordinate your care.

This doctor is the team leader for your care and follows up with the other healthcare providers to make sure they're all following one plan to treat your disease. This gives you the best treatment outcomes and quality of life.

Cardio Care Programme

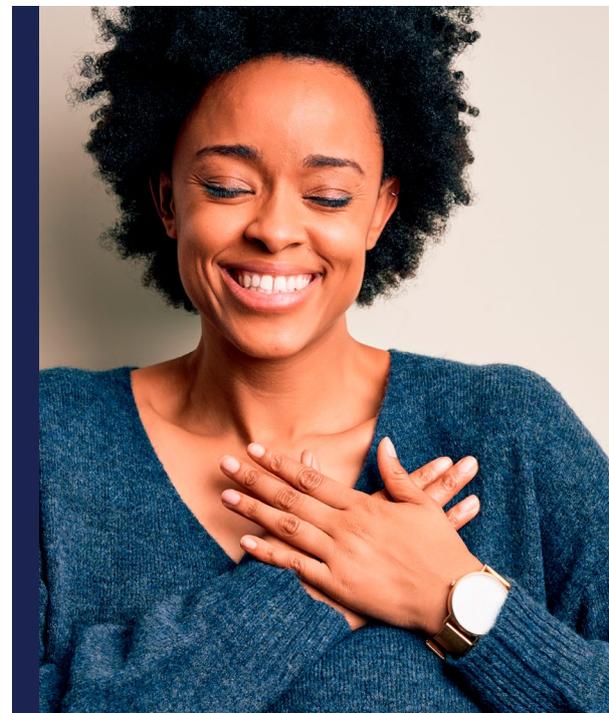
The Fund offers members a disease management programme that puts a Premier Plus GP in charge of managing your care for heart disease. Cardio Care gives you and your Premier Plus GP access to various tools to monitor and manage your condition and to ensure you have access to high-quality coordinated care.

You and your GP can track your progress on a personalised dashboard displaying your unique Cardio Care Management Score. This will help you to identify the steps you should take to manage your condition and remain healthy over time.

Your Premier Plus GP can register you for the programme if you are 18 years or older and are registered on the Chronic Illness Benefit for any of the conditions below:

- Hypertension (high blood pressure)
- Hyperlipidaemia (high cholesterol)
- Ischaemic heart disease (heart problems due to narrowed arteries)

You can find a Premier Plus GP by logging in to www.engenmed.co.za



Your cover for HIV/AIDS

UNAIDS estimates that about 7.8 million South Africans are living with HIV. HIV and AIDS cannot be cured, but antiretroviral medicine (ARV) can reduce how much of the virus is in your system. This can let people with HIV live long and healthy lives, especially if they also take care of their general health in other ways.

At Engen Medical Benefit Fund, we have an HIV/AIDS management programme that makes sure that you can get the medicine and treatment you need without using your Medical Savings Account or your Primary Care benefits. All you need to do, is register for the programme.



To register, call us on 0800 001 615 or email us at hiv@engenmed.co.za

We understand that your HIV status is private. The Fund will never tell your employer or anyone else about your HIV status unless you give us your permission.



Screening for cervical cancer

Most cases of cervical cancer are caused by human papillomavirus (HPV) infections. Cervical cancer is the second most common cancer in women worldwide and the leading cause of cancer in South African women.

One in every 35 women in South Africa will be diagnosed with cervical cancer in her lifetime. This cancer often affects young women, but can affect women of all ages.

How cervical cancer develops

Cancer develops when cells mutate and grow out of control. Cancer is always named after the part of the body where it starts. Cervical cancer starts in the cervix – the lower, narrow end of the uterus.

The cells lining the surface of the cervix change over time and can become precancerous (mutated, but not yet cancer). In rare cases, precancerous cells can become cancerous. However, Pap smears can detect cell changes in the cervix at a very early stage and treatment can reduce the risk of cervical cancer developing.

Pap smears detect cervical cancer early

If diagnosed early, the chances of recovery from cervical cancer are very good. Early cervical precancers or cancers often have no signs or symptoms, which is why having routine Pap smears are so important. Engen Medical Benefit Fund pays for one Pap smear every three years from the Risk Benefit. This is separate from your day-to-day benefits so you do not have to pay for the test yourself as long as you use a provider in our network.

Finding out what an abnormal Pap smear result means

Pap smears can detect precancerous cells and cervical cancer. An abnormal cervical screening test does not mean you definitely have cancer. Most abnormal results are caused by an infection or the presence of treatable precancerous cells, rather than cancer itself.

If you have an abnormal Pap smear result, the Fund pays for an HPV screening test from your Risk Benefit.



Eligibility

Does your child still qualify for cover as a child dependant?

The Fund considers your biological or adopted children, step- or foster children as your child dependants, if they are younger than 21 years. However, under certain conditions the Fund may allow your child, who is between the ages of 21 and 25 years, to continue to pay contributions at child rates.

We check that your child is still eligible to be registered on your membership

We follow two processes to check whether your child, who is 21 years or older, is still eligible to membership of the Fund and we also check whether we should be charging contributions at child or at adult rates.

1. If your child's 21st birthday is approaching, or if they are between the age of 21 and 25, the Fund will follow an eligibility check process to find out whether you should still be paying the lower contributions at Child rates for your child, or whether your child should be moved to adult status and contributions be charged at Adult rates. Three months before the applicable birthdays, the Fund will request you to provide information so we can determine your child's membership status.
2. If you have told us before that your child was a student and/or not earning more than the applicable tax threshold that applied in that year, we will ask you to confirm that their situation has not changed. We will normally request you to submit that confirmation by the end of March in the applicable year.

It is very important that you must respond within the indicated timelines – if you don't we will assume the child is no longer eligible to pay contributions at child rates, and we will charge contributions at adult rates from the 1st of the month after the child's birthday month.

You must inform us immediately when your child is not studying, earning more than the applicable tax threshold, and is older than 21 years. They are then no longer eligible to be registered on the Fund, and we will withdraw their membership.

Is your child, who is older than 21, still eligible to be registered as your dependant on your Fund membership?

When does your child qualify to remain on the Fund and pay contributions at Child rates.	What proof is required
When your child is 21 to 25 years old, a student at a tertiary institution, fully dependent on you as the main member, and not earning a regular income that is more than the tax threshold that applies in the specific year	To determine your child is still dependent on you for care and support, we require copies of the child's bank statements for the most recent three months, and a copy of the registration certificate from a registered tertiary education institution.

When does your child qualify to remain on the Fund and pay contributions at Adult rates.	What proof is required
When your child is older than 21 years and fully dependent on you as the main member for care and financial support, and not earning more than the tax threshold that applies in the specific year	We require your child's bank statements for the latest 3 months before the eligibility check; or <ul style="list-style-type: none"> ■ Your child's salary slips for the latest 3 months before the eligibility check, and ■ an affidavit from you, the main member, confirming that your child is still dependent on you for care and financial support. If the dependent is unemployed and does not own a bank account, you must include a statement about this in the affidavit.

When will we withdraw your child's membership from the Fund?

- When you do not provide proof by the due date that your child who is 21 to 25 years old is dependent on you for care and support;
- When the information you provide indicates that your child earns more than the applicable tax threshold for that year;
- When your dependant is older than 21 years and earns more than the applicable tax threshold rate for that year or when you do not respond to our request for information that will allow us to review the child's dependency status.

We withdraw dependants' memberships from the 1st of the month following the month of the applicable qualifying birthday.

What about permanently disabled children?

If your child is permanently (physically or mentally) disabled and dependent on you for care and support, and the Fund has received the necessary proof of such disablement, your child will remain registered on the Fund and pay contributions at child rates irrespective of the age of that child.

Note: If you do not provide the proof we require by the time we requested, we will start charging Adult contribution rates from the month after the qualifying birthday. You will then notice an increase in the Medical Savings Account balance available to you and the family. If, after we have changed the contribution status of the child, you provide proof of studies that require us to again charge contributions based on Child rates, and if you have already spent the increased Medical Savings Account allocation, you will owe the Fund the amount by which you will have overspent and will have to pay that back to the Fund.