

WORLD HEALTH ORGANIZATION (WHO) GLOBAL OUTBREAK BENEFIT

Overview

From time to time, there are viruses or diseases that affect world health. These outbreaks are closely monitored by the World Health Organization (WHO) and are, depending on the severity and spread, declared as epidemics that place the global population's health at risk.

We recognise the importance of being prepared for these public health emergencies. Through careful benefit design, and in support of public health initiatives aimed at containing and mitigating the spread of such outbreak diseases, you now have access to supportive benefits during an outbreak period. The outbreak is actively monitored by a dedicated team within Discovery Health that closely assesses the evolution and progression of such outbreaks. Having a timely and effective response to global epidemics helps to improve the health outcomes for our members.

This document explains the cover and support we provide to you when faced with a WHO-recognised epidemic.

WHO Global Outbreak Benefit

The WHO Global Outbreak Benefit is available to all members of SABMAS during a declared outbreak period.

This benefit ensures members, with a confirmed diagnosis, have access to the out-of-hospital management and appropriate supportive treatment as long as they meet the Scheme's Benefit entry criteria.

The WHO Global Outbreak Benefit provides cover for a defined basket of healthcare services.

How you are covered from the WHO Global Outbreak Benefit

When are you covered?

The WHO Global Outbreak Benefit is available for the WHO-recognised outbreak period. All healthcare services covered by this benefit are available for confirmed outbreak diseases as confirmed by a test and subject to the Scheme's benefit entry criteria. Outside the outbreak period, or for unconfirmed cases, your chosen health plan benefits will apply.

This benefit, is covered by the Scheme for **confirmed cases** of outbreak diseases and does not affect your day-to-day benefits, where applicable.

How you are covered?

This benefit, available on all plans, is covered by the Scheme for cases of outbreak diseases and out-of-hospital healthcare services related to COVID-19 and does not affect your day-to-day benefits, where applicable.

What you are 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 basket of care includes:

- Screening consultations with a network GP (either virtual consultations, telephone or face-to-face)
- COVID-19 PCR screening tests if referred by a network GP following completion of the Discovery risk assessment
- A defined basket of pathology tests for COVID-19 positive members
- A defined basket of x-rays and scans for COVID-19 positive members
- Supportive treatment, including medicine and a home monitoring device to track oxygen saturation levels for at risk members who meet the clinical entry criteria

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

In-hospital treatment related to COVID-19 for approved admissions is covered from the Hospital Benefit based on your chosen health plan and in accordance with Prescribed Minimum Benefits (PMB) where applicable.

Benefits available to you from the WHO Global Outbreak Benefit

These healthcare services are covered from the WHO Global Outbreak Benefit up to a maximum of 100% of the Scheme Rate. This cover does not affect your day-to-day benefits. These benefits are available up to the limits set out by the Scheme. You may apply for additional cover from the Scheme, where clinically appropriate.

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| Risk assessment | You can understand your risk status at any point in time by completing the COVID-19 risk assessment available via www.sabmas.co.za or by calling us and following the prompts to complete the COVID- 19 risk assessment. The assessment is a set of questions which determines if you may be presenting with symptoms suggestive of COVID-19 disease or may have been exposed to COVID-19 infection and need a consultation with a doctor. |
| Screening consultation | You are covered for COVID-19 screening consultations, where you have successfully completed and were referred from the screening risk assessment. You can choose to either access a virtual, telephonic or face-to-face screening consultation with a network provider. Virtual and telephone consultations provide a safe alternative to face-to-face consultations for patients and doctors, and contributes to the important containment measures that will continue to reduce the impact of the outbreak. |
| COVID-19 screening PCR tests | You have access to two COVID-19 PCR tests per beneficiary per annum, regardless of the outcome of the test. Screening tests are funded in full from the WHO Global Outbreak Benefit, when referred by the doctor that screened you. This includes pre-admission PCR testing for approved 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 are diagnosed with COVID-19, up to the Scheme Rate. |
| X-rays and scans | You have access to a defined basket of x-rays and scans up to the Scheme Rate. |

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| Supportive medicines list | We pay for defined supportive medicines prescribed by your doctor for symptom management and treatment of COVID-19, up to the Scheme Rate. |
| 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 on your chosen health plan and in accordance with Prescribed Minimum Benefits (PMB) where applicable. |

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

How to access the WHO Global Outbreak Benefit

To access the benefits outlined above, as part of the WHO Global Outbreak Benefit, you must meet the Scheme's Benefit entry criteria.

The following criteria need to be met before claims will be paid from the WHO Outbreak Benefit:

- The disease needs to be a WHO recognised outbreak disease;
- Cover is for diseases during a declared outbreak period;
- May be subject to use of preferred providers, where applicable;
- Subject to completing the Scheme's risk assessment and referral process for screening and testing;
- Subject to the Scheme's treatment guidelines and protocols.

Am I covered if I am in a waiting period?

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

Members who are diagnosed with COVID-19 after joining the Scheme will have access to cover for COVID-19, even if they are subject to a waiting period at the time of being diagnosed with COVID-19.

Members that are diagnosed with COVID-19 before joining the Scheme, are subject to normal underwriting rules and waiting periods, and will not have access to the cover.

Understanding COVID-19

In January 2020, the World Health Organization declared COVID-19 a global population health threat. With many countries around the world confirming an outbreak, SABMAS is taking proactive steps to respond effectively to COVID-19 infections in South Africa.



COVID-19 is a disease caused by a type of coronavirus. The vast majority of people who contract COVID-19 experience only mild symptoms, potentially including fever, a cough and shortness of breath. In a small percentage of people, it may result in severe disease and even death.

Detailed information about the prevention and transmission of COVID-19 is available on www.sabmas.co.za

Treatment for Covid-19

In March 2020, the Council for Medical Schemes issued Circular 25 of 2020, declaring COVID-19 a Prescribed Minimum Benefit (PMB) condition, thereby mandating medical schemes to fund the condition in full, in line with the current NICD guidelines.

In line with clinical protocols and benefit guidelines, this covers:

- All related consultations;
- All clinically appropriate diagnostic tests including Viral PCR;
- All clinically appropriate medication; and
- Costs of hospitalisation including all complications and rehabilitation.

In accordance with the Medical Schemes Act of 1998, the use of designated service providers, clinical protocols and formularies will apply. This will apply for as long as the epidemic persists.

This benefit, is covered by the Scheme for **confirmed cases** of Covid-19 and does not affect your day-to-day benefits, where applicable. In order to access this benefit, kindly contact the Scheme to register for this benefit, together with your positive test result.

In an emergency

If you have an emergency, call Netcare 911 on 082 911. You can request ambulance services, or go straight to hospital.

Contact us

Tel (Members): 0860 002 133, Email: info@sabmas.co.za, PO Box 652509, Benmore, 2010,
www.sabmas.co.za

Complaints process

SAB Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints and we encourage you to follow the process:



1 | STEP 1 – TO TAKE YOUR QUERY FURTHER:

If you have already contacted SABMAS and feel that your query has still not been resolved, please send an e-mail to info@sabmas.co.za or call 0860 002 133. We would also love to hear from you if we have exceeded your expectations.

2 | STEP 2 – TO CONTACT THE PRINCIPAL OFFICER:

If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of SABMAS.

3 | STEP 3 – TO LODGE A DISPUTE:

If you have received a final decision from SABMAS and want to challenge it, you may lodge a formal dispute with the Council for Medical Schemes (CMS).

4 | STEP 4 – TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES:

South African Breweries Medical Aid Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.com 0861 123 267 | www.medicalschemes.com