

WORLD HEALTH ORGANIZATION (WHO) GLOBAL OUTBREAK BENEFIT

2024



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, our members now have access to supportive benefits during the outbreak period. The outbreak is actively monitored by a dedicated team within the Administrator's office, Discovery Health. They closely assess 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 TFG Medical Aid Scheme (TFGMAS) 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 related to COVID-19 disease.

Administered by
 **Discovery Health**

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, TFGMAS 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.tfgmedicalaidscheme.co.za

How you are covered from the WHO Global Outbreak Benefit

How you are covered?

This benefit, available on all TFGMAS benefit 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:

- COVID-19 screening consultations with a contracted GP (either virtually, telephonic or face-to-face)
- COVID-19 PCR and Rapid Antigen screening tests if referred by an appropriate healthcare professional
- 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
- A defined basket of physiotherapy treatment for COVID-19 positive members
- A defined basket of mental health consultations/treatments for COVID-19 positive members

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 benefit plan or in accordance with Prescribed Minimum Benefits (PMB), where applicable.

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

COVID-19 vaccine

The overall aim of the COVID-19 vaccines is to prevent 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, but as we learn how they work best, it is still important to continue to protect yourself by washing your hands regularly, wearing a mask and practising 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.

You will be required to register on the National Department of Health's Electronic Vaccination Data System (EVDS), and make use of one of the accredited vaccination sites. The list of accredited facilities will be published by the National Department of Health.

Use of the relevant networks and contracted providers, as per your chosen Benefit Plan, will apply for healthcare services paid from the WHO Global Outbreak Benefit.

The benefits covered from the WHO Global Outbreak Benefit are outlined below:

<p>These healthcare services are covered from the WHO Global Outbreak Benefit up to a maximum of 100% of the TFGMAS Scheme Rate, unless Prescribed Minimum Benefits (PMB). This cover does not affect your day-to-day benefits, provided you followed the screening process and adhere to the TFGMAS entry criteria and guidelines. Benefit limits, as may be applicable, are set out below. You may apply for additional cover from the Scheme, where clinically appropriate.</p>	
<p>Screening consultations</p>	<p>You can choose to either access telephonically or via a face-to-face screening consultation with a network or contracted provider. You are covered for COVID-19 screening consultations, with a network or contracted provider. Telephonic 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. Virtual GP or nurse consultations are available for COVID-19 related consultations only.</p>
<p>COVID-19 screening Polymerase Chain Reaction (PCR) and Rapid Antigen tests</p>	<p>If you have been referred by your network or contracted doctor for testing, you will have access to two COVID-19 PCR and Rapid Antigen 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.</p>
<p>Diagnostic and follow up tests for COVID-19 positive members</p>	<p>Once your test is confirmed as positive, you have access to a defined basket of diagnostic and follow up pathology tests, up to the TFGMAS Scheme Rate.</p>
<p>Diagnostic and follow up consultations for COVID-19 positive members</p>	<p>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.</p>
<p>X-rays and scans</p>	<p>You have access to a defined basket of x-rays and scans up to the TFGMAS Scheme Rate.</p>
<p>Supportive medicines list</p>	<p>We pay for defined supportive medicines prescribed by your doctor for symptom management and treatment of COVID-19, up to the TFGMAS Scheme Rate.</p>

Home monitoring device for at-risk COVID-19 positive members	If you are identified as potentially at high risk you may qualify to be issued with a pulse oximeter device, through our network provider, to track and monitor your oxygen saturation levels. Funding for this device is subject to a limit of one device per family.
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 benefit plan and in accordance with Prescribed Minimum Benefits (PMB) where applicable.
Physiotherapy	You have access to a defined basket of physiotherapy treatments up to the TFGMAS Scheme Rate.
Mental Health	You have access to a defined basket of mental health consultations/treatments up to the TFGMAS Scheme Rate.

When will your day-to-day benefits be impacted?

It is important to note that where you **do not complete** the **risk assessment and the test result is negative**, your consultations will be funded from your day-to-day benefits or may only be partially funded, depending on your TFGMAS benefit plan.

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 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, and their dependents, 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 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 an hospital admission
- Critical - requiring intensive care.

Benefit activation:

Members who have been identified through qualifying claims will be allocated the benefit depending on their severity levels. You can also apply for the benefit by using the PMB application form.

In an emergency

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



Contact us

You can call us on **0860 123 077** or visit www.tfgmedicalaidscheme.co.za for more information.

Complaints process

You may lodge a complaint or query with TFG Medical Aid Scheme directly on 0860 123 077 address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the TFG Medical Aid Scheme internal disputes process.

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