

World Health Organization (WHO) Global Outbreak Benefit

This benefit ensures you have access to the out-of-hospital management and appropriate supportive treatment for viruses or diseases that affect world health, as long as the Scheme's benefit entry criteria are met.

During the current outbreak, the WHO Outbreak Global Benefit provides cover for a defined basket of healthcare services related to COVID-19 and M-Pox.

Understanding COVID-19

In January 2020, the World Health Organization declared COVID-19 a global population health threat. 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 the Scheme's website at www.retailmedicalscheme.co.za.

How you are covered from the WHO Global Outbreak Benefit

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 practicing safe social distancing.

The 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.

When are you covered?

The WHO Global Outbreak Benefit is available for the WHO-recognised outbreak period. All healthcare services covered by this benefit becomes available when you undergo a diagnostic test, subject to the Scheme's benefit entry criteria.

You have cover from the Scheme's risk benefits and your day-to-day benefits are not affected.

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, telephonic or face-to-face), following completion of a risk assessment.
- COVID-19 PCR screening tests, if referred by your doctor or referred by a Network GP following completion of a 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
- A defined basket of chest physiotherapy for COVID-19 positive members
- A defined basket of psychotherapy for COVID-19 positive members
- Supportive medicines as per the Scheme's defined list

Cover is subject to the use of the services of the Scheme's Designated and Preferred Providers (for example, if you use a Network GP, your consultation will be paid in full, but you may have a co-payment at a non-network GP), 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 benefit option or in accordance with Prescribed Minimum Benefits, where applicable.

In-hospital treatment related to COVID-19 for an approved hospital admission is covered from the Hospital Benefit and in accordance with Prescribed Minimum Benefits, where applicable.

Benefits available to you from the WHO Global Outbreak Benefit

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

Healthcare service	Description
	These healthcare services are covered from the WHO Global Outbreak Benefit, up to the Scheme Rate, subject to the use of the Scheme's Designated Providers and certain clinical protocols and guidelines. 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.
Screening consultation	You are covered for COVID-19 screening consultations, when 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 telephonic consultations provide safe alternatives 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 PCR and antigen tests	You have access to two COVID-19 PCR or COVID-19 antigen tests per beneficiary 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 Scheme pays for up to two COVID-19 PCR pre-admission tests 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
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 are diagnosed with COVID-19
X-rays and scans	You have access to a defined basket of X-rays and scans
Mental Health	You have access to a defined basket of mental health consultations and treatments
Physiotherapy	You have access to a defined basket of physiotherapy treatments
Supportive medicines list	We pay for defined supportive medicines listed by the Scheme and prescribed by your doctor for symptom management and the treatment of COVID-19
In-hospital	Your hospital admission is subject to approval and preauthorisation. Sub-limits and clinical guidelines apply to certain healthcare services in-hospital. Approved in-hospital treatment related to COVID-19 is covered from the Hospital Benefit, subject to the Rules for your benefit option and in accordance with Prescribed Minimum Benefits, 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 Global Outbreak Benefit:

- The disease needs to be a WHO recognised outbreak disease;
- Cover is for diseases during a declared outbreak period;
- Cover may be subject to use of designated providers, where applicable;
- Benefits are subject to appropriate screening and referral;
- Benefits are subject to the Scheme's treatment guidelines and protocols.

Are you covered if a waiting period applies to your membership?

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.

Dependents (those who qualify for underwriting to be applied) that are diagnosed with COVID-19 before joining the Scheme, are subject to normal underwriting rules and waiting periods, including access to PMB where applicable.

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 and 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:

Members who have been identified through qualifying claims will access to a basket of care that is based on the severity level of the disease. You can also apply for the benefit by using the PMB application form.

How you are covered when diagnosed with M-Pox

This benefit, available on all benefit options, is covered by the Scheme 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 obtaining the services from 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 from the day-to-day benefits on your chosen benefit option, or in accordance with Prescribed Minimum Benefits (PMBs), where applicable.

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

In an emergency

In an emergency, call Discovery 911 on 0860 999 911. You can request ambulance services or go directly to a hospital.

General and claim queries

If you have any queries, please contact the Retail Medical Scheme Call Centre on 0860 101 252.
Claims can be submitted to claims@retailmedicalscheme.co.za.