



1 JANUARY 2020

TFG MEDICAL AID SCHEME

BENEFIT PLANS

Summary of benefits

TFG Medical Aid Scheme (TFGMAS) offers two Benefit Plans to its members that are both affordable, yet different, and this provides members with an option of low or high cover. Below please find an easy key benefits comparison to use to compare the benefits provided on TFG Health versus the benefits provided on TFG Health Plus for 2020.

TFG Health

TFG Health is a Hospital Network Plan which offers a range of benefits in and out of hospital up to predetermined limits or unlimited at contracted network providers, such as, but not limited to:



ICON for Oncology services, the Dental Risk Company for dental benefits and IsoLeso for Optometry and a Hospital Network. Please consult your 2020 Benefit Brochure available at www.tfgmedicalaidscheme.co.za to determine the Benefit Plan that will meet your healthcare cover needs best.

Services obtained outside the networks are not covered.

TFG Health Plus

TFG Health Plus offers a more comprehensive range of benefits at predetermined limits or unlimited at providers of your choice.

This Benefit Plan offers you the choice of service providers. You can avoid deductibles in most instances by using the contracted Service Providers, however, you may visit and consult with any service provider of your choice. Be aware that the cover will be limited up to an agreed Scheme Rate with potential Deductibles payable by yourself.

	TFG Health	TFG Health Plus
Overall annual limit	Unlimited.	Unlimited.
Hospital Cover Cover of hospital costs and other accounts, like accounts from your admitting doctor, anaesthetist or any approved health care expenses, while you are in hospital.	Specialists in the Scheme Network are covered in full and other healthcare professionals at 100% of Scheme Rate in hospital. Services to be obtained at the Hospitals in the Network to receive full cover.	Specialists, radiology and pathology are covered up to 100% of the Scheme Rate. Other healthcare professionals are covered at 80% of Scheme Rate if non-contracted providers are used for services. These providers are covered up to 100% of Scheme Rate if contracted with the Scheme. The member can visit any private hospital contracted up to 100% of Scheme Rate to avoid Deductibles.
Chronic Medicine	Essential cover for chronic medicine on the TFG Health medicine list for all PMB Chronic Disease List (CDL) conditions. Your chosen GP must dispense your medicine or you can get your approved medicine from the network of pharmacies.	An additional list of Chronic Conditions are covered on this Benefit Plan. You can obtain your medicine from your preferred provider up to benefit limits that applies. See your 2020 Benefit Brochure for more information in respect of the CDL conditions that are covered on this Benefit Plan, as well as the benefit limits within which you can obtain your Chronic Medicine at 100% of Scheme Rate.
Primary care benefits/Day-to-day medical care	Unlimited cover for medically appropriate GP consultations at your chosen GP, blood tests, X-rays or medicine from the TFG Health medicine list. Services to be obtained from a network of service providers. Private specialist cover up to a limit of R4 400 for each person.	This benefit on this Benefit Plan includes consultations and visits to GPs, specialists, registered private nurse practitioners and associated health services of your preferred choice. Specialists: 100% of Scheme Rate at network and non-network providers. Other: 80% of Scheme Rate at non-network providers and 100% of Scheme Rate at network providers.
Oncology Cover to members diagnosed with cancer from date of diagnosis and registration on the Oncology programme.	Unlimited at a network Service Provider for PMB level of care only at negotiated rates. Please confirm with your health care provider if they are accredited by ICON.	Cover for PMB and non-PMB level of care at your preferred provider of your choice. Claims are paid at 100% of Scheme Rate limited to R600 000 per person. Once this limit is reached, non-PMB level of care will attract a 20% deductible.
Optical A biennial benefit available every second benefit year depending on date of first claim received.	One pair of single vision, bifocal or multifocal lenses with basic frame or a basic set contact lenses per person. Services to be obtained from a Scheme Network optometrist (IsoLeso) at 100% of Scheme Rate.	Services to be obtained from your preferred provider of your choice at 100% of Scheme Rate for one comprehensive consultation, lens and frames per person, subject to limits as set out in the Benefit Schedule of this Benefit Plan.
Dental	Dentistry up to 100% of the Scheme Rate at a Scheme Network dentist (DRC) , subject to a list of codes agreed.	Basic Dentistry and Specialised Dentistry covered up to 80% of Scheme Rate at a provider of your choice up to the available up to limits set out in the Benefit Schedule.
Adult and Child Vaccinations	No benefit.	Clinically appropriate, child and adult vaccines are funded at 100% of the Scheme Medicine Rate for the cost of vaccination and injection material administered by a registered nurse, general practitioner or specialists.