



Medical Aid Scheme

Administered by
 **Discovery**
Health

Newsletter

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TFGMAS contribution increases: What you need to know

THE FACTS

Our contribution increases:

- Contributions for TFG Medical Aid Scheme (**TFGMAS**) members will increase by a very competitive average of 7.2% in 2025. The average increase will be 6.4% for TFG Health members and 8.2% for TFG Health Plus members.
- These increases are much lower compared to other medical schemes in the industry. The highest average increases published are between 12.75% and 10.8%, followed by the lower-end average increases published, ranging from 10.2% to 9.3%.

Reasons for increases:

Reasons for medical scheme contribution increases include:

- To ensure the Scheme is able to keep up with inflation in order to cover member's benefits
- New technologies are expensive and add significantly to the cost of healthcare
- As our members become older, there is a higher demand for healthcare services.

THE ACTIONS

Review our new contributions:

- Please familiarise yourself with our 2025 contribution percentage increases.
- Take a look at the subsidised and total contribution tables for 2025 by visiting www.tfgmedicalaidscheme.co.za > Find a document > Information guides.

Help is available:

- You can use Alexforbes's free advisory service if you need help understanding your benefits or if you would like to discuss any benefit plan changes, which must be submitted to us no later than 20 December 2024. Contact Alexforbes at TFGmedAdvice@aforbes.com or copy the below URL into your web browser to book a free consultation service with Alexforbes: <https://outlook.office365.com/book/HealthConsultingHelpdeskWC1@aforbes.onmicrosoft.com/s/Nt10YQkFKEi7PUtUWCyRqw2>

Source:

- <https://www.dailymaverick.co.za/article/2024-10-15-medical-scheme-contribution-increases-are-announced-and-its-not-good-news/>



Protecting the health of mother and child

Starting a family is a big decision, and ensuring the best possible care for both mother and child in pregnancy is vital. With the right support, you can feel confident in receiving the care that you and your baby need. Here's how **TFG Medical Aid Scheme** can help, and what steps you can take to make the most of your maternity benefits.

THE FACTS

Comprehensive benefits:

With **TFG Medical Aid Scheme**, you have access to comprehensive maternity and post-birth benefits through the **TFGMAS** maternity benefit.

The first 1,000 days:

From pregnancy to your child's second birthday, are crucial for their long-term health. What you do during pregnancy – such as eating well, exercising safely, and managing stress – can directly affect your child's development.

Healthcare costs:

The cost of healthcare during pregnancy and the first years of your child's life can be significant. A healthy pregnancy and birth can cost over R120,000, and this can rise with complications. Medical care for your baby, including general practitioner (GP) visits and specialist care, can add up to R80,000 in the first two years.

Importance of check-ups:

Regular check-ups during pregnancy and after birth offer many benefits, including early detection of potential risks like low birth weight, gestational diabetes and high blood pressure. They also help you make informed decisions about your health and your baby's wellbeing.

Monitoring your child's health:

Your child's health and development must be closely monitored, especially in the first few years. **TFGMAS** provides full cover for your child's GP visits and other check-ups with healthcare providers who are part of our network.

Ensuring a healthy future:

Healthcare doesn't stop with birth. As your child grows, regular health checks, vaccinations, and a focus on good nutrition and physical activity are key to maintaining a healthy lifestyle.

Summary of TFG Medical Aid Scheme’s maternity benefits:

Whether you are planning to grow your family or want to make the best choices for your child’s health, your **TFG Medical Aid Scheme** maternity benefits provided by TFG Health and TFG Health Plus are outlined below:

Category	TFG Health	TFG Health Plus
During Pregnancy	Claims are paid from a basket of care.	Claims are paid in line with the below available benefits.
Antenatal Consultations	Up to eight consultations with your gynaecologist, GP or midwife.	Paid from your consultations benefit, an additional eight GP or gynaecologist antenatal consultations are covered over and above your available primary care (consultations) benefit.
Ultrasound Scans and Screenings	Cover for up to: Two 2D ultrasound scans, including one nuchal translucency test. 3D/4D scans are paid at the rate we pay for 2D scans. One chromosome test or Non-Invasive Prenatal Test (NIPT), if clinical criteria are met, will also be covered.	Cover for: Two 2D ultrasound scans, including one nuchal translucency test. 3D/4D scans are paid at the rate we pay for 2D scans. One chromosome test or Non-Invasive Prenatal Test (NIPT), if clinical criteria are met, will also be covered. These tests are paid from your available radiology and pathology benefits (2025: R32,400 per family per year).
Blood tests	Cover for a defined list of blood tests for each pregnancy.	Covered from radiology and pathology benefits for a defined list of blood tests, with a family limit of R32,400 per year in 2025.
Prenatal and Postnatal Care	Claims are paid from a basket of care.	Claims are paid in line with the below available benefits.
Antenatal	Cover for a maximum of five antenatal or postnatal classes, or consultations with a registered nurse up to two years after birth.	Covered up to 80% of the Scheme Rate from available consultation benefits for visits with a registered nurse. Includes breastfeeding consultations with a registered nurse or specialist.
Postnatal	Cover for postnatal care includes: <ul style="list-style-type: none"> A postnatal consultation for complications post delivery. A nutritional assessment with a dietitian and Two mental healthcare consultations with a counsellor or psychologist. 	In case of emergency, you have access to: <ul style="list-style-type: none"> Two unscheduled emergency visits for each child (ages 0 – 10). Unlimited virtual paediatric consultations for children aged 1 – 14 at a KeyCare Network GP. Specialist visits funded from your available primary care (consultations) benefit up to 100% of Scheme Rate.

THE ACTIONS

Check your benefits:

Make sure you are familiar with your maternity benefits. You can access support from the **TFGMAS** Health and Health Plus maternity benefit and ensure all your prenatal and postnatal care is covered. It's a good idea to check with your healthcare provider about how to make the most of your maternity cover, and ensure you are prepared for any possible additional costs.

Go to your check-ups:

Take steps to care for your body and mind during pregnancy. Regular check-ups with your healthcare provider, maintaining a healthy diet and managing any risks like high blood pressure or diabetes will help ensure the best start for your baby.

Monitor yours and baby's health:

Attend all your scheduled prenatal check-ups and follow-up visits after birth. These visits will help you monitor your health and your baby's development, and they provide an opportunity to discuss important topics such as vaccinations and newborn care.

Find network healthcare providers:

Use the MaPS Advisor tool on our website to find healthcare providers who are part of the **TFGMAS** network. Keep track of your child's vaccinations, dental health, growth, and development with regular check-ups.

Get information:

Stay informed about your child's healthcare needs. Talk to your healthcare provider about the necessary vaccinations and regular check-ups at each stage of your child's development. Keep an eye on their health, including their activity levels and nutrition, to help them grow strong and healthy.

Use available help:

Take full advantage of the cover, resources and healthcare support available to you to make sure you are registered on the benefit plan that gives you the best maternity cover available, according to your needs.

Advisory service is available:

For help making an informed decision, reach out to Alexforbes for free advisory services by emailing TFGmedAdvice@aforbes.com or copy the below URL into your web browser to book a free consultation service with the Scheme's contracted financial advisers: <https://outlook.office365.com/book/HealthConsultingHelpdeskWC1@aforbes.onmicrosoft.com/s/Nt10YQkFKEi7PUtUWCyRqw2>



Understanding medicines being used for weight loss

In recent months, A-list celebrities have openly shared that they have taken medicines like Ozempic and Wegovy to lose weight. This has prompted a huge demand for these sorts of medicines from the broader public and created supply chain shortages for medicines like Ozempic, significantly impacting the management of patients living with diabetes, for whom this medicine is intended.

THE FACTS

Supply issues: This increased demand has created shortages of Ozempic, which is primarily intended for managing Type 2 diabetes, affecting patients who rely on it for blood sugar control.

How they work: Ozempic and similar medicines are classified as GLP-1 receptor agonists and **should only be used by people with a prescription**. These medicines mimic the hormone GLP-1, targeting brain areas that regulate appetite, slowing stomach emptying, and enhancing insulin production while reducing liver sugar release.

Approved medicine: The GLP-1 class includes semaglutide (Ozempic, Rybelsus), liraglutide (Victoza), dulaglutide (Trulicity), and exenatide (Byetta), with most available in South Africa, except Rybelsus. For weight loss, higher doses of liraglutide (Saxenda) and semaglutide (Wegovy) are recognised but are not registered locally.

Side effects: Common side effects include nausea, vomiting, diarrhea, headache, stomach pain, and fatigue, emphasising the need for medical supervision when using these medicines.

Obesity complications: Obesity significantly increases the risk of various health conditions, including diabetes and heart disease. Healthy eating and exercise are foundational for weight management, but some may require prescribed medicine as part of a comprehensive approach.

THE ACTIONS

- If you are considering these medicines, **consult a healthcare professional** to assess suitability.
- Understand that healthy eating and exercise are essential for effective weight management alongside medicine.
- Weight loss is not guaranteed without lifestyle changes. Maintain a balanced approach for long-term success.
- Research the costs and ensure you have cover or savings for ongoing use, as these medicines can be expensive.
- Stay vigilant against counterfeit medicine due to high demand; only obtain prescriptions from licensed healthcare professionals.
- Engage in comprehensive weight loss programmes that include medical supervision for personalised treatment.



Understanding your medicine list (formulary)

Choosing the right medicine is important, not just for your health, but for your pocket too. **TFG Medical Aid Scheme** provides you with a medicine list (or formulary) to help you get the best treatment at the most affordable price. Here's a breakdown of the facts and what you can do to take advantage of your medical aid benefits.

The purpose of a medicine list (formulary):

THE FACTS

A formulary provides a list of medicines that are fully covered by your medical aid when you are diagnosed with a condition and approved for Prescribed Minimum Benefits (PMBs). The goal is to ensure you have access to high-quality, cost-effective treatment for your condition.

The formulary also:

- Makes you aware of generic (cheaper) alternatives to brand-name medicines
- Evaluates the quality of generic medicines before adding them to the list
- Focuses on medicines that are clinically appropriate and cost-effective. For example, if you're being treated for hyperlipidaemia (high cholesterol), statins are often recommended as the first line of treatment and will be added to the formulary.

THE ACTIONS

- If you're prescribed medicine, check the formulary to see if your medicine is included. Your doctor can help you identify the most cost-effective options from the list.
- Be open to using generic medicines. They are generally just as effective and much cheaper than brand-name medicines.

How formularies are designed:

THE FACTS

Formularies are designed to help **TFGMAS** members choose a benefit plan based on what suits their needs, while also ensuring cost-effectiveness for both the member and the Scheme. The formulary is carefully managed to:

- Differentiate benefit plans, so you can select the most appropriate cover for your needs
- Ensure there is enough stock in the market, so the medicines are available when you need them.
- Promote competitive pricing among manufacturers who want their products to be included on the list.

THE ACTIONS

- When selecting your benefit plan, review the formulary to see which medicines are covered. This will help you understand what to expect when it comes to treatment costs.
- Keep an eye on medicine availability, especially if you're on a long-term treatment plan, to ensure the medicine you need is always available.

What to do if your medicine doesn't work or causes side effects:

THE FACTS

If a medicine on the formulary doesn't work for you, or if you experience severe side effects, you can request an alternative. Your doctor will need to complete a clinical appeal form and submit it to **TFGMAS**. If the appeal is successful, an alternative medicine will be prescribed and fully funded.

THE ACTIONS

- If you're experiencing side effects or feel that the prescribed medicine isn't working, speak to your doctor. They can submit a clinical appeal for an alternative treatment.
- Your treating doctor must complete a clinical appeal form that must be submitted to CIB_APP_FORMS@tfgmedicalaidscheme.co.za. Based on the clinical appeal, and whether the motivation is successful, an alternative medicine may be prescribed and will be funded in full.

The role of pharmacists and the cost of medicines:

THE FACTS

Studies show that 70% of claims are influenced by a pharmacist's intervention and the choice of medicine. Some brand-name medicines can cost up to four to five times more than their generic equivalents. To help keep medical aid affordable and sustainable, reference pricing is used to control costs. This ensures that medical schemes remain financially stable and continue to provide value to members.

THE ACTIONS

- When picking up your prescription, ask your pharmacist about the cost differences between generic and brand-name medicines. The pharmacist can guide you on cost effective alternatives that are still covered by your medical aid.
- Choose generic medicine where possible. They offer the same benefits as brand-name medicine at a much lower cost.
- Formularies are designed to give you access to effective, affordable treatment. If you have any questions about your medicine or how to use the formulary, speak to your doctor or pharmacist for guidance.

Difference between generic medicines and therapeutic reference priced medicines:

THE FACTS

Generic medicines are medicines that are the same in terms of their active ingredient, strength and form. Therapeutic reference priced medicines cover a much broader list of medicines. In other words, a therapeutic reference price applies to medicine that falls in the same drug class or has a similar action on the body and is not limited to medicines with generic equivalents.

THE ACTIONS

- Familiarise yourself with the difference in cover for the benefit plan options by visiting our website at www.tfgmedicalaidscheme.co.za. Go to **Find a document > Information guides** to find your TFG **Health** or **Health Plus** benefit guide.
- Reach out to Alexforbes, appointed by **TFGMAS** to provide a free advisory service to our members. Book your appointment by copying the below URL into your web browser and find out which benefit plan is most ideal to give you comprehensive cover to meet your needs:
<https://outlook.office365.com/book/HealthConsultingHelpdeskWC1@aforbes.onmicrosoft.com/s/Nt10YQkFKEi7PUtUWCyRqw2>