

# TFG Medical Aid Scheme

## 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 compare the benefits provided on TFG Health versus the benefits provided on TFG Health Plus for 2021.**

### TFG Health

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



ICON for Oncology services, the Dental Risk Company for dental benefits, IsoLeso for

Optometry and a Hospital Network known as the KeyCare Network Hospital. Please consult this brochure carefully 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 is the Scheme's premium plan and offers a more comprehensive range of benefits. In addition to all the benefits available on TFG Health, TFG Health Plus covers a more comprehensive range of conditions including additional in-hospital procedures, an additional list of chronic conditions and an additional list of medication.

What sets TFG Health Plus apart is the freedom of choice of Service Providers that it offers Members on this Plan. Whilst Members are able to make use of the PMB Networks to ensure full coverage of PMB conditions, they have the freedom of choice of Service Providers, who are re-imbursed as described in the summary below.

**The table below provides a high level summary of the differences between the TFG Health vs the TFG Health Plus Benefit Plans.**

| Benefit   | TFG Health   | TFG Health Plus   |
|---|--|---|
| <b>Overall annual limit</b>   | Unlimited.   | Unlimited.  |
|  <b>Hospital Cover</b><br>Cover of Hospital Costs and other accounts, such as 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 within the Network Hospitals. <b>Services to be obtained at the Hospitals in the Network to receive full cover.</b>  | Specialists and healthcare professionals are covered up to 100% of Scheme Rate. GP is covered up to 100% of Scheme Rate if contracted providers are used and up to 80% of Scheme Rate if non-contracted providers are used for services in-hospital. <b>The Member can visit any private Hospital contracted up to 100% of Scheme Rate to avoid Deductibles.</b>  |
|   | Hospital cover for PMB conditions are detailed in the Scheme's <b>benefit brochure</b> which is available on the Scheme's website.   |   |
|  <b>Chronic Medicine</b>   | Essential cover for Chronic Medicine on the TFG Health Medicine list (Formulary) for all Prescribed Minimum Benefits (PMB) Chronic Disease List (CDL) conditions. <b>Your chosen GP must dispense your Medicine or you can get your approved Medicine from the Network of pharmacies.</b>                    | In addition to the essential cover for Chronic Medicine for all Prescribed Minimum Benefits (PMB) Chronic Disease List (CDL) conditions, there is an additional list of chronic conditions covered on this Benefit Plan. <b>You can choose to obtain your Medicine from your Preferred provider up to benefit limits that applies.</b> See page 36 for more information in respect of the additional chronic conditions that are covered on this Benefit Plan, as well as the benefit limits within which you can obtain your Chronic Medicine. |
|  <b>Primary care benefits/Day-to-day medical care</b>  | Unlimited cover for medically appropriate GP consultations at your chosen GP, blood tests, X-rays or Medicine from the TFG Health Medicine list. <b>Services to be obtained from a Network of Service Providers.</b> Specialists are covered up to a maximum of the KeyCare Direct Payment Arrangement rate. | Your choice of Service Provider for GPs, specialists, registered private nurse practitioners, and a range of diagnostic tests, which includes blood tests and X-rays, which is covered under this Benefit Plan.<br><br>Members on this Benefit Plan have access to a wider range of diagnostic tests and X-rays, as well as a wider range of Medicines outside of the basic Medicine Formulary to choose from. Specialists are covered up to 100% of Scheme Rate at Network and non-contracted providers.                                       |
|  <b>Oncology</b><br>Cover to Members diagnosed with cancer from date of diagnosis and registration on the Oncology programme.  | Unlimited at a <b>Network Service Provider for PMB level of care only</b> at negotiated rates. Please confirm with your health care provider if they are accredited by this Benefit Plan's contracted Service Provider, ICON.  | <b>Cover for PMB and non-PMB level of care at a Preferred provider of your choice.</b> Claims are paid at 100% of Scheme Rate limited to <b>R625 000</b> per person. Once this limit is reached, non-PMB level of care will attract a 20% Deductible.   |
|  <b>Optical</b><br>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 <b>Scheme Network optometrist (IsoLeso)</b> at 100% of Scheme Rate.  | Services to be obtained from a <b>Preferred provider of your choice</b> 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.   |
|  <b>Dental</b>   | Dentistry up to 100% of the Scheme Rate at a <b>Scheme Network dentist (DRC)</b> , subject to a list of codes agreed.  | Basic Dentistry and Specialised Dentistry covered up to 80% of Scheme Rate at a <b>provider of your choice</b> up to the available limits set out in the Benefit Schedule of this Benefit Plan.   |
|  <b>Adult and Child Vaccinations</b>   | 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.   |