MEDICAL AID SCHEME

Frequently asked **questions**

*For more FAQ please go to **www.tfgmedicalaidscheme.co.za***

01

Do I need to get a pre-authorisation number for special dentistry?

Yes. When you need to receive dental services in hospital, you will need to contact us by calling **0860 123 077** to pre-authorise your hospital admission, at least 48 hours before you go into hospital. It is advisable to contact the contact centre to confirm whether you will have a deductible and whether or not a particular treatment will be covered before obtaining services for specialised dentistry.

02

How do I find the details of the service providers that are contracted on the keycare network if I am a member of TFG Health?

Go to our website **www.tfgmedicalaidscheme.co.za** and log in with your username and password. If you are looking for the nearest doctor, click on 'TFGMAS' and then click on 'Find a healthcare professional'. You can search by healthcare professional name or by area. Remember, if you are looking for a Specialist, you will need a referral letter from your chosen GP in order for your visit to fund from your Specialist Benefit.

03

How do I find the details of the service providers that are contracted with the scheme if I am a TFG Health Plus member?

Go to our website **www.tfgmedicalaidscheme.co.za** and log in with your username and password. If you are looking for the nearest doctor, click on 'TFGMAS' and then click on 'Find a healthcare professional'. You can search by healthcare professional name or by area.

04

What is a network provider and why should I use one?

The Scheme negotiates rates with Service Providers on your behalf and make sure that these providers follow certain rules. We call service providers we have a payment agreement with the Scheme a 'network provider' and TFGMAS refer in its Rules to the following network providers:

- DPA Specialists;
- KeyCare Network GPs;
- TFG Health (KeyCare) Network Hospitals;
- KeyCare Premier Plus GPs;
- Preferred providers; or
- Designated Service Providers (DSPs).

Depending on your chosen Benefit Plan you may be liable for the full amount or for a deductible should you visit a Partial Cover or non-network provider.

To find a network provider, log in to **www.tfgmedicalaidscheme.co.za** and click on 'TFGMAS' followed by clicking on **'Find a healthcare professional'**.

05

What do I do when a claim or query is not resolved to my satisfaction?

Please see the 2022 benefit guides available on the Scheme website at **www.tfgmedicalaidscheme.co.za** for more information regarding the complaints and disputes procedure of the Scheme.

06

What happens if my contributions or claims debt due to the Scheme are not paid?

When obtaining services from a Service Provider, a service contract is entered into between yourself and the Service Provider and you will remain liable for any amounts due to the Service Provider until it is either settled by the Scheme on your behalf, or paid by yourself. Call the contact centre on **0860 123 077** and find out the reasons for non-payment, determine whether you are responsible for any deductible and ensure that your accounts are settled and credits are processed by the Service Provider, where necessary.

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Can I cancel my membership with the Scheme, while an employee of TFG?

Yes you can. Please note that if medical scheme membership is a condition of your employment you need to prove that you are joining a different medical scheme or your spouse's scheme.

Please enquire with your HR Manager or the Medical Aid Policy on the TFG employer portal about the implications in respect of future TFG subsidies that may no longer be available to you if you choose to reinstate your membership with the Scheme at a future date or time.

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Does my contribution increase when my salary increases each year?

Contributions are reviewed annually. Please refer to the Contribution Table in the Contribution increase and benefit changes flyer to determine your contribution payable per your salary band, number of members and benefit plan of choice.

09

Will I have a waiting period when joining the Scheme?

Depending on whether there was a break in your membership with a previous medical scheme, or when you were employed at TFG and when you decided to join the Scheme, a waiting period may be applicable. Please consult the 2022 benefit guides available on the Scheme website at **www.tfgmedicalaidscheme.co.za** for more information regarding waiting periods and when they may be applied. You can also call the contact centre on **0860 123 077** to obtain more information.

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How to nominate or allocate a GP on TFG Health?

Once you have found a GP on the network list that you would like to choose you can:

1. Send an email to service@discovery.co.za. Please include your membership number, full names and practice numbers of your primary and secondary GP (where applicable), as well as the names and practice numbers of the primary and secondary GP for each of your dependants, or
2. Speak to your financial adviser, or
3. If you do not have access to the website or do not have a financial advisor, please call our call centre on **0860 123 077** and our call centre agent will help you choose a GP.

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What does late-joiner penalty (LJP) mean and why was a LJP applied when I joined the Scheme?

Late joiner means an applicant or the adult dependant of an applicant who, at the date of application for membership, is 35 years old or older and has not been a member or a dependant of a member of any medical scheme for two years immediately before applying for membership. This definition excludes any beneficiary who enjoyed coverage with one or more medical schemes preceding 1 April 2001, without a break in coverage exceeding three consecutive months since 1 April 2001.

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How do I access my claims statement?

You can obtain your claims statement as follows:

- After a claim submission, an email will be sent to the email address registered with the Scheme to confirm the receipt and the amounts processed and paid.
- Download the Discovery app and use it to request a copy of your claims statement.
- You can also view your claims history using the Discovery app.
- Claim statements may also be viewed and downloaded via the website, **www.tfgmedicalaidscheme.co.za.**

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Who do I ask about the formulary applied to chronic conditions?

You need to contact the Scheme on **0860 123 077**. For more details please visit **www.tfgmedicalaidscheme.co.za.** More information is also provided in the 2022 benefit guides as available on the Scheme website.

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What do you mean when you say you pay at the Scheme Rate?

We use 'Scheme Rate' as an umbrella term for all the rates we've negotiated with network providers. For example, if we say we pay for a visit to the GP at the Scheme Rate, we pay the GP at the rate we've negotiated for GP consultations. See also "Key Terms" in your 2022 benefit plan guide available on the Scheme website.

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I will be travelling outside the borders of South Africa. Does TFGMAS provide benefits for healthcare services I receive in other countries?

Cover outside South Africa is limited to countries that accept the South African Rand as legal tender and will be according to the Scheme rules. If you are travelling outside the borders of South Africa, you should always take out additional medical insurance cover. Please note that this includes cover for members travelling into Lesotho.

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What must I do if there is an emergency and someone in my family needs an ambulance?

In an emergency, go straight to hospital. If you need medically equipped transport, call **0860 999 911**. This line is managed by highly qualified emergency personnel who will send air or road emergency transport to you, depending on which is most appropriate. If you are admitted to hospital, it is important that you, a loved one or the hospital let us know about your admission as soon as possible, so that we can advise you on how you will be covered for the treatment you receive.

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Do I have cover if I have a medical emergency and I need to go to a casualty room?

If you are admitted to hospital from casualty, we will cover the costs of the casualty visit from your Hospital Benefit, as long as we pre-authorise your hospital admission. If an event occurs after hours, you must apply for authorisation on the next available working day. The first R425 of the casualty unit's account is payable by you if you are on TFG Health.

If you are registered on TFG Health you will need to make use of the hospitals in this Benefit Plan's Hospital Network. If you go to a casualty or emergency room and you are not admitted to hospital, TFGMAS will pay the costs from your available Primary Care Benefit Limits if you are registered on TFG Health Plus. The network provisions if you are registered on TFG Health will be applicable.

In certain instances we may not cover the facility fee charged by some institutions.

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Who do I contact for pre-authorisation?

Before you go to hospital for any planned procedure, you must:

Call us on **0860 123 077** to pre-authorise your hospital admission at least 48 hours before admission. We will give you information that is relevant to how we will pay for your hospital stay. You may incur a deductible if you do not obtain pre-authorisation as required.

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What is a CT scan?

A CT scan is a special radiographic technique that uses a computer to incorporate X-ray images of the body into a two-dimensional image.

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Do I have cover for MRI and CT scans?

MRI and CT scans will only be paid if a specialist refers you for the scan and in line with your chosen Benefit Plan's available benefits. Please contact the Scheme on **0860 123 077** for more information and to pre-authorise for these scans beforehand.

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What is a nuclear scan and does TFGMAS cover the costs for a nuclear scan?

A nuclear medicine scan is a test (diagnostic technique) in which radioactive material (called an isotope) is injected into the body and used to highlight the structure of a specific organ or bone to create an image of it. Please contact the Scheme on **0860 123 077** for more information in this regard and to pre-authorise for these scans beforehand.