

Maternity Benefit 2022 - TFG Health

Who we are

TFG Medical Aid Scheme (referred to as "the Scheme"), registration number 1578, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as "the Administrator"), is a separate company who is registered as an authorised financial services provider (registration number 1997/013480/07), administers TFG Medical Aid Scheme.

Overview

This document gives you information about how TFG Health covers pregnancy and childbirth. It also explains what you need to do to register your baby on TFG Health so he or she is covered.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. We give you the meaning of these terms.

Terminology	Description
Prescribed Minimum Benefits (PMBs)	A set of conditions that all medical schemes must provide a basic level of cover for. This basic level of cover includes the diagnosis, treatment and costs of the ongoing care of these conditions.
Related accounts	Any account other than the hospital account for in-hospital care. This could be the gynaecologist and anaesthetist's account.
Shortfall or co-payment	The Scheme pays service providers at a set Scheme Rate. If the doctor's accounts are higher than this rate, the member will have to pay the outstanding amount from his or her pocket.

The Maternity Benefit, at a glance

These healthcare services for maternity and early childhood are covered from the Maternity Benefit at the TFG Health Rate and from the date of activation. This cover does not affect your day-to-day benefits.

Benefits will be activated when your pregnancy or baby profile is created or when you register your baby onto the Scheme. These benefits are available per pregnancy per child up to two years after birth. Once these limits are used up, we pay for out-of-hospital healthcare expenses related to your pregnancy from the relevant and available day-to-day benefits.

Antenatal consultations

You are covered for up to 8 consultations at your gynaecologist, chosen network GP or midwife covered from the Maternity Benefit at the TFG Health Rate.

Pre- and postnatal care

You have cover for up to five pre- or postnatal classes up until two years after birth with a registered nurse. You are also covered for one lactation consultation with a registered nurse or lactation specialist from the Maternity Benefit at the TFG Health Rate.

Prenatal screening

You are covered for one nuchal translucency and Non Invasive Prenatal Test (NIPT) or T21 Chromosome test subject to clinical entry criteria from the Maternity Benefit at the TFG Health Rate.

GP and specialist care after birth

Your baby under the age of two years is covered for two visits to your chosen network GP, paediatrician or an ENT from the Maternity Benefit at the TFG Health Rate.

Ultrasound scans

You are covered for up to two 2D ultrasound scans from the Maternity Benefit at the TFG Health Rate. 3D and 4D scans are paid up to the rate we pay for 2D scans.

Other healthcare services

You are covered for one flu vaccination during your pregnancy. You also have access to postnatal care which includes a postnatal consultation, a nutritional assessment with a dietitian and two mental healthcare consultations with a counsellor or psychologist.

Blood tests

Cover for a defined basket of blood tests per pregnancy from the Maternity Benefit at the TFG Health Rate.

Medicines for morning sickness, iron supplements and folic acid

This is subject to medicine on the TFG Health formulary (medicine list). If you use medicine that is not on the formulary, you will be responsible for paying these costs.

Antiretroviral medicines to prevent mother-to-child transmission

We fund HIV medicines to prevent mother-to-child transmission of HIV. Please refer to the HIVCare brochure or call the HIVCare team on 0860 123 077.

Hospitalisation for your delivery

Contact us to confirm your benefits before you are admitted.

TFG Health Plans cover only normal vaginal deliveries, not elective or chosen caesarean sections. We will pay delivery by caesarean section only if it is medically necessary and we have approved it.

We cover you in any private hospital for emergencies and trauma. You have full cover for planned and authorised hospital admissions in the TFG Health Full Cover Hospital network and up to 70% of the TFG Health Rate in the Partial Cover Hospital network.

You must be admitted to a hospital in the TFG Hospital Network. If you choose to have your baby at a hospital that is not in this network, you will be responsible for paying these claims.

How we pay the accounts related to the hospitalization

We pay for all related accounts such as those from the gynaecologist/obstetrician, midwife, anaesthetist and other healthcare services from your Hospital Benefit. You can benefit by using healthcare professionals who we have a payment arrangement with because we will pay their approved procedures in full.

If you are having a water birth, we pay for the cost of the hire of a birthing pool up to a maximum of R1 125.

We pay GPs, other healthcare professionals and specialists who we don't have a payment arrangement with up to 100% of the TFG Health Rate.

We cover water births in hospital

You have cover for a water birth in hospital. The midwife must be registered with a valid practice number. We pay for the cost of the hire of a birthing pool up to a maximum of the TFG Health Rate.

We cover normal deliveries or water births at home or birthing home with a registered midwife

If you choose to have a water birth or normal delivery at home or birthing home, we will pay for the approved delivery from your Hospital Benefit. The midwife must be registered with a valid practice number. For a water birth at home, we will pay for the cost of the hire of a birthing pool up to a maximum of the TFG Health Rate from your Hospital Benefit. This must be hired from a registered provider who has a valid practice number.

We cover medically necessary circumcisions from the Hospital Benefit

Where medically necessary, you can visit your chosen network GP to assist you with this procedure. Circumcisions that are not medically necessary are not covered.

How we pay for medicines to take home

If the take-home medicine is on the hospital account, we will pay for any prescribed medicine you need to take home up to R190. If these accounts are more than R190 you must pay these costs. If your doctor gives you a prescription for medicines you need to take after you leave the hospital, you must pay for these costs.

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the phototherapy lights from the Hospital Benefit as long as you call us to authorise this with us. Please ask the treating doctor for the treatment codes so we can give you an authorisation number for this treatment.

There are certain items we do not cover

We do not cover these items:

- Mother and baby packs that hospitals supply
- The bed-booking fee that some hospitals may require you to pay
- Your lodging or boarding fees if your baby needs to stay in hospital for longer and you choose to stay on.

Getting the most out of your maternity benefits

Tell us about your pregnancy as soon as your pregnancy has been confirmed

TFG Health covers the birth of your baby either in hospital with a doctor or midwife, or at home with the help of a midwife. It is important to call and notify us of your pregnancy as soon as you are 12 weeks pregnant, so that you always know how we cover you for your pregnancy-related healthcare services, whether these are done in or out of hospital. Call us on 0860 123 077.

You can receive up to 25% discount on umbilical cord blood and tissue storage with Netcells® Biosciences

In a unique offering, we have been able to arrange an exclusive offer for medical scheme members with Netcells® Biosciences. It is the only cryogenic biobank in South Africa to process and store stem cells according to validated international accreditation standards. This gives you peace of mind that your baby's cord stem cells are collected and stored and can be used for any future life-saving treatments he or she may need.

The Scheme members will be entitled to an upfront discount of up to 25% on umbilical cord blood and tissue stem cell banking.

Please note that TFG Health does not cover expenses related to cord blood stem cell harvesting, testing and storage as this is not treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits. For more information on this, visit www.netcells.co.za

Understand your benefits

Prescribed Minimum Benefits is a set of conditions which all medical schemes must provide a basic level of cover for. The Prescribed Minimum Benefit regulations include funding for antenatal care where it is necessary to hospitalise the mother before she gives birth.

To access full cover for your hospitalisation as a Prescribed Minimum Benefit, you must use a doctor, specialist or other healthcare provider who is part of the Scheme's network. We will pay the account in full up to the agreed Scheme Rate. If you chose to use a hospital or healthcare provider who is not on our network, we will pay the hospital or healthcare provider up to 100 % of the Scheme Rate and you will be responsible for any difference between what is charged and what we pay.

Pregnant mothers who need to be admitted during their pregnancy, can apply for in-hospital PMB cover by calling us on 0860 123 077. For more information on PMB's go to our website at www.tfgmedicalaidscheme.co.za

Register your baby within 30 days of the birth

We automatically cover newborns under the parent's name up to the last day of the calendar month in which he or she is born. For example, if your baby is born on 20 May, he or she will have automatic cover from 20 May until 31 May under your name.

To continue cover, the baby must be registered from the next calendar month and we must receive a contribution to TFG Medical Aid Scheme. Please note we may apply underwriting if you do not register your baby within 30 days of the date of birth and cover must start from the date of birth. If you are applying for cover 30 days after birth or you want the cover to start on any other day after the date of birth, we may apply certain conditions to your baby's membership with the Scheme.

To register your newborn on the Scheme, you must inform your employer.

Contact us

You can call us on **0860 123 077** or visit www.tfgmedicalaidscheme.co.za for more information.

Complaints

You can lodge a complaint or query with TFG Medical Aid Scheme directly on 0860 123 077 or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following TFG Medical Aid Scheme's internal disputes process.

Members, who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email complaints@medicalschemes.co.za. Customer Care Centre: 0861 123 267/website www.medicalschemes.co.za