



C A M A F

MEDICAL SCHEME

IN A CLASS OF ITS OWN

2023

BENEFIT OPTION  
BROCHURE



# About Us

Established more than 70 years ago, the Chartered Accountants Medical Aid Fund (CAMAF) is a restricted membership scheme that offers superior and tailor-made benefits to qualifying members in the accounting industry.




















Our ability to understand the unique needs of our professional member base and the personalised service that recognises our members as individuals with specific needs is what puts CAMAF in a class of its own and sets us apart from other medical schemes.

While we provide cover mainly for people employed by member firms, we also accept individual members subject to certain approved qualifications and our eligibility rules (see Criteria for Individual Membership).

The number of member firms that have made CAMAF their medical scheme of choice continues to grow, year after year. We pride ourselves on the relationships we create with these firms to ensure that the delivery of service demanded by our members is met and, where possible, exceeded.

The Scheme is managed by the Board of Trustees, made up of professionals who understand the importance of sound risk management and are committed to the principles of ethical leadership and good corporate governance to protect the Scheme and to ensure the sustainability of its operations.

# CAMAF Benefit Option Summary

	Alliance Plus & Alliance Network	Double Plus & Double Network	Vital Plus & Vital Network	Essential Plus & Essential Network	First Choice	Network Choice
<b>HOSPITAL AND CHRONIC</b>						
<b>DAY TO DAY</b>			/	/		
<b>PREVENTIVE WELLNESS BENEFITS</b>						
<b>MSA (SAVINGS)</b>			/		/	/
<b>DESIGNED FOR</b>	Executives, mature families and members with significant health risks.	Young families or couples trying to conceive.	Single members or couples without children, in need of major risk cover.	Entry to mid-level wanting to put away savings for day-day expenses.	Entry-level and support staff at member firms.	Entry-level and support staff willing to make use of networks.

## Monthly Contribution Rates

# CAMAF Benefit Options

## QUICK SUMMARY

	Alliance Plus & Alliance Network	Double Plus & Double Network	Vital Plus & Vital Network <i>This is a hospital plan with no day-to-day benefits.</i>	Essential Plus & Essential Network	First Choice	Network Choice
<b>Hospital Facility</b>	<b>ALLIANCE PLUS</b> Any private hospital. Private wards.  <b>ALLIANCE NETWORK</b> Life Healthcare, Netcare. Private wards.	<b>DOUBLE PLUS</b> Any private hospital  <b>DOUBLE NETWORK</b> Life Healthcare, Netcare	<b>VITAL PLUS</b> Any private hospital  <b>VITAL NETWORK</b> Life Healthcare, Netcare	<b>ESSENTIAL PLUS</b> Any private hospital  <b>ESSENTIAL NETWORK</b> Life Healthcare, Netcare	Any private hospital	Netcare hospitals only
<b>Cover For Attending Doctors and Specialists In Hospital</b>	300% CBT	300% CBT	300% CBT	200% CBT	100% CBT	100% CBT
<b>Chronic Condition Cover: Medicines and Consults</b>	65 Conditions	64 Conditions	63 Conditions	27 Conditions	27 Conditions	27 Conditions
<b>Radiology and Pathology</b>	Unlimited In or Out of Hospital	Unlimited In or Out of Hospital	Unlimited In or Out of Hospital	Unlimited In Hospital, Out of Hospital from MSA	Limits apply In and Out of Hospital	Limits apply In and Out of Hospital
<b>Preventive Wellness Benefits</b>	14 extra benefits	14 extra benefits	14 extra benefits	14 extra benefits	10 extra benefits	10 extra benefits
<b>Day To Day Overall Limit (Principal Member)</b>	R39 500	R15 390	-	-	R3 700 for Medicines R11 390 for Specialists R3 700 for Other Paid at 80%	R3 700 for Medicines R11 390 for Specialists R3 700 for Other From DSP only
<b>Medical Savings Account (Principal Member)</b>	<b>ALLIANCE PLUS</b> R7 464  <b>ALLIANCE NETWORK</b> R6 780	<b>DOUBLE PLUS</b> R4 800  <b>DOUBLE NETWORK</b> R4 380	-	<b>ESSENTIAL PLUS</b> R7 932  <b>ESSENTIAL NETWORK</b> R7 164	-	-

## BENEFIT OPTION QUICK SUMMARY

# Alliance Plus & Alliance Network



**Alliance Plus:** Any Private Hospital - **No limits.** Private wards for confinements (subject to availability)

**Alliance Network:** Life Healthcare, Netcare (20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies) - **No limits.** Private wards for confinements (subject to availability)



**Attending Doctors and Specialists:** 300% CBT



**65 Chronic Conditions** medication and consultations. Includes unlimited appropriate biological drugs and specialised technology



**Unlimited X-Rays and Blood Tests** IN and OUT of hospital including MRI and CT scans



**Screening Benefits:** Melanoma, PSA, Pap Smear, Mammogram



**3 Months** post-hospitalisation benefit



**External Appliances:** Wheelchair, hearing aid, breast pump, baby sleep monitor (on referral from a nominated network GP or a specialist for Alliance Network)



**Checkups and Vaccines:** GP (nominated network GP referral applies for Alliance Network), Specialist, Dental, Optometry (PPN optometrist for Alliance Network), Dermatologist, ECG, Dietician



**Infertility** R100 765 per family

## ALLIANCE PLUS & ALLIANCE NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

<b>HOSPITAL ACCOMMODATION</b> Including confinements, subject to pre-authorisation	100% of Negotiated Rate in general ward and specialised units. Private ward for confinements (subject to availability). The DSP hospital groups for Alliance Network are Life Healthcare and Netcare. 20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies.
<b>ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS</b> Medical and surgical procedures including confinements subject to pre-authorisation	300% CBT 300% CBT
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (eg. Physiotherapy and psychotherapy)	100% CBT
<b>BLOOD TRANSFUSIONS (in and out of hospital)</b>	100% of cost
<b>RADIOLOGY in hospital</b>	100% CBT
<b>ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation</b>	100% CBT
<b>PATHOLOGY in hospital</b>	100% Negotiated Rate
<b>INTERNAL PROSTHESIS subject to pre-authorisation</b>	100% of cost
<b>HOME NURSING</b> (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	100% CBT
<b>STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY,</b> Up to 90 days (subject to pre-authorisation)	100% Negotiated Rate
<b>MEDICATION in hospital</b>	100% SEP plus dispensing fee
<b>TTO MEDICATION up to one week's supply</b>	100% SEP plus dispensing fee
<b>INFERTILITY TREATMENT</b>	Treatment limited to R100 765 per family
<b>SUBSTANCE ABUSE</b>	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days.
<b>CHRONIC PMB CDL MEDICATION AND TREATMENT</b> Subject to pre-authorisation, protocols and formularies Refer to chronic disease list	100% SEP plus a dispensing fee, subject to RP and DSP <b>Consultations and procedures:</b> as per PMB regulations ( <i>for Alliance Network - on referral from a nominated network GP</i> ).
<b>PMB DTP TREATMENT</b> Out of hospital treatment subject to registration of condition and pre-authorisation	<b>Medication:</b> 100% SEP plus a dispensing fee, subject to MMAP and DSP. <b>Consultations and procedures:</b> As per PMB regulations ( <i>for Alliance Network - on referral from a nominated network GP</i> ).
<b>ONCOLOGY</b> Subject to preauthorisation and icon protocols*	<b>Medication:</b> 100% SEP plus a dispensing fee, subject to RP and DSP. <b>Consultations and procedures:</b> At 300% CBT. The DSP is the ICON network. The ICON Enhanced protocols apply.

\*Please refer to the website for ICON benefit structures

## ALLIANCE PLUS & ALLIANCE NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### PREVENTIVE WELLNESS COVER

<b>CAMAF PREVENTIVE WELLNESS PROGRAMME</b> per adult beneficiary	<b>INCLUDES:</b> Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy and free Online Wellness Club
<b>ONE GP CONSULTATION ONLY</b> *ICD 10 code specific to general checkup only	100% CBT per beneficiary (Nominated Network GP for Alliance Network)
<b>ONE SPECIALIST CONSULTATION</b> *ICD 10 code specific to general checkup only. Gynaecologists, Urologists, or Specialist Physicians. For beneficiaries over 18 years. Paediatricians for beneficiaries under 18 years.	100% CBT per beneficiary
<b>PSYCHOTHERAPY</b>	100% CBT limited to R14 930 per beneficiary
<b>ONE DIETICIAN CONSULTATION</b>	100% CBT per beneficiary
<b>ONE DENTISTRY CONSULTATION</b> General checkup only - excludes consumables	100% CBT per beneficiary
<b>ONE ECG (performed by GP or Specialist Physician)</b> *ICD 10 code specific to general checkup only	100% CBT per adult beneficiary (Alliance Network: use your nominated Network GP)
<b>ONE OPTOMETRIST CONSULTATION</b>	100% Optical Assistant Rates PPN optometrist for Alliance Network
<b>IMMUNISATION AND VACCINES</b> (cost of immunisation and vaccine only)	SEP plus a dispensing fee, limited to R6 247 per beneficiary
<b>HUMAN PAPILLOMA VIRUS (HPV) VACCINE</b> (cost of vaccine only)	Females between 9 and 45 years of age. Males between 9 and 26 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. (SEP plus dispensing fee)
<b>PSA SCREENING</b>	Males older than 40 years of age (100% Negotiated Rate or CBT)
<b>PAP SMEAR SCREENING</b>	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
<b>MAMMOGRAM</b>	Females from 25 years of age (100% CBT)
<b>ONE HIV VCT TEST</b>	100% CBT per beneficiary
<b>ONE MELANOMA SCREENING</b>	100% CBT per adult beneficiary

\*Please refer to the website for ICON benefit structures

## ALLIANCE PLUS & ALLIANCE NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### MATERNITY BENEFITS

<b>HOSPITAL ACCOMMODATION</b> Including Confinements, Subject to pre-authorization	See In Hospital and Prescribed Minimum Benefits above
<b>EXTERNAL APPLIANCES</b> SUBJECT TO <b>OVERALL EXTERNAL APPLIANCES LIMIT</b> <b>BREAST PUMPS AND APNOEA MONITORS</b> Three months prior to expected due date and within six months after the birth of the baby. Subject to registration on the Mother-to-be-Programme	Baby Apnoea Monitors: R3 181 Breast pumps: R5 205
<b>METABOLIC SCREENING FOR NEW BORN BABIES</b>	100% Negotiated Rate per new born baby
<b>ANTE-NATAL FOETAL SCANS PER PREGNANCY</b>	6 scans at 80% CBT Subject to Annual Overall Day-to-Day Limit
<b>ANTE-NATAL CLASSES</b>	80% CBT limited to R3 045 per pregnancy Subject to Annual Overall Day-to-Day Limit
<b>UMBILICAL STEM CELL HARVESTING</b>	<b>Negotiated discount with Cryo-Save</b> <i>Note: Please note that CAMAF 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.</i>



## ALLIANCE PLUS & ALLIANCE NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

OTHER BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT	
<p><b>BASIC AND ADVANCED RADIOLOGY</b> Out of hospital. Must be performed by a registered radiologist, on referral from medical practitioner only. Advanced scans (MRI/CT/PET) subject to pre-authorisation.</p>	<p>100% CBT <i>(on referral from a nominated network GP or a specialist for Alliance Network)</i></p>
<p><b>PATHOLOGY</b> Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.</p>	<p>100% Negotiated Rate or CBT <i>(on referral from a nominated network GP or a specialist for Alliance Network)</i></p>
<p><b>POST-HOSPITALISATION</b> Consultations and treatment up to 90 days.</p>	<p>300% CBT for attending practitioners 100% CBT for supplementary services</p>
<p><b>MEDICATION AND TREATMENT FOR ADDITIONAL CHRONIC CONDITIONS</b> (Subject to pre-authorisation) Refer to additional chronic conditions list</p>	<p>100% SEP plus a dispensing fee, subject to RP and DSP Consultations 100% CBT <i>(on referral from a nominated network GP for Alliance Network; medication claims will not be paid if non-nominated network GP is used)</i></p>
<p><b>EXTERNAL APPLIANCES</b> (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorisation; DSP and compliance over a 3-month rental period) - 3 YEAR CYCLE <b>HEARING AIDS</b> (subject to pre-authorisation) 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE <b>WHEELCHAIRS</b> - 3 YEAR CYCLE <b>INSULIN PUMPS</b> (rent to own over 12 months) Subject to pre-authorisation and DSP - 4 YEAR CYCLE</p>	<p><b>100% NAPPI price or 100% of cost, subject to the overall limit of R101 725 per beneficiary and subject to the following sub-limits:</b> Hearing Aids: R101 725 Wheelchairs for Quadriplegics: R101 725 Standard Wheelchairs: R60 695 Insulin Pumps: R60 695 Other external appliances: R20 140 <i>(on referral from a nominated network GP or a specialist for Alliance Network)</i></p>
<p><b>INTERNATIONAL TRAVEL COVER</b> Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel. Visit our website for full details.</p>	<p>R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa, and have a policy in place before departing. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. The cover is available to beneficiaries who are not older than 80 years of age. Cover for pre-existing conditions is only available for members who have not yet turned 70 years of age and is limited to R250 000 in-hospital cover, unless additional cover is arranged. Refer to Travel Policy Wording.</p>
<p><b>NETCARE 911</b> Emergency services</p>	<p><b>Unlimited</b> Subject to Netcare 911 authorisation</p>

## ALLIANCE PLUS & ALLIANCE NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

OTHER BENEFITS (per Beneficiary)	
<b>DAY TO DAY BENEFITS</b> Benefits below are subject to the overall annual limit	<b>Annual Overall Limits</b> Adult R39 500 Child R24 600
<b>GPs AND DENTISTS</b> Dental x-rays performed by dentists, consultations and procedures performed by these practitioners; basic dentistry	80% CBT Nominated Network GP for Alliance Network
<b>SPECIALISTS</b> Consultations, procedures and radiology performed by these practitioners	80% CBT <i>(on referral from a nominated network GP for Alliance Network)</i>
<b>ACUTE MEDICATION</b> Including injections and materials	80% SEP plus dispensing fee, subject to MMAP, co-payment from MSA <i>(on referral from a nominated network GP for Alliance Network)</i>
<b>NON-DSP VISITS to doctor's rooms</b>	One visit per beneficiary 80% CBT for Alliance Network for non-network or non-nominated GP
<b>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</b>	80% CBT
<b>NURSE VISITS</b>	80% CBT up to 21 days
<b>SUPPLEMENTARY HEALTH</b> Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy	80% CBT <i>(on referral from a nominated network GP or from a specialist for Alliance Network)</i>
<b>ADVANCED DENTISTRY</b> Crowns, Bridges, Orthodontics, Dentures	<b>80% CBT limited to:</b> M0 R20 140 M1 R30 100 M2+ R36 300
<b>OVER THE COUNTER MEDICATION</b>	80% SEP plus a dispensing fee, subject to MMAP, co-payment from MSA, limited to R4 970 per beneficiary
<b>LASER K/EXCIMER LASER</b> No approval for surgery where spectacles obtained in previous 12 months	80% CBT limited to R15 250 per beneficiary per eye
<b>SPECTACLES AND LENSES</b> From Optometrist only Annual benefit, unless otherwise stated PPN is the DSP for Alliance Network <i>(Where PPN is indicated as the DSP, the ppn rates and tariffs will apply. For all other options, optical assistant rates will apply)</i>	<b>Consultation:</b> See Preventive Wellness Benefit Add ons R1 975 Single vision R1 975 OR Bifocal R3 960 OR Varifocal R5 960 AND Frames R8 890 OR Contact lenses R8 640 Lenses, frames etc 80% Optical Assistant Rates

## MONTHLY CONTRIBUTION RATES

### Alliance Plus

Monthly Risk Contribution	Adult	R6 996
	Child	R3 793
Monthly MSA Contribution	Adult	R 622
	Child	R 286
Total Monthly Contribution	<b>Adult</b>	<b>R7 618</b>
	<b>Child</b>	<b>R4 079</b>

### Alliance Network

Monthly Risk Contribution	Adult	R6 345
	Child	R3 438
Monthly MSA Contribution	Adult	R 565
	Child	R 260
Total Monthly Contribution	<b>Adult</b>	<b>R6 910</b>
	<b>Child</b>	<b>R3 698</b>

## BENEFIT OPTION QUICK SUMMARY

# Double Plus & Double Network



**Double Plus:** Any Private Hospital - **No limits**

**Double Network:** Life Healthcare, Netcare (20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies) - **No limits**



**Attending Doctors and Specialists:** 300% CBT



**64 Chronic Conditions** medication and consultations. Includes unlimited appropriate biological drugs and specialised technology



**Unlimited X-Rays and Blood Tests** IN and OUT of hospital including MRI and CT scans



**Screening Benefits:** Melanoma, PSA, Pap Smear, Mammogram



**3 Months** post-hospitalisation benefit



**External Appliances:** Wheelchair, hearing aid, breast pump, baby sleep monitor (on referral from a nominated network GP or a specialist for Double Network).



**Checkups and Vaccines:** GP (nominated network GP referral applies for Double Network), Specialist, Dental, Optometry (PPN optometrist for Double Network), ECG



**Infertility** R71 065 per family

## DOUBLE PLUS & DOUBLE NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

<b>HOSPITAL ACCOMMODATION</b> Including confinements, subject to pre-authorisation	100% of Negotiated Rate in general ward and specialised units. The DSP hospital groups for Double Network are Life Healthcare and Netcare. 20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies.
<b>ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS</b> Medical and surgical procedures including confinements subject to pre-authorisation	300% CBT 300% CBT
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (Eg. Physiotherapy and psychotherapy)	100% CBT
<b>BLOOD TRANSFUSIONS (in and out of hospital)</b>	100% of cost
<b>RADIOLOGY in hospital</b> <b>ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation</b>	100% CBT 100% CBT
<b>PATHOLOGY in hospital</b>	100% Negotiated Rate
<b>INTERNAL PROSTHESIS subject to pre-authorisation</b>	100% of cost
<b>HOME NURSING</b> (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	100% CBT
<b>STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY</b> Up to 90 days (subject to pre-authorisation)	100% Negotiated Rate
<b>MEDICATION in hospital</b>	100% SEP plus dispensing fee
<b>TTO MEDICATION up to one week's supply</b>	100% SEP plus dispensing fee
<b>INFERTILITY TREATMENT</b>	Treatment limited to R71 065 per family
<b>SUBSTANCE ABUSE</b>	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days ( <i>for Double Network - on referral from a nominated network GP</i> )
<b>CHRONIC PMB CDL MEDICATION AND TREATMENT</b> Subject to pre-authorisation, protocols and formularies Refer to chronic disease list	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - as per PMB regulations ( <i>for Double Network - on referral from a nominated network GP</i> )
<b>PMB DTP TREATMENT</b> Out of hospital treatment subject to registration of condition and pre-authorisation	<b>Medication:</b> 100% SEP plus a dispensing fee, subject to MMAP and DSP. <b>Consultations and procedures:</b> As per PMB regulations ( <i>for Double Network - on referral from a nominated network GP</i> )
<b>ONCOLOGY</b> Subject to preauthorisation and icon protocols*	<b>Medication:</b> 100% SEP plus a dispensing fee, subject to RP and DSP. <b>Consultations and procedures:</b> at 300% CBT The DSP is the ICON network. The ICON Core protocols apply.

\*Please refer to the website for ICON benefit structures

## DOUBLE PLUS & DOUBLE NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### PREVENTIVE WELLNESS COVER

<b>CAMAF PREVENTIVE WELLNESS PROGRAMME</b> per adult beneficiary	<b>INCLUDES:</b> Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy and free Online Wellness Club
<b>ONE GP CONSULTATION ONLY</b> *ICD 10 code specific to general checkup only	100% CBT per beneficiary (Nominated Network GP for Double Network)
<b>ONE SPECIALIST CONSULTATION</b> **ICD 10 code specific to general checkup only. Gynaecologists, Urologists, or Specialist Physicians. For beneficiaries over 18 years. Paediatricians for beneficiaries under 18 years.	100% CBT per beneficiary
<b>PSYCHOTHERAPY</b>	100% CBT limited to R14 930 per beneficiary
<b>ONE DIETICIAN CONSULTATION</b>	100% CBT per beneficiary
<b>ONE DENTISTRY CONSULTATION</b> General checkup only - excludes consumables	100% CBT per beneficiary
<b>ONE ECG (performed by GP or Specialist Physician)</b> *ICD 10 code specific to general checkup only)	100% CBT per adult beneficiary (Double Network: use your nominated Network GP)
<b>ONE OPTOMETRIST CONSULTATION</b>	100% Optical Assistant Rates PPN optometrist for Double Network
<b>IMMUNISATION AND VACCINES</b> (cost of immunisation and vaccine only)	SEP plus a dispensing fee, limited to: Adults R3 138 - Child R5 151
<b>HUMAN PAPILLOMA VIRUS (HPV) VACCINE</b> (cost of vaccine only)	Females between 9 and 45 years of age. Males between 9 and 26 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. (SEP plus dispensing fee)
<b>PSA SCREENING</b>	Males older than 40 years of age (100% Negotiated Rate or CBT)
<b>PAP SMEAR SCREENING</b>	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
<b>MAMMOGRAM</b>	Females from 25 years of age (100% CBT)
<b>ONE HIV VCT TEST</b>	100% CBT per beneficiary
<b>ONE MELANOMA SCREENING</b>	100% CBT per adult beneficiary

\*Refer to website for relevant ICD 10 codes.

## DOUBLE PLUS & DOUBLE NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### MATERNITY BENEFITS

<b>HOSPITAL ACCOMMODATION</b> Including Confinements. Subject to pre-authorisation.	See In Hospital and Prescribed Minimum Benefits
<b>EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT</b> <b>BREAST PUMPS AND APNOEA MONITORS</b> Three months prior to expected due date and within six months after the birth of the baby. Subject to registration on the Mother-to-be-Programme	Baby Apnoea Monitors: R3 125 Breast pumps: R5 205
<b>METABOLIC SCREENING FOR NEW BORN BABIES</b>	100% Negotiated Rate per new born baby
<b>ANTE-NATAL FOETAL SCANS PER PREGNANCY</b>	4 scans at 80% CBT Subject to Annual Overall Day-to-Day Limit
<b>ANTE-NATAL CLASSES</b>	80% CBT limited to R2 232 per pregnancy Subject to Annual Overall Day-to-Day Limit
<b>UMBILICAL STEM CELL HARVESTING</b>	<b>Negotiated discount with Cryo-Save</b> <i>Note: Please note that CAMAF 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.</i>

## DOUBLE PLUS & DOUBLE NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### OTHER BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

<p><b>BASIC AND ADVANCED RADIOLOGY</b> Out of hospital. Must be performed by a registered radiologist, on referral from medical practitioner only. Advanced scans (MRI/CT/PET) subject to pre-authorisation.</p>	<p>100% CBT <i>(on referral from a nominated network GP or a specialist for Double Network)</i></p>												
<p><b>PATHOLOGY</b> Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.</p>	<p>100% Negotiated Rate or CBT <i>(on referral from a nominated network GP or a specialist for Double Network)</i></p>												
<p><b>POST-HOSPITALISATION</b> Consultations and treatment up to 90 days</p>	<p>300% CBT for attending practitioners 100% CBT for supplementary services</p>												
<p><b>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS</b> (Subject to pre-authorisation) Refer to additional chronic conditions list</p>	<p>100% SEP plus a dispensing fee, subject to RP and DSP Consultations 100% CBT <i>(on referral from a nominated network GP for Double Network; medication claims will not be paid if non-nominated network GP is used)</i></p>												
<p><b>EXTERNAL APPLIANCES</b> (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorisation; DSP and compliance over a 3-month rental period) - 3 YEAR CYCLE</p> <p><b>HEARING AIDS</b> (subject to pre-authorisation) 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE</p> <p><b>WHEELCHAIRS</b> - 3 YEAR CYCLE</p> <p><b>INSULIN PUMPS</b> (rent to own over 12 months) Subject to pre-authorisation and DSP - 4 YEAR CYCLE</p>	<p><b>100% NAPPI price or 100% of cost, subject to the overall limit of R81 324 per beneficiary and subject to the following sub-limits:</b></p> <table style="width: 100%; border: none;"> <tr> <td>Hearing Aids:</td> <td style="text-align: right;">R81 324</td> </tr> <tr> <td>Wheelchairs for</td> <td></td> </tr> <tr> <td>    Quadriplegics:</td> <td style="text-align: right;">R81 324</td> </tr> <tr> <td>    Standard Wheelchairs:</td> <td style="text-align: right;">R51 870</td> </tr> <tr> <td>Insulin Pumps:</td> <td style="text-align: right;">R53 110</td> </tr> <tr> <td>Other external appliances:</td> <td style="text-align: right;">R17 440</td> </tr> </table> <p><i>(on referral from a nominated network GP or a specialist for Double Network)</i></p>	Hearing Aids:	R81 324	Wheelchairs for		Quadriplegics:	R81 324	Standard Wheelchairs:	R51 870	Insulin Pumps:	R53 110	Other external appliances:	R17 440
Hearing Aids:	R81 324												
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Quadriplegics:	R81 324												
Standard Wheelchairs:	R51 870												
Insulin Pumps:	R53 110												
Other external appliances:	R17 440												
<p><b>INTERNATIONAL TRAVEL COVER</b> Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel. Visit our website for full details.</p>	<p>R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa, and have a policy in place before departing. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. The cover is available to beneficiaries who are not older than 80 years of age. Cover for pre-existing conditions is only available for members who have not yet turned 70 years of age and is limited to R250 000 in-hospital cover, unless additional cover is arranged. Refer to Travel Policy Wording.</p>												
<p><b>NETCARE 911</b> Emergency services</p>	<p><b>Unlimited</b> Subject to Netcare 911 authorisation</p>												



## DOUBLE PLUS & DOUBLE NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### OTHER BENEFITS (per Beneficiary)

<b>DAY TO DAY BENEFITS</b> Benefits below are subject to the overall annual limit	<b>Annual Overall Limits</b>
	Adult R15 390 Child R10 680
<b>GPs AND DENTISTS</b> Dental x-rays performed by dentists, consultations and procedures performed by these practitioners; basic dentistry	80% CBT Nominated Network GP for Double Network
<b>SPECIALISTS</b> Consultations, procedures and radiology performed by these practitioners	80% CBT <i>(on referral from a nominated network GP for Double Network)</i>
<b>ACUTE MEDICATION</b> Including injections and materials	80% SEP plus dispensing fee, subject to MMAP, co-payment from MSA <i>(on referral from a nominated network GP for Double Network)</i>
<b>NON-DSP VISITS to doctor's rooms</b>	One visit per beneficiary 80% CBT for Double Network for non-network or non-nominated GP
<b>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</b>	80% CBT
<b>NURSE VISITS</b>	80% CBT up to 21 days
<b>SUPPLEMENTARY HEALTH</b> Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy	80% CBT <i>(on referral from a nominated network GP or a specialist for Double Network)</i>
<b>ADVANCED DENTISTRY</b> Crowns, Bridges, Orthodontics, Dentures	<b>80% CBT limited to:</b> M0 R15 000 M1 R21 600 M2+ R29 090
<b>OVER THE COUNTER MEDICATION</b>	80% SEP plus a dispensing fee, subject to MMAP, co-payment from MSA, limited to R2 205 per beneficiary
<b>LASER K/EXCIMER LASER</b> No approval for surgery where spectacles obtained in previous 12 months	80% CBT limited to R5 630 per beneficiary per eye
<b>SPECTACLES AND LENSES</b> From Optometrist only Annual benefit, unless otherwise stated PPN is the DSP for Alliance Network <i>(Where PPN is indicated as the DSP, the ppn rates and tariffs will apply. For all other options, optical assistant rates will apply)</i>	<b>Consultation:</b> See Preventive Wellness Benefit Add ons R1 300 Single vision R1 300 OR Bifocal R3 470 OR Varifocal R5 320 AND Frames R4 780 OR Contact lenses R4 640 Lenses, frames etc 80% Optical Assistant Rates

## MONTHLY CONTRIBUTION RATES

### Double Plus

Monthly Risk Contribution	Adult	R4 630
	Child	R2 653
Monthly MSA Contribution	Adult	R 400
	Child	R 257
Total Monthly Contribution	<b>Adult</b>	<b>R5 030</b>
	<b>Child</b>	<b>R2 910</b>

### Double Network

Monthly Risk Contribution	Adult	R4 225
	Child	R2 422
Monthly MSA Contribution	Adult	R 365
	Child	R 234
Total Monthly Contribution	<b>Adult</b>	<b>R4 590</b>
	<b>Child</b>	<b>R2 656</b>

## BENEFIT OPTION QUICK SUMMARY

# Vital Plus & Vital Network

This is a hospital plan with no day-to-day benefits.



**Vital Plus:** Any Private Hospital - **No limits**

**Vital Network:** Life Healthcare, Netcare (20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies) - **No limits**



**Attending Doctors and Specialists:** 300% CBT



**63 Chronic Conditions** Medication and consultations. Covers the medication and necessary consultations and procedures. Includes unlimited appropriate biological drugs and specialised technology as well as door to door medication delivery



**Unlimited X-Rays and Blood Tests** IN and OUT of hospital including MRI and CT scans



**Screening Benefits** - Melanoma, PSA, Pap Smear, Mammogram



**3 Months** post-hospitalisation



**External Appliances:** Wheelchair, hearing aid, breast pump, baby sleep monitor



**Checkups and Vaccines:** GP, Specialist, Dental, Optometry, ECG

## VITAL PLUS & VITAL NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### IN HOSPITAL AND PRESCRIBED MINIMUM BENE FITS

<b>HOSPITAL ACCOMMODATION</b> Including confinements, subject to pre-authorisation	100% of Negotiated Rate in general ward and specialised units. The DSP hospital groups for Vital Network are Life Healthcare and Netcare. 20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies
<b>ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS</b> Medical and surgical procedures including confinements subject to pre-authorisation	300% CBT 300% CBT
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (eg. Physiotherapy and psychotherapy)	100% CBT
<b>BLOOD TRANSFUSIONS (in and out of hospital)</b>	100% of cost
<b>RADIOLOGY in hospital</b>	100% CBT
<b>ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation</b>	100% CBT
<b>PATHOLOGY in hospital</b>	100% Negotiated Rate
<b>INTERNAL PROSTHESIS subject to pre-authorisation</b>	100% of cost
<b>HOME NURSING</b> (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	100% CBT
<b>STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY</b> Up to 90 days (subject to pre-authorisation)	100% Negotiated Rate
<b>MEDICATION in hospital</b>	100% SEP plus dispensing fee
<b>TTO MEDICATION up to one week's supply</b>	100% SEP plus dispensing fee
<b>SUBSTANCE ABUSE</b>	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
<b>CHRONIC PMB CDL MEDICATION AND TREATMENT</b> Subject to pre-authorisation, protocols and formularies Refer to chronic disease list	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - as per PMB regulations
<b>PMB DTP TREATMENT</b> Out of hospital treatment subject to registration of condition and pre-authorisation	<b>Medication:</b> 100% SEP plus a dispensing fee, subject to MMAP and DSP. <b>Consultations and procedures:</b> As per PMB regulations
<b>ONCOLOGY</b> Subject to preauthorisation and icon protocols*	<b>Medication:</b> 100% SEP plus a dispensing fee, subject to RP and DSP. <b>Consultations and procedures:</b> at 300% CBT The DSP is the ICON network. The ICON Core protocols apply.

\*Please refer to the website for ICON benefit structures

## VITAL PLUS & VITAL NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### PREVENTIVE WELLNESS COVER

<b>CAMAF PREVENTIVE WELLNESS PROGRAMME per adult beneficiary</b>	<b>INCLUDES:</b> Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy and free Online Wellness Club
<b>ONE GP CONSULTATION ONLY</b> *ICD 10 code specific to general checkup only	100% CBT per beneficiary
<b>ONE SPECIALIST CONSULTATION</b> *ICD 10 code specific to general checkup only. Gynaecologists, Urologists, or Specialist Physicians. For beneficiaries over 18 years. Paediatricians for beneficiaries under 18 years.	100% CBT per beneficiary
<b>PSYCHOTHERAPY</b>	100% CBT limited to R14 930 per beneficiary
<b>ONE DIETICIAN CONSULTATION</b>	100% CBT per beneficiary
<b>ONE DENTISTRY CONSULTATION</b> General checkup only - excludes consumables	100% CBT per beneficiary
<b>ONE ECG (performed by GP or Specialist Physician)</b> *ICD 10 code specific to general checkup only)	100% CBT per adult beneficiary
<b>ONE OPTOMETRIST CONSULTATION</b>	100% Optical Assistant Rates
<b>IMMUNISATION AND VACCINES (cost of immunisation and vaccine only)</b>	SEP plus a dispensing fee, limited to R2 079 per beneficiary
<b>HUMAN PAPILLOMA VIRUS (HPV) VACCINE (cost of vaccine only)</b>	Females between 9 and 45 years of age. Males between 9 and 26 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. (SEP plus dispensing fee)
<b>PSA SCREENING</b>	Males older than 40 years of age (100% Negotiated Rate or CBT)
<b>PAP SMEAR SCREENING</b>	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
<b>MAMMOGRAM</b>	Females from 25 years of age (100% CBT)
<b>ONE HIV VCT TEST</b>	100% CBT per beneficiary
<b>ONE MELANOMA SCREENING</b>	100% CBT per adult beneficiary

\*Refer to website for relevant ICD 10 codes.

## VITAL PLUS & VITAL NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### MATERNITY BENEFITS

<p><b>HOSPITAL ACCOMMODATION</b> Including Confinements. Subject to pre-authorisation.</p>	<p>See In Hospital and Prescribed Minimum Benefits</p>
<p><b>EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT</b> <b>BREAST PUMPS AND APNOEA MONITORS</b> Three months prior to expected due date and within six months after the birth of the baby. Subject to registration on the Mother-to-be-Programme</p>	<p>Baby Apnoea Monitors: R3 120 Breast pumps: R5 205</p>
<p><b>METABOLIC SCREENING FOR NEW BORN BABIES</b></p>	<p>100% Negotiated Rate per new born baby</p>
<p><b>UMBILICAL STEM CELL HARVESTING</b></p>	<p><b>Negotiated discount with Cryo-Save</b> <b>Note:</b> Please note that CAMAF 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.</p>

## VITAL PLUS & VITAL NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### OTHER BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

<p><b>BASIC AND ADVANCED RADIOLOGY</b> Out of hospital. Must be performed by a registered radiologist, on referral from medical practitioner only. Advanced scans (MRI/CT/PET) subject to pre-authorisation.</p>	100% CBT
<p><b>PATHOLOGY</b> Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.</p>	100% Negotiated Rate or CBT
<p><b>POST-HOSPITALISATION</b> Consultations and treatment up to 90 days</p>	300% CBT for attending practitioners 100% CBT for supplementary services
<p><b>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS</b> (Subject to pre-authorisation) Refer to additional chronic conditions list</p>	100% SEP plus a dispensing fee, subject to RP and DSP Consultations 100% CBT
<p><b>EXTERNAL APPLIANCES</b> (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorisation; DSP and compliance over a 3-month rental period) - 3 YEAR CYCLE</p> <p><b>HEARING AIDS</b> (subject to pre-authorisation) 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE</p> <p><b>WHEELCHAIRS</b> - 3 YEAR CYCLE</p> <p><b>INSULIN PUMPS</b> (rent to own over 12 months) Subject to pre-authorisation and DSP - 4 YEAR CYCLE</p>	<p><b>100% NAPPI price or 100% of cost, subject to the overall limit of R46 805 per beneficiary and subject to the following sub-limits:</b></p> <p>Hearing Aids: R40 670 Wheelchairs for Quadriplegics: R40 675 Standard Wheelchairs: R28 565 Insulin Pumps: R46 805 Other external appliances: R10 195</p>
<p><b>INTERNATIONAL TRAVEL COVER</b> Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel. Visit our website for full details.</p>	R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa, and have a policy in place before departing. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. The cover is available to beneficiaries who are not older than 80 years of age. Cover for pre-existing conditions is only available for members who have not yet turned 70 years of age and is limited to R250 000 in-hospital cover, unless additional cover is arranged. Refer to Travel Policy Wording.
<p><b>NETCARE 911</b> Emergency services</p>	<p><b>Unlimited</b> Subject to Netcare 911 authorisation</p>

## MONTHLY CONTRIBUTION RATES

### Vital Plus

<b>MONTHLY INCOME</b> based on Total Cost to Company of Principal Member	<b>TOTAL MONTHLY CONTRIBUTION</b>	
R0 - R51 420	Adult	R2 666
	Child	R1 367
R51 421 - R128 560	Adult	R3 022
	Child	R1 542
R128 561+	Adult	R3 361
	Child	R1 722

### Vital Network

<b>MONTHLY INCOME</b> based on Total Cost to Company of Principal Member	<b>TOTAL MONTHLY CONTRIBUTION</b>	
R0 - R51 420	Adult	R2 481
	Child	R1 272
R51 421 - R128 560	Adult	R2 813
	Child	R1 436
R128 561+	Adult	R3 129
	Child	R1 603



## BENEFIT OPTION QUICK SUMMARY

# Essential Plus & Essential Network



**Essential Plus:** Any Private Hospital - **No limits**

**Essential Network:** Life Healthcare, Netcare (*20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies*)  
- **No limits**



**Attending Doctors and Specialists:** 200% CBT



**27 Chronic Conditions** Medication and consultations



**Unlimited X-Rays and Blood Tests** IN hospital including MRI and CT scans



**Screening Benefits** - Melanoma, PSA, Pap Smear, Mammogram



**Checkups and Vaccines:** GP, Specialist, Dental, Optometry, ECG

## ESSENTIAL PLUS & ESSENTIAL NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

<b>HOSPITAL ACCOMMODATION</b> Including confinements, subject to pre-authorisation	100% of Negotiated Rate in general ward and specialised units. The DSP hospital groups for Vital Network are Life Healthcare and Netcare. 20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies
<b>ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS</b> Medical and surgical procedures including confinements subject to pre-authorisation	200% CBT 200% CBT
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (eg. physiotherapy and psychotherapy)	100% CBT
<b>BLOOD TRANSFUSIONS (in and out of hospital)</b>	100% of cost
<b>RADIOLOGY in hospital</b> <b>ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation</b>	100% CBT 100% CBT
<b>PATHOLOGY in hospital</b>	100% Negotiated Rate
<b>INTERNAL PROSTHESIS subject to pre-authorisation</b>	100% of cost <b>Exclusions:</b> cochlear implants
<b>HOME NURSING</b> (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	100% CBT
<b>STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY</b> Up to 90 days (subject to pre-authorisation)	100% Negotiated Rate
<b>MEDICATION in hospital</b>	100% SEP plus dispensing fee
<b>TTO MEDICATION up to one week's supply</b>	100% SEP plus dispensing fee
<b>SUBSTANCE ABUSE</b>	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
<b>CHRONIC PMB CDL MEDICATION AND TREATMENT</b> Subject to pre-authorisation, protocols and formularies Refer to chronic disease list	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - as per PMB regulations
<b>PMB DTP TREATMENT</b> Out of hospital treatment subject to registration of condition and pre-authorisation	<b>Medication:</b> 100% SEP plus a dispensing fee, subject to MMAP and DSP. <b>Consultations and procedures:</b> As per PMB regulations
<b>ONCOLOGY</b> Subject to pre-authorisation and icon protocols*	<b>Medication:</b> 100% SEP plus a dispensing fee, subject to RP and DSP. <b>Consultations and procedures:</b> 100% DSP Tariff The DSP is the ICON network The ICON Essential protocols apply

\*Please refer to the website for ICON benefit structures

## ESSENTIAL PLUS & ESSENTIAL NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### PREVENTIVE WELLNESS COVER

<b>CAMAF PREVENTIVE WELLNESS PROGRAMME per adult beneficiary</b>	<b>INCLUDES:</b> Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy and free Online Wellness Club
<b>ONE GP CONSULTATION ONLY</b> <b>*ICD 10 code specific to general checkup only</b>	100% CBT per beneficiary
<b>ONE SPECIALIST CONSULTATION</b> <b>*ICD 10 code specific to general checkup only.</b> <b>Gynaecologists, Urologists, or Specialist Physicians.</b> <b>For beneficiaries over 18 years.</b> <b>Paediatricians for beneficiaries under 18 years.</b>	100% CBT per beneficiary
<b>PSYCHOTHERAPY</b>	100% CBT limited to R14 930 per beneficiary
<b>ONE DIETICIAN CONSULTATION</b>	100% CBT per beneficiary
<b>ONE DENTISTRY CONSULTATION</b> <b>General checkup only - excludes consumables</b>	100% CBT per beneficiary
<b>ONE ECG (performed by GP or Specialist Physician)</b> <b>*ICD 10 code specific to general checkup only)</b>	100% CBT per adult beneficiary
<b>ONE OPTOMETRIST CONSULTATION</b>	100% Optical Assistant Rates
<b>IMMUNISATION AND VACCINES</b> <b>(cost of immunisation and vaccine only)</b>	SEP plus a dispensing fee, limited to R2 074 per beneficiary
<b>HUMAN PAPILLOMA VIRUS (HPV) VACCINE</b> <b>(cost of vaccine only)</b>	Females between 9 and 45 years of age. Males between 9 and 26 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. <i>(SEP plus dispensing fee)</i>
<b>PSA SCREENING</b>	Males older than 40 years of age (100% Negotiated Rate or CBT)
<b>PAP SMEAR SCREENING</b>	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
<b>MAMMOGRAM</b>	Females from 25 years of age (100% CBT)
<b>ONE HIV VCT TEST</b>	100% CBT per beneficiary
<b>ONE MELANOMA SCREENING</b>	100% CBT per adult beneficiary

\*Refer to website for relevant ICD 10 codes.

## ESSENTIAL PLUS & ESSENTIAL NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### MATERNITY BENEFITS

<p><b>HOSPITAL ACCOMMODATION</b> Including Confinements. Subject to pre-authorisation.</p>	See In Hospital and Prescribed Minimum Benefits
<p><b>EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT</b> <b>BREAST PUMPS AND APNOEA MONITORS</b> Three months prior to expected due date and within six months after the birth of the baby. Subject to registration on the Mother-to-be-Programme</p>	Subject to Medical Savings Account
<p><b>METABOLIC SCREENING FOR NEW BORN BABIES</b></p>	100% Negotiated Rate per new born baby
<p><b>ANTE-NATAL FOETAL SCANS PER PREGNANCY</b></p>	Subject to Medical Savings Account
<p><b>ANTE-NATAL CLASSES</b></p>	Subject to Medical Savings Account
<p><b>UMBILICAL STEM CELL HARVESTING</b></p>	<p><b>Negotiated discount with Cryo-Save</b> <b>Note:</b> Please note that CAMAF 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.</p>

## ESSENTIAL PLUS & ESSENTIAL NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### OTHER BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

<p><b>BASIC AND ADVANCED RADIOLOGY</b> Out of hospital. Must be performed by a registered radiologist, on referral from medical practitioner only. Advanced scans (MRI/CT/PET) subject to pre-authorisation.</p>	Subject to Medical Savings Account
<p><b>PATHOLOGY</b> Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.</p>	Subject to Medical Savings Account
<p><b>POST-HOSPITALISATION</b> Consultations and treatment up to 90 days</p>	Subject to Medical Savings Account
<p><b>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS</b> (SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL CHRONIC CONDITIONS LIST</p>	<p><b>Depression only</b> 100% SEP plus a dispensing fee subject to RP and DSP Consultations 100% CBT</p>
<p><b>EXTERNAL APPLIANCES</b> (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorisation; DSP and compliance over a 3-month rental period) - 3 YEAR CYCLE</p> <p><b>HEARING AIDS</b> (subject to pre-authorisation) 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE</p> <p><b>WHEELCHAIRS</b> - 3 YEAR CYCLE</p> <p><b>INSULIN PUMPS</b> (rent to own over 12 months) Subject to pre-authorisation and DSP - 4 YEAR CYCLE</p>	Subject to Medical Savings Account
<p><b>INTERNATIONAL TRAVEL COVER</b> Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel. Visit our website for full details.</p>	R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa, and have a policy in place before departing. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. The cover is available to beneficiaries who are not older than 80 years of age. Cover for pre-existing conditions is only available for members who have not yet turned 70 years of age and is limited to R250 000 in-hospital cover, unless additional cover is arranged. Refer to Travel Policy Wording.
<p><b>NETCARE 911</b> Emergency services</p>	<p><b>Unlimited</b> Subject to Netcare 911 authorisation</p>

## ESSENTIAL PLUS & ESSENTIAL NETWORK

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### OTHER BENEFITS (per Beneficiary)

<p><b>DAY-TO-DAY BENEFITS</b> Benefits below are subject to the overall annual limit</p>	Limited to funds available in the beneficiary's Medical Savings Account
<p><b>GPs AND DENTISTS</b> Dental x-rays performed by dentists, consultations and procedures performed by these practitioners: Basic dentistry</p>	Subject to Medical Savings Account
<p><b>SPECIALISTS</b> Consultations, procedures and radiology performed by these practitioners</p>	Subject to Medical Savings Account
<p><b>ACUTE MEDICATION</b> Including injections and materials</p>	Subject to Medical Savings Account
<p><b>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</b></p>	Subject to Medical Savings Account
<p><b>NURSE VISITS</b></p>	Subject to Medical Savings Account
<p><b>SUPPLEMENTARY HEALTH</b> Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy</p>	Subject to Medical Savings Account
<b>BENEFIT SPECIFIC LIMITS</b>	
<p><b>ADVANCED DENTISTRY</b> Crowns, bridges, orthodontics, dentures</p>	Subject to Medical Savings Account
<p><b>OVER THE COUNTER MEDICATION</b></p>	Subject to Medical Savings Account
<p><b>LASER K/EXCIMER LASER</b> No approval for surgery where spectacles obtained in previous 12 months.</p>	Subject to Medical Savings Account
<p><b>SPECTACLES AND LENSES</b> From optometrist only Annual benefit, unless otherwise stated</p>	Subject to Medical Savings Account

MONTHLY CONTRIBUTION RATES

## Essential Plus

MONTHLY INCOME based on Total Cost to Company of Principal Member	MONTHLY RISK CONTRIBUTION	
<b>0 - R128 560</b>	Principal	<b>R2 188</b>
	Adult	<b>R1 730</b>
	Child	<b>R1 016</b>
Monthly MSA Contribution	Principal	<b>R661</b>
	Adult	<b>R527</b>
	Child	<b>R314</b>
Total Monthly Contribution	<b>Principal</b>	<b>R2 849</b>
	<b>Adult</b>	<b>R2 257</b>
	<b>Child</b>	<b>R1 330</b>
<b>R128 561+</b>	Principal	<b>R2 634</b>
	Adult	<b>R2 088</b>
	Child	<b>R1 222</b>
Monthly MSA Contribution	Principal	<b>R661</b>
	Adult	<b>R527</b>
	Child	<b>R314</b>
Total Monthly Contribution	<b>Principal</b>	<b>R3 295</b>
	<b>Adult</b>	<b>R2 615</b>
	<b>Child</b>	<b>R1 536</b>

## Essential Network

MONTHLY INCOME based on Total Cost to Company of Principal Member	MONTHLY RISK CONTRIBUTION	
<b>0 - R128 560</b>	Principal	<b>R1 973</b>
	Adult	<b>R1 559</b>
	Child	<b>R917</b>
Monthly MSA Contribution	Principal	<b>R597</b>
	Adult	<b>R473</b>
	Child	<b>R282</b>
Total Monthly Contribution	<b>Principal</b>	<b>R2 570</b>
	<b>Adult</b>	<b>R2 032</b>
	<b>Child</b>	<b>R1 199</b>
<b>R128 561+</b>	Principal	<b>R2 376</b>
	Adult	<b>R1 884</b>
	Child	<b>R1 102</b>
Monthly MSA Contribution	Principal	<b>R597</b>
	Adult	<b>R473</b>
	Child	<b>R282</b>
Total Monthly Contribution	<b>Principal</b>	<b>R2 973</b>
	<b>Adult</b>	<b>R2 357</b>
	<b>Child</b>	<b>R1 384</b>

## BENEFIT OPTION QUICK SUMMARY

# First Choice



Any Private Hospital - **No limits**



**Attending Doctors and Specialists:** 100% CBT



**27 Chronic Conditions:** Medication and consultations. Includes unlimited appropriate biological drugs and specialised technology and door to door medication delivery



**X-Rays and Blood Tests:** Advanced scans limited to R42 755 per family for in and out of hospital



**Screening Benefits:** PSA, Pap Smear, Mammogram



**80%** of GP, Specialists, Dental, Optometry, Checkups, ECG, Vaccines



## FIRST CHOICE

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

<b>HOSPITAL ACCOMMODATION</b> Including confinements, subject to pre-authorisation	100% of Negotiated Rate in general ward and specialised units
<b>ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS</b> Medical and surgical procedures including confinements subject to pre-authorisation	100% CBT 100% CBT
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (eg. physiotherapy and psychotherapy)	100% CBT
<b>BLOOD TRANSFUSIONS</b> (in and out of hospital)	100% of cost
<b>RADIOLOGY</b> in hospital	100% CBT
<b>ADVANCED SCANS (MRI/CT/PET)</b> subject to pre-authorisation	100% CBT limited to R42 755 per family for in and out of hospital
<b>PATHOLOGY</b> in hospital	100% Negotiated Rate
<b>INTERNAL PROSTHESIS</b> subject to pre-authorisation	100% of cost limited to R42 755 per family <b>Exclusions:</b> cochlear implants
<b>HOME NURSING</b> (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	100% CBT (in lieu of hospitalisation only)
<b>STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY</b> Up to 90 days (subject to pre-authorisation)	100% Negotiated Rate
<b>MEDICATION</b> in hospital	100% SEP plus dispensing fee
<b>TTO MEDICATION</b> up to one week's supply	100% SEP plus dispensing fee
<b>SUBSTANCE ABUSE</b>	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
<b>CHRONIC PMB CDL MEDICATION AND TREATMENT</b> - Subject to pre-authorisation, protocols and formularies Refer to chronic disease list	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - as per PMB regulations
<b>PMB DTP TREATMENT</b> Out of hospital treatment subject to registration of condition and pre-authorisation	<b>Medication:</b> 100% SEP plus a dispensing fee, subject to MMAP and DSP. <b>Consultations and procedures:</b> As per PMB regulations
<b>ONCOLOGY</b> Subject to pre-authorisation and icon protocols*	<b>Medication:</b> 100% SEP plus a dispensing fee, subject to RP and DSP. <b>Consultations and procedures:</b> 100% DSP Tariff The DSP is the ICON network The ICON Essential protocols apply

\*Please refer to the website for ICON benefit structures

## FIRST CHOICE

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### PREVENTIVE WELLNESS COVER

<b>CAMAF PREVENTIVE WELLNESS PROGRAMME</b> per adult beneficiary	<b>INCLUDES:</b> Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy and free Online Wellness Club
<b>ONE GP CONSULTATION ONLY</b> *ICD 10 code specific to general checkup only	100% CBT per beneficiary
<b>ONE SPECIALIST CONSULTATION</b> *ICD 10 code specific to general checkup only. Gynaecologists, Urologists, or Specialist Physicians. For beneficiaries over 18 years. Paediatricians for beneficiaries under 18 years.	100% CBT per beneficiary
<b>PSYCHOTHERAPY</b>	100% CBT limited to R14 930 per beneficiary
<b>ONE DENTISTRY CONSULTATION</b> General checkup only - excludes consumables	100% CBT per beneficiary
<b>ONE ECG (performed by GP or Specialist Physician)</b> *ICD 10 code specific to general checkup only	100% CBT per adult beneficiary
<b>ONE OPTOMETRIST CONSULTATION</b>	Refer to spectacle and lenses benefits
<b>IMMUNISATION AND VACCINES</b> (cost of immunisation and vaccine only)	SEP plus a dispensing fee, subject to MMAP, limited to R2 074 per beneficiary
<b>HUMAN PAPILLOMA VIRUS (HPV) VACCINE</b> (cost of vaccine only)	Females between 9 and 45 years of age. Males between 9 and 26 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. (SEP plus dispensing fee)
<b>PSA SCREENING</b>	Males older than 40 years of age (100% Negotiated Rate or CBT)
<b>PAP SMEAR SCREENING</b>	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
<b>MAMMOGRAM</b>	Females from 25 years of age (100% CBT)
<b>ONE HIV VCT TEST</b>	100% CBT per beneficiary

\*Refer to website for relevant ICD 10 codes.

## FIRST CHOICE

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### MATERNITY BENEFITS

<p><b>HOSPITAL ACCOMMODATION</b> Including Confinements. Subject to pre-authorisation.</p>	See In Hospital and Prescribed Minimum Benefits
<p><b>EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT</b> <b>BREAST PUMPS AND APNOEA MONITORS</b> Three months prior to expected due date and within six months after the birth of the baby. Subject to registration on the Mother-to-be-Programme</p>	<p>Baby Apnoea Monitors: R2 550 Breast pumps: R4 385</p>
<p><b>METABOLIC SCREENING FOR NEW BORN BABIES</b></p>	100% Negotiated Rate per new born baby
<p><b>ANTE-NATAL FOETAL SCANS PER PREGNANCY</b></p>	3 scans at 80% CBT. Subject to the Advanced Scans limit
<p><b>ANTE-NATAL CLASSES</b></p>	<p>80% CBT subjects to sub-limit R1 175 per pregnancy. Subject to limit (c) of Annual Overall Day-to-Day Benefit Limit</p>
<p><b>UMBILICAL STEM CELL HARVESTING</b></p>	<p><b>Negotiated discount with Cryo-Save</b> <b>Note:</b> Please note that CAMAF 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.</p>

## FIRST CHOICE

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

OTHER BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT	
<p><b>BASIC AND ADVANCED RADIOLOGY</b> Out of hospital. <b>Must be performed by a registered radiologist, on referral from medical practitioner only.</b> Advanced scans (MRI/CT/PET) subject to pre-authorisation.</p>	<p><b>Basic Radiology:</b> 100% CBT limited to R5 000 per beneficiary <b>Advanced scans:</b> 100% CBT limited to R42 755 (combined limit for in and out hospital) per family</p>
<p><b>PATHOLOGY</b> Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.</p>	<p>100% Negotiated Rate limited to R7 980 per beneficiary</p>
<p><b>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS</b> (Subject to pre-authorisation) Refer to additional chronic conditions list</p>	<p><b>Depression only</b> 100% SEP plus a dispensing fee subject to RP and DSP <b>Consultations:</b> 100% CBT</p>
<p><b>EXTERNAL APPLIANCES</b> (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorisation; DSP and compliance over a 3-month rental period) - 3 YEAR CYCLE <b>HEARING AIDS</b> (subject to pre-authorisation) 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE <b>WHEELCHAIRS</b> - 3 YEAR CYCLE <b>INSULIN PUMPS</b> (rent to own over 12 months) Subject to pre-authorisation and DSP - 4 YEAR CYCLE</p>	<p>100% NAPPI price or 100% of cost, in hospital and 80% of cost out of hospital with an overall limit of R7 635 per beneficiary</p>
<p><b>INTERNATIONAL TRAVEL COVER</b> Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel. Visit our website for full details.</p>	<p>R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa, and have a policy in place before departing. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. The cover is available to beneficiaries who are not older than 80 years of age. Cover for pre-existing conditions is only available for members who have not yet turned 70 years of age and is limited to R250 000 in-hospital cover, unless additional cover is arranged. Refer to Travel Policy Wording.</p>
<p><b>NETCARE 911</b> Emergency services</p>	<p><b>Unlimited</b> Subject to Netcare 911 authorisation</p>

## FIRST CHOICE

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### OTHER BENEFITS (per Beneficiary)

<p><b>DAY-TO-DAY BENEFITS</b> Benefits below are subject to the overall annual limit</p>	<p><b>Annual overall limit:</b> Beneficiary specific limits: (a) Medicines R 3 700 (b) Advanced Dentistry R 7 755 (c) Other R 3 700 (d) Specialists R11 390</p>
<p><b>GPs AND DENTISTS</b> Dental x-rays performed by dentists, consultations and procedures performed by these practitioners: Basic dentistry</p>	<p>80% CBT Subject to limit (c)</p>
<p><b>SPECIALISTS</b> Consultations, procedures and radiology performed by these practitioners</p>	<p>80% CBT Subject to limit (d)</p>
<p><b>ACUTE MEDICATION</b> Including injections and materials</p>	<p>80% SEP plus a dispensing fee, subject to MMAP. Subject to limit (a)</p>
<p><b>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</b></p>	<p><b>Medication:</b> 80% SEP plus a dispensing fee subject to limit (a) Treatment: 80% CBT subject to limit (c)</p>
<p><b>NURSE VISITS</b></p>	<p>80% CBT subject to limit (c)</p>
<p><b>SUPPLEMENTARY HEALTH</b> Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy</p>	<p>80% CBT subject to sub-limit R3 110 Subject to limit (c)</p>
<b>BENEFIT SPECIFIC LIMITS</b>	
<p><b>ADVANCED DENTISTRY</b> Crowns, bridges, orthodontics, dentures</p>	<p>50% CBT Subject to limit (b) dental implants excluded</p>
<p><b>OVER THE COUNTER MEDICATION</b></p>	<p>50% SEP plus a dispensing fee, subject to MMAP, limited to R1 900 per beneficiary. Subject to limit (a)</p>
<p><b>SPECTACLES AND LENSES</b> From optometrist only Annual benefit, unless otherwise stated</p> <p><i>(Where PPN is indicated as the DSP, the PPN rates and tariffs will apply. For all other options, Optical Assistant Rates will apply)</i></p>	<p><b>The benefit PER BENEFICIARY at a PPN provider would be as follows:</b> For the benefit cycle of 24 months from date of claiming, each beneficiary is entitled to: One Composite Consultation inclusive of a Refraction, Tonometry and Visual Field screening AND <b>EITHER SPECTACLES</b> - A PPN Frame to the value of R150 or R782 off any alternative frame and/or lens enhancements and one pair of lenses: either One pair of Clear Aquity Single Vision; Clear Aquity Bifocal lenses or Clear Aquity Multifocal lenses OR <b>CONTACT LENSES</b> - Contact lenses to the value of R900. <b>The benefit PER BENEFICIARY at a NON PPN provider would be as follows:</b> One consultation per Beneficiary during the Benefit Cycle, limited to a maximum cost of R600 AND <b>EITHER SPECTACLES</b> - A frame benefit of R782 towards the cost of a frame and/or lens enhancements and one pair of lenses: either one pair of clear single vision spectacle lenses limited to R215 per lens or one pair of clear flat top bifocal spectacle lenses limited to R460 per lens or one pair of clear flat top Multifocal lenses limited to R810 per lens OR <b>CONTACT LENSES</b> - Contact Lenses to the value of R900.</p>

## MONTHLY CONTRIBUTION RATES

# First Choice

### MONTHLY INCOME

based on Total Cost to Company of Principal Member

0 - R10 960

R10 961 - R21 140

R21 141 - R28 340

R28 341 - R42 520

R42 521+

### TOTAL MONTHLY CONTRIBUTION

Adult R1 313

Child R 799

Adult R2 084

Child R1 234

Adult R3 129

Child R1 820

Adult R3 934

Child R2 588

Adult R4 303

Child R2 808

## BENEFIT OPTION QUICK SUMMARY

# Network Choice



**Network Hospital:** No limits (DSP hospital group is Netcare)



**Attending Doctors:** 100% CBT only at DSP



**27 Chronic Conditions:** Medication and consultations. Includes unlimited appropriate biological drugs and specialised technology and door to door medication delivery



**X-Rays and Blood Tests** Advanced scans limited to R42 755 per family for in and out of hospital



**Screening Benefits:** PSA, Pap Smear, Mammogram



**Vaccines**

## NETWORK CHOICE

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

<b>HOSPITAL ACCOMMODATION</b> Including confinements, subject to pre-authorisation	100% DSP tariff as per protocols The DSP hospital group is Netcare
<b>ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS</b> Medical and surgical procedures including confinements subject to pre-authorisation	100% CBT 100% CBT
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (eg. physiotherapy and psychotherapy)	100% CBT
<b>BLOOD TRANSFUSIONS (in and out of hospital)</b>	100% of cost
<b>RADIOLOGY in hospital</b> <b>ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation</b>	100% CBT 100% CBT limited to R42 755 per family for in and out of hospital
<b>PATHOLOGY in hospital</b>	100% Negotiated Rate
<b>INTERNAL PROSTHESIS subject to pre-authorisation</b>	100% of cost limited to R42 755 per family <b>Exclusions:</b> cochlear implants
<b>HOME NURSING</b> (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	100% CBT (in lieu of hospitalisation only)
<b>STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY</b> Up to 90 days (subject to pre-authorisation)	100% DSP Tariff
<b>MEDICATION in hospital</b>	100% SEP plus dispensing fee
<b>TTO MEDICATION up to one week's supply</b>	100% SEP plus dispensing fee
<b>SUBSTANCE ABUSE</b>	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
<b>CHRONIC PMB CDL MEDICATION AND TREATMENT</b> Subject to pre-authorisation, protocols and formularies Refer to chronic disease list	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - as per PMB regulations
<b>PMB DTP TREATMENT</b> Out of hospital treatment subject to registration of condition and pre-authorisation	<b>Medication:</b> 100% SEP plus a dispensing fee, subject to MMAP and DSP. <b>Consultations and procedures:</b> As per PMB regulations
<b>ONCOLOGY</b> Subject to pre-authorisation and icon protocols*	<b>Medication:</b> 100% SEP plus a dispensing fee, subject to RP and DSP. <b>Consultations and procedures:</b> 100% DSP Tariff The DSP is the ICON network The ICON Essential protocols apply

\*Please refer to the website for ICON benefit structures



## NETWORK CHOICE

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### PREVENTIVE WELLNESS COVER

<b>CAMAF PREVENTIVE WELLNESS PROGRAMME</b> per adult beneficiary	<b>INCLUDES:</b> Free health risk assessment at Clicks, Dischem or Pick 'n Pay pharmacy and free Online Wellness Club
<b>ONE GP CONSULTATION ONLY</b> *ICD 10 code specific to general checkup only	100% CBT per beneficiary
<b>ONE SPECIALIST CONSULTATION</b> *ICD 10 code specific to general checkup only. Gynaecologists, Urologists, or Specialist Physicians. For beneficiaries over 18 years. Paediatricians for beneficiaries under 18 years.	100% CBT per beneficiary
<b>PSYCHOTHERAPY</b>	100% CBT limited to R14 930 per beneficiary
<b>ONE DENTISTRY CONSULTATION</b> General checkup only - excludes consumables	100% CBT per beneficiary
<b>ONE ECG (performed by GP or Specialist Physician)</b> *ICD 10 code specific to general checkup only)	100% CBT per adult beneficiary
<b>ONE OPTOMETRIST CONSULTATION</b>	Refer to spectacle and lenses benefits
<b>IMMUNISATION AND VACCINES</b> (cost of immunisation and vaccine only)	SEP plus a dispensing fee, subject to MMAP, limited to R2 074 per beneficiary
<b>HUMAN PAPILLOMA VIRUS (HPV) VACCINE</b> (cost of vaccine only)	Females between 9 and 45 years of age. Males between 9 and 26 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. (SEP plus dispensing fee)
<b>PSA SCREENING</b>	Males older than 40 years of age (100% Negotiated Rate or CBT)
<b>PAP SMEAR SCREENING</b>	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
<b>MAMMOGRAM</b>	Females from 25 years of age (100% CBT)
<b>ONE HIV VCT TEST</b>	100% CBT per beneficiary

\*Refer to website for relevant ICD 10 codes.

## NETWORK CHOICE

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### MATERNITY BENEFITS

<p><b>HOSPITAL ACCOMMODATION</b> Including Confinements. Subject to pre-authorisation.</p>	See In Hospital and Prescribed Minimum Benefits
<p><b>EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT</b> <b>BREAST PUMPS AND APNOEA MONITORS</b> Three months prior to expected due date and within six months after the birth of the baby. Subject to registration on the Mother-to-be-Programme</p>	<p>Baby Apnoea Monitors: R2 550 Breast pumps: R4 385</p>
<p><b>METABOLIC SCREENING FOR NEW BORN BABIES</b></p>	100% Negotiated Rate per new born baby
<p><b>ANTE-NATAL FOETAL SCANS PER PREGNANCY</b></p>	3 scans at 80% CBT. Subject to the Advanced Scans limit
<p><b>ANTE-NATAL CLASSES</b></p>	80% CBT subjects to sub-limit R1 175 per pregnancy. Subject to limit (c) of Annual Overall Day-to-Day Benefit Limit
<p><b>UMBILICAL STEM CELL HARVESTING</b></p>	<p><b>Negotiated discount with Cryo-Save</b> <b>Note:</b> Please note that CAMAF 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.</p>

## NETWORK CHOICE

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### OTHER BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

<p><b>BASIC AND ADVANCED RADIOLOGY</b> Out of hospital. <b>Must be performed by a registered radiologist, on referral from medical practitioner only.</b> Advanced scans (MRI/CT/PET) subject to pre-authorisation.</p>	<p><b>Basic Radiology:</b> Referrals by DSP or specialist, 100% CBT limited to R5 000 per beneficiary <b>Advanced scans:</b> 100% CBT limited to R42 755 (combined limit for in and out hospital) per family (on referral by a nominated network GP or specialist)</p>
<p><b>PATHOLOGY</b> Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.</p>	<p>Referred by DSP or specialist, 100% Negotiated Rate, limited to R7 980 per beneficiary</p>
<p><b>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS</b> (Subject to pre-authorisation) Refer to additional chronic conditions list</p>	<p><b>Depression only</b> 100% SEP plus a dispensing fee subject to RP and DSP <b>Consultations:</b> 100% CBT</p>
<p><b>EXTERNAL APPLIANCES</b> (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorisation; DSP and compliance over a 3-month rental period) - 3 YEAR CYCLE <b>HEARING AIDS</b> (subject to pre-authorisation) 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE <b>WHEELCHAIRS</b> - 3 YEAR CYCLE</p>	<p>100% NAPPI price or 100% of cost, limited to R7 635 per beneficiary and subject to a nominated network GP or Specialist referral</p>
<p><b>INTERNATIONAL TRAVEL COVER</b> Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel. Visit our website for full details.</p>	<p>R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa, and have a policy in place before departing. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. The cover is available to beneficiaries who are not older than 80 years of age. Cover for pre-existing conditions is only available for members who have not yet turned 70 years of age and is limited to R250 000 in-hospital cover, unless additional cover is arranged. Refer to Travel Policy Wording.</p>
<p><b>NETCARE 911</b> Emergency services</p>	<p><b>Unlimited</b> Subject to Netcare 911 authorisation</p>

## NETWORK CHOICE

All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

### OTHER BENEFITS (per Beneficiary)

<p><b>DAY TO DAY BENEFITS</b> Benefits below are subject to the overall annual limit</p>	<p>Annual overall limit: Beneficiary specific limits:                  (a) Medicines R 3 700                  (b) Advanced Dentistry R 7 755                  (c) Other R 3 700                  (d) Specialists R11 390</p>
<p><b>GPs AND DENTISTS</b> Dental x-rays performed by dentists, consultations and procedures performed by these practitioners: Basic dentistry</p>	<p>100% negotiated rate subject to sublimit (c) - Nominated Network GP only</p>
<p><b>SPECIALISTS</b> Consultations, procedures and radiology performed by these practitioners</p>	<p>100% CBT Subject to limit (d) (on referral from a nominated network GP only)</p>
<p><b>ACUTE MEDICATION</b> Including injections and materials</p>	<p>100% SEP plus a dispensing fee, subject to MMAP. Subject to limit (a) (on referral from a nominated network GP only)</p>
<p><b>NON-DSP VISITS</b> To doctor's rooms</p>	<p>Both benefits below are limited to an overall family limit of R1 580</p>
<p><b>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</b></p>	<p>One non-network or non-nominated visit per beneficiary (Including casualty GP), 20% co-payment AND Casualty visits (facility fee, consumed meds and materials only)</p>
<p><b>NURSE VISITS</b></p>	<p>100% CBT subject to limit (c)</p>
<p><b>SUPPLEMENTARY HEALTH</b> Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy</p>	<p>100% CBT limited to R3 110 per beneficiary on referral from a nominated network GP or from a Specialist Subject to limit (c)</p>
<b>BENEFIT SPECIFIC LIMITS</b>	
<p><b>ADVANCED DENTISTRY</b> Crowns, bridges, orthodontics, dentures</p>	<p>100% of CBT Subject to limit (b) dental implants excluded</p>
<p><b>OVER THE COUNTER MEDICATION</b></p>	<p>50% SEP plus a dispensing fee, subject to MMAP, limited to R1 900 per beneficiary. Subject to limit (a)</p>
<p><b>SPECTACLES AND LENSES</b> From optometrist only Annual benefit, unless otherwise stated</p>	<p><b>The benefit PER BENEFICIARY at a PPN provider would be as follows:</b> For the benefit cycle of 24 months from date of claiming, each beneficiary is entitled to: One Composite Consultation inclusive of a Refraction, Tonometry and Visual Field screening AND <b>EITHER SPECTACLES</b> - A PPN Frame to the value of R150 or R782 off any alternative frame and/or lens enhancements and one pair of lenses: either One pair of Clear Aquity Single Vision; Clear Aquity Bifocal lenses or Clear Aquity Multifocal lenses OR <b>CONTACT LENSES</b> - Contact lenses to the value of R900. <b>The benefit PER BENEFICIARY at a NON PPN provider would be as follows:</b> One consultation per Beneficiary during the Benefit Cycle, limited to a maximum cost of R600 AND <b>EITHER SPECTACLES</b> - A frame benefit of R782 towards the cost of a frame and/or lens enhancements and one pair of lenses: either one pair of clear single vision spectacle lenses limited to R215 per lens or one pair of clear flat top bifocal spectacle lenses limited to R460 per lens or one pair of clear flat top Multifocal lenses limited to R810 per lens OR <b>CONTACT LENSES</b> - Contact Lenses to the value of R900.</p>

## BENEFIT OPTION QUICK SUMMARY

# Network Choice

MONTHLY INCOME based on Total Cost to Company of Principal Member	TOTAL MONTHLY CONTRIBUTION	
R0 - R21 140	Principal	R1 869
	Adult	R1 563
	1 <sup>st</sup> Child (REST ARE FREE)	R813
R21 141 - R28 340	Principal	R2 222
	Adult	R1 774
	1 <sup>st</sup> Child (REST ARE FREE)	R999
R28 341 - R42 520	Principal	R2 659
	Adult	R2 060
	Child	R1 325
R42 521+	Principal	R3 572
	Adult	R2 882
	Child	R1 754

# Monthly Contribution Rates

ALLIANCE PLUS	DOUBLE PLUS	VITAL PLUS	ESSENTIAL PLUS	ESSENTIAL NETWORK	FIRST CHOICE	NETWORK CHOICE
<b>Monthly Risk Contribution</b> Adult R6 996 Child R3 793	<b>Monthly Risk Contribution</b> Adult R4 630 Child R2 653	Monthly income based on Total Cost to Company of Principal Member <b>Total Monthly Contribution</b> <b>R0- R51 420</b> Adult R2 666 Child R1 367	Monthly income based on Total Cost to Company of Principal Member <b>Monthly Risk Contribution</b> <b>R0-R128 560</b> Principal R2 188 Adult R1 730 Child R1 016	Monthly income based on Total Cost to Company of Principal Member <b>Monthly Risk Contribution</b> <b>R0-R128 560</b> Principal R1 973 Adult R1 559 Child R 917	Monthly income based on Total Cost to Company of Principal Member <b>Total Monthly Contribution</b> <b>R0- R10 960</b> Adult R1 313 Child R 799	Monthly income based on Total Cost to Company of Principal Member <b>Total Monthly Contribution</b> <b>R0-R21 140</b> Principal R1 869 Adult R1 563 1 <sup>st</sup> Child R813 <i>(rest are free)</i>
<b>Monthly MSA Contribution</b> Adult R 622 Child R 286	<b>Monthly MSA Contribution</b> Adult R 400 Child R 257	<b>R51 421-R128 560</b> Adult R3 022 Child R1 542	<b>Monthly MSA Contribution</b> Principal R 661 Adult R 527 Child R 314	<b>Monthly MSA Contribution</b> Principal R 597 Adult R 473 Child R 282	<b>R10 961-R21 140</b> Adult R2 084 Child R1 234	<b>R21 141-R28 340</b> Principal R2 222 Adult R1 774 1 <sup>st</sup> Child R999 <i>(rest are free)</i>
<b>TOTAL MONTHLY CONTRIBUTION</b> Adult <b>R7 618</b> Child <b>R4 079</b>	<b>TOTAL MONTHLY CONTRIBUTION</b> Adult <b>R5 030</b> Child <b>R2 910</b>	<b>R128 561+</b> Adult R3 361 Child R1 722	<b>TOTAL MONTHLY CONTRIBUTION</b> Principal <b>R2 849</b> Adult <b>R2 257</b> Child <b>R1 330</b>	<b>TOTAL MONTHLY CONTRIBUTION</b> Principal <b>R2 570</b> Adult <b>R2 032</b> Child <b>R1 199</b>	<b>R21 141-R28 340</b> Adult R3 129 Child R1 820	<b>R28 341-R42 520</b> Principal R2 659 Adult R2 060 Child R1 325
ALLIANCE NETWORK	DOUBLE NETWORK	VITAL NETWORK	ESSENTIAL PLUS	ESSENTIAL NETWORK	FIRST CHOICE	NETWORK CHOICE
<b>Monthly Risk Contribution</b> Adult R6 345 Child R3 438	<b>Monthly Risk Contribution</b> Adult R4 225 Child R2 422	Monthly income based on Total Cost to Company of Principal Member <b>Total Monthly Contribution</b> <b>R0-R51 420</b> Adult R2 481 Child R1 272	<b>Monthly Risk Contribution</b> <b>R128 561+</b> Principal R2 634 Adult R2 088 Child R1 222	<b>Monthly Risk Contribution</b> <b>R128 561+</b> Principal R2 376 Adult R1 884 Child R1 102	<b>R42 521+</b> Adult R4 303 Child R2 808	<b>R42 521+</b> Principal R3 572 Adult R2 882 Child R1 754
<b>Monthly MSA Contribution</b> Adult R 565 Child R 260	<b>Monthly MSA Contribution</b> Adult R 365 Child R 234	<b>R51 421-R128 560</b> Adult R2 813 Child R1 436	<b>Monthly MSA Contribution</b> Principal R 661 Adult R 527 Child R 314	<b>Monthly MSA Contribution</b> Principal R 597 Adult R 473 Child R 282	<b>R28 341-R42 520</b> Adult R3 934 Child R2 588	
<b>TOTAL MONTHLY CONTRIBUTION</b> Adult <b>R6 910</b> Child <b>R3 698</b>	<b>TOTAL MONTHLY CONTRIBUTION</b> Adult <b>R4 590</b> Child <b>R2 656</b>	<b>R128 561+</b> Adult R3 129 Child R1 603	<b>TOTAL MONTHLY CONTRIBUTION</b> Principal <b>R3 295</b> Adult <b>R2 615</b> Child <b>R1 536</b>	<b>TOTAL MONTHLY CONTRIBUTION</b> Principal <b>R2 973</b> Adult <b>R2 357</b> Child <b>R1 384</b>		

# Glossary

**\*More details available on the website [www.camaf.co.za](http://www.camaf.co.za)  
For full explanations, consult the Registered Rules**

<b>ADULT</b>	Refers to the member and dependants who are 22 or older at any time in the year of cover.
<b>CBT</b>	CAMAF Base Tariff - the maximum rate paid by the Scheme to providers of healthcare services, based on 2009 RPL (Medical Aid) rates, increased annually by CPI. Tariff differs per type of service provider and % paid on different options.
<b>CDL</b>	Chronic Disease List - the list of PMB's includes 26 common chronic conditions called CDL's. Schemes must provide cover for the diagnosis, treatment and care of these conditions. Members must register their conditions to qualify for benefits. Schemes can provide protocols in terms of the range (RP and Formularies) and delivery of medication (DSP's).
<b>CML/ FORMULARY</b>	Condition Medicine List - once a patient's chronic condition has been registered, a patient will have access to the CML. This is a list of drugs, appropriate for the condition, that do not require authorisation. This is maintained by the Scheme and differs per Option. Reference pricing may still apply.
<b>CHILD</b>	Refers to a dependant who is younger than an adult, as defined above.
<b>DISPENSING FEES</b>	Fee negotiated by the Scheme with Network pharmacies and added to SEP.
<b>DSP</b>	The network of service providers contracted to provide healthcare services to members, eg. Independent Clinical Oncology Network (ICON), HIV programme (LifeSense), PPN for optical benefits, Pharmacy networks for all chronic medications, Netcare 911 for emergency transport, Netcare hospital group for Network Choice hospital admissions and Life Healthcare and Netcare hospital groups for Alliance Network, Double Network, Vital Network and Essential Network for hospital admissions.
<b>DTP</b>	The Regulations to the Medical Schemes Act in Annexure A provide a list of conditions identified as Prescribed Minimum Benefits. The List is in the form of Diagnosis Treatment Pairs (DTP's). A DTP links a specific diagnosis to a treatment/procedure and therefore broadly indicates how each of the 271 PMB conditions should be treated. These treatment pairs cover serious and acute medical problems that include the cost of diagnosis, treatment and care of these conditions. Members must register their conditions to qualify for benefits. Schemes can provide protocols in terms of the range (RP and Formularies) and delivery of medication (DSP's).
<b>ICD 10 CODE</b>	Stands for International Classification of Diseases and Related Health Problems (10th revision). It is a coding system developed by the World Health Organisation (WHO) that translates the written description of medical and health information into standard codes, e.g. J03.9 is an ICD-10 code for acute tonsillitis (unspecified) and G40.9 denotes epilepsy (unspecified). These codes are used to inform medical schemes about what conditions their members were treated for so that claims can be paid from the correct benefit.
<b>INCOME</b>	Total cost to company prior to deductions.
<b>MEDICAL SAVINGS ACCOUNT</b>	A savings account that accrues monthly but the annualised amount of savings is available immediately and can be used for: <ul style="list-style-type: none"> <li>• top up on cost of service charged by a doctor</li> <li>• extension when an overall benefit has been exceeded</li> <li>• exclusion from benefits</li> <li>• payment of day to day claims on Essential Plus and Essential Network options</li> </ul>
<b>METABOLIC SCREENING</b>	Newborn screening whereby rare disorders are detected by a blood test done 48 - 72 hours after birth.
<b>MMAP</b>	Maximum Medical Aid Price - is a reference price model and determines the maximum medical scheme price that medical schemes will reimburse for an interchangeable multi-source pharmaceutical product (generic) on the relevant option. MMAP applies to all options for chronic medication.
<b>NEGOTIATED RATE</b>	This is the rate, negotiated by the scheme with the service provider/group of service providers, eg. hospitals and pathologists.
<b>NOMINATED GP</b>	Each beneficiary on Alliance Network, Double Network and Network Choice options needs to nominate a Network GP each year and use that GP only. An alternative nominated GP will be allowed should the primary nominated GP not be available. This is to improve care co-ordination.
<b>PMB</b>	Prescribed Minimum Benefits - as set out in the Medical Schemes Act, 1998. Medical schemes have to cover the costs related to the diagnosis, treatment and care of: <ul style="list-style-type: none"> <li>• Any emergency medical condition</li> <li>• A limited set of 271 medical conditions (Defined in DTP's)</li> <li>• 26 chronic conditions defined in the CDL</li> <li>• These costs may not be paid from the member's savings benefit and cost saving measures can be used by way of utilising DSP's, Reference Pricing and Formularies.</li> </ul>
<b>PRE-AUTHORISATION</b>	A member must obtain prior approval for an intended admission to hospital. Failure to pre-authorise could result in wholly or partly disallowing the claim or imposing a penalty of 20% of related accounts up to a maximum of R 2 500. Emergency treatment is not subject to pre-authorisation but members should notify the Scheme as soon as possible after the event.
<b>PROTOCOL</b>	Means a set of guidelines in relation to diagnostic testing and management of specific conditions and includes, but is not limited to, clinical practice guidelines, standard treatment guidelines and disease management guidelines.
<b>RISK CONTRIBUTIONS</b>	Those funds allocated to the overall pool of funds for the payment of all claims other than those paid from the Medical Savings Account.
<b>RP</b>	Reference Pricing is the maximum price for which the Scheme will be liable for specific medicine or classes of medicine, listed on the Scheme's Condition Medicine List (CML). The reference price varies per option and where a drug is above the reference price it is indicated that a co-payment will apply. This includes MMAP.
<b>SEP</b>	Single Exit Price - nationally applied pricing for medication as determined by the Department of Health and the pharmaceutical manufacturers.
<b>TTO</b>	"To Take Out" - medication supplied by the hospital for use after the date of discharge from hospital - limited to a 7 day supply.