



C A M A F

MEDICAL SCHEME

IN A CLASS OF ITS OWN

2025

# BENEFIT OPTION BROCHURE

This brochure is for summary purposes only and does not supersede the rules of the Scheme in any way.



# 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>	<p><b>ALLIANCE PLUS</b> Any private hospital. Private wards for childbirth confinements <i>(subject to availability)</i>.</p> <p><b>ALLIANCE NETWORK</b> Life Healthcare, Netcare. Private wards for childbirth confinements <i>(subject to availability)</i>.</p>	<p><b>DOUBLE PLUS</b> Any private hospital</p> <p><b>DOUBLE NETWORK</b> Life Healthcare, Netcare</p>	<p><b>VITAL PLUS</b> Any private hospital</p> <p><b>VITAL NETWORK</b> Life Healthcare, Netcare</p>	<p><b>ESSENTIAL PLUS</b> Any private hospital</p> <p><b>ESSENTIAL NETWORK</b> Life Healthcare, Netcare</p>	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	60 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 Hospital. Limits apply 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	11 extra benefits	11 extra benefits
<b>Day To Day Overall Limit (Principal Member)</b>	R43 964	R17 129	-	-	R 4 118 for Medicines R12 670 for Specialists R 4 118 for Other Paid at 80%	R 4 118 for Medicines R12 670 for Specialists R 4 118 for Other From DSP only
<b>Overall Annual Limit for out of hospital benefits other than day-to-day benefits</b>	Unlimited, limits and sub-limits per benefit category applies where applicable	Unlimited, limits and sub-limits per benefit category applies where applicable	R20 000 Overall Annual Limit per Beneficiary	Subject to Medical Savings Account	Unlimited, limits and sub-limits per benefit category applies where applicable	Unlimited, limits and sub-limits per benefit category applies where applicable
<b>Medical Savings Account (Principal Member)</b>	<p><b>ALLIANCE PLUS</b> R7 500</p> <p><b>ALLIANCE NETWORK</b> R6 780</p>	<p><b>DOUBLE PLUS</b> R4 800</p> <p><b>DOUBLE NETWORK</b> R4 440</p>	-	<p><b>ESSENTIAL PLUS</b> R8 400</p> <p><b>ESSENTIAL NETWORK</b> R7 560</p>	-	-

## BENEFIT OPTION QUICK SUMMARY

# Alliance Plus & Alliance Network



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

**Alliance Network:** DSP hospitals are Life Healthcare and Netcare - **No limits.** Private wards for childbirth confinements (subject to availability)

20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies



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



**65 Chronic Conditions** medication and consultations. Includes unlimited appropriate biological medication for CDL chronic conditions, limited benefits for additional chronic conditions 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, insulin pump, 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** R112 152 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 childbirth confinements, subject to pre-authorisation	100% of Negotiated Rate in general ward and specialised units. Private ward for childbirth 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 childbirth confinements subject to pre-authorisation	300% CBT 300% CBT
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (e.g. 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 100% DSP Tariff for Alliance Network
<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 R112 152 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 R17 088 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 907 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

<p><b>HOSPITAL ACCOMMODATION</b> Including childbirth confinements, Subject to pre-authorization</p>	See In Hospital and Prescribed Minimum Benefits above
<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 541 Breast pumps: R5 793</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>	<p>6 scans at 80% CBT Subject to Annual Overall Day-to-Day Limit</p>
<p><b>ANTE-NATAL CLASSES</b></p>	<p>80% CBT limited to R3 388 per pregnancy Subject to Annual Overall Day-to-Day Limit</p>
<p><b>UMBILICAL STEM CELL HARVESTING</b></p>	<p><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></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.

### OUT OF HOSPITAL BENEFITS OTHER THAN DAY-TO-DAY BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

<b>OVERALL ANNUAL LIMIT</b>	Unlimited, limits and sub-limits per benefit category applies where applicable
<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-authorization.	100% CBT <i>(on referral from a nominated network GP or a specialist for Alliance Network)</i>
<b>PATHOLOGY</b> Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.	100% Negotiated Rate or CBT <i>(on referral from a nominated network GP or a specialist for Alliance Network)</i>
<b>POST-HOSPITALISATION</b> Consultations and treatment up to 90 days.	300% CBT for attending practitioners 100% CBT for supplementary services
<b>MEDICATION AND TREATMENT FOR ADDITIONAL CHRONIC CONDITIONS</b> (Subject to pre-authorization) Refer to additional chronic conditions list	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>
<b>EXTERNAL APPLIANCES</b> (subject to referral) In and out of hospital purchase, hire and maintenance <b>CPAP</b> (subject to pre-authorization) - 3 YEAR CYCLE <b>HEARING AIDS</b> (subject to pre-authorization) The DSP for audiology consultations and obtaining a Hearing Aid is the hearConnect network. Co-payments will apply if the DSP is not used. 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> (subject to pre-authorization and DSP) - 4 YEAR CYCLE	<b>100% NAPPI price or 100% of cost, subject to the overall external appliance limit of R113 220 per beneficiary and subject to the following sub-limits:</b> Hearing Aids: R113 220 Wheelchairs for Quadriplegics: R113 220 Standard Wheelchairs: R67 554 Insulin Pumps: R67 554 Other external appliances: R22 415 <i>(on referral from a nominated network GP or a specialist for Alliance Network)</i>
<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.	R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa and you have declared your trip 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. Refer to Travel Letter Wording.
<b>NETCARE 911</b> Emergency services	<b>Unlimited</b> Subject to Netcare 911 authorisation

## 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.

### DAY-TO-DAY BENEFITS (per Beneficiary)

<b>DAY TO DAY BENEFITS</b> Benefits below are subject to the overall annual limit	<b>Annual Overall Limits</b>
	Adult R43 964 Child R27 380
<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 - NOMINATED NETWORK GP REFERRAL NOT OLDER THAN 12 MONTHS FOR ALLIANCE NETWORK</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 R22 415 M1 R33 501 M2+ R40 402
<b>OVER THE COUNTER MEDICATION</b>	80% SEP plus a dispensing fee, subject to MMAP, co-payment from MSA, limited to R5 532 per beneficiary
<b>LASER K/EXCIMER LASER</b> No approval for surgery where spectacles obtained in previous 12 months	80% CBT limited to R16 974 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 R2 199 Single vision R2 199 OR Bifocal R4 408 OR Varifocal R6 634 AND Frames R9 894 OR Contact lenses R9 616 Lenses, frames etc 80% Optical Assistant Rates

## MONTHLY CONTRIBUTION RATES

### Alliance Plus

Monthly Risk Contribution	Adult	R8 905
	Child	R4 690
Monthly MSA Contribution	Adult	R 625
	Child	R 290
Total Monthly Contribution	<b>Adult</b>	<b>R9 530</b>
	<b>Child</b>	<b>R4 980</b>

### Alliance Network

Monthly Risk Contribution	Adult	R7 995
	Child	R4 225
Monthly MSA Contribution	Adult	R 565
	Child	R 260
Total Monthly Contribution	<b>Adult</b>	<b>R8 560</b>
	<b>Child</b>	<b>R4 485</b>

## BENEFIT OPTION QUICK SUMMARY

# Double Plus & Double Network



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

**Double Network:** DSP hospitals are Life Healthcare and Netcare - **No limits**

20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies



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



**64 Chronic Conditions** medication and consultations. Includes unlimited appropriate biological medication for CDL chronic conditions, limited benefits for additional chronic conditions 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, insulin pump, 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** R79 095 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 childbirth 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 childbirth confinements subject to pre-authorisation	300% CBT 300% CBT
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (e.g. Psychotherapy)	100% CBT
<b>BLOOD TRANSFUSIONS</b> (in and out of hospital)	100% of cost
<b>RADIOLOGY</b> in hospital <b>ADVANCED SCANS (MRI/CT/PET)</b> subject to pre-authorisation	100% CBT 100% CBT
<b>PATHOLOGY</b> in hospital	100% Negotiated Rate
<b>INTERNAL PROSTHESIS</b> subject to pre-authorisation	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 100% DSP Tariff for Double Network
<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>INFERTILITY TREATMENT</b>	Treatment limited to R79 095 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 R17 088 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 468 - Child R5 737
<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 childbirth 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 472 Breast pumps: R5 793
<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 484 per pregnancy Subject to Annual Overall Day-to-Day Limit
<b>UMBILICAL STEM CELL HARVESTING</b>	<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.

## 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.

### OUT OF HOSPITAL BENEFITS OTHER THAN DAY-TO-DAY BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

<b>OVERALL ANNUAL LIMIT</b>	Unlimited, limits and sub-limits per benefit category applies where applicable
<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.	100% CBT <i>(on referral from a nominated network GP or a specialist for Double Network)</i>
<b>PATHOLOGY</b> Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.	100% Negotiated Rate or CBT <i>(on referral from a nominated network GP or a specialist for Double Network)</i>
<b>POST-HOSPITALISATION</b> Consultations and treatment up to 90 days	300% CBT for attending practitioners 100% CBT for supplementary services
<b>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS</b> (Subject to pre-authorisation) Refer to additional chronic conditions list	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>
<b>EXTERNAL APPLIANCES</b> (subject to referral) In and out of hospital purchase, hire and maintenance <b>CPAP</b> (subject to pre-authorisation) - 3 YEAR CYCLE <b>HEARING AIDS</b> (subject to pre-authorisation) The DSP for audiology consultations and obtaining a Hearing Aid is the hearConnect network. Co-payments will apply if the DSP is not used. 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> (subject to pre-authorisation and DSP) - 4 YEAR CYCLE	<b>100% NAPPI price or 100% of cost, subject to the overall external appliance limit of R90 513 per beneficiary and subject to the following sub-limits:</b> Hearing Aids: R90 513 Wheelchairs for Quadruplegics: R90 513 Standard Wheelchairs: R57 733 Insulin Pumps: R59 112 Other external appliances: R19 410 <i>(on referral from a nominated network GP or a specialist for Double Network)</i>
<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.	R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa and you have declared your trip 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. Refer to Travel Letter Wording.
<b>NETCARE 911</b> Emergency services	<b>Unlimited</b> Subject to Netcare 911 authorisation



## 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.

### DAY-TO-DAY (per Beneficiary)

<b>DAY TO DAY BENEFITS</b> Benefits below are subject to the overall annual limit	<b>Annual Overall Limits</b>
	Adult R17 129 Child R11 887
<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 - NOMINATED NETWORK GP REFERRAL NOT OLDER THAN 12 MONTHS FOR DOUBLE NETWORK</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 R16 695 M1 R24 041 M2+ R32 377
<b>OVER THE COUNTER MEDICATION</b>	80% SEP plus a dispensing fee, subject to MMAP, co-payment from MSA, limited to R2 454 per beneficiary
<b>LASER K/EXCIMER LASER</b> No approval for surgery where spectacles obtained in previous 12 months	80% CBT limited to R6 267 per beneficiary per eye
<b>SPECTACLES AND LENSES</b> From Optometrist only Annual benefit, unless otherwise stated PPN is the DSP for Double 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 447 Single vision R1 447 OR Bifocal R3 862 OR Varifocal R5 921 AND Frames R5 320 OR Contact lenses R5 164 Lenses, frames etc 80% Optical Assistant Rates

## MONTHLY CONTRIBUTION RATES

### Double Plus

Monthly Risk Contribution	Adult	R5 875
	Child	R3 370
Monthly MSA Contribution	Adult	R 400
	Child	R 260
Total Monthly Contribution	<b>Adult</b>	<b>R6 275</b>
	<b>Child</b>	<b>R3 630</b>

### Double Network

Monthly Risk Contribution	Adult	R5 315
	Child	R3 035
Monthly MSA Contribution	Adult	R370
	Child	R240
Total Monthly Contribution	<b>Adult</b>	<b>R5 685</b>
	<b>Child</b>	<b>R3 275</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:** DSP hospitals are Life Healthcare and Netcare - **No limits**

20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies



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



**60 Chronic Conditions** Medication and consultations. Covers the medication and necessary consultations and procedures. Includes appropriate biological medication for CDL chronic conditions and specialised technology



**Unlimited X-Rays and Blood Tests** IN hospital, limits apply to advanced scans



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



**3 Months** post-hospitalisation



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



**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 BENEFITS

<b>HOSPITAL ACCOMMODATION</b> Including childbirth 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 childbirth confinements subject to pre-authorisation	300% CBT 300% CBT
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (e.g. 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 2 scans in and out of hospital combined
<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 100% DSP Tariff for Vital Network
<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</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 R17 088 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</b> (cost of immunisation and vaccine only)	SEP plus a dispensing fee, limited to R2 298 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

\*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 childbirth 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 472 (subject to overall annual limit) Breast pumps: R5 793 (subject to overall annual limit)</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.

### OUT OF HOSPITAL BENEFITS OTHER THAN DAY-TO-DAY BENEFITS (per Beneficiary) SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT OF R20 000 PER BENEFICIARY

<b>OVERALL ANNUAL LIMIT</b>	R20 000 Overall Annual Limit per Beneficiary
<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.	100% CBT limited to R10 000 (subject to overall limit) 2 Advanced scans (In & out of hospital)
<b>PATHOLOGY</b> Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.	100% negotiated Rate or CBT limited to R5 000 (subject to overall limit)
<b>POST-HOSPITALISATION</b> Consultations and treatment up to 90 days	300% CBT for attending practitioners 100% CBT for supplementary services Subject to overall annual limit
<b>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS</b> (Subject to pre-authorisation) Refer to additional chronic conditions list	100% SEP plus a dispensing fee, subject to RP and DSP Consultations 100% CBT. Limited to R13 000 per beneficiary.
<b>EXTERNAL APPLIANCES</b> (subject to referral) In and out of hospital purchase, hire and maintenance <b>CPAP</b> (subject to pre-authorisation) - 3 YEAR CYCLE <b>HEARING AIDS</b> (subject to pre-authorisation) The DSP for audiology consultations and obtaining a Hearing Aid is the hearConnect network. Co-payments will apply if the DSP is not used. 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> (subject to pre-authorisation and DSP) - 4 YEAR CYCLE	<b>100% NAPPI price or 100% of cost, subject to the overall annual limit of R20 000 per beneficiary and subject to the following sub-limits:</b> Hearing Aids: R20 000 Other external appliances: R11 347  <b>NOT SUBJECT TO THE OVERALL ANNUAL LIMIT:</b> Wheelchairs for Quadriplegics: R45 272 Standard Wheelchairs: R31 793 Insulin Pumps: R52 094
<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.	R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa and you have declared your trip 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. Refer to Travel Letter Wording.
<b>NETCARE 911</b> Emergency services	<b>Unlimited</b> Subject to Netcare 911 authorisation

## MONTHLY CONTRIBUTION RATES

### Vital Plus

MONTHLY INCOME as defined in the Scheme Rules	TOTAL MONTHLY CONTRIBUTION	
R0 – R57 240	Adult	R3 435
	Child	R1 760
R57 241 – R143 080	Adult	R3 895
	Child	R1 985
R143 081+	Adult	R4 350
	Child	R2 225

### Vital Network

MONTHLY INCOME as defined in the Scheme Rules	TOTAL MONTHLY CONTRIBUTION	
R0 – R57 240	Adult	R3 165
	Child	R1 625
R57 241 – R143 080	Adult	R3 600
	Child	R1 840
R143 081+	Adult	R4 000
	Child	R2 050



## BENEFIT OPTION QUICK SUMMARY

# Essential Plus & Essential Network



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

**Essential Network:** DSP hospitals are Life Healthcare and Netcare - **No limits**

20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies



**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 childbirth confinements, subject to pre-authorisation	100% of Negotiated Rate in general ward and specialised units. The DSP hospital groups for Essential 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 childbirth confinements subject to pre-authorisation	200% CBT 200% CBT
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (e.g. Psychotherapy)	100% CBT
<b>BLOOD TRANSFUSIONS (in and out of hospital)</b>	100% of cost
<b>RADIOLOGY in hospital</b> ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation	100% CBT 100% CBT
<b>PATHOLOGY in hospital</b>	100% Negotiated Rate
<b>INTERNAL PROSTHESIS</b> subject to pre-authorisation	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 100% DSP Tariff for Essential Network
<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 R17 088 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 435 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 childbirth 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.

### OUT OF HOSPITAL BENEFITS OTHER THAN DAY-TO-DAY BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

OVERALL ANNUAL LIMIT	Subject to Medical Savings Account
<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 (subject to referral)</b> In and out of hospital purchase, hire and maintenance <b>CPAP (subject to pre-authorisation) - 3 YEAR CYCLE</b> <b>HEARING AIDS (subject to pre-authorisation)</b> The DSP for audiology consultations and obtaining a Hearing Aid is the hearConnect network. Co-payments will apply if the DSP is not used. 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE <b>WHEELCHAIRS - 3 YEAR CYCLE</b></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 you have declared your trip 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. Refer to Travel Letter 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.

### DAY-TO-DAY 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 as defined in the Scheme Rules

##### 0 - R143 080

Monthly RISK Contribution	Principal	R2 785
	Adult	R2 200
	Child	R1 300
Monthly MSA Contribution	Principal	R700
	Adult	R560
	Child	R330
Total Monthly Contribution	Principal	R3 485
	Adult	R2 760
	Child	R1 630

##### R143 081+

Monthly RISK Contribution	Principal	R3 415
	Adult	R2 700
	Child	R1 590
Monthly MSA Contribution	Principal	R700
	Adult	R560
	Child	R330
Total Monthly Contribution	Principal	R4 115
	Adult	R3 260
	Child	R1 920

### Essential Network

#### MONTHLY INCOME as defined in the Scheme Rules

##### 0 - R143 080

Monthly RISK Contribution	Principal	R2 490
	Adult	R1 970
	Child	R1 155
Monthly MSA Contribution	Principal	R630
	Adult	R500
	Child	R300
Total Monthly Contribution	Principal	R3 120
	Adult	R2 470
	Child	R1 455

##### R143 081+

Monthly RISK Contribution	Principal	R3 025
	Adult	R2 395
	Child	R1 405
Monthly MSA Contribution	Principal	R630
	Adult	R500
	Child	R300
Total Monthly Contribution	Principal	R3 655
	Adult	R2 895
	Child	R1 705

## BENEFIT OPTION QUICK SUMMARY

# First Choice



Any Private Hospital - **No limits**



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



**27 Chronic Conditions:** Medication and consultations.



**Radiology:** Advanced scans limited to R47 586 per family and R5 565 per beneficiary for basic radiology



**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 childbirth 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 childbirth confinements subject to pre-authorisation	100% CBT 100% CBT
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (e.g. 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 R47 586 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 R47 586 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 R17 088 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 335 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 childbirth 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 838 Breast pumps: R4 880</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 subject to sub-limit R1 308 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.

### OUT OF HOSPITAL BENEFITS OTHER THAN DAY-TO-DAY BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

OVERALL ANNUAL LIMIT	Unlimited, limits and sub-limits per benefit category applies where applicable
<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><b>Basic Radiology:</b> 100% CBT limited to R5 565 per beneficiary <b>Advanced scans:</b> 100% CBT limited to R47 586 (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>	100% negotiated rate or CBT limited to R8 880 per beneficiary
<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 <b>CPAP</b> (subject to pre-authorisation) - 3 YEAR CYCLE <b>HEARING AIDS</b> (subject to pre-authorisation) The DSP for audiology consultations and obtaining a Hearing Aid is the hearConnect network. Co-payments will apply if the DSP is not used. 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>	100% NAPPI price or 100% of cost, in hospital and 80% of cost out of hospital with an overall external appliance limit of R8 498 per beneficiary
<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 you have declared your trip 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. Refer to Travel Letter Wording.
<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.

### DAY-TO-DAY 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 4 118 (b) Advanced Dentistry R 8 630 (c) Other R 4 118 (d) Specialists R12 670</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) <b>Treatment:</b> 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 465 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 R2 115 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 R935 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 R970. <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 R380 AND <b>EITHER SPECTACLES</b> - A frame benefit of R935 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 R970.</p>

## MONTHLY CONTRIBUTION RATES

# First Choice

<b>MONTHLY INCOME</b> as defined in the Scheme Rules	<b>TOTAL MONTHLY CONTRIBUTION</b>	
0 - R12 200	Adult	<b>R1 600</b>
	Child	<b>R 965</b>
R12 201 – R23 530	Adult	<b>R2 580</b>
	Child	<b>R1 515</b>
R23 531 – R31 540	Adult	<b>R3 860</b>
	Child	<b>R2 235</b>
R31 541 – R47 320	Adult	<b>R4 855</b>
	Child	<b>R3 205</b>
R47 321+	Adult	<b>R5 365</b>
	Child	<b>R3 500</b>

## BENEFIT OPTION QUICK SUMMARY

# Network Choice



**Network Hospital:** DSP hospital group is Netcare - **No limits**



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



**27 Chronic Conditions:** Medication and consultations.



**Radiology:** Advanced scans limited to R47 586 per family and R5 565 per beneficiary for basic radiology (*on referral by nominated GP or specialist for 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 childbirth 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 childbirth confinements subject to pre-authorisation	100% CBT 100% CBT
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (e.g. 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 R47 586 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 R47 586 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 R17 088 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 335 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 childbirth 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 838 Breast pumps: R4 880</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 308 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.

### OUT OF HOSPITAL BENEFITS OTHER THAN DAY-TO-DAY BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

OVERALL ANNUAL LIMIT	Unlimited, limits and sub-limits per benefit category applies where applicable
<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><b>Basic Radiology:</b> Referrals by nominated network GP or specialist, 100% CBT limited to R5 565 per beneficiary <b>Advanced scans:</b> 100% CBT limited to R47 586 (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 nominated network GP or specialist, 100% negotiated rate or CBT, limited to R8 880 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 (on referral from a nominated network GP; medication claims will not be paid if non-nominated network GP is used)</p>
<p><b>EXTERNAL APPLIANCES</b> (subject to referral) In and out of hospital purchase, hire and maintenance <b>CPAP</b> (subject to pre-authorisation) - 3 YEAR CYCLE <b>HEARING AIDS</b> (subject to pre-authorisation) The DSP for audiology consultations and obtaining a Hearing Aid is the hearConnect network. Co-payments will apply if the DSP is not used. 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 R8 498 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 you have declared your trip 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. Refer to Travel Letter 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.

### DAY-TO-DAY BENEFITS (per Beneficiary)

<b>DAY TO DAY BENEFITS</b> Benefits below are subject to the overall annual limit	Annual overall limit: Beneficiary specific limits: (a) Medicines R 4 118 (b) Advanced Dentistry R 8 630 (c) Other R 4 118 (d) Specialists R12 670
<b>GPs AND DENTISTS</b> Dental x-rays performed by dentists, consultations and procedures performed by these practitioners: Basic dentistry	100% negotiated rate subject to sublimit (c) - Nominated Network GP only
<b>SPECIALISTS - NOMINATED NETWORK GP REFERRAL NOT OLDER THAN 12 MONTHS</b> Consultations, procedures and radiology performed by these practitioners	100% CBT Subject to limit (d) (on referral from a nominated network GP only)
<b>ACUTE MEDICATION</b> Including injections and materials	100% SEP plus a dispensing fee, subject to MMAP. Subject to limit (a) (on referral from a nominated network GP only)
<b>NON-DSP VISITS</b> To doctor's rooms	Both benefits below are limited to an overall family limit of R1 759 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)
<b>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</b>	
<b>NURSE VISITS</b>	100% CBT subject to limit (c)
<b>SUPPLEMENTARY HEALTH</b> Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy	100% CBT limited to R3 465 per beneficiary on referral from a nominated network GP or from a Specialist Subject to limit (c)
<b>BENEFIT SPECIFIC LIMITS</b>	
<b>ADVANCED DENTISTRY</b> Crowns, bridges, orthodontics, dentures	100% of CBT Subject to limit (b) dental implants excluded
<b>OVER THE COUNTER MEDICATION</b>	50% SEP plus a dispensing fee, subject to MMAP, limited to R2 115 per beneficiary. Subject to limit (a)
<b>SPECTACLES AND LENSES</b> From optometrist only Annual benefit, unless otherwise stated	<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 R935 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 R970. <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 R380 AND <b>EITHER SPECTACLES</b> - A frame benefit of R935 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 R970.

## BENEFIT OPTION QUICK SUMMARY

# Network Choice

<b>MONTHLY INCOME</b> as defined in the Scheme Rules	<b>TOTAL MONTHLY CONTRIBUTION</b>	
R0 – R23 530	Principal	<b>R2 275</b>
	Adult	<b>R1 907</b>
	1 <sup>st</sup> Child (REST ARE FREE)	<b>R1 005</b>
R23 531 – R31 540	Principal	<b>R2 710</b>
	Adult	<b>R2 160</b>
	1 <sup>st</sup> Child (REST ARE FREE)	<b>R1 238</b>
R31 541 – R47 320	Principal	<b>R3 290</b>
	Adult	<b>R2 555</b>
	Child	<b>R1 640</b>
R47 321+	Principal	<b>R4 435</b>
	Adult	<b>R3 585</b>
	Child	<b>R2 185</b>

# Monthly Contribution Rates

ALLIANCE PLUS	DOUBLE PLUS	VITAL PLUS	ESSENTIAL PLUS	ESSENTIAL NETWORK	FIRST CHOICE	NETWORK CHOICE
<b>Monthly Risk Contribution</b>	<b>Monthly Risk Contribution</b>	<i>Monthly income as defined in the Scheme Rules</i>	<i>Monthly income as defined in the Scheme Rules</i>	<i>Monthly income as defined in the Scheme Rules</i>	<i>Monthly income as defined in the Scheme Rules</i>	<i>Monthly income as defined in the Scheme Rules</i>
Adult R8 905 Child R4 690	Adult R5 875 Child R3 370	<b>Total Monthly Contribution</b>	<b>Monthly Risk Contribution</b>	<b>Monthly Risk Contribution</b>	<b>Total Monthly Contribution</b>	<b>Total Monthly Contribution</b>
<b>Monthly MSA Contribution</b>	<b>Monthly MSA Contribution</b>	<b>R0 - R57 240</b>	<b>0 - R143 080</b>	<b>0 - R143 080</b>	<b>0 - R12 200</b>	<b>R0 - R23 530</b>
Adult R 625 Child R 290	Adult R 400 Child R 260	Adult R3 435 Child R1 760	Principal R2 785 Adult R2 200 Child R1 300	Principal R2 490 Adult R1 970 Child R1 155	Adult R1 600 Child R 965	Principal R2 275 Adult R1 907 1st Child (rest are free) R1 005
<b>TOTAL MONTHLY CONTRIBUTION</b>	<b>TOTAL MONTHLY CONTRIBUTION</b>	<b>R57 241 - R143 080</b>	<b>Monthly MSA Contribution</b>	<b>Monthly MSA Contribution</b>	<b>R12 201 - R23 530</b>	<b>R23 531 - R31 540</b>
Adult <b>R9 530</b> Child <b>R4 980</b>	Adult <b>R6 275</b> Child <b>R3 630</b>	Adult R3 895 Child R1 985	Principal R 700 Adult R 560 Child R 330	Principal R 630 Adult R 500 Child R 300	Adult R2 580 Child R1 515	Principal R2 710 Adult R2 160 1st Child (rest are free) R1 238
<b>ALLIANCE NETWORK</b>	<b>DOUBLE NETWORK</b>	<b>VITAL NETWORK</b>	<b>TOTAL MONTHLY CONTRIBUTION</b>	<b>TOTAL MONTHLY CONTRIBUTION</b>	<b>R23 531 - R31 540</b>	<b>R31 541 - R47 320</b>
<b>Monthly Risk Contribution</b>	<b>Monthly Risk Contribution</b>	<i>Monthly income as defined in the Scheme Rules</i>	Principal R3 485 Adult R2 760 Child R1 630	Principal R3 120 Adult R2 470 Child R1 455	Adult R3 860 Child R2 235	Principal R3 290 Adult R2 555 Child R1 640
Adult R7 995 Child R4 225	Adult R5 315 Child R3 035	<b>Total Monthly Contribution</b>	<b>Monthly Risk Contribution</b>	<b>Monthly Risk Contribution</b>	<b>R31 541 - R47 320</b>	<b>R31 541 - R47 320</b>
<b>Monthly MSA Contribution</b>	<b>Monthly MSA Contribution</b>	<b>R0 - R57 240</b>	<b>R143 081+</b>	<b>R143 081+</b>	Adult R4 855 Child R3 205	Principal R3 290 Adult R2 555 Child R1 640
Adult R 565 Child R 260	Adult R 370 Child R 240	Adult R3 165 Child R1 625	Principal R3 415 Adult R2 700 Child R1 590	Principal R3 025 Adult R2 395 Child R1 405	<b>R47 321+</b>	Principal R4 435 Adult R3 585 Child R2 185
<b>TOTAL MONTHLY CONTRIBUTION</b>	<b>TOTAL MONTHLY CONTRIBUTION</b>	<b>R57 241 - R143 080</b>	<b>Monthly MSA Contribution</b>	<b>Monthly MSA Contribution</b>	Adult R5 365 Child R3 500	
Adult <b>R8 560</b> Child <b>R4 485</b>	Adult <b>R5 685</b> Child <b>R3 275</b>	Adult R3 600 Child R1 840	Principal R 700 Adult R 560 Child R 330	Principal R 630 Adult R 500 Child R 300		
		<b>R143 081+</b>	<b>TOTAL MONTHLY CONTRIBUTION</b>	<b>TOTAL MONTHLY CONTRIBUTION</b>		
		Adult R4 000 Child R2 050	Principal R4 115 Adult R3 260 Child R1 920	Principal R3 655 Adult R2 895 Child R1 705		

# 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 27 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>CHILDBIRTH CONFINEMENT</b>	The period of time just before and during the birth of a child.
<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), hearConnect for audiology benefits, 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>• payment of day-to-day claims on Essential Plus and Essential Network options</li> <li>• positive MSA may be used to fund exclusions from benefits</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>• 27 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 R20 000. 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.