



C A M A F

MEDICAL SCHEME

IN A CLASS OF ITS OWN

2026

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
HOSPITAL AND CHRONIC	//////	//////	//////	//////	//////	//////
DAY TO DAY	//////	//////	/	/	//////	//////
PREVENTATIVE WELLNESS BENEFITS	//////	//////	//////	//////	//////	//////
MSA (SAVINGS)	//////	//////	/	//////	/	/
DESIGNED FOR	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.

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
Hospital Facility	<p>ALLIANCE PLUS Any private hospital. Private wards for childbirth confinements (subject to availability and pre-authorization).</p> <p>ALLIANCE NETWORK* Life Healthcare, Netcare. Private wards for childbirth confinements (subject to availability and pre-authorization).</p>	<p>DOUBLE PLUS Any private hospital</p> <p>DOUBLE NETWORK* Life Healthcare, Netcare</p>	<p>VITAL PLUS Any private hospital</p> <p>VITAL NETWORK* Life Healthcare, Netcare</p>	<p>ESSENTIAL PLUS Any private hospital</p> <p>ESSENTIAL NETWORK* Life Healthcare, Netcare</p>	Any private hospital	Netcare hospitals only
Cover For Attending Doctors and Specialists In Hospital	300% CBT	300% CBT	300% CBT	200% CBT	100% CBT	100% CBT
Chronic Condition Cover: Medicines and Consults	65 Conditions	64 Conditions	60 Conditions	27 Conditions	27 Conditions	27 Conditions
Radiology and Pathology	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
Preventive Wellness Benefits	14 extra benefits	14 extra benefits	14 extra benefits	14 extra benefits	13 extra benefits	13 extra benefits
Day To Day Overall Limit (Principal Member)	<p>Adult R46 160</p> <p>Child R28 750</p>	<p>Adult R17 985</p> <p>Child R12 480</p>	-	-	<p>R 4 325 for Medicines</p> <p>R13 300 for Specialists</p> <p>R 4 325 for Other</p> <p>Paid at 80% CBT</p>	<p>R 4 325 for Medicines</p> <p>R13 300 for Specialists</p> <p>R 4 325 for Other</p> <p>DSPs apply</p>
Overall Annual Limit for out of hospital benefits other than day-to-day benefits	Unlimited, limits and sub-limits per benefit category applies where applicable	Unlimited, limits and sub-limits per benefit category applies where applicable	R21 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
Medical Savings Account (Principal Member)	<p>ALLIANCE PLUS R7 800</p> <p>ALLIANCE NETWORK R7 080</p>	<p>DOUBLE PLUS R4 980</p> <p>DOUBLE NETWORK R4 620</p>	-	<p>ESSENTIAL PLUS R8 760</p> <p>ESSENTIAL NETWORK R7 860</p>	-	-

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

BENEFIT OPTION QUICK SUMMARY

Alliance Plus & Alliance Network



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

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

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. Biological medication for non-PMB conditions is available in exceptional cases on Alliance options, a 20% co-payment will apply (not on biologics approved for CDL conditions)



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 R117 760 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

HOSPITAL ACCOMMODATION 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.
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS Medical and surgical procedures including childbirth confinements subject to pre-authorisation	300% CBT 300% CBT
SUPPLEMENTARY HEALTHCARE IN HOSPITAL (e.g. Psychotherapy)	100% CBT
BLOOD TRANSFUSIONS (in and out of hospital)	100% of cost
RADIOLOGY in hospital	100% CBT
ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation	100% CBT
PATHOLOGY in hospital	100% Negotiated Rate
INTERNAL PROSTHESIS subject to pre-authorisation	100% of cost
HOME NURSING (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	100% CBT
STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY Up to 90 days (subject to pre-authorisation)	100% Negotiated Rate 100% DSP Tariff for Alliance Network
MEDICATION in hospital	100% SEP plus dispensing fee
TTO MEDICATION up to one week's supply	100% SEP plus dispensing fee
INFERTILITY TREATMENT	Treatment limited to R117 760 per family
SUBSTANCE ABUSE	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.
CHRONIC PMB CDL MEDICATION AND TREATMENT 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 Alliance Network - on referral from a nominated network GP</i>).
PMB DTP TREATMENT Out of hospital treatment subject to registration of condition and pre-authorisation	Medication: 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures: As per PMB regulations (<i>for Alliance Network - on referral from a nominated network GP</i>).
ONCOLOGY Subject to preauthorisation and icon protocols*	Medication: 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures: 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 (per adult beneficiary)

CAMAF PREVENTIVE WELLNESS PROGRAMME (per adult beneficiary)	INCLUDES: Free Online Wellness Club
ONE GP CONSULTATION ONLY *ICD 10 code specific to general checkup only	100% CBT per beneficiary (Nominated Network GP for Alliance Network)
ONE SPECIALIST CONSULTATION *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
PSYCHOTHERAPY	100% CBT limited to R17 945 per beneficiary
ONE DIETICIAN CONSULTATION	100% CBT per beneficiary
ONE DENTISTRY CONSULTATION General checkup only - excludes consumables	100% CBT per beneficiary
ONE ECG (performed by GP or Specialist Physician) *ICD 10 code specific to general checkup only	100% CBT per adult beneficiary (Alliance Network: use your nominated Network GP)
ONE OPTOMETRIST CONSULTATION	100% Optical Assistant Rates PPN optometrist for Alliance Network
IMMUNISATION AND VACCINES (cost of immunisation and vaccine only)	SEP plus a dispensing fee, limited to R7 220 per beneficiary
HUMAN PAPILLOMA VIRUS (HPV) VACCINE (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)
ONE HEALTH RISK ASSESSMENT (HRA) To be done at network pharmacy	Limited to lower of 100% Negotiated rate or cost per beneficiary
PSA SCREENING	Males older than 40 years of age (100% Negotiated Rate or CBT)
PAP SMEAR SCREENING	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
MAMMOGRAM	Females from 25 years of age (100% CBT)
ONE HIV VCT TEST	100% CBT per beneficiary
ONE MELANOMA SCREENING	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>HOSPITAL ACCOMMODATION Including childbirth confinements, Subject to pre-authorisation</p>	See In Hospital and Prescribed Minimum Benefits above
<p>EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT BREAST PUMPS AND APNOEA MONITORS 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 720 Breast pumps: R6 085</p>
<p>METABOLIC SCREENING FOR NEW BORN BABIES</p>	100% Negotiated Rate per new born baby
<p>ANTE-NATAL FOETAL SCANS PER PREGNANCY</p>	<p>6 scans at 80% CBT Subject to Annual Overall Day-to-Day Limit</p>
<p>ANTE-NATAL CLASSES</p>	<p>80% CBT limited to R3 560 per pregnancy Subject to Annual Overall Day-to-Day Limit</p>
<p>UMBILICAL STEM CELL HARVESTING</p>	<p>Negotiated discount with Cryo-Save <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

OVERALL ANNUAL LIMIT	Unlimited, limits and sub-limits per benefit category applies where applicable
BASIC AND ADVANCED RADIOLOGY 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 Alliance Network)</i>
PATHOLOGY 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>
POST-HOSPITALISATION Consultations and treatment up to 90 days.	300% CBT for attending practitioners 100% CBT for supplementary services
MEDICATION AND TREATMENT FOR ADDITIONAL CHRONIC CONDITIONS (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 Alliance Network; medication claims will not be paid if non-nominated network GP is used)</i>
EXTERNAL APPLIANCES (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorisation) - 3 YEAR CYCLE HEARING AIDS (subject to pre-authorisation and reimbursed at DSP rates. Benefit is for a 3-year cycle.) 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 WHEELCHAIRS - 3 YEAR CYCLE INSULIN PUMPS (subject to pre-authorisation and DSP) - 4 YEAR CYCLE	100% NAPPI price or 100% of cost, subject to the overall external appliance limit of R118 880 per beneficiary and subject to the following sub-limits: Hearing Aids (reimbursed at DSP rates): R118 880 Wheelchairs for Quadriplegics: R118 880 Standard Wheelchairs: R70 930 Insulin Pumps: R70 930 Other external appliances: R23 535 <i>(on referral from a nominated network GP or a specialist for Alliance Network)</i>
INTERNATIONAL TRAVEL COVER Travel letters to be obtained from Santam Travel Insurance and subject to the limitations as set out in the travel letter. Arrange cover prior to travelling. 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. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. Prior to departure from South Africa, you are required to declare your upcoming journey to activate this coverage. Refer to Travel Letter Wording.
NETCARE 911 Emergency services	Unlimited Subject to Netcare 911 authorisation

MONTHLY CONTRIBUTION RATES

Alliance Plus

Monthly Risk Contribution	Adult	R9 885
	Child	R5 205
Monthly MSA Contribution	Adult	R 650
	Child	R 300
Total Monthly Contribution	Adult	R10 535
	Child	R5 505

Alliance Network

Monthly Risk Contribution	Adult	R8 875
	Child	R4 690
Monthly MSA Contribution	Adult	R 590
	Child	R 270
Total Monthly Contribution	Adult	R9 465
	Child	R4 960

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. Biological medication for non-PMB conditions is available in exceptional cases on Double options, a 20% co-payment will apply (not on biologics approved for CDL conditions)



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 R83 050 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

HOSPITAL ACCOMMODATION 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.
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS Medical and surgical procedures including childbirth confinements subject to pre-authorisation	300% CBT 300% CBT
SUPPLEMENTARY HEALTHCARE IN HOSPITAL (e.g. Psychotherapy)	100% CBT
BLOOD TRANSFUSIONS (in and out of hospital)	100% of cost
RADIOLOGY in hospital ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation	100% CBT 100% CBT
PATHOLOGY in hospital	100% Negotiated Rate
INTERNAL PROSTHESIS subject to pre-authorisation	100% of cost
HOME NURSING (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	100% CBT
STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY Up to 90 days (subject to pre-authorisation)	100% Negotiated Rate 100% DSP Tariff for Double Network
MEDICATION in hospital	100% SEP plus dispensing fee
TTO MEDICATION up to one week's supply	100% SEP plus dispensing fee
INFERTILITY TREATMENT	Treatment limited to R83 050 per family
SUBSTANCE ABUSE	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 (for Double Network - on referral from a nominated network GP)
CHRONIC PMB CDL MEDICATION AND TREATMENT 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 (for Double Network - on referral from a nominated network GP)
PMB DTP TREATMENT Out of hospital treatment subject to registration of condition and pre-authorisation	Medication: 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures: As per PMB regulations (for Double Network - on referral from a nominated network GP)
ONCOLOGY Subject to preauthorisation and icon protocols*	Medication: 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures: 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 (per adult beneficiary)

CAMAF PREVENTIVE WELLNESS PROGRAMME (per adult beneficiary)	INCLUDES: Free Online Wellness Club
ONE GP CONSULTATION ONLY *ICD 10 code specific to general checkup only	100% CBT per beneficiary (Nominated Network GP for Double Network)
ONE SPECIALIST CONSULTATION **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
PSYCHOTHERAPY	100% CBT limited to R17 945 per beneficiary
ONE DIETICIAN CONSULTATION	100% CBT per beneficiary
ONE DENTISTRY CONSULTATION General checkup only - excludes consumables	100% CBT per beneficiary
ONE ECG (performed by GP or Specialist Physician) *ICD 10 code specific to general checkup only	100% CBT per adult beneficiary (Double Network: use your nominated Network GP)
ONE OPTOMETRIST CONSULTATION	100% Optical Assistant Rates PPN optometrist for Double Network
IMMUNISATION AND VACCINES (cost of immunisation and vaccine only)	SEP plus a dispensing fee, limited to: Adults R3 625 - Child R5 995
HUMAN PAPILLOMA VIRUS (HPV) VACCINE (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)
ONE HEALTH RISK ASSESSMENT (HRA) To be done at network pharmacy	Limited to lower of 100% Negotiated rate or cost per beneficiary
PSA SCREENING	Males older than 40 years of age (100% Negotiated Rate or CBT)
PAP SMEAR SCREENING	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
MAMMOGRAM	Females from 25 years of age (100% CBT)
ONE HIV VCT TEST	100% CBT per beneficiary
ONE MELANOMA SCREENING	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

<p>HOSPITAL ACCOMMODATION Including childbirth confinements. Subject to pre-authorisation.</p>	See In Hospital and Prescribed Minimum Benefits
<p>EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT BREAST PUMPS AND APNOEA MONITORS 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 650 Breast pumps: R6 085</p>
<p>METABOLIC SCREENING FOR NEW BORN BABIES</p>	100% Negotiated Rate per new born baby
<p>ANTE-NATAL FOETAL SCANS PER PREGNANCY</p>	<p>4 scans at 80% CBT Subject to Annual Overall Day-to-Day Limit</p>
<p>ANTE-NATAL CLASSES</p>	<p>80% CBT limited to R2 610 per pregnancy Subject to Annual Overall Day-to-Day Limit</p>
<p>UMBILICAL STEM CELL HARVESTING</p>	<p>Negotiated discount with Cryo-Save <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>

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

OVERALL ANNUAL LIMIT	Unlimited, limits and sub-limits per benefit category applies where applicable
BASIC AND ADVANCED RADIOLOGY 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>
PATHOLOGY 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>
POST-HOSPITALISATION Consultations and treatment up to 90 days	300% CBT for attending practitioners 100% CBT for supplementary services
MEDICATION AND TREATMENT FOR ADDITIONAL CHRONIC CONDITIONS (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>
EXTERNAL APPLIANCES (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorisation) - 3 YEAR CYCLE HEARING AIDS (subject to pre-authorisation and reimbursed at DSP rates. Benefit is for a 3-year cycle.) 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 WHEELCHAIRS - 3 YEAR CYCLE INSULIN PUMPS (subject to pre-authorisation and DSP) - 4 YEAR CYCLE	100% NAPPI price or 100% of cost, subject to the overall external appliance limit of R95 040 per beneficiary and subject to the following sub-limits: Hearing Aids (reimbursed at DSP rates): R95 040 Wheelchairs for Quadriplegics: R95 040 Standard Wheelchairs: R60 620 Insulin Pumps: R62 070 Other external appliances: R20 380 <i>(on referral from a nominated network GP or a specialist for Double Network)</i>
INTERNATIONAL TRAVEL COVER Travel letters to be obtained from Santam Travel Insurance and subject to the limitations as set out in the travel letter. Arrange cover prior to travelling. 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. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. Prior to departure from South Africa, you are required to declare your upcoming journey to activate this coverage. Refer to Travel Letter Wording.
NETCARE 911 Emergency services	Unlimited 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)

DAY TO DAY BENEFITS Benefits below are subject to the overall annual limit	Annual Overall Limits		
	Adult R17 985	Child R12 480	
GPs AND DENTISTS Dental x-rays performed by dentists, consultations and procedures performed by these practitioners; basic dentistry	80% CBT Nominated Network GP for Double Network		
SPECIALISTS - NOMINATED NETWORK GP REFERRAL NOT OLDER THAN 12 MONTHS FOR DOUBLE NETWORK Consultations, procedures and radiology performed by these practitioners	80% CBT <i>(on referral from a nominated network GP for Double Network)</i>		
ACUTE MEDICATION 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>		
NON-DSP VISITS to doctor's rooms	One visit per beneficiary 80% CBT for Double Network for non-network or non-nominated GP		
CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL	80% CBT		
NURSE VISITS	80% CBT up to 21 days		
SUPPLEMENTARY HEALTH - NOMINATED NETWORK GP REFERRAL NOT OLDER THAN 12 MONTHS FOR DOUBLE NETWORK 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>		
OVER THE COUNTER MEDICATION	80% SEP plus a dispensing fee, subject to MMAP, co-payment from MSA, limited to R2 575 per beneficiary		
HEALTH CHECK BOOST Day-to-day top up benefit (allocated once all 3 required screenings are completed in the same benefit year). The benefit is non-transferable, does not roll over, and is applied per beneficiary per benefit year.	R500 per beneficiary Not available for pharmacy benefits.		
ADVANCED DENTISTRY Crowns, Bridges, Orthodontics, Dentures	80% CBT limited to: M0 R17 530 M1 R25 245 M2+ R33 995		
DENTAL IMPLANTS	R57 750 per beneficiary for the case as a whole (facility fee, tooth implant and provider accounts)		
LASER K/EXCIMER LASER Benefit not available if spectacles or contact lenses claimed in the previous 12 months. If Laser K benefit is utilised, no spectacle and contact lense benefit for 2 years	80% CBT limited to R6 580 per beneficiary per eye		
SPECTACLES AND LENSES 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>	Consultation: See Preventive Wellness Benefit Add ons R1 520 Single vision R1 520 OR Bifocal R4 055 OR Varifocal R6 215 AND Frames R5 585 OR Contact lenses R5 420 Lenses, frames etc 80% Optical Assistant Rates. SUBJECT TO THE OVERALL DAY-TO-DAY BENEFIT LIMITS		

MONTHLY CONTRIBUTION RATES

Double Plus

Monthly Risk Contribution	Adult	R6 460
	Child	R3 705
Monthly MSA Contribution	Adult	R 415
	Child	R 270
Total Monthly Contribution	Adult	R6 875
	Child	R3 975

Double Network

Monthly Risk Contribution	Adult	R5 840
	Child	R3 335
Monthly MSA Contribution	Adult	R385
	Child	R250
Total Monthly Contribution	Adult	R6 225
	Child	R3 585

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.



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, Dietician

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

HOSPITAL ACCOMMODATION 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
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS Medical and surgical procedures including childbirth confinements subject to pre-authorisation	300% CBT 300% CBT
SUPPLEMENTARY HEALTHCARE IN HOSPITAL (e.g. Psychotherapy)	100% CBT
BLOOD TRANSFUSIONS (in and out of hospital)	100% of cost
RADIOLOGY in hospital	100% CBT
ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation	100% CBT limited to 2 scans in and out of hospital combined. Limit before PMB/CDL applies.
PATHOLOGY in hospital	100% Negotiated Rate
INTERNAL PROSTHESIS subject to pre-authorisation	100% of cost
HOME NURSING (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	100% CBT
STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY Up to 90 days (subject to pre-authorisation)	100% Negotiated Rate 100% DSP Tariff for Vital Network
MEDICATION in hospital	100% SEP plus dispensing fee
TTO MEDICATION up to one week's supply	100% SEP plus dispensing fee
SUBSTANCE ABUSE	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
CHRONIC PMB CDL MEDICATION AND TREATMENT 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
PMB DTP TREATMENT Out of hospital treatment subject to registration of condition and pre-authorisation	Medication: 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures: As per PMB regulations
ONCOLOGY Subject to preauthorisation and icon protocols*	Medication: 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures: 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 (per adult beneficiary)

CAMAF PREVENTIVE WELLNESS PROGRAMME (per adult beneficiary)	INCLUDES: Free Online Wellness Club
ONE GP CONSULTATION ONLY *ICD 10 code specific to general checkup only	100% CBT per beneficiary
ONE SPECIALIST CONSULTATION *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
PSYCHOTHERAPY	100% CBT limited to R17 945 per beneficiary
ONE DIETICIAN CONSULTATION	100% CBT per beneficiary
ONE DENTISTRY CONSULTATION General checkup only - excludes consumables	100% CBT per beneficiary
ONE ECG (performed by GP or Specialist Physician) *ICD 10 code specific to general checkup only	100% CBT per adult beneficiary
ONE OPTOMETRIST CONSULTATION	100% Optical Assistant Rates
IMMUNISATION AND VACCINES (cost of immunisation and vaccine only)	SEP plus a dispensing fee, limited to R2 405 per beneficiary
HUMAN PAPILLOMA VIRUS (HPV) VACCINE (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)
ONE HEALTH RISK ASSESSMENT (HRA) To be done at network pharmacy	Limited to lower of 100% Negotiated rate or cost per beneficiary
PSA SCREENING	Males older than 40 years of age (100% Negotiated Rate or CBT)
PAP SMEAR SCREENING	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
MAMMOGRAM	Females from 25 years of age (100% CBT)
ONE HIV VCT TEST	100% CBT per beneficiary
ONE MELANOMA SCREENING	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>HOSPITAL ACCOMMODATION Including childbirth confinements. Subject to pre-authorisation.</p>	See In Hospital and Prescribed Minimum Benefits
<p>EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT BREAST PUMPS AND APNOEA MONITORS 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 645 (subject to out of hospital overall annual limit) Breast pumps: R6 085 (subject to out of hospital overall annual limit)</p>
<p>METABOLIC SCREENING FOR NEW BORN BABIES</p>	100% Negotiated Rate per new born baby
<p>UMBILICAL STEM CELL HARVESTING</p>	<p>Negotiated discount with Cryo-Save 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.</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 R21 000 PER BENEFICIARY

OVERALL ANNUAL LIMIT	R21 000 Overall Annual Limit per Beneficiary. Limit before PMB/CDL applies.
BASIC AND ADVANCED RADIOLOGY 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 limited to R10 500 (subject to overall annual limit) 2 Advanced scans (in and out of hospital combined.) Limit before PMB/CDL applies.)
PATHOLOGY Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.	100% negotiated Rate or CBT limited to R5 250 (subject to overall annual limit.) Limit before PMB/CDL applies.
POST-HOSPITALISATION Consultations and treatment up to 90 days	300% CBT for attending practitioners 100% CBT for supplementary services Subject to overall annual limit
MEDICATION AND TREATMENT FOR ADDITIONAL CHRONIC CONDITIONS (Subject to pre-authorization) Refer to additional chronic conditions list	100% SEP plus a dispensing fee, subject to RP and DSP Consultations 100% CBT. Limited to R13 650 per beneficiary.
EXTERNAL APPLIANCES (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorization) - 3 YEAR CYCLE HEARING AIDS (subject to pre-authorization and reimbursed at DSP rates. Benefit is for a 3-year cycle.) 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 WHEELCHAIRS - 3 YEAR CYCLE INSULIN PUMPS (subject to pre-authorization and DSP) - 4 YEAR CYCLE	100% NAPPI price or 100% of cost, subject to the overall external appliance limit of R21 000 AND the overall annual limit of R21 000 per beneficiary AND subject to the following sub-limits. Limit before PMB/CDL applies. Hearing Aids (reimbursed at DSP rates): R21 000 Other external appliances: R11 915 NOT SUBJECT TO THE OVERALL ANNUAL LIMIT: Wheelchairs for Quadriplegics: R47 535 Standard Wheelchairs: R33 385 Insulin Pumps: R54 700
INTERNATIONAL TRAVEL COVER Travel letters to be obtained from Santam Travel Insurance and subject to the limitations as set out in the travel letter. Arrange cover prior to travelling. 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. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. Prior to departure from South Africa, you are required to declare your upcoming journey to activate this coverage. Refer to Travel Letter Wording.
NETCARE 911 Emergency services	Unlimited Subject to Netcare 911 authorisation

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.

DAY-TO-DAY BENEFITS (per Beneficiary)

Dental x-rays performed by dentists, consultations and procedures performed by these practitioners; basic dentistry	GPs AND DENTISTS No Benefit
Consultations, procedures and radiology performed by these practitioners	SPECIALISTS No Benefit
Including injections and materials	ACUTE MEDICATION No Benefit
NON-DSP VISITS to doctor's rooms	NON-DSP VISITS to doctor's rooms No Benefit
CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL	CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL No Benefit
NURSE VISITS	NURSE VISITS No Benefit
Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy	SUPPLEMENTARY HEALTH No Benefit
OVER THE COUNTER MEDICATION	OVER THE COUNTER MEDICATION No Benefit
Day-to-day top up benefit (allocated once all 3 required screenings are completed in the same benefit year). The benefit is non-transferable, does not roll over, and is applied per beneficiary per benefit year.	HEALTH CHECK BOOST R500 per beneficiary Not available for pharmacy benefits.
Crowns, Bridges, Orthodontics, Dentures	ADVANCED DENTISTRY No Benefit
DENTAL IMPLANTS	DENTAL IMPLANTS No Benefit
Benefit not available if spectacles or contact lenses claimed in the previous 12 months. If Laser K benefit is utilised, no spectacle and contact lense benefit for 2 years	LASER K/EXCIMER LASER No Benefit
Annual benefit, unless otherwise stated PPN is the DSP for Double Network (Where PPN is indicated as the DSP, the PPN rates and tariffs will apply. For all other options, optical assistant rates will apply)	SPECTACLES AND LENSES From Optometrist only Consultation: Part of Preventive Wellness

MONTHLY CONTRIBUTION RATES

Vital Plus

MONTHLY INCOME as defined in the Scheme Rules	TOTAL MONTHLY CONTRIBUTION	
R0 - R60 100	Adult	R3 740
	Child	R1 915
R60 101 - R150 230	Adult	R4 240
	Child	R2 160
R150 231+	Adult	R4 765
	Child	R2 435

Vital Network

MONTHLY INCOME as defined in the Scheme Rules	TOTAL MONTHLY CONTRIBUTION	
R0 - R60 100	Adult	R3 445
	Child	R1 770
R60 101 - R150 230	Adult	R3 920
	Child	R2 005
R150 231+	Adult	R4 380
	Child	R2 245

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, Dietician

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

HOSPITAL ACCOMMODATION 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
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS Medical and surgical procedures including childbirth confinements subject to pre-authorisation	200% CBT 200% CBT
SUPPLEMENTARY HEALTHCARE IN HOSPITAL (e.g. Psychotherapy)	100% CBT
BLOOD TRANSFUSIONS (in and out of hospital)	100% of cost
RADIOLOGY in hospital ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation	100% CBT 100% CBT
PATHOLOGY in hospital	100% Negotiated Rate
INTERNAL PROSTHESIS subject to pre-authorisation	100% of cost
HOME NURSING (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	100% CBT
STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY Up to 90 days (subject to pre-authorisation)	100% Negotiated Rate 100% DSP Tariff for Essential Network
MEDICATION in hospital	100% SEP plus dispensing fee
TTO MEDICATION up to one week's supply	100% SEP plus dispensing fee
SUBSTANCE ABUSE	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
CHRONIC PMB CDL MEDICATION AND TREATMENT 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
PMB DTP TREATMENT Out of hospital treatment subject to registration of condition and pre-authorisation	Medication: 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures: As per PMB regulations
ONCOLOGY Subject to pre-authorisation and icon protocols*	Medication: 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures: 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 (per adult beneficiary)

CAMAF PREVENTIVE WELLNESS PROGRAMME (per adult beneficiary)	INCLUDES: Free Online Wellness Club
ONE GP CONSULTATION ONLY *ICD 10 code specific to general checkup only	100% CBT per beneficiary
ONE SPECIALIST CONSULTATION *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
PSYCHOTHERAPY	100% CBT limited to R17 945 per beneficiary
ONE DIETICIAN CONSULTATION	100% CBT per beneficiary
ONE DENTISTRY CONSULTATION General checkup only - excludes consumables	100% CBT per beneficiary
ONE ECG (performed by GP or Specialist Physician) *ICD 10 code specific to general checkup only	100% CBT per adult beneficiary
ONE OPTOMETRIST CONSULTATION	100% Optical Assistant Rates
IMMUNISATION AND VACCINES (cost of immunisation and vaccine only)	SEP plus a dispensing fee, limited to R2 545 per beneficiary
HUMAN PAPILLOMA VIRUS (HPV) VACCINE (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)
ONE HEALTH RISK ASSESSMENT (HRA) To be done at network pharmacy	Limited to lower of 100% Negotiated rate or cost per beneficiary
PSA SCREENING	Males older than 40 years of age (100% Negotiated Rate or CBT)
PAP SMEAR SCREENING	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
MAMMOGRAM	Females from 25 years of age (100% CBT)
ONE HIV VCT TEST	100% CBT per beneficiary
ONE MELANOMA SCREENING	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>HOSPITAL ACCOMMODATION Including childbirth confinements. Subject to pre-authorisation.</p>	See In Hospital and Prescribed Minimum Benefits
<p>EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT BREAST PUMPS AND APNOEA MONITORS 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>METABOLIC SCREENING FOR NEW BORN BABIES</p>	100% Negotiated Rate per new born baby
<p>ANTE-NATAL FOETAL SCANS PER PREGNANCY</p>	Subject to Medical Savings Account
<p>ANTE-NATAL CLASSES</p>	Subject to Medical Savings Account
<p>UMBILICAL STEM CELL HARVESTING</p>	<p>Negotiated discount with Cryo-Save 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.</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
BASIC AND ADVANCED RADIOLOGY 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.	Subject to Medical Savings Account
PATHOLOGY Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.	Subject to Medical Savings Account
POST-HOSPITALISATION Consultations and treatment up to 90 days	Subject to Medical Savings Account
MEDICATION AND TREATMENT FOR ADDITIONAL CHRONIC CONDITIONS (SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL CHRONIC CONDITIONS LIST	Depression only 100% SEP plus a dispensing fee subject to RP and DSP Consultations 100% CBT
EXTERNAL APPLIANCES (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorisation) - 3 YEAR CYCLE HEARING AIDS (subject to pre-authorisation and reimbursed at DSP rates. Benefit is for a 3-year cycle.) 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 WHEELCHAIRS - 3 YEAR CYCLE	Subject to Medical Savings Account
INTERNATIONAL TRAVEL COVER Travel letters to be obtained from Santam Travel Insurance and subject to the limitations as set out in the travel letter. Arrange cover prior to travelling. 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. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. Prior to departure from South Africa, you are required to declare your upcoming journey to activate this coverage. Refer to Travel Letter Wording.
NETCARE 911 Emergency services	Unlimited Subject to Netcare 911 authorisation

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)

DAY-TO-DAY BENEFITS Benefits below are subject to the overall annual limit	Limited to funds available in the beneficiary's Medical Savings Account
GPs AND DENTISTS Dental x-rays performed by dentists, consultations and procedures performed by these practitioners: Basic dentistry	Subject to Medical Savings Account
SPECIALISTS Consultations, procedures and radiology performed by these practitioners	Subject to Medical Savings Account
ACUTE MEDICATION Including injections and materials	Subject to Medical Savings Account
CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL	Subject to Medical Savings Account
NURSE VISITS	Subject to Medical Savings Account
SUPPLEMENTARY HEALTH Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy	Subject to Medical Savings Account
OVER THE COUNTER MEDICATION	Subject to Medical Savings Account
HEALTH CHECK BOOST Day-to-day top up benefit (allocated once all 3 required screenings are completed in the same benefit year). The benefit is non-transferable, does not roll over, and is applied per beneficiary per benefit year.	R500 per beneficiary Not available for pharmacy benefits.
BENEFIT SPECIFIC LIMITS	
ADVANCED DENTISTRY Crowns, bridges, orthodontics, dentures	Subject to Medical Savings Account
DENTAL IMPLANTS	Subject to Medical Savings Account
LASER K/EXCIMER LASER Benefit not available if spectacles or contact lenses claimed in the previous 12 months. If Laser K benefit is utilised, no spectacle and contact lens benefit for 2 years	Subject to Medical Savings Account
SPECTACLES AND LENSES From optometrist only Annual benefit, unless otherwise stated	Subject to Medical Savings Account

MONTHLY CONTRIBUTION RATES

Essential Plus

MONTHLY INCOME as defined in the Scheme Rules

R0 - R150 230

Monthly RISK Contribution	Principal	R3 055
	Adult	R2 410
	Child	R1 430
Monthly MSA Contribution	Principal	R730
	Adult	R585
	Child	R340
Total Monthly Contribution	Principal	R3 785
	Adult	R2 995
	Child	R1 770

R150 231+

Monthly RISK Contribution	Principal	R3 740
	Adult	R2 995
	Child	R1 740
Monthly MSA Contribution	Principal	R730
	Adult	R585
	Child	R340
Total Monthly Contribution	Principal	R4 470
	Adult	R3 540
	Child	R2 080

Essential Network

MONTHLY INCOME as defined in the Scheme Rules

R0 - R150 230

Monthly RISK Contribution	Principal	R2 730
	Adult	R2 160
	Child	R1 265
Monthly MSA Contribution	Principal	R655
	Adult	R520
	Child	R315
Total Monthly Contribution	Principal	R3 385
	Adult	R2 680
	Child	R1 580

R150 231+

Monthly RISK Contribution	Principal	R3 310
	Adult	R2 620
	Child	R1 535
Monthly MSA Contribution	Principal	R655
	Adult	R520
	Child	R315
Total Monthly Contribution	Principal	R3 965
	Adult	R3 140
	Child	R1 850

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 R49 965 per family (combined limit for in and out of hospital.)
Limit before PMB/CDL applies. R5 845 per beneficiary for basic radiology



Checkups and Screening Benefits: GP, Dental, Optometry (PPN optometrist), ECG, Dietician, PSA, Pap Smear, Mammogram



80% of GP, Specialists

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

HOSPITAL ACCOMMODATION Including childbirth confinements, subject to pre-authorisation	100% of Negotiated Rate in general ward and specialised units
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS Medical and surgical procedures including childbirth confinements subject to pre-authorisation	100% CBT 100% CBT
SUPPLEMENTARY HEALTHCARE IN HOSPITAL (e.g. Psychotherapy)	100% CBT
BLOOD TRANSFUSIONS (in and out of hospital)	100% of cost
RADIOLOGY in hospital ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation	100% CBT 100% CBT limited to R49 965 per family (combined limit for in and out of hospital.) Limit before PMB/CDL applies.
PATHOLOGY in hospital	100% Negotiated Rate
INTERNAL PROSTHESIS subject to pre-authorisation	100% of cost limited to R49 965 per family (combined limit for in and out of hospital.) Limit before PMB/CDL applies.
HOME NURSING (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	100% CBT (in lieu of hospitalisation only)
STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY Up to 90 days (subject to pre-authorisation)	100% Negotiated Rate
MEDICATION in hospital	100% SEP plus dispensing fee
TTO MEDICATION up to one week's supply	100% SEP plus dispensing fee
SUBSTANCE ABUSE	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
CHRONIC PMB CDL MEDICATION AND TREATMENT - 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
PMB DTP TREATMENT Out of hospital treatment subject to registration of condition and pre-authorisation	Medication: 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures: As per PMB regulations
ONCOLOGY Subject to pre-authorisation and icon protocols*	Medication: 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures: 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 (per adult beneficiary)

CAMAF PREVENTIVE WELLNESS PROGRAMME (per adult beneficiary)	INCLUDES: Free Online Wellness Club
ONE GP CONSULTATION ONLY *ICD 10 code specific to general checkup only	100% CBT per beneficiary
ONE SPECIALIST CONSULTATION *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
PSYCHOTHERAPY	100% CBT limited to R17 945 per beneficiary
ONE DIETICIAN CONSULTATION	100% CBT per beneficiary
ONE DENTISTRY CONSULTATION General checkup only - excludes consumables	100% CBT per beneficiary
ONE ECG (performed by GP or Specialist Physician) *ICD 10 code specific to general checkup only	100% CBT per adult beneficiary
ONE OPTOMETRIST CONSULTATION	Refer to spectacle and lenses benefits
IMMUNISATION AND VACCINES (cost of immunisation and vaccine only)	SEP plus a dispensing fee, subject to MMAP, limited to R2 445 per beneficiary
HUMAN PAPILLOMA VIRUS (HPV) VACCINE (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)
ONE HEALTH RISK ASSESSMENT (HRA) To be done at network pharmacy	Limited to lower of 100% Negotiated rate or cost per beneficiary
PSA SCREENING	Males older than 40 years of age (100% Negotiated Rate or CBT)
PAP SMEAR SCREENING	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
MAMMOGRAM	Females from 25 years of age (100% CBT)
ONE HIV VCT TEST	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>HOSPITAL ACCOMMODATION Including childbirth confinements. Subject to pre-authorisation.</p>	See In Hospital and Prescribed Minimum Benefits
<p>EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT BREAST PUMPS AND APNOEA MONITORS 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 980 Breast pumps: R5 125</p>
<p>METABOLIC SCREENING FOR NEW BORN BABIES</p>	100% Negotiated Rate per new born baby
<p>ANTE-NATAL FOETAL SCANS PER PREGNANCY</p>	3 scans at 80% CBT. Subject to the Advanced Scans limit
<p>ANTE-NATAL CLASSES</p>	<p>80% CBT subject to sub-limit R1 375 per pregnancy. Subject to limit (c) of Annual Overall Day-to-Day Benefit Limit</p>
<p>UMBILICAL STEM CELL HARVESTING</p>	<p>Negotiated discount with Cryo-Save 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.</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>BASIC AND ADVANCED RADIOLOGY 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.</p>	<p>Basic Radiology: 100% CBT limited to R5 845 per beneficiary. Limit before PMB/CDL applies. Advanced scans: 100% CBT limited to R49 965 per family (combined limit for in and out of hospital). Limit before PMB/CDL applies.</p>
<p>PATHOLOGY Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.</p>	<p>100% negotiated rate or CBT limited to R9 320 per beneficiary. Limit before PMB/CDL applies.</p>
<p>MEDICATION AND TREATMENT FOR ADDITIONAL CHRONIC CONDITIONS (Subject to pre-authorization) Refer to additional chronic conditions list</p>	<p>Depression only 100% SEP plus a dispensing fee subject to RP and DSP Consultations: 100% CBT</p>
<p>EXTERNAL APPLIANCES (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorization) - 3 YEAR CYCLE HEARING AIDS (subject to pre-authorization and reimbursed at DSP rates. Benefit is for a 3-year cycle.) 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 WHEELCHAIRS - 3 YEAR CYCLE</p>	<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 925 per beneficiary (reimbursed at DSP rates)</p>
<p>INTERNATIONAL TRAVEL COVER Travel letters to be obtained from Santam Travel Insurance and subject to the limitations as set out in the travel letter. Arrange cover prior to travelling. 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. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. Prior to departure from South Africa, you are required to declare your upcoming journey to activate this coverage. Refer to Travel Letter Wording.</p>
<p>NETCARE 911 Emergency services</p>	<p>Unlimited 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)

DAY-TO-DAY BENEFITS Benefits below are subject to the overall annual limit	Annual overall limit: Beneficiary specific limits: Limit before PMB/CDL applies (excluding (a)) (a) Medicines R 4 325 (c) Other R 4 325 (b) Advanced Dentistry R 9 060 (d) Specialists R13 300
GPs AND DENTISTS Dental x-rays performed by dentists, consultations and procedures performed by these practitioners: basic dentistry	80% CBT Subject to limit (c)
SPECIALISTS Consultations, procedures and radiology performed by these practitioners	80% CBT Subject to limit (d)
ACUTE MEDICATION Including injections and materials	80% SEP plus a dispensing fee, subject to MMAP. Subject to limit (a)
CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL	Medication: 80% SEP plus a dispensing fee subject to limit (a) Treatment: 80% CBT subject to limit (c)
NURSE VISITS	80% CBT subject to limit (c)
SUPPLEMENTARY HEALTH Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy	80% CBT subject to sub-limit R3 635 Subject to limit (c)
OVER THE COUNTER MEDICATION	50% SEP plus a dispensing fee, subject to MMAP, limited to R2 220 per beneficiary. Subject to limit (a)
HEALTH CHECK BOOST Day-to-day top up benefit (allocated once all 3 required screenings are completed in the same benefit year). The benefit is non-transferable, does not roll over, and is applied per beneficiary per benefit year.	R500 per beneficiary Not available for pharmacy or optometry benefits.
BENEFIT SPECIFIC LIMITS	
ADVANCED DENTISTRY Crowns, bridges, orthodontics, dentures	50% CBT Subject to limit (b) dental implants excluded
SPECTACLES AND LENSES From optometrist only Annual benefit, unless otherwise stated <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>	The benefit PER BENEFICIARY at a PPN provider would be as follows: 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 EITHER SPECTACLES - A PPN Frame to the value of R150 or R980 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 CONTACT LENSES - Contact lenses to the value of R1 005. The benefit PER BENEFICIARY at a NON PPN provider would be as follows: One consultation per Beneficiary during the Benefit Cycle, limited to a maximum cost of R420 AND EITHER SPECTACLES - A frame benefit of R784 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 R225 per lens or one pair of clear flat top bifocal spectacle lenses limited to R485 per lens or one pair of clear flat top Multifocal lenses limited to R850 per lens OR CONTACT LENSES - Contact Lenses to the value of R1 005.

MONTHLY CONTRIBUTION RATES

First Choice

MONTHLY INCOME as defined in the Scheme Rules	TOTAL MONTHLY CONTRIBUTION	
0 - R12 810	Adult	R1 730
	Child	R1 045
R12 811 - R24 710	Adult	R2 800
	Child	R1 645
R24 711 - R33 120	Adult	R4 205
	Child	R2 435
R33 121 - R49 690	Adult	R5 315
	Child	R3 510
R49 691+	Adult	R5 875
	Child	R3 835

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 R49 965 per per family (combined limit for in and out of hospital.) Limit before PMB/CDL applies. R5 845 per beneficiary for basic radiology (*on referral by nominated GP or specialist for out of hospital*)



Checkups and Screening Benefits: GP (nominated GP), Dental, Optometry (PPN optometrist), ECG, Dietician, 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

HOSPITAL ACCOMMODATION Including childbirth confinements, subject to pre-authorisation	100% DSP tariff as per protocols The DSP hospital group is Netcare
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS Medical and surgical procedures including childbirth confinements subject to pre-authorisation	100% CBT 100% CBT
SUPPLEMENTARY HEALTHCARE IN HOSPITAL (e.g. Psychotherapy)	100% CBT
BLOOD TRANSFUSIONS (in and out of hospital)	100% of cost
RADIOLOGY in hospital ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation	100% CBT 100% CBT limited to R49 965 per family (combined limit for in and out hospital.) Limit before PMB/CDL applies.
PATHOLOGY in hospital	100% Negotiated Rate
INTERNAL PROSTHESIS subject to pre-authorisation	100% of cost limited to R49 965 per family (combined limit for in and out hospital.) Limit before PMB/CDL applies.
HOME NURSING (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	100% CBT (in lieu of hospitalisation only)
STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY Up to 90 days (subject to pre-authorisation)	100% DSP Tariff
MEDICATION in hospital	100% SEP plus dispensing fee
TTO MEDICATION up to one week's supply	100% SEP plus dispensing fee
SUBSTANCE ABUSE	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
CHRONIC PMB CDL MEDICATION AND TREATMENT 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
PMB DTP TREATMENT Out of hospital treatment subject to registration of condition and pre-authorisation	Medication: 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures: As per PMB regulations
ONCOLOGY Subject to pre-authorisation and icon protocols*	Medication: 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures: 100% DSP Tariff The DSP is the ICON network The ICON Essential protocols apply

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 (per adult beneficiary)

CAMAF PREVENTIVE WELLNESS PROGRAMME (per adult beneficiary)	INCLUDES: Free Online Wellness Club
ONE GP CONSULTATION ONLY (Nominated GP only) *ICD 10 code specific to general checkup only	100% CBT per beneficiary
ONE SPECIALIST CONSULTATION *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
PSYCHOTHERAPY	100% CBT limited to R17 945 per beneficiary
ONE DIETICIAN CONSULTATION	100% CBT per beneficiary
ONE DENTISTRY CONSULTATION General checkup only - excludes consumables	100% CBT per beneficiary
ONE ECG (performed by GP or Specialist Physician) *ICD 10 code specific to general checkup only	100% CBT per adult beneficiary
ONE OPTOMETRIST CONSULTATION	Refer to spectacle and lenses benefits
IMMUNISATION AND VACCINES (cost of immunisation and vaccine only)	SEP plus a dispensing fee, subject to MMAP, limited to R2 445 per beneficiary
HUMAN PAPILLOMA VIRUS (HPV) VACCINE (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)
PSA SCREENING	Males older than 40 years of age (100% Negotiated Rate or CBT)
ONE HEALTH RISK ASSESSMENT (HRA) To be done at network pharmacy	Limited to lower of 100% Negotiated rate or cost per beneficiary
PAP SMEAR SCREENING	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
MAMMOGRAM	Females from 25 years of age (100% CBT)
ONE HIV VCT TEST	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>HOSPITAL ACCOMMODATION Including childbirth confinements. Subject to pre-authorisation.</p>	See In Hospital and Prescribed Minimum Benefits
<p>EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT BREAST PUMPS AND APNOEA MONITORS 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 980 Breast pumps: R5 125</p>
<p>METABOLIC SCREENING FOR NEW BORN BABIES</p>	100% Negotiated Rate per new born baby
<p>ANTE-NATAL FOETAL SCANS PER PREGNANCY</p>	3 scans at 80% CBT. Subject to the Advanced Scans limit
<p>ANTE-NATAL CLASSES</p>	80% CBT subjects to sub-limit R1 375 per pregnancy. Subject to limit (c) of Annual Overall Day-to-Day Benefit Limit
<p>UMBILICAL STEM CELL HARVESTING</p>	<p>Negotiated discount with Cryo-Save 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.</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
BASIC AND ADVANCED RADIOLOGY 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.	Basic Radiology: Referrals by nominated network GP or specialist, 100% CBT limited to R5 845 per beneficiary. Limit before PMB/CDL applies. Advanced scans: 100% CBT limited to R49 965 per family (in and out of hospital combined and on referral by a nominated network GP or specialist). Limit before PMB/CDL applies.
PATHOLOGY Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.	Referred by nominated network GP or specialist, 100% negotiated rate or CBT, limited to R9 320 per beneficiary. Limit before PMB/CDL applies.
MEDICATION AND TREATMENT FOR ADDITIONAL CHRONIC CONDITIONS (Subject to pre-authorization) Refer to additional chronic conditions list	Depression only 100% SEP plus a dispensing fee subject to RP and DSP Consultations: 100% CBT (on referral from a nominated network GP; medication claims will not be paid if non-nominated network GP is used)
EXTERNAL APPLIANCES (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorization) - 3 YEAR CYCLE HEARING AIDS (subject to pre-authorization and reimbursed at DSP rates. Benefit is for a 3-year cycle.) 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 WHEELCHAIRS - 3 YEAR CYCLE	100% NAPPI price or 100% of cost, limited to R8 925 per beneficiary (reimbursed at DSP rates) and subject to a nominated network GP or Specialist referral
INTERNATIONAL TRAVEL COVER Travel letters to be obtained from Santam Travel Insurance and subject to the limitations as set out in the travel letter. Arrange cover prior to travelling. 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. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. Prior to departure from South Africa, you are required to declare your upcoming journey to activate this coverage. Refer to Travel Letter Wording.
NETCARE 911 Emergency services	Unlimited Subject to Netcare 911 authorisation

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)

<p>DAY TO DAY BENEFITS Benefits below are subject to the overall annual limit</p>	<p>Annual overall limit: Beneficiary specific limits: Limit before PMB/CDL applies (excluding (a)) (a) Medicines R 4 325 (c) Other R 4 325 (b) Advanced Dentistry R 9 060 (d) Specialists R13 300</p>
<p>GPs AND DENTISTS 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>SPECIALISTS - NOMINATED NETWORK GP REFERRAL NOT OLDER THAN 12 MONTHS 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>ACUTE MEDICATION 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>NON-DSP VISITS To doctor's rooms</p>	<p>Both benefits below are limited to an overall family limit of R1 845</p>
<p>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</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>NURSE VISITS</p>	<p>100% CBT subject to limit (c)</p>
<p>SUPPLEMENTARY HEALTH - NOMINATED NETWORK GP REFERRAL NOT OLDER THAN 12 MONTHS Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy</p>	<p>100% CBT limited to R3 635 per beneficiary on referral from a nominated network GP or from a Specialist Subject to limit (c)</p>
<p>OVER THE COUNTER MEDICATION</p>	<p>50% SEP plus a dispensing fee, subject to MMAP, limited to R2 220 per beneficiary. Subject to limit (a)</p>
<p>HEALTH CHECK BOOST Day-to-day top up benefit (allocated once all 3 required screenings are completed in the same benefit year). The benefit is non-transferable, does not roll over, and is applied per beneficiary per benefit year.</p>	<p>R500 per beneficiary Not available for pharmacy or optometry benefits.</p>
<p>BENEFIT SPECIFIC LIMITS</p>	
<p>ADVANCED DENTISTRY Crowns, bridges, orthodontics, dentures</p>	<p>100% of CBT Subject to limit (b) dental implants excluded</p>
<p>DENTAL IMPLANTS</p>	<p>No Benefits</p>
<p>SPECTACLES AND LENSES From optometrist only Annual benefit, unless otherwise stated</p>	<p>The benefit PER BENEFICIARY at a PPN provider would be as follows: 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 EITHER SPECTACLES - A PPN Frame to the value of R150 or R980 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 CONTACT LENSES - Contact lenses to the value of R970. The benefit PER BENEFICIARY at a NON PPN provider would be as follows: One consultation per Beneficiary during the Benefit Cycle, limited to a maximum cost of R420 AND EITHER SPECTACLES - A frame benefit of R784 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 R225 per lens or one pair of clear flat top bifocal spectacle lenses limited to R485 per lens or one pair of clear flat top Multifocal lenses limited to R850 per lens OR CONTACT LENSES - Contact Lenses to the value of R1 005.</p>

MONTHLY CONTRIBUTION RATES

Network Choice

MONTHLY INCOME as defined in the Scheme Rules	TOTAL MONTHLY CONTRIBUTION	
R0 – R20 000	Principal	R1 850
	Adult	R1 850
	1 st Child (REST ARE FREE)	R1 925
R20 001 – R24 710	Principal	R2 465
	Adult	R2 070
	1 st Child (REST ARE FREE)	R1 090
R24 711 – R33 120	Principal	R2 940
	Adult	R2 345
	1 st Child (REST ARE FREE)	R1 345
R33 121 – R49 690	Principal	R3 585
	Adult	R2 785
	Child	R1 790
R49 691+	Principal	R4 855
	Adult	R3 925
	Child	R2 395

Monthly Contribution Rates

ALLIANCE PLUS	DOUBLE PLUS	VITAL PLUS	ESSENTIAL PLUS	ESSENTIAL NETWORK	FIRST CHOICE	NETWORK CHOICE
Monthly Risk Contribution	Monthly Risk Contribution	<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 R9 885 Child R5 205	Adult R6 460 Child R3 705	Total Monthly Contribution	Monthly Risk Contribution	Monthly Risk Contribution	Total Monthly Contribution	Total Monthly Contribution
Monthly MSA Contribution	Monthly MSA Contribution	R0 - R60 100	0 - R150 230	0 - R150 230	0 - R12 810	R0 - R20 000
Adult R 650 Child R 300	Adult R 415 Child R 270	Adult R3 740 Child R1 915	Principal R3 055 Adult R2 410 Child R1 430	Principal R2 730 Adult R2 160 Child R1 265	Adult R1 730 Child R1 045	Principal R1 850 Adult R1 850 1st Child R1 925 <i>(rest are free)</i>
TOTAL MONTHLY CONTRIBUTION	TOTAL MONTHLY CONTRIBUTION	R60 101 - R150 230	Monthly MSA Contribution	Monthly MSA Contribution	R12 811 - R24 710	R20 001 - R24 710
Adult R10 535 Child R5 505	Adult R6 875 Child R3 975	Adult R4 240 Child R2 160	Principal R 730 Adult R 585 Child R 340	Principal R 655 Adult R 520 Child R 315	Adult R2 800 Child R1 645	Principal R2 465 Adult R2 070 1st Child R1 090 <i>(rest are free)</i>
ALLIANCE NETWORK	DOUBLE NETWORK	R150 231+	TOTAL MONTHLY CONTRIBUTION	TOTAL MONTHLY CONTRIBUTION	R24 711 - R33 120	R24 711 - R33 120
Monthly Risk Contribution	Monthly Risk Contribution	Adult R4 765 Child R2 435	Principal R3 785 Adult R2 995 Child R1 770	Principal R3 385 Adult R2 680 Child R1 580	Adult R4 205 Child R2 435	Principal R2 940 Adult R2 345 1st Child R1 345 <i>(rest are free)</i>
Adult R8 875 Child R4 690	Adult R5 840 Child R3 335	VITAL NETWORK	Monthly Risk Contribution	Monthly Risk Contribution	R33 121 - R49 690	R33 121 - R49 690
Monthly MSA Contribution	Monthly MSA Contribution	<i>Monthly income as defined in the Scheme Rules</i>	R150 231+	R150 231+	Adult R5 315 Child R3 510	Principal R3 585 Adult R2 785 Child R1 790
Adult R 590 Child R 270	Adult R 385 Child R 250	Total Monthly Contribution	Principal R3 740 Adult R2 955 Child R1 740	Principal R3 310 Adult R2 620 Child R1 535	R49 691+	R49 691+
TOTAL MONTHLY CONTRIBUTION	TOTAL MONTHLY CONTRIBUTION	R0 - R60 100	Monthly MSA Contribution	Monthly MSA Contribution	Adult R5 875 Child R3 835	Principal R4 855 Adult R3 925 Child R2 395
Adult R9 465 Child R4 960	Adult R6 225 Child R3 585	Adult R3 445 Child R1 770	Principal R 730 Adult R 585 Child R 340	Principal R 655 Adult R 520 Child R 315		
		R60 101 - R150 230	TOTAL MONTHLY CONTRIBUTION	TOTAL MONTHLY CONTRIBUTION		
		Adult R3 920 Child R2 005	Principal R4 470 Adult R3 540 Child R2 080	Principal R3 965 Adult R3 140 Child R1 850		
		R150 231+				
		Adult R4 380 Child R2 245				

Glossary

*More details available on the website www.camaf.co.za
For full explanations, consult the Registered Rules

ADULT	Refers to the member and dependants who are 22 or older at any time in the year of cover.
CBT	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.
CDL	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).
CML/ FORMULARY	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.
CHILD	Refers to a dependant who is younger than an adult, as defined above.
CHILDBIRTH CONFINEMENT	The period of time just before and during the birth of a child.
DISPENSING FEES	Fee negotiated by the Scheme with Network pharmacies and added to SEP.
DSP	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.
DTP	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).
ICD 10 CODE	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.
INCOME	Total cost to company prior to deductions.
LIMIT BEFORE PMB/CDL	CDL, DTP, PMB and non-PMB claims will pay from the benefit limit. If the limit is depleted PMB claims will be funded in line with Scheme protocols and the use of DSPs where applicable, and the remaining benefits for chronic conditions will pay per the approved treatment plan.
MEDICAL EMERGENCY	A sudden and, at the time, unexpected onset of a health condition or injury that needs immediate attention, where failure to provide such attention could result in the risk of loss of life or permanent damage to a bodily function or body part.
MEDICAL SAVINGS ACCOUNT	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"> • top up on cost of service charged by a doctor • extension when an overall benefit has been exceeded • payment of day-to-day claims on Essential Plus and Essential Network options • positive MSA may be used to fund exclusions from benefits
METABOLIC SCREENING	Newborn screening whereby rare disorders are detected by a blood test done 48 - 72 hours after birth.
MMAP	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.
NEGOTIATED RATE	This is the rate, negotiated by the scheme with the service provider/group of service providers, eg. hospitals and pathologists.
NOMINATED GP	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.
PMB	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"> • Any emergency medical condition • A limited set of 271 medical conditions (Defined in DTP's) • 27 chronic conditions defined in the CDL • 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.
PRE-AUTHORISATION	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.
PROTOCOL	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.
RISK CONTRIBUTIONS	Those funds allocated to the overall pool of funds for the payment of all claims other than those paid from the Medical Savings Account.
RP	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.
SEP	Single Exit Price - nationally applied pricing for medication as determined by the Department of Health and the pharmaceutical manufacturers.
TTO	"To Take Out" - medication supplied by the hospital for use after the date of discharge from hospital - limited to a 7 day supply.