



C A M A F

MEDICAL SCHEME

IN A CLASS OF ITS OWN

# 2024

BENEFIT OPTION  
BROCHURE



# About Us

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




















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

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

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

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

# CAMAF Benefit Option Summary

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

## Monthly Contribution Rates

# CAMAF Benefit Options

## QUICK SUMMARY

|  | Alliance Plus & Alliance Network   | Double Plus & Double Network   | Vital Plus & Vital Network<br><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><br/>Any private hospital.<br/>Private wards for childbirth confinements <i>(subject to availability)</i>.</p> <p><b>ALLIANCE NETWORK</b><br/>Life Healthcare, Netcare.<br/>Private wards for childbirth confinements <i>(subject to availability)</i>.</p> | <p><b>DOUBLE PLUS</b><br/>Any private hospital</p> <p><b>DOUBLE NETWORK</b><br/>Life Healthcare, Netcare</p> | <p><b>VITAL PLUS</b><br/>Any private hospital</p> <p><b>VITAL NETWORK</b><br/>Life Healthcare, Netcare</p> | <p><b>ESSENTIAL PLUS</b><br/>Any private hospital</p> <p><b>ESSENTIAL NETWORK</b><br/>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  | 63 Conditions  | 27 Conditions  | 27 Conditions  | 27 Conditions  |
| <b>Radiology and Pathology</b>                                 | Unlimited In or Out of Hospital  | Unlimited In or Out of Hospital  | Unlimited In or Out of Hospital  | Unlimited In Hospital, Out of Hospital from MSA  | Limits apply In and Out of Hospital  | Limits apply In and Out of Hospital  |
| <b>Preventive Wellness Benefits</b>                            | 14 extra benefits  | 14 extra benefits  | 14 extra benefits  | 14 extra benefits  | 11 extra benefits  | 11 extra benefits  |
| <b>Day To Day Overall Limit (Principal Member)</b>             | R41 870  | R16 313  | -  | -  | R3 922 for Medicines<br>R12 070 for Specialists<br>R3 922 for Other<br>Paid at 80% | R3 922 for Medicines<br>R12 070 for Specialists<br>R3 922 for Other<br>From DSP only |
| <b>Medical Savings Account (Principal Member)</b>              | <p><b>ALLIANCE PLUS</b><br/>R7 500</p> <p><b>ALLIANCE NETWORK</b><br/>R6 780</p>   | <p><b>DOUBLE PLUS</b><br/>R4 800</p> <p><b>DOUBLE NETWORK</b><br/>R4 440</p>                                 | -  | <p><b>ESSENTIAL PLUS</b><br/>R8 400</p> <p><b>ESSENTIAL NETWORK</b><br/>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:** Life Healthcare, Netcare (20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies) - **No limits.** Private wards for childbirth confinements (subject to availability)



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



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



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



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



**3 Months** post-hospitalisation benefit



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



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



**Infertility** R106 811 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><br>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><br>Medical and surgical procedures including childbirth confinements subject to pre-authorisation | 300% CBT<br>300% CBT  |
| <b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b><br>(eg. Physiotherapy and psychotherapy)   | 100% CBT  |
| <b>BLOOD TRANSFUSIONS (in and out of hospital)</b>   | 100% of cost  |
| <b>RADIOLOGY in hospital</b>   | 100% CBT  |
| <b>ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation</b>  | 100% CBT  |
| <b>PATHOLOGY in hospital</b>   | 100% Negotiated Rate  |
| <b>INTERNAL PROSTHESIS subject to pre-authorisation</b>  | 100% of cost  |
| <b>HOME NURSING</b><br>(Professional nurses only; frail care excluded)<br>Up to 21 days (subject to pre-authorisation)                                   | 100% CBT  |
| <b>STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY,</b><br>Up to 90 days (subject to pre-authorisation)                                       | 100% Negotiated Rate  |
| <b>MEDICATION in hospital</b>  | 100% SEP plus dispensing fee  |
| <b>TTO MEDICATION up to one week's supply</b>  | 100% SEP plus dispensing fee  |
| <b>INFERTILITY TREATMENT</b>   | Treatment limited to R106 811 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><br>Subject to pre-authorisation, protocols and formularies<br>Refer to chronic disease list              | 100% SEP plus a dispensing fee, subject to RP and DSP<br><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><br>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.<br><b>Consultations and procedures:</b> As per PMB regulations ( <i>for Alliance Network - on referral from a nominated network GP</i> ).   |
| <b>ONCOLOGY</b><br>Subject to preauthorisation and icon protocols*   | <b>Medication:</b> 100% SEP plus a dispensing fee, subject to RP and DSP.<br><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><br>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><br>*ICD 10 code specific to general checkup only  | 100% CBT per beneficiary<br>(Nominated Network GP for Alliance Network)   |
| <b>ONE SPECIALIST CONSULTATION</b><br>*ICD 10 code specific to general checkup only.<br>Gynaecologists, Urologists, or Specialist Physicians.<br>For beneficiaries over 18 years.<br>Paediatricians for beneficiaries under 18 years. | 100% CBT per beneficiary  |
| <b>PSYCHOTHERAPY</b>  | 100% CBT limited to R16 274 per beneficiary   |
| <b>ONE DIETICIAN CONSULTATION</b>   | 100% CBT per beneficiary  |
| <b>ONE DENTISTRY CONSULTATION</b><br>General checkup only - excludes consumables  | 100% CBT per beneficiary  |
| <b>ONE ECG (performed by GP or Specialist Physician)</b><br>*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<br>PPN optometrist for Alliance Network  |
| <b>IMMUNISATION AND VACCINES</b><br>(cost of immunisation and vaccine only)   | SEP plus a dispensing fee, limited to R6 547 per beneficiary  |
| <b>HUMAN PAPILLOMA VIRUS (HPV) VACCINE</b><br>(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.<br>(SEP plus dispensing fee) |
| <b>PSA SCREENING</b>  | Males older than 40 years of age (100% Negotiated Rate or CBT)  |
| <b>PAP SMEAR SCREENING</b>  | Females between 21 and 65 years of age (100% Negotiated Rate or CBT)  |
| <b>MAMMOGRAM</b>  | Females from 25 years of age (100% CBT)   |
| <b>ONE HIV VCT TEST</b>   | 100% CBT per beneficiary  |
| <b>ONE MELANOMA SCREENING</b>   | 100% CBT per adult beneficiary  |

\*Please refer to the website for ICON benefit structures

## ALLIANCE PLUS & ALLIANCE NETWORK

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

### MATERNITY BENEFITS

|  |  |
|--|--|
| <b>HOSPITAL ACCOMMODATION</b><br>Including childbirth confinements, Subject to pre-authorization   | See In Hospital and Prescribed Minimum Benefits above  |
| <b>EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT</b><br><b>BREAST PUMPS AND APNOEA MONITORS</b><br>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 372<br>Breast pumps: R5 517   |
| <b>METABOLIC SCREENING FOR NEW BORN BABIES</b>   | 100% Negotiated Rate per new born baby   |
| <b>ANTE-NATAL FOETAL SCANS PER PREGNANCY</b>   | 6 scans at 80% CBT<br>Subject to Annual Overall Day-to-Day Limit   |
| <b>ANTE-NATAL CLASSES</b>  | 80% CBT limited to R3 227 per pregnancy<br>Subject to Annual Overall Day-to-Day Limit  |
| <b>UMBILICAL STEM CELL HARVESTING</b>  | <b>Negotiated discount with Cryo-Save</b><br><i>Note: Please note that CAMAF does not cover expenses related to cord blood stem cell harvesting, testing and storage as this is not treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.</i> |



## ALLIANCE PLUS & ALLIANCE NETWORK

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

| OTHER BENEFITS (per Beneficiary)<br>NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT  |   |               |          |                 |  |                |          |                       |         |                |         |                            |         |
|--|---|---------------|----------|-----------------|--|----------------|----------|-----------------------|---------|----------------|---------|----------------------------|---------|
| <p style="text-align: center;"><b>BASIC AND ADVANCED RADIOLOGY</b></p> <p style="text-align: center;">Out of hospital.</p> <p style="text-align: center;"><b>Must be performed by a registered radiologist,<br/>on referral from medical practitioner only.</b></p> <p style="text-align: center;"><b>Advanced scans (MRI/CT/PET) subject to pre-authorisation.</b></p>  | <p>100% CBT</p> <p><i>(on referral from a nominated network GP or a specialist for Alliance Network)</i></p>  |               |          |                 |  |                |          |                       |         |                |         |                            |         |
| <p style="text-align: center;"><b>PATHOLOGY</b></p> <p style="text-align: center;">Out of hospital.</p> <p style="text-align: center;"><b>Performed by a registered pathologist and referred by a medical practitioner.</b></p>  | <p>100% Negotiated Rate or CBT</p> <p><i>(on referral from a nominated network GP or a specialist for Alliance Network)</i></p>   |               |          |                 |  |                |          |                       |         |                |         |                            |         |
| <p style="text-align: center;"><b>POST-HOSPITALISATION</b></p> <p style="text-align: center;"><b>Consultations and treatment up to 90 days.</b></p>  | <p>300% CBT for attending practitioners</p> <p>100% CBT for supplementary services</p>  |               |          |                 |  |                |          |                       |         |                |         |                            |         |
| <p style="text-align: center;"><b>MEDICATION AND TREATMENT FOR<br/>ADDITIONAL CHRONIC CONDITIONS</b></p> <p style="text-align: center;">(Subject to pre-authorisation)</p> <p style="text-align: center;"><i>Refer to additional chronic conditions list</i></p>   | <p>100% SEP plus a dispensing fee, subject to RP and DSP</p> <p>Consultations 100% CBT</p> <p><i>(on referral from a nominated network GP for Alliance Network; medication claims will not be paid if non-nominated network GP is used)</i></p>   |               |          |                 |  |                |          |                       |         |                |         |                            |         |
| <p style="text-align: center;"><b>EXTERNAL APPLIANCES (subject to referral)</b></p> <p style="text-align: center;">In and out of hospital purchase, hire and maintenance</p> <p style="text-align: center;"><b>CPAP (subject to pre-authorisation) - 3 YEAR CYCLE</b></p> <p style="text-align: center;"><b>HEARING AIDS (subject to pre-authorisation)</b></p> <p style="text-align: center;"><b>1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE</b></p> <p style="text-align: center;"><b>YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE</b></p> <p style="text-align: center;"><b>WHEELCHAIRS - 3 YEAR CYCLE</b></p> <p style="text-align: center;"><b>INSULIN PUMPS (subject to pre-authorisation and DSP)</b></p> <p style="text-align: center;"><b>- 4 YEAR CYCLE</b></p> | <p><b>100% NAPPI price or 100% of cost, subject to the overall limit of R107 829 per beneficiary and subject to the following sub-limits:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Hearing Aids:</td> <td style="text-align: right;">R107 829</td> </tr> <tr> <td>Wheelchairs for</td> <td></td> </tr> <tr> <td>  Quadriplegics:</td> <td style="text-align: right;">R107 829</td> </tr> <tr> <td>  Standard Wheelchairs:</td> <td style="text-align: right;">R64 337</td> </tr> <tr> <td>  Insulin Pumps:</td> <td style="text-align: right;">R64 337</td> </tr> <tr> <td>  Other external appliances:</td> <td style="text-align: right;">R21 348</td> </tr> </table> <p><i>(on referral from a nominated network GP or a specialist for Alliance Network)</i></p> | Hearing Aids: | R107 829 | Wheelchairs for |  | Quadriplegics: | R107 829 | Standard Wheelchairs: | R64 337 | Insulin Pumps: | R64 337 | Other external appliances: | R21 348 |
| Hearing Aids:  | R107 829  |               |          |                 |  |                |          |                       |         |                |         |                            |         |
| Wheelchairs for  |   |               |          |                 |  |                |          |                       |         |                |         |                            |         |
| Quadriplegics:   | R107 829  |               |          |                 |  |                |          |                       |         |                |         |                            |         |
| Standard Wheelchairs:  | R64 337   |               |          |                 |  |                |          |                       |         |                |         |                            |         |
| Insulin Pumps:   | R64 337   |               |          |                 |  |                |          |                       |         |                |         |                            |         |
| Other external appliances:   | R21 348   |               |          |                 |  |                |          |                       |         |                |         |                            |         |
| <p style="text-align: center;"><b>INTERNATIONAL TRAVEL COVER</b></p> <p style="text-align: center;"><b>Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel.</b></p> <p style="text-align: center;"><b>Visit our website for full details.</b></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 style="text-align: center;"><b>NETCARE 911</b></p> <p style="text-align: center;"><b>Emergency services</b></p>   | <p><b>Unlimited</b></p> <p>Subject to Netcare 911 authorisation</p>   |               |          |                 |  |                |          |                       |         |                |         |                            |         |

## ALLIANCE PLUS & ALLIANCE NETWORK

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

| OTHER BENEFITS (per Beneficiary)   |   |
|--|---|
| <b>DAY TO DAY BENEFITS</b><br>Benefits below are subject to the overall annual limit   | <b>Annual Overall Limits</b><br>Adult R41 870<br>Child R26 076  |
| <b>GPs AND DENTISTS</b><br>Dental x-rays performed by dentists, consultations and procedures performed by these practitioners; basic dentistry   | 80% CBT<br>Nominated Network GP for Alliance Network  |
| <b>SPECIALISTS</b><br>Consultations, procedures and radiology performed by these practitioners   | 80% CBT<br><i>(on referral from a nominated network GP for Alliance Network)</i>  |
| <b>ACUTE MEDICATION</b><br>Including injections and materials  | 80% SEP plus dispensing fee, subject to MMAP, co-payment from MSA<br><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><br>Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy   | 80% CBT<br><i>(on referral from a nominated network GP or from a specialist for Alliance Network)</i>   |
| <b>ADVANCED DENTISTRY</b><br>Crowns, Bridges, Orthodontics, Dentures   | <b>80% CBT limited to:</b><br>M0 R21 348<br>M1 R31 906<br>M2+ R38 478   |
| <b>OVER THE COUNTER MEDICATION</b>   | 80% SEP plus a dispensing fee, subject to MMAP, co-payment from MSA, limited to R5 269 per beneficiary  |
| <b>LASER K/EXCIMER LASER</b><br>No approval for surgery where spectacles obtained in previous 12 months  | 80% CBT limited to R16 165 per beneficiary per eye  |
| <b>SPECTACLES AND LENSES</b><br>From Optometrist only<br>Annual benefit, unless otherwise stated<br>PPN is the DSP for Alliance Network<br><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<br>Add ons R2 094<br>Single vision R2 094 OR<br>Bifocal R4 198 OR<br>Varifocal R6 318 AND<br>Frames R9 423 OR<br>Contact lenses R9 158<br>Lenses, frames etc 80% Optical Assistant Rates |

## MONTHLY CONTRIBUTION RATES

### Alliance Plus

|                            |              |               |
|----------------------------|--------------|---------------|
| Monthly Risk Contribution  | Adult        | R7 825        |
|                            | Child        | R4 232        |
| Monthly MSA Contribution   | Adult        | R 625         |
|                            | Child        | R 290         |
| Total Monthly Contribution | <b>Adult</b> | <b>R8 450</b> |
|                            | <b>Child</b> | <b>R4 522</b> |

### Alliance Network

|                            |              |               |
|----------------------------|--------------|---------------|
| Monthly Risk Contribution  | Adult        | R7 093        |
|                            | Child        | R3 835        |
| Monthly MSA Contribution   | Adult        | R 565         |
|                            | Child        | R 260         |
| Total Monthly Contribution | <b>Adult</b> | <b>R7 658</b> |
|                            | <b>Child</b> | <b>R4 095</b> |

## BENEFIT OPTION QUICK SUMMARY

# Double Plus & Double Network



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

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



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



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



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



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



**3 Months** post-hospitalisation benefit



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



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



**Infertility** R75 329 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><br>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><br>Medical and surgical procedures including childbirth confinements subject to pre-authorisation | 300% CBT<br>300% CBT  |
| <b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b><br>(Eg. Physiotherapy and psychotherapy)   | 100% CBT  |
| <b>BLOOD TRANSFUSIONS (in and out of hospital)</b>   | 100% of cost  |
| <b>RADIOLOGY in hospital</b><br><b>ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation</b>  | 100% CBT<br>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><br>(Professional nurses only; frail care excluded)<br>Up to 21 days (subject to pre-authorisation)                                   | 100% CBT  |
| <b>STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY</b><br>Up to 90 days (subject to pre-authorisation)  | 100% Negotiated Rate  |
| <b>MEDICATION in hospital</b>  | 100% SEP plus dispensing fee  |
| <b>TTO MEDICATION up to one week's supply</b>  | 100% SEP plus dispensing fee  |
| <b>INFERTILITY TREATMENT</b>   | Treatment limited to R75 329 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><br>Subject to pre-authorisation, protocols and formularies<br>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><br>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.<br><b>Consultations and procedures:</b> As per PMB regulations ( <i>for Double Network - on referral from a nominated network GP</i> )                        |
| <b>ONCOLOGY</b><br>Subject to preauthorisation and icon protocols*   | <b>Medication:</b> 100% SEP plus a dispensing fee, subject to RP and DSP.<br><b>Consultations and procedures:</b> at 300% CBT<br>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><br>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><br>*ICD 10 code specific to general checkup only   | 100% CBT per beneficiary<br>(Nominated Network GP for Double Network)   |
| <b>ONE SPECIALIST CONSULTATION</b><br>**ICD 10 code specific to general checkup only.<br>Gynaecologists, Urologists, or Specialist Physicians.<br>For beneficiaries over 18 years.<br>Paediatricians for beneficiaries under 18 years. | 100% CBT per beneficiary  |
| <b>PSYCHOTHERAPY</b>   | 100% CBT limited to R16 274 per beneficiary   |
| <b>ONE DIETICIAN CONSULTATION</b>  | 100% CBT per beneficiary  |
| <b>ONE DENTISTRY CONSULTATION</b><br>General checkup only - excludes consumables   | 100% CBT per beneficiary  |
| <b>ONE ECG (performed by GP or Specialist Physician)</b><br>*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<br>PPN optometrist for Double Network  |
| <b>IMMUNISATION AND VACCINES</b><br>(cost of immunisation and vaccine only)  | SEP plus a dispensing fee, limited to: Adults R3 287 - Child R5 438   |
| <b>HUMAN PAPILLOMA VIRUS (HPV) VACCINE</b><br>(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.<br>(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><br>Including childbirth confinements. Subject to pre-authorisation.  | See In Hospital and Prescribed Minimum Benefits  |
| <b>EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT</b><br><b>BREAST PUMPS AND APNOEA MONITORS</b><br>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 313<br>Breast pumps: R5 517   |
| <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<br>Subject to Annual Overall Day-to-Day Limit   |
| <b>ANTE-NATAL CLASSES</b>  | 80% CBT limited to R2 366 per pregnancy<br>Subject to Annual Overall Day-to-Day Limit  |
| <b>UMBILICAL STEM CELL HARVESTING</b>  | <b>Negotiated discount with Cryo-Save</b><br><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.

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

|   |   |
|---|---|
| <p><b>BASIC AND ADVANCED RADIOLOGY</b><br/>Out of hospital.<br/>Must be performed by a registered radiologist, on referral from medical practitioner only.<br/>Advanced scans (MRI/CT/PET) subject to pre-authorisation.</p>  | <p>100% CBT<br/><i>(on referral from a nominated network GP or a specialist for Double Network)</i></p>   |
| <p><b>PATHOLOGY</b><br/>Out of hospital.<br/>Performed by a registered pathologist and referred by a medical practitioner.</p>  | <p>100% Negotiated Rate or CBT<br/><i>(on referral from a nominated network GP or a specialist for Double Network)</i></p>  |
| <p><b>POST-HOSPITALISATION</b><br/>Consultations and treatment up to 90 days</p>  | <p>300% CBT for attending practitioners<br/>100% CBT for supplementary services</p>   |
| <p><b>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS</b><br/>(Subject to pre-authorisation)<br/>Refer to additional chronic conditions list</p>   | <p>100% SEP plus a dispensing fee, subject to RP and DSP<br/>Consultations 100% CBT<br/><i>(on referral from a nominated network GP for Double Network; medication claims will not be paid if non-nominated network GP is used)</i></p>   |
| <p><b>EXTERNAL APPLIANCES</b> (subject to referral)<br/>In and out of hospital purchase, hire and maintenance<br/><b>CPAP</b> (subject to pre-authorisation) - 3 YEAR CYCLE<br/><b>HEARING AIDS</b> (subject to pre-authorisation)<br/>1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE<br/>YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE<br/><b>WHEELCHAIRS</b> - 3 YEAR CYCLE<br/><b>INSULIN PUMPS</b> (subject to pre-authorisation and DSP)<br/>- 4 YEAR CYCLE</p> | <p><b>100% NAPPI price or 100% of cost, subject to the overall limit of R86 203 per beneficiary and subject to the following sub-limits:</b><br/>Hearing Aids: R86 203<br/>Wheelchairs for<br/>Quadriplegics: R86 203<br/>Standard Wheelchairs: R54 982<br/>Insulin Pumps: R56 297<br/>Other external appliances: R18 486<br/><i>(on referral from a nominated network GP or a specialist for Double Network)</i></p> |
| <p><b>INTERNATIONAL TRAVEL COVER</b><br/>Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel.<br/>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><br/>Emergency services</p>  | <p><b>Unlimited</b><br/>Subject to Netcare 911 authorisation</p>  |



## DOUBLE PLUS & DOUBLE NETWORK

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

### OTHER BENEFITS (per Beneficiary)

| <b>DAY TO DAY BENEFITS</b><br>Benefits below are subject to the overall annual limit   | <b>Annual Overall Limits</b>  |
|--|---|
|  | Adult R16 313<br>Child R11 321  |
| <b>GPs AND DENTISTS</b><br>Dental x-rays performed by dentists, consultations and procedures performed by these practitioners; basic dentistry   | 80% CBT<br>Nominated Network GP for Double Network  |
| <b>SPECIALISTS</b><br>Consultations, procedures and radiology performed by these practitioners   | 80% CBT<br><i>(on referral from a nominated network GP for Double Network)</i>  |
| <b>ACUTE MEDICATION</b><br>Including injections and materials  | 80% SEP plus dispensing fee, subject to MMAP, co-payment from MSA<br><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><br>Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy   | 80% CBT<br><i>(on referral from a nominated network GP or a specialist for Double Network)</i>  |
| <b>ADVANCED DENTISTRY</b><br>Crowns, Bridges, Orthodontics, Dentures   | <b>80% CBT limited to:</b><br>M0 R15 900<br>M1 R22 896<br>M2+ R30 835   |
| <b>OVER THE COUNTER MEDICATION</b>   | 80% SEP plus a dispensing fee, subject to MMAP, co-payment from MSA, limited to R2 337 per beneficiary  |
| <b>LASER K/EXCIMER LASER</b><br>No approval for surgery where spectacles obtained in previous 12 months  | 80% CBT limited to R5 968 per beneficiary per eye   |
| <b>SPECTACLES AND LENSES</b><br>From Optometrist only<br>Annual benefit, unless otherwise stated<br>PPN is the DSP for Double Network<br><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<br>Add ons R1 378<br>Single vision R1 378 OR<br>Bifocal R3 678 OR<br>Varifocal R5 639 AND<br>Frames R5 067 OR<br>Contact lenses R4 918<br>Lenses, frames etc 80% Optical Assistant Rates |

## MONTHLY CONTRIBUTION RATES

### Double Plus

|                            |              |               |
|----------------------------|--------------|---------------|
| Monthly Risk Contribution  | Adult        | R5 172        |
|                            | Child        | R2 965        |
| Monthly MSA Contribution   | Adult        | R 400         |
|                            | Child        | R 260         |
| Total Monthly Contribution | <b>Adult</b> | <b>R5 572</b> |
|                            | <b>Child</b> | <b>R3 225</b> |

### Double Network

|                            |              |               |
|----------------------------|--------------|---------------|
| Monthly Risk Contribution  | Adult        | R4 710        |
|                            | Child        | R2 691        |
| Monthly MSA Contribution   | Adult        | R370          |
|                            | Child        | R240          |
| Total Monthly Contribution | <b>Adult</b> | <b>R5 080</b> |
|                            | <b>Child</b> | <b>R2 931</b> |

## BENEFIT OPTION QUICK SUMMARY

# Vital Plus & Vital Network

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



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

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



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



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



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



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



**3 Months** post-hospitalisation



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



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

## VITAL PLUS & VITAL NETWORK

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

### IN HOSPITAL AND PRESCRIBED MINIMUM BENE FITS

|  |   |
|--|---|
| <b>HOSPITAL ACCOMMODATION</b><br>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><br>Medical and surgical procedures including childbirth confinements subject to pre-authorisation | 300% CBT<br>300% CBT  |
| <b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b><br>(eg. Physiotherapy and psychotherapy)   | 100% CBT  |
| <b>BLOOD TRANSFUSIONS (in and out of hospital)</b>   | 100% of cost  |
| <b>RADIOLOGY in hospital</b><br>ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation   | 100% CBT<br>100% CBT  |
| <b>PATHOLOGY in hospital</b>   | 100% Negotiated Rate  |
| <b>INTERNAL PROSTHESIS</b> subject to pre-authorisation  | 100% of cost  |
| <b>HOME NURSING</b><br>(Professional nurses only; frail care excluded)<br>Up to 21 days (subject to pre-authorisation)                                   | 100% CBT  |
| <b>STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY</b><br>Up to 90 days (subject to pre-authorisation)  | 100% Negotiated Rate  |
| <b>MEDICATION in hospital</b>  | 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><br>Subject to pre-authorisation, protocols and formularies<br>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><br>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.<br><b>Consultations and procedures:</b> As per PMB regulations  |
| <b>ONCOLOGY</b><br>Subject to preauthorisation and icon protocols*   | <b>Medication:</b> 100% SEP plus a dispensing fee, subject to RP and DSP.<br><b>Consultations and procedures:</b> at 300% CBT<br>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><br>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><br>*ICD 10 code specific to general checkup only  | 100% CBT per beneficiary  |
| <b>ONE SPECIALIST CONSULTATION</b><br>*ICD 10 code specific to general checkup only.<br>Gynaecologists, Urologists, or Specialist Physicians.<br>For beneficiaries over 18 years.<br>Paediatricians for beneficiaries under 18 years. | 100% CBT per beneficiary  |
| <b>PSYCHOTHERAPY</b>  | 100% CBT limited to R16 274 per beneficiary   |
| <b>ONE DIETICIAN CONSULTATION</b>   | 100% CBT per beneficiary  |
| <b>ONE DENTISTRY CONSULTATION</b><br>General checkup only - excludes consumables  | 100% CBT per beneficiary  |
| <b>ONE ECG (performed by GP or Specialist Physician)</b><br>*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><br>(cost of immunisation and vaccine only)   | SEP plus a dispensing fee, limited to R2 178 per beneficiary  |
| <b>HUMAN PAPILLOMA VIRUS (HPV) VACCINE</b><br>(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.<br>(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><br/>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><br/><b>BREAST PUMPS AND APNOEA MONITORS</b><br/>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 307<br/>Breast pumps: R5 517</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><br/><b>Note:</b> Please note that CAMAF does not cover expenses related to cord blood stem cell harvesting, testing and storage as this is not treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.</p> |

## VITAL PLUS & VITAL NETWORK

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

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

|   |   |               |         |                                |         |                       |         |                |         |                            |         |
|---|---|---------------|---------|--------------------------------|---------|-----------------------|---------|----------------|---------|----------------------------|---------|
| <p><b>BASIC AND ADVANCED RADIOLOGY</b><br/>Out of hospital.<br/>Must be performed by a registered radiologist, on referral from medical practitioner only.<br/>Advanced scans (MRI/CT/PET) subject to pre-authorisation.</p>  | 100% CBT  |               |         |                                |         |                       |         |                |         |                            |         |
| <p><b>PATHOLOGY</b><br/>Out of hospital.<br/>Performed by a registered pathologist and referred by a medical practitioner.</p>  | 100% Negotiated Rate or CBT   |               |         |                                |         |                       |         |                |         |                            |         |
| <p><b>POST-HOSPITALISATION</b><br/>Consultations and treatment up to 90 days</p>  | 300% CBT for attending practitioners<br>100% CBT for supplementary services   |               |         |                                |         |                       |         |                |         |                            |         |
| <p><b>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS</b><br/>(Subject to pre-authorisation)<br/>Refer to additional chronic conditions list</p>   | 100% SEP plus a dispensing fee, subject to RP and DSP<br>Consultations 100% CBT   |               |         |                                |         |                       |         |                |         |                            |         |
| <p><b>EXTERNAL APPLIANCES</b> (subject to referral)<br/>In and out of hospital purchase, hire and maintenance<br/><b>CPAP</b> (subject to pre-authorisation) - 3 YEAR CYCLE<br/><b>HEARING AIDS</b> (subject to pre-authorisation)<br/>1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE<br/>YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE<br/><b>WHEELCHAIRS</b> - 3 YEAR CYCLE<br/><b>INSULIN PUMPS</b> (subject to pre-authorisation and DSP)<br/>- 4 YEAR CYCLE</p> | <p><b>100% NAPPI price or 100% of cost, subject to the overall limit of R49 613 per beneficiary and subject to the following sub-limits:</b></p> <table> <tr> <td>Hearing Aids:</td> <td>R43 110</td> </tr> <tr> <td>Wheelchairs for Quadriplegics:</td> <td>R43 116</td> </tr> <tr> <td>Standard Wheelchairs:</td> <td>R30 279</td> </tr> <tr> <td>Insulin Pumps:</td> <td>R49 613</td> </tr> <tr> <td>Other external appliances:</td> <td>R10 807</td> </tr> </table> | Hearing Aids: | R43 110 | Wheelchairs for Quadriplegics: | R43 116 | Standard Wheelchairs: | R30 279 | Insulin Pumps: | R49 613 | Other external appliances: | R10 807 |
| Hearing Aids:   | R43 110   |               |         |                                |         |                       |         |                |         |                            |         |
| Wheelchairs for Quadriplegics:  | R43 116   |               |         |                                |         |                       |         |                |         |                            |         |
| Standard Wheelchairs:   | R30 279   |               |         |                                |         |                       |         |                |         |                            |         |
| Insulin Pumps:  | R49 613   |               |         |                                |         |                       |         |                |         |                            |         |
| Other external appliances:  | R10 807   |               |         |                                |         |                       |         |                |         |                            |         |
| <p><b>INTERNATIONAL TRAVEL COVER</b><br/>Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel.<br/>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><br/>Emergency services</p>  | <p><b>Unlimited</b><br/>Subject to Netcare 911 authorisation</p>  |               |         |                                |         |                       |         |                |         |                            |         |

## MONTHLY CONTRIBUTION RATES

### Vital Plus

| <b>MONTHLY INCOME</b><br>based on Total Cost to Company of Principal Member | <b>TOTAL MONTHLY CONTRIBUTION</b> |               |
|---|-----------------------------------|---------------|
| R0 - R54 510  | Adult                             | <b>R2 955</b> |
|   | Child                             | <b>R1 515</b> |
| R54 511 - R136 270  | Adult                             | <b>R3 350</b> |
|   | Child                             | <b>R1 710</b> |
| R136 271+   | Adult                             | <b>R3 725</b> |
|   | Child                             | <b>R1 910</b> |

### Vital Network

| <b>MONTHLY INCOME</b><br>based on Total Cost to Company of Principal Member | <b>TOTAL MONTHLY CONTRIBUTION</b> |               |
|---|-----------------------------------|---------------|
| R0 - R54 510  | Adult                             | <b>R2 750</b> |
|   | Child                             | <b>R1 410</b> |
| R54 511 - R136 270  | Adult                             | <b>R3 120</b> |
|   | Child                             | <b>R1 590</b> |
| R136 271+   | Adult                             | <b>R3 470</b> |
|   | Child                             | <b>R1 775</b> |



## BENEFIT OPTION QUICK SUMMARY

# Essential Plus & Essential Network



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

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



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



**27 Chronic Conditions** Medication and consultations



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



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



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

## ESSENTIAL PLUS & ESSENTIAL NETWORK

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

### IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

|  |   |
|--|---|
| <b>HOSPITAL ACCOMMODATION</b><br>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><br>Medical and surgical procedures including childbirth confinements subject to pre-authorisation | 200% CBT<br>200% CBT  |
| <b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b><br>(eg. physiotherapy and psychotherapy)   | 100% CBT  |
| <b>BLOOD TRANSFUSIONS (in and out of hospital)</b>   | 100% of cost  |
| <b>RADIOLOGY in hospital</b><br>ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation   | 100% CBT<br>100% CBT  |
| <b>PATHOLOGY in hospital</b>   | 100% Negotiated Rate  |
| <b>INTERNAL PROSTHESIS</b> subject to pre-authorisation  | 100% of cost<br><b>Exclusions:</b> cochlear implants  |
| <b>HOME NURSING</b><br>(Professional nurses only; frail care excluded)<br>Up to 21 days (subject to pre-authorisation)                                   | 100% CBT  |
| <b>STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY</b><br>Up to 90 days (subject to pre-authorisation)  | 100% Negotiated Rate  |
| <b>MEDICATION in hospital</b>  | 100% SEP plus dispensing fee  |
| <b>TTO MEDICATION up to one week's supply</b>  | 100% SEP plus dispensing fee  |
| <b>SUBSTANCE ABUSE</b>   | PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days   |
| <b>CHRONIC PMB CDL MEDICATION AND TREATMENT</b><br>Subject to pre-authorisation, protocols and formularies<br>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><br>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.<br><b>Consultations and procedures:</b> As per PMB regulations  |
| <b>ONCOLOGY</b><br>Subject to pre-authorisation and icon protocols*  | <b>Medication:</b> 100% SEP plus a dispensing fee, subject to RP and DSP.<br><b>Consultations and procedures:</b> 100% DSP Tariff<br>The DSP is the ICON network<br>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><br><b>*ICD 10 code specific to general checkup only</b>   | 100% CBT per beneficiary   |
| <b>ONE SPECIALIST CONSULTATION</b><br><b>*ICD 10 code specific to general checkup only.</b><br><b>Gynaecologists, Urologists, or Specialist Physicians.</b><br><b>For beneficiaries over 18 years.</b><br><b>Paediatricians for beneficiaries under 18 years.</b> | 100% CBT per beneficiary   |
| <b>PSYCHOTHERAPY</b>  | 100% CBT limited to R16 274 per beneficiary  |
| <b>ONE DIETICIAN CONSULTATION</b>   | 100% CBT per beneficiary   |
| <b>ONE DENTISTRY CONSULTATION</b><br><b>General checkup only - excludes consumables</b>   | 100% CBT per beneficiary   |
| <b>ONE ECG (performed by GP or Specialist Physician)</b><br><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 (cost of immunisation and vaccine only)</b>  | SEP plus a dispensing fee, limited to R2 308 per beneficiary   |
| <b>HUMAN PAPILLOMA VIRUS (HPV) VACCINE (cost of vaccine only)</b>   | Females between 9 and 45 years of age. Males between 9 and 26 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable.<br><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><br/>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><br/><b>BREAST PUMPS AND APNOEA MONITORS</b><br/>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><br/><b>Note:</b> Please note that CAMAF does not cover expenses related to cord blood stem cell harvesting, testing and storage as this is not treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.</p> |

## ESSENTIAL PLUS & ESSENTIAL NETWORK

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

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

|  |  |
|--|--|
| <p><b>BASIC AND ADVANCED RADIOLOGY</b><br/>Out of hospital.<br/>Must be performed by a registered radiologist, on referral from medical practitioner only.<br/>Advanced scans (MRI/CT/PET) subject to pre-authorisation.</p>   | Subject to Medical Savings Account   |
| <p><b>PATHOLOGY</b><br/>Out of hospital.<br/>Performed by a registered pathologist and referred by a medical practitioner.</p>   | Subject to Medical Savings Account   |
| <p><b>POST-HOSPITALISATION</b><br/>Consultations and treatment up to 90 days</p>   | Subject to Medical Savings Account   |
| <p><b>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS</b><br/>(SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL CHRONIC CONDITIONS LIST</p>  | <p><b>Depression only</b><br/>100% SEP plus a dispensing fee subject to RP and DSP<br/>Consultations 100% CBT</p>  |
| <p><b>EXTERNAL APPLIANCES (subject to referral)</b><br/>In and out of hospital purchase, hire and maintenance<br/><b>CPAP (subject to pre-authorisation) - 3 YEAR CYCLE</b><br/><b>HEARING AIDS (subject to pre-authorisation)</b><br/>1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE<br/>YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE<br/><b>WHEELCHAIRS - 3 YEAR CYCLE</b></p> | Subject to Medical Savings Account   |
| <p><b>INTERNATIONAL TRAVEL COVER</b><br/>Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel.<br/>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><br/>Emergency services</p>   | <p><b>Unlimited</b><br/>Subject to Netcare 911 authorisation</p>   |

## ESSENTIAL PLUS & ESSENTIAL NETWORK

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

### OTHER BENEFITS (per Beneficiary)

|  |   |
|--|---|
| <p><b>DAY-TO-DAY BENEFITS</b><br/>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><br/>Dental x-rays performed by dentists, consultations and procedures performed by these practitioners:<br/>Basic dentistry</p>                   | Subject to Medical Savings Account                                      |
| <p><b>SPECIALISTS</b><br/>Consultations, procedures and radiology performed by these practitioners</p>   | Subject to Medical Savings Account                                      |
| <p><b>ACUTE MEDICATION</b><br/>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><br/>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><br/>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><br/>No approval for surgery where spectacles obtained in previous 12 months.</p>   | Subject to Medical Savings Account                                      |
| <p><b>SPECTACLES AND LENSES</b><br/>From optometrist only<br/>Annual benefit, unless otherwise stated</p>  | Subject to Medical Savings Account                                      |

## MONTHLY CONTRIBUTION RATES

### Essential Plus

#### MONTHLY INCOME

based on Total Cost to Company of Principal Member

##### 0 - R136 270

|                            |           |        |
|----------------------------|-----------|--------|
| Monthly RISK Contribution  | Principal | R2 450 |
|                            | Adult     | R1 935 |
|                            | Child     | R1 140 |
| Monthly MSA Contribution   | Principal | R700   |
|                            | Adult     | R560   |
|                            | Child     | R330   |
| Total Monthly Contribution | Principal | R3 150 |
|                            | Adult     | R2 495 |
|                            | Child     | R1 470 |

##### R136 271+

|                            |           |        |
|----------------------------|-----------|--------|
| Monthly RISK Contribution  | Principal | R2 950 |
|                            | Adult     | R2 335 |
|                            | Child     | R1 370 |
| Monthly MSA Contribution   | Principal | R700   |
|                            | Adult     | R560   |
|                            | Child     | R330   |
| Total Monthly Contribution | Principal | R3 650 |
|                            | Adult     | R2 895 |
|                            | Child     | R1 700 |

### Essential Network

#### MONTHLY INCOME

based on Total Cost to Company of Principal Member

##### 0 - R136 270

|                            |           |        |
|----------------------------|-----------|--------|
| Monthly RISK Contribution  | Principal | R2 210 |
|                            | Adult     | R1 745 |
|                            | Child     | R1 025 |
| Monthly MSA Contribution   | Principal | R630   |
|                            | Adult     | R500   |
|                            | Child     | R300   |
| Total Monthly Contribution | Principal | R2 840 |
|                            | Adult     | R2 245 |
|                            | Child     | R1 325 |

##### R136 271+

|                            |           |        |
|----------------------------|-----------|--------|
| Monthly RISK Contribution  | Principal | R2 660 |
|                            | Adult     | R2 110 |
|                            | Child     | R1 235 |
| Monthly MSA Contribution   | Principal | R630   |
|                            | Adult     | R500   |
|                            | Child     | R300   |
| Total Monthly Contribution | Principal | R3 290 |
|                            | Adult     | R2 610 |
|                            | Child     | R1 535 |

## BENEFIT OPTION QUICK SUMMARY

# First Choice



Any Private Hospital - **No limits**



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



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



**X-Rays and Blood Tests:** Advanced scans limited to R45 320 per family for in and out of hospital



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



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



## FIRST CHOICE

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

### IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

|  |  |
|--|--|
| <b>HOSPITAL ACCOMMODATION</b><br>Including childbirth confinements, subject to pre-authorization   | 100% of Negotiated Rate in general ward and specialised units  |
| <b>ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS</b><br>Medical and surgical procedures including childbirth confinements subject to pre-authorization | 100% CBT<br>100% CBT   |
| <b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b><br>(eg. physiotherapy and psychotherapy)   | 100% CBT   |
| <b>BLOOD TRANSFUSIONS</b> (in and out of hospital)   | 100% of cost   |
| <b>RADIOLOGY</b> in hospital   | 100% CBT   |
| <b>ADVANCED SCANS (MRI/CT/PET)</b> subject to pre-authorization  | 100% CBT limited to R45 320 per family for in and out of hospital  |
| <b>PATHOLOGY</b> in hospital   | 100% Negotiated Rate   |
| <b>INTERNAL PROSTHESIS</b> subject to pre-authorization  | 100% of cost limited to R45 320 per family<br><b>Exclusions:</b> cochlear implants   |
| <b>HOME NURSING</b><br>(Professional nurses only; frail care excluded)<br>Up to 21 days (subject to pre-authorization)                                   | 100% CBT (in lieu of hospitalisation only)   |
| <b>STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY</b><br>Up to 90 days (subject to pre-authorization)  | 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-authorization and limited to 21 days                                      |
| <b>CHRONIC PMB CDL MEDICATION AND TREATMENT</b> -<br>Subject to pre-authorization, protocols and formularies<br>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><br>Out of hospital treatment subject to registration of condition and pre-authorization   | <b>Medication:</b> 100% SEP plus a dispensing fee, subject to MMAP and DSP.<br><b>Consultations and procedures:</b> As per PMB regulations   |
| <b>ONCOLOGY</b><br>Subject to pre-authorization and icon protocols*  | <b>Medication:</b> 100% SEP plus a dispensing fee, subject to RP and DSP.<br><b>Consultations and procedures:</b> 100% DSP Tariff<br>The DSP is the ICON network<br>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><br>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><br>*ICD 10 code specific to general checkup only  | 100% CBT per beneficiary  |
| <b>ONE SPECIALIST CONSULTATION</b><br>*ICD 10 code specific to general checkup only.<br>Gynaecologists, Urologists, or Specialist Physicians.<br>For beneficiaries over 18 years.<br>Paediatricians for beneficiaries under 18 years. | 100% CBT per beneficiary  |
| <b>PSYCHOTHERAPY</b>  | 100% CBT limited to R16 274 per beneficiary   |
| <b>ONE DENTISTRY CONSULTATION</b><br>General checkup only - excludes consumables  | 100% CBT per beneficiary  |
| <b>ONE ECG (performed by GP or Specialist Physician)</b><br>*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><br>(cost of immunisation and vaccine only)   | SEP plus a dispensing fee, subject to MMAP, limited to R2 213 per beneficiary   |
| <b>HUMAN PAPILLOMA VIRUS (HPV) VACCINE</b><br>(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.<br>(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><br/>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><br/><b>BREAST PUMPS AND APNOEA MONITORS</b><br/>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 703<br/>Breast pumps: R4 648</p>   |
| <p><b>METABOLIC SCREENING FOR NEW BORN BABIES</b></p>   | 100% Negotiated Rate per new born baby   |
| <p><b>ANTE-NATAL FOETAL SCANS PER PREGNANCY</b></p>   | 3 scans at 80% CBT. Subject to the Advanced Scans limit  |
| <p><b>ANTE-NATAL CLASSES</b></p>  | <p>80% CBT subjects to sub-limit R1 246 per pregnancy.<br/>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><br/><b>Note:</b> Please note that CAMAF does not cover expenses related to cord blood stem cell harvesting, testing and storage as this is not treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.</p> |

## FIRST CHOICE

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

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

|  |   |
|--|---|
| <p><b>BASIC AND ADVANCED RADIOLOGY</b><br/>Out of hospital.<br/><b>Must be performed by a registered radiologist, on referral from medical practitioner only.</b><br/>Advanced scans (MRI/CT/PET) subject to pre-authorisation.</p>  | <p><b>Basic Radiology:</b> 100% CBT limited to R5 300 per beneficiary<br/><b>Advanced scans:</b> 100% CBT limited to R45 320 (combined limit for in and out hospital) per family</p>  |
| <p><b>PATHOLOGY</b><br/>Out of hospital.<br/>Performed by a registered pathologist and referred by a medical practitioner.</p>   | <p>100% Negotiated Rate limited to R8 460 per beneficiary</p>   |
| <p><b>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS</b><br/>(Subject to pre-authorisation)<br/>Refer to additional chronic conditions list</p>  | <p><b>Depression only</b><br/>100% SEP plus a dispensing fee subject to RP and DSP<br/><b>Consultations:</b> 100% CBT</p>   |
| <p><b>EXTERNAL APPLIANCES</b> (subject to referral)<br/>In and out of hospital purchase, hire and maintenance<br/><b>CPAP</b> (subject to pre-authorisation) - 3 YEAR CYCLE<br/><b>HEARING AIDS</b> (subject to pre-authorisation)<br/>1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE<br/>YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE<br/><b>WHEELCHAIRS</b> - 3 YEAR CYCLE</p> | <p>100% NAPPI price or 100% of cost, in hospital and 80% of cost out of hospital with an overall limit of R8 093 per beneficiary</p>  |
| <p><b>INTERNATIONAL TRAVEL COVER</b><br/>Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel.<br/>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><br/>Emergency services</p>   | <p><b>Unlimited</b><br/>Subject to Netcare 911 authorisation</p>  |

## FIRST CHOICE

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

### OTHER BENEFITS (per Beneficiary)

|  |   |
|--|---|
| <p><b>DAY-TO-DAY BENEFITS</b><br/>Benefits below are subject to the overall annual limit</p>   | <p><b>Annual overall limit:</b><br/>Beneficiary specific limits:<br/>(a) Medicines R 3 922<br/>(b) Advanced Dentistry R 8 220<br/>(c) Other R 3 922<br/>(d) Specialists R12 070</p>   |
| <p><b>GPs AND DENTISTS</b><br/>Dental x-rays performed by dentists, consultations and procedures performed by these practitioners:<br/>Basic dentistry</p>   | <p>80% CBT<br/>Subject to limit (c)</p>   |
| <p><b>SPECIALISTS</b><br/>Consultations, procedures and radiology performed by these practitioners</p>   | <p>80% CBT<br/>Subject to limit (d)</p>   |
| <p><b>ACUTE MEDICATION</b><br/>Including injections and materials</p>  | <p>80% SEP plus a dispensing fee, subject to MMAP. Subject to limit (a)</p>   |
| <p><b>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</b></p>   | <p><b>Medication:</b> 80% SEP plus a dispensing fee subject to limit (a) Treatment:<br/>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><br/>Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy</p>   | <p>80% CBT subject to sub-limit R3 300<br/>Subject to limit (c)</p>   |
| <b>BENEFIT SPECIFIC LIMITS</b>   |   |
| <p><b>ADVANCED DENTISTRY</b><br/>Crowns, bridges, orthodontics, dentures</p>   | <p>50% CBT<br/>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 014 per beneficiary.<br/>Subject to limit (a)</p>  |
| <p><b>SPECTACLES AND LENSES</b><br/>From optometrist only<br/>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><br/>For the benefit cycle of 24 months from date of claiming, each beneficiary is entitled to:<br/>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 R850 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 R925.<br/><b>The benefit PER BENEFICIARY at a NON PPN provider would be as follows:</b><br/>One consultation per Beneficiary during the Benefit Cycle, limited to a maximum cost of R380 AND <b>EITHER SPECTACLES</b> - A frame benefit of R850 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 R925.</p> |

## MONTHLY CONTRIBUTION RATES

# First Choice

### MONTHLY INCOME

based on Total Cost to Company of Principal Member

0 - R11 620

R11 621 - R22 410

R22 411 - R30 040

R30 041 - R45 070

R45 071+

### TOTAL MONTHLY CONTRIBUTION

Adult R1 455

Child R 885

Adult R2 310

Child R1 370

Adult R3 470

Child R2 020

Adult R4 360

Child R2 870

Adult R4 770

Child R3 115

## BENEFIT OPTION QUICK SUMMARY

# Network Choice



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



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



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



**X-Rays and Blood Tests** Advanced scans limited to R45 320 per family for in and out of hospital



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



**Vaccines**

## NETWORK CHOICE

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

### IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

|  |  |
|--|--|
| <p><b>HOSPITAL ACCOMMODATION</b><br/>Including childbirth confinements, subject to pre-authorisation</p>   | <p>100% DSP tariff as per protocols<br/>The DSP hospital group is Netcare</p>  |
| <p><b>ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS</b><br/>Medical and surgical procedures including childbirth confinements subject to pre-authorisation</p> | <p>100% CBT<br/>100% CBT</p>   |
| <p><b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b><br/>(eg. physiotherapy and psychotherapy)</p>   | <p>100% CBT</p>  |
| <p><b>BLOOD TRANSFUSIONS (in and out of hospital)</b></p>  | <p>100% of cost</p>  |
| <p><b>RADIOLOGY in hospital</b><br/>ADVANCED SCANS (MRI/CT/PET) subject to pre-authorisation</p>   | <p>100% CBT<br/>100% CBT limited to R45 320 per family for in and out of hospital</p>  |
| <p><b>PATHOLOGY in hospital</b></p>  | <p>100% Negotiated Rate</p>  |
| <p><b>INTERNAL PROSTHESIS</b> subject to pre-authorisation</p>   | <p>100% of cost limited to R45 320 per family<br/><b>Exclusions:</b> cochlear implants</p>   |
| <p><b>HOME NURSING</b><br/>(Professional nurses only; frail care excluded)<br/>Up to 21 days (subject to pre-authorisation)</p>                                  | <p>100% CBT (in lieu of hospitalisation only)</p>  |
| <p><b>STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY</b><br/>Up to 90 days (subject to pre-authorisation)</p>  | <p>100% DSP Tariff</p>   |
| <p><b>MEDICATION in hospital</b></p>   | <p>100% SEP plus dispensing fee</p>  |
| <p><b>TTO MEDICATION up to one week's supply</b></p>   | <p>100% SEP plus dispensing fee</p>  |
| <p><b>SUBSTANCE ABUSE</b></p>  | <p>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</p>   |
| <p><b>CHRONIC PMB CDL MEDICATION AND TREATMENT</b><br/>Subject to pre-authorisation, protocols and formularies<br/>Refer to chronic disease list</p>             | <p>100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - as per PMB regulations</p>  |
| <p><b>PMB DTP TREATMENT</b><br/>Out of hospital treatment subject to registration of condition and pre-authorisation</p>   | <p><b>Medication:</b> 100% SEP plus a dispensing fee, subject to MMAP and DSP.<br/><b>Consultations and procedures:</b> As per PMB regulations</p>   |
| <p><b>ONCOLOGY</b><br/>Subject to pre-authorisation and icon protocols*</p>  | <p><b>Medication:</b> 100% SEP plus a dispensing fee, subject to RP and DSP.<br/><b>Consultations and procedures:</b> 100% DSP Tariff<br/>The DSP is the ICON network<br/>The ICON Essential protocols apply</p> |

\*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><br>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><br>*ICD 10 code specific to general checkup only  | 100% CBT per beneficiary  |
| <b>ONE SPECIALIST CONSULTATION</b><br>*ICD 10 code specific to general checkup only.<br>Gynaecologists, Urologists, or Specialist Physicians.<br>For beneficiaries over 18 years.<br>Paediatricians for beneficiaries under 18 years. | 100% CBT per beneficiary  |
| <b>PSYCHOTHERAPY</b>  | 100% CBT limited to R16 274 per beneficiary   |
| <b>ONE DENTISTRY CONSULTATION</b><br>General checkup only - excludes consumables  | 100% CBT per beneficiary  |
| <b>ONE ECG (performed by GP or Specialist Physician)</b><br>*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><br>(cost of immunisation and vaccine only)   | SEP plus a dispensing fee, subject to MMAP, limited to R2 213 per beneficiary   |
| <b>HUMAN PAPILLOMA VIRUS (HPV) VACCINE</b><br>(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.<br>(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><br/>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><br/><b>BREAST PUMPS AND APNOEA MONITORS</b><br/>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 703<br/>Breast pumps: R4 648</p>   |
| <p><b>METABOLIC SCREENING FOR NEW BORN BABIES</b></p>   | 100% Negotiated Rate per new born baby   |
| <p><b>ANTE-NATAL FOETAL SCANS PER PREGNANCY</b></p>   | 3 scans at 80% CBT. Subject to the Advanced Scans limit  |
| <p><b>ANTE-NATAL CLASSES</b></p>  | <p>80% CBT subjects to sub-limit R1 246 per pregnancy.<br/>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><br/><b>Note:</b> Please note that CAMAF does not cover expenses related to cord blood stem cell harvesting, testing and storage as this is not treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.</p> |

## NETWORK CHOICE

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

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

|  |   |
|--|---|
| <p><b>BASIC AND ADVANCED RADIOLOGY</b><br/>Out of hospital.<br/><b>Must be performed by a registered radiologist, on referral from medical practitioner only.</b><br/><b>Advanced scans (MRI/CT/PET) subject to pre-authorization.</b></p>   | <p><b>Basic Radiology:</b> Referrals by DSP or specialist, 100% CBT limited to R5 300 per beneficiary<br/><b>Advanced scans:</b> 100% CBT limited to R45 320 (combined limit for in and out hospital) per family (on referral by a nominated network GP or specialist)</p>  |
| <p><b>PATHOLOGY</b><br/>Out of hospital.<br/><b>Performed by a registered pathologist and referred by a medical practitioner.</b></p>  | <p>Referred by DSP or specialist, 100% Negotiated Rate, limited to R8 460 per beneficiary</p>   |
| <p><b>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS</b><br/>(Subject to pre-authorization)<br/><b>Refer to additional chronic conditions list</b></p>   | <p><b>Depression only</b><br/>100% SEP plus a dispensing fee subject to RP and DSP<br/><b>Consultations:</b> 100% CBT</p>   |
| <p><b>EXTERNAL APPLIANCES</b> (subject to referral)<br/>In and out of hospital purchase, hire and maintenance<br/><b>CPAP</b> (subject to pre-authorization) - 3 YEAR CYCLE<br/><b>HEARING AIDS</b> (subject to pre-authorization)<br/>1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE<br/>YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE<br/><b>WHEELCHAIRS</b> - 3 YEAR CYCLE</p> | <p>100% NAPPI price or 100% of cost, limited to R8 093 per beneficiary and subject to a nominated network GP or Specialist referral</p>   |
| <p><b>INTERNATIONAL TRAVEL COVER</b><br/><b>Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel.</b><br/><b>Visit our website for full details.</b></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><br/><b>Emergency services</b></p>  | <p><b>Unlimited</b><br/>Subject to Netcare 911 authorisation</p>  |

## NETWORK CHOICE

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

### OTHER BENEFITS (per Beneficiary)

|  |   |
|--|---|
| <p><b>DAY TO DAY BENEFITS</b><br/>Benefits below are subject to the overall annual limit</p>   | <p>Annual overall limit: Beneficiary specific limits:<br/>                 (a) Medicines R 3 922<br/>                 (b) Advanced Dentistry R 8 220<br/>                 (c) Other R 3 922<br/>                 (d) Specialists R12 070</p>  |
| <p><b>GPs AND DENTISTS</b><br/>Dental x-rays performed by dentists, consultations and procedures performed by these practitioners:<br/>Basic dentistry</p>                   | <p>100% negotiated rate<br/>subject to sublimit (c) - Nominated Network GP only</p>   |
| <p><b>SPECIALISTS</b><br/>Consultations, procedures and radiology performed by these practitioners</p>   | <p>100% CBT<br/>Subject to limit (d) (on referral from a nominated network GP only)</p>   |
| <p><b>ACUTE MEDICATION</b><br/>Including injections and materials</p>  | <p>100% SEP plus a dispensing fee, subject to MMAP.<br/>Subject to limit (a) (on referral from a nominated network GP only)</p>   |
| <p><b>NON-DSP VISITS</b><br/>To doctor's rooms</p>   | <p>Both benefits below are limited to an overall family limit of R1 675</p>   |
| <p><b>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</b></p>   | <p>One non-network or non-nominated visit per beneficiary (Including casualty GP), 20% co-payment<br/>AND<br/>Casualty visits (facility fee, consumed meds and materials only)</p>  |
| <p><b>NURSE VISITS</b></p>   | <p>100% CBT subject to limit (c)</p>  |
| <p><b>SUPPLEMENTARY HEALTH</b><br/>Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy</p> | <p>100% CBT limited to R3 300 per beneficiary on referral from a nominated network GP or from a Specialist Subject to limit (c)</p>   |
| <b>BENEFIT SPECIFIC LIMITS</b>   |   |
| <p><b>ADVANCED DENTISTRY</b><br/>Crowns, bridges, orthodontics, dentures</p>   | <p>100% of CBT<br/>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 014 per beneficiary.<br/>Subject to limit (a)</p>  |
| <p><b>SPECTACLES AND LENSES</b><br/>From optometrist only<br/>Annual benefit, unless otherwise stated</p>  | <p><b>The benefit PER BENEFICIARY at a PPN provider would be as follows:</b><br/>For the benefit cycle of 24 months from date of claiming, each beneficiary is entitled to:<br/>One Composite Consultation inclusive of a Refraction, Tonometry and Visual Field screening AND<br/><b>EITHER SPECTACLES</b> - A PPN Frame to the value of R150 or R850 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 R925.<br/><b>The benefit PER BENEFICIARY at a NON PPN provider would be as follows:</b><br/>One consultation per Beneficiary during the Benefit Cycle, limited to a maximum cost of R380 AND<br/><b>EITHER SPECTACLES</b> - A frame benefit of R850 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 R925.</p> |

## BENEFIT OPTION QUICK SUMMARY

# Network Choice

| <b>MONTHLY INCOME</b><br>based on Total Cost to Company of Principal Member | <b>TOTAL MONTHLY CONTRIBUTION</b>     |        |
|---|---------------------------------------|--------|
| R0 - R22 410  | Principal                             | R2 070 |
|   | Adult                                 | R1 735 |
|   | 1 <sup>st</sup> Child (REST ARE FREE) | R900   |
| R22 411 - R30 040   | Principal                             | R2 465 |
|   | Adult                                 | R1 965 |
|   | 1 <sup>st</sup> Child (REST ARE FREE) | R1 110 |
| R30 041 - R45 070   | Principal                             | R2 945 |
|   | Adult                                 | R2 285 |
|   | Child                                 | R1 470 |
| R45 071+  | Principal                             | R3 960 |
|   | Adult                                 | R3 195 |
|   | Child                                 | R1 945 |

# Monthly Contribution Rates

| ALLIANCE PLUS                     |               |
|-----------------------------------|---------------|
| <b>Monthly Risk Contribution</b>  |               |
| Adult                             | R7 825        |
| Child                             | R4 232        |
| <b>Monthly MSA Contribution</b>   |               |
| Adult                             | R 625         |
| Child                             | R 290         |
| <b>TOTAL MONTHLY CONTRIBUTION</b> |               |
| Adult                             | <b>R8 450</b> |
| Child                             | <b>R4 522</b> |
| ALLIANCE NETWORK                  |               |
| <b>Monthly Risk Contribution</b>  |               |
| Adult                             | R7 093        |
| Child                             | R3 835        |
| <b>Monthly MSA Contribution</b>   |               |
| Adult                             | R 565         |
| Child                             | R 260         |
| <b>TOTAL MONTHLY CONTRIBUTION</b> |               |
| Adult                             | <b>R7 658</b> |
| Child                             | <b>R4 095</b> |

| DOUBLE PLUS                       |               |
|-----------------------------------|---------------|
| <b>Monthly Risk Contribution</b>  |               |
| Adult                             | R5 172        |
| Child                             | R2 965        |
| <b>Monthly MSA Contribution</b>   |               |
| Adult                             | R 400         |
| Child                             | R 260         |
| <b>TOTAL MONTHLY CONTRIBUTION</b> |               |
| Adult                             | <b>R5 572</b> |
| Child                             | <b>R3 225</b> |
| DOUBLE NETWORK                    |               |
| <b>Monthly Risk Contribution</b>  |               |
| Adult                             | R4 710        |
| Child                             | R2 691        |
| <b>Monthly MSA Contribution</b>   |               |
| Adult                             | R 370         |
| Child                             | R 240         |
| <b>TOTAL MONTHLY CONTRIBUTION</b> |               |
| Adult                             | <b>R5 080</b> |
| Child                             | <b>R2 931</b> |

| VITAL PLUS   |        |
|--|--------|
| <i>Monthly income based on Total Cost to Company of Principal Member</i> |        |
| <b>Total Monthly Contribution</b>  |        |
| <b>R0 - R54 510</b>  |        |
| Adult  | R2 955 |
| Child  | R1 515 |
| <b>R54 511 - R136 270</b>  |        |
| Adult  | R3 350 |
| Child  | R1 710 |
| <b>R136 271+</b>   |        |
| Adult  | R3 725 |
| Child  | R1 910 |
| VITAL NETWORK  |        |
| <i>Monthly income based on Total Cost to Company of Principal Member</i> |        |
| <b>Total Monthly Contribution</b>  |        |
| <b>R0 - R54 510</b>  |        |
| Adult  | R2 750 |
| Child  | R1 410 |
| <b>R54 511 - R136 270</b>  |        |
| Adult  | R3 120 |
| Child  | R1 590 |
| <b>R136 271+</b>   |        |
| Adult  | R3 470 |
| Child  | R1 775 |

| ESSENTIAL PLUS   |               |
|--|---------------|
| <i>Monthly income based on Total Cost to Company of Principal Member</i> |               |
| <b>Monthly Risk Contribution</b>   |               |
| <b>R0 - R136 270</b>   |               |
| Principal  | R2 450        |
| Adult  | R1 935        |
| Child  | R1 140        |
| <b>Monthly MSA Contribution</b>  |               |
| Principal  | R 700         |
| Adult  | R 560         |
| Child  | R 330         |
| <b>TOTAL MONTHLY CONTRIBUTION</b>  |               |
| Principal  | <b>R3 150</b> |
| Adult  | <b>R2 495</b> |
| Child  | <b>R1 470</b> |
| <b>Monthly Risk Contribution</b>   |               |
| <b>R136 271+</b>   |               |
| Principal  | R2 950        |
| Adult  | R2 335        |
| Child  | R1 370        |
| <b>Monthly MSA Contribution</b>  |               |
| Principal  | R 700         |
| Adult  | R 560         |
| Child  | R 330         |
| <b>TOTAL MONTHLY CONTRIBUTION</b>  |               |
| Principal  | <b>R3 650</b> |
| Adult  | <b>R2 895</b> |
| Child  | <b>R1 700</b> |

| ESSENTIAL NETWORK  |               |
|--|---------------|
| <i>Monthly income based on Total Cost to Company of Principal Member</i> |               |
| <b>Monthly Risk Contribution</b>   |               |
| <b>R0 - R136 270</b>   |               |
| Principal  | R2 210        |
| Adult  | R1 745        |
| Child  | R1 025        |
| <b>Monthly MSA Contribution</b>  |               |
| Principal  | R 630         |
| Adult  | R 500         |
| Child  | R 300         |
| <b>TOTAL MONTHLY CONTRIBUTION</b>  |               |
| Principal  | <b>R2 840</b> |
| Adult  | <b>R2 245</b> |
| Child  | <b>R1 325</b> |
| <b>Monthly Risk Contribution</b>   |               |
| <b>R136 271+</b>   |               |
| Principal  | R2 660        |
| Adult  | R2 110        |
| Child  | R1 235        |
| <b>Monthly MSA Contribution</b>  |               |
| Principal  | R 630         |
| Adult  | R 500         |
| Child  | R 300         |
| <b>TOTAL MONTHLY CONTRIBUTION</b>  |               |
| Principal  | <b>R3 290</b> |
| Adult  | <b>R2 610</b> |
| Child  | <b>R1 535</b> |

| FIRST CHOICE   |        |
|--|--------|
| <i>Monthly income based on Total Cost to Company of Principal Member</i> |        |
| <b>Total Monthly Contribution</b>  |        |
| <b>R0 - R11 620</b>  |        |
| Adult  | R1 455 |
| Child  | R 885  |
| <b>R11 621 - R22 410</b>   |        |
| Adult  | R2 310 |
| Child  | R1 370 |
| <b>R22 411 - R30 040</b>   |        |
| Adult  | R3 470 |
| Child  | R2 020 |
| <b>R30 041 - R45 070</b>   |        |
| Adult  | R4 360 |
| Child  | R2 870 |
| <b>R45 071+</b>  |        |
| Adult  | R4 770 |
| Child  | R3 115 |

| NETWORK CHOICE   |        |
|--|--------|
| <i>Monthly income based on Total Cost to Company of Principal Member</i> |        |
| <b>Total Monthly Contribution</b>  |        |
| <b>R0 - R22 410</b>  |        |
| Principal  | R2 070 |
| Adult  | R1 735 |
| 1st Child  | R 900  |
| <i>(rest are free)</i>   |        |
| <b>R22 411 - R30 040</b>   |        |
| Principal  | R2 465 |
| Adult  | R1 965 |
| 1st Child  | R1 110 |
| <i>(rest are free)</i>   |        |
| <b>R30 041 - R45 070</b>   |        |
| Principal  | R2 945 |
| Adult  | R2 285 |
| Child  | R1 470 |
| <b>R45 071+</b>  |        |
| Principal  | R3 960 |
| Adult  | R3 195 |
| Child  | R1 945 |

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