



Medical Aid Scheme

Administered by
Discovery
Health

TFG Medical Aid Scheme contribution increase and benefit changes

2024

TFG Medical Aid Scheme is regulated by the Council for Medical Schemes (CMS). The benefits explained in this benefit guide are provided by TFG Medical Aid Scheme (TFGMAS), registration number 1578, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial service provider. This benefit guide is only a summary of the contribution increases and key benefits approved by the Board of Trustees of TFGMAS and awaits approval from the CMS. In all instances, TFGMAS Rules prevail. Please consult the TFGMAS Rules on www.tfgmedicalaidscheme.co.za for more details and information.



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Introduction

2024 TFG MEDICAL AID SCHEME CONTRIBUTION INCREASES AND BENEFIT CHANGES

As a member of TFG Medical Aid Scheme (TFGMAS), you have two benefit plans to choose from – TFG Health and TFG Health Plus – ensuring that you have access to affordable and quality healthcare benefits.

Your contribution increases and benefit plan changes, which will take effect from **1 January 2024**, are set out in this document. To make things easier, you can navigate around this document and look up the information you need using the interactive buttons to the right of this document.

If you are thinking about switching TFGMAS benefit plans, you have until **22 December 2023** to do so. Submit your completed benefit plan change form enclosed with this email by logging a ticket via **synergy.tfg.co.za**. The form can also be accessed from our website at: **www.tfgmedicalaidscheme.co.za**.

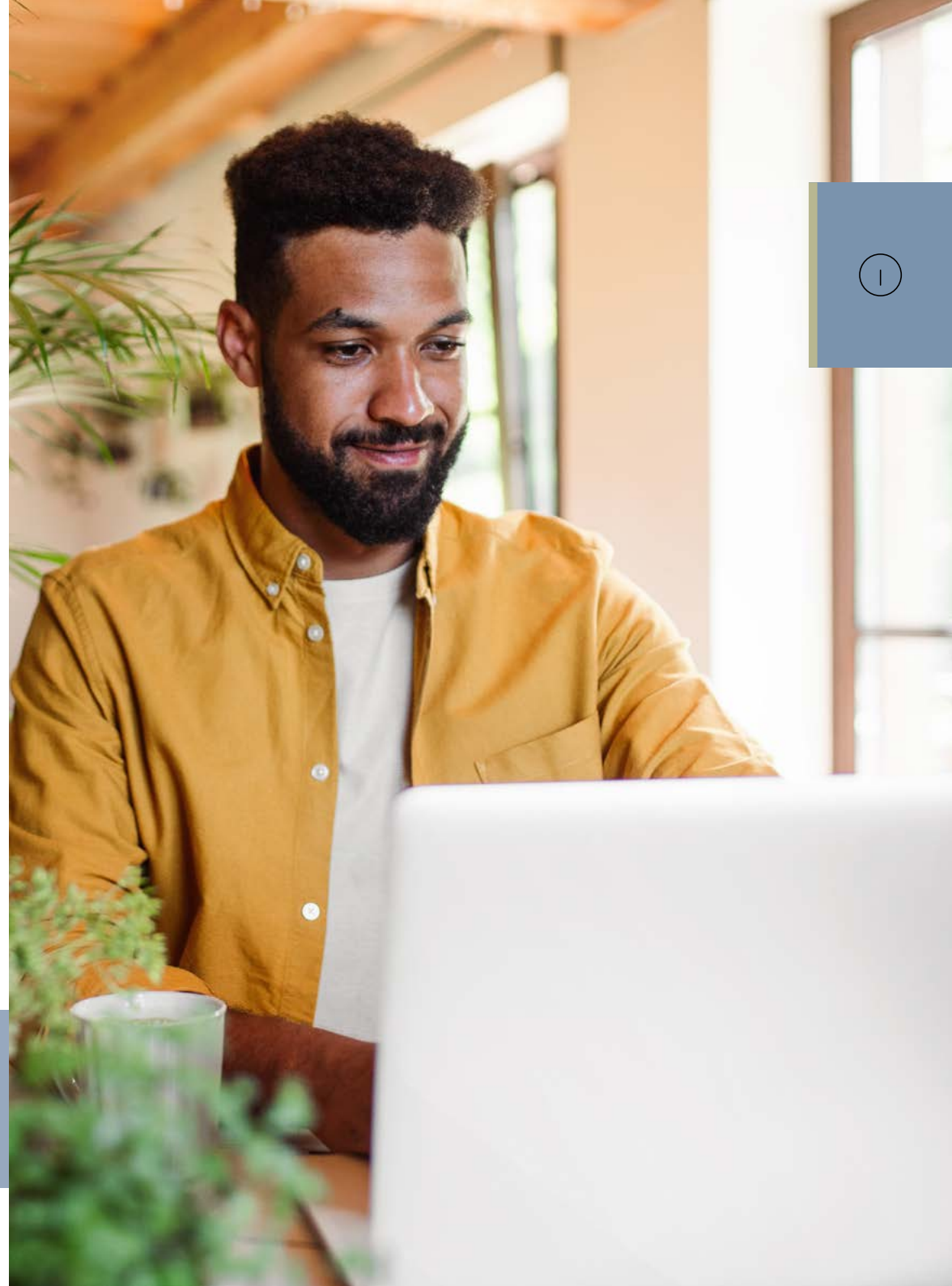
Need help understanding your benefit plan? We have partnered with Alexander Forbes* as an independent financial advisor to better equip TFGMAS members with the right information and advice on the benefit plan which best suits them.

You book your consultation via the booking tool:

<https://outlook.office365.com/owa/calendar/HealthConsultingHelpdeskWC1@aforges.onmicrosoft.com/bookings/s/Nt10YQkFKEi7PUtUWCyRqw2>

You can make an enquiry by emailing **TFGmedAdvice@aforges.com**

Alexander Forbes is duly registered with the Financial Advisory Services Board and are qualified to provide financial advisory services to members in terms of the Financial Advisory and Intermediary Services Act 37 of 2002





2024 TFGMAS contribution increases

The contribution increases for TFG Medical Aid Scheme for both benefit plans with effect from 1 January 2024 average 9.4%



The Board of Trustees considered the ratios of adult and child contribution rates against those paid as principal contributions and in order to bring the ratios closer to the average in the market there will be different increases for adults and children across the bands with effect from 1 January 2024.

Depending on your family size and number of adult and child dependants registered with the Scheme, your contribution increase may vary between 7.7% up to a maximum of 12.1%.

Please consult the tables on pages 5 and 6 which sets out the details per income category and per principal member, adult and child dependants to ascertain your family contribution increase applicable for 2024.



2024 Contribution tables

Full contributions with effect from 1 January 2024



These contributions (shown in Table 1) are the total amounts due to the Scheme. For active employees, the members' portion of the contributions is dependent on whether the member is on a Total Guaranteed Package (TGP) or Salary Plus structure, as indicated in the tables below.

Income verification may be conducted to determine whether you are registered in the correct income band. Income is considered as: Pensionable Pay in the case of an employee. In the case of an employee who registers a spouse, it is the higher of the member's Pensionable Pay or spouse's salary or earnings. For all other members, it is the higher of the main member or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance received from any statutory social assistance programme.

TABLE 1: ACTIVE EMPLOYEES ON A TGP STRUCTURE

TFG Health monthly income	Monthly contribution		
	Principal member	Adult dependant	Child dependant*
R0 – R6,540	R1,538	R1,538	R546
R6,541 – R10,660	R1,734	R1,734	R554
R10,661 – R20,490	R1,852	R1,852	R602
R20,491 – R35,110	R2,012	R2,012	R664
R35,111 – R52,300	R2,342	R2,342	R762
R52,301 +	R2,546	R2,546	R814
TFG Health Plus monthly income	Monthly contribution		
	Principal member	Adult dependant	Child dependant*
R0 – R6,540	R4,426	R2,788	R1,172
R6,541 +	R5,042	R3,656	R1,362

* Child dependant contributions are applicable if:

- A dependant is under the age of 21;
- A dependant is over the age of 21, but not over the age of 25 and is a registered student at a university or recognised college for higher education and is not self-supporting.

SUBSIDISED CONTRIBUTIONS WITH EFFECT FROM 1 JANUARY 2024

These contributions (shown in Table 2) are the members' own contributions after the TFG 50% subsidy is taken into account and applies to active employees on a Salary Plus structure. If you are not entitled to a subsidy, you will need to pay the full contribution as shown in Table 1.

TABLE 2: ACTIVE EMPLOYEES ON A SALARY PLUS STRUCTURE

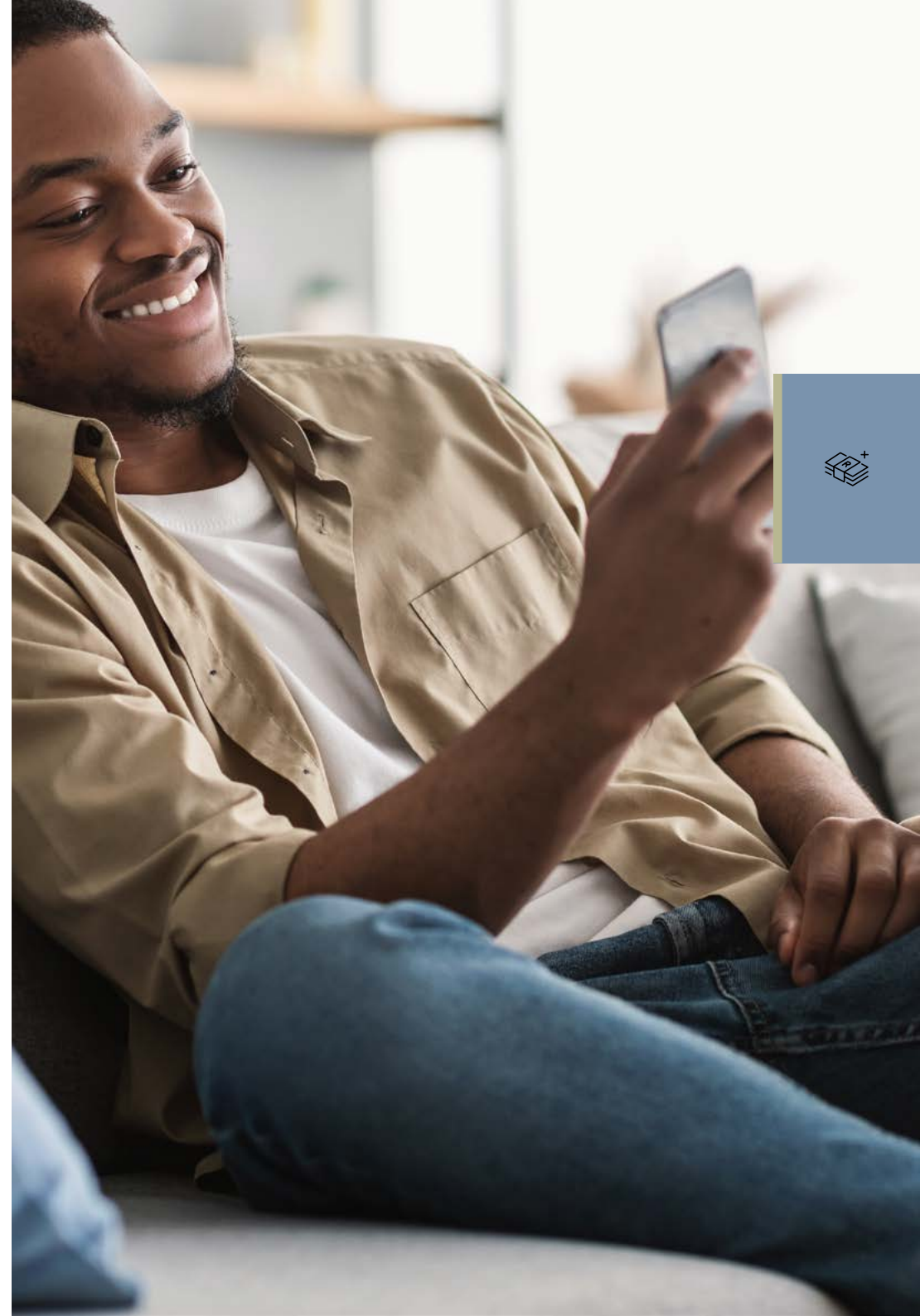
TFG Health monthly income	Monthly contribution		
	Principal member	Adult dependant*	Child dependant**
R0 – R6,540	R769	R769	R273
R6,541 – R10,660	R867	R867	R277
R10,661 – R20,490	R926	R926	R301
R20,491 – R35,110	R1,006	R1,006	R332
R35,111 – R52,300	R1,171	R1,171	R381
R52,301 +	R1,273	R1,273	R407

TFG Health Plus monthly income	Monthly contribution		
	Principal member	Adult dependant*	Child dependant**
R0 – R6,540	R2,213	R1,394	R586
R6,541 +	R2,521	R1,828	R681

* Adult dependants are only subsidised if they are the main member's spouse or if their adult child is a person with a disability.

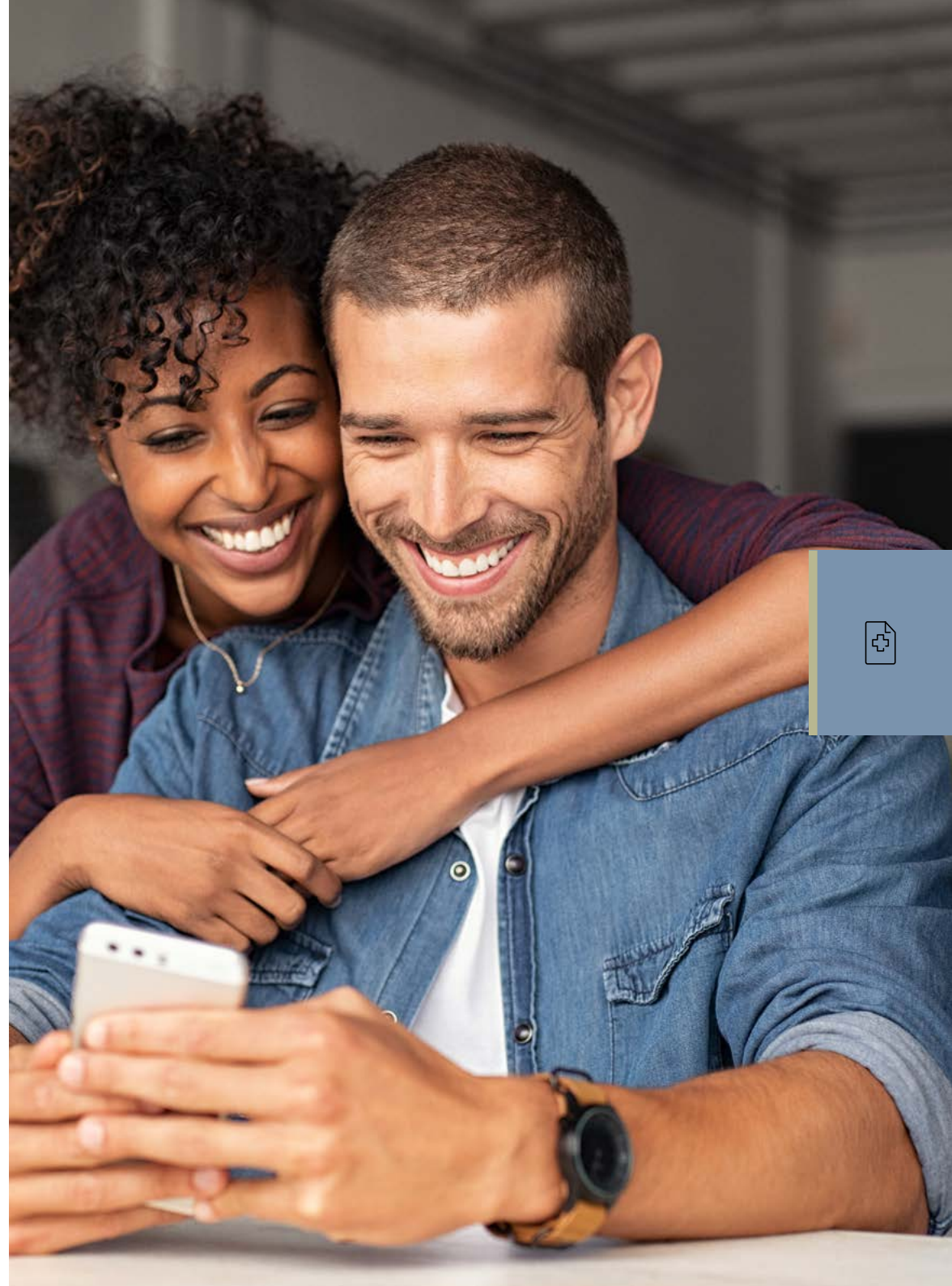
** Child dependant contributions are applicable if:

- A dependant is under the age of 21;
- A dependant is over the age of 21, but not over the age of 25 and is a registered student at a university or recognised college for higher education and is not self-supporting.



Understanding your **benefit** **changes for 2024**

We have summarised all of the important information on benefit changes so that you can get the most out of your chosen benefit plan. More detailed information will be provided in your 2024 chosen benefit plan's benefit guide.





TFG Health and TFG Health Plus **benefit changes**

ENHANCEMENT OF MENTAL HEALTH PROGRAMME BENEFITS

As part of TFG Health and TFG Health Plus mental health programme enhancements, TFGMAS has introduced a guided internet Cognitive Behaviour Therapy (iCBT) session, which includes a virtual consultation or a face-to-face consultation, after completing the assessment, with effect from 1 January 2024. This enhanced benefit will provide increased access to mental healthcare to members, as well as providing additional support to healthcare professionals in managing depression.

To be eligible in gaining access to iCBT members would need to be:

- Referred by their General Practitioner, psychologist, psychiatrist or physician;
- Diagnosed with depression or show signs of early symptoms of depression.

The guided therapy session will be made available through a digital tool and will make available to members the equivalent of 1 psychotherapy session that will be paid from the member's available mental health basket of care, through an iCBT 12-month license. A personal supporter to monitor engagement and clinical progress with 24 hours self-harm and suicide support integrated with the South African Depression and Anxiety Group (SADAC) will be available as additional benefits to members.

FULL COVER AND PARTIAL COVER HOSPITAL NETWORK CHANGES

The Board of Trustees considered the increase in hospital cost and an agreed list of hospitals was removed from the Full Cover and Partial Cover Hospital Network (this change also impacts the PMB Hospital Network available to TFG Health Plus members):

Members are encouraged to consult the Hospital Network publication that will soon be made available on the TFGMAS website at www.tfgmedicalaidsscheme.co.za for more information.

Limits on both TFG Health and TFG Health Plus are increased in line with inflationary increases of approximately 6%. Please consult your detailed benefit guide, once available, for your chosen benefit plan's 2024 revised benefit limits.





TFG Health benefit changes

ADDITIONAL LIST OF PROCEDURES ADDED TO THE DAY SURGERY NETWORK HOSPITALS

With effect from 1 January 2024, TFG Health is adding additional procedures to the existing lists of procedures that is done in the Day Surgery Network Hospitals and the additions are as follows:

Gynaecological Procedures (existing category with new procedures added)

- Diagnostic laparoscopy
- Simple vulval and introitus procedures: Simple hymenotomy, partial hymenectomy, simple vulvectomy, excision bartholin's gland cyst
- Vaginal, cervix and oviduct procedures: Excision vaginal septum, cyst or tumour, tubal ligation or occlusion, uterine cervix cerclage, removal cerclage suture
- Suction curettage
- Uterine evacuation and curettage

Simple hernia procedures (new category)

- Umbilical hernia repair
- Inguinal hernia repair

Nerve procedures (new category)

- Neuroplasty median nerve, ulnar nerve, digital, nerve of hand or foot, brachial plexus

HOSPITAL@HOME DESIGNATED SERVICE PROVIDER INTRODUCTION

The trustees approved the introduction of Hospital@Home as a Designated Service Provider (DSP) for TFG Health for the following conditions with effect 1 January 2024:

- COPD (Chronic Obstructive Pulmonary Disease)
- Pneumonia
- UTIs (Urinary Tract Infections)
- Heart Failure
- Deep Vein Thrombosis
- Cellulitis
- Asthma
- Diabetes

A deductible of R5 000.00 will only be applied if the member chooses to be admitted to an acute hospital **after meeting all entry and eligibility criteria for Hospital@Home and if the preferred choice is to remain treated in an acute hospital setting**. Geographical areas where Hospital@Home will be introduced as a DSP from 1 January 2024 are:

- Durban, KZN;
- Cape Town, Western Cape; and
- Johannesburg, Gauteng.

A standardised operational process has been introduced for members who is considered eligible for Hospital@Home treatment. With the support of your treating doctor, treatment is aimed to take place at the correct setting providing the correct level of care to better serve our members.





TFG health benefit changes(continued)

PRIMARY CARE CHANGES

The TFG Health benefit option currently gives members access to primary care at their chosen General Practitioner (GP) and members must choose a GP from a Network of doctors available in the Scheme's KeyCare Network GP arrangement. You must go to your chosen GP for us to cover your consultations, including some minor procedures. Preauthorisation is required after your 15th GP visit.

In addition, unscheduled emergency visits are also available as part of the primary care benefit and limited to 3 visits per person per year at your chosen GP in the Network.

Should you need to consult with another GP, who is not your chosen primary GP, the TFG Health Plan also made available a few out-of-network (OON) visits.

Having considered the increased claims experience of the TFG Health benefit plan against the backdrop of latest industry best practice, which requires that members obtain services at the right setting at the best possible price, the trustees has reduced the OON visits with effect from 1 January 2024, from 4 GP claims to 2 GP consultations per person per year, adding one Nurse-led consultation to the basket and this consultation can take place with or without a video call consultation with a GP. Members therefore continue to have access to 3 GP visits OON, of which one will be facilitated through consulting with a Nurse at the Scheme's available clinics. The pathology, radiology and pharmacy claims were also reduced from 4 to 3 per person per year.



For more information of the available TFG Health benefits available to you, please consult your detailed benefit plan guide which will be sent to you in November.



TFG Health Plus benefit changes

SOCIALISED MEDICINE BENEFIT (SMB) REFERENCE PRICE UPDATE FOR PMB CONDITIONS & UPDATE TO FUNDING FOR NON-PMB CONDITIONS

This benefit is only applicable to the TFG Health Plus benefit plan.

Prescribed Minimum Benefit (PMB) conditions treated with specialised medicine, follow funding according to a reference pricing structure. Due to price reductions of these medicines, there will be an update to the current reference prices. When members claim this medicine at an amount lower than the reference price, it will be covered in full.

The non-PMB conditions, Ankylosing Spondylitis and Psoriatic Arthritis, will have a new funding structure, by being covered at a reference price with an additional 20% co-payment.

The SMB benefit for 2024 will remain unchanged at R290 000 per person per year.

HOSPITAL@HOME DESIGNATED SERVICE PROVIDER INTRODUCTION

The trustees approved the introduction of Hospital@Home as a Designated Service Provider (DSP) for TFG Health Plus as well with the exception that members on this benefit plan will not be subjected to a deductible of R5 000.00 if the member chooses to be admitted to an acute hospital instead of receiving treatment at home. Please consult page 9 for more information with regard to the conditions that will be eligible for treatment at home as part of this newly introduced DSP.

ONCOLOGY PHARMACY DESIGNATED SERVICE PROVIDER (DSP) CHANGES

Members are reminded that with effect from 1 January 2023, the Scheme introduced a Designated Service Provider arrangement (DSP) on the TFG Health Plus benefit plan and contracted with pharmacies for the management of oncology medication.

The enhancement of the DSP for members registered on TFG Health Plus aimed to ensure a seamless process between you as the member and your treating provider and the dispensing pharmacy to provide you with the most cost-efficient products ensuring your oncology benefits go further. For this reason, it was not necessary to increase the oncology limits in 2023 **and the oncology limits on the TFG Health Plus benefit plan is again not increased in 2024.**

From 2024, the Scheme will introduce a deductible of 20% where members obtain oncology related medicine outside of the DSP arrangement and members are encouraged to consult with their treating provider to ensure their medicine is prescribed per the updated benefit rules.



TFG Health vs TFG Health Plus summary

The table below provides a summary of the key benefits across the two TFGMAS benefit plans:

	TFG Health	TFG Health Plus
Benefit	Rate and Basis of Cover: Subject to PMB	Rate and Basis of Cover: Subject to PMB
Hospital cover		
Private hospital	Unlimited, at a network hospital	Unlimited, at any hospital
Specialists we have a payment arrangement with	Full cover	Full cover
Specialists we don't have a payment arrangement with	100% Scheme Rate, subject to PMB conditions	100% Scheme Rate, subject to PMB conditions
Other healthcare professionals	100% Scheme Rate, subject to PMB conditions	100% Scheme Rate, subject to PMB conditions
Chronic Illness Cover		
Chronic disease	27 conditions on the Chronic Disease List (once approved) according to the Prescribed Minimum Benefits (PMB)	27 conditions on the Chronic Disease List (once approved) according to the Prescribed Minimum Benefits (PMB), plus Additional Disease List (ADL) cover
Approved chronic medicines on our medicine list	100% Scheme Rate from designated service provider (DSP) pharmacies	100% Scheme Rate from a pharmacy of your choice
Cancer Cover		
Cancer specialists	100% Scheme Rate at a specialist in our network (for PMB conditions)	Comprehensive cover at 100% Scheme Rate at a specialist of your choice
Day-to-day Cover		
Primary care at a GP	Chosen GP in our network	Any GP
Day-to-day medicine	Medicine from medicine list obtained at dispensing GP at Scheme Rates	Medicine from medicine list at Scheme Rates. Rand limit available for over the counter medication
Basic radiology	At a network provider	At a provider of your choice
Basic pathology	At a network provider	At a provider of your choice

This is only a summary of the key benefits – please consult your detailed benefit plan guide for more details. TFG Medical Aid Scheme rules apply.





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