



C A M A F

MEDICAL SCHEME

IN A CLASS OF ITS OWN

2020 BENEFIT OPTION BROCHURE

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



ABOUT US

The Chartered Accountants Medical Aid Fund (CAMAF), which was established in 1951, was originally designed for accounting professionals and offers superior benefits to qualifying members. As the fund focuses on a niche market, it is able to provide a range of benefits that significantly surpass those offered by most open schemes.

Always ahead of the curve, CAMAF strongly values innovation, and covers many procedures performed with the very latest technology. It also has a distinctly holistic focus, combining excellent healthcare benefits with an actively managed wellness programme.

CAMAF is a trusted medical aid that gives its members peace of mind when it comes to the management of the scheme, as its Board of Trustees is made up of professionals who have a high regard for good corporate governance. They ensure that the delivery of excellent products and services is suitably balanced with sound reserves.

While CAMAF provides cover mainly for companies, it also accepts individual members subject to certain approved qualifications (see [Criteria for Individual Membership](#)).

CAMAF Benefit Option Summary










	Alliance	Double Plus	Vital	Essential Plus	First Choice	Network Choice
Hospital and Chronic	● ● ● ● ●	● ● ● ● ●	● ● ● ● ●	● ● ● ● ●	● ● ● ● ●	● ● ● ● ●
Day to Day	● ● ● ● ●	● ● ● ● ●	-	-	● ● ● ● ●	● ● ● ● ●
Preventative Wellness Benefits	● ● ● ● ●	● ● ● ● ●	● ● ● ● ●	● ● ● ● ●	● ● ● ● ●	● ● ● ● ●
MSA (savings)	● ● ● ● ●	● ● ● ● ●	-	● ● ● ● ●	-	-

Monthly Contribution Rates

CAMAF Benefit Options: Quick Summary

	Alliance	Double Plus	Vital	Essential Plus	First Choice	Network Choice
Hospital Facility Fees	Any private hospital. Private wards	Any private hospital	Any private hospital	Any private hospital	Any private hospital	Netcare hospitals only
Attending Doctor's and Specialists in Hospital	Up to 300% CBT	Up to 300% CBT	Up to 300% CBT	Up to 200% CBT	Up to 100% CBT	Up to 100% CBT
Chronic condition cover: medicines and consults	64 Conditions	63 Conditions	63 Conditions	27 Conditions	27 Conditions	27 Conditions
Radiology and Pathology	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
Preventative Wellness Benefits	14 extra benefits	14 extra benefits	14 extra benefits	14 extra benefits	10 extra benefits	10 extra benefits
Day to Day Overall Limit (Principal Member)	R34 100	R13 261	-	-	R3 190 for Medicines. R9 830 for Specialists. R3 190 for Other. Paid at 80%	R3 190 for Medicines. R9 830 for Specialists. R3 190 for Other. From DSP only
Medical Savings Account (Principal Member)	R6 900	R4 500	-	R6 840	-	-

Benefit Option Quick Summary: **ALLIANCE**

	Any Private Hospital: No limits, private wards for confinements (subject to availability)
	Attending Dr's and Specialists: Up to 300% CBI
	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 Benefit
	3 Month post hospitalisation benefit
	External Appliances: Wheelchair, hearing aid, breast pump, baby sleep monitor
	Check-Ups and Vaccines: GP, Specialist, Dental, Optometry, Dermatologist, ECG, Dietician
	Infertility R87 000 per family

ALLIANCE

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

IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

HOSPITAL ACCOMMODATION INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	100% of Negotiated Rate in general ward and specialised units. Private ward for confinements (subject to availability)
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS MEDICAL AND SURGICAL PROCEDURES INCLUDING CONFINEMENTS SUBJECT TO PRE-AUTHORISATION	Up to 300% CBT 100% of Scheme Rate
SUPPLEMENTARY HEALTHCARE IN HOSPITAL (EG. PHYSIOTHERAPY AND PSYCHOTHERAPY)	100% CBT
BLOOD TRANSFUSIONS (IN AND OUT OF HOSPITAL)	100% of cost
RADIOLOGY IN HOSPITAL ADVANCED SCANS (MRI/CT/PET) SUBJECT TO PRE-AUTHORISATION	100% CBT 100% CBT
PATHOLOGY IN HOSPITAL	100% Negotiated Rate
INTERNAL PROSTHESIS SUBJECT TO PRE-AUTHORISATION	100% of cost
HOME NURSING UP TO 21 DAYS, SUBJECT TO PRE AUTHORIZATION	100% CBT
STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY, UP TO 90 DAYS (SUBJECT TO PRE-AUTHORISATION)	100% Negotiated Rate
MEDICATION IN HOSPITAL	100% SEP plus dispensing fee
TTO MEDICATION UP TO ONE WEEK'S SUPPLY	100% SEP plus dispensing fee
INFERTILITY TREATMENT	Treatment limited to R87 000 per family
SUBSTANCE ABUSE	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
CHRONIC PMB CDL MEDICATION AND TREATMENT - SUBJECT TO PRE-AUTHORISATION AND PROTOCOLS REFER TO CHRONIC DISEASE LIST	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - as per PMB regulations
PMB DTP TREATMENT OUT OF HOSPITAL TREATMENT SUBJECT TO REGISTRATION OF CONDITION AND PRE-AUTHORISATION	Medication - 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures - as per PMB regulations
ONCOLOGY SUBJECT TO PREAUTHORISATION AND ICON PROTOCOLS#	Medication - 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - at 100% Scheme Rate The ICON Enhanced benefits apply

#Please refer to the website for ICON benefit structures

ALLIANCE

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.

PREVENTATIVE WELLNESS COVER

CAMAF PREVENTATIVE PROGRAMME PER ADULT BENEFICIARY	INCLUDES: Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy
ONE GP CONSULTATION ONLY *ICD 10 CODE SPECIFIC TO GENERAL (CHECK UP ONLY)	100% CBT per beneficiary
ONE SPECIALIST CONSULTATION *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY. GYNAECOLOGISTS, UROLOGISTS, OR SPECIALIST PHYSICIANS FOR BENEFICIARIES OVER 18 YEARS. PAEDIATRICIANS FOR BENEFICIARIES UNDER 18 YEARS	100% CBT per beneficiary
PSYCHOTHERAPY	100% CBT limited to R12 300 per beneficiary
ONE DIETICIAN CONSULTATION	100% CBT per beneficiary
ONE DENTISTRY CONSULTATION GENERAL CHECK UP ONLY	100% CBT per beneficiary
ONE ECG (PERFORMED BY GP OR SPECIALIST PHYSICIAN) *ICD 10 CODE SPECIFIC TO GENERAL (CHECK UP ONLY)	100% CBT per adult beneficiary
ONE OPTOMETRIST CONSULTATION	100% Optical Assistant Rates
IMMUNISATION AND VACCINES (COST OF IMMUNISATION AND VACCINE ONLY)	SEP plus a dispensing fee, limited to R5 310 per beneficiary
CERVICAL CANCER VACCINE (HPV) (COST OF VACCINE ONLY - SUBJECT TO IMMUNISATION AND VACCINES BENEFIT)	Females between 9 and 16 years of age (SEP plus dispensing fee)
ONE HIV VCT TEST	100% CBT per beneficiary
MELANOMA SCREENING	100% CBT per adult beneficiary

*Refer to website for relevant ICD 10 codes.

ALLIANCE

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MATERNITY BENEFITS

HOSPITAL ACCOMMODATION INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	See In Hospital and Prescribed Minimum Benefits above
EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT BREAST PUMPS AND APNOEA MONITORS – THREE MONTHS PRIOR TO EXPECTED DUE DATE AND WITHIN SIX MONTHS AFTER THE BIRTH OF THE BABY. SUBJECT TO REGISTRATION ON THE MOTHER-TO-BE-PROGRAMME	Baby Apnoea Monitors: R2 750 Breast pumps: R4 500
METABOLIC SCREENING FOR NEW BORN BABIES	100% Negotiated Rate per new born baby
ANTE-NATAL FOETAL SCANS PER PREGNANCY	6 scans at 80% CBT Subject to Annual Overall Day-to-Day Limit
ANTE-NATAL CLASSES	80% CBT limited to R2 630 per pregnancy Subject to Annual Overall Day-to-Day Limit
UMBILICAL STEM CELL HARVESTING	Negotiated discount with Cryo-Save. Note: Please note that CAMAF does not cover expenses related to cord blood stem cell harvesting, testing and storage as this is not treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.

ALLIANCE

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

BASIC AND ADVANCED RADIOLOGY OUT OF HOSPITAL MUST BE PERFORMED BY A REGISTERED RADIOLOGIST, ON REFERRAL FROM MEDICAL PRACTITIONER ONLY. ADVANCED SCANS (MRI/CT/PET) SUBJECT TO PRE-AUTHORISATION	100% CBT
PATHOLOGY OUT OF HOSPITAL PERFORMED BY A REGISTERED PATHOLOGIST AND REFERRED BY A MEDICAL PRACTITIONER PRE-AUTHORISATION REQUIRED FOR ADVANCED PATHOLOGY	100% Negotiated Rate or CBT
POST-HOSPITALISATION CONSULTATIONS AND TREATMENT UP TO 90 DAYS	300% CBT for attending practitioners 100% CBT for supplementary services
MEDICATION FOR ADDITIONAL CHRONIC CONDITIONS (SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL CHRONIC CONDITIONS LIST	100% SEP plus a dispensing fee, subject to RP and DSP Consultations 100% CBT
EXTERNAL APPLIANCES (subject to referral) IN AND OUT OF HOSPITAL PURCHASE, HIRE AND MAINTENANCE HEARING AIDS (subject to pre-authorisation) - 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE WHEELCHAIRS - 3 YEAR CYCLE INSULIN PUMPS (rent to own over 12 months), SUBJECT TO PRE-AUTHORISATION AND DSP - 4 YEAR CYCLE	100% NAPPI price or 100% of cost, subject to the overall limit of R87 800 per beneficiary and subject to the following sub-limits: Hearing Aids: R87 800 Wheelchairs for Quadriplegics: R87 800 Standard Wheelchairs: R52 500 Insulin Pumps: R52 500 Other external appliances: R17 400
INTERNATIONAL TRAVEL COVER PROVIDED BY TRAVEL INSURANCE CONSULTANTS (TIC) AND SUBJECT TO THEIR POLICY REQUIREMENTS. ARRANGE COVER PRIOR TO YOUR TRAVEL. VISIT OUR WEBSITE FOR FULL DETAILS.	R10 million per beneficiary per journey for emergency medical costs while you travel outside South Africa. This cover is for a period of 90 days from your departure from South Africa. Cover for pre-existing conditions is limited to R150,000 unless additional cover is arranged.
NETCARE 911 EMERGENCY SERVICES	Unlimited Subject to Netcare 911 authorisation

ALLIANCE

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) SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT










DAY TO DAY BENEFITS BENEFITS BELOW ARE SUBJECT TO THE OVERALL ANNUAL LIMIT	Annual Overall Limits Adult R34 100 Child R21 300
GPs AND DENTISTS DENTAL X-RAYS PERFORMED BY DENTISTS, CONSULTATIONS AND PROCEDURES PERFORMED BY THESE PRACTITIONERS; BASIC DENTISTRY	80% CBT
SPECIALISTS CONSULTATIONS, PROCEDURES AND RADIOLOGY PERFORMED BY THESE PRACTITIONERS	80% CBT
ACUTE MEDICATION INCLUDING INJECTIONS AND MATERIALS	80% SEP plus dispensing fee, subject to MMAP, co-payment from MSA
NON-DSP VISITS TO DOCTOR'S ROOMS	Not applicable
CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL ALL MEDICATION WILL BE PAID OUT OF ACUTE MEDICATION BENEFIT	80% CBT
NURSE VISITS	80% CBT up to 21 days
SUPPLEMENTARY HEALTH AUDIOLOGY, CHIROPRACTORS, DIETICIANS, HOMOEOPATHS, OCCUPATIONAL THERAPY, PHYSIOTHERAPISTS, BIOKINETICISTS, PODIATRY AND SPEECH THERAPY	80% CBT
ADVANCED DENTISTRY CROWNS, BRIDGES, ORTHODONTICS, DENTURES	80% CBT limited to: M0 R17 400 M1 R26 000 M2+ R31 300
OVER THE COUNTER MEDICATION	80% SEP plus a dispensing fee, subject to MMAP, co-payment from MSA, limited to R4 400 per beneficiary
LASER K/EXCIMER LASER NO APPROVAL FOR SURGERY WHERE SPECTACLES OBTAINED IN PREVIOUS 12 MONTHS.	80% CBT limited to R13 155 per beneficiary per eye
SPECTACLES AND LENSES FROM OPTOMETRIST ONLY ANNUAL BENEFIT, UNLESS OTHERWISE STATED	Consultation: See Preventative Wellness Benefit Add ons R1 710 Single vision R1 710 OR Bifocal R3 420 OR Varifocal R5 150 AND Frames R7 670 OR Contact lenses R7 460 Lenses, frames etc 80% Optical Assistant Rates

Monthly Contribution Rates: **ALLIANCE**

Monthly Risk Contribution	Adult	R5 924
	Child	R3 216
Monthly MSA Contribution	Adult	R 575
	Child	R 270
Total Monthly Contribution	Adult	R6 499
	Child	R3 486



Benefit Option Quick Summary: **DOUBLE PLUS**

	Any Private Hospital: No limits
	Attending Dr's and Specialists: Up to 300% <u>CBT</u>
	63 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 Benefit
	3 Month Post Hospitalisation Benefit
	External Appliances: wheelchair, hearing aid, breast pump, baby sleep monitor
	Check-ups and Vaccines: GP, Specialist, Dental, Optometry, ECG
	Infertility R61 400 per family

DOUBLE PLUS

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IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

HOSPITAL ACCOMMODATION INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	100% of Negotiated Rate in general ward and specialised units
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS MEDICAL AND SURGICAL PROCEDURES INCLUDING CONFINEMENTS SUBJECT TO PRE-AUTHORISATION	Up to 300% CBT 100% of Scheme Rate
SUPPLEMENTARY HEALTHCARE IN HOSPITAL (EG. PHYSIOTHERAPY AND PSYCHOTHERAPY)	100% CBT
BLOOD TRANSFUSIONS (IN AND OUT OF HOSPITAL)	100% of cost
RADIOLOGY IN HOSPITAL	100% CBT
ADVANCED SCANS (MRI/CT/PET) SUBJECT TO PRE-AUTHORISATION	100% CBT
PATHOLOGY IN HOSPITAL	100% Negotiated Rate
INTERNAL PROSTHESIS SUBJECT TO PRE-AUTHORISATION	100% of cost
HOME NURSING UP TO 21 DAYS, SUBJECT TO PRE AUTHORIZATION	100% CBT
STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY, UP TO 90 DAYS (SUBJECT TO PRE-AUTHORISATION)	100% Negotiated Rate
MEDICATION IN HOSPITAL	100% SEP plus dispensing fee
TTO MEDICATION UP TO ONE WEEK'S SUPPLY	100% SEP plus dispensing fee
INFERTILITY TREATMENT	Treatment limited to R61 400 per family
SUBSTANCE ABUSE	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
CHRONIC PMB CDL MEDICATION AND TREATMENT - SUBJECT TO PRE-AUTHORISATION AND PROTOCOLS REFER TO CHRONIC DISEASE LIST	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - as per PMB regulations
PMB DTP TREATMENT OUT OF HOSPITAL TREATMENT SUBJECT TO REGISTRATION OF CONDITION AND PRE-AUTHORISATION	Medication - 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures - as per PMB regulations
ONCOLOGY SUBJECT TO PREAUTHORISATION AND ICON PROTOCOLS#	Medication - 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - at 100% Scheme Rate The ICON Core benefits apply

#Please refer to the website for ICON benefit structures

DOUBLE PLUS

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PREVENTATIVE WELLNESS COVER

CAMAF PREVENTATIVE PROGRAMME PER ADULT BENEFICIARY	INCLUDES: Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy
ONE GP CONSULTATION ONLY *ICD 10 CODE SPECIFIC TO GENERAL (CHECK UP ONLY)	100% CBT per beneficiary
ONE SPECIALIST CONSULTATION *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY. GYNAECOLOGISTS, UROLOGISTS, OR SPECIALIST PHYSICIANS FOR BENEFICIARIES OVER 18 YEARS. PAEDIATRICIANS FOR BENEFICIARIES UNDER 18 YEARS	100% CBT per beneficiary
PSYCHOTHERAPY	100% CBT limited to R12 300 per beneficiary
ONE DIETICIAN CONSULTATION	100% CBT per beneficiary
ONE DENTISTRY CONSULTATION GENERAL CHECK UP ONLY	100% CBT per beneficiary
ONE ECG (PERFORMED BY GP OR SPECIALIST PHYSICIAN) *ICD 10 CODE SPECIFIC TO GENERAL (CHECK UP ONLY)	100% CBT per adult beneficiary
ONE OPTOMETRIST CONSULTATION	100% Optical Assistant Rates
IMMUNISATION AND VACCINES (COST OF IMMUNISATION AND VACCINE ONLY)	SEP plus a dispensing fee, limited to: Adults R2 660 - Child R4 410
CERVICAL CANCER VACCINE (HPV) (COST OF VACCINE ONLY - SUBJECT TO IMMUNISATION AND VACCINES BENEFIT)	Females between 9 and 16 years of age (SEP plus dispensing fee)
ONE HIV VCT TEST	100% CBT per beneficiary
MELANOMA SCREENING	100% CBT per adult beneficiary

*Refer to website for relevant ICD 10 codes.

DOUBLE PLUS

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MATERNITY BENEFITS

HOSPITAL ACCOMMODATION INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	See In Hospital and Prescribed Minimum Benefits
EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT BREAST PUMPS AND APNOEA MONITORS – THREE MONTHS PRIOR TO EXPECTED DUE DATE AND WITHIN SIX MONTHS AFTER THE BIRTH OF THE BABY. SUBJECT TO REGISTRATION ON THE MOTHER-TO-BE-PROGRAMME	Baby Apnoea Monitors: R2 700 Breast pumps: R4 500
METABOLIC SCREENING FOR NEW BORN BABIES	100% Negotiated Rate per new born baby
ANTE-NATAL FOETAL SCANS PER PREGNANCY	4 scans at 80% CBT Subject to Annual Overall Day-to-Day Limit
ANTE-NATAL CLASSES	80% CBT limited to R1 925 per pregnancy Subject to Annual Overall Day-to-Day Limit
UMBILICAL STEM CELL HARVESTING	Negotiated discount with Cryo-Save. Note: Please note that CAMAF does not cover expenses related to cord blood stem cell harvesting, testing and storage as this is not treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.

DOUBLE PLUS

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

BASIC AND ADVANCED RADIOLOGY OUT OF HOSPITAL MUST BE PERFORMED BY A REGISTERED RADIOLOGIST, ON REFERRAL FROM MEDICAL PRACTITIONER ONLY. ADVANCED SCANS (MRI/CT/PET) SUBJECT TO PRE-AUTHORISATION	100% CBT
PATHOLOGY OUT OF HOSPITAL PERFORMED BY A REGISTERED PATHOLOGIST AND REFERRED BY A MEDICAL PRACTITIONER PRE-AUTHORISATION REQUIRED FOR ADVANCED PATHOLOGY	100% Negotiated Rate or CBT
POST-HOSPITALISATION CONSULTATIONS AND TREATMENT UP TO 90 DAYS	300% CBT for attending practitioners 100% CBT for supplementary services
MEDICATION FOR ADDITIONAL CHRONIC CONDITIONS (SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL CHRONIC CONDITIONS LIST	100% SEP plus a dispensing fee, subject to RP and DSP Consultations 100% CBT
EXTERNAL APPLIANCES (subject to referral) IN AND OUT OF HOSPITAL PURCHASE, HIRE AND MAINTENANCE HEARING AIDS (subject to pre-authorisation) - 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE WHEELCHAIRS - 3 YEAR CYCLE INSULIN PUMPS (rent to own over 12 months), SUBJECT TO PRE-AUTHORISATION AND DSP - 4 YEAR CYCLE	100% NAPPI price or 100% of cost, subject to the overall limit of R70 200 per beneficiary and subject to the following sub-limits: Hearing Aids: R70 200 Wheelchairs for Quadriplegics: R70 200 Standard Wheelchairs: R44 800 Insulin Pumps: R45 800 Other external appliances: R15 000
INTERNATIONAL TRAVEL COVER PROVIDED BY TRAVEL INSURANCE CONSULTANTS (TIC) AND SUBJECT TO THEIR POLICY REQUIREMENTS. ARRANGE COVER PRIOR TO YOUR TRAVEL. VISIT OUR WEBSITE FOR FULL DETAILS.	R10 million per beneficiary per journey for emergency medical costs while you travel outside South Africa. This cover is for a period of 90 days from your departure from South Africa. Cover for pre-existing conditions is limited to R150,000 unless additional cover is arranged.
NETCARE 911 EMERGENCY SERVICES	Unlimited Subject to Netcare 911 authorisation

DOUBLE PLUS

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) SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT









DAY TO DAY BENEFITS BENEFITS BELOW ARE SUBJECT TO THE OVERALL ANNUAL LIMIT	Annual Overall Limits Adult R13 261 Child R 9 215
GPs AND DENTISTS DENTAL X-RAYS PERFORMED BY DENTISTS, CONSULTATIONS AND PROCEDURES PERFORMED BY THESE PRACTITIONERS; BASIC DENTISTRY	80% CBT
SPECIALISTS CONSULTATIONS, PROCEDURES AND RADIOLOGY PERFORMED BY THESE PRACTITIONERS	80% CBT
ACUTE MEDICATION INCLUDING INJECTIONS AND MATERIALS	80% SEP plus dispensing fee, subject to MMAP, co-payment from MSA
NON-DSP VISITS TO DOCTOR'S ROOMS	Not applicable
CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL ALL MEDICATION WILL BE PAID OUT OF ACUTE MEDICATION BENEFIT	80% CBT
NURSE VISITS	80% CBT up to 21 days
SUPPLEMENTARY HEALTH AUDIOLOGY, CHIROPRACTORS, DIETICIANS, HOMOEOPATHS, OCCUPATIONAL THERAPY, PHYSIOTHERAPISTS, BIOKINETICISTS, PODIATRY AND SPEECH THERAPY	80% CBT
ADVANCED DENTISTRY CROWNS, BRIDGES, ORTHODONTICS, DENTURES	80% CBT limited to: M0 R12 900 M1 R18 600 M2+ R25 000
OVER THE COUNTER MEDICATION	80% SEP plus a dispensing fee, subject to MMAP, co-payment from MSA, limited to R1 900 per beneficiary
LASER K/EXCIMER LASER NO APPROVAL FOR SURGERY WHERE SPECTACLES OBTAINED IN PREVIOUS 12 MONTHS.	80% CBT limited to R4 860 per beneficiary per eye
SPECTACLES AND LENSES FROM OPTOMETRIST ONLY ANNUAL BENEFIT, UNLESS OTHERWISE STATED	Consultation: See Preventative Wellness Benefit Add ons R1 120 Single vision R1 120 OR Bifocal R2 990 OR Varifocal R4 590 AND Frames R4 129 OR Contact lenses R4 013 Lenses, frames etc 80% Optical Assistant Rates

Monthly Contribution Rates: **DOUBLE PLUS**

Monthly Risk Contribution	Adult	R3 918
	Child	R2 246
Monthly MSA Contribution	Adult	R 375
	Child	R 240
Total Monthly Contribution	Adult	R4 293
	Child	R2 486



Benefit Option Quick Summary: **VITAL**

	Any Private Hospital: No limits
	Attending Doctors and Specialists: Up to 300% of <u>CBT</u>
	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's and CT's
	Screening Benefits
	3 Month post hospitalisation benefit
	External Appliances: Wheelchair, hearing aid, breast pump, baby sleep monitor
	Check-Ups and Vaccines: GP, Specialist, Dental, Optometry, ECG

VITAL

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ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS MEDICAL AND SURGICAL PROCEDURES INCLUDING CONFINEMENTS SUBJECT TO PRE-AUTHORISATION	Up to 300% CBT 100% of Scheme Rate
SUPPLEMENTARY HEALTHCARE IN HOSPITAL (EG. PHYSIOTHERAPY AND PSYCHOTHERAPY)	100% CBT
BLOOD TRANSFUSIONS (IN AND OUT OF HOSPITAL)	100% of cost
RADIOLOGY IN HOSPITAL ADVANCED SCANS (MRI/CT/PET) SUBJECT TO PRE-AUTHORISATION	100% CBT 100% CBT
PATHOLOGY IN HOSPITAL	100% Negotiated Rate
INTERNAL PROSTHESIS SUBJECT TO PRE-AUTHORISATION	100% of cost
HOME NURSING UP TO 21 DAYS, SUBJECT TO PRE AUTHORIZATION	100% CBT
STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY, UP TO 90 DAYS (SUBJECT TO PRE-AUTHORISATION)	100% Negotiated Rate
MEDICATION IN HOSPITAL	100% SEP plus dispensing fee
TTO MEDICATION UP TO ONE WEEK'S SUPPLY	100% SEP plus dispensing fee
SUBSTANCE ABUSE	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
CHRONIC PMB CDL MEDICATION AND TREATMENT - SUBJECT TO PRE-AUTHORISATION AND PROTOCOLS REFER TO CHRONIC DISEASE LIST	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - as per PMB regulations
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ONCOLOGY SUBJECT TO PREAUTHORISATION AND ICON PROTOCOLS#	Medication - 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - at 100% Scheme Rate The ICON Core benefits apply

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CAMAF PREVENTATIVE PROGRAMME PER ADULT BENEFICIARY	INCLUDES: Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy
ONE GP CONSULTATION ONLY *ICD 10 CODE SPECIFIC TO GENERAL (CHECK UP ONLY)	100% CBT per beneficiary
ONE SPECIALIST CONSULTATION *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY. GYNAECOLOGISTS, UROLOGISTS, OR SPECIALIST PHYSICIANS FOR BENEFICIARIES OVER 18 YEARS. PAEDIATRICIANS FOR BENEFICIARIES UNDER 18 YEARS	100% CBT per beneficiary
PSYCHOTHERAPY	100% CBT limited to R12 300 per beneficiary
ONE DIETICIAN CONSULTATION	100% CBT per beneficiary
ONE DENTISTRY CONSULTATION GENERAL CHECK UP ONLY	100% CBT per beneficiary
ONE ECG (PERFORMED BY GP OR SPECIALIST PHYSICIAN) *ICD 10 CODE SPECIFIC TO GENERAL (CHECK UP ONLY)	100% CBT per adult beneficiary
ONE OPTOMETRIST CONSULTATION	100% Optical Assistant Rates
IMMUNISATION AND VACCINES (COST OF IMMUNISATION AND VACCINE ONLY)	SEP plus a dispensing fee, limited to R1 767 per beneficiary
CERVICAL CANCER VACCINE (HPV) (COST OF VACCINE ONLY - SUBJECT TO IMMUNISATION AND VACCINES BENEFIT)	Females between 9 and 16 years of age (SEP plus dispensing fee)
ONE HIV VCT TEST	100% CBT per beneficiary
MELANOMA SCREENING	100% CBT per adult beneficiary

*Refer to website for relevant ICD 10 codes.

VITAL

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

HOSPITAL ACCOMMODATION INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION

See In Hospital and Prescribed Minimum Benefits

EXTERNAL APPLIANCES SUBJECT TO **OVERALL EXTERNAL APPLIANCES LIMIT** BREAST PUMPS AND APNOEA MONITORS – THREE MONTHS PRIOR TO EXPECTED DUE DATE AND WITHIN SIX MONTHS AFTER THE BIRTH OF THE BABY. SUBJECT TO REGISTRATION ON THE MOTHER-TO-BE-PROGRAMME

Baby Apnoea Monitors: R2 700
Breast pumps: R4 500

METABOLIC SCREENING FOR NEW BORN BABIES

100% Negotiated Rate per new born baby

UMBILICAL STEM CELL HARVESTING

Negotiated discount with Cryo-Save.

Note: Please note that CAMAF does not cover expenses related to cord blood stem cell harvesting, testing and storage as this is not treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.

VITAL

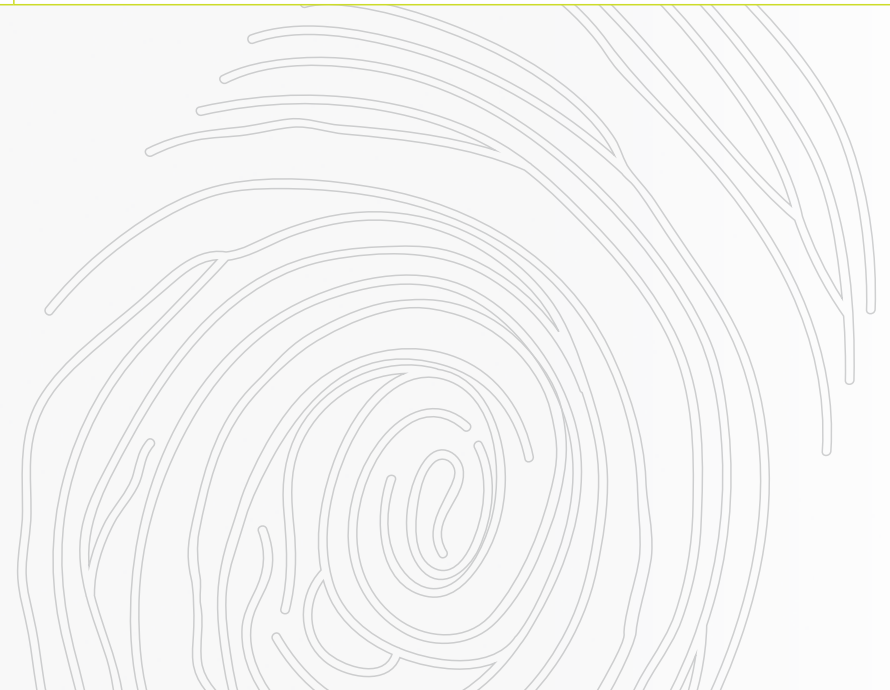
All benefits listed below are annual, unless otherwise stated. Where a condition qualifies as a PMB and is registered with the Scheme, payment will be governed by the legislation set out in the Regulations listed in the Medical Schemes Act.

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







BASIC AND ADVANCED RADIOLOGY OUT OF HOSPITAL MUST BE PERFORMED BY A REGISTERED RADIOLOGIST, ON REFERRAL FROM MEDICAL PRACTITIONER ONLY. ADVANCED SCANS (MRI/CT/PET) SUBJECT TO PRE-AUTHORISATION	100% CBT
PATHOLOGY OUT OF HOSPITAL PERFORMED BY A REGISTERED PATHOLOGIST AND REFERRED BY A MEDICAL PRACTITIONER PRE-AUTHORISATION REQUIRED FOR ADVANCED PATHOLOGY	100% Negotiated Rate or CBT
POST-HOSPITALISATION CONSULTATIONS AND TREATMENT UP TO 90 DAYS	300% CBT for attending practitioners 100% CBT for supplementary services
MEDICATION FOR ADDITIONAL CHRONIC CONDITIONS (SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL CHRONIC CONDITIONS LIST	100% SEP plus a dispensing fee, subject to RP and DSP Consultations 100% CBT
EXTERNAL APPLIANCES (subject to referral) IN AND OUT OF HOSPITAL PURCHASE, HIRE AND MAINTENANCE HEARING AIDS (subject to pre-authorisation) - 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE WHEELCHAIRS - 3 YEAR CYCLE INSULIN PUMPS (rent to own over 12 months), SUBJECT TO PRE-AUTHORISATION AND DSP - 4 YEAR CYCLE	100% NAPPI price or 100% of cost, subject to the overall limit of R40 400 per beneficiary and subject to the following sub-limits: Hearing Aids: R35 100 Wheelchairs for Quadriplegics: R35 100 Standard Wheelchairs: R24 700 Insulin Pumps: R40 400 Other external appliances: R 8 800
INTERNATIONAL TRAVEL COVER PROVIDED BY TRAVEL INSURANCE CONSULTANTS (TIC) AND SUBJECT TO THEIR POLICY REQUIREMENTS. ARRANGE COVER PRIOR TO YOUR TRAVEL. VISIT OUR WEBSITE FOR FULL DETAILS.	R10 million per beneficiary per journey for emergency medical costs while you travel outside South Africa. This cover is for a period of 90 days from your departure from South Africa. Cover for pre-existing conditions is limited to R150,000 unless additional cover is arranged.
NETCARE 911 EMERGENCY SERVICES	Unlimited Subject to Netcare 911 authorisation

Monthly Contribution Rates: **VITAL**

Monthly income based on Total Cost to Company of Principal Member		Total Monthly Contribution
R0 - R44 520	Adult	R2 295
	Child	R1 177
R44 521 - R111 300	Adult	R2 602
	Child	R1 328
R111 301+	Adult	R2 886
	Child	R1 478



Benefit Option Quick Summary: **ESSENTIAL PLUS**

	Any Private Hospital: No limits
	Attending Doctors and Specialists: Up to 200% of <u>CBT</u>
	27 Chronic Conditions: Medication and consultations
	Unlimited X-Rays and Blood Tests IN hospital including MRI and CT scans
	Screening Benefits
	Check-ups and Immunisation Benefits

ESSENTIAL PLUS

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

IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

HOSPITAL ACCOMMODATION INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	100% of Negotiated Rate in general ward and specialised units
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS MEDICAL AND SURGICAL PROCEDURES INCLUDING CONFINEMENTS SUBJECT TO PRE-AUTHORISATION	Up to 200% CBT 100% of Scheme Rate
SUPPLEMENTARY HEALTHCARE IN HOSPITAL (EG. PHYSIOTHERAPY AND PSYCHOTHERAPY)	100% CBT
BLOOD TRANSFUSIONS (IN AND OUT OF HOSPITAL)	100% of cost
RADIOLOGY IN HOSPITAL	100% CBT
ADVANCED SCANS (MRI/CT/PET) SUBJECT TO PRE-AUTHORISATION	100% CBT
PATHOLOGY IN HOSPITAL	100% Negotiated Rate
INTERNAL PROSTHESIS SUBJECT TO PRE-AUTHORISATION	100% of cost Exclusions: cochlear implants
HOME NURSING UP TO 21 DAYS, SUBJECT TO PRE AUTHORIZATION	100% CBT
STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY, UP TO 90 DAYS (SUBJECT TO PRE-AUTHORISATION)	100% Negotiated Rate
MEDICATION IN HOSPITAL	100% SEP plus dispensing fee
TTO MEDICATION UP TO ONE WEEK'S SUPPLY	100% SEP plus dispensing fee
SUBSTANCE ABUSE	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
CHRONIC PMB CDL MEDICATION AND TREATMENT - SUBJECT TO PRE-AUTHORISATION AND PROTOCOLS REFER TO CHRONIC DISEASE LIST	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - as per PMB regulations
PMB DTP TREATMENT OUT OF HOSPITAL TREATMENT SUBJECT TO REGISTRATION OF CONDITION AND PRE-AUTHORISATION	Medication - 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures - as per PMB regulations
ONCOLOGY SUBJECT TO PREAUTHORISATION AND ICON PROTOCOLS#	Medication - 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - 100% DSP Tariff The DSP is the ICON network The ICON Essential benefits apply

#Please refer to the website for ICON benefit structures

ESSENTIAL PLUS

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.

PREVENTATIVE WELLNESS COVER

CAMAF PREVENTATIVE PROGRAMME PER ADULT BENEFICIARY	INCLUDES: Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy
ONE GP CONSULTATION ONLY *ICD 10 CODE SPECIFIC TO GENERAL (CHECK UP ONLY)	100% CBT per beneficiary
ONE SPECIALIST CONSULTATION *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY. GYNAECOLOGISTS, UROLOGISTS, OR SPECIALIST PHYSICIANS FOR BENEFICIARIES OVER 18 YEARS. PAEDIATRICIANS FOR BENEFICIARIES UNDER 18 YEARS	100% CBT per beneficiary
PSYCHOTHERAPY	100% CBT limited to R12 300 per beneficiary
ONE DIETICIAN CONSULTATION	100% CBT per beneficiary
ONE DENTISTRY CONSULTATION GENERAL CHECK UP ONLY	100% CBT per beneficiary
ONE ECG (PERFORMED BY GP OR SPECIALIST PHYSICIAN) *ICD 10 CODE SPECIFIC TO GENERAL (CHECK UP ONLY)	100% CBT per beneficiary
ONE OPTOMETRIST CONSULTATION	100% Optical Assistant Rates
IMMUNISATION AND VACCINES (COST OF IMMUNISATION AND VACCINE ONLY)	SEP plus a dispensing fee, limited to R1 767 per beneficiary
CERVICAL CANCER VACCINE (HPV) (COST OF VACCINE ONLY - SUBJECT TO IMMUNISATION AND VACCINES BENEFIT)	Females between 9 and 16 years of age (SEP plus dispensing fee)
ONE HIV VCT TEST	100% CBT per beneficiary
MELANOMA SCREENING	100% CBT per adult beneficiary

*Refer to website for relevant ICD 10 codes.

ESSENTIAL PLUS

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

HOSPITAL ACCOMMODATION INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	See In Hospital and Prescribed Minimum Benefits
EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT BREAST PUMPS AND APNOEA MONITORS – THREE MONTHS PRIOR TO EXPECTED DUE DATE AND WITHIN SIX MONTHS AFTER THE BIRTH OF THE BABY. SUBJECT TO REGISTRATION ON THE MOTHER-TO-BE-PROGRAMME	Subject to Medical Savings Account
METABOLIC SCREENING FOR NEW BORN BABIES	100% Negotiated Rate per new born baby
ANTE-NATAL FOETAL SCANS PER PREGNANCY	Subject to Medical Savings Account
ANTE-NATAL CLASSES	Subject to Medical Savings Account
UMBILICAL STEM CELL HARVESTING	Negotiated discount with Cryo-Save. Note: Please note that CAMAF does not cover expenses related to cord blood stem cell harvesting, testing and storage as this is not treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.

ESSENTIAL PLUS

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

BASIC AND ADVANCED RADIOLOGY OUT OF HOSPITAL MUST BE PERFORMED BY A REGISTERED RADIOLOGIST, ON REFERRAL FROM MEDICAL PRACTITIONER ONLY. ADVANCED SCANS (MRI/CT/PET) SUBJECT TO PRE-AUTHORISATION	Subject to Medical Savings Account
PATHOLOGY OUT OF HOSPITAL PERFORMED BY A REGISTERED PATHOLOGIST AND REFERRED BY A MEDICAL PRACTITIONER PRE-AUTHORISATION REQUIRED FOR ADVANCED PATHOLOGY	Subject to Medical Savings Account
POST-HOSPITALISATION CONSULTATIONS AND TREATMENT UP TO 90 DAYS	Subject to Medical Savings Account
MEDICATION FOR ADDITIONAL CHRONIC CONDITIONS (SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL CHRONIC CONDITIONS LIST	Depression only. 100% SEP plus a dispensing fee subject to RP and DSP Consultations 100% CBT
EXTERNAL APPLIANCES (subject to referral) IN AND OUT OF HOSPITAL PURCHASE, HIRE AND MAINTENANCE HEARING AIDS (subject to pre-authorisation) - 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE WHEELCHAIRS - 3 YEAR CYCLE INSULIN PUMPS (rent to own over 12 months), SUBJECT TO PRE-AUTHORISATION AND DSP - 4 YEAR CYCLE	Subject to Medical Savings Account
INTERNATIONAL TRAVEL COVER PROVIDED BY TRAVEL INSURANCE CONSULTANTS (TIC) AND SUBJECT TO THEIR POLICY REQUIREMENTS. ARRANGE COVER PRIOR TO YOUR TRAVEL. VISIT OUR WEBSITE FOR FULL DETAILS.	R10 million per beneficiary per journey for emergency medical costs while you travel outside South Africa. This cover is for a period of 90 days from your departure from South Africa. Cover for pre-existing conditions is limited to R150,000 unless additional cover is arranged.
NETCARE 911 EMERGENCY SERVICES	Unlimited Subject to Netcare 911 authorisation

ESSENTIAL PLUS

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) SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

DAY TO DAY BENEFITS BENEFITS BELOW ARE SUBJECT TO THE OVERALL ANNUAL LIMIT	Limited to funds available in the beneficiary's Medical Savings Account
GPs AND DENTISTS DENTAL X-RAYS PERFORMED BY DENTISTS, CONSULTATIONS AND PROCEDURES PERFORMED BY THESE PRACTITIONERS; BASIC DENTISTRY	Subject to Medical Savings Account
SPECIALISTS CONSULTATIONS, PROCEDURES AND RADIOLOGY PERFORMED BY THESE PRACTITIONERS	Subject to Medical Savings Account
ACUTE MEDICATION INCLUDING INJECTIONS AND MATERIALS	Subject to Medical Savings Account
CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL ALL MEDICATION WILL BE PAID OUT OF ACUTE MEDICATION BENEFIT	Subject to Medical Savings Account
NURSE VISITS	Subject to Medical Savings Account
SUPPLEMENTARY HEALTH AUDIOLOGY, CHIROPRACTORS, DIETICIANS, HOMOEOPATHS, OCCUPATIONAL THERAPY, PHYSIOTHERAPISTS, BIOKINETICISTS, PODIATRY AND SPEECH THERAPY	Subject to Medical Savings Account
BENEFIT SPECIFIC LIMITS	
ADVANCED DENTISTRY CROWNS, BRIDGES, ORTHODONTICS, DENTURES	Subject to Medical Savings Account
OVER THE COUNTER MEDICATION	Subject to Medical Savings Account
LASER K/EXCIMER LASER NO APPROVAL FOR SURGERY WHERE SPECTACLES OBTAINED IN PREVIOUS 12 MONTHS.	Subject to Medical Savings Account
SPECTACLES AND LENSES FROM OPTOMETRIST ONLY ANNUAL BENEFIT, UNLESS OTHERWISE STATED	Subject to Medical Savings Account

Monthly Contribution Rates: **ESSENTIAL PLUS**

Monthly income based on Total Cost to Company of Principal Member		Total Monthly Contribution
R0 - R111 300	Principal	R1 885
	Adult	R1 490
	Child	R 875
Monthly MSA Contribution	Principal	R 570
	Adult	R 455
	Child	R 270
Total Monthly Contribution	Principal	R2 455
	Adult	R1 945
	Child	R1 145
R111 301+	Principal	R2 265
	Adult	R1 795
	Child	R1 050
Monthly MSA Contribution	Principal	R 570
	Adult	R 455
	Child	R 270
Total Monthly Contribution	Principal	R2 835
	Adult	R2 250
	Child	R1 320

Benefit Option Quick Summary: **FIRST CHOICE**

	Any Private Hospital: No limits
	Attending Dr's and Specialists: Up to 100% <u>CBT</u>
	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 R36 900 per family
	Screening Benefits
	80% of GP, Specialists, Dental, Optometry, Check-ups, 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

HOSPITAL ACCOMMODATION INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	100% of Negotiated Rate in general ward and specialised units
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS MEDICAL AND SURGICAL PROCEDURES INCLUDING CONFINEMENTS SUBJECT TO PRE-AUTHORISATION	Up to 100% CBT 100% CBT
SUPPLEMENTARY HEALTHCARE IN HOSPITAL (EG. PHYSIOTHERAPY AND PSYCHOTHERAPY)	100% CBT
BLOOD TRANSFUSIONS (IN AND OUT OF HOSPITAL)	100% of cost
RADIOLOGY IN HOSPITAL	100% CBT
ADVANCED SCANS (MRI/CT/PET) SUBJECT TO PRE-AUTHORISATION	100% CBT limited to R36 900 per family
PATHOLOGY IN HOSPITAL	100% CBT
INTERNAL PROSTHESIS SUBJECT TO PRE-AUTHORISATION	100% of cost limited to R36 900 per family Exclusions: cochlear implants
HOME NURSING UP TO 21 DAYS, SUBJECT TO PRE AUTHORISATION	100% CBT (in lieu of hospitalisation only)
STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY, UP TO 90 DAYS (SUBJECT TO PRE-AUTHORISATION)	100% Negotiated Rate
MEDICATION IN HOSPITAL	100% SEP plus dispensing fee
TTO MEDICATION UP TO ONE WEEK'S SUPPLY	100% SEP plus dispensing fee
SUBSTANCE ABUSE	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
CHRONIC PMB CDL MEDICATION AND TREATMENT - SUBJECT TO PRE-AUTHORISATION AND PROTOCOLS REFER TO CHRONIC DISEASE LIST	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - as per PMB regulations
PMB DTP TREATMENT OUT OF HOSPITAL TREATMENT SUBJECT TO REGISTRATION OF CONDITION AND PRE-AUTHORISATION	Medication - 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures - as per PMB regulations
ONCOLOGY SUBJECT TO PREAUTHORISATION AND ICON PROTOCOLS#	Medication - 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - 100% DSP Tariff The DSP is the ICON network The ICON Essential benefits 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.

PREVENTATIVE WELLNESS COVER

CAMAF PREVENTATIVE PROGRAMME PER ADULT BENEFICIARY	INCLUDES: Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy
ONE GP CONSULTATION ONLY *ICD 10 CODE SPECIFIC TO GENERAL (CHECK UP ONLY)	100% CBT per beneficiary
ONE SPECIALIST CONSULTATION *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY. GYNAECOLOGISTS, UROLOGISTS, OR SPECIALIST PHYSICIANS FOR BENEFICIARIES OVER 18 YEARS. PAEDIATRICIANS FOR BENEFICIARIES UNDER 18 YEARS	100% CBT per beneficiary
PSYCHOTHERAPY	100% CBT limited to R12 300 per beneficiary
ONE DENTISTRY CONSULTATION GENERAL CHECK UP ONLY	100% CBT per beneficiary
ONE ECG (PERFORMED BY GP OR SPECIALIST PHYSICIAN) *ICD 10 CODE SPECIFIC TO GENERAL (CHECK UP ONLY)	100% CBT per adult beneficiary
ONE OPTOMETRIST CONSULTATION	Refer to spectacle and lenses benefits
IMMUNISATION AND VACCINES (COST OF IMMUNISATION AND VACCINE ONLY)	SEP plus a dispensing fee, subject to MMAP, limited to R1 767 per beneficiary
CERVICAL CANCER VACCINE (HPV) (COST OF VACCINE ONLY - SUBJECT TO IMMUNISATION AND VACCINES BENEFIT)	Females between 9 and 16 years of age (SEP plus dispensing fee)
ONE HIV VCT TEST	100% CBT per beneficiary

*Refer to website for relevant ICD 10 codes.

FIRST CHOICE

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

MATERNITY BENEFITS

HOSPITAL ACCOMMODATION INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	See In Hospital and Prescribed Minimum Benefits
EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT BREAST PUMPS AND APNOEA MONITORS – THREE MONTHS PRIOR TO EXPECTED DUE DATE AND WITHIN SIX MONTHS AFTER THE BIRTH OF THE BABY. SUBJECT TO REGISTRATION ON THE MOTHER-TO-BE-PROGRAMME	Baby Apnoea Monitors: R2 200 Breast pumps: R3 800
METABOLIC SCREENING FOR NEW BORN BABIES	100% Negotiated Rate per new born baby
ANTE-NATAL FOETAL SCANS PER PREGNANCY	3 scans at 80% CBT. Subject to limit (c) of Annual Overall Day-to-Day Benefit Limit
ANTE-NATAL CLASSES	80% CBT subjects to sub-limit R1 020 per pregnancy. Subject to limit (c) of Annual Overall Day-to-Day Benefit Limit
UMBILICAL STEM CELL HARVESTING	Negotiated discount with Cryo-Save. Note: Please note that CAMAF does not cover expenses related to cord blood stem cell harvesting, testing and storage as this is not treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.

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

BASIC AND ADVANCED RADIOLOGY OUT OF HOSPITAL MUST BE PERFORMED BY A REGISTERED RADIOLOGIST, ON REFERRAL FROM MEDICAL PRACTITIONER ONLY. ADVANCED SCANS (MRI/CT/PET) SUBJECT TO PRE-AUTHORISATION	Basic Radiology: 100% CBT limited to R4 310 per beneficiary Advanced scans: 100% CBT limited to R36 900 per family
PATHOLOGY OUT OF HOSPITAL PERFORMED BY A REGISTERED PATHOLOGIST AND REFERRED BY A MEDICAL PRACTITIONER PRE-AUTHORISATION REQUIRED FOR ADVANCED PATHOLOGY	100% Negotiated Rate limited to R6 880 per beneficiary
MEDICATION FOR ADDITIONAL CHRONIC CONDITIONS (SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL CHRONIC CONDITIONS LIST	Depression only. 100% SEP plus a dispensing fee subject to RP and DSP Consultations 100% CBT
EXTERNAL APPLIANCES (subject to referral) IN AND OUT OF HOSPITAL PURCHASE, HIRE AND MAINTENANCE HEARING AIDS (subject to pre-authorisation) - 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE WHEELCHAIRS - 3 YEAR CYCLE INSULIN PUMPS (rent to own over 12 months), SUBJECT TO PRE-AUTHORISATION AND DSP - 4 YEAR CYCLE	100% NAPPI price or 100% of cost, in hospital and 80% of cost out of hospital with an overall limit of R6 600 per beneficiary
INTERNATIONAL TRAVEL COVER PROVIDED BY TRAVEL INSURANCE CONSULTANTS (TIC) AND SUBJECT TO THEIR POLICY REQUIREMENTS. ARRANGE COVER PRIOR TO YOUR TRAVEL. VISIT OUR WEBSITE FOR FULL DETAILS.	R10 million per beneficiary per journey for emergency medical costs while you travel outside South Africa. This cover is for a period of 90 days from your departure from South Africa. Cover for pre-existing conditions is limited to R150,000 unless additional cover is arranged.
NETCARE 911 EMERGENCY SERVICES	Unlimited Subject to Netcare 911 authorisation

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) SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

DAY TO DAY BENEFITS BENEFITS BELOW ARE SUBJECT TO THE OVERALL ANNUAL LIMIT	Annual overall limit: Beneficiary specific limits: (a) Medicines R3 190 (b) Advanced Dentistry R6 690 (c) Other R3 190 (d) Specialists R9 830
GPs AND DENTISTS DENTAL X-RAYS PERFORMED BY DENTISTS, CONSULTATIONS AND PROCEDURES PERFORMED BY THESE PRACTITIONERS; BASIC DENTISTRY	80% CBT Subject to limit (c)
SPECIALISTS CONSULTATIONS, PROCEDURES AND RADIOLOGY PERFORMED BY THESE PRACTITIONERS	80% CBT Subject to limit (d)
ACUTE MEDICATION INCLUDING INJECTIONS AND MATERIALS	80% SEP plus a dispensing fee, subject to MMAP. Subject to limit (a)
CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL ALL MEDICATION WILL BE PAID OUT OF ACUTE MEDICATION BENEFIT	Medication: 80% SEP plus a dispensing fee subject to limit (a) Treatment: 80% CBT subject to limit (c)
NURSE VISITS	80% CBT subject to limit (c)
SUPPLEMENTARY HEALTH AUDIOLOGY, CHIROPRACTORS, DIETICIANS, HOMOEOPATHS, OCCUPATIONAL THERAPY, PHYSIOTHERAPISTS, BIOKINETICISTS, PODIATRY AND SPEECH THERAPY	80% CBT subject to sub-limit R2 680 Subject to limit (c)
BENEFIT SPECIFIC LIMITS	
ADVANCED DENTISTRY CROWNS, BRIDGES, ORTHODONTICS, DENTURES	50% CBT Subject to limit (b) dental implants excluded
OVER THE COUNTER MEDICATION	50% SEP plus a dispensing fee, subject to MMAP, limited to R1 640 per beneficiary. Subject to limit (a)
SPECTACLES AND LENSES FROM OPTOMETRIST ONLY ANNUAL BENEFIT, UNLESS OTHERWISE STATED	<p>The benefit PER BENEFICIARY at a PPN provider would be as follows: For the benefit cycle of 24 months from date of claiming, each beneficiary is entitled to: One Composite Consultation inclusive of a Refraction, Tonometry and Visual Field screening AND EITHER SPECTACLES - A PPN Frame to the value of R150 or R750 off any alternative frame and/or lens enhancements and one pair of lenses: either One pair of Clear Aquity Single Vision; Clear Aquity Bifocal lenses or Clear Aquity Multifocal lenses OR CONTACT LENSES - Contact lenses to the value of R840.</p> <p>The benefit PER BENEFICIARY at a NON PPN provider would be as follows: One consultation per Beneficiary during the Benefit Cycle, limited to a maximum cost of R300 AND EITHER SPECTACLES - A frame benefit of R600 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 R175 per lens or one pair of clear flat top bifocal spectacle lenses limited to R410 per lens or one pair of clear flat top Multifocal lenses limited to R710 per lens OR CONTACT LENSES - Contact Lenses to the value of R840.</p>

Monthly Contribution Rates: **FIRST CHOICE**

Monthly income based on Total Cost to Company of Principal Member		Total Monthly Contribution
R0 - R9 490	Adult	R1 131
	Child	R 689
R9 491 - R18 300	Adult	R1 796
	Child	R1 064
R18 301 - R24 540	Adult	R2 697
	Child	R1 568
R24 541 - R36 810	Adult	R3 356
	Child	R2 207
R36 811+	Adult	R3 670
	Child	R2 395

Benefit Option Quick Summary: **NETWORK CHOICE**

	Network Hospital: No limits (DSP hospital group is Netcare)
	Attending Doctors: Up to 100% <u>CBT</u> only at <u>DSP</u>
	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 R36 900 per family
	Screening Benefits
	Vaccines

NETWORK CHOICE

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

IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

HOSPITAL ACCOMMODATION INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	100% DSP tariff as per protocols. The DSP hospital group is Netcare.
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS MEDICAL AND SURGICAL PROCEDURES INCLUDING CONFINEMENTS SUBJECT TO PRE-AUTHORISATION	Up to 100% CBT 100% CBT
SUPPLEMENTARY HEALTHCARE IN HOSPITAL (EG. PHYSIOTHERAPY AND PSYCHOTHERAPY)	100% CBT
BLOOD TRANSFUSIONS (IN AND OUT OF HOSPITAL)	100% of cost
RADIOLOGY IN HOSPITAL ADVANCED SCANS (MRI/CT/PET) SUBJECT TO PRE-AUTHORISATION	100% CBT 100% CBT limited to R36 900 per family
PATHOLOGY IN HOSPITAL	100% CBT
INTERNAL PROSTHESIS SUBJECT TO PRE-AUTHORISATION	100% of cost limited to R36 900 per family Exclusions: cochlear implants
HOME NURSING UP TO 21 DAYS, SUBJECT TO PRE AUTHORIZATION	100% CBT (in lieu of hospitalisation only)
STEP-DOWN/PHYSICAL REHABILITATION APPROVED FACILITIES ONLY, UP TO 90 DAYS (SUBJECT TO PRE-AUTHORISATION)	100% DSP Tariff
MEDICATION IN HOSPITAL	100% SEP plus dispensing fee
TTO MEDICATION UP TO ONE WEEK'S SUPPLY	100% SEP plus dispensing fee
SUBSTANCE ABUSE	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
CHRONIC PMB CDL MEDICATION AND TREATMENT - SUBJECT TO PRE-AUTHORISATION AND PROTOCOLS REFER TO CHRONIC DISEASE LIST	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - as per PMB regulations
PMB DTP TREATMENT OUT OF HOSPITAL TREATMENT SUBJECT TO REGISTRATION OF CONDITION AND PRE-AUTHORISATION	Medication - 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures - as per PMB regulations
ONCOLOGY SUBJECT TO PREAUTHORISATION AND ICON PROTOCOLS#	Medication - 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - 100% DSP Tariff The DSP is the ICON network The ICON Essential benefits apply

#Please refer to the website for ICON benefit structures

NETWORK CHOICE

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

PREVENTATIVE WELLNESS COVER

CAMAF PREVENTATIVE PROGRAMME PER ADULT BENEFICIARY	INCLUDES: Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy
ONE GP CONSULTATION ONLY *ICD 10 CODE SPECIFIC TO GENERAL (CHECK UP ONLY)	100% CBT per beneficiary (Network Doctor only)
ONE SPECIALIST CONSULTATION *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY. GYNAECOLOGISTS, UROLOGISTS, OR SPECIALIST PHYSICIANS FOR BENEFICIARIES OVER 18 YEARS. PAEDIATRICIANS FOR BENEFICIARIES UNDER 18 YEARS	100% CBT per beneficiary
PSYCHOTHERAPY	100% CBT limited to R12 300 per beneficiary
ONE DENTISTRY CONSULTATION GENERAL CHECK UP ONLY	100% CBT per beneficiary
ONE ECG (PERFORMED BY GP OR SPECIALIST PHYSICIAN) *ICD 10 CODE SPECIFIC TO GENERAL (CHECK UP ONLY)	100% CBT per adult beneficiary
ONE OPTOMETRIST CONSULTATION	Refer to spectacle and lenses benefits
IMMUNISATION AND VACCINES (COST OF IMMUNISATION AND VACCINE ONLY)	SEP plus a dispensing fee, subject to MMAP, limited to R1 767 per beneficiary
CERVICAL CANCER VACCINE (HPV) (COST OF VACCINE ONLY - SUBJECT TO IMMUNISATION AND VACCINES BENEFIT)	Females between 9 and 16 years of age (SEP plus dispensing fee)
ONE HIV VCT TEST	100% CBT per beneficiary

*Refer to website for relevant ICD 10 codes.

NETWORK CHOICE

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MATERNITY BENEFITS

HOSPITAL ACCOMMODATION INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	See In Hospital and Prescribed Minimum Benefits
EXTERNAL APPLIANCES SUBJECT TO OVERALL EXTERNAL APPLIANCES LIMIT BREAST PUMPS AND APNOEA MONITORS – THREE MONTHS PRIOR TO EXPECTED DUE DATE AND WITHIN SIX MONTHS AFTER THE BIRTH OF THE BABY. SUBJECT TO REGISTRATION ON THE MOTHER-TO-BE-PROGRAMME	Baby Apnoea Monitors: R2 200 Breast pumps: R3 800
METABOLIC SCREENING FOR NEW BORN BABIES	100% Negotiated Rate per new born baby
ANTE-NATAL FOETAL SCANS PER PREGNANCY	3 scans at 80% CBT. Subject to limit (c) of Annual Overall Day-to-Day Benefit Limit
ANTE-NATAL CLASSES	80% CBT subjects to sub-limit R1 020 per pregnancy. Subject to limit (c) of Annual Overall Day-to-Day Benefit Limit
UMBILICAL STEM CELL HARVESTING	Negotiated discount with Cryo-Save. Note: Please note that CAMAF does not cover expenses related to cord blood stem cell harvesting, testing and storage as this is not treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.

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

BASIC AND ADVANCED RADIOLOGY OUT OF HOSPITAL MUST BE PERFORMED BY A REGISTERED RADIOLOGIST, ON REFERRAL FROM MEDICAL PRACTITIONER ONLY. ADVANCED SCANS (MRI/CT/PET) SUBJECT TO PRE-AUTHORISATION	Basic Radiology: Referrals by DSP or specialist, 100% CBT limited to R4 310 per beneficiary Advanced scans: 100% CBT limited to R36 900 per family (on referral by DSP or specialist)
PATHOLOGY OUT OF HOSPITAL PERFORMED BY A REGISTERED PATHOLOGIST AND REFERRED BY A MEDICAL PRACTITIONER PRE-AUTHORISATION REQUIRED FOR ADVANCED PATHOLOGY	Referred by DSP or specialist, 100% Negotiated Rate, limited to R6 880 per beneficiary
MEDICATION FOR ADDITIONAL CHRONIC CONDITIONS (SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL CHRONIC CONDITIONS LIST	Depression only. 100% SEP plus a dispensing fee subject to RP and DSP Consultations 100% CBT
EXTERNAL APPLIANCES (subject to referral) IN AND OUT OF HOSPITAL PURCHASE, HIRE AND MAINTENANCE HEARING AIDS (subject to pre-authorisation) - 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE WHEELCHAIRS - 3 YEAR CYCLE INSULIN PUMPS (rent to own over 12 months), SUBJECT TO PRE-AUTHORISATION AND DSP - 4 YEAR CYCLE	100% NAPPI price or 100% of cost, limited to R6 600 per beneficiary and subject to DSP or Specialist referral
INTERNATIONAL TRAVEL COVER PROVIDED BY TRAVEL INSURANCE CONSULTANTS (TIC) AND SUBJECT TO THEIR POLICY REQUIREMENTS. ARRANGE COVER PRIOR TO YOUR TRAVEL. VISIT OUR WEBSITE FOR FULL DETAILS.	R10 million per beneficiary per journey for emergency medical costs while you travel outside South Africa. This cover is for a period of 90 days from your departure from South Africa. Cover for pre-existing conditions is limited to R150,000 unless additional cover is arranged.
NETCARE 911 EMERGENCY SERVICES	Unlimited Subject to Netcare 911

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 style="text-align: center;">DAY TO DAY BENEFITS BENEFITS BELOW ARE SUBJECT TO THE OVERALL ANNUAL LIMIT</p>	<p>Annual overall limit: Beneficiary specific limits: (a) Medicines R3 190 (b) Advanced Dentistry R6 690 (c) Other R3 190 (d) Specialists R9 830</p>
<p style="text-align: center;">GPs AND DENTISTS DENTAL X-RAYS PERFORMED BY DENTISTS, CONSULTATIONS AND PROCEDURES PERFORMED BY THESE PRACTITIONERS; BASIC DENTISTRY</p>	<p>100% negotiated rate subject to sublimit (c) - Network GP only</p>
<p style="text-align: center;">SPECIALISTS CONSULTATIONS, PROCEDURES AND RADIOLOGY PERFORMED BY THESE PRACTITIONERS</p>	<p>100% CBT Subject to limit (d) (on referral from a network GP only)</p>
<p style="text-align: center;">ACUTE MEDICATION INCLUDING INJECTIONS AND MATERIALS</p>	<p>100% SEP plus a dispensing fee, subject to MMAP. Subject to limit (a) (on referral from a network GP only)</p>
<p style="text-align: center;">NON-DSP VISITS TO DOCTOR'S ROOMS</p>	<p>One non-network visit per beneficiary or two per family, 20% co-payment AND</p>
<p style="text-align: center;">CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL ALL MEDICATION WILL BE PAID OUT OF ACUTE MEDICATION BENEFIT</p>	<p>One casualty visit per family (facility fee, consumed meds and materials). Limited to R 1 376</p>
<p style="text-align: center;">NURSE VISITS</p>	<p>100% CBT subject to limit (c)</p>
<p style="text-align: center;">SUPPLEMENTARY HEALTH AUDIOLOGY, CHIROPRACTORS, DIETICIANS, HOMOEOPATHS, OCCUPATIONAL THERAPY, PHYSIOTHERAPISTS, BIOKINETICISTS, PODIATRY AND SPEECH THERAPY</p>	<p>100% CBT limited to R2 680 per beneficiary on referral from DSP or from a Specialist. Subject to limit (c)</p>
<h3 style="text-align: center;">BENEFIT SPECIFIC LIMITS</h3>	
<p style="text-align: center;">ADVANCED DENTISTRY CROWNS, BRIDGES, ORTHODONTICS, DENTURES</p>	<p>100% of CBT Subject to limit (b) dental implants excluded</p>
<p style="text-align: center;">OVER THE COUNTER MEDICATION</p>	<p>50% SEP plus a dispensing fee, subject to MMAP, limited to R1 640 per beneficiary. Subject to limit (a)</p>
<p style="text-align: center;">SPECTACLES AND LENSES FROM OPTOMETRIST ONLY ANNUAL BENEFIT, UNLESS OTHERWISE STATED</p>	<p>The benefit PER BENEFICIARY at a PPN provider would be as follows: For the benefit cycle of 24 months from date of claiming, each beneficiary is entitled to: One Composite Consultation inclusive of a Refraction, Tonometry and Visual Field screening AND EITHER SPECTACLES - A PPN Frame to the value of R150 or R750 off any alternative frame and/or lens enhancements and one pair of lenses: either One pair of Clear Aquity Single Vision; Clear Aquity Bifocal lenses or Clear Aquity Multifocal lenses OR CONTACT LENSES - Contact lenses to the value of R840. The benefit PER BENEFICIARY at a NON PPN provider would be as follows: One consultation per Beneficiary during the Benefit Cycle, limited to a maximum cost of R300 AND EITHER SPECTACLES - A frame benefit of R600 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 R175 per lens or one pair of clear flat top bifocal spectacle lenses limited to R410 per lens or one pair of clear flat top Multifocal lenses limited to R710 per lens OR CONTACT LENSES - Contact Lenses to the value of R840.</p>

Monthly Contribution Rates: **NETWORK CHOICE**

Monthly income based on Total Cost to Company of Principal Member		Total Monthly Contribution
R0 - R18 300	Principal	R1 611
	Adult	R1 347
	1st Child (rest are free)	R 701
R18 301 - R24 540	Principal	R1 915
	Adult	R1 529
	1st Child (rest are free)	R 861
R24 541 - R36 810	Principal	R2 291
	Adult	R1 775
	Child	R1 142
R36 811+	Principal	R3 046
	Adult	R2 458
	Child	R1 496

Monthly Contribution Rates

ALLIANCE

Monthly Risk Contribution

Adult	R5 924
Child	R3 216

Monthly MSA Contribution

Adult	R 575
Child	R 270

Total Monthly Contribution

Adult	R6 499
Child	R3 486

DOUBLE PLUS

Monthly Risk Contribution

Adult	R3 918
Child	R2 246

Monthly MSA Contribution

Adult	R 375
Child	R 240

Total Monthly Contribution

Adult	R4 293
Child	R2 486

VITAL

Monthly income based on Total Cost to Company of Principal Member

Total Monthly Contribution

R 0 - R44 520

Adult	R2 295
Child	R1 177

R44 521 - R111 300

Adult	R2 602
Child	R1 328

R111 301+

Adult	R2 886
Child	R1 478

ESSENTIAL PLUS

Monthly income based on Total Cost to Company of Principal Member

Total Monthly Contribution

R 0 - R111 300

Principal	R1 885
Adult	R1 490
Child	R 875

Monthly MSA Contribution

Principal	R 570
Adult	R 455
Child	R 270

Total Monthly Contribution

Principal	R2 455
Adult	R1 945
Child	R1 145

R111 301+

Principal	R2 265
Adult	R1 795
Child	R1 050

Monthly MSA Contribution

Principal	R 570
Adult	R 455
Child	R 270

Total Monthly Contribution

Principal	R2 835
Adult	R2 250
Child	R1 320

FIRST CHOICE

Monthly income based on Total Cost to Company of Principal Member

Total Monthly Contribution

R0 - R9 490

Adult	R1 131
Child	R 689

R9 491 - R18 300

Adult	R1 796
Child	R1 064

R18 301 - R24 540

Adult	R2 697
Child	R1 568

R24 541 - R36 810

Adult	R3 356
Child	R2 207

R36 811+

Adult	R3 670
Child	R2 395

NETWORK CHOICE

Monthly income based on Total Cost to Company of Principal Member

Total Monthly Contribution

R 0 - R18 300

Principal	R1 611
Adult	R1 347
1st Child (rest are free)	R 701

R18 301 - R24 540

Principal	R1 915
Adult	R1 529
1st Child (rest are free)	R 861

R24 541 - R36 810

Principal	R2 291
Adult	R1 775
Child	R1 142

R36 811+

Principal	R3 046
Adult	R2 458
Child	R1 496

Glossary

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

ADULT	Refers to the member and dependants who are 22 or older at any time in the year of cover.
CBT	CAMAF Base Tariff - the maximum rate paid by the Scheme to providers of healthcare services, based on 2009 RPL (Medical Aid) rates, increased annually by CPI. Tariff differs per type of service provider and % paid on different options.
CDL	Chronic Disease List - the list of PMB's includes 25 common chronic conditions called CDL's. Schemes must provide cover for the diagnosis, treatment and care of these conditions. Members must register their conditions to qualify for benefits. Schemes can provide protocols in terms of the range (RP and Formularies) and delivery of medication (DSP's).
CML/ FORMULARY	Condition Medicine List - once a patient's chronic condition has been registered, a patient will have access to the CML. This is a list of drugs, appropriate for the condition, that do not require authorisation. This is maintained by the Scheme and differs per Option. Reference pricing may still apply.
CHILD	Refers to a dependant who is younger than an adult, as defined above.
DISPENSING FEES	Fee negotiated by the Scheme with Network pharmacies and added to SEP.
DSP	The network of service providers contracted to provide healthcare services to members, eg. Independent Clinical Oncology Network (ICON), HIV programme (LifeSense), PPN for optical benefits, Pharmacy networks for all chronic medications, Netcare 911 for emergency transport and Netcare hospital group for Network Choice hospital admissions.
DTP	The Regulations to the Medical Schemes Act in Annexure A provide a list of conditions identified as Prescribed Minimum Benefits. The List is in the form of Diagnosis Treatment Pairs (DTP's). A DTP links a specific diagnosis to a treatment/procedure and therefore broadly indicates how each of the 270 PMB conditions should be treated. These treatment pairs cover serious and acute medical problems that include the cost of diagnosis, treatment and care of these conditions. Members must register their conditions to qualify for benefits. Schemes can provide protocols in terms of the range (RP and Formularies) and delivery of medication (DSP's).
ICD 10 CODE	Stands for International Classification of Diseases and Related Health Problems (10th revision). It is a coding system developed by the World Health Organisation (WHO) that translates the written description of medical and health information into standard codes, e.g. J03.9 is an ICD-10 code for acute tonsillitis (unspecified) and G40.9 denotes epilepsy (unspecified). These codes are used to inform medical schemes about what conditions their members were treated for so that claims can be paid from the correct benefit.
INCOME	Total cost to company prior to deductions.
MEDICAL SAVINGS ACCOUNT	A savings account that accrues monthly but the annualised amount of savings is available immediately and can be used for: <ul style="list-style-type: none"> • top up on cost of service charged by a doctor • extension when an overall benefit has been exceeded • exclusion from benefits • payment of day to day claims on Essential Plus option
METABOLIC SCREENING	Newborn screening whereby rare disorders are detected by a blood test done 48 - 72 hours after birth.
MMAP	Maximum Medical Aid Price - is a reference price model and determines the maximum medical scheme price that medical schemes will reimburse for an interchangeable multi-source pharmaceutical product (generic) on the relevant option. MMAP applies to all options for chronic medication.
NEGOTIATED RATE	This is the rate, negotiated by the scheme with the service provider/group of service providers, eg. hospitals and pathologists.
PMB	Prescribed Minimum Benefits - as set out in the Medical Schemes Act, 1998. Medical schemes have to cover the costs related to the diagnosis, treatment and care of: <ul style="list-style-type: none"> • Any emergency medical condition • A limited set of 270 medical conditions (Defined in DTP's) • 25 chronic conditions defined in the CDL • These costs may not be paid from the member's savings benefit and cost saving measures can be used by way of utilising DSP's, Reference Pricing and Formularies.
PRE-AUTHORISATION	A member must obtain prior approval for an intended admission to hospital. Failure to pre-authorise could result in wholly or partly disallowing the claim or imposing a penalty of 20% of related accounts up to a maximum of R 2 500. Emergency treatment is not subject to Pre-authorisation but members should notify the Scheme as soon as possible after the event.
PROTOCOL	Means a set of guidelines in relation to diagnostic testing and management of specific conditions and includes, but is not limited to, clinical practice guidelines, standard treatment guidelines and disease management guidelines.
RISK CONTRIBUTIONS	Those funds allocated to the overall pool of funds for the payment of all claims other than those paid from the Medical Savings Account.
RP	Reference Pricing is the maximum price for which the Scheme will be liable for specific medicine or classes of medicine, listed on the Scheme's Condition Medicine List (CML). The reference price varies per option and where a drug is above the reference price it is indicated that a co-payment will apply. This includes MMAP.
SCHEME RATE	The maximum rate paid by the scheme to providers of healthcare services, based on SAMA (Private) rates, increased annually by CPI. Tariff differs per type of service provider and % paid on different options.
SEP	Single Exit Price - nationally applied pricing for medication as determined by the Department of Health and the pharmaceutical manufacturers.
TTO	"To Take Out" - medication supplied by the hospital for use after the date of discharge from hospital - limited to a 7 day supply.