

Contributions are calculated as a percentage of a member's basic wage/salary.

A family pays 4.35% of his/her basic wage/salary.

Family example: R300 x 4.35% + R13.05 per week.

The company also contributes 4.35% of the member's basic wage/salary.

The employer subsidises 50% of the contributions.

#### CONTRIBUTIONS – FAMILY (Member with dependents)

Example based on salary/wages of R800 per week	Member + Dependents
% of salary/wages used to calculate contribution	4.35%
Member pays 50% of contribution	R34.80
Company pays 50% <u>of</u> contribution	R34.80
Total weekly contribution	R69.60

Contributions are calculated as a percentage of a member's basic wage/salary.

A single member pays 2.50% of his/her basic wage/salary.

Single member example: R300 x 2.50% + R7.50 per week.

The company also contributes 2.50% of the member's basic wage/salary.

The employer subsidises 50% of the contributions.

#### CONTRIBUTIONS – SINGLE MEMBERS

Example based on salary/wages of R800 per week	Member Only
% of salary/wages used to calculate contribution	2.5%

Member pays 50% of contribution	R20.00
Company pays 50% <u>of</u> contribution	R20.00
Total weekly contribution	R40.00

## BENEFITS – FAMILY (Member with dependants)

*(at Scheme clinic or approved Scheme panel doctor)*

18 per year, only at the Fund's clinics or at **contracted** panel doctors

Obtained from clinic / panel doctor.

*(to be obtained from dental practitioner approved by Scheme)*

**Member + dependents** R1800 per year

The above includes:

- Extractions
- Fillings
- Oral hygiene
- Repair of dentures *(dentures are not included in above limits)*

*(to be obtained from service provider approved by the scheme. A beneficiary is entitled to 1 set of dentures once every 5 years)* to be covered as follows:

- The Fund will pay 80% of the costs
- The member will pay 20% of the costs

*(to be obtained only from service provider approved by Scheme)* One pair of glasses per beneficiary every 2 years and covered as follows:

- Eye test *(once every 2 years)*
- Normal clear lenses only
- Bifocal lenses *(reading glasses)*
- R600 to the cost of the frame. Member responsible for the balance of the cost of the frame and any tinting of lenses.

6 additional GP visits per pregnancy per year.

Covers costs for:

- Hospital cost
- Medic Alert bracelet (one per beneficiary)
- Ambulance cost

**Member + Dependents** R4000 per year.

### **X-RAYS**

Black and white x-rays are covered under the hospital benefit limits.

### **Physiotherapist** <sup>3</sup>

6 visits per family per year

### **Pathology** <sup>3</sup>

Basic out-of-hospital blood test limited to R1 000 per year. Subject to GP referral.

### **Preventative Care** <sup>3</sup>

Mammograms: Limit of R800 per beneficiary per annum. Subject to GP referral and limited to one mammogram every three years.

Pap Smears: One pap smear for females 16 years and older every two years.

1. *These benefits are available to a member after seasonal lay-off or retrenchment for the remainder of the year provided that the member has continuously contributed to the Fund for least 4 weeks.*
2. *These benefits are available to a member after seasonal lay-off or retrenchment for a 2-months period provided that the member has continuously contributed to the Fund for least 4 weeks.*
3. *These benefits are available to a member after seasonal lay-off or retrenchment.*

## WHO QUALIFIES AS A DEPENDANT?

**1** Your spouse or life partner automatically qualify as a dependant on your membership. The Fund may request additional legal documentation, including an affidavit and/or certificate or contracts stating the nature of the relationship.

**2** Your own and your life partner's/spouse's children including foster and legally adopted children up to the age of 21 years.

**3** Other persons whom the member deems to be dependent on him (e.g. Mother, father, children over the age of 21 years), will be considered if the application meet the criteria as set out in the Fund's Rules..

1. Hypertension
2. Asthma
3. Rheumatoid arthritis (*medical proof required*)
4. Non-insulin dependent diabetes (*type 2 diabetes*)
5. Chronic obstructive pulmonary disorders
6. Epilepsy
7. Hypothyroidism
8. Bipolar mood disorder
9. Gout
10. Psoriasis
11. Stroke
12. Bronchieactasis
13. Chronic renal disease
14. Coronary artery disease (*ischaemic heart disease*)
15. Hyperlipidaemia
16. Systemic lupus erythematosus
17. Glaucoma

18. Parkinson's disease
19. Addison's disease
20. Ulcerative colitis
21. Diabetes mellitus (*type 1*)
22. Diabetes insipidus
23. Cardiomyopathy
24. Dysrhythmias
25. Schizophrenia
26. Crohn's Disease
27. Multiple Sclerosis
28. Haemophilia
29. Cardiac Failure

## **BENEFITS – SINGLE MEMBER**

*(at Scheme clinic or approved Scheme panel doctor)*

10 per year, only at the Fund's clinics or at **contracted** panel doctors

Obtained from clinic / panel doctor.

*(to be obtained from dental practitioner approved by Scheme)*

**Member only** R900 per year

The above includes:

- Extractions
- Fillings
- Oral hygiene
- Repair of dentures (*dentures are not included in above limits*)

*(to be obtained from service provider approved by the scheme. A beneficiary is entitled to 1 set of dentures once every 5 years)* to be covered as follows:

- The Fund will pay 80% of the costs

- The member will pay 20% of the costs

*(to be obtained only from service provider approved by Scheme)* One pair of glasses per beneficiary every 2 years and covered as follows:

- Eye test *(once every 2 years)*
- Normal clear lenses only
- Bifocal lenses *(reading glasses)*
- R600 to the cost of the frame. *Member responsible for the balance of the cost of the frame and any tinting of lenses.*

6 additional GP visits per pregnancy per year.

Covers costs for:

- Hospital cost
- Medic Alert bracelet (one per beneficiary)
- Ambulance cost

**Member only** R2000 per year.

## **X-RAYS**

Black and white x-rays are covered under the hospital benefit limits.

## **Physiotherapist** <sup>3</sup>

3 visits per single member per year

## **Pathology** <sup>3</sup>

Basic out-of-hospital blood test limited to R500 per year. Subject to GP referral.

## **Preventative Care** <sup>3</sup>

Mammograms: Limit of R800 per beneficiary per annum. Subject to GP referral and limited to one mammogram every three years.

Pap Smears: One pap smear for females 16 years and older every two years.

1. *These benefits are available to a member after seasonal lay-off or retrenchment for the remainder of the year provided that the member has continuously contributed to the Fund for least 4 weeks.*
2. *These benefits are available to a member after seasonal lay-off or retrenchment for a 2-months period provided that the member has continuously contributed to the Fund for least 4 weeks.*
3. *These benefits are available to a member after seasonal lay-off or retrenchment.*

1. Hypertension
2. Asthma
3. Rheumatoid arthritis (*medical proof required*)
4. Non-insulin dependent diabetes (*type 2 diabetes*)
5. Chronic obstructive pulmonary disorders
6. Epilepsy
7. Hypothyroidism
8. Bipolar mood disorder
9. Gout
10. Psoriasis
11. Stroke
12. Bronchieactasis
13. Chronic renal disease
14. Coronary artery disease (*ischaemic heart disease*)
15. Hyperlipidaemia
16. Systemic lupus erythematosus
17. Glaucoma
18. Parkinson's disease
19. Adddison's disease
20. Ulcerative colitis
21. Diabetes mellitus (*type 1*)

- 22. Diabetes insipidus
- 23. Cardiomyopathy
- 24. Dysrhythmias
- 25. Schizophrenia
- 26. Crohn's Disease
- 27. Multiple Sclerosis
- 28. Haemophilia
- 29. Cardiac Failure



## CONTACT