

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 ³

6 visits per family per year

Pathology ³

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

Preventative Care ³

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.*

Dentures: ³

(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

Preventative Care ³


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.

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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