



C A M A F

MEDICAL SCHEME

IN A CLASS OF ITS OWN

2024

BENEFIT OPTION
BROCHURE



About Us

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




















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

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

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

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

CAMAF Benefit Option Summary

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

Monthly Contribution Rates

CAMAF Benefit Options

QUICK SUMMARY

	Alliance Plus & Alliance Network	Double Plus & Double Network	Vital Plus & Vital Network <i>This is a hospital plan with no day-to-day benefits.</i>	Essential Plus & Essential Network	First Choice	Network Choice
Hospital Facility	<p>ALLIANCE PLUS Any private hospital. Private wards for childbirth confinements <i>(subject to availability)</i>.</p> <p>ALLIANCE NETWORK Life Healthcare, Netcare. Private wards for childbirth confinements <i>(subject to availability)</i>.</p>	<p>DOUBLE PLUS Any private hospital</p> <p>DOUBLE NETWORK Life Healthcare, Netcare</p>	<p>VITAL PLUS Any private hospital</p> <p>VITAL NETWORK Life Healthcare, Netcare</p>	<p>ESSENTIAL PLUS Any private hospital</p> <p>ESSENTIAL NETWORK Life Healthcare, Netcare</p>	Any private hospital	Netcare hospitals only
Cover For Attending Doctors and Specialists In Hospital	300% CBT	300% CBT	300% CBT	200% CBT	100% CBT	100% CBT
Chronic Condition Cover: Medicines and Consults	65 Conditions	64 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
Preventive Wellness Benefits	14 extra benefits	14 extra benefits	14 extra benefits	14 extra benefits	11 extra benefits	11 extra benefits
Day To Day Overall Limit (Principal Member)	R41 870	R16 313	-	-	R3 922 for Medicines R12 070 for Specialists R3 922 for Other Paid at 80%	R3 922 for Medicines R12 070 for Specialists R3 922 for Other From DSP only
Medical Savings Account (Principal Member)	<p>ALLIANCE PLUS R7 500</p> <p>ALLIANCE NETWORK R6 780</p>	<p>DOUBLE PLUS R4 800</p> <p>DOUBLE NETWORK R4 440</p>	-	<p>ESSENTIAL PLUS R8 400</p> <p>ESSENTIAL NETWORK R7 560</p>	-	-

BENEFIT OPTION QUICK SUMMARY

Alliance Plus & Alliance Network



Alliance Plus: Any Private Hospital - **No limits.** Private wards for childbirth confinements (subject to availability)

Alliance Network: Life Healthcare, Netcare (20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies) - **No limits.** Private wards for childbirth confinements (subject to availability)



Attending Doctors and Specialists: 300% CBT



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



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



Screening Benefits: Melanoma, PSA, Pap Smear, Mammogram



3 Months post-hospitalisation benefit



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



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



Infertility R106 811 per family

ALLIANCE PLUS & ALLIANCE NETWORK

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

IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

HOSPITAL ACCOMMODATION Including childbirth confinements, subject to pre-authorisation	100% of Negotiated Rate in general ward and specialised units. Private ward for childbirth confinements (subject to availability). The DSP hospital groups for Alliance Network are Life Healthcare and Netcare. 20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies.
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS Medical and surgical procedures including childbirth confinements subject to pre-authorisation	300% CBT 300% 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
PATHOLOGY in hospital	100% Negotiated Rate
INTERNAL PROSTHESIS subject to pre-authorisation	100% of cost
HOME NURSING (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	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 R106 811 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, protocols and formularies Refer to chronic disease list	100% SEP plus a dispensing fee, subject to RP and DSP Consultations and procedures: as per PMB regulations (<i>for Alliance Network - on referral from a nominated network GP</i>).
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 (<i>for Alliance Network - on referral from a nominated network GP</i>).
ONCOLOGY Subject to preauthorisation and icon protocols*	Medication: 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures: At 300% CBT. The DSP is the ICON network. The ICON Enhanced protocols apply.

*Please refer to the website for ICON benefit structures

ALLIANCE PLUS & ALLIANCE NETWORK

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

PREVENTIVE WELLNESS COVER

CAMAF PREVENTIVE WELLNESS PROGRAMME per adult beneficiary	INCLUDES: Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy and free Online Wellness Club
ONE GP CONSULTATION ONLY *ICD 10 code specific to general checkup only	100% CBT per beneficiary (Nominated Network GP for Alliance Network)
ONE SPECIALIST CONSULTATION *ICD 10 code specific to general checkup 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 R16 274 per beneficiary
ONE DIETICIAN CONSULTATION	100% CBT per beneficiary
ONE DENTISTRY CONSULTATION General checkup only - excludes consumables	100% CBT per beneficiary
ONE ECG (performed by GP or Specialist Physician) *ICD 10 code specific to general checkup only	100% CBT per adult beneficiary (Alliance Network: use your nominated Network GP)
ONE OPTOMETRIST CONSULTATION	100% Optical Assistant Rates PPN optometrist for Alliance Network
IMMUNISATION AND VACCINES (cost of immunisation and vaccine only)	SEP plus a dispensing fee, limited to R6 547 per beneficiary
HUMAN PAPILLOMA VIRUS (HPV) VACCINE (cost of vaccine only)	Females between 9 and 45 years of age. Males between 9 and 26 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. (SEP plus dispensing fee)
PSA SCREENING	Males older than 40 years of age (100% Negotiated Rate or CBT)
PAP SMEAR SCREENING	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
MAMMOGRAM	Females from 25 years of age (100% CBT)
ONE HIV VCT TEST	100% CBT per beneficiary
ONE MELANOMA SCREENING	100% CBT per adult beneficiary

*Please refer to the website for ICON benefit structures

ALLIANCE PLUS & ALLIANCE NETWORK

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

MATERNITY BENEFITS

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

ALLIANCE PLUS & ALLIANCE NETWORK

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

OTHER BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT											
<p>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.</p>	<p>100% CBT <i>(on referral from a nominated network GP or a specialist for Alliance Network)</i></p>										
<p>PATHOLOGY Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.</p>	<p>100% Negotiated Rate or CBT <i>(on referral from a nominated network GP or a specialist for Alliance Network)</i></p>										
<p>POST-HOSPITALISATION Consultations and treatment up to 90 days.</p>	<p>300% CBT for attending practitioners 100% CBT for supplementary services</p>										
<p>MEDICATION AND TREATMENT FOR ADDITIONAL CHRONIC CONDITIONS (Subject to pre-authorisation) Refer to additional chronic conditions list</p>	<p>100% SEP plus a dispensing fee, subject to RP and DSP Consultations 100% CBT <i>(on referral from a nominated network GP for Alliance Network; medication claims will not be paid if non-nominated network GP is used)</i></p>										
<p>EXTERNAL APPLIANCES (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorisation) - 3 YEAR CYCLE 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 (subject to pre-authorisation and DSP) - 4 YEAR CYCLE</p>	<p>100% NAPPI price or 100% of cost, subject to the overall limit of R107 829 per beneficiary and subject to the following sub-limits:</p> <table> <tr> <td>Hearing Aids:</td> <td>R107 829</td> </tr> <tr> <td>Wheelchairs for Quadriplegics:</td> <td>R107 829</td> </tr> <tr> <td>Standard Wheelchairs:</td> <td>R64 337</td> </tr> <tr> <td>Insulin Pumps:</td> <td>R64 337</td> </tr> <tr> <td>Other external appliances:</td> <td>R21 348</td> </tr> </table> <p><i>(on referral from a nominated network GP or a specialist for Alliance Network)</i></p>	Hearing Aids:	R107 829	Wheelchairs for Quadriplegics:	R107 829	Standard Wheelchairs:	R64 337	Insulin Pumps:	R64 337	Other external appliances:	R21 348
Hearing Aids:	R107 829										
Wheelchairs for Quadriplegics:	R107 829										
Standard Wheelchairs:	R64 337										
Insulin Pumps:	R64 337										
Other external appliances:	R21 348										
<p>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.</p>	<p>R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa and you have declared your trip before departing. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. Refer to Travel Letter Wording.</p>										
<p>NETCARE 911 Emergency services</p>	<p>Unlimited Subject to Netcare 911 authorisation</p>										

ALLIANCE PLUS & ALLIANCE NETWORK

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

OTHER BENEFITS (per Beneficiary)	
DAY TO DAY BENEFITS Benefits below are subject to the overall annual limit	Annual Overall Limits Adult R41 870 Child R26 076
GPs AND DENTISTS Dental x-rays performed by dentists, consultations and procedures performed by these practitioners; basic dentistry	80% CBT Nominated Network GP for Alliance Network
SPECIALISTS Consultations, procedures and radiology performed by these practitioners	80% CBT <i>(on referral from a nominated network GP for Alliance Network)</i>
ACUTE MEDICATION Including injections and materials	80% SEP plus dispensing fee, subject to MMAP, co-payment from MSA <i>(on referral from a nominated network GP for Alliance Network)</i>
NON-DSP VISITS to doctor's rooms	One visit per beneficiary 80% CBT for Alliance Network for non-network or non-nominated GP
CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL	80% CBT
NURSE VISITS	80% CBT up to 21 days
SUPPLEMENTARY HEALTH Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy	80% CBT <i>(on referral from a nominated network GP or from a specialist for Alliance Network)</i>
ADVANCED DENTISTRY Crowns, Bridges, Orthodontics, Dentures	80% CBT limited to: M0 R21 348 M1 R31 906 M2+ R38 478
OVER THE COUNTER MEDICATION	80% SEP plus a dispensing fee, subject to MMAP, co-payment from MSA, limited to R5 269 per beneficiary
LASER K/EXCIMER LASER No approval for surgery where spectacles obtained in previous 12 months	80% CBT limited to R16 165 per beneficiary per eye
SPECTACLES AND LENSES From Optometrist only Annual benefit, unless otherwise stated PPN is the DSP for Alliance Network <i>(Where PPN is indicated as the DSP, the PPN rates and tariffs will apply. For all other options, optical assistant rates will apply)</i>	Consultation: See Preventive Wellness Benefit Add ons R2 094 Single vision R2 094 OR Bifocal R4 198 OR Varifocal R6 318 AND Frames R9 423 OR Contact lenses R9 158 Lenses, frames etc 80% Optical Assistant Rates

MONTHLY CONTRIBUTION RATES

Alliance Plus

Monthly Risk Contribution	Adult	R7 825
	Child	R4 232
Monthly MSA Contribution	Adult	R 625
	Child	R 290
Total Monthly Contribution	Adult	R8 450
	Child	R4 522

Alliance Network

Monthly Risk Contribution	Adult	R7 093
	Child	R3 835
Monthly MSA Contribution	Adult	R 565
	Child	R 260
Total Monthly Contribution	Adult	R7 658
	Child	R4 095

BENEFIT OPTION QUICK SUMMARY

Double Plus & Double Network



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

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



Attending Doctors and Specialists: 300% CBT



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



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



Screening Benefits: Melanoma, PSA, Pap Smear, Mammogram



3 Months post-hospitalisation benefit



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



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



Infertility R75 329 per family

DOUBLE PLUS & DOUBLE NETWORK

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

IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

HOSPITAL ACCOMMODATION Including childbirth confinements, subject to pre-authorisation	100% of Negotiated Rate in general ward and specialised units. The DSP hospital groups for Double Network are Life Healthcare and Netcare. 20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies.
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS Medical and surgical procedures including childbirth confinements subject to pre-authorisation	300% CBT 300% 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
PATHOLOGY in hospital	100% Negotiated Rate
INTERNAL PROSTHESIS subject to pre-authorisation	100% of cost
HOME NURSING (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	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 R75 329 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 (<i>for Double Network - on referral from a nominated network GP</i>)
CHRONIC PMB CDL MEDICATION AND TREATMENT Subject to pre-authorisation, protocols and formularies Refer to chronic disease list	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - as per PMB regulations (<i>for Double Network - on referral from a nominated network GP</i>)
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 (<i>for Double Network - on referral from a nominated network GP</i>)
ONCOLOGY Subject to preauthorisation and icon protocols*	Medication: 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures: at 300% CBT The DSP is the ICON network. The ICON Core protocols apply.

*Please refer to the website for ICON benefit structures

DOUBLE PLUS & DOUBLE NETWORK

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

PREVENTIVE WELLNESS COVER

CAMAF PREVENTIVE WELLNESS PROGRAMME per adult beneficiary	INCLUDES: Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy and free Online Wellness Club
ONE GP CONSULTATION ONLY *ICD 10 code specific to general checkup only	100% CBT per beneficiary (Nominated Network GP for Double Network)
ONE SPECIALIST CONSULTATION **ICD 10 code specific to general checkup 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 R16 274 per beneficiary
ONE DIETICIAN CONSULTATION	100% CBT per beneficiary
ONE DENTISTRY CONSULTATION General checkup only - excludes consumables	100% CBT per beneficiary
ONE ECG (performed by GP or Specialist Physician) *ICD 10 code specific to general checkup only)	100% CBT per adult beneficiary (Double Network: use your nominated Network GP)
ONE OPTOMETRIST CONSULTATION	100% Optical Assistant Rates PPN optometrist for Double Network
IMMUNISATION AND VACCINES (cost of immunisation and vaccine only)	SEP plus a dispensing fee, limited to: Adults R3 287 - Child R5 438
HUMAN PAPILLOMA VIRUS (HPV) VACCINE (cost of vaccine only)	Females between 9 and 45 years of age. Males between 9 and 26 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. (SEP plus dispensing fee)
PSA SCREENING	Males older than 40 years of age (100% Negotiated Rate or CBT)
PAP SMEAR SCREENING	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
MAMMOGRAM	Females from 25 years of age (100% CBT)
ONE HIV VCT TEST	100% CBT per beneficiary
ONE MELANOMA SCREENING	100% CBT per adult beneficiary

*Refer to website for relevant ICD 10 codes.

DOUBLE PLUS & DOUBLE NETWORK

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

MATERNITY BENEFITS

HOSPITAL ACCOMMODATION Including childbirth 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: R3 313 Breast pumps: R5 517
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 R2 366 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 & DOUBLE NETWORK

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

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

<p>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.</p>	<p>100% CBT <i>(on referral from a nominated network GP or a specialist for Double Network)</i></p>
<p>PATHOLOGY Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.</p>	<p>100% Negotiated Rate or CBT <i>(on referral from a nominated network GP or a specialist for Double Network)</i></p>
<p>POST-HOSPITALISATION Consultations and treatment up to 90 days</p>	<p>300% CBT for attending practitioners 100% CBT for supplementary services</p>
<p>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS (Subject to pre-authorisation) Refer to additional chronic conditions list</p>	<p>100% SEP plus a dispensing fee, subject to RP and DSP Consultations 100% CBT <i>(on referral from a nominated network GP for Double Network; medication claims will not be paid if non-nominated network GP is used)</i></p>
<p>EXTERNAL APPLIANCES (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorisation) - 3 YEAR CYCLE 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 (subject to pre-authorisation and DSP) - 4 YEAR CYCLE</p>	<p>100% NAPPI price or 100% of cost, subject to the overall limit of R86 203 per beneficiary and subject to the following sub-limits: Hearing Aids: R86 203 Wheelchairs for Quadriplegics: R86 203 Standard Wheelchairs: R54 982 Insulin Pumps: R56 297 Other external appliances: R18 486 <i>(on referral from a nominated network GP or a specialist for Double Network)</i></p>
<p>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.</p>	<p>R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa and you have declared your trip before departing. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. Refer to Travel Letter Wording.</p>
<p>NETCARE 911 Emergency services</p>	<p>Unlimited Subject to Netcare 911 authorisation</p>

DOUBLE PLUS & DOUBLE NETWORK

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

OTHER BENEFITS (per Beneficiary)

DAY TO DAY BENEFITS Benefits below are subject to the overall annual limit	Annual Overall Limits
	Adult R16 313 Child R11 321
GPs AND DENTISTS Dental x-rays performed by dentists, consultations and procedures performed by these practitioners; basic dentistry	80% CBT Nominated Network GP for Double Network
SPECIALISTS Consultations, procedures and radiology performed by these practitioners	80% CBT <i>(on referral from a nominated network GP for Double Network)</i>
ACUTE MEDICATION Including injections and materials	80% SEP plus dispensing fee, subject to MMAP, co-payment from MSA <i>(on referral from a nominated network GP for Double Network)</i>
NON-DSP VISITS to doctor's rooms	One visit per beneficiary 80% CBT for Double Network for non-network or non-nominated GP
CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL	80% CBT
NURSE VISITS	80% CBT up to 21 days
SUPPLEMENTARY HEALTH Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy	80% CBT <i>(on referral from a nominated network GP or a specialist for Double Network)</i>
ADVANCED DENTISTRY Crowns, Bridges, Orthodontics, Dentures	80% CBT limited to: M0 R15 900 M1 R22 896 M2+ R30 835
OVER THE COUNTER MEDICATION	80% SEP plus a dispensing fee, subject to MMAP, co-payment from MSA, limited to R2 337 per beneficiary
LASER K/EXCIMER LASER No approval for surgery where spectacles obtained in previous 12 months	80% CBT limited to R5 968 per beneficiary per eye
SPECTACLES AND LENSES From Optometrist only Annual benefit, unless otherwise stated PPN is the DSP for Double Network <i>(Where PPN is indicated as the DSP, the PPN rates and tariffs will apply. For all other options, optical assistant rates will apply)</i>	Consultation: See Preventive Wellness Benefit Add ons R1 378 Single vision R1 378 OR Bifocal R3 678 OR Varifocal R5 639 AND Frames R5 067 OR Contact lenses R4 918 Lenses, frames etc 80% Optical Assistant Rates

MONTHLY CONTRIBUTION RATES

Double Plus

Monthly Risk Contribution	Adult	R5 172
	Child	R2 965
Monthly MSA Contribution	Adult	R 400
	Child	R 260
Total Monthly Contribution	Adult	R5 572
	Child	R3 225

Double Network

Monthly Risk Contribution	Adult	R4 710
	Child	R2 691
Monthly MSA Contribution	Adult	R370
	Child	R240
Total Monthly Contribution	Adult	R5 080
	Child	R2 931

BENEFIT OPTION QUICK SUMMARY

Vital Plus & Vital Network

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



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

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



Attending Doctors and Specialists: 300% CBT



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



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



Screening Benefits - Melanoma, PSA, Pap Smear, Mammogram



3 Months post-hospitalisation



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



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

VITAL PLUS & VITAL NETWORK

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

IN HOSPITAL AND PRESCRIBED MINIMUM BENE FITS

HOSPITAL ACCOMMODATION Including childbirth confinements, subject to pre-authorisation	100% of Negotiated Rate in general ward and specialised units. The DSP hospital groups for Vital Network are Life Healthcare and Netcare. 20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS Medical and surgical procedures including childbirth confinements subject to pre-authorisation	300% CBT 300% 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
PATHOLOGY in hospital	100% Negotiated Rate
INTERNAL PROSTHESIS subject to pre-authorisation	100% of cost
HOME NURSING (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	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, protocols and formularies 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 300% CBT The DSP is the ICON network. The ICON Core protocols apply.

*Please refer to the website for ICON benefit structures

VITAL PLUS & VITAL NETWORK

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

PREVENTIVE WELLNESS COVER

CAMAF PREVENTIVE WELLNESS PROGRAMME per adult beneficiary	INCLUDES: Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy and free Online Wellness Club
ONE GP CONSULTATION ONLY *ICD 10 code specific to general checkup only	100% CBT per beneficiary
ONE SPECIALIST CONSULTATION *ICD 10 code specific to general checkup 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 R16 274 per beneficiary
ONE DIETICIAN CONSULTATION	100% CBT per beneficiary
ONE DENTISTRY CONSULTATION General checkup only - excludes consumables	100% CBT per beneficiary
ONE ECG (performed by GP or Specialist Physician) *ICD 10 code specific to general checkup 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 R2 178 per beneficiary
HUMAN PAPILLOMA VIRUS (HPV) VACCINE (cost of vaccine only)	Females between 9 and 45 years of age. Males between 9 and 26 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. (SEP plus dispensing fee)
PSA SCREENING	Males older than 40 years of age (100% Negotiated Rate or CBT)
PAP SMEAR SCREENING	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
MAMMOGRAM	Females from 25 years of age (100% CBT)
ONE HIV VCT TEST	100% CBT per beneficiary
ONE MELANOMA SCREENING	100% CBT per adult beneficiary

*Refer to website for relevant ICD 10 codes.

VITAL PLUS & VITAL NETWORK

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

MATERNITY BENEFITS

<p>HOSPITAL ACCOMMODATION Including childbirth confinements. Subject to pre-authorisation.</p>	<p>See In Hospital and Prescribed Minimum Benefits</p>
<p>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</p>	<p>Baby Apnoea Monitors: R3 307 Breast pumps: R5 517</p>
<p>METABOLIC SCREENING FOR NEW BORN BABIES</p>	<p>100% Negotiated Rate per new born baby</p>
<p>UMBILICAL STEM CELL HARVESTING</p>	<p>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.</p>

VITAL PLUS & VITAL NETWORK

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

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

<p>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.</p>	100% CBT										
<p>PATHOLOGY Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.</p>	100% Negotiated Rate or CBT										
<p>POST-HOSPITALISATION Consultations and treatment up to 90 days</p>	300% CBT for attending practitioners 100% CBT for supplementary services										
<p>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS (Subject to pre-authorisation) Refer to additional chronic conditions list</p>	100% SEP plus a dispensing fee, subject to RP and DSP Consultations 100% CBT										
<p>EXTERNAL APPLIANCES (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorisation) - 3 YEAR CYCLE 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 (subject to pre-authorisation and DSP) - 4 YEAR CYCLE</p>	<p>100% NAPPI price or 100% of cost, subject to the overall limit of R49 613 per beneficiary and subject to the following sub-limits:</p> <table> <tr> <td>Hearing Aids:</td> <td>R43 110</td> </tr> <tr> <td>Wheelchairs for Quadriplegics:</td> <td>R43 116</td> </tr> <tr> <td>Standard Wheelchairs:</td> <td>R30 279</td> </tr> <tr> <td>Insulin Pumps:</td> <td>R49 613</td> </tr> <tr> <td>Other external appliances:</td> <td>R10 807</td> </tr> </table>	Hearing Aids:	R43 110	Wheelchairs for Quadriplegics:	R43 116	Standard Wheelchairs:	R30 279	Insulin Pumps:	R49 613	Other external appliances:	R10 807
Hearing Aids:	R43 110										
Wheelchairs for Quadriplegics:	R43 116										
Standard Wheelchairs:	R30 279										
Insulin Pumps:	R49 613										
Other external appliances:	R10 807										
<p>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.</p>	R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa and you have declared your trip before departing. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. Refer to Travel Letter Wording.										
<p>NETCARE 911 Emergency services</p>	<p>Unlimited Subject to Netcare 911 authorisation</p>										

MONTHLY CONTRIBUTION RATES

Vital Plus

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

Vital Network

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

BENEFIT OPTION QUICK SUMMARY

Essential Plus & Essential Network



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

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



Attending Doctors and Specialists: 200% CBT



27 Chronic Conditions Medication and consultations



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



Screening Benefits - Melanoma, PSA, Pap Smear, Mammogram



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

ESSENTIAL PLUS & ESSENTIAL NETWORK

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

IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

HOSPITAL ACCOMMODATION Including childbirth confinements, subject to pre-authorisation	100% of Negotiated Rate in general ward and specialised units. The DSP hospital groups for Vital Network are Life Healthcare and Netcare. 20% co-payment applies for utilisation of non-DSP hospitals for non-emergencies
ATTENDING DOCTORS AND SPECIALISTS CONSULTATIONS Medical and surgical procedures including childbirth confinements subject to pre-authorisation	200% CBT 200% 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
PATHOLOGY in hospital	100% Negotiated Rate
INTERNAL PROSTHESIS subject to pre-authorisation	100% of cost Exclusions: cochlear implants
HOME NURSING (Professional nurses only; frail care excluded) Up to 21 days (subject to pre-authorisation)	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, protocols and formularies 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 pre-authorisation 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 protocols apply

*Please refer to the website for ICON benefit structures

ESSENTIAL PLUS & ESSENTIAL NETWORK

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

PREVENTIVE WELLNESS COVER

CAMAF PREVENTIVE WELLNESS PROGRAMME per adult beneficiary	INCLUDES: Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy and free Online Wellness Club
ONE GP CONSULTATION ONLY *ICD 10 code specific to general checkup only	100% CBT per beneficiary
ONE SPECIALIST CONSULTATION *ICD 10 code specific to general checkup 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 R16 274 per beneficiary
ONE DIETICIAN CONSULTATION	100% CBT per beneficiary
ONE DENTISTRY CONSULTATION General checkup only - excludes consumables	100% CBT per beneficiary
ONE ECG (performed by GP or Specialist Physician) *ICD 10 code specific to general checkup 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 R2 308 per beneficiary
HUMAN PAPILLOMA VIRUS (HPV) VACCINE (cost of vaccine only)	Females between 9 and 45 years of age. Males between 9 and 26 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. <i>(SEP plus dispensing fee)</i>
PSA SCREENING	Males older than 40 years of age (100% Negotiated Rate or CBT)
PAP SMEAR SCREENING	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
MAMMOGRAM	Females from 25 years of age (100% CBT)
ONE HIV VCT TEST	100% CBT per beneficiary
ONE MELANOMA SCREENING	100% CBT per adult beneficiary

*Refer to website for relevant ICD 10 codes.

ESSENTIAL PLUS & ESSENTIAL NETWORK

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

MATERNITY BENEFITS

<p>HOSPITAL ACCOMMODATION Including childbirth confinements. Subject to pre-authorisation.</p>	See In Hospital and Prescribed Minimum Benefits
<p>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</p>	Subject to Medical Savings Account
<p>METABOLIC SCREENING FOR NEW BORN BABIES</p>	100% Negotiated Rate per new born baby
<p>ANTE-NATAL FOETAL SCANS PER PREGNANCY</p>	Subject to Medical Savings Account
<p>ANTE-NATAL CLASSES</p>	Subject to Medical Savings Account
<p>UMBILICAL STEM CELL HARVESTING</p>	<p>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.</p>

ESSENTIAL PLUS & ESSENTIAL NETWORK

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

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

<p>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.</p>	Subject to Medical Savings Account
<p>PATHOLOGY Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.</p>	Subject to Medical Savings Account
<p>POST-HOSPITALISATION Consultations and treatment up to 90 days</p>	Subject to Medical Savings Account
<p>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS (SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL CHRONIC CONDITIONS LIST</p>	<p>Depression only 100% SEP plus a dispensing fee subject to RP and DSP Consultations 100% CBT</p>
<p>EXTERNAL APPLIANCES (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorisation) - 3 YEAR CYCLE 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</p>	Subject to Medical Savings Account
<p>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.</p>	R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa and you have declared your trip before departing. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. Refer to Travel Letter Wording.
<p>NETCARE 911 Emergency services</p>	<p>Unlimited Subject to Netcare 911 authorisation</p>

ESSENTIAL PLUS & ESSENTIAL NETWORK

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

OTHER BENEFITS (per Beneficiary)

<p>DAY-TO-DAY BENEFITS Benefits below are subject to the overall annual limit</p>	Limited to funds available in the beneficiary's Medical Savings Account
<p>GPs AND DENTISTS Dental x-rays performed by dentists, consultations and procedures performed by these practitioners: Basic dentistry</p>	Subject to Medical Savings Account
<p>SPECIALISTS Consultations, procedures and radiology performed by these practitioners</p>	Subject to Medical Savings Account
<p>ACUTE MEDICATION Including injections and materials</p>	Subject to Medical Savings Account
<p>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</p>	Subject to Medical Savings Account
<p>NURSE VISITS</p>	Subject to Medical Savings Account
<p>SUPPLEMENTARY HEALTH Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy</p>	Subject to Medical Savings Account
BENEFIT SPECIFIC LIMITS	
<p>ADVANCED DENTISTRY Crowns, bridges, orthodontics, dentures</p>	Subject to Medical Savings Account
<p>OVER THE COUNTER MEDICATION</p>	Subject to Medical Savings Account
<p>LASER K/EXCIMER LASER No approval for surgery where spectacles obtained in previous 12 months.</p>	Subject to Medical Savings Account
<p>SPECTACLES AND LENSES From optometrist only Annual benefit, unless otherwise stated</p>	Subject to Medical Savings Account

MONTHLY CONTRIBUTION RATES

Essential Plus

MONTHLY INCOME

based on Total Cost to Company of Principal Member

0 - R136 270

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

R136 271+

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

Essential Network

MONTHLY INCOME

based on Total Cost to Company of Principal Member

0 - R136 270

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

R136 271+

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

BENEFIT OPTION QUICK SUMMARY

First Choice



Any Private Hospital - **No limits**



Attending Doctors and Specialists: 100% CBT



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



Radiology: Advanced scans limited to R45 320 per family and R5 300 per beneficiary for basic radiology



Screening Benefits: PSA, Pap Smear, Mammogram



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

FIRST CHOICE

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

IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

HOSPITAL ACCOMMODATION Including childbirth 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 childbirth confinements subject to pre-authorisation	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 R45 320 per family for in and out of hospital
PATHOLOGY in hospital	100% Negotiated Rate
INTERNAL PROSTHESIS subject to pre-authorisation	100% of cost limited to R45 320 per family Exclusions: cochlear implants
HOME NURSING (Professional nurses only; frail care excluded) 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, protocols and formularies 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 pre-authorisation 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 protocols apply

*Please refer to the website for ICON benefit structures

FIRST CHOICE

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

PREVENTIVE WELLNESS COVER

CAMAF PREVENTIVE WELLNESS PROGRAMME per adult beneficiary	INCLUDES: Free health risk assessment at Clicks, Dischem or Pick n Pay pharmacy and free Online Wellness Club
ONE GP CONSULTATION ONLY *ICD 10 code specific to general checkup only	100% CBT per beneficiary
ONE SPECIALIST CONSULTATION *ICD 10 code specific to general checkup 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 R16 274 per beneficiary
ONE DENTISTRY CONSULTATION General checkup only - excludes consumables	100% CBT per beneficiary
ONE ECG (performed by GP or Specialist Physician) *ICD 10 code specific to general checkup 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 R2 213 per beneficiary
HUMAN PAPILLOMA VIRUS (HPV) VACCINE (cost of vaccine only)	Females between 9 and 45 years of age. Males between 9 and 26 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. (SEP plus dispensing fee)
PSA SCREENING	Males older than 40 years of age (100% Negotiated Rate or CBT)
PAP SMEAR SCREENING	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
MAMMOGRAM	Females from 25 years of age (100% CBT)
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

<p>HOSPITAL ACCOMMODATION Including childbirth confinements. Subject to pre-authorisation.</p>	See In Hospital and Prescribed Minimum Benefits
<p>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</p>	<p>Baby Apnoea Monitors: R2 703 Breast pumps: R4 648</p>
<p>METABOLIC SCREENING FOR NEW BORN BABIES</p>	100% Negotiated Rate per new born baby
<p>ANTE-NATAL FOETAL SCANS PER PREGNANCY</p>	3 scans at 80% CBT. Subject to the Advanced Scans limit
<p>ANTE-NATAL CLASSES</p>	<p>80% CBT subjects to sub-limit R1 246 per pregnancy. Subject to limit (c) of Annual Overall Day-to-Day Benefit Limit</p>
<p>UMBILICAL STEM CELL HARVESTING</p>	<p>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.</p>

FIRST CHOICE

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

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

<p>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-authorization.</p>	<p>Basic Radiology: 100% CBT limited to R5 300 per beneficiary Advanced scans: 100% CBT limited to R45 320 (combined limit for in and out hospital) per family</p>
<p>PATHOLOGY Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.</p>	<p>100% Negotiated Rate limited to R8 460 per beneficiary</p>
<p>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS (Subject to pre-authorization) Refer to additional chronic conditions list</p>	<p>Depression only 100% SEP plus a dispensing fee subject to RP and DSP Consultations: 100% CBT</p>
<p>EXTERNAL APPLIANCES (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorization) - 3 YEAR CYCLE HEARING AIDS (subject to pre-authorization) 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</p>	<p>100% NAPPI price or 100% of cost, in hospital and 80% of cost out of hospital with an overall limit of R8 093 per beneficiary</p>
<p>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.</p>	<p>R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa and you have declared your trip before departing. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. Refer to Travel Letter Wording.</p>
<p>NETCARE 911 Emergency services</p>	<p>Unlimited Subject to Netcare 911 authorisation</p>

FIRST CHOICE

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

OTHER BENEFITS (per Beneficiary)

<p>DAY-TO-DAY BENEFITS Benefits below are subject to the overall annual limit</p>	<p>Annual overall limit: Beneficiary specific limits: (a) Medicines R 3 922 (b) Advanced Dentistry R 8 220 (c) Other R 3 922 (d) Specialists R12 070</p>
<p>GPs AND DENTISTS Dental x-rays performed by dentists, consultations and procedures performed by these practitioners: Basic dentistry</p>	<p>80% CBT Subject to limit (c)</p>
<p>SPECIALISTS Consultations, procedures and radiology performed by these practitioners</p>	<p>80% CBT Subject to limit (d)</p>
<p>ACUTE MEDICATION Including injections and materials</p>	<p>80% SEP plus a dispensing fee, subject to MMAP. Subject to limit (a)</p>
<p>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</p>	<p>Medication: 80% SEP plus a dispensing fee subject to limit (a) Treatment: 80% CBT subject to limit (c)</p>
<p>NURSE VISITS</p>	<p>80% CBT subject to limit (c)</p>
<p>SUPPLEMENTARY HEALTH Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy</p>	<p>80% CBT subject to sub-limit R3 300 Subject to limit (c)</p>
BENEFIT SPECIFIC LIMITS	
<p>ADVANCED DENTISTRY Crowns, bridges, orthodontics, dentures</p>	<p>50% CBT Subject to limit (b) dental implants excluded</p>
<p>OVER THE COUNTER MEDICATION</p>	<p>50% SEP plus a dispensing fee, subject to MMAP, limited to R2 014 per beneficiary. Subject to limit (a)</p>
<p>SPECTACLES AND LENSES From optometrist only Annual benefit, unless otherwise stated</p> <p><i>(Where PPN is indicated as the DSP, the PPN rates and tariffs will apply. For all other options, Optical Assistant Rates will apply)</i></p>	<p>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 R850 off any alternative frame and/or lens enhancements and one pair of lenses: either One pair of Clear Aquity Single Vision; Clear Aquity Bifocal lenses or Clear Aquity Multifocal lenses OR CONTACT LENSES - Contact lenses to the value of R925. 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 R380 AND EITHER SPECTACLES - A frame benefit of R850 towards the cost of a frame and/or lens enhancements and one pair of lenses: either one pair of clear single vision spectacle lenses limited to R215 per lens or one pair of clear flat top bifocal spectacle lenses limited to R460 per lens or one pair of clear flat top Multifocal lenses limited to R810 per lens OR CONTACT LENSES - Contact Lenses to the value of R925.</p>

MONTHLY CONTRIBUTION RATES

First Choice

MONTHLY INCOME

based on Total Cost to Company of Principal Member

0 - R11 620

R11 621 - R22 410

R22 411 - R30 040

R30 041 - R45 070

R45 071+

TOTAL MONTHLY CONTRIBUTION

Adult **R1 455**

Child **R 885**

Adult **R2 310**

Child **R1 370**

Adult **R3 470**

Child **R2 020**

Adult **R4 360**

Child **R2 870**

Adult **R4 770**

Child **R3 115**

BENEFIT OPTION QUICK SUMMARY

Network Choice



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



Attending Doctors: 100% CBT only at DSP



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



Radiology: Advanced scans limited to R45 320 per family and R5 300 per beneficiary for basic radiology (*on referral by nominated GP or specialist for out of hospital*)



Screening Benefits: PSA, Pap Smear, Mammogram



Vaccines

NETWORK CHOICE

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

IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

HOSPITAL ACCOMMODATION Including childbirth 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 childbirth confinements subject to pre-authorisation	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 R45 320 per family for in and out of hospital
PATHOLOGY in hospital	100% Negotiated Rate
INTERNAL PROSTHESIS subject to pre-authorisation	100% of cost limited to R45 320 per family Exclusions: cochlear implants
HOME NURSING (Professional nurses only; frail care excluded) 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% 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, protocols and formularies 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 pre-authorisation 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 protocols 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.

PREVENTIVE WELLNESS COVER

CAMAF PREVENTIVE WELLNESS PROGRAMME per adult beneficiary	INCLUDES: Free health risk assessment at Clicks, Dischem or Pick 'n Pay pharmacy and free Online Wellness Club
ONE GP CONSULTATION ONLY *ICD 10 code specific to general checkup only	100% CBT per beneficiary
ONE SPECIALIST CONSULTATION *ICD 10 code specific to general checkup 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 R16 274 per beneficiary
ONE DENTISTRY CONSULTATION General checkup only - excludes consumables	100% CBT per beneficiary
ONE ECG (performed by GP or Specialist Physician) *ICD 10 code specific to general checkup 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 R2 213 per beneficiary
HUMAN PAPILLOMA VIRUS (HPV) VACCINE (cost of vaccine only)	Females between 9 and 45 years of age. Males between 9 and 26 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. (SEP plus dispensing fee)
PSA SCREENING	Males older than 40 years of age (100% Negotiated Rate or CBT)
PAP SMEAR SCREENING	Females between 21 and 65 years of age (100% Negotiated Rate or CBT)
MAMMOGRAM	Females from 25 years of age (100% CBT)
ONE HIV VCT TEST	100% CBT per beneficiary

*Refer to website for relevant ICD 10 codes.

NETWORK CHOICE

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

MATERNITY BENEFITS

<p>HOSPITAL ACCOMMODATION Including childbirth confinements. Subject to pre-authorisation.</p>	See In Hospital and Prescribed Minimum Benefits
<p>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</p>	<p>Baby Apnoea Monitors: R2 703 Breast pumps: R4 648</p>
<p>METABOLIC SCREENING FOR NEW BORN BABIES</p>	100% Negotiated Rate per new born baby
<p>ANTE-NATAL FOETAL SCANS PER PREGNANCY</p>	3 scans at 80% CBT. Subject to the Advanced Scans limit
<p>ANTE-NATAL CLASSES</p>	<p>80% CBT subjects to sub-limit R1 246 per pregnancy. Subject to limit (c) of Annual Overall Day-to-Day Benefit Limit</p>
<p>UMBILICAL STEM CELL HARVESTING</p>	<p>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.</p>

NETWORK CHOICE

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

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

<p>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-authorization.</p>	<p>Basic Radiology: Referrals by DSP or specialist, 100% CBT limited to R5 300 per beneficiary Advanced scans: 100% CBT limited to R45 320 (combined limit for in and out hospital) per family (on referral by a nominated network GP or specialist)</p>
<p>PATHOLOGY Out of hospital. Performed by a registered pathologist and referred by a medical practitioner.</p>	<p>Referred by DSP or specialist, 100% Negotiated Rate, limited to R8 460 per beneficiary</p>
<p>MEDICATION AND TREATMENT ADDITIONAL CHRONIC CONDITIONS (Subject to pre-authorization) Refer to additional chronic conditions list</p>	<p>Depression only 100% SEP plus a dispensing fee subject to RP and DSP Consultations: 100% CBT</p>
<p>EXTERNAL APPLIANCES (subject to referral) In and out of hospital purchase, hire and maintenance CPAP (subject to pre-authorization) - 3 YEAR CYCLE HEARING AIDS (subject to pre-authorization) 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</p>	<p>100% NAPPI price or 100% of cost, limited to R8 093 per beneficiary and subject to a nominated network GP or Specialist referral</p>
<p>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.</p>	<p>R5 million per beneficiary per journey for emergency unforeseen and unexpected medical costs while you travel outside of South Africa and you have declared your trip before departing. This cover is for a maximum period of 90 days from your departure from South Africa and ceases upon your return to South Africa. Refer to Travel Letter Wording.</p>
<p>NETCARE 911 Emergency services</p>	<p>Unlimited Subject to Netcare 911 authorisation</p>

NETWORK CHOICE

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

OTHER BENEFITS (per Beneficiary)

DAY TO DAY BENEFITS Benefits below are subject to the overall annual limit	Annual overall limit: Beneficiary specific limits: (a) Medicines R 3 922 (b) Advanced Dentistry R 8 220 (c) Other R 3 922 (d) Specialists R12 070
GPs AND DENTISTS Dental x-rays performed by dentists, consultations and procedures performed by these practitioners: Basic dentistry	100% negotiated rate subject to sublimit (c) - Nominated Network GP only
SPECIALISTS Consultations, procedures and radiology performed by these practitioners	100% CBT Subject to limit (d) (on referral from a nominated network GP only)
ACUTE MEDICATION Including injections and materials	100% SEP plus a dispensing fee, subject to MMAP. Subject to limit (a) (on referral from a nominated network GP only)
NON-DSP VISITS To doctor's rooms	Both benefits below are limited to an overall family limit of R1 675 One non-network or non-nominated visit per beneficiary (Including casualty GP), 20% co-payment AND Casualty visits (facility fee, consumed meds and materials only)
CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL	
NURSE VISITS	100% CBT subject to limit (c)
SUPPLEMENTARY HEALTH Audiology, Chiropractors, Dieticians, Homeopaths, Occupational Therapy, Physiotherapists, Biokineticists, Podiatry and Speech Therapy	100% CBT limited to R3 300 per beneficiary on referral from a nominated network GP or from a Specialist Subject to limit (c)
BENEFIT SPECIFIC LIMITS	
ADVANCED DENTISTRY Crowns, bridges, orthodontics, dentures	100% of CBT Subject to limit (b) dental implants excluded
OVER THE COUNTER MEDICATION	50% SEP plus a dispensing fee, subject to MMAP, limited to R2 014 per beneficiary. Subject to limit (a)
SPECTACLES AND LENSES From optometrist only Annual benefit, unless otherwise stated	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 R850 off any alternative frame and/or lens enhancements and one pair of lenses: either One pair of Clear Aquity Single Vision; Clear Aquity Bifocal lenses or Clear Aquity Multifocal lenses OR CONTACT LENSES - Contact lenses to the value of R925. 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 R380 AND EITHER SPECTACLES - A frame benefit of R850 towards the cost of a frame and/or lens enhancements and one pair of lenses: either one pair of clear single vision spectacle lenses limited to R215 per lens or one pair of clear flat top bifocal spectacle lenses limited to R460 per lens or one pair of clear flat top Multifocal lenses limited to R810 per lens OR CONTACT LENSES - Contact Lenses to the value of R925.

BENEFIT OPTION QUICK SUMMARY

Network Choice

MONTHLY INCOME

based on Total Cost to Company of Principal Member

R0 - R22 410

R22 411 - R30 040

R30 041 - R45 070

R45 071+

TOTAL MONTHLY CONTRIBUTION

Principal R2 070

Adult R1 735

1st Child (REST ARE FREE) R900

Principal R2 465

Adult R1 965

1st Child (REST ARE FREE) R1 110

Principal R2 945

Adult R2 285

Child R1 470

Principal R3 960

Adult R3 195

Child R1 945

Monthly Contribution Rates

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

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

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

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

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

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

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

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 27 common chronic conditions called CDL's. Schemes must provide cover for the diagnosis, treatment and care of these conditions. Members must register their conditions to qualify for benefits. Schemes can provide protocols in terms of the range (RP and Formularies) and delivery of medication (DSP's).
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.
CHILDBIRTH CONFINEMENT	The period of time just before and during the birth of a child.
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, Netcare hospital group for Network Choice hospital admissions and Life Healthcare and Netcare hospital groups for Alliance Network, Double Network, Vital Network and Essential Network for hospital admissions.
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 271 PMB conditions should be treated. These treatment pairs cover serious and acute medical problems that include the cost of diagnosis, treatment and care of these conditions. Members must register their conditions to qualify for benefits. Schemes can provide protocols in terms of the range (RP and Formularies) and delivery of medication (DSP's).
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 and Essential Network options
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.
NOMINATED GP	Each beneficiary on Alliance Network, Double Network and Network Choice options needs to nominate a Network GP each year and use that GP only. An alternative nominated GP will be allowed should the primary nominated GP not be available. This is to improve care co-ordination.
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 271 medical conditions (Defined in DTP's) • 27 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.
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.