TFG
MEDICAL AID SCHEME

NEWSLETTER
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MAKE THE BEST OF
YOUR COVER
BY USING DESIGNATED SERVICE PROVIDERS (DSPs)

At TFG Medical Aid Scheme (TFGMAS), we aim to bring you comprehensive healthcare cover. One of the ways we do this is through our DSPs.

What is a DSP and why are they important?

A DSP is a healthcare provider or facility that is contracted with your medical aid, TFGMAS. These providers are carefully selected and they must meet our standards to remain DSPs on our scheme. So, you can always be assured that you are provided with the best treatment.

Why you should consider using a DSP

We encourage you to use our DSP network as much as possible – not only does this assure you that you're getting quality healthcare services, you also won't have any deductibles (amounts you have to pay yourself).

Using DSPs is particularly important in order to cover your Prescribed Minimum Benefit conditions in full.

What are PMB?

By law, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- A medical emergency (this is a situation in which immediate medical attention is required to prevent serious harm, injury, or death to a person due to a sudden illness or injury)
- A list of 271 diagnoses
- A list of 27 chronic conditions.

PMB's will be covered if:

- Your medical condition qualifies for cover and is part of the defined lists of PMB conditions.
- The treatment for your conditions matches the treatments outlined in the defined benefits.
- You must use DSPs in our network. This doesn't apply in the case of a medical emergency, but we might request that you are transferred to a hospital or other service provider in our network once you have stabilised.

Important: If you do not use a DSP, we will pay up to 80% of the Scheme Rate for any PMB claim. This means that you will be responsible for the difference between what we pay and what the provider charges for the treatment.

More information

- Find a DSP in your area on our website or call us at 0860 123 077.
- You can also find out more about how cover with a DSP works on your benefit plan. Please refer to page 11 in the **TFG Health benefit guide** and page 12 in the **TFG Health Plus benefit guide** or visit www.tfgmedicalaidscheme.co.za and navigate to: Find a Document > Information Guides.

STAY SAFE IN THE WORLD OF DIGITAL INFORMATION

As we all enjoy more convenient and efficient new digital tools in all areas of life, such as shopping, transport, banking and medical scheme apps, we need to make sure we remember to be aware and safe.

To make managing your benefit plan more convenient for you, we are improving our digital tools available to you. This includes our website at www.tfgmedicalaidscheme.co.za and the Discovery App. We encourage you to use these tools to interact with us and get information about your benefits. We'd also like to help you use our digital tools safely. Here are some tips and tricks to help you along.

Learn how we manage and process your personal information

We need to manage and process your personal information so that we can provide our services to you as well as fulfill our legal and regulatory obligations.

While we do this with great care, you also have certain responsibilities as a member. This includes keeping your contact details up to date and familiarising yourself with our privacy policy. You can access our privacy policy by clicking on the link to the privacy page in the footer of the Scheme website www.tfgmedicalaidscheme.co.za.

Don't share your membership information

You should never share your scheme website or app password, nor your membership information or card. This includes the physical card and the virtual card in the Discovery app.

Remember that only you and your registered dependents may use the benefits of your membership. If you let anybody else use your membership benefits, it is considered fraud – a criminal offence with consequences.

Watch out for online fraud

According to the Surfshark Alert database, South Africa is one of the top ten countries worldwide in terms of cybercrime density affecting individual people. Phishing is the most common cybercrime experienced. Phishing is the attempt to trick the recipient of the message to reveal sensitive information or to deploy malicious software on to your device, such as ransomware. This could be an email from a source that looks similar to a trusted organisation, such as SARS or your bank, asking you to confirm your personal or login details.

We have also seen an increase in scammers sending a link to WhatsApp users. The scammers claim that users can win a reward, for example, a voucher from a well-known retailer, by filling in a simple survey.

Be alert in the following instances:

- If it looks too good to be true, or if senders are pushing for urgent action or information.
- Requesting sensitive information like your bank information or login information.
- Random characters in the links, unfamiliar sender addresses or misspelt words will also give it away. These are used to trick your spam filters.
- If it doesn't look professional, it probably isn't.

Tips to help keep your information safe:

- Slow down, be vigilant and take your time when reacting to unknown online requests.
- Keep your antivirus software up to date.
- Keep up to date with online security knowledge.

We are doing everything we can from our side to keep your information safe. If you have doubts about Scheme communication or suspicious transactions on your membership, please contact us.

- Email discovery@tip-offs.com
- Toll-free phone number: 0800 00 45 00
- Toll-free fax: 0800 00 77 88
- Post: Freepost DN298, Umhlanga Rocks 4320

TB (TUBERCULOSIS) AWARENESS

TB Awareness is important in raising public mindfulness and understanding about one of the world's deadliest bacterial infections.

TB is an infectious disease that claims many lives every year and is particularly prevalent in South Africa.

Despite being treatable, TB is still a major cause of death around the world. Here's what you should know about it:

1. What is TB and how is it spread?

TB is an infectious disease caused by a bacterium. Most of us are aware that the disease attacks the lungs, but it can attack almost every part of the body. TB is airborne and can be transmitted from person to person, often via coughing and sneezing. It is often spread in poorly ventilated areas between family members, living partners, colleagues and close friends because of the proximity and amount of time these people spend together. Knowing someone close to you has TB doesn't necessarily mean that you will also get it.

2. Who is most at risk of TB?

Anyone can get TB, irrespective of their income or demographics. However, some people are more vulnerable to TB than others, including the elderly or the very young, people with compromised or weak immune systems (like people who are HIV-positive) and those who spend long periods of time near others with TB.

3. What are the symptoms of TB?

TB often presents as a combination of symptoms. These symptoms can be mild for months and then worsen, they include a persistent cough, phlegm and other mucous, chest pains, fatigue, weight loss, fever, night sweats and coughing blood.

4. Treatment

TB is treatable, and many have been cured of the disease by taking the right medication as prescribed by your Health Care Professional. If you begin to show any of the symptoms mentioned and are concerned that you may have been exposed to TB, seek medical advice immediately.

References: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9067428/

HOSPITAL COVER

AND HOW WE FUND YOUR CLAIMS IN CASE OF AN EMERGENCY

TFG Medical Aid Scheme (TFGMAS) offers members two benefit plans to choose from:

1. TFG Health

This option offers a range of benefits in and out of hospital up to predetermined limits. However, you have unlimited cover when you use contracted network service providers, including a hospital network known as the KeyCare Network Hospital.

In the event of a medical emergency, you can go to any hospital. However, once you are stable but still require in-hospital treatment, you will be transferred to a PMB network hospital. If you do not wish to move to a PMB network hospital, you will have to pay for the remainder of your admission yourself.

2. TFG Health Plus

This option offers a comprehensive range of benefits, including additional in-hospital procedures. It gives you freedom of choice since cover isn't limited to network service providers.

In the case of an emergency, you may choose to go to any hospital but may experience a deductible (an amount you need to pay yourself) if the hospital is not part of the TFG Health Plus PMB Hospital Network (also called a KeyCare Network Hospital). So, we encourage you to use a network hospital to ensure full cover for in-hospital treatment of Prescribed Minimum Benefit (PMB) conditions.

Terms used

To understand how TFGMAS pays for your hospital treatment and what to do and expect in case of an emergency admission at a hospital nearest to you, we need to explain a few terms that we use.

TERM	DESCRIPTION
Deductible	A specific payment for which you will be personally liable. The amount and/or percentage applied is as specified in the Scheme Rules.
Scheme Rate	This is the rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers or relevant health services. The Scheme Rate is a rate that we negotiate with service providers. In some cases, we will cover you at 100% of Scheme Rate and in other events at 80% of the Scheme Rate. **If your doctor charges more than the Scheme Rate, we will pay claims up to the Scheme Rate. Visit www.tfgmedicalaidscheme.co.za and navigate to Find a Document > Information Guides for more information on how we fund for DSP and non-DSP claims.** Please use the 'Rate' column in the benefit tables for the appropriate benefit to know when claims are paid at 100% of Scheme Rate and when at 80% of Scheme Rate.
At cost	Fees charged by a provider that may be more than the Scheme Rate.
Designated service provider (DSP)	A healthcare provider (doctor, specialist, pharmacist or hospital) who we have an agreement with to provide treatment or services at a Scheme Rate. Visit www.tfgmedicalaidscheme.co.za and follow the path: Hospital and doctor visits > Going to see a healthcare professional or click on 'Find a Provider' on the Discovery app to view the full list of DSPs.

TERM	DESCRIPTION	
Prescribed Minimum Benefits (PMBs)	In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of: • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions. In order to get access to PMBs, there are rules, defined by the Council for Medical Schemes (CMS), that apply: • Your medical condition must qualify for cover and be part of the defined list of PMB conditions. If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.	
	TFG Health benefit plan	**TFG Health Plus benefit plan**
Hospital Networks and In-Hospital GP Network	If you are registered on the **TFG Health benefit plan,** you have chosen a benefit plan with a hospital network and need to make sure you use a hospital in that network to get full cover. The **TFG Health benefit plan** uses the KeyCare Hospital Network. We also established an In-Hospital GP Network and pharmacies that are designated service providers (DSP).	If you are on the **TFG Health Plus benefit plan,** you have access to designated service providers (DSPs) at agreed and contracted Scheme Rates. You also have access to the KeyCare Hospital Network and In-Hospital GP Network **to get services for PMB at full cover.** This means no deductible can apply where the admitting service provider is on the Scheme's DSP or In-Hospital GP Network or In-Hospital Specialist Network and you get these services from a hospital in the KeyCare Hospital Network.
Emergency medical condition	An emergency medical condition is the sudden and, at the time, unexpected onset of a health condition that requires immediate medical and/or surgical treatment. Should you not receive the treatment, this would result in serious impairment to bodily functions, or serious dysfunction of a bodily organ, or part, or would place the person's life in serious jeopardy. An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency. **In case of an emergency, you can go to any hospital and we cover you at cost for the first 24 hours or until you're stabilised. If you need further hospital treatment, you may be moved to a network hospital. If you choose to remain at a non-network hospital, you may be responsible for a portion of the hospital account. Services providers in non-network hospitals are generally not contracted to the Scheme, where they may charge above the Scheme Rate and you may therefore be liable for a deductible.**	
Related accounts	Any account other than the hospital account for in-hospital care. This could include the accounts for the admitting doctor, anaesthetist and any approved healthcare expenses like radiology or pathology.	

Cover for your hospital admissions

Hospital admissions are funded from your chosen benefit plan's hospital benefit. This benefit covers your hospital costs and other accounts that are part of your admission. This could include accounts from your admitting doctor, anaesthetist or any other approved health care expenses (such as theatre and ward fees, X-rays, blood tests and medicine you use while you are in hospital).

Your cover for casualty treatment for emergency medical care

An emergency does not necessarily require a hospital admission and not all urgent medical treatment falls within the definition of a PMB. We may ask you for additional information to determine whether your treatment can be funded as emergency treatment. If you or any members of your family on your chosen plan, visit an afterhours emergency facility at the hospital, it will only be considered as an emergency and covered as a PMB if the treatment is in line with PMB legislation.

Note: Not all treatment received at casualty units are PMB. Please refer to page 6 in the **TFG Health benefit guide** and page 5 in the **TFG Health Plus benefit guide** for more information in this regard or visit www.tfgmedicalaidscheme.co.za and navigate to: Find a Document > Information Guides.

When you are admitted to hospital from casualty for a medical emergency

TFG HEALTH BENEFIT PLAN	TFG HEALTH PLUS BENEFIT PLAN
If you are registered on the **TFG Health benefit plan,** the first R450 of the casualty unit's account is payable by you.	If you are admitted to hospital from casualty, we will cover the costs of the casualty visit in full from your hospital benefit if you are registered on the **TFG Health Plus benefit plan,** as long as we have pre-authorised your hospital admission.

Afterhours or emergency admission to hospital

If you are admitted to hospital in an emergency or after hours, we must be notified the next available working day or within 24 hours after such an emergency admission or treatment started. This way, we can authorise payment of your medical expenses.

Note: In case of an emergency, you can go to any hospital and we cover you at cost for the first 24 hours or until you're stabilised. If you need further hospital treatment, you may be moved to a network hospital. If you choose, if so required, to remain at a non-network hospital, depending on your chosen benefit plan, you will be responsible to pay a portion of the hospital account if registered on the TFG Health Plus benefit plan or not be covered for funding outside of the network arrangement, if registered on the TFG Health benefit plan.

How we decide hospital admission approval

We use certain clinical policies and protocols when we decide whether to approve hospital admissions. These give us guidance about what is expected to happen when you are being treated for a specific condition or emergency. These clinical policies and protocols are based on scientific evidence and research.

Contact us for pre-authorisation

To pre-authorise admission to hospital, **please call us on 0860 123 077.** We will give you an authorisation number that you must give to the relevant healthcare provider and ask them to include this on the claims they submit. Please make sure you understand what is included in the authorisation and how we will pay your claims.

We will ask for the following information when you request pre-authorisation

- Your membership number
- Details of the patient (name and surname, ID number)
- Reason for the procedure or hospitalisation
- Diagnostic codes (ICD-10 codes), tariff codes and procedure codes. You must get these from your treating doctor

How we pay your in-hospital PMB claims

We pay for confirmed PMBs in full from the hospital benefit if you receive treatment from a DSP or network provider. Treatment received from a non-DSP may be subject to a deductible if the healthcare provider charges more than what we pay or if you receive treatment in a non-network hospital by choice.

For some claims to qualify for cover as a PMB, we may request supporting documents to confirm your PMB diagnosis. Examples of such claims include MRI scans and endoscopic procedures.

The Scheme uses a network of hospitals where you will receive full cover if your condition is a PMB. If your condition is a PMB, and you are admitted into a DSP hospital and your admitting doctor is a DSP provider, we will fund all related accounts (even where the provider does not have agreements with us) at cost. All related accounts for healthcare providers that do have agreements with us will be funded at the agreed and Scheme Rates.

In cases where there are no services or beds available within the DSP when you or one of your dependents requires treatment, you must contact us on **0860 123 077.** We will intervene and make arrangements for an appropriate facility or healthcare provider to accommodate you.

We pay for benefits that are not included in PMBs according to the rules and benefits of your chosen benefit plan. There are some in-hospital expenses you may have as part of a planned admission that your hospital benefit does not cover: certain procedures, medicine and new technologies might need separate approval. It is important that you discuss this with your healthcare professional.

For a comprehensive list of the TFGMAS Hospital Network (in the case of TFG Health benefit plan members) or PMB treatment in the PMB Hospital Network for TFG Health Plus benefit plan members, visit www.tfgmedicalaidscheme.co.za *and navigate to: Find a Document > Information Guides > TFGMAS Hospital Network.*

MEDICAL AID SCHEME

TFGMAS

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