



TFGMAS

SCREENING AND PREVENTION BENEFIT 2024



Who we are

TFG Medical Aid Scheme (referred to as “the Scheme”), registration number 1578, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as “the Administrator”), is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Contact us

You can call us on **0860 123 077** or visit www.tfgmedicalaidscheme.co.za for more information.

The Screening and Prevention Benefit, at a glance

Preventive screening is important in making sure you detect medical conditions early and we can ensure the best care for you. The Screening and Prevention Benefit covers preventive tests, screenings or one seasonal flu vaccination (for members registered for certain chronic conditions and members older than 65 years).

Having these specific tests (up to the specified number) does not affect your day-to-day benefits and you should not have any out-of-pocket expenses.

The tests that the Screening and Prevention Benefit covers

1. The tests covered on the benefit are:
 - One mammogram (male and female), once every two years on TFG Health and once every year on TFG Health Plus
 - Once off BRCA testing for those with a genetic risk*
 - One Pap smear or one Human papillomavirus (HPV) test, once every three years on TFG Health and once every year on TFG Health Plus
 - One prostate-specific antigen (PSA) test
 - HIV screening, including blood tests such as the Rapid and ELISA

Administered by



- One LDL Cholesterol test per high-risk beneficiary, per year

* Members that are at high risk for breast cancer have:

- A strong family history of breast cancer - this would include first degree relatives (mother, sister or daughter) and second-degree relatives (aunt, uncle, nieces, nephews, grandparents, grandchildren)
- A genetic predisposition to breast cancer (BRCA positive)
- A personal history of breast cancer
- Specific ethnicity (e.g. Ashkenazi Jews of Eastern or Central European descent and Afrikaner women of Dutch descent).

2. You also have cover of up to the Scheme Rate for the following group of tests called the Health Check:

- Blood glucose
- Blood pressure
- Cholesterol
- Body mass index or weight assessment.

You can have one Health Check per year at a pharmacy in the Wellness Network or at a Wellness Day. Further tests will be paid from your available day-to-day benefits.

3. You qualify for one seasonal flu vaccine each year, if you are older than 65 years or are registered for one of the following chronic conditions:

- Asthma
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary disease (COPD)
- Chronic renal disease
- Coronary artery disease
- Diabetes (Types 1 and 2)
- HIV.

Members who do not meet these criteria can still have a flu vaccination and this will be covered from the available funds in your day-to-day benefits, where applicable.

4. Members over 65 years have cover up to the Scheme Rate for the following group of tests called the Screening for Seniors:

- Hearing screening test
- Visual screening test
- Fall risk assessment

* You may have cover for an additional GP consultation at a network GP, depending on your screening test results and if you meet the Scheme's clinical entry criteria.

5. Cover for up to two pneumococcal vaccine doses per person per lifetime, covered up to a maximum of the Scheme Rate, for members who meet the following criteria:
 - Members over the age of 65; or
 - Members registered on the Chronic Illness Benefit for the following conditions:
 - Cardiac Failure
 - Cardiomyopathy

You have cover for one Pneumococcal Conjugate Vaccine (PCV) doses, followed by one Pneumococcal Polysaccharide Vaccine (PPSV) doses at least one year later.

Members who do not meet these criteria can still have the pneumococcal vaccine which will be covered from the available funds in your day-to-day benefits, where applicable.

6. Screening for kids covers growth assessment tests, including height, weight, head circumference and health and milestone tracking at any of our wellness providers

Additional cover for members on TFG Health Plus

Human Papilloma Virus (HPV) vaccinations

HPV vaccinations are covered at 100% of the Scheme Medication Rate subject to a limit of one per person per year for members between the ages of 9 and 26 years.

Adult Vaccinations

- Tetanus/Diphtheria
- Hepatitis A
- Hepatitis B
- Measles
- Mumps
- Rubella
- Chickenpox
- Shingles
- Meningococcal.

Child Vaccinations

- Polio
- TB
- Hepatitis B
- Rotavirus
- Diphtheria
- Tetanus
- Acellular pertussis
- Haemophilus

- Influenza Type B
- Chickenpox,
- Measles
- Mumps
- Rubella.

The WELLTH Fund

The WELLTH Fund helps you to better understand your health status by providing up to R10,000 of risk funding for a wide range of important healthcare services focused on proactive care and designed to empower you to take specific action according to your individual health needs.

The WELLTH Fund is available once per lifetime after all members on the policy complete their Health Check at one of the Wellness Network providers. It can be used for a defined list of screening and prevention healthcare services, up to your benefit limit. Cover is subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.

The WELLTH Fund complements and is offered in addition to your screening and prevention benefits outlined in this document. . You can view more information in the WELLTH Fund Benefit Guide on www.tfgmedicalaidscheme.co.za.

How to get the most out of the benefits available to you

Find a pharmacy in the Wellness Network on www.tfgmedicalaidscheme.co.za.

You must have all the Health Check tests done at the same time at a pharmacy in the Wellness Network. If you choose to have the tests done at any other provider, or at different times, the costs of the tests will be paid from your day-to-day benefits, if available.

Have the tests at a registered healthcare professional and make sure your pathology and radiology tests have been appropriately referred.

You can choose where to have your screening tests. However, if you choose to see a healthcare provider who is not part of our designated service provider network, you will be responsible to pay any shortfall on the accounts.

What this benefit may expose you to

The preventive tests, including the mammogram, BRCA, Pap smear, prostate specific antigen, HIV and LDL Cholesterol tests are paid up to the Scheme Rate. You may be responsible for any shortfall if the healthcare provider charges more than the Scheme Rate.

The Screening and Prevention Benefit does not cover the cost of any related consultations. Consultations are covered from the available funds in your day-to-day benefits

The Screening and Prevention Benefit covers one of each type of test in a year with the exception of HIV blood tests, which are unlimited. Further tests will be paid from your available day-to-day benefits.

The preventive tests and screenings must be referred and done by an appropriately registered healthcare professional. You can visit any pathologist or radiologist to have the tests done.

Complaints process

You may lodge a complaint or query with TFG Medical Aid Scheme directly on 0860 123 077 or address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the TFG Medical Aid Scheme internal disputes process.

You may, as a last resort, approach the Council for Medical Schemes for assistance.
Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue,
Eco Park, Centurion, 0157 / 0861 123 267 / complaints@medicalschemes.co.za /
www.medicalschemes.co.za.