



TFGMAS

2024 WELLTH FUND



Overview

The WELLTH Fund helps you to better understand your health by providing additional cover of up to R10,000 per family. Members can use this cover for a wide range of important healthcare services focused on proactive care. It is designed to empower you to take specific action according to your individual health needs.

The WELLTH Fund is activated for the family after all members on the benefit plan complete their Health Check. All members on the benefit plan must complete a Health Check at one of the Scheme's network providers within a 12-month period. The Fund can be used for a defined list of screening and prevention healthcare services, up to your benefit limit. The WELLTH Fund is a once-off benefit, available for a limited period and helps to preserve your day-to-day benefits available on your chosen benefit plan. Eligible claims that would typically be paid from day-to-day benefits will be paid from the WELLTH Fund first.

The WELLTH Fund complements and is offered in addition to your screening and prevention benefits. You can view more information in the Screening and Prevention Benefit Guide on our website at www.tfgmedicalaidscheme.co.za under Find a document > Information guides.

About some of the terms we use in this document

Some of the terms in this document may not be familiar to you. Here are their meanings:

TERMINOLOGY	DESCRIPTION
Day-to-day benefits	These are the available funds allocated to the Out-of-Hospital benefits, also known as “day-to-day” benefits. Depending on the benefit plan you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the benefit plan you choose.
Scheme Rate	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant healthcare services. The Scheme Rate is a rate that we negotiate with service providers. In some instances, cover is at 80% of Scheme Rate and in other instances at 100% of the Scheme Rate.
Health Check for adults	A set of essential health screenings and preventive tests for adults 18 years and older. It includes certain tests such as blood glucose, blood pressure, cholesterol, body mass index and HIV (optional) screening at one of our Wellness Network providers.
Health Check for seniors	In addition to the Health Check, members aged 65 and older have cover for an age-appropriate fall risk assessment and appropriate screening tests at one of our Wellness Network providers.
Health Check for children	A Health Check specifically for children between the ages of two and 18 years. This benefit covers growth assessment tests, including height, weight, head circumference and health and milestone tracking at one of our Wellness Network providers.
Screening and Prevention Benefit	The Screening and Prevention Benefit provides cover for certain tests that can detect early warning signs of serious illnesses. It’s available on all medical aid plans and does not affect your day-to-day benefits.

How to access the WELLTH Fund

To activate the WELLTH Fund, every person on your TFG Medical Aid Scheme benefit plan over the age of two must complete their age-appropriate, in-person Health Check at a healthcare provider in our Wellness Network. Your Health Check is covered in full from the Screening and Prevention Benefit. You can learn more about this Benefit at www.tfgmedicalaidscheme.co.za under Find a document > Information guides.

WELLTH Fund is a once-off benefit

The WELLTH Fund is available once a lifetime for a limited period. This benefit will expire on 31 December 2024 if your TFG Medical Aid Scheme benefit plan was activated with the Scheme before 2023. If your TFG Medical Aid Scheme benefit plan was activated with the Scheme after January 2023, the benefit will expire on 31 December of the year after you join the Scheme.

What is the value of the WELLTH Fund

The WELLTH Fund limit depends on the number of people on your benefit plan and their ages. Once you and all the dependants on the benefit plan (where applicable) have completed their Health Check, you will have access to a combined WELLTH Fund value. The value is made up of:

- R2,500 per adult
- R1,250 per child (over the age of two years)
- Up to an overall maximum limit of R10,000 per family per benefit plan.

The benefit limit for each person depends on the age of the member or dependant at the date of expiry of the WELLTH Fund. For example:

- If the Benefit is activated in 2023, children who turn two years old on or before 31 December 2024 receive the child allocation of R1,250.
- Members who turn 18 years old on or before 31 December 2024 receive the adult benefit value of R2,500.
- Children who turn two years old after 31 December 2024 will not receive a Fund value allocation but are still eligible to use the WELLTH Fund.

The WELLTH Fund is available for all members on the benefit plan regardless of their age. Qualifying healthcare services are covered up to a maximum of the Scheme Rate, subject to the overall benefit limit.

Healthcare services available to you from the WELLTH Fund

The following screening and prevention healthcare services are covered from this benefit:

HEALTHCARE SERVICE	COVER
General health	<ul style="list-style-type: none"> • One consultation at a general practitioner (GP) per person per year* • Dental check-up • Eye check-up • Hearing check-up • Skin cancer screening • Heart consultation • Lung cancer screening for long-term smokers • Medical devices used to monitor blood pressure, blood sugar and cholesterol. The devices must have a registered NAPPI code and be purchased from a registered healthcare provider with a valid practice number (such as a pharmacy dispensary or doctor)
Physical health	<ul style="list-style-type: none"> • Diet, nutrition and weight management at a dietitian • Physical movement and mobility management at a biokineticist or physiotherapist • Fitness Assessment or high-performance fitness assessment in our Wellness Network • Foot health at a podiatrist
Mental health	Mental wellness check-up at a psychologist, paediatrician, nurse, social worker, registered counsellor or psychiatrist
Women's and men's health	Gynaecological and prostate consultations with your doctor, and a bone density check
Children's health	Children's wellness visit, which includes growth and appropriate developmental assessments with an occupational therapist, speech therapist or physiotherapist

Important things to remember

- *GP consultations are limited to one visit per person per year from the WELLTH Fund, for all healthcare services.
- Benefit plan network rules apply. This means that members on the TFG Health benefit plan must use their allocated KeyCare Network GP and go to dentists and optometrists in the KeyCare Network.



- General scheme exclusions apply. Medicine and ongoing treatment for a diagnosed condition is not covered from the WELLTH Fund.
- Where healthcare services are also eligible for cover from another defined risk benefit (for example, the Screening and Prevention Benefit), we will pay the claim from that benefit first. We will only pay from the WELLTH Fund in instances where that Benefit is depleted or unavailable. Claims paid from your WELLTH Fund do not impact your day-to-day benefits. We will only use the day-to-day benefits available to you once your WELLTH Fund limit is reached. Cover from the WELLTH Fund is subject to the Scheme's entry clinical criteria, treatment guidelines and protocols.

Contact us

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

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 directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following TFG Medical Aid Scheme's 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