



Medical Aid Scheme

Administered by
 **Discovery**
Health

TFG Medical Aid Scheme **Contribution increase and benefit changes**

2025

TFG Medical Aid Scheme is regulated by the Council for Medical Schemes (CMS). The benefits explained in this benefit guide are provided by TFG Medical Aid Scheme (TFGMAS), registration number 1578, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial service provider. This benefit guide is only a summary of the contribution increases and key benefits approved by the Board of Trustees of TFGMAS and awaits approval from the CMS. In all instances, TFGMAS Rules prevail. Please consult the TFGMAS Rules on our website at www.tfgmedicalaidscheme.co.za for more details and information.



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Introduction

2025 TFG MEDICAL AID SCHEME CONTRIBUTION INCREASES AND BENEFIT CHANGES

As a member of TFG Medical Aid Scheme (TFGMAS), you have two benefit plans to choose from – TFG Health and TFG Health Plus. This makes sure that you have access to affordable and quality healthcare benefits.

Your contribution increases and benefit plan changes, which will take effect from **1 January 2025**, are set out in this document. To make things easier, you can navigate through this document and look up the information you need using the interactive buttons to the right of this document.

If you are thinking about switching TFGMAS benefit plans, you have until **20 December 2024** to do so. Submit your completed benefit plan change form enclosed with this communication by logging a ticket on the website at **synergy.tfg.co.za**. The form can also be accessed from our website at: **www.tfgmedicalaidscheme.co.za**

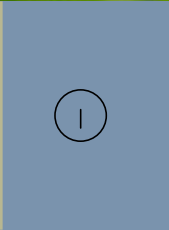
Need help understanding your benefit plan? We have partnered with Alexander Forbes* as an independent financial adviser to better equip TFGMAS members with the right information and advice on the benefit plan that best suits them.

You book your consultation using the booking tool:

<https://outlook.office365.com/owa/calendar/HealthConsultingHelpdeskWC1@aforbes.onmicrosoft.com/bookings/s/Nt10YQkFKEi7PUtUWCyRqw2>

You can make an enquiry by emailing **TFGmedAdvice@aforbes.com**.

*Alexander Forbes is duly registered with the Financial Advisory Services Board and is qualified to provide financial advisory services to members in terms of the Financial Advisory and Intermediary Services Act 37 of 2002





2025 TFGMAS contribution increases

With effect from 1 January 2025, contributions for members of TFGMAS increases by a very competitive average of 7.2%. For **TFG Health** members, the average increase will be 6.4% and 8.2% for members registered on **TFG Health Plus**.



The Board of Trustees considered the ratios of adult and child contribution rates against those paid as principal contributions. To bring the ratios closer to the average in the market, there will be different increases for adults and children across the bands.

Depending on your family size, number of adult and child dependants registered with the Scheme, and your chosen benefit plan, your contribution increase may vary from 5.9% up to 7.9% on **TFG Health** and from 7.8% up to 8.8% on **TFG Health Plus**.

Please consult the tables on pages 5 and 6, which explain the details per income category and per principal member, adult and child dependants to ascertain your family contribution increase applicable for 2025.



2025 Contribution tables

Full contributions with effect from 1 January 2025



These contributions (shown in Table 1) are the total amounts due to the Scheme. For active employees, the members' portion of the contributions is dependent on whether the member is on a Total Guaranteed Package (TGP) or Salary Plus structure, as indicated in the tables to the right.

Income verification may be conducted to determine whether you are registered in the correct income band. Income is considered as:

- Pensionable Pay in the case of an employee.
- In the case of an employee who registers a spouse, it is the higher of the member's Pensionable Pay or spouse's salary or earnings.
- For all other members, it is and may include:
 - the higher of the main member or registered spouse or partner's earnings, commission and rewards from employment, interest from investments, income from leasing of assets or property, distributions received from a trust, pension and/or provident fund, and receipt of any financial assistance received from any statutory social assistance programme.

TABLE 1: ACTIVE EMPLOYEES ON A TGP STRUCTURE

TFG Health monthly income	Monthly contribution		
	Principal member	Adult dependant	Child dependant*
R0 – R6,870	R1,634	R1,634	R588
R6,871 – R11,190	R1,836	R1,836	R606
R11,191 – R21,520	R1,962	R1,962	R658
R21,521 – R36,870	R2,132	R2,132	R724
R36,871 – R54,920	R2,482	R2,482	R832
R54,921 +	R2,696	R2,696	R890
TFG Health Plus monthly income	Monthly contribution		
	Principal member	Adult dependant	Child dependant*
R0 – R6,870	R4,772	R3,054	R1,288
R6,871 +	R5,436	R3,968	R1,494

* Child dependant contributions are applicable if:

- A dependant is under the age of 21;
- A dependant is over the age of 21, but not over the age of 25 and is a registered student at a university or recognised college for higher education and is not self-supporting.

SUBSIDISED CONTRIBUTIONS WITH EFFECT FROM 1 JANUARY 2025

These contributions (shown in Table 2) are the members' own contributions after the TFG 50% subsidy is taken into account and applies to active employees on a Salary Plus structure. If you are not entitled to a subsidy, you will need to pay the full contribution as shown in Table 1.

TABLE 2: ACTIVE EMPLOYEES ON A SALARY PLUS STRUCTURE

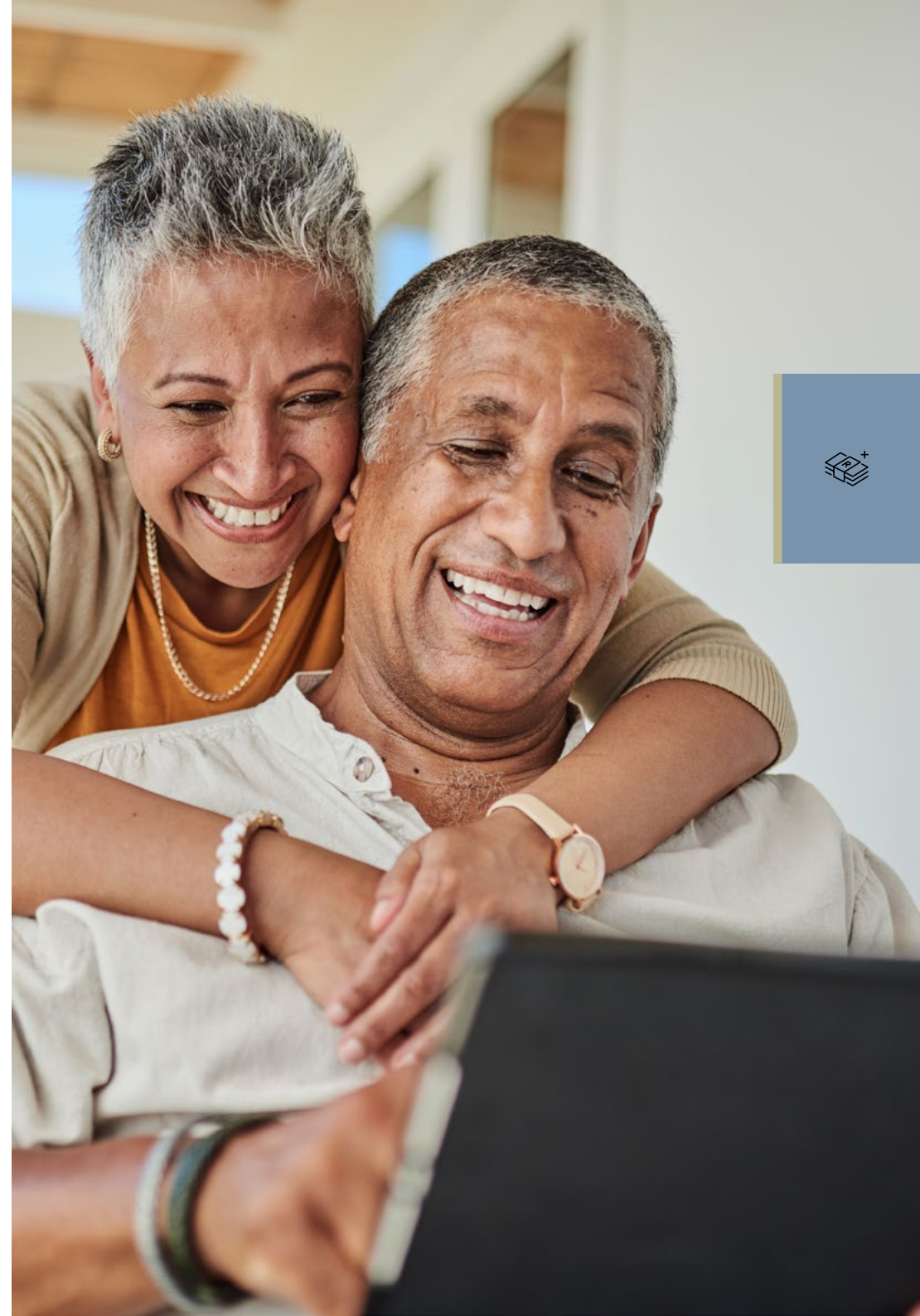
TFG Health monthly income	Monthly contribution		
	Principal member	Adult dependant*	Child dependant**
R0 – R6,870	R817	R817	R294
R6,871 – R11,190	R918	R918	R303
R11,191 – R21,520	R981	R981	R329
R21,521 – R36,870	R1,066	R1,066	R362
R36,871 – R54,920	R1,241	R1,241	R416
R54,921 +	R1,348	R1,348	R445

TFG Health Plus monthly income	Monthly contribution		
	Principal member	Adult dependant*	Child dependant**
R0 – R6,870	R2,386	R1,527	R644
R6,871 +	R2,718	R1,984	R747

* Adult dependants are only subsidised if they are the main member's spouse or if their adult child is a person with a disability.

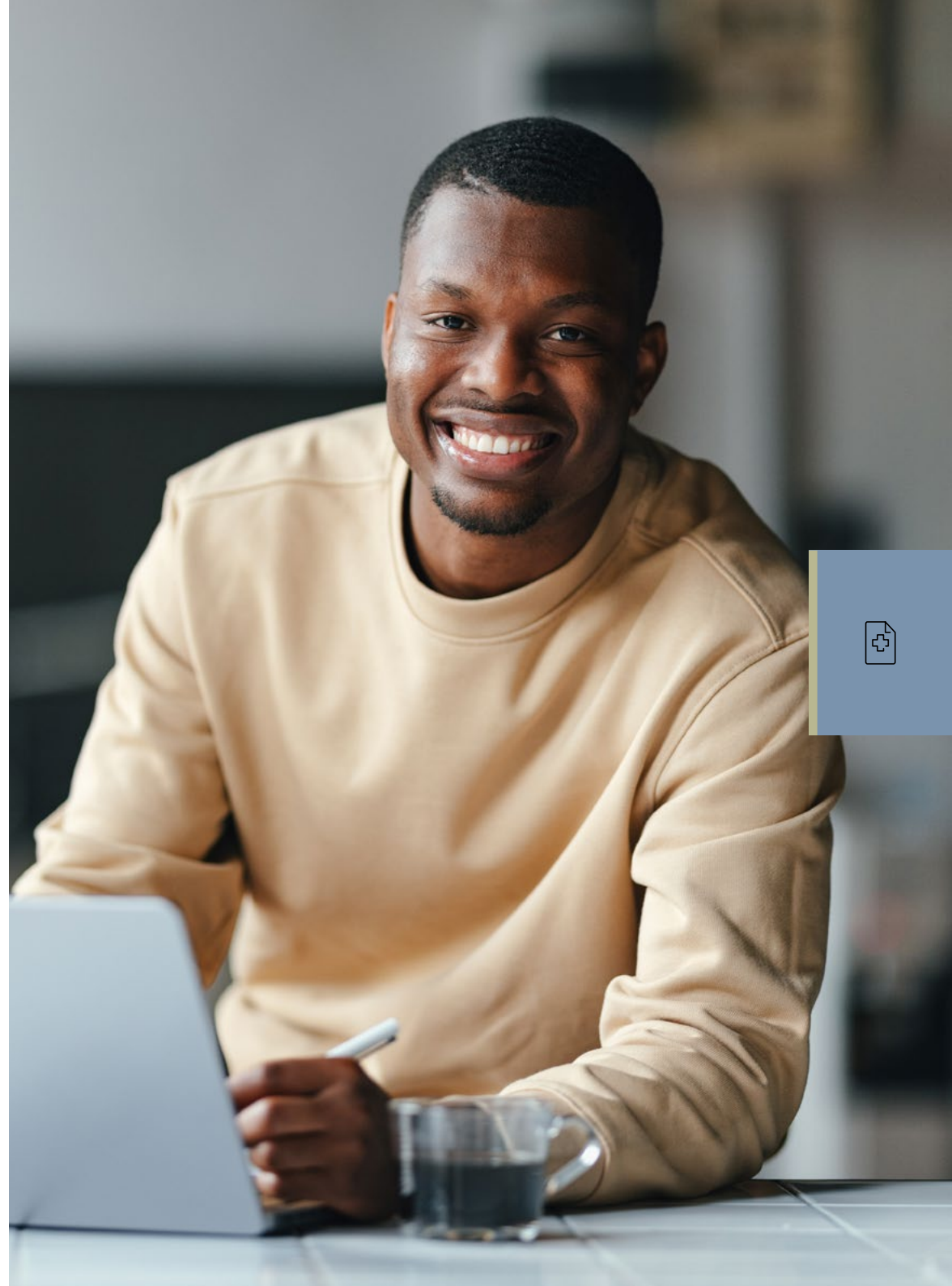
** Child dependant contributions are applicable if:

- A dependant is under the age of 21;
- A dependant is over the age of 21, but not over the age of 25 and is a registered student at a university or recognised college for higher education and is not self-supporting.



Understanding your **benefit** **changes for 2025**

We have summarised all of the important information on benefit changes so that you can get the most out of your chosen benefit plan. More detailed information will be provided in your chosen 2025 benefit plan's benefit guide.





TFG Health and TFG Health Plus benefit changes

ONCOLOGY ENHANCEMENTS

Members registered on both benefit plans will continue to have access to their chosen benefit plan's oncology benefits if they are diagnosed with cancer. Once registered on the oncology management programme, members will have access to medicine management and medicines will be approved in line with the Scheme's approved Reference Price Lists (RPL) and formularies (medicine lists). The Reference Price will be set at a price of the generic equivalent or clone of a medicine and will apply to all benefit plan types. This managed healthcare intervention will take effect on 1 July 2025.

VIRTUAL URGENT CARE (VUC)

TFGMAS will be enhancing the digital app and members will receive more information during the course of 2025 about how the enhanced TFGMAS App will improve the member experience overall.

Once the enhanced TFGMAS App has been rolled out, members registered on both the **TFG Health** and the **TFG Health Plus** benefit plans will get access to Virtual Urgent Care.

VUC aims to address an unmet need for members by providing 24-hour access to virtual consultations **for non-life threatening, but urgent medical needs. This will reduce unnecessary and costly emergency room visits.**

The number of visits will depend on the benefit plan that you are registered on.

For members registered on the **TFG Health Plus** benefit plan, 4 VUC consultations per family will be funded from your risk benefits without impacting your day-to-day benefits, if coded as an emergency.

Members registered on the **TFG Health** benefit plan will have access to 1 VUC consultation per person funded from your risk benefits without impacting your day-to-day benefits, if coded as an emergency.

In the event that the consultations are not coded as an emergency, your chosen benefit plan's available day-to-day consultation benefit limits and benefit rules will be applicable.

If coded as an emergency and should these available limits be depleted, the consultations will be paid in accordance with your chosen benefit plan's available casualty benefit limits.



ADVANCED ILLNESS BENEFIT ENHANCEMENTS

TFGMAS's available Advanced Illness Benefit (AIB) is enhanced with the introduction of Epilog, which will make available a digital tool for people dealing with advanced illness.

With the introduction of Epilog, members will be provided with early and personalised support based on their needs and life circumstances.

Each member successfully enrolled onto the Advanced Illness Management Support Programme (AIMSP) will receive support digitally at a fee paid by the Scheme per each successful enrollment.

This benefit is available to all members no matter which benefit plan they are registered on.

DISEASE PREVENTION MANAGEMENT

To pro-actively manage and prevent the onset of diabetes and to risk manage cardio metabolic syndrome, we'll introduce a Disease Prevention Management Programme, which will be available to be registered on from 1 January 2025.

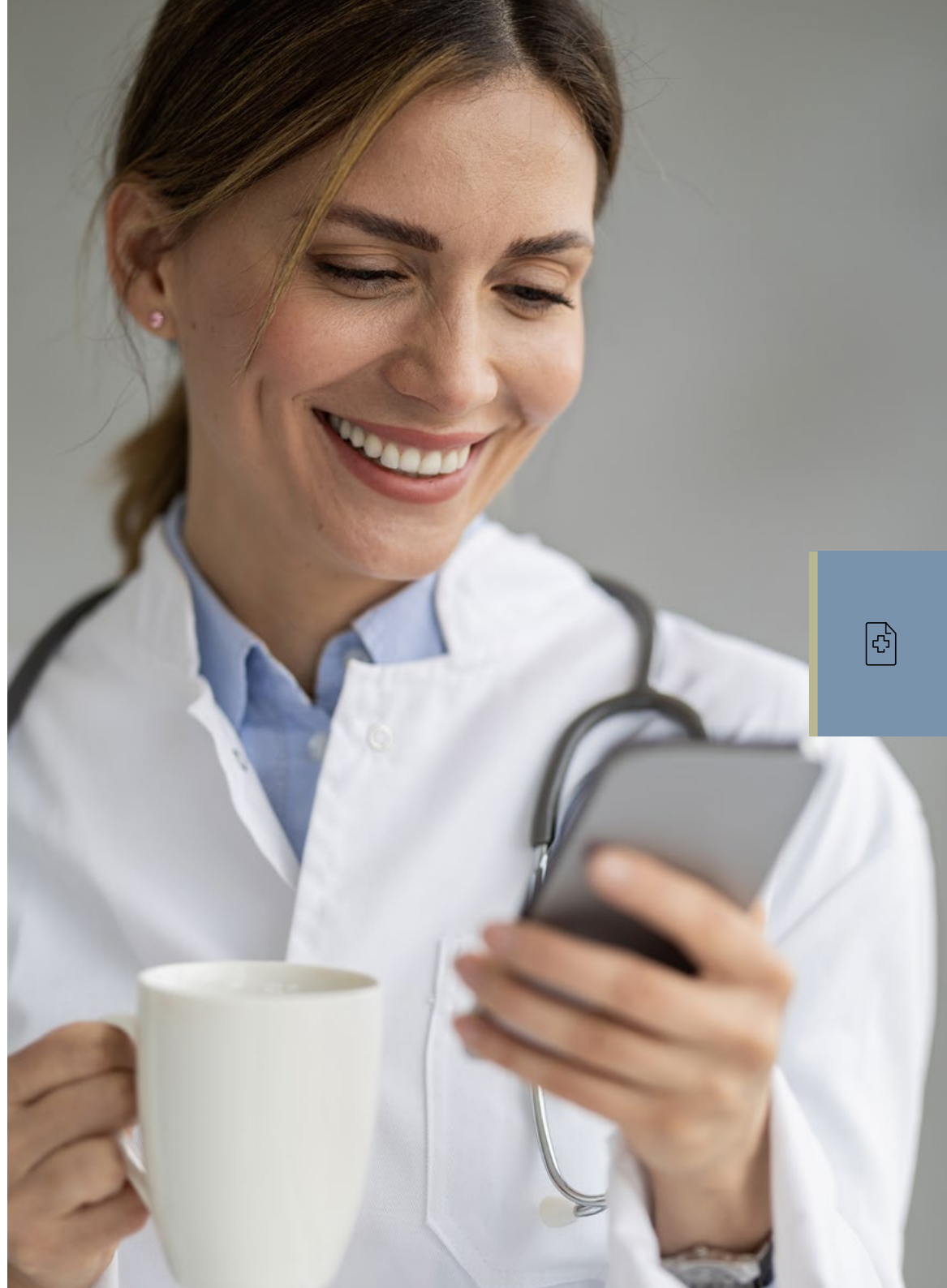
Limits on both **TFG Health and TFG Health Plus** are increased in line with inflationary increases of approximately 5%. Please consult your detailed benefit guide, once available, for your chosen benefit plan's 2025 revised benefit limits.

VIRTUAL PHYSICAL THERAPY (VPT)

During 2025, virtual physical therapy (VPT) will be available to all members using the Genie Health Platform through the enhanced TFGMAS App.

VPT provides a cost-effective, high-quality total or partial (replacement for some musculoskeletal care sessions) alternative to in-person care. Research demonstrates increased compliance, faster recovery at lower costs and better outcomes.

In partnership with Genie Health, healthcare providers use the technology-enabled platform to provide evidence-based, conservative therapies for optimal care outcomes to members. Members' existing and available day-to-day benefits will be used to fund these sessions.





TFG Health benefit changes

ENHANCEMENT TO THE MATERNITY BENEFIT

In 2025, the Scheme will enhance the maternity benefit by allowing access to the two mental health consultations and one nutrition assessment as soon as you are registered on the maternity programme and not only after delivery.

PRIMARY CARE CHANGES SINCE 1 JANUARY 2024

From 1 January 2024, the **TFG Health** benefit plan's out-of-network (OON) visits and benefits were changed.

Members are reminded to ensure that a primary general practitioner (GP) is allocated for each member of the family when registered onto the **TFG Health** benefit plan or when choosing to downgrade to the **TFG Health** benefit plan.

The OON consultations available to members not consulting with their chosen GP are two GP consultations and one nurse-led consultation per person per year.

If prescribed or referred by the GP, members also have access to two pathology, two radiology and two pharmacy claims per person per year, which will be funded from the OON benefit.





TFG Health Plus benefit changes

ONCOLOGY ADDITIONAL ENHANCEMENTS

In addition to the oncology enhancements set out on page 8 of this guide, members registered on the TFG Health Plus benefit plan will have access to a defined list of innovative cancer medicines through the introduction of the Oncology Innovation Benefit (OIB). Medicine costs, if approved, will be paid up to 75% of the Scheme Rate from the first day of treatment (Day 1), limited to the TFG Health Plus benefit limits. A co-payment support programme will be available to help members fund the out-of-pocket shortfalls relating to medicines approved as part of this benefit on the TFG Health Plus benefit plan.

As part of the OIB, the Oncology Precision Benefit (OPB) is introduced to allow for funding of Next Generation Sequencing (NGS), which is a pathology test that identifies cancer genomic drivers. Funding for NGS is paid from the Scheme's hospital benefit and not the oncology benefit.

The oncology limits for members registered on the **TFG Health Plus** benefit option will not be increased with inflationary increases.

The Specialised Medicine Benefit (SMB) benefit for 2025 will remain unchanged at R290 000 per person per year.

INTRODUCTION OF DA VINCI ROBOTIC-ASSISTED COVER

From 1 January 2025, members registered on the **TFG Health Plus** benefit plan will be able to choose between the conventional laparoscopic surgery for prostatectomies or for the surgery to be done with the assistance of the da Vinci Robotic device.

The da Vinci Robotic-Assisted Prostatectomy procedures will be covered at Scheme Rates at hospitals contracted at preferred and negotiated rates.

Members who obtain surgery outside of the TFGMAS preferred provider arrangements may incur an approximate 10% co-payment.

Members must obtain pre-approval and your healthcare service provider will help you submit an application to Discovery Health, the Scheme's contracted administrator. Cover is limited to one procedure per person and funded from your available hospital benefits.

ARTHROPLASTY SHORT STAY SUPPORTIVE PROGRAMME

Through the existing Arthroplasty Network, TFGMAS is introducing a short stay benefit to cover the cost associated with a short hospital stay for joint replacement surgery. By introducing a new funding category for low acuity surgical procedures outside of the Day Surgery Network the member experience is improved for members who need to undergo these procedures with low acuity and who can be discharged from hospital within a short period.



TFG Health vs TFG Health Plus summary

The table below provides a summary of the key benefits offered on the two TFGMAS benefit plans:

	TFG Health	TFG Health Plus
Benefit	Rate and Basis of Cover: Subject to PMB	Rate and Basis of Cover: Subject to PMB
Hospital cover		
Private hospital	Unlimited, at a network hospital	Unlimited, at any hospital
Specialists we have a payment arrangement with	Full cover	Full cover
Specialists we don't have a payment arrangement with	100% Scheme Rate, subject to PMB conditions	100% Scheme Rate, subject to PMB conditions
Other healthcare professionals	100% Scheme Rate, subject to PMB conditions	100% Scheme Rate, subject to PMB conditions
daVinci Robotic-Assisted Prostatectomies	Not covered	Full cover at contracted preferred providers
Chronic Illness Cover		
Chronic disease	27 conditions on the Chronic Disease List (once approved) according to the Prescribed Minimum Benefits (PMB)	27 conditions on the Chronic Disease List (once approved) according to the Prescribed Minimum Benefits (PMB), plus Additional Disease List (ADL) cover
Approved chronic medicines on our medicine list	100% Scheme Rate from designated service provider (DSP) pharmacies	100% Scheme Rate from any pharmacy
Specialised Medicine	Not covered	Covered at differential Scheme Rates and up to R290,000 per person per year
Cancer Cover		
Cancer specialists	100% Scheme Rate at a specialist in our network (for PMB conditions)	Comprehensive cover at 100% Scheme Rate at a specialist of your choice
Oncology Innovation Benefit (OIB)	Not covered	75% of Scheme Rate, subject to available oncology benefit limits
Day-to-day cover		
Primary care at a GP	Chosen GP in our network	Any GP
Day-to-day medicine	Medicine from medicine list obtained at dispensing GP at Scheme Rates	Medicine from medicine list at Scheme Rates. Rand limit available for over the counter medicine
Basic radiology	At a network provider	At any provider
Basic pathology	At a network provider	At any provider

This is only a summary of the key benefits. Please check your detailed benefit plan guide for more details. TFG Medical Aid Scheme rules apply.





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