



SCHEDULE OF BENEFITS



**REGULAR FORCE
MEDICAL CONTINUATION FUND**

01 APRIL – 31 DECEMBER 2023

A. Schedule of Benefits

The Schedule of Benefits is a document containing a list of medical services rendered in and out-of-hospital that specifies a benefit allocation for each service. It acts as a guideline in terms of the benefit allocation for a variety of medical services.

The Regular Force Medical Continuation Fund (RFMCF) Schedule of Benefits is not a separate benefit from that which South African Military Health Services (SAMHS) can offer; instead, it manages healthcare services outsourced by the SAMHS to beneficiaries. Services outsourced by the SAMHS will be paid from your available benefit allocations.

As a member, it is important to read and understand the content of the Schedule of Benefits, Member Guide and all communication distributed by the Fund to avoid out-of-pocket expenses and co-payments by the member.

B. Member Guide

A Member Guide has been compiled as an additional tool to guide members in understanding the rules and processes of the Fund. The Member Guide is available on the RFMCF website: www.rfmcf.co.za.

C. Designated Service Providers (DSPs)

The Fund has implemented DSPs for select services to manage the cost of outsourced services and to ensure that member benefits last longer.

Members of the Fund must use a DSP when the SAMHS is outsourcing services to avoid co-payments or rejection of claims for services rendered for medical treatment. Outsourced services are subject to the availability of allocated benefits, pre-authorisation and clinical protocols.

Herewith is a list of DSPs of specific medical treatment that needs to be used by members of the Fund:

Type of Service	Designated Service Provider
Ambulance Services	ER24 - 084 124
Designated Hospitals	Refer to the RFMCF Mobi App and www.rfmcf.co.za
Dialysis	National Renal Care (NRC) and Fresenius
General Practitioner Network	Refer to the RFMCF Mobi App and www.rfmcf.co.za
Home Oxygen	Ecomed Medical CC
Oncology (Cancer) Treatment	ICON
Oncology Medicine management	Dis-Chem Oncology and Medipost
Optical Services	Opticlear
RFMCF Pharmacy Network	Visit www.rfmcf.co.za for the comprehensive list
Specialist Network	Refer to the RFMCF Mobi App and www.rfmcf.co.za

Visit the RFMCF website (www.rfmcf.co.za) for more information about the Designated Service Providers.

Benefit Utilization

The following information is important in understanding the benefit structure:

1. The SAMHS remains the primary healthcare provider for all RFMCF members and registered dependants.
2. The Schedule of Benefits applies to all members who receive medical treatment from service providers outside of the SAMHS.
3. Medical treatment received directly from a SAMHS medical facility will not affect the benefit allocation.
4. When services are obtained directly from a SAMHS healthcare facility, all requests and enquiries concerning the healthcare services provided by the SAMHS must be directed to the Officer Commanding of the Area Military Health Unit (AMHU) or the relevant Military Hospital.
5. All outsourced claims and services obtained from a private medical service provider must be queried with the Fund.
6. Medical treatment outsourced by the SAMHS will be processed according to the available benefit allocation. When the SAMHS outsources medical treatment, the SAMHS must provide the member with a DD63 (referral form) before the member visits the outsourced service provider. This DD63 must be handed to the outsourced provider. You no longer have to wait for a G-authorisation to visit a GP or Specialist out-of-hospital. It remains your responsibility as a member to ensure that you have benefits available to see the doctor.
If benefits are depleted, the member will be liable for the cost of services.
7. Each member is responsible for ensuring proper management of their annual benefits.
8. Members can verify available benefits by logging in to the member statements, website member portal and Mobi App.
9. In the event that benefits have been depleted, the member and registered dependants may only receive medical treatment from a SAMHS healthcare facility.
10. The benefit cycle runs from 01 January until 31 December each year. A new benefit cycle will be implemented each year on the 1st of January. This excludes benefits that have a cycle of longer than one year (for example: Hearing Aids every five years).
11. Unused benefits are not carried over to a new benefit cycle.
12. Certain benefits will be prorated if a member joins the Fund after the benefit cycle starts. Example: If a particular benefit allocation is R1000, and the member joins on 01 July, the benefit allocated for the remainder of the year for that member/family will be R500.
13. Members who reside further than 50km from a SAMHS healthcare facility will not be required to obtain a pre-authorisation by the SAMHS if the treatment is received from a private healthcare practitioner. The applicable benefit limits will apply, and members are responsible for managing the limits.
14. Benefits are not reserved, and authorization is not a guarantee of payment, as claims will still be subject to final clinical validation, membership status, protocols, rules, and available benefits when the claim is processed.
15. Benefits will be placed on hold when a membership profile is suspended and will be activated once the outstanding membership fees have been settled.
16. Beneficiaries diagnosed with an existing or new chronic condition(s) listed on the RFMCF website must register on the Disease Risk Management (DRM) programme. Once registered, a unique chronic treatment plan, consisting of tests and consultations, will be available as a separate benefit to managing your chronic conditions. This is to preserve your day-to-day benefits for ad-hoc medical treatment. If a beneficiary has not registered on the DRM programme, the claims relating to the qualifying chronic condition(s) will be deducted from the available day-to-day benefit allocation and not paid from the chronic treatment plan.
17. It remains the member's responsibility to read and fully understand the benefits and adhere to the protocols and rules of the Fund.
18. All members and registered dependants must comply with the Schedule of Benefits, processes, and rules of the Fund. Failure to do so will result in delayed/lack of medical benefits.

Definitions and Abbreviations

Acute Medicine	Acute medicine is used for diseases or conditions that require a short course of medicine treatment that is not considered to be chronic medication and not taken for longer than 30 days. Members are encouraged to make use of generic medicine alternatives to avoid co-payments. Ask your pharmacist or healthcare provider for assistance.
Beneficiary	A member and his or her legally registered dependants.
Chronic Medicine	Long-term chronic medication usage as per the Disease Risk Management (DRM) Programme. The conditions covered by the Fund for this programme are listed on the RFMCF website. Although your doctor may define your condition as being chronic, the condition may not fulfil the Funds' criteria to qualify for benefits from the DRM Programme. Specific clinical criteria and medication formularies apply.
Day-to-day Benefits	Day-to-day benefits refer to a list of services rendered out-of-hospital, such as doctor consultations, pathology and radiology.
DD2703	A form provided by SAMHS called a DD2703 serves as an authorisation to receive medical services from a private medical facility outside of the SAMHS. The DD2703 will not override benefits that have been depleted.
DD63	A DD63 is a referral form provided by the SAMHS when a patient is outsourced to a private healthcare provider. A copy of the DD63 must be handed to the outsourced provider.
Dependant	A registered dependant on the Principal Member's membership profile.
Designated Service Provider (DSP)	A Designated Service Provider refers to a healthcare provider or medical group selected by the Fund as its preferred service provider to provide specific medical services to its Members.
Disease Risk Management Programme	This programme provides a comprehensive treatment plan that is unique to the chronic condition you have been diagnosed with, along with regular health information to help you better understand your condition.
Emergency (Life-threatening)	A medical emergency means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or intervention. If the treatment is not provided, the emergency could result in a weakened bodily function, serious or lasting damage to organs, limbs, or other body parts, or even death.
Family Limit	A combined benefit value/quantity available and used by all registered beneficiaries.
Health Risk Assessment	A Health Risk Assessment is a variety of tests done at a pharmacy to identify your Body Mass Index (BMI), waist measurement, blood glucose levels, cholesterol levels, blood pressure, and pulse. A Health Risk Assessment is crucial as it can uncover underlying health risks you may not have been aware of. This allows you to take the necessary steps to prevent future co-morbidities.
ICD-10 Code	A coding system that medical service providers use to classify all symptoms, diagnoses, and procedures. An ICD-10 code must reflect on every invoice submitted by a healthcare provider for the services rendered to a patient.
Lipogram	A lipogram is a fasting blood test to identify your cholesterol levels.

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Major Medical Services	In contrast to day-to-day medical healthcare needs such as visiting a doctor or a dentist, there are sometimes medical events that are more serious and costly. These would be, for example, physical rehabilitation after a car accident, treatment for cancer and other medical treatments. Not all these services take place in a hospital – for example, many of the expensive treatments for cancer (under the oncology benefit) take place out of hospital. This refers to Major Medical Services.
NAPPI Code	A coding system that is used as an identification tool for ethical, surgical, and consumable products.
Negotiated Tariff	A discounted negotiated rate for specific services between a service provider and the Fund.
Optical Services	You will usually visit an optometrist to test your eyesight. The optometrist will test your eyesight using various equipment and techniques. This is referred to as optical services.
Other chronic conditions	These are conditions that do not reflect on the RFMCF Chronic Condition List. However, the patient does take chronic medication to treat the condition, for example, GORD, Menopause, and Allergic Rhinitis.
Pathology	Pathology is the study of blood, bodily fluids, tissue, or organs.
Principal Member	The individual who signed the contract with RFMCF is responsible for the membership profile in terms of the rules of the Fund.
Private Facility	A healthcare provider outside of the SAMHS.
Radiology	Radiology refers x-rays to assist with diagnosis through imaging technology.
RFMCF Chronic Conditions	The RFMCF Chronic Conditions is a list of chronic conditions that beneficiaries of the Fund can register for on the Disease Risk management Programme. This will allow each beneficiary to receive a unique treatment plan to effectively manage the condition(s). These conditions are: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Kidney/Renal Failure, Chronic Obstructive Pulmonary Disorder (COPD), Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Hemophilia, HIV/AIDS, Hyperlipidemia, Hypertension, Hypothyroidism, Major Depression, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus and Ulcerative Colitis.
RFMCF Tariff	The RFMCF Tariff was implemented in 2017. The term "100% RFMCF Tariff" does not necessarily mean that the services will be paid in full. If the provider charges more than 100% of the RFMCF Tariff, the balance will be payable by the member. The Fund does share the tariff file, known as a Rand Conversion Factor, with service providers on an annual basis in terms of the updated tariff values to let them know what the Fund will pay for the various services each year. The Rand Conversion Factor is available on the RFMCF website.
Single Exit Price	The retail price of medication as determined by legislation.
South African Military Health Services (SAMHS)	South African Military Health Services is the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund that of the RFMCF.

Sub-Limit	A limit that is subject to an overall family limit. If a beneficiary utilized their sub-limit, however, funds are still available in the family limit, the funds for that beneficiary will be deemed depleted.
Tariff Code	A coding system used by medical providers for consultations and procedures.
VPA number	A unique member number given by RFMCF once a membership profile has been activated to access benefits.



1. HOSPITALISATION

The SAMHS remains the primary healthcare provider for all hospital treatment for RFMCF members and registered dependants.

Private hospital admissions are subject to the use of a Designated Service Provider (DSP) and pre-authorisation by dialling 012 679 4201, sending a fax to 012 111 9068 or emailing preauth@rfmcf.co.za.

A 30% co-payment will be applicable for the voluntary use of Non-DSP hospitals.

Pre-authorisation, clinical protocols and case management will apply.

The Fund, through its appointed Managed Healthcare Provider, reserves the right to apply best-practice clinical protocols and case management to ensure appropriate care and cost-effective management of the Fund.

Benefit No.	Benefit Type	Payable Rate	Benefit Notes
1.1	Hospital Ward Accommodation (General, high care ward and ICU) Private ward excluded	100% Negotiated Tariff	All hospital admissions are subject to pre-authorisation. Clinical protocols apply. A 30% co-payment will apply with the voluntary use of a non-DSP.
1.2	Hospital Private Wards	Exclusion	Not covered by the fund.
1.3	Emergency Room (casualty) visits at the Hospital that results in Hospitalisation	100% Negotiated Tariff	All hospital admissions are subject to pre-authorisation. Clinical protocols apply. A 30% co-payment will apply with the voluntary use of a non-DSP.
1.4	Prescribed Medicine on Discharge	100% Negotiated Tariff	Limited to a 7-day supply upon discharge from hospital. Single exit price plus dispensing fees may apply.

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1.5	Specialist and General Practitioner Procedures In-Hospital	100% Negotiated Rate	Subject to the use of a Specialist Network.
1.6	Specialised Radiology E.g. MRI, CT, Radio-Isotope	100% Negotiated Rate	The limit is subject to benefit number 3.5 (2 scans per family per annum). Subject to pre-authorisation. Clinical protocols apply.
1.7	Radiology in Hospital (excludes MRI, CT, PET and Radio-Isotope)	100% Negotiated Rate	Basic x-rays covered as part of the hospital authorisation.
1.8	Pathology in Hospital	100% Negotiated Tariff	Covered as part of the hospital authorisation.
1.9	Psychiatric Treatment In-Hospital , including Substance Abuse	100% Negotiated Tariff (Hospital Facility) 100% RFMCF Tariff (Psychiatric Treatment)	Subject to pre-authorisation. Clinical protocols apply. Only clinical and counselling psychology are covered by the fund. Only a psychiatrist (specialist) can admit a patient to a specialised psychiatric hospital. Admission is limited to 21 days per beneficiary per annum.
1.10	Sub-acute Facility Step-down facility/ Private nursing and wound care	100% Negotiated Tariff for Sub-Acute and Stepdown facilities 100% RFMCF Tariff for Private Nursing services	Subject to pre-authorisation. Clinical protocols apply.
1.11	Frail Care	Exclusion	Not covered by the fund.



2. MAJOR MEDICAL SERVICES

The SAMHS remains the primary healthcare provider for all major medical services for RFMCF members and registered dependants.

Major Medical Services are subject to the use of a Designated Service Provider (DSP) and pre-authorisation by dialling 012 679 4201, sending a fax to 012 111 9068 or emailing preauth@rfmcf.co.za.

The Fund, through its appointed Managed Healthcare Provider, reserves the right to apply best-practice clinical protocols and case management to ensure appropriate care and cost-effective management of the Fund.

Benefit No.	Benefit Type	Payable Rate	Benefit Notes
2.1	Oncology Chemotherapy Radiation therapy Consultations/Procedures specialised radiology	100% Negotiated Tariff	An overall annual oncology limit of R300 000 per registered beneficiary, subject to pre-authorisation. Sub-limit of R30 000 for specialised radiology (Radio-Isotope, PET, CT & MRI scans, subject to pre-authorisation). Newly registered cancer patients must use entry-level drugs. Subject to the use of a DSP and clinical protocols will apply.
2.2	Organ Transplants	100% Negotiated Tariff	Subject to pre-authorisation. Clinical protocols apply.
2.3	Chronic Dialysis	100% Negotiated Tariff	Subject to pre-authorisation. Clinical protocols apply. Subject to the use of a designated service provider.
2.4	Physical Rehabilitation Eg. Post-surgery/ trauma/ infection/stroke	100% Negotiated Tariff	Subject to pre-authorisation. Clinical protocols apply.

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2.5	Internal Prosthesis	100% Reference Pricing	<p>Subject to pre-authorisation.</p> <p>R56 000 per beneficiary per annum.</p> <p>Sub-limits will apply per body region (example: shoulder, hip, knee) The benefit limit is only applicable to the prosthesis component used in theatre for a joint replacement/spinal surgery/cardiac prosthesis (including heart pacemakers and all other internal prosthesis).</p>
2.6	Intraocular Lenses	100% Negotiated Tariff	<p>Subject to pre-authorisation.</p> <p>Clinical protocols apply.</p> <p>R3500 per beneficiary per eye per annum.</p>
2.7	Blood Transfusion	100% Negotiated Tariff	<p>Subject to pre-authorisation.</p> <p>Clinical protocols apply.</p>



3. DAY-TO-DAY HEALTHCARE SERVICES

The SAMHS remains the primary healthcare provider for all day-to-day services for RFMCF members and registered dependants. Should your benefits become depleted, you may still make use of the SAMHS for medical treatment. However, after the depletion of benefits, outsourced services will be for the member's account. The following limits will apply to all out-of-hospital outsourced services.

Benefit No.	Benefit Type	Payable Rate	Benefit Notes									
3.1	General practitioner (GP) Consultations, In-Room Procedures and Consumables	100% RFMCF Tariff	<table border="1"> <thead> <tr> <th>Family Size</th> <th>Benefit Limit</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>R1600</td> </tr> <tr> <td>Member +1 dependant</td> <td>R2400</td> </tr> <tr> <td>Member +2 or more dependants</td> <td>R3600</td> </tr> </tbody> </table>		Family Size	Benefit Limit	Member	R1600	Member +1 dependant	R2400	Member +2 or more dependants	R3600
Family Size	Benefit Limit											
Member	R1600											
Member +1 dependant	R2400											
Member +2 or more dependants	R3600											
<p>Members are advised to use the general practitioner network where available to avoid co-payments.</p> <p>Annual family limit excludes consultations during hospitalisation.</p> <p>Consultations for registered chronic conditions will be paid in line with the disease risk management treatment plan.</p>												

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3.2	Specialist Consultations, In-Room Procedures and Consumables	100% RFMCF Tariff	Family Size		Benefit Limit
			Member		R1650
			Member +1 dependant		R3300
			Member +2 or more dependants		R4950
<p>Members are advised to use the specialist network where available to avoid co-payments.</p> <p>Annual family limit excludes consultations during hospitalisation.</p> <p>Consultations for registered chronic conditions will be paid in line with the disease risk management treatment plan.</p>					
3.3	Psychology/ Psychiatry Consultations Out-of-Hospital	100% RFMCF Tariff	<p>Annual limit of R5500 per family per annum.</p> <p>Only clinical and counselling psychologists are covered by the fund.</p>		
3.4	Radiology & Pathology Out-of-Hospital	Radiology 100% RFMCF Tariff	Family Size		Benefit per Family per Annum
			Member		R4850
			Member +1 dependant		R7200
			Member +2 or more dependants		R9600
<p>Referral by a medical practitioner is required.</p> <p>Annual family limit excludes specialised radiology, e.g. MRI and CT scans.</p>					
3.5	Specialised Radiology (MRI, CT scans and Radio-Isotope) In and Out-of-Hospital	100% RFMCF Tariff	2 scans per family per annum.		
<p>Subject to pre-authorisation.</p> <p>Clinical protocols apply.</p> <p>The benefit is subject to both in- and out-of-hospital.</p> <p>A specialist must request scans.</p> <p>Excludes all specialised scans for oncology-related treatment. (benefit number 2.1)</p>					
3.6	Acute Medication (including Dispensing GP's)	100% Single Exit Price plus a dispensing fee	Subject to SAMHS authority buy-out.		
3.7	Chronic Medication	100% Single Exit Price plus a dispensing fee	<p>Subject to SAMHS authority buy-out.</p> <p>Members must be registered on the disease risk management programme.</p>		



4. OPTICAL SERVICES

Optical services are managed by Opticlear and not through the SAMHS. Members must obtain authorisation for services from Opticlear by dialling 012 679 4200. If benefits are available, a unique pre-authorisation number will be provided. An authorisation is not a guarantee of payment. Claims without prior authorisation will be rejected and will be for the member's own account.

Benefit No.	Benefit Type	Payable Rate	Benefit Notes
4.1	Optometric Examination	100% Negotiated Tariff	Subject to opticlear authorisation . 1 examination per beneficiary every second year from the last date of service.
4.2	Lenses	100% Negotiated Tariff	Subject to opticlear authorisation. One pair of generic clear plastic lenses at the applicable opticlear tariff per beneficiary every 24 months from the last date of service.
4.3	Frames	100% Negotiated Tariff	Subject to opticlear authorisation. Frames are limited to R400 per beneficiary every 48 months from the last service date. Fitting (nylon or rimless, etc.) will not be covered.
4.4	Contact Lenses	100% Negotiated Tariff	Subject to opticlear authorisation. One pair of hard contact lenses or soft contact lenses. Contact lenses are limited to R 800 per beneficiary every 24 months. Beneficiaries qualify for either contact lenses or spectacles, not both.
4.5	Sunglasses	Excluded	Not covered by the fund.



5. DENTAL SERVICES

The SAMHS remains the primary healthcare provider for all dental services for RFMCF members and registered dependants. Private dental treatment is subject to pre-authorisation provided by the SAMHS by means of a DD2703 form if treatment is received outside of the SAMHS.

Benefit No.	Benefit Type	Payable Rate	Benefit Notes
5.1	Dentistry Benefit (Basic & Specialised)	100% RFMCF Tariff	Subject to SAMHS authority/DD2703 if outsourced. Overall family limit of R10 000, with a dependant sub-limit of R5 500 per annum.
5.2	Orthodontic Treatment	100% RFMCF Tariff	Subject to SAMHS authority/DD2703 if outsourced. No orthodontic treatment for beneficiaries aged 18+. Clinical protocols apply. Subject to the benefit limit of 5.1.
5.3	Surgical dental procedures in Hospital	100% Negotiated Tariff	Subject to SAMHS authority/DD2703 if outsourced. This benefit refers to all dental procedures performed in hospitals. Clinical protocols apply.



6. PREVENTATIVE SERVICES

Preventative services are crucial as they can uncover underlying health risks, allowing beneficiaries to take the necessary steps to prevent future co-morbidities. The following should be noted:

- The preventative benefit limit is separate from the annual day-to-day benefits.
- This benefit allows for one test/injection per beneficiary per annum unless otherwise stated.
- Specific tariff codes for these tests must be claimed to access this benefit, as provided below. If the service provider charges a tariff code that is not listed below, the claim will not be paid from the preventative benefit but from the available day-to-day benefit.
- If you have been registered on the Disease Risk Management Programme, and the preventative tests listed below form part of your chronic treatment plan, you do not qualify for the benefits from the preventative benefit as well.
- These services are not subject to pre-authorization
- The first claim received with these codes will pay from the preventative benefit; thereafter, it will be payable from the available day-to-day benefit.

Benefit No.	Benefit Type	Payable Rate	Benefit Notes
6.1	Mammograms Tariff code 34100 or 34101 or 39175 or 3605	100% RFMCF Tariff	1 scan per female beneficiary aged 40y+ per annum.
6.2	Pap Smear Tariff code 4566 or 4560 or 4559	100% Negotiated Tariff	1 test per female beneficiary per annum.
6.3	Fasting Blood Sugar (Diabetes) Tariff code 4057 or 4050	100% Negotiated Tariff	1 test per beneficiary per annum.
6.4	Lipogram (Cholesterol) Tariff code 4027 or 4025	100% Negotiated Tariff	1 test per beneficiary per annum.
6.5	Prostate Specific Antigen Tariff code 4519	100% Negotiated Tariff	1 scan per male beneficiary aged 50y+ per annum.
6.6	Bone Density Test (Bone Densitometry) Tariff code 50120 or 64110 or 74290 or 39173 or 3612 or 3600 or TR3604 or 3612	100% RFMCF Tariff	1 scan per female beneficiary aged 50y+ every 5 years.

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6.7	Health Risk Assessment NAPPI code 3001646 (Pharmacy) Tariff code 969220 (General Practitioner)	100% Negotiated Tariff	1 Assessment per beneficiary per annum. This includes health risk assessments at wellness days.
6.8	Annual Flu Vaccine	100% Single Exit Price plus a dispensing fee.	No buy-out is required. 1 vaccine per beneficiary per annum. This benefit is payable when being administered at a pharmacy, which includes the injection and administration of the flu vaccine. GP consultation will pay from the available day- to-day benefit (3.1).
6.9	Pneumococcal Vaccine	100% Single Exit Price plus a dispensing fee.	No buy-out is required. 1 per beneficiary aged 65+ every 5 years. This benefit is payable when being administered at a pharmacy, which includes the injection and administration of the flu vaccine. GP consultation will pay from the day-to-day benefit (3.1).



7. AMBULANCE SERVICES

ER24 is the Designated Service Provider for RFMCF Members. Contact ER24 on 084 124 to obtain pre-authorisation. No DD2703 is required for the use of ER24. If a non-DSP is used, the member will be liable for the full account.

Benefit No.	Benefit Type	Payable Rate	Benefit Notes
7.1	Emergency Ambulance Transport	100% Negotiated Tariff	Subject to pre-authorisation by contacting ER24. Clinical protocols apply.



8. OUT-OF-HOSPITAL MEDICAL APPLIANCES, SUPPLEMENTARY AND AUXILIARY SERVICES

The SAMHS remains the primary healthcare provider for all medical appliances, supplementary and auxiliary services for RFMCF members and registered dependants. These benefits are subject to the available limit and use of a Designated Service Provider where applicable. The Fund, through its appointed Managed Healthcare Provider, reserves the right to apply best-practice clinical protocols and case management to ensure appropriate care and cost-effective management of the Fund.

Benefit No.	Benefit Type	Payable Rate	Benefit Notes								
8.1	Auxillary Services Audiology, Physiotherapy, Podiatry, Dietician, Occupational Therapy, Speech Therapy	100% RFMCF Tariff	<table border="1"> <thead> <tr> <th>Family Size</th> <th>Visits per Family per Annum</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>R1000</td> </tr> <tr> <td>Member +1 dependant</td> <td>R1500</td> </tr> <tr> <td>Member +2 or more dependants</td> <td>R2000</td> </tr> </tbody> </table>	Family Size	Visits per Family per Annum	Member	R1000	Member +1 dependant	R1500	Member +2 or more dependants	R2000
Family Size	Visits per Family per Annum										
Member	R1000										
Member +1 dependant	R1500										
Member +2 or more dependants	R2000										
8.2	General Medical and Orthopaedic Appliances	100% RFMCF Tariff	R5000 per family per annum.								
8.3	Incontinence Products Adult Nappies and Catheters	100% RFMCF Tariff	List of approved incontinence products available on the RFMCF website.								
8.4	Hearing Aid Appliance It must be prescribed by ENT Specialist or an Audiologist.	100% RFMCF Tariff	<p>R15,000 per beneficiary every 5 years Subject to pre-authorisation.</p> <p>One sheet of batteries is covered during the initial fitting of the new hearing aid. Thereafter, batteries are payable by member.</p> <p>After the expiry of the hearing aid guarantee, the fund will pay for the cost of services and/or repairs through means of an ex-gratia request.</p> <p>Members can apply for payment of repairs during the 5-year benefit cycle.</p>								
8.5	Home Oxygen	100% Negotiated Tariff	Subject to the use of a DSP. Subject to pre-authorisation.								

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8.6	CPAP Machine	100% Negotiated Tariff	Benefit limit of R5,500 for the rental of the machine per beneficiary per annum. Subject to the use of a DSP. Subject to pre-authorisation.
8.7	Stomatherapy	100% RFMCF Tariff	Subject to pre-authorisation.



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Contact Us

For General Enquiries

Office hours are between 07h30 and 16h00, Mondays to Fridays, excluding public holidays.

DEPARTMENT	NUMBER
Call Centre	012 679 4200
Pre-Authorisation	012 679 4201
Claims	012 679 4200
Chronic Medication Advisory Services	012 679 4200
Optical Authorizations or Optical enquiries	012 679 4200

E-mail Addresses

When sending an email to the Fund, ensure that you quote your VPA number in the subject line.

DEPARTMENT	E-MAIL
General Enquiries	info@rfmcf.co.za
Pre-Authorisation	preauth@rfmcf.co.za or Fax: 012 111 9068
Oncology (Cancer)	oncology@rfmcf.co.za
Escalations	escalations@rfmcf.co.za
Finance	finance@rfmcf.co.za
Membership	membership@rfmcf.co.za
Claims Submissions	claims@rfmcf.co.za
Chronic Medicine Buy-Out	chronic@rfmcf.co.za
Chronic Condition/Medicine Registration (DRM) Programme	chronicregistration@rfmcf.co.za

Postal and Physical Address

Correspondence of an administrative nature must be forwarded to the following addresses.

The physical address is not available for walk-in enquiries, only for courier/postal services.

Postal	Physical
Regular Force Medical Continuation Fund PO Box 3977 Pretoria 0001	PPS Centurion Square 1262 Heuwel Avenue Cnr Heuwel & Gordon Hood Roads Centurion, 0157

Mobi App

Download the electronic booklet to guide you through the downloading process here: http://bit.ly/RFMCF_Mobi_App. You can view your claims, download documents, send your membership card electronically, and find sick bays near you, among many other functionalities. Your membership profile is at your fingertips.

RFMCF Web Portal and Website

Members are encouraged to register on the web portal. Register and log into the RFMCF web portal via the website www.rfmcf.co.za to access your comprehensive membership profile electronically. The RFMCF website contains important member information.



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