Important Information

Effective 01 April 2023, the RFMCF is introducing a Schedule of Benefits that will be applicable to all services outsourced by the SAMHS. Here is what you need to know.

REGULAR FORCE MEDICAL CONTINUATION FUND

The following information is important in understanding the benefit structure.

- The SAMHS **remains** the primary healthcare provider for all RFMCF members and registered dependants.
- The Schedule of Benefits applies to all members receiving medical treatment from service providers *outside* the SAMHS.
- Medical treatment received directly from a SAMHS medical facility will not affect the benefit allocation. If the outsourced benefits have been depleted, the member and registered dependants may only receive medical treatment from a SAMHS healthcare facility.
- When medical treatment is outsourced, the SAMHS must provide the member with a **DD63** (referral form) before visiting the outsourced service provider. This DD63 must be handed to the outsourced provider upon consultation. Members no longer have to wait for a G-authorisation to visit a General Practitioner (GP) or Specialist out-of-hospital. Members are encouraged to use the **RFMCF GP and Specialist Network** providers where possible to avoid co-payments.
- Members do not need to obtain a quotation from the outsourced service provider before receiving treatment.
- Medical treatment outsourced by the SAMHS will be processed according to the available benefit allocation. If benefits are depleted, the member will be liable for the cost of services, irrespective of whether the SAMHS provided a DD63/DD2703 (G-authorisation).
- Each member is responsible for ensuring proper management of their annual benefits for outsourced services.
- Unused benefits are not carried over to a new benefit cycle.
- Members can verify available benefits by logging in to the member statements, member web portal and Mobi App.
- 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).
- Certain benefits will be prorated if a member joins the Fund after the benefit cycle starts. Prorating of benefits is a recalculation of benefits based on the remaining number of months in the year. A member who joins in January will have more benefits allocated compared to a member who joins in June.
- *Benefits are not reserved, and authorisation 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.*
- Benefits will be placed on hold when a membership profile is suspended and will be activated once the outstanding membership fees have been settled.
- It remains the **member's responsibility** to read and fully understand the benefits and adhere to the protocols and rules of the Fund.

Scenario	Where to Query
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.
Services outsourced by the SAMHS	All outsourced claims and services obtained from a private medical service provider must be queried with the Fund

What is a Schedule of Benefits (SOB)?

Effective 01 April 2023, the RFMCF is introducing a Schedule of Benefits that will be applicable to all services outsourced by the SAMHS. Here is what you need to know.

REGULAR FORCE MEDICAL CONTINUATION FUND

- A Schedule of Benefits is a basket of benefits for various medical services not rendered by the SAMHS.
- A basket of benefits allocated per membership/family for specified medical services/treatment.
- Some benefits will have a rand value amount, whereas others have quantity cycles.
- The member/family must manage the basket of benefits.
- The Schedule of Benefits has been developed with the actuaries, taking all the data into consideration, such as the age of the members, historical data, medical claims and chronic conditions, etc., to compile the benefit baskets.
- If depleted, exception management will apply.

Why was the SOB implementation necessary?

Effective 01 April 2023, the RFMCF is introducing a Schedule of Benefits that will be applicable to all services outsourced by the SAMHS. Here is what you need to know.

REGULAR FORCE MEDICAL CONTINUATION FUND

- Improved managed healthcare for quality and appropriate care.
- Prevent fraudulent activities.
- Manage outsourced services from the SAMHS effectively and efficiently.
- To allow the Fund to function in a sustainable manner within the healthcare industry challenges.
- It gives the member more control over their healthcare due to the lack of:
  - Continuity of care
  - Permanency of SAMHS staff

What process applies in terms of where you reside?

Effective 01 April 2023, the RFMCF is introducing a Schedule of Benefits that will be applicable to all services outsourced by the SAMHS. Here is what you need to know.

REGULAR FORCE MEDICAL CONTINUATION FUND

Reside within 50km from the nearest SAMHS facility

- The SAMHS remains your primary healthcare provider, and you must continue to make use of the SAMHS for healthcare needs following the implementation of the Schedule of Benefits.
- If the SAMHS cannot provide medical services to you, the SAMHS healthcare provider must issue a DD63 (referral form) before the medical services are outsourced. You, therefore, do not have to wait for the DD2703 to receive your treatment. You do not require a quotation from the outsourced service provider.
- Once the SAMHS has outsourced your medical treatment to a private healthcare provider, your RFMCF Schedule of Benefits will be utilised. Use a network doctor where possible.
- If you are on holiday or find yourself outside of your residential area and you need healthcare treatment, use your RFMCF Mobi App to locate your nearest SAMHS healthcare facility. If you notice that you are not within a 50km radius of a SAMHS facility, then you may visit a private healthcare provider to obtain medical treatment. The services will be payable from your allocated benefit basket.

What process applies in terms of where you reside?

Effective 01 April 2023, the RFMCF is introducing a Schedule of Benefits that will be applicable to all services outsourced by the SAMHS. Here is what you need to know.

REGULAR FORCE MEDICAL CONTINUATION FUND

Reside further than 50km from the nearest SAMHS facility

- You are therefore informed that you may use a private healthcare provider without a DD63 (referral letter) or DD2703 (G-Authorisation). The Fund encourages you to use an RFMCF General Practitioner and Specialist Network healthcare provider where possible to reduce co-payments that may be incurred.

- Visiting a private healthcare provider will utilise your Schedule of Benefit benefits. You are reminded that you are responsible for managing the available benefit allocations. If the benefits have been depleted, you will be liable for the payment of the account.

- You may still use a SAMHS healthcare facility where possible; however, your benefit allocations will be utilised if outsourced.

RFMCF Network Doctors

Effective 01 April 2023, the RFMCF is introducing a Schedule of Benefits that will be applicable to all services outsourced by the SAMHS. Here is what you need to know.

REGULAR FORCE MEDICAL CONTINUATION FUND

A list of SAMHS facilities, network doctors, hospitals and emergency medical units is also available on the RMFCF website and Mobi App.

- It is advisable that you use the RFMCF General Practitioner and Specialist Network where possible to reduce co-payments that may be incurred. The list of doctors and hospitals are available on the RFMCF website (www.rfmcf.co.za).
- The network is continuously expanding, as the Fund aims to have a good footprint of doctors within South Africa.
- If your doctor does not reflect on the list, email the doctor's details to rfmcfprovider@ppsha.co.za, and we will contact your doctor to consider joining the network.
- Search for a Network General Practitioner, Specialist, Designated Service Provider Hospital or SAMHS facility here: https://rfmcf.co.za/search-medical-provider/

Emergency & After Hour Medical Care

Effective 01 April 2023, the RFMCF is introducing a Schedule of Benefits that will be applicable to all services outsourced by the SAMHS. Here is what you need to know.

REGULAR FORCE MEDICAL CONTINUATION FUND

- In an emergency where ambulance transportation is required, you must continue to contact ER24 at 084 124 or go to the nearest private hospital that offers medical emergency facilities.

- If admitted to the hospital over a weekend or public holiday, the hospital will contact the Fund's Pre-Authorisation the next working day to obtain an authorisation to process the claims. During all admissions, the hospital case managers update the Fund's case managers on the length of stay, treatment etc. required for the patient.

- It is important to understand the definition of a medical emergency to identify whether the event will be authorised as one.

What is a medical emergency?

- An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death.

Exception Management

Effective 01 April 2023, the RFMCF is introducing a Schedule of Benefits that will be applicable to all services outsourced by the SAMHS. Here is what you need to know.

REGULAR FORCE MEDICAL CONTINUATION FUND

When the Fund and the actuaries were developing the Schedule of Benefits, all the data available was taken into consideration, such as the age of the members, historical claims data, and chronic conditions etc. to compile the benefit baskets. The benefits were therefore put together in line with what most member's requirements had been over the past years.

The Fund also understands that members' medical needs may differ, and additional funding may be required. For this reason, an exception management process is in place. If your benefits have been depleted and you still require clinically relevant treatment, the Fund will review further benefits. If the treatment is appropriate as per the clinical protocols, healthcare will be provided. You can contact the Pre-Authorisation Department on 012 679 4201 or email preauth@rfmcf.co.za for additional benefits.

Outsourced Hospitalisation

Private Hospital Admissions

The **South African Military Health Services** remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund.

REGULAR FORCE MEDICAL CONTINUATION FUND

Contact the RFMCF Pre-Authorisation Department to obtain authority for outsourced in-hospital services at 012 679 4201, via email preauth@rfmcf.co.za or by fax to 012 111 9068.

Before contacting the Pre-Authorisation Department, ensure that the treating provider provides the information required by the Fund as stipulated on the *Pre-Authorisation Request Form**.

Private hospital admissions are subject to the use of a Designated Service Provider (DSP) and pre-authorisation

Services rendered in-hospital will be payable at the DSP negotiated tariff. A 30% co-payment will apply with the voluntary use of a non-DSP.

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 Type	Benefit Notes
Hospital Ward Accommodation	General, high care and ICU ward. Private wards are not covered by the Fund
Emergency room (casualty) visits at the hospital that results in hospital admission	All admissions are subject to pre-authorisation
Emergency room (casualty) visits at the hospital that does not result in hospital admission	Payable from the available day-to-day benefit
Prescribed Medicine on discharge	Limited to a 7-day supply of medicine upon discharge from the hospital. Dispensing fees may apply
Radiology (Basic x-rays)	Payable from the hospital authorisation
Pathology	Payable from the hospital authorisation
Sub-Acute Facility	Step-down facility/ Private nursing and wound care, subject to pre-authorisation
Frail Care	Not covered

*Pre-Authorisation Request Form is available on the RFMCF website under Provider Information.

Outsourced Oncology

Cancer Treatment

The **South African Military Health Services** remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund.

REGULAR FORCE MEDICAL CONTINUATION FUND

Contact the RFMCF Pre-Authorisation Department to obtain authority for outsourced oncology treatment on 012 679 4201, per email oncology@rfmcf.co.za or by fax to 012 111 9068.

Before contacting the Pre-Authorisation Department, ensure the treating provider provides your oncology treatment plan.

Oncology-related treatments are subject to the use of a Designated Service Provider (DSP) and pre-authorisation

Newly registered cancer patients must use entry-level drugs.

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

Benefit Type	Benefit Notes/Limit Value
Chemotherapy Radiation therapy Consultations/Procedures and specialised radiology	An overall annual oncology limit of R300 000 per registered beneficiary, subject to pre-authorisation
Specialised Radiology relating to oncology treatment	Annual sub-limit of R30 000 per registered beneficiary for specialised radiology (Radio-Isotope, PET, CT & MRI scans), subject to pre-authorisation

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

Once benefits have been depleted, VPA members and registered dependants can continue receiving treatment from the SAMHS. Outsourced services by the SAMHS after the depletion of benefits will be for the member's own account.

Outsourced Psychiatric Treatment

The **South African Military Health Services** remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund.

REGULAR FORCE MEDICAL CONTINUATION FUND

Contact the RFMCF Pre-Authorisation Department to obtain authority for outsourced psychiatric treatment both in- and out-of-hospital on 012 679 4201, per email psychology@rfmcf.co.za or by fax to 012 111 9068.

In-Hospital Treatment: Only a Psychiatrist (specialist) can admit a patient to a specialised psychiatric hospital. A *DSM-V Classification And Information Form* must be completed by the specialist and submitted to the Fund for review prior to admission.

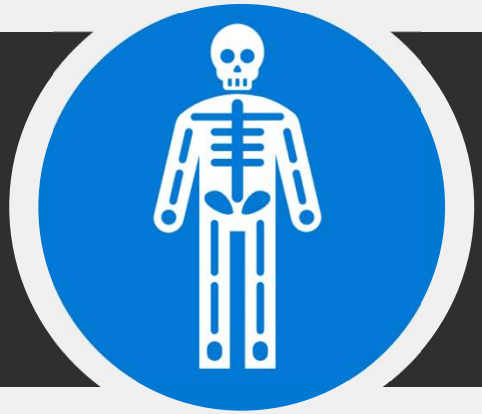
Out-of-hospital treatment: A *DSM-V Classification And Information Form* must be completed by either the psychiatrist or psychologist and submitted to the Fund for review to qualify for the allocated benefits.

The Fund covers only Clinical and Counselling Psychology.

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

Benefit Type	Benefit Notes/Limit Value
Psychiatric Treatment in-hospital, including Substance Abuse	Admission is limited to 21 days per beneficiary per annum. Only a Psychiatrist (specialist) can admit a patient to a specialised psychiatric hospital.
Psychology/Psychiatry consultations out-of-hospital	Annual limit of R5500 per family per annum.

Once benefits have been depleted, VPA members and registered dependants can continue receiving treatment from the SAMHS. Outsourced services by the SAMHS after the depletion of benefits will be for the member's own account.



Outsourced Specialised Radiology

The **South African Military Health Services** remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund.

REGULAR FORCE MEDICAL CONTINUATION FUND

Contact the RFMCF Pre-Authorisation Department to obtain authority for outsourced specialised radiology on 012 679 4201, per email preauth@rfmcf.co.za or by fax to 012 111 9068.

Only a specialist must request these scans. Examples of Specialised Radiology are MRI, CT and Radio-Isotope scans, etc.

Outsourced Specialised Radiology Services rendered both in- and out-of-hospital will be payable at the negotiated tariff. The Specialised Radiology limit is subject to both in- and out-of-hospital services.

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

This benefit does not include oncology (cancer) related specialised scans. Refer to the Oncology benefit for more information.

Benefit Type	Benefit Notes
Specialised Radiology	2 scans per family per annum

Once benefits have been depleted, VPA members and registered dependants can continue receiving treatment from the SAMHS. Outsourced services by the SAMHS after the depletion of benefits will be for the member's own account.

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.

*Pre-Authorisation Request Form is available on the RFMCF website, or click HERE.

Outsourced Day-to-Day Healthcare

General Practitioners

The **South African Military Health Services** remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund.

REGULAR FORCE MEDICAL CONTINUATION FUND

This benefit relates to outsourced General Practitioner consultations, in-room procedures and consumables.

Members are encouraged to use the General Practitioner Network Providers when outsourced by the SAMHS to avoid co-payments.

Search for a General Practitioner on the Network Provider List near you on your Mobi App or RFMCF website (www.rfmcf.co.za) and view your benefit limits on your Mobi App, web portal through the RFMCF website or monthly claims statement.

The annual family limit excludes consultations during hospitalisation.

This benefit is separate from the Disease Risk Management treatment plan. Consultations applicable to the DRM programme will not impact the annual GP benefit.

Family Size	Annual Family Benefit Limit Value
Member	R1,600
Member +1 dependant	R2,400
Member +2 or more dependants	R3,600

If you reside within 50km from your nearest SAMHS facility, you must make use of the SAMHS first. If the SAMHS cannot provide medical treatment, a DD63 is required for General Practitioner outsourced services. No G-authorisation is required. Available benefits will apply.

If you reside outside of the 50km radius from your nearest SAMHS facility, no authorisation is required. Members must use the Network Providers where possible. Available benefits will apply.

Once benefits have been depleted, VPA members and registered dependants can continue receiving treatment from the SAMHS. After the depletion of benefits, outsourced services by the SAMHS will be for the member's own account.

Outsourced Day-to-Day Healthcare

Specialist Practitioner

The **South African Military Health Services** remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund.

REGULAR FORCE MEDICAL CONTINUATION FUND

This benefit relates to outsourced Specialist Practitioner consultations, in-room procedures and consumables.

Members are encouraged to use the Specialist Network Providers when outsourced by the SAMHS to avoid co-payments.

Search for a Specialist on the Network Providers List near you on your Mobi App or RFMCF website (www.rfmcf.co.za) and view your benefit limits on your Mobi App, web portal through the RFMCF website or monthly claims statement.

The annual family limit excludes consultations during hospitalisation.

This benefit is separate from the Disease Risk Management treatment plan. Consultations applicable to the DRM programme will not impact the annual specialist benefit.

Family Size	Annual Family Benefit Limit Value
Member	R1,650
Member +1 dependant	R3,300
Member +2 or more dependants	R4,950

If you reside within 50km from your nearest SAMHS facility, you must make use of the SAMHS first. If the SAMHS cannot provide medical treatment, a DD63 is required for Specialist Practitioner outsourced services. No G-authorisation is required. Available benefits will apply.

If you reside outside of the 50km radius from your nearest SAMHS facility, no authorisation is required. Members must use the Network Providers where possible. Available benefits will apply.

Once benefits have been depleted, VPA members and registered dependants can continue receiving treatment from the SAMHS. After the depletion of benefits, outsourced services by the SAMHS will be for the member's own account.

Buy-Out Medication
Acute & Chronic

The **South African Military Health Services** remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund.

REGULAR FORCE MEDICAL CONTINUATION FUND

Contact the military pharmacy for assistance in terms of obtaining your prescribed medication.

Acute medicine is medication that is taken for a short period of time.

Chronic medicine is medication taken for a prolonged period (6+ months).

Avoid co-payments on medication invoices by asking your local pharmacist for a generic alternative medication with a lower or no co-payment.

Generic alternative medication is medicine with the same active ingredients and medicinal effect as the original brand name counterpart, but usually at a more affordable price.

In the event where the military pharmacy does not have medicine in stock, a buy-out will be issued by the SAMHS to collect medication at a private pharmacy. Medicine

If you are travelling for an extended period and require chronic medication in advance, a letter of motivation and the list of medications required for this period must be emailed to chronic@rfmcf.co.za for consideration.

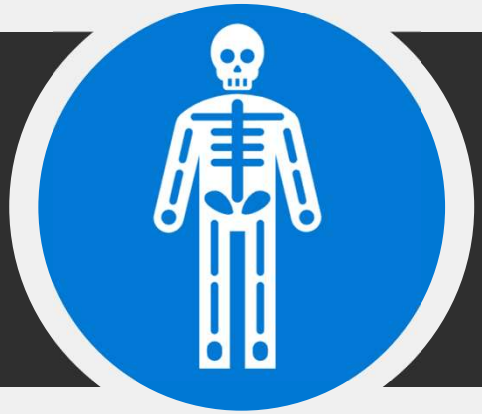
Benefit Type	Benefit Notes
Acute Medicine Including acute medicine received from a dispensing General Practitioner	If a member uses a SAMHS pharmacy, but the prescribed medicine is not in stock, a buy-out will be issued by the SAMHS to collect medication at a private pharmacy. If a member uses a private pharmacy for medicine prescribed by a private healthcare provider, the pharmacy will use the treating provider's Practice Number to dispense the medicine.
Chronic Medicine Ensure that you have registered on the Disease Risk Management Programme*	Prescriptions for chronic medication must be provided to the military health facilities for dispensing

Medication on chronic (repeat) prescriptions must be dispensed by SAMHS pharmacies at military health facilities and may not be obtained from a private pharmacy.

Dispensing Cycles:

- *Chronic medication* may be claimed after 24 days from the last dispensing date.
- *Acute medication* may be claimed after 3 days from the last dispensing date.

*Visit the RFMCF website or click HERE to obtain additional information about the Disease Risk Management Programme.



Outsourced Basic Radiology & Pathology

The **South African Military Health Services** remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund.

REGULAR FORCE MEDICAL CONTINUATION FUND

This benefit refers to outsourced basic radiology (x-rays) and pathology (blood tests) rendered out-of-hospital.

Referral by a medical practitioner required before basic radiology and pathology tests can be performed.

This benefit excludes specialised radiology. Refer to *Specialised Radiology* for benefits relating to MRI, CT and Radio-Isotope scans.

Family Size	Annual Family Benefit Limit Value
Member	R4,850
Member +1 dependant	R7,200
Member +2 or more dependants	R9,600

Once benefits have been depleted, VPA members and registered dependants can continue receiving treatment from the SAMHS. Outsourced services by the SAMHS after the depletion of benefits will be for the member's own account.

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.

Outsourced Dental Benefits

The **South African Military Health Services** remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund.

REGULAR FORCE MEDICAL CONTINUATION FUND

This benefit refers to outsourced dental treatment and remains subject to pre-authorisation provided by the SAMHS by means of a DD2703 form.

The dentistry benefit is subject to basic and specialised dental services.

All dental services rendered out-of-hospital are payable at the RFMCF Tariff. Any co-payments will be liable by the member.

Orthodontic treatment is only applicable to patients younger than 18 years of age.

In-hospital dental treatment is subject to a DD2703 and pre-authorisation by dialing 012 679 4201. Claims without prior authorisation will be rejected and will be for the member's own account.

The payment of dental services is subject to available benefits.

Benefit Type	Benefit Notes/Limit Value
Dentistry Benefit (basic & specialised)	Annual Family Limit R10,000 Annual Dependant sub-limit R5,500
Orthodontic Treatment	Subject to the dentistry benefit limit
Surgical dental procedures	Negotiated hospital rates will apply.

Once benefits have been depleted, VPA members and registered dependants can continue receiving treatment from the SAMHS. Outsourced services by the SAMHS after the depletion of benefits will be for the member's own account.

Optical Benefits

Optical services are managed by **Opticlear** and not through the SAMHS.

REGULAR FORCE MEDICAL CONTINUATION FUND

Optical services are subject to Opticlear pre-authorisation by dialing 012 679 4200.

1 examination per beneficiary every second year from the last date of service.

Optical benefits are payable at the negotiated optical rates and available benefits.

Beneficiaries qualify for either contact lenses or spectacles, not both.

Frames such as nylon or rimless, etc. will not be covered.

Sunglasses are not covered.

The payment of dental services is subject to available benefits. Clinical protocols apply.

Benefit Type	Benefit Notes/Limit Value
Optical Examination	1 examination per beneficiary every 24 months from the last date of service.
Lenses	One pair of generic clear plastic lenses at the applicable
Frames	R400 per beneficiary every 48 months from the last service date.
Contact Lenses	Contact lenses are limited to R800 per beneficiary every 24 months. One pair of hard contact lenses or soft contact lenses

Once benefits have been depleted, the services will be for the member's own account.

Preventative Benefits

The **South African Military Health Services** remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund.

REGULAR FORCE MEDICAL CONTINUATION FUND

This benefit relates to outsourced preventative services. These tests are crucial as they can uncover underlying health risks, allowing beneficiaries to take the necessary steps to prevent future co-morbidities.

THESE SERVICES ARE NOT SUBJECT TO PRE-AUTHORISATION

- 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 as stipulated in the Schedule of Benefits 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.
- 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 Type	Benefit Notes
Mammogram	1 scan per female beneficiary aged 40y+ per annum
Pap Smear	1 test per female beneficiary per annum
Fasting Blood Sugar (Diabetes Test)	1 test per beneficiary per annum
Lipogram (Cholesterol Test)	1 test per beneficiary per annum
Prostate Specific Antigen	1 scan per male beneficiary aged 50y+ per annum
Bone Density Test	1 scan per female beneficiary aged 50y+ every 5 years
Health Risk Assessment	1 Assessment per beneficiary per annum
Annual Flu Vaccine	1 vaccine per beneficiary per annum. No buy-out is required. 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).
Pneumococcal Vaccine	The same process applies as per the annual flu vaccine, except this vaccine is 1 per beneficiary aged 65+ every 5 years.

Ambulance Services

ER24 is the Designated Service Provider (DSP) for RFMCF Members if emergency ambulance services are required.

REGULAR FORCE MEDICAL CONTINUATION FUND

Contact ER24 on 084 124 to obtain pre-authorisation for emergency ambulance transportation. No DD2703 is required for the use of ER24.

ER24 has contracted with many other ambulance service providers across the country. When they dispatch an ambulance to you, they will determine which contracted service provider is closest and most appropriate for your needs. Co-payment will apply for the voluntary use of a non-Designated Service Provider.

If a non-DSP is used, the member will be liable for the full account.

Claims that have not been authorised by ER24 and that are deemed as "medically inappropriate use of an ambulance" or where an ambulance has been dispatched and the Member refuses appropriate ambulance transportation shall be for the Member's own cost.

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

What is an emergency?
An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death.

Benefit Type	Benefit Notes
Emergency Ambulance Transportation	Contact 084 124 at all times to obtain pre-authorisation and arrangement for ambulance transportation.

Exclusions*:

- Transfer to a doctor's room/other acute facilities for treatment and/or diagnostic procedures for non-emergency purposes.
- Transfer of a patient to a home address, old age home, frail care, unless the patient is unable to be transported in a private vehicle.
- Transportation from an acute care, rehabilitation or step-down facility for dialysis, x-rays, ECG, EEG, EMG or oncology management.

**Contact ER24 on 084 124 for a comprehensive list of benefit exclusions.*

Outsourced Major Medical Services

The **South African Military Health Services** remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund.

REGULAR FORCE MEDICAL CONTINUATION FUND

Contact the RFMCF Pre-Authorisation Department to obtain authority for outsourced major medical services on 012 679 4201, per email preauth@rfmcf.co.za or by fax to 012 111 9068.

- All outsourced major medical services must be pre-authorised.
- Subject to the use of a Designated Service Provider (DSP) where applicable.
- 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 Type	Benefit Notes
Organ Transplants	Subject to pre-authorisation and clinical protocols will apply.
Chronic Dialysis	Subject to pre-authorisation, the use of a DSP and clinical protocols will apply.
Internal Prosthesis	R56,000 per beneficiary per annum. Subject to pre-authorisation. Sub-limits will apply per body region. The benefit limit is only applicable to the prosthesis component used in theatre.
Intraocular Lenses	R3,500 per eye per beneficiary per annum. Subject to pre-authorisation and clinical protocols will apply.
Blood Transfusion	Subject to pre-authorisation and clinical protocols will apply.
Physical Rehabilitation	Subject to pre-authorisation and clinical protocols will apply. This benefit refers to post-surgery/trauma/infection or stroke.
Oncology Treatment	Refer to the Oncology Infographic for more information

Outsourced Medical Appliance, Supplementary & Auxiliary Services

The **South African Military Health Services** remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund.

REGULAR FORCE MEDICAL CONTINUATION FUND

These benefits are subject to the available limit and use of a Designated Service Provider where applicable when outsourced by the SAHMS.

Auxiliary Services is services (consultations) rendered for Audiology, Physiotherapy, Podiatry, Dietician, Occupational Therapy and Speech Therapy.

General Medical & Orthopedic Appliances are items such as crutches and pressure stockings.

Once benefits have been depleted, VPA members and registered dependants can continue receiving treatment from the SAMHS. After the depletion of benefits, outsourced services by the SAMHS will be for the member's own account.

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.

Auxiliary Services Family Size Limit	**Benefit Notes/Limit Value** Per family per annum
Member	R1,000
Member +1 dependant	R1,500
Member +2 or more dependants	R2,000

Medical Appliances and Supplementary Services	**Benefit Notes/Limit Value**
Incontinence Products	Refer to the RFMCF website for a comprehensive list of qualifying products. Scripts can be emailed to chronic@rfmcf.co.za
Home Oxygen	Subject to the use of a Designated Service Provider. Pre-authorisation is required through Ecomed.
CPAP Machine	R5,500 per beneficiary per annum for the rental of the machine. Subject to the use of a Designated Service Provider. Pre-authorisation is required through Ecomed.
Stoma therapy products	Pharmacy claims will process without an authorisation as per the product formulary. Claims from nurses and hospitals will require pre-authorisation.
General Medical & Orthopaedic Appliances	R5,000 per family per annum

Outsourced Hearing Aid Appliance

The **South African Military Health Services** remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund.

REGULAR FORCE MEDICAL CONTINUATION FUND

Contact the RFMCF Pre-Authorisation Department to obtain authority for outsourced hearing aid appliances on 012 679 4201, per email preauth@rfmcf.co.za or by fax to 012 111 9068.

A hearing aid must be prescribed by an Otolaryngologist, otherwise known as an Ear, Nose and Throat (ENT) Specialist or an Audiologist.

After the expiry of the hearing aid guarantee, the Fund will pay for the cost of services and/or repairs through means of an exception management request.

Once benefits have been depleted, VPA members and registered dependants can continue receiving treatment from the SAMHS. Outsourced services by the SAMHS after the depletion of benefits will be for the member's own account.

Benefit Type	Benefit Notes/Limit Value
Otolaryngologist (ENT) consultation	Payable from the available Specialist Day-to-Day Benefit Limit if outsourced by the SAMHS. Make use of the Specialist Network Providers to reduce co-payments.
Audiologist consultation	Payable from the available Auxiliary Service benefit limit if outsourced by the SAMHS.
Hearing Aid Device	R15,000 per beneficiary every 5 years.
Hearing Aid Batteries	One sheet of batteries is covered during the initial fitting of the new hearing aid. Thereafter, batteries are payable by Member.