



REGULAR FORCE
MEDICAL CONTINUATION FUND

RFMCF

INFOGRAPHICS

2024



**REGULAR FORCE
MEDICAL CONTINUATION FUND**



ABOUT US

The Fund is an autonomous structure that was established around 1964 for retired Regular Force Members to receive continued healthcare benefits. The Fund is a medical pension type Fund and cannot be compared to other Funds of the SANDF and does not function like a Committee in the SANDF. Our aim is to ensure the Fund's sustainability through managed healthcare.



THE STAKEHOLDERS



SAMHS

Primary Designated Service
Provider



PPSHA

Professional Provident
Society Healthcare
Administrators - RFMCF's
Medical Administrator



RFMCF

Managed by the Board of Trustees



Third Parties

Managed Healthcare
Organisations in their
specialised fields



Healthcare Providers

Designated Service Providers

WHY WAS THE SCHEDULE OF BENEFITS IMPLEMENTED?



Improve Managed Healthcare

for quality and appropriate care for RFMCF Members and registered Dependents



Prevent Fraudulent Activities

Identify and intervene immediately



Manage Outsourced Services

Services outsourced by the SAMHS is managed more effectively and efficiently



Function in a sustainable manner

It allows the Fund to function in a more sustainable manner within the healthcare industry challenges



Improved Healthcare Control for Members

It gives members more control over their healthcare due to the lack of Permanency of SAMHS Staff and Continuity of Care

TAKE NOTE



- The **Infographics** serve as a guideline to assist you in understanding the benefit layout in greater detail.
- Refer to the comprehensive **RFMCF Schedule of Benefits** brochure on the RFMCF website to view the benefit layout.
- Visit the **RFMCF Member Guide** for more information about the RFMCF information.
- Benefit limits are applicable to outsourced services, unless otherwise specified in the Schedule of Benefits.
- Pre-Authorisation will primarily be done by the Fund, unless otherwise specified in the Schedule of Benefits.
- If benefits are depleted, members can continue to receive medical treatment through the SAMHS.
- New benefits will be implemented on the 01 January each year. Benefits are not transferrable. Certain benefits have different cycles, such as spectacles and hearing aids.
- **IMPORTANT:** Update your contact details with the Fund or you will be left in the dark.

**It is important as a Member to READ and UNDERSTAND the Schedule of Benefits once released.
The member is completely responsible for managing their allocated benefits.**

WHAT IS SCHEDULE OF BENEFITS?



- 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.

EXCEPTION MANAGEMENT



- The Fund 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.
- This process is managed by the Pre-Authorisation Department.

Phone: 012 679 4201

Fax: 012 111 9068

Email: preauth@rfmcf.co.za

- Certain **supporting documentation** may be requested to validate the treatment required.

TWO PRIMARY SCENARIOS

A letter was sent to members in March 2023 to confirm where they reside in proximity of a SAMHS facility.

Members who reside **within** a 50 km radius of a SAMHS Facility



Members who reside **further** than 50 km radius of a SAMHS Facility

GEO-LOCATION PROCESS

No medical, dental or hospital treatment is provided by the SAMHS to beneficiaries and their legal dependants outside the borders of the RSA. The Fund is **not** responsible for any healthcare costs incurred abroad.



Within 50km Radius from SAMHS

- **SAMHS** is the Primary Healthcare Provider.
- **DD63** referral if outsourced.
- **DD2703** for dental services only.
- **Acute and chronic medicine** MUST be obtained from the SAMHS.
- If outsourced, the **Schedule of Benefit** baskets will apply.
- If on holiday, search for SAMHS facility near you. If none, visit an **RFMCF Network Provider**.



Outside 50km Radius from SAMHS

- **RFMCF Network Provider**, but SAMHS must still be used where possible.
- **No DD63** is required for outsourced services.
- **DD2703** for dental services only.
- **Chronic medicine** to be obtained at a SAMHS (courier through SAMHS).
- **Acute medicine** can be obtained at a Network Pharmacy.
- The **Schedule of Benefit** baskets will apply for all services received outside of the SAMHS
- If on holiday, search for SAMHS facility near you. If none, visit an **RFMCF Network Provider**.



Namibian Members

- A **special provision** exists in terms of which the Fund is responsible to cover the cost of medical, dental and hospital treatment of its Code 5 beneficiaries and their legally registered dependants.
- These beneficiaries had been stationed at units in the former Southwest Africa and from which they had retired before such country became an independent Namibia on 21 March 1990 (1 March 1994 in respect of Walvis Bay), or to whom **benefits had been extended individually and in writing**, for private health service in Namibia.
- Provided that such beneficiary is liable to pay a **levy** at the prescribed rate on such services (currently 20 (twenty) %).

MEMBERS WITHIN 50KM FROM SAMHS



REGULAR FORCE
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YOUR PRIMARY SERVICE PROVIDER - SAMHS

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.



AUTHORISATION PROCESS

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.



MEDICATION

Obtain all medication (acute and chronic) from a SAMHS Pharmacy. Scripts written by private providers must go to the SAMHS to fill the script. If no stock is available, a buy-out will be provided to have script filled at a private pharmacy.



FUNDING OF OUTSOURCED TREATMENT

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.



ON HOLIDAY

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 locate and visit a private healthcare provider to obtain medical treatment – Use a Network Doctor where possible. The private healthcare services will be payable from your allocated benefit basket.

MEMBERS MORE THAN 50KM+ FROM SAMHS



REGULAR FORCE
MEDICAL CONTINUATION FUND



YOUR PRIMARY SERVICE PROVIDER

The **RFMCF Provider Network** is a list of providers contracted with the Fund to attend to your healthcare needs. Use these doctors to avoid out-of-pocket expenses. You can also still make use of a SAMHS healthcare facility.



AUTHORISATION PROCESS

No DD63 or DD2703 is required prior to visiting these providers. Refer to the Authorisation Guideline to confirm if your services require pre-authorisation.



MEDICATION

Chronic medication must be obtained by the SAMHS (arrange courier at the SAMHS). Acute medication can be obtained at a private pharmacy (the pharmacist will use the prescribing doctors practice number upon dispensing).



FUNDING OF OUTSOURCED TREATMENT

Medical treatment received from a private healthcare provider will be processed according to the available benefit baskets as per the **Schedule of Benefits**.



ON HOLIDAY

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 locate and visit a private healthcare provider to obtain medical treatment – Use a Network Doctor where possible. The private healthcare services will be payable from your allocated benefit basket.

MEMBERS RESIDING OUTSIDE RSA



BENEFITS OUTSIDE OF RSA

No medical, dental or hospital treatment is provided by the SAMHS to beneficiaries and their legal dependants outside the borders of the RSA. The Fund is **not** responsible for any healthcare costs so incurred abroad.



NAMIBIAN MEMBERS

- A special provision exists in terms of which the Fund is responsible to cover the cost of medical, dental and hospital treatment of its Code 5 beneficiaries and their legally registered dependants.
- These beneficiaries had been stationed at units in the former Southwest Africa and from which they had retired before such country became an independent Namibia on 21 March 1990 (1 March 1994 in respect of Walvis Bay), or to whom benefits had been extended individually and in writing, for private health service in Namibia.
- Provided that such beneficiary is liable to pay a levy at the prescribed rate on such services (currently 20 (twenty) %).

HEALTHCARE PROVIDERS

Download the latest RFMCF Mobi App (version 1.5.8) from the app store to have access to search for General Practitioners & Specialists.



SAMHS Healthcare Facilities

Search for RFMCF Hospitals near you on www.rfmcf.co.za or the RFMCF Mobi App.

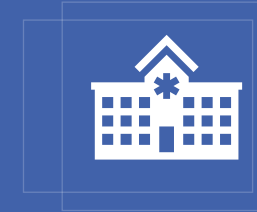
- Obtain the Officer Commanding, dental and hospital contact details on the RFMCF website here:

<https://rfmcf.co.za/member-information/>



RFMCF Provider Network

- A growing list of **General Practitioners** (GPs) and **Specialists** contracted with the Fund to charge negotiated rates.
- Using a network doctor will **avoid out-of-pocket expenses** in comparison with a non-network doctor charging above the RFMCF Tariff.
- Ensure to visit a network doctor that **practices at a RFMCF Hospital** in the event of admission.
- Send an email to the Provider Relations Department for your doctor to join the network: rfmcfprovider@ppsha.co.za



RFMCF Hospitals

Search for RFMCF Hospitals near you on www.rfmcf.co.za or the RFMCF Mobi App.

Province	Hospital Group
Western Cape, Free State, Mpumalanga	Mediclinic Life Healthcare
Limpopo, North West, Northern Cape	Mediclinic National Hospital Network (NHN)
KwaZulu-Natal	Joint Medical Holdings (JMH) Life Healthcare
Eastern Cape	Life Healthcare National Hospital Network (NHN)
Gauteng	Mediclinic National Hospital Network (NHN) Life Healthcare (Eugene Marais, Groenkloof, Wilgers)

EMERGENCY & AFTER HOUR CARE



What to do?

- Emergency Ambulance Transportation – **contact ER24 on 084 124** or go to the **nearest hospital** that offers medical emergency treatment.
- Obtain authorisation from the RFMCF Pre-Authorisation Department the **next working day**.
- Hospital Admission, length of stay and case updates are managed between the Hospital and Fund Case Management Team.
- Understand the definition of a **medical emergency** to identify whether it will be authorised as one.

Definition of 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.

RFMCF SCHEDULE OF BENEFITS OFFER COMPREHENSIVE RICH BENEFITS

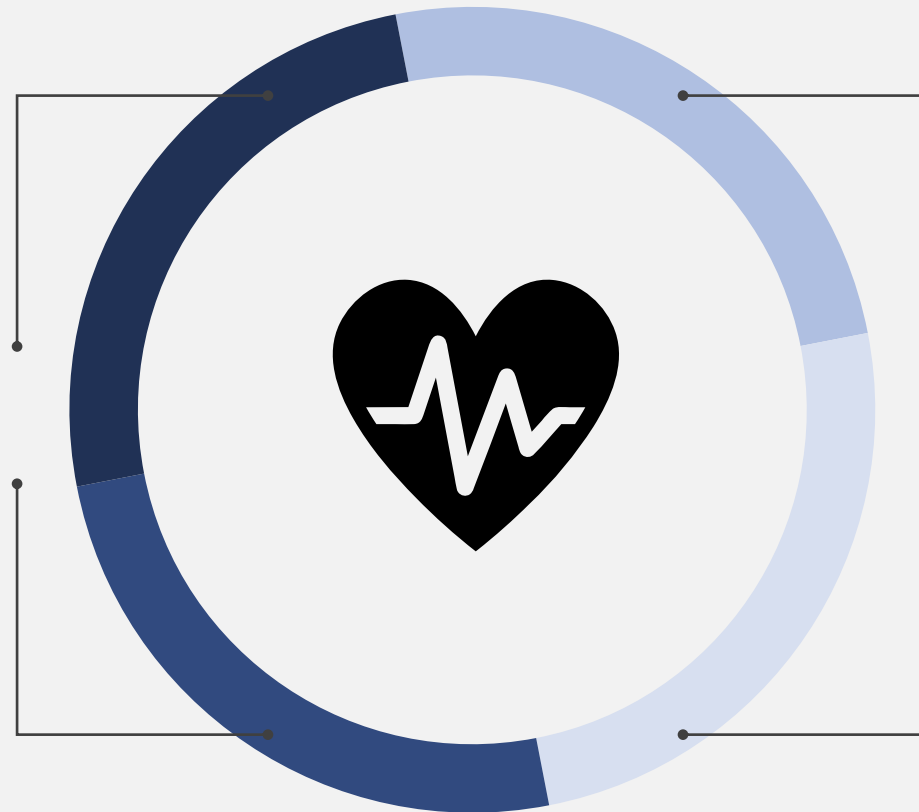
2024 – What’s New | Overall Benefit Increase

In-Hospital Benefits

- Hospital Admission
- Pathology
- Radiology
- Psychiatric Treatment
- Sub-Acute Facility

Out-of-Hospital Benefits

- NEW! Nursing Consultation & Digital GP Connection**
- Combined Benefit** - GP and Specialist Consultations, in-room procedures & consumables
- Psychology & Psychiatry **Incl. social worker**
- Radiology
- Pathology
- Acute & Chronic Medication (SAMHS FORMULARY)
- Optical services
- Dental services (subject to DD2703)
- Ambulance Services
- Medical Appliances - **Increased above annual %**
- Added: External Prosthesis, subject to Medical Appliance benefit.**
- Supplementary Services
- Auxiliary Services



Major Medical Expenses:

- Disease Risk Management
- Oncology Programme
- Organ Transplants
- Chronic Renal Dialysis
- Physical Rehabilitation
- Internal Prosthesis
- Blood Transfusion
- Intraocular Lenses

Preventative Benefits

- Mammogram
- Pap Smear
- Fasting Blood Sugar
- Lipogram
- Prostate Specific Antigen
- Bone Density Test
- Health Risk Assessment
- Flu Vaccine
- Pneumococcal Vaccine

Keep your contact details (email, cell phone and physical address) up to date with the Fund at all times – send an email to membership@rfmcf.co.za



Which services require Pre-Authorisation?

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



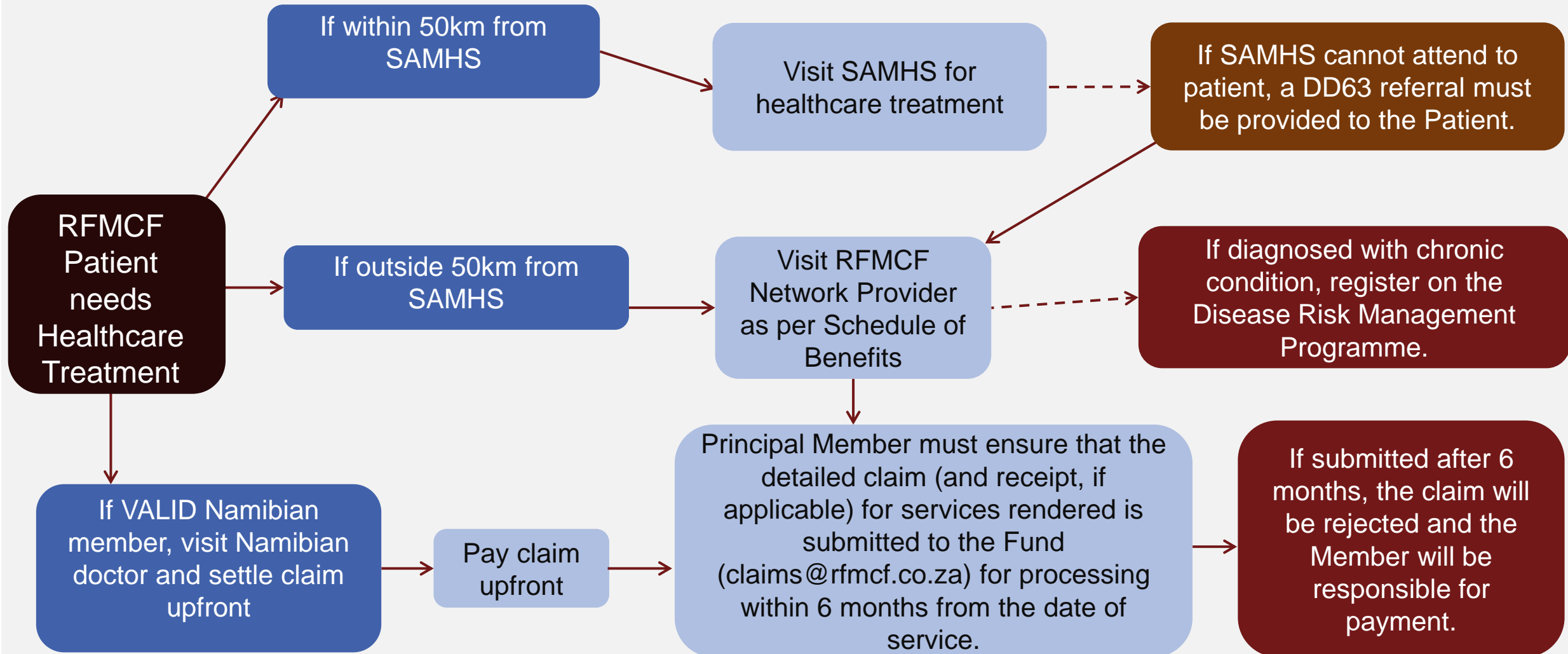
Is authorisation needed for this Benefit Type?	Y/N
All Hospital Admissions	Yes
Emergency room visit resulting in hospitalisation	Yes
Specialized Radiology (example: MRI, CT, and Radio-Isotope Scans)	Yes
Psychiatric Treatment in Hospital	Yes
Sub-Acute Facilities (step-down facility, private nursing and wound care)	Yes
Oncology (All treatment relating to cancer)	Yes
Organ Transplants	Yes
Chronic Dialysis	Yes
Physical Rehabilitation	Yes
Internal Prosthesis	Yes
Intraocular Lenses	Yes
Blood Transfusion	Yes
Home Oxygen	Yes, Ecomed
CPAP Machine	Yes, Ecomed
Stoma therapy	No

Is authorisation needed for this Benefit Type?	Y/N
Out-of-hospital General Practitioner and Specialist Consultations, in room procedures and consumables	No
Psychology/Psychiatry consultations out-of-hospital	No
Standard radiology (x-rays) and pathology (blood tests) out of hospital	No
Acute/Chronic Medicine <i>Chronic conditions must be registered on the DRM programme</i>	No
Optical Services <i>Must contact 012 679 4200, not Pre-Authorisation Department</i>	Yes, Opticlear
Dental Services SAMHS to provide authority – DD2703	Yes, SAMHS
Preventative Services	No
Ambulance Services	Yes, ER24
Out of hospital medical appliances, supplementary and auxiliary services	No

Refer to the Schedule of Benefits to view the benefit baskets and comprehensive benefit notes. Access your real-time available benefits on your **web portal** via the RFMCF website. Visit: www.rfmcf.co.za

CLAIM SUBMISSION PROCESS

Standard process of treatment and claim submission.





Outsourced Hospitalisation

Private Hospital Admissions

The South African Military Health Service remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the 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 hospital admissions are subject to pre-authorisation
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 Service remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the 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. Remission patients must also notify the Fund of their treatment plans.



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 R309,000 per registered beneficiary, subject to pre-authorisation
Specialised Radiology relating to oncology treatment	Annual sub-limit of R30,900 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 Psychiatric Treatment

The South African Military Health Service remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the 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 and Social Workers.

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 (Including Social Workers)	Annual limit of R5,665 per family per annum.

Clinical protocols and case management will apply.

Once benefits have been depleted, VPA members and registered dependants can continue receiving treatment from the SAMHS.



Outsourced Specialised Radiology

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

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.



NEW!

Nursing Consultations

(Incl. Virtual General Practitioner if required)

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



The Fund introduced a new Nursing Consultation benefit effective 01 January 2024 to use instead of visiting a non-Network General Practitioner (GP).



If a network General Practitioner (GP) is unavailable in your area, nursing services must be used instead of visiting a non-network doctor.



Search for a network pharmacy clinic on the RFMCF website (www.rfmcf.co.za), go to “Search Medical Provider”.



Should the nurse require a GP intervention, clinics have the capability of connecting you to a GP virtually, which is included in your nursing consultation.



Any GP’s visited outside of the pharmacy clinic will be payable from benefit number 3.2 and will result in out-of-pocket expenses due by the Member.

Type of Consultation	Number of Consultations Per Family
Nurse Consultation at a designated pharmacy clinic.	10
Virtual Doctor Consultation is only available during the nursing consultation, which will be requested by the nurse based on the nurse’s discretion following the healthcare evaluation.	

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 Nursing Consultation when the patient is outsourced. No G-authorization 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.



Outsourced Day-to-Day Healthcare

General & Specialist Practitioner Consultations,
minor in-room procedures and consumables

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



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



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



Search for a General and Specialist 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(DRM) treatment plan. Consultations applicable to the DRM programme will not impact this annual consultation benefit.

Family Size	Annual Family Benefit Limit Value
Member	R3,350
Member +1 dependant	R5,875
Member +2 or more dependants	R8,810

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 and Specialist Practitioner outsourced services. No G-authorization 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.



Outsourced Basic Radiology & Pathology

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



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.

Family Size	Annual Family Benefit Limit Value
Member	R5,000
Member +1 dependant	R7,420
Member +2 or more dependants	R9,900



Outsourced Oral Health Services

The South African Military Health Service remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the 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 a SAMHS DD2703.

Benefit Type	Benefit Notes/Limit Value
Dentistry Benefit (basic & specialised)	Subject to SAMHS authority/DD2703 if outsourced.
Orthodontic Treatment	Subject to SAMHS authority/DD2703 if outsourced.
Surgical dental procedures	Subject to SAMHS authority/DD2703 if outsourced. This benefit refers to all dental procedures performed in hospitals. Clinical protocols apply.

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

Private dental treatment is subject to authorisation (DD2703) provided by the SAMHS Oral Health Department if treatment is unable to be provided by the SAMHS Oral Health Department.



Buy-Out Medication

Acute & Chronic

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



All medication is subject to the SAMHS drug list formulary. The SAMHS pharmacy may need to apply for authority from the Directorate Pharmacy for items not on the SAMHS formulary.



There is a distinction in the process of obtaining acute and chronic (repeat) medication.

- **ACUTE** medicine is medication that is taken for a short period of time.
- **CHRONIC** medicine is medication taken for prolonged periods of time (6+ months).

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

Avoid out-of-pocket expenses on medication by asking your local pharmacist for a generic alternative medication with a lower or no co-payment.



Buy-Out Medicine:

In the event that a SAMHS pharmacy does not have the required medicine in stock, a buy-out may be issued by the SAMHS pharmacy to collect medication at a private pharmacy as per the Pharmacy Network available on the RFMCF website.

Benefit Type	Benefit Notes
Acute Medicine Members situated within a 50km radius of a SAMHS Facility	<ul style="list-style-type: none"> • Members must utilise the SAMHS as their primary service provider and the SAMHS Pharmacy for both acute and chronic medication. • When the SAMHS does not have items in stock, they will refer the member to a private pharmacy by means of a Buyout Form. • The SAMHS pharmacy may need to apply for authority from the Directorate Pharmacy for items not on the SAMHS Formulary. • When there is no pharmacy at a sickbay, contact the Client Services Centre to make the necessary arrangements for you to receive your medication at a local private pharmacy.
Acute Medicine Members situated outside of a 50km radius of a SAMHS Facility	<ul style="list-style-type: none"> • Members may obtain services directly from a private service provider. • The private pharmacy will use the prescribing private doctor's practice number to dispense acute medication.
Chronic Medicine Applicable to ALL members, irrespective of where they reside.	<ul style="list-style-type: none"> • All chronic medication must be supplied by a SAMHS Pharmacy, irrespective of where a member resides. • Only in the event that 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. • Members can arrange courier services for chronic medication with the SAMHS Pharmacy directly. • Ensure that you have registered your chronic condition on the Disease Risk Management Programme as per the list of qualifying conditions. • Read more about the Disease Risk Management here: https://rfmcf.co.za/drm/. • The SAMHS pharmacy may need to apply for authority from the Directorate Pharmacy for items not on the SAMHS Formulary.



Optical Benefits

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



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 these 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	R450 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 Service remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the 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 (3.2).
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.



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 Service remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the 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	R57,680 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	R3,605 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 Service remains the primary healthcare provider for medical, dental, and hospital treatment to all beneficiaries of the Fund.



These benefits are subject to the available limit and use of a designated service provider where applicable when outsourced by the SAMHS.



Auxiliary Services are 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.
- **External Prosthesis** are items such as artificial limbs.



Once benefits have been depleted, VPA members and registered dependants can continue receiving treatment from the SAMHS.



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	R1,030
Member +1 dependant	R1,545
Member +2 or more dependants	R2,060
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-authorization is required through Ecomed.
CPAP Machine	R8,000 per beneficiary per annum. Subject to the use of a Designated Service Provider. Pre-authorization is required through Ecomed.
Stoma therapy products	Pharmacy claims will be processed without authorisation as per the product formulary. Clinical protocols will apply.
a. General Medical & Orthopaedic Appliances	R15,000 per family per annum Not subject to pre-authorization
b. External Prosthesis	Subject to the above-mentioned (a) General Medical and Orthopaedic Appliance benefit limit. External Prosthesis is subject to pre-authorization.



Outsourced Hearing Aid Appliance

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



A hearing aid appliance is covered as per the below-mentioned protocols.



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



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 General Practitioner and Specialist Day-to-Day Consultation 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	R15,450 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.

ENQUIRY / COMPLAINTS PROCESS



- Send enquiries to the formal Fund communication channels.
- Refrain from sending emails to ALL email addresses, and direct the email to the correct address according to the type of enquiry.
- Refer to the contact list on the RFMCF website under “Contact Us”.
- Guideline of what to send where is available on RFMCF Bulletin (v16)
- Direct unresolved enquiries to escalations@rfmcf.co.za
- The **Military Ombudsman's Office** can be contacted for serious complaints after the Fund’s communication channels have been exhausted.

MEMBER RESPONSIBILITIES



- Keep contact details updated (email, cell phone, physical address) via the RFMCF web portal or Mobi App or email membership@rfmcf.co.za
- Read, understand and act upon all communication distributed by the Fund
- Reconcile claims statements
- Report suspected fraudulent activities
- Manage and responsible usage of healthcare benefits
- Notify registered beneficiaries of the Schedule of Benefits and processes
- Notify the Fund if any of your information changes, such as dependant statuses, etc.

MOBI APP & WEB PORTAL



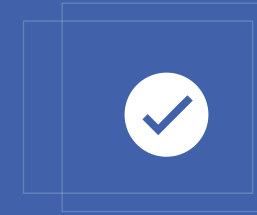
Register on RFMCF Mobi App

- Go to Playstore / iStore / Hauwei Store and download App.
- Follow video demonstrations available on the RFMCF website.



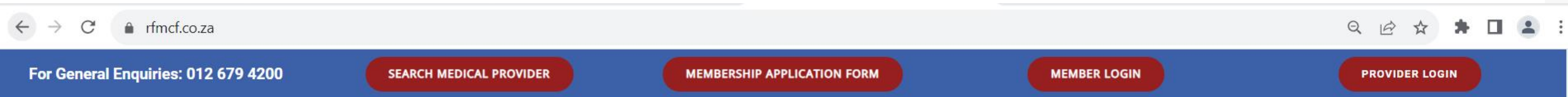
Access Web Portal with Mobi App Credentials

- Automatic access to Web Portal once logged on to Mobi App
- Comprehensive view of Membership
- Log on via website.



Membership at your Fingertips

- You have comprehensive view of profile & claims.
- Self-Service minimises your need to call.
- Take control of your healthcare & portfolio.






**REGULAR FORCE
MEDICAL CONTINUATION FUND**

**THANK
YOU**

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 012 679 4200

 www.rfmcf.co.za