



RFMCF MEMBER GUIDE

The purpose of this guide is to assist members of the Regular Force Medical Continuation Fund (RFMCF) to understand the rules, processes and benefits of the Fund. It does not replace the Fund's governing prescripts, Section 82 of the Defence Act, 2002 (No. 42 of 2002) and Chapter XV, Parts IV & V of the SANDF General Regulations, but serves as a summary of the legitimate provisions and procedures.

This guide replaces all previous guides/booklets that have been issued.

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ABOUT THE RFMCF

The Regular Force Medical Continuation Fund (RFMCF), established in 1964, is a restricted Fund that provides healthcare benefits to retired Regular Force members as part of their service conditions. The RFMCF covers administrative and health costs, delivering comprehensive medical, dental, and hospital care via the South African Military Health Service (SAMHS) and Designated Service Providers (DSPs) for members and their registered dependants.

Managed by the Professional Provident Society Healthcare Administrators (PPSHA), the Fund ensures that healthcare benefits, contributions, and claims are processed ethically, in accordance with Section 82 of the Defence Act, 2002 (No. 42 of 2002) and Chapter XV, Parts IV & V of the SANDF General Regulations.

As members transitioned into retirement, healthcare needs will evolve over the years from those during active service. RFMCF beneficiaries should thoughtfully evaluate their retirement location, ideally choosing a location near a SAMHS healthcare facility for convenient access to healthcare treatment by SAMHS.

Additionally, it is crucial that RFMCF beneficiaries understand the benefits and processes of the Fund to effectively manage their allocated benefits and healthcare requirements.



AIM

The Fund operates as a corporate entity overseen by a Management Board who aims to ensure ongoing medical, dental, and hospital treatment through SAMHS for members of the Regular Force and their legally registered dependents who qualify for admission to the Fund.

RFMCF Partners

South African Military Health Service (SAMHS)

The **SAMHS** is the primary healthcare provider, who is responsible for providing comprehensive medical care to RFMCF beneficiaries.

Professional Provident Society Healthcare Administrators (PPSHA)

PPSHA is the administrator responsible for managing healthcare benefits, contributions, and claims for the Regular Force Medical Continuation Fund.

THIRD PARTIES

Healthcare third parties are specialised organisations with **expertise in their fields**, allowing them to manage specific types of healthcare services on behalf of the Fund with a high level of proficiency.

DESIGNATED SERVICE PROVIDERS (DSPs)

DSPs are healthcare professionals or facilities selected by the Fund to offer services at negotiated rates when the SAMHS is not able to render the service, ensuring cost-effective and quality healthcare for members and their registered dependants.



Contact Us

Because, we're here to help

Contact the Fund for any related enquiries. Use the appropriate email addresses provided for your specific enquiries. If unsure which contact details to use, reach out to our Client Services team for guidance.

Our communication channels make it easier than ever to get in touch with us. Click on the links below and get in touch or refer to the detailed guideline on the next page.

Telephone Numbers

Mondays – Fridays from 07:30 – 16:00 excluding public holidays



Email Addresses



Mobi App



Web Portal



Facebook



Website



Live Chat

Mondays – Fridays from 07:30 – 16:00 excluding public holidays



Workshops





CONTACT US

You are encouraged to contact the Fund directly for any questions or concerns you may have. Make sure that you direct your enquiry to the **correct** department to avoid delayed response.

Here's a guideline to help you identify where to send your enquiries to:

TYPE OF ENQUIRY

WHERE TO SEND IT

Submission of NEW claims only (not enquiries)

claims@rfmcf.co.za

Enquire about already submitted claims / Other General Enquiries and Benefit Confirmations

info@rfmcf.co.za or phone 012 679 4200

Mobi App and Web Portal Assistance

info@rfmcf.co.za or phone 012 679 4200

Pre-Authorisation Requests for planned or unplanned emergency admissions

preauth@rfmcf.co.za or phone 012 679 4201 or fax 012 111 9068

Register or query your Disease Risk Management Programme or treatment plan

chronicregistration@rfmcf.co.za or phone 012 679 4201

Register or query the Oncology Programme or treatment plan

oncology@rfmcf.co.za or phone 012 679 4201

Update your contact details/bank details/membership profile

membership@rfmcf.co.za or phone 012 679 4200

If you are not satisfied with the response you received and wish to submit a formal complaint

escalations@rfmcf.co.za or phone 012 679 4200

Extended supply medication in the event of travelling

chronic@rfmcf.co.za

**A COMPREHENSIVE LIST OF CONTACT DETAILS, VISIT:
[HTTPS://RFMCF.CO.ZA/CONTACT/](https://rfmcf.co.za/contact/)**



CONTACT US

TYPE OF ENQUIRY

WHERE TO SEND IT

Psychology Authorisation

psychology@rfmcf.co.za or phone 012 679 4201

Provider Relations Network Enquiry or to request a doctor to join the RFMCF Network

rfmcfprovider@ppsha.co.za or phone 012 679 4200

Report suspected fraudulent activities

fraud@rfmcf.co.za or phone 086 044 4120

Finance-related enquiries

finance@rfmcf.co.za or phone 012 679 4200

Postal Address

Regular Force Medical Continuation Fund
PO Box 3977
Pretoria
0001

SELF-SERVICE OPTIONS

The Fund's self-service platforms, namely the **RFMCF Mobi App** and **RFMCF Web Portal** offer you great benefits:

1. **Convenience:** Access your portfolio anytime, anywhere—no need to contact the Fund.
2. **24/7 Availability:** Manage your membership profile whenever it suits you.
3. **Time Efficiency:** Quickly find information and complete requests, saving you time.
4. **Improved Communication:** Easily connect with us through messaging and notifications.
5. **Cost Savings:** Help reduce your airtime costs.
6. **Empowerment:** Take control of your membership profile for a more satisfying experience.

We encourage you to explore these self-service options—they're designed to make your life easier and enhance your experience with us! Read more about it on the next page.

SAMHS Service Escalations

Concerns and questions regarding the services received from the SAMHS must be escalated by the Principal Member through the appropriate command channels within the SAMHS for investigation.

Mobi App



The RFMCF Mobi App is a smartphone application you should download to easily access your RFMCF membership portfolio and Fund information anytime and anywhere.



The Mobi App is a self-service tool that allows you to access your membership profile. More importantly, you must use the Mobi App to access your membership card, as the Fund exclusively provides digital cards rather than plastic ones. Ensure that both you and your registered dependants are registered as Mobi App users to access the Membership Card.



STEP 1

Download the RFMCF Mobi App from your cell phone's app store, or click on the logo corresponding to your operating system (iPhone, Huawei, or Android) to access the step-by-step downloading guide.

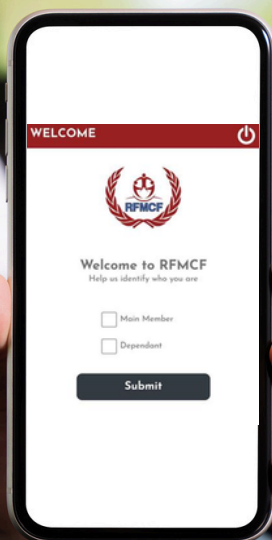
STEP 2

Register as a user on the Mobi App. Both members and dependants can register on their individual devices. Carefully read and follow the provided examples during registration to avoid any issues, and watch the demonstration videos for a straightforward guide. Click on the Learn More button.

STEP 3

Once registered, log in to start utilising its valuable functionalities. A list of these features is provided below, but please note that the functionalities are not limited to this list, as the Fund periodically upgrades the app to enhance your experience.

[LEARN MORE](#)



Mobi App Functionalities

- View Membership Profile
- Access Membership Card
- Update Contact Details
- Update Personal Details
- Submit Documents
- View Processed Claims
- View Latest Statements
- Locate a SAMHS facility
- Locate an Emergency Facility
- Locate DSPs
- Fund Contact Information

... and more

Once you have registered on the RFMCF Mobi App, you have automatic access to the web portal, using the same Mobi App Credentials.



Web Portal

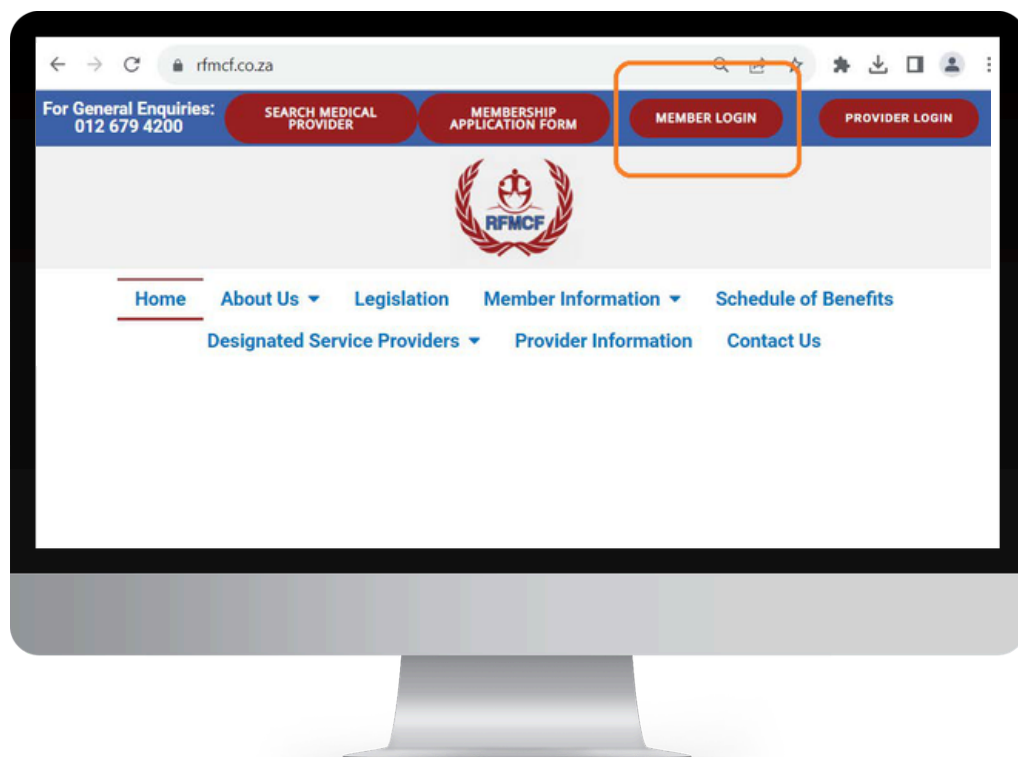
The RFMCF web portal is an online platform designed for members of the RFMCF. It allows the Principal Members to access their membership profiles and important Fund information electronically.

Through the portal, members can download updated forms, check their benefits, reconcile claims, and stay informed about any relevant updates or changes.

The portal enhances convenience by providing a centralised location for managing healthcare information and resources, making it easier for members to navigate their healthcare information.

If you've registered on the RFMCF Mobi App, you can use the same login credentials (username and password) to access the web portal as shown below.

Log into the RFMCF web portal at www.rfmcf.co.za to view your membership profile electronically.





MEMBER RESPONSIBILITIES

The Principal Member or oldest surviving beneficiary is responsible for notifying the Fund within 30 days when any information or status of a membership profile changes.

To ensure a smooth experience with the Fund, remember to:

- Present yourself at a medical facility with your VPA number and ensure that your contact details with the practice rooms is up to date.
- Use the correct and official RFMCF communication channels.
- Download and make use of the Fund's self-service platforms (Mobi App, Web Portal).
- Submit claims within 6 months from the date of service. Failing to do so will result in the Principal Member being responsible for the payment of the claim.
- Follow up on unpaid claims before they become stale.
- Obtain necessary authorisations as stipulated in the Schedule of Benefits.
- Understand and act on Fund communication.
- Report suspected fraud and stay within Fund regulations.
- Update your contact details (email, cell phone, physical address and bank details).
- Notify the Fund of any changes in relationship or status of your registered dependants.
- Notify the Fund of re-employment in the SANDF of a beneficiary.
- Comply with treatment procedures and enquire about costs.
- Keep all medical documentation and track your statements.
- Manage your annual benefits wisely and report any misuse.
- Never share your membership card/number with unauthorised individuals.
- Contact the Fund for any enquiry-related uncertainties.
- Register qualifying chronic conditions on the DRM Programme.
- Register oncology treatment on the Oncology Programme, irrespective where treatment is received.
- Notify the Fund of all Injury on Duty incidents and registration numbers received during active service.
- Educate your dependents about the benefits, processes and rules of the Fund.
- Appoint a third party by completing the RFMCF Consent Form (available on the RFMCF website) if you are unable to manage your membership profile.
- Stay informed about updated forms and policies.

Non-compliance with this guide and the instructions and procedures issued from time to time by the SAMHS and the RFMCF on health service delivery will lead to non-payment of medical expenses by the Fund. The Fund Management has a mandate to suspend a beneficiary's privileges if the instructions contained in this guide have been disregarded. In serious cases of non-compliance, membership may be terminated.



GLOSSARY, ABBREVIATIONS AND EXPLANATIONS

Claims

- **Tariff Code:** A code that explains the type of treatment or service provided and the associated cost.
- **ICD-10 Code:** A diagnostic coding system that consists of alphanumeric characters. The code defines medical symptoms and conditions.
- **NAPPI Code:** A unique coding system for pharmaceutical, medicinal, surgical, medical appliance and healthcare consumable products.
- **Date of Service:** The date the healthcare provider treated the patient.
- **Dependant Code:** Each beneficiary has an allocated code, which is used to confirm who the patient was at the time of consultation.
- **EDI Claim:** An Electronic Data Interchange (EDI) claim is an electronic claim submitted directly to the Fund, streamlining processing and reducing errors instead of sending a paper claim per email, which can prolong the capturing process.
- **Payment run dates:** Scheduled dates when the Fund processes payments for claims. The Fund has two payment run dates each month: one in the middle and one at the end of each month. The payment run dates are available on the RFMCF website.
- **Stale claim:** A claim must be submitted to the Fund within 4 months from the date of service. Failing to do so will result in the claim being rejected as stale, and the Member will be liable to settle the claim.

SAMHS Forms

- **DD2703:** SAMHS authorises beneficiaries to receive dental services from a private medical facility outside of SAMHS by issuing a DD2703, valid for 3 months only.
- **DD63:** A clinical referral form provided by a SAMHS HCP for a patient being referred to a private healthcare provider. A copy must be given to the referring provider.
- **Buy-out:** If the SAMHS pharmacy is out of stock, members will receive a buy-out from SAMHS to get their medication at a private pharmacy.
- Visit <https://rfmcf.co.za/samhs-forms-and-documentation/> for SAMHS forms and documentation.



GLOSSARY, ABBREVIATIONS AND EXPLANATIONS

Medicine

- **Chronic:** Prescribed for long-term health conditions, like diabetes or hypertension, to manage symptoms and improve quality of life. Regular use is essential for effective treatment. The chronic medication dispensing cycle is after 25 days from the last dispensing date.
- **Acute:** Prescribed for short-term conditions or sudden illnesses, such as infections or injuries. It aims to relieve symptoms or treat a specific health issue. The acute medication dispensing cycle is after 3 days from the last dispensing date.
- **Generic:** A pharmaceutical product that is equivalent to a brand-name drug in terms of dosage, strength, and intended use, but is sold under a different name. Generic medications are typically more affordable and must meet the same safety and efficacy standards as their branded counterparts.
- **Extended Supply:** Receiving a larger quantity of medication than usual to cover the period before your next refill, particularly if you're going on holiday. This ensures you have enough medication to last through your absence without running out.
- **Buy-out:** SAMHS provides RFMCF members with a buy-out form for obtaining medication at a private pharmacy when stock is unavailable.
- **Formulary:** A list of medication available on the RFMCF website for RFMCF beneficiaries who are registered on the DRM Programme. Visit <https://rfmcf.co.za/drm/>.

Membership

- **Principal Member:** The individual who is the primary member of the RFMCF membership profile and who is responsible for ensuring that the Fund is kept up to date of all the changes.
- **Dependant:** A registered dependant of the Principal Member on the membership profile.
- **Beneficiary:** A collective word used that includes both the Principal Member and registered dependants.



GLOSSARY, ABBREVIATIONS AND EXPLANATIONS

Tariff Rates

- **Negotiated Tariff/Tariffs:** A discounted rate agreed upon between the Fund and a service provider/healthcare group for specific services.
- **RFMCF Tariff Rates:** The maximum tariff the Fund will pay for services provided by healthcare service providers.
- **Co-Payments:** Fixed amounts members must pay when they choose not to use a Designated Service Provider (DSP).
- **Out-of-Pocket Expenses:** Healthcare costs payable by a member for healthcare services, medications, or treatments that are not covered by the Fund.
- **Single Exit Price:** Single Exit Price (SEP) is the fixed price set by manufacturers for medications sold to pharmacies and hospitals in South Africa. It ensures consistent pricing across the market, making medications more accessible.
- **Maximum Medical Aid Price (MMAP®):** A guideline that sets the highest amount the Fund will reimburse for certain medications.

Providers

- **SAMHS:** The South African Military Health Service is the RFMCF beneficiaries' primary healthcare provider.
- **AMHU:** There are 9 Area Military Health Units, one in each province, each province with its own sickbays.
- **DSP:** Designated Service Provider refers to specific healthcare providers or facilities that the Fund has contracted with to offer services at agreed-upon rates.
- **Private Facility:** A healthcare provider or hospital that operates independently of the South African Military Health Service (SAMHS).
- **Network Provider:** A Network Provider is a healthcare provider that is part of a specific group or network contracted by the Fund. They offer services at Negotiated Tariff.
- **Pharmacy Clinics:** A pharmacy clinic is a dedicated area within a pharmacy where healthcare consultations are provided by trained professionals. These clinics offer health assessments, medication management, and minor illness treatments, as outlined in the Schedule of Benefits and pharmacy clinic list.
- **Network Pharmacy:** Network pharmacies are part of the Fund's network for medicine dispensing purposes outside of SAMHS, subject to a buy-out where applicable.



GLOSSARY, ABBREVIATIONS AND EXPLANATIONS

Benefits

- **Hospitalisation:** Hospitalisation refers to the process of admitting a patient to a hospital for medical treatment. It typically involves an overnight stay or longer, depending on the severity of the condition being treated.
- **Major Medical Expenses:** Significant costs related to serious health issues or treatments, such as organ transplants, chronic renal dialysis and internal prosthesis.
- **Mental Health:** Emotional, psychological, and social well-being. It affects how we think, feel, and behave, and it influences how we handle stress, relate to others, and make choices.
- **Oral Health:** Health of the mouth, teeth, gums, and surrounding tissues. It involves practices like brushing, flossing, and regular dental visits to prevent issues such as cavities and gum disease.
- **Day-to-Day:** Day-to-day benefits relate to routine healthcare services and expenses, such as doctor's visits, consultations, and minor treatments. These benefits typically cover everyday medical needs, helping beneficiaries manage ongoing health care.
- **Preventative:** Preventive care includes medical services and practices aimed at preventing illnesses or detecting health issues early. This involves vaccinations, regular check-ups, screenings, and health education, all designed to maintain overall health and prevent more serious conditions later on.
- **Emergency:** 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.
- **Disease Risk Management:** A programme aimed at identifying, monitoring, and managing the risk of chronic diseases. It includes assessing health risks, providing education, and offering support to help beneficiaries to manage their chronic conditions and improve their overall health outcomes.



GLOSSARY, ABBREVIATIONS AND EXPLANATIONS

Benefits

- **Optical Health:** Healthcare services related to eye care, including eye examinations, vision testing, and the fitting of glasses or contact lenses. These services help diagnose and manage vision problems and ensure overall eye health.
- **Pathology:** The study of diseases and how they affect the body. It involves examining tissues, blood, and other samples to diagnose illnesses.
- **Radiology:** The use of basic imaging techniques, like X-rays, to see inside the body. It helps doctors diagnose and treat medical conditions.
- **Specialised Radiology:** Advanced imaging techniques for specific areas of the body, such as CT, MRI, PET or Radio-Isotope scans.
- **Sub-Limit:** A limit that is subject to an overall family limit. If a beneficiary utilised their sub-limit, however, funds are still available in the family limit, the funds for that beneficiary will be deemed depleted.
- **Benefit Cycles:** Benefit cycles refer to the designated time periods during which beneficiaries can access and utilise their healthcare benefits.
- **Pro-rated:** Pro-rated benefits refer to health benefits that are proportionally adjusted based on a specific joining period. Example: If the allocated annual benefit is R1000, and you join the Fund on 01 July, your benefit allocation will be pro-rated to R500.



MEMBERSHIP



Membership

Membership with the RFMCF is exclusive. A strict list of scenarios applies to being accepted to join the Fund. Herewith is a summary of the Fund's Membership process and criteria. A prospective Member who has contributed for a continuous period of at least ten years towards the Fund may apply for membership to become a beneficiary of the Fund.

The process to join as a Member of the RFMCF is as follows:

1

Separation File Booklet

Before exiting, the SANDF member will receive a separation booklet detailing the application process to join the Fund.

2

Application Submission

The application can be completed online via the RFMCF website or by printing a paper application form (also available on the RFMCF website) and emailing it to membership@rfmcf.co.za.

3

Qualifying Criteria

Applicants must meet the qualifying criteria to be accepted into the Fund, which are outlined below.

4

Documentation and Processing

To ensure efficient processing, all necessary supporting documentation and dependent information must be provided. No application will be accepted if any required information is not provided. After verifying the application, an offer letter will be sent, detailing the membership terms and the lump sum payable for activation. Once the lump sum is settled, the membership will be activated, and the Principal Member will receive a Welcome Brochure, including access to the RFMCF Mobi App for their electronic membership card.

Note: As per Regulation 21(12) of Part IV, of Chapter XV, of the SANDF General Regulations, a member who does not submit a fully completed RFMCF Membership Application Form, with the required supporting documentation as stipulated in Section 9 of the RFMCF Application Form, within three (3) months after their SANDF exit date, will not be able to join the RFMCF. It is therefore essential to ensure that all the required supporting documentation is submitted with a fully completed application form in order for the RFMCF to validate and process the membership application accordingly.



MEMBERSHIP QUALIFYING CRITERIA

The following information outlines the qualifying criteria for membership in the RFMCF. It specifies the individuals who are eligible for membership as well as those who do not meet the requirements. This clarity will help prospective members understand the guidelines and ensure that they meet the necessary criteria for enrollment.

Qualify

The following individuals are eligible for RFMCF Membership:

- Retired SANDF Member (Age 60 or older).
- Widow or Widower of an SANDF Member.
- Orphan of a deceased SANDF Member until the age of 18, after which student proof must be provided. If the orphan is medically unfit, proof must be provided.
- Early Retirement (Age 55-60).
- Severance Package recipients.
- Medically boarded individuals.
- Those with a contract expiry (with more than 10+ years service and contributions).
- Individuals who resigned from SANDF with 10 or more years of service who contributed for this period towards the Fund (Age 50 or older).

Do not Qualify

The following individuals are not eligible for RFMCF Membership:

- Active Force Members (they receive healthcare benefits from SAMHS).
- Active Force members who choose not to join the Fund (no reimbursement for contributions).
- Private individuals who were not in the employment of the SANDF.
- Former RFMCF members who did not reinstate their membership with the Fund within 60 days after resigning.
- If a widow, widower, or surviving civil union partner of a deceased principal beneficiary, who still retains beneficiary status with the Fund, remarries or enters into a civil union partnership, their new spouse or civil union partner will not be eligible for admission as a dependent.



DEPENDANTS

The following individuals qualify as dependants of a member with active membership in the Fund. The Fund will continue to provide healthcare to legally registered dependants who meet the criteria after the member's retirement.

Spouse

- **Legally Married Spouse:** A person married to a beneficiary under the Customary Marriages Act, Marriage Act, or Civil Union Act.
- **Registered Life Partnership:** A life partnership established by a stamped Notary Public with a protocol number.
- If a **widow or widower** of a deceased Principal Member remarries, the new spouse cannot be registered with the Fund.
- In cases of **more than one spouse**, as permitted by relevant legislation, the beneficiary must pay the contribution portion to the Fund.
- **Co-habitation:** Co-habitation has no legal standing, and the Fund does not recognise such partnerships.

Email membership@rfmcf.co.za and include a copy of the spouse's ID and Marriage Certificate or Notarised Partnership Agreement. Please use the VPA number in the subject line.

Child

- **Natural Child:** The biological child of the beneficiary, including those born out of wedlock.
- **Legally Adopted Child:** A child who has been legally adopted by the beneficiary.
- **Age Requirement:** The child must be 18 years old or younger.
- **Minor Legally Adopted Stepchild:** A minor stepchild who is not registered with a private medical aid if the legal father does not have medical aid.
- **Minor Legally Adopted Grandchild:** A minor grandchild of the member, born from the member's legally registered child.

Email membership@rfmcf.co.za to register a new-born or adopted child. Attach a copy of the Unabridged Birth Certificate or adoption letter, and include the VPA number in the subject line.



DEPENDANTS

The following information continues from the previous page, outlining the individuals who qualify as dependants of a member with active membership in the Fund. The Fund will continue to provide healthcare coverage to legally registered dependants who meet the specified criteria, even after the member's retirement or death, ensuring ongoing support for eligible family members.

Student

- **Age Limit:** Over 18 years or until the minimum employable qualification is completed.
- **Study Regulations:** Students can fail a course once and may change courses once.
- **No gap year is allowed for students after matriculation.**

Email membership@rfmcf.co.za before February 28th each year and attach valid proof of student status to register a beneficiary as a student.

Permanently Medically Disabled Child

- **Continued Benefits:** Permanently medically unfit children retain benefits after age 18, provided they meet the Fund's criteria.
- **Orphan Status:** If a permanently disabled child becomes an orphan, the orphan is still responsible for contributions until the Principal Member would have reached the age of 60.
- **Membership Duration:** Permanently Medically Disabled Children remain on the membership until notice is received to resign the dependants (their resignation is not linked to the date of the Principal Member's death).

Email membership@rfmcf.co.za and attach a medical report to confirm that the child is permanently medically unfit.



CONTRIBUTIONS ARE PAYABLE AS FOLLOWS:

Lump-Sum Amount

- The lump sum amount is calculated based on the RFMCF split code contribution level.
- A membership will stay on hold until the Fund receives the lump sum payment within 6 months of the separation date from active service. No benefits will be available until this payment is made in full.
- The initial lump sum paid when applying for membership is non-refundable if the membership is terminated.

Monthly Contributions

- Along with the lump sum payment, members are responsible for monthly contributions until they turn 60, as these contributions will increase each year.
- If a member does not pay their monthly contributions for three consecutive months, their membership will be canceled, and they will not be able to reinstate it or receive any reimbursements.

Bank Details

Please be aware that the Fund does not accept cheques or cash sent by mail and is not responsible for any lost cheques or cash submitted this way. Cash deposits (ATM or bank teller) will not be accepted.

Bank details:

Regular Force Medical Continuation Fund

Bank: First National Bank (FNB)

Account No: 62464197237

Branch Code: 210524

Reference of payment: VPA number

Proof of payment must be emailed to: membership@rfmcf.co.za.



MEMBERSHIP SUSPENSION AND RESIGNATION

This section explains the process for handling outstanding contributions for members and the process for resigning from the Fund, either as a Principal Member or for a dependant.

Suspension Process

- Members under the age of 60 are required to make monthly contributions to the Fund until they turn 60. Each year, these contributions will increase, so members must ensure they pay the correct amount to avoid underpayments, which could result in suspension.
- The Principal Member will receive an SMS notification if they are in arrears.
- After one month of unpaid contributions, the membership will be suspended.
- If no payment is received after three consecutive months of suspension, the membership will be resigned, and the member will lose eligibility for benefits and cannot be reinstated after 60 days have lapsed from the resignation date.
- It is essential for the Principal Member to keep their contact details updated with the Fund to ensure consistent communication regarding their account status.

Resigning from the Fund

- To resign, the Principal Member must send a written request to membership@rfmcf.co.za with one calendar month's notice, resulting in the termination of their entire membership profile, including registered dependants.
- To resign a dependant, a similar written request is required, also with one calendar month's notice; however, reinstatement of the dependant is not permitted.
- No refunds will be issued for any contributions paid to the Fund.
- Upon resignation, the Fund will provide a Certificate of Membership confirming the member's status during the specified period.
- Former members who have resigned for 60 days or longer cannot reinstate their membership, with the 60 days calculated from the date of resignation.



RESIGNATION

This section outlines the circumstances under which different members and dependants will be removed from the Fund. It covers age-specific criteria for members, conditions for spouses and life partners, rules for children and students, and the implications of resignation, including non-reimbursement of contributions. Refer to the General Regulations available on the RFMCF website for a comprehensive explanation.

All members, irrespective of age

- Whether a member is younger or older than the age of 60 and resigns as a member of the Fund, no reimbursement for any contributions will be made, and benefits cannot be reinstated after 60 days from resignation.
- When the Principal Member passes away, the Fund must be notified within 30 days by the oldest surviving dependant or consented party by sending a copy of the death certificate to membership@rfmcf.co.za. The oldest qualifying dependent will then take over as the Principal Member.

Spouse

- The Principal Member must notify the Fund within 30 days of divorce from a registered spouse, and the ex-spouse will be removed as a dependant from the date of divorce.
- The Principal Member must notify the Fund within 30 days when a life partnership ends, and the partner will be removed as a dependant from the date of separation.
- The Principal Member must notify the Fund within 30 days of the death of a spouse. The spouse will be removed from the Fund from the date of death.
- Claims paid by the Fund for an ex-spouse after separation/divorce/death must be reimbursed to the Fund by the Principal Member.

Student/Child

- Children over 18 who are not enrolled in a recognised tertiary institution will be removed from the Fund on their 18th birthday.
- Students must submit proof of enrollment by the 28th of February each year, or they will be removed as dependants.
- Students who successfully complete their qualifications will be removed as dependants.



SCHEDULE OF BENEFITS

Refer to the RFMCF Schedule of Benefit Brochure for a comprehensive breakdown of the benefit structure

Visit www.rfmcf.co.za for more information



KEY ASPECTS OF THE RFMCF BENEFITS SYSTEM

The following key aspects outline essential information regarding the RFMCF benefits system. Understanding these elements are crucial for members to effectively navigate their benefits and ensure they receive the necessary care while adhering to Fund protocols. Refer to the RFMCF Schedule of Benefits for a comprehensive breakdown of the benefit structure.

Benefit Cycle

- The benefit cycle runs from 01 January to 31 December each year.
- Members joining mid-cycle will receive pro-rated benefits.
- Transferring benefits between service categories is prohibited, and unused benefits will not carry over to the next benefit year.

Payment and Claims

- Authorisation does not guarantee payment; claims are subject to clinical validation, membership status, and available benefits.
- Benefits will be placed on hold if a membership profile is suspended and activated once outstanding fees are settled.

Compliance

- Members are responsible for understanding benefits and adhering to Fund protocols and rules.
- Compliance with the Schedule of Benefits and Fund processes is mandatory; failure to comply may result in delayed/restriction of medical benefits.

Clinical Protocols

- The Fund reserves the right to apply best-practice clinical protocols and case management for effective care and cost management.

Chronic Conditions and Oncology

- Claims for unregistered chronic conditions and oncology will be deducted from available day-to-day benefits.

Primary Healthcare Provider

- The SAMHS is the primary healthcare provider for all RFMCF members and registered dependants.
- Make use of the RFMCF DSPs where applicable to avoid out-of-pocket expenses.



REIMBURSEMENT RESPONSIBILITIES FOR MEDICAL TREATMENT COSTS

The Fund is not responsible for paying for healthcare treatment for beneficiaries if that treatment falls under other laws related to military service. For example:

- 1.If a service member gets injured on duty, there are specific laws (like the Compensation for Occupational Injuries and Diseases Act) that cover those medical costs, not the RFMCF.
- 2.When an RFMCF beneficiary is recalled to serve in the SANDF (Re-employment in the SANDF), their healthcare will be covered by the SANDF, not the RFMCF. Members must notify the Fund whenever they are called back to active service, regardless of their position/capacity. This is related to the Defence Act, 2002 (Act No 42 of 2002), which pertains to re-appointments in the Regular Force (e.g., PR, PS), Reserve Force (e.g., BV, KV, member only), or Auxiliary Service.

If the Fund is not informed about the above-mentioned and ends up paying claims related to injuries on duty or healthcare treatment when re-appointed, but later discovers this information, those claims will be reversed. The member will then be responsible for covering the costs.

In addition, the Fund can ask a beneficiary to pay back costs for any medical treatment provided to them if the injury or illness was caused by someone else. This is because they could have claimed damages from a third party if the Fund hadn't paid.



HEALTHCARE ACCESS BASED ON YOUR PLACE OF RESIDENCE

Accessing healthcare services varies depending on where the RFMCF beneficiary resides in relation to South Africa Military Health Service (SAMHS) facilities. 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.



Healthcare access when residing within 50KM of a SAMHS Facility

1. The **SAMHS** is your primary healthcare provider and must be your first point of entry for healthcare treatment.
2. If SAMHS cannot provide the necessary medical services, the SAMHS must provide you with a **DD63** to access healthcare treatment at a designated service provider. The DD63 must be provided to your outsourced designated service provider.
3. In the event that oral health services are outsourced, a **DD2703** authorisation is required before services are rendered. Contact the nearest SAMHS Oral Health Facility for the necessary outsourced authority.
4. Ensure you are referred to a **designated service provider** to avoid out-of-pocket expenses.
5. If you are on holiday or away from home and need healthcare, use the **RFMCF Mobi App** to find the nearest SAMHS facility. If you are further than 50km from a SAMHS facility, you may visit a designated service provider as outlined in the Schedule of Benefits.
6. **Acute medicine** must be obtained from SAMHS pharmacies; if they do not have stock, a Buy-out Form will allow access to a private pharmacy.
7. All **chronic medication** must be obtained from a SAMHS Pharmacy, regardless of place of residence.



Healthcare access when residing further than 50km from a SAMHS Facility

1. Members must use a **designated service provider** without a **DD63** (referral letter).
2. In the event that oral health services are required, a **DD2703** authorisation must be obtained from the nearest SAMHS Oral Health Facility.
3. Members may use private network pharmacies for **acute medication**.
4. All **chronic medication** must be obtained from a SAMHS Pharmacy, regardless of place of residence.



HEALTHCARE ACCESS FOR MEMBERS RESIDING IN NAMIBIA



- Only members who retired in Namibia before its independence or those with individually extended benefits qualify for coverage in Namibia. A special provision allows the Fund to cover medical, dental, and hospital treatment costs for Code 5 beneficiaries and their registered dependants stationed in former South West Africa prior to its independence on 21 March 1990, or those with individually extended benefits. Members must pay a levy at the prescribed rate (currently 20%).
- No new members will be included in this grouping.
- These members do not require authorisation for medical treatment within Namibia.
- Namibian members will pay for services upfront and can claim reimbursement. The RFMCF will cover 80% of claims, leaving the member responsible for a 20% co-payment.

The Fund is not responsible for any healthcare costs incurred outside South Africa. Beneficiaries who move abroad are ineligible for coverage while overseas, but may regain eligibility for benefits upon returning to South Africa, as long as they remain active members of the RFMCF.



PRE-AUTHORISATION GUIDELINE

The following offers a summary and guideline on who to contact for pre-authorisation, as well as which services require pre-authorisation and which do not. These benefits may be subject to available benefits. Refer to the Schedule of Benefits for the full breakdown of each benefit type.

RFMCF Pre-Authorisation | 012 679 4201 or preauth@rfmcf.co.za

Benefit Type	Is Pre-Authorisation Required?
All Hospital Admissions	Yes
Emergency Room casualty visits that result in hospitalisation	Yes
Auxiliary Services during hospitalisation	Yes
Specialised Radiology during hospitalisation or out-of-hospital	Yes
Rehabilitation (Post-surgery/trauma/stroke)	Yes
Treatment in a registered sub-acute facility or at home by an appropriately registered practitioner	Yes
Wound care Treatment	Yes
Organ Transplant	Yes
Chronic Renal Dialysis	Yes
Internal Prosthesis	Yes
Intraocular Lenses	Yes
Hearing Aid Repairs	Yes
External Prosthesis	Yes



PRE-AUTHORISATION GUIDELINE

The following offers a summary and guideline on who to contact for authorisation, as well as which services require pre-authorization and which do not. These benefits may be subject to available benefits. Refer to the Schedule of Benefits for the full breakdown of each benefit type.

Healthcare Programmes

Benefit Type	Is Pre-Authorisation required?
Oncology Treatment	Yes, oncology@rfmcf.co.za or 012 679 4201
Chronic Registration	Yes, chronicregistration@rfmcf.co.za or 012 679 4201

Other Healthcare Services

Benefit Type	Is Pre-Authorisation Required?
Ambulance Transportation Services	Yes, ER24 (084 124)
Optical Services	Yes, Opticlear (012 679 4200)
Home Oxygen Services	Yes, Ecomed (011 955 5710)
Oral Health Services	Yes, SAMHS (DD2703)
Preventative Benefits	No
Incontinence Products	No, but SAMHS Buy-out/DSP Prescription
Stoma therapy	No, but SAMHS Buy-out/DSP Prescription
Pathology out-of-hospital	No
Basic Radiology out-of-hospital	No
Primary Healthcare Benefit Extender	No, however, subject to DRM Registration
Psychiatric Hospital Admission	Yes, psychology@rfmcf.co.za



BENEFITS CATEGORIES

The RFMCF manages healthcare benefits through a Schedule of Benefits (SOB), available on the RFMCF website (www.rfmcf.co.za). The SOB outlines healthcare benefits. Understanding the SOB is essential for knowing your coverage and accessing services, with benefit allocations influenced by your proximity to a SAMHS facility. For detailed information on each benefit category, refer to the SOB brochure. The terminology of each benefit category is explained below.

Clinical protocols are used as standardised guidelines and procedures to ensure consistent and effective medical care based on best practices and evidence. Managed healthcare involves organising and coordinating care through structured programs and networks to optimise patient outcomes, control costs, and improve service quality. As a retired member, the focus is on what you need rather than what you want, with benefits specifically aligned to the retirement phase of your life. The Fund, through its Managed Healthcare Provider, reserves the right to implement best-practice clinical protocols and case management to ensure appropriate care and cost-effective management.

Hospitalisation

The SAMHS is the primary healthcare provider for all hospital treatments for RFMCF members and registered dependants. Private hospital admissions require the use of a DSP and pre-authorisation, which can be obtained by calling 012 679 4201, faxing 012 111 9068, or emailing preauth@rfmcf.co.za. A 30% co-payment applies if members choose to use Non-DSP hospitals. Pre-authorisation, clinical protocols, and case management are required.

Major Medical Expenses

The SAMHS is the main healthcare provider for all major medical services for RFMCF members and registered dependants. Accessing these services requires the use of a DSP and pre-authorisation when outsourced, which can be obtained by calling 012 679 4201, faxing 012 111 9068, or emailing preauth@rfmcf.co.za.

Day-to-day Services

The SAMHS is the main healthcare provider for all day-to-day services for RFMCF members and registered dependants. In the event that SAMHS is unable to render day-to-day healthcare services, the DSP must be utilised as per the Schedule of Benefits.

Pharmacy Clinic Consultation

Each family is entitled to 10 consultations annually at selected pharmacy clinics for comprehensive healthcare. Key guidelines include using SAMHS facilities as your first point of contact, followed by Pharmacy Clinic Consultations if SAMHS is unavailable. The consultations allow for nurse visits, with the option to connect to a General Practitioner for an online consultation at the clinic if further intervention is needed.

Mental Health Services (Psychology/ Psychiatry and Social Workers)

The SAMHS is the main healthcare provider for all mental health services for RFMCF members and registered dependants. Psychology, psychiatry, and social worker services are part of the mental health benefits for RFMCF beneficiaries, available in-hospital and out-of-hospital, subject to pre-authorisation, available benefits and clinical protocols when outsourced. The Fund exclusively covers clinical and counseling psychologists for these services. To obtain pre-authorisation for psychiatric treatment, contact the RFMCF Pre-Authorisation Department at 012 679 4201, email psychology@rfmcf.co.za, or fax 012 111 9068. For in-hospital care, only a psychiatrist can admit a patient to a specialised facility, and a DSM-V Classification Form (clinical evaluation form) must be submitted for review. For detailed benefits, refer to the Schedule of Benefits.

Basic Radiology & Pathology

The SAMHS is the main healthcare provider for all basic radiology and pathology services for RFMCF members and registered dependants. If outsourced, a referral from a DSP is required for these services, and it's important to note that the annual family limit does not include specialised radiology services like MRI and CT scans.

Specialised Radiology

The SAMHS is the main healthcare provider for all specialised radiology services for RFMCF members and registered dependants. If outsourced, specialised radiology is subject to pre-authorisation, and clinical protocols apply. These services have specific quantity limits (2 per family per annum), and can only be requested by a specialist.

Oral Health Services

The SAMHS is the primary healthcare provider for all oral health services for RFMCF members and registered dependants. Private dental treatment requires authorisation (DD2703) from the SAMHS Oral Health Department if the treatment cannot be provided by the SAMHS, irrespective of your place of residence.

Ambulance Services

ER24 is the DSP for RFMCF members for emergency transportation. To obtain pre-authorisation, contact ER24 at 084 124.

ER24 offers emergency response services, including call answering, dispatching ambulances, providing pre-arrival instructions, medical information, and telephonic crisis counseling. Transportation involves transferring patients from emergency scenes to registered acute care facilities, with decisions on road or air transport made by ER24.

Certain exclusions apply, such as non-emergency transport and transfers to psychiatric facilities without proper pre-authorisation. Inter-facility ambulance transportation requires ER24 approval and is limited to specific situations, including transfers to DSPs when necessary resources are unavailable. Additional exclusions include transfers to outpatient appointments, transportation for dialysis or diagnostic tests, and transfers for social reasons. All non-standard cases must receive pre-authorisation from the ER24 Fund Manager.

To access services, a members or representatives must:

- Contact ER24 at 084 124 for pre-authorisation.
- Provide the following information:
 - VPA membership number
 - Personal details
 - Contact information and location
 - Brief description of the emergency or assistance needed.

Important Notes:

- ER24 will dispatch the closest and most appropriate contracted service provider.
- ER24 is not liable for delays or costs if members fail to identify themselves as RFMCF members.
- Claims not authorised by ER24 or deemed medically inappropriate will result in member liability.
- If an ambulance is used and deemed not an emergency, the member will be responsible for the costs.
- A co-payment will apply for voluntary use of a non-DSP ambulance service provider.

Optical Services

Optical benefits are managed by Opticlear on behalf of the Fund. To obtain optical benefits, contact Opticlear. If benefits are available, a unique pre-authorisation number will be generated; however, this does not guarantee payment, as claims must undergo final clinical validation. Members can find network optometrists by visiting the RFMCF website or visit <http://opticlear.co.za/Providers>. Refer to the Schedule of Benefits for a comprehensive benefit layout.

Medical Emergencies

In a medical emergency (as per definition on page 13), you may consult the nearest private healthcare practitioner or hospital if it is closer than the nearest SAMHS facility. If the emergency leads to a hospital admission, pre-authorisation must be obtained the next working day by contacting the Pre-Authorisation Department at 012 679 4201, emailing preauth@rfmcf.co.za, or faxing 012 111 9068. For medical emergency transportation, contact ER24 on 084 124 for ambulance services.

Preventative services

The SAMHS is the main healthcare provider for all preventative services for RFMCF members and registered dependants. Preventative services are essential for identifying underlying health risks, enabling beneficiaries to take proactive measures against future health issues. The preventative benefit limit is separate from annual day-to-day benefits, and these services do not require pre-authorisation when outsourced. Each beneficiary is entitled to one test or injection per year unless stated otherwise. Claims must include specific tariff codes for these tests; any claims with unlisted codes will be paid from day-to-day benefits. The first claim submitted with the correct codes will be paid from the preventative benefit, while subsequent claims will be paid from the applicable day-to-day benefits.

Out-of-hospital medical appliances, supplementary and auxiliary services

The SAMHS is the primary healthcare provider for all medical appliances and supplementary services for RFMCF members and registered dependants. This includes home oxygen, hearing aids, incontinence products, general medical and orthopaedic appliances, and external prosthesis, stoma therapy, as well as auxiliary services such as audiology, physiotherapy, podiatry, dieticians, occupational therapy, and speech therapy. These benefits are subject to available limits, quantity management and benefit cycles and may require the use of a Designated Service Provider.

Medication

- **ACUTE** medication is used for a short duration. The acute medication dispensing cycle is after 3 days from the last dispensing date.
- **CHRONIC** medication is taken for extended periods (6+ months). The chronic medication dispensing cycle is after 24 days from the last dispensing date.

To avoid out-of-pocket expenses, ask your local pharmacist for a generic alternative, which has the same active ingredients as the original brand but is usually more affordable. All non-formulary or quantity exceptions must be motivated for dispensing.

ACUTE Medication

(Process Based on Place of Residence)

- For Members within 50km of a SAMHS Facility:
 - Utilise the SAMHS as your primary provider for both acute and chronic medication.
 - If the SAMHS does not have stock available, a Buy-out Form will be issued by the SAMHS Pharmacy for private pharmacy dispensing.
- For Members outside 50km of a SAMHS Facility:
 - Members may directly use private network pharmacies for medicine dispensing.

CHRONIC Medication

(Process Regardless of Place of Residence)

- All chronic medication must be obtained from a SAMHS Pharmacy
- Members can arrange courier services for chronic medication directly with the SAMHS Pharmacy.
- If the SAMHS Pharmacy is out of stock, a Buy-out will allow collection at a private network pharmacy.
- Private network pharmacies will require the prescribing doctor's practice number to dispense medication.
- Ensure your chronic condition is registered on the Disease Risk Management Programme.

BUY-OUT Medication

If a SAMHS Pharmacy does not have the required medication, a Buy-out form must be issued by SAMHS to collect it from a private network pharmacy, as per the Pharmacy Network listed on the RFMCF website.

EXTENDED Supply

If a beneficiary plans to travel abroad for an extended period and needs chronic medication in advance, they must send a letter and a list of required medications to chronic@rfmcf.co.za for review.

Exception Management

The Exception Management process is designed to provide additional support when members' benefits have been depleted. If you require medically necessary treatment after your benefits are exhausted, you must apply for additional benefits by completing the Exception Management for treatment required. Contact the Pre-Authorisation Department at 012 679 4201 or email preauth@rfmcf.co.za. The Fund will review your request and determine if the treatment aligns with clinical protocols. Supporting documentation may be required for processing your request.



TRAVEL CLAIMS

The travel claim allows members to seek reimbursement for transport costs related to medical treatment when admitted in hospital and deemed unfit to travel independently.

To request travel reimbursement, complete the Travel Claim Form available on the RFMCF website and send it to finance@rfmcf.co.za for review.

Ensure the following:

- The Travel Claim Reimbursement Form is fully completed.
- Provide proof of admission/hospitalisation.
- Include invoices/quotes for transportation if using ambulance, public, or private services.

Note:

- The reimbursement will be based on the cheapest bus quote if private transport is used.
- Travel arrangements must be made by the RFMCF Member or their family/friends.

Reimbursements are subject to the SANDF General Regulations, which state that transportation may be authorised by the Surgeon-General when a patient is deemed unfit to travel due to their medical condition. The Fund will cover transport costs as specified by Treasury tariffs.

Definition of "unfit": A patient is considered unfit for travel if their medical condition significantly risks their health or safety during the journey, as determined by a healthcare professional.

Exclusions:

- Costs for military transport or transport at State expense.
- Travel expenses incurred in Namibia.
- Traveling costs for socio-welfare-related reasons.
- Toll road fees, accommodation, meals, and weekend passes for admitted patients.
- Travel for sickbay or outpatient consultations.

Claims will not be processed if any requirements are incomplete or inaccurate.



Healthcare Programmes



DRM PROGRAMME

Managing Your Chronic Condition: An Overview of the DRM Programme

Effectively managing a chronic condition is essential for maintaining long-term health, preventing complications, and reducing the need for hospitalisation. The Disease Risk Management (DRM) Programme is designed to support you in this journey by offering a personalised treatment plan and access to health information tailored to your specific diagnosis.

Key Benefits of the DRM Programme

- Personalised Treatment Plan
 - The programme provides a customised care plan for managing 27 core chronic conditions, which includes consultations, regular monitoring, and condition-specific testing (e.g. routine pathology tests for diabetes).
- Proactive Health Management
 - By participating in the DRM Programme, you take an active role in managing your health. This proactive approach helps prevent complications and minimises unnecessary hospital admissions.

Conditions Covered by the DRM Programme

- 27 Core Chronic Conditions
 - These conditions qualify for a full management plan, including medication, consultations, and diagnostic tests as outlined in the DRM benefit.
- 19 Additional Chronic Conditions
 - These conditions are covered under the Chronic Medicine Benefit for medication only. Related consultations and tests are paid from your day-to-day benefits.

How to Register for the DRM Programme

1. Download the Relevant Form

- Visit <https://rfmcf.co.za/drm/> to access the appropriate application form:
 - Use the Self-Registration Chronic Application Form if you are already diagnosed and receiving treatment.
 - Use the Chronic Application Form for newly diagnosed conditions.

2. Submit Your Form

- Email your completed form to: chronicregistration@rfmcf.co.za

3. Confirmation of Registration

- Once your registration has been processed, you will receive confirmation from the Fund.



Important Note: Chronic condition registrations cannot be backdated. Timely registration is essential to ensure claims are processed correctly. You only need to register each condition once.

RFMCF Medicine Formulary

- The RFMCF Medicine Formulary is available on the RFMCF website: <https://rfmcf.co.za/drm/>
- The formulary serves as a guide to help you manage co-payments for registered chronic medications that have been outsourced by SAMHS through the Buy-Out process. These Buy-Out medications must be collected from a designated network pharmacy. To locate a network doctor or pharmacy near you, visit www.rfmcf.co.za.
- All chronic condition medications listed in the RFMCF Medicine Formulary are covered. However, please be aware that co-payments may still apply, and these exclude pharmacy dispensing fees.

Generic Reference Pricing Policy

- RFMCF follows a generic reference pricing model where clinically appropriate generic alternatives are available. Similarly to the SAMHS policy, the use of generic medication is strongly encouraged.
- If a member chooses to use a more expensive originator product instead of the approved generic, they will be liable for paying the price difference out of pocket.
- In cases where there are clinical reasons for not using the generic alternative, the treating clinician may submit a letter of motivation. In cases where there are clinical reasons for not using the generic alternative or other exceptions, the treating clinician must submit a letter of motivation to the SAMHS Pharmacist for review.

Medicine Benefit Overview

- Chronic Medicine Benefit
 - There is no overall limit on the Chronic Medicine Benefit for conditions that are formally registered under the Disease Risk Management (DRM) Programme.
- Acute Medicine Benefit
 - This benefit is subject to variation based on family size. If your chronic condition has not been registered, any related medication will be funded from the Acute Medicine Benefit instead.

For more detailed information, please consult the 2026 Schedule of Benefits.



Important Information

- The South African Military Health Service (SAMHS) remains your primary healthcare provider for medical treatment and medication dispensing.
- All chronic medication must be dispensed by the SAMHS. The SAMHS now also offers courier services for chronic medicine. If a Buy-Out has been issued, the medication must be collected from a network pharmacy. To find a network doctor or pharmacy near you, visit www.rfmcf.co.za.
- Any guidance provided by RFMCF regarding medications or the management of your condition is intended to support—not replace—the clinical judgement and expertise of your doctor, pharmacist, or other healthcare professional. If the SAMHS issues a Buy-Out for a supply that exceeds one month, please note that:
- The prescription can only be filled at a private pharmacy in line with the dispensing cycle (e.g. 1 tablet a day over a 30-day period means only 30 pills should be dispensed).
- Early dispensing is not allowed.
- If you are travelling and require an extended supply of your medication, you must follow the extended supply application process.

For more detailed information, please consult the 2026 Schedule of Benefits and visit <https://rfmcf.co.za/drm/>



27 Core Chronic Conditions

- Addison's Disease
- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy Disease
- Chronic Kidney/Renal Failure
- Chronic Obstructive Pulmonary Disorder (COPD)
- 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
- Ulcerative Colitis

19 Additional Chronic Conditions

- Acne
- Allergic Rhinitis
- Alzheimer's Disease
- Benign Prostatic Hyperplasia
- Deep Vein Thrombosis
- Diverticular Disease/Irritable Bowel Syndrome
- Gastro-Oesophageal Reflux Disease (GORD)
- Hyperthyroidism
- Hypoparathyroidism
- Interstitial Fibrosis
- Iron Deficiency Anaemia
- Menopause
- Migraine
- Myasthenia Gravis
- Osteoporosis
- Paraplegia & Quadriplegia
- Peripheral Vascular Disease
- Psoriasis
- Urinary Incontinence



ONCOLOGY

The **Oncology Programme** provides comprehensive support for members diagnosed with cancer, offering access to necessary treatment and benefits. Members are required to obtain pre-authorisation for diagnostic tests and treatments, which are covered under oncology benefits once a diagnosis is confirmed. The programme includes a network of ICON network providers (DSPs) to ensure optimal care, and it also facilitates the dispensing of oncology medication. Members can register and authorise their treatment plans, with additional support available for palliative care as needed.

Oncology Programme

- **Pre-Authorisation for Tests:** Obtain pre-authorisation for diagnostic tests (e.g., MRIs, biopsies) as these are funded from day-to-day or hospital benefits. Please contact 012 679 4201 or email preauth@rfmcf.co.za to obtain authorisation for diagnostic purposes.
- **Register on the Oncology Programme:** If cancer is confirmed, register on the Oncology Programme to authorise your treatment plan as outlined by your treating provider (SAMHS or DSP). Register by sending the histology report and active treatment plan to oncology@rfmcf.co.za. The costs for diagnostic investigations and approved treatment plans are covered by oncology benefits.
- **Inform Your Doctor:** Let your treating doctor know about your oncology benefits and use DSPs to avoid co-payments.
- **Medication Dispensing:** Oncology medication is dispensed by the SAMHS Pharmacy, irrespective of your place of residence; for outsourced medications (Buy-out), contact Dis-Chem Oncology or Medipost.
- **Update Treatment Plans:** If your treatment plan changes, send the revised plan to oncology@rfmcf.co.za.
- **Palliative Care:** Contact the Oncology Department for guidance in terms of requesting palliative care, and send the necessary supporting documentation to oncology@rfmcf.co.za for review.

Contact Information: For enquiries relating to your Oncology Programme, contact 012 679 4201 or email oncology@rfmcf.co.za.



BENEFIT EXCLUSIONS

The exclusion list provides examples of items and services not covered by the RFMCF, including but not limited to the following:

01. No benefits available when travelling abroad
02. Costs incurred due to injury on duty while in active force
03. Healthcare assessments for license renewals
04. Vitamins
05. Accommodation in a private hospital room, unless clinically motivated and approved by the Fund
06. Healthcare services/treatment not approved by the Fund
07. Cremations
08. Accommodation in old age homes
09. Caregivers
10. Accommodation and treatment in spas and resorts for health or slimming
11. Chiropractic, homeopathic, or alternative medicine treatments
12. Costs of holidays for recuperative purposes
13. Medical examinations for insurance
14. Funerals
15. Sabbaticals
16. Stale claims (submitted after 4 months from the date of service)
17. Claims submitted without necessary supporting documentation
18. No coverage for sunglasses or lenses with a tint over 35%
19. Subsistence and accommodation allowance
20. Non-medical expenses
21. Cosmetic procedures and aesthetic plastic surgery
22. Expenses recoverable from a third party, such as the Road Accident Fund and Workmen's Compensation Fund
23. Infertility treatment



BENEFIT EXCLUSIONS

The exclusion list continues hereunder:

24. Reflexology
25. Dermal needle therapy
26. Acupuncture
27. Charges for missed appointments
28. Repairs of orthotics, prosthetics, footwear, and surgical wear
29. Infrared and ultraviolet treatments
30. Cold packs
31. General body adjustments
32. General osteopathic treatment
33. Lifestyle advice/counselling
34. Over-the-counter (OTC) medication
35. Foot repair cream
36. Genetic counselling
37. DNA extraction
38. RNA extraction
39. Psychometric testing
40. Healthcare treatment when re-appointed in the SANDF
41. Frail care treatment and accommodation
42. Mobility scooters



Designated Service Providers



SOUTH AFRICAN MILITARY HEALTH SERVICE (SAMHS)

The South African Military Health Service (SAMHS) is the primary healthcare service provider for all RFMCF members and their registered dependants. The SAMHS comprises various healthcare facilities, including sickbays, pharmacies, military hospitals, and specialised clinics. It's crucial for all RFMCF members, regardless of their location, to be familiar with these services to ensure they utilize SAMHS whenever possible. This awareness is essential not only for those living near SAMHS facilities but also for members traveling or on holiday.

A comprehensive list of SAMHS healthcare facilities is available on the RFMCF website and Mobi App. Members can also contact RFMCF Client Services at 012 679 4200 for assistance and guidance.

1 Military Hospital

- Location: Thaba Tshwane, Pretoria
- Services: Offers a range of medical and surgical services, including emergency care, outpatient services, and specialised treatments.
- Contact Details:
 - Phone: 012 314 0999

2 Military Hospital

- Location: Cape Town
- Services: Provides comprehensive healthcare services, including general medicine, surgery, and specialised departments for various health needs.
- Contact Details:
 - Phone: 021 799 6911

3 Military Hospital

- Location: Bloemfontein
- Services: Delivers a wide range of healthcare services, focusing on both inpatient and outpatient care, as well as rehabilitation services.
- Contact Details:
 - Phone: 051 402 2230



DESIGNATED SERVICE PROVIDERS (DSP)

A DSP is a healthcare provider selected by the Fund to offer services at negotiated rates, ensuring quality care. It is crucial for members to be aware of who the DSPs are to make informed choices about their healthcare needs and to avoid unexpected costs. You can use the search options on the **RFMCF Mobi App** or visit **www.rfmcf.co.za** to find your nearest SAMHS facility, Pharmacy Clinic, General Practitioner, Specialist, and Hospital in your area.

The RFMCF Provider Network is continuously expanding, allowing the Fund to maintain a broad footprint of healthcare services throughout South Africa. If your doctor is not listed, please email their details to rfmcfprovider@ppsha.co.za and the Fund will reach out to them to discuss joining the network. The Fund's healthcare providers are listed below:

Pharmacy Clinics	Search for a pharmacy clinic near you to consult a Nurse and online General Practitioner
General Practitioner (GP)	Search for a General Practitioner
Specialist	Search for a Specialist in the required discipline/speciality field
Hospital	Search for various types of hospitals



THIRD PARTIES

Third parties refer to external organisations or service providers that the Fund has appointed to manage specific benefits and services, leveraging their expertise in various fields. This approach ensures that members receive specialised care and efficient service delivery, allowing the Fund to focus on overall management while enhancing the quality of healthcare services offered to its members. Herewith is a list of third parties appointed by the Fund:

Ambulance Service Management	ER24	Visit: https://rfmcf.co.za/third-parties/#ER24
Network Pharmacies	MediKredit Pharmacies	Visit: https://rfmcf.co.za/third-parties/#Pharmacy-Network
Optical Benefit Management	Opticlear	Visit: https://rfmcf.co.za/third-parties/#Optometry-Network
Home Oxygen Benefit Management	Ecomed	Visit: https://rfmcf.co.za/third-parties/#Ecomed
Oncology	ICON	Visit: https://rfmcf.co.za/third-parties/#icon

What is the difference between Third Parties and DSPs?

While third parties are external organisations appointed by the Fund to manage specific benefits or services, DSPs on the other hand, are selected healthcare providers that offer specific services at negotiated rates to ensure cost-effective and quality care for members. In summary, third parties handle the administration of certain benefits, while DSPs deliver direct healthcare services.



INVOICE

MEDICAL CLAIMS

A claim is initiated when a patient visits a medical practitioner and needs to request reimbursement for the services received. The claims submission process includes the following key steps:

- Claims (invoices) can be submitted electronically or via email to claims@rfmcf.co.za.
- Members are responsible for providing all necessary supporting documentation for the services rendered.
- If a member has paid for services upfront, they must submit the detailed invoice together with the receipt for reimbursement.
- Claims can also be submitted through the RFMCF Mobi App.
- Claims must be submitted within 4 months to avoid rejection as stale.
- Rejected claims must be followed up within 30 days from the date of rejection.

For claim refunds, ensure that the Fund has your current bank details on file. It is recommended that members ask their service providers to submit claims electronically (EDI claims) to ensure timely processing. If you notice a claim has not been submitted, follow up with the service provider.

Once claims are processed, you can check their status on the RFMCF Mobi App or the Member Web Portal at www.rfmcf.co.za. Members will receive monthly statements via email detailing processed claims. It is essential to review these statements for accuracy. If any discrepancies are found, please contact the Client Service Centre at 012 679 4200 or info@rfmcf.co.za immediately. If you suspect fraudulent activity regarding your claim, report it to fraud@rfmcf.co.za or call 0860 444 120.

Claims can only be processed by the Fund if the following information is included:

01. Principal Member Details (Initials & Surname)
02. VPA Member Number
03. Name of the Fund
04. Patient Information (Name & Surname and dependant code)
05. Provider Name and Practice Number
06. Referring Doctor's Practice Number (if applicable)
07. Date of Treatment
08. Tariff Code(s)
09. Cost of Each Service
10. ICD-10 Code(s) - Diagnosis Code
11. Duration of the Procedure (if applicable)
12. NAPPI Code, including the Name, Quantity, and Price of Medication (if applicable)

A quote, letter of demand, or receipt alone does not constitute a valid claim. Generally, claims are submitted by service providers on behalf of patients. It is the member's responsibility to verify and follow up on all claims to ensure accuracy and completeness for successful processing.



Personal
Information

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PROTECTION OF PERSONAL INFORMATION ACT

The Protection of Personal Information Act (POPIA) commenced on 01 July 2020 and regulates the handling of personal information. The Fund is required to safeguard members' personal data and cannot disclose details to unauthorised parties.

Consent

To comply with the POPI Act, we prioritise the security of member information. If members wish to authorise a third party—such as a SAMHS member, friend, or colleague to manage their Fund information, an official consent letter/form is needed.

Obtain the official RFMCF Consent form on the RFMCF website, alternatively, the Principal Member must write a letter of consent, and must include the third party's:

- Full name
- Cell phone number
- Email address
- ID number
- Indicate whether they will have partial or full access to your profile

To authorise a third party to access your membership profile, please email the above details to info@rfmcf.co.za.

Promotion of Access to Information Act (PAIA)

The Promotion of Access to Information Act (PAIA) supports the constitutional right to access information held by the state and by others necessary for exercising or protecting rights. To request access to the call recordings, or documents needed, Members should complete the PAIA form and submit it to the Fund to info@rfmcf.co.za for review. The RFMCF PAIA Manual is available on the RFMCF website (www.rfmcf.co.za).



This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.