2026

RFMCF

SCHEDULE OF BENEFITS

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KEY ASPECTS OF THE RFMCF BENEFITS SYSTEM

The following key aspects outline essential information regarding the RFMCF benefits system. Understanding these elements is crucial for members to effectively navigate their benefits and ensure they receive the necessary care while adhering to Fund protocols. Refer to the RFMCF Member Guide for further information.

Benefit Cycle

- The benefit cycle runs from 01 January to 31 December each year.
- Members joining mid-cycle will receive pro-rated benefits.
- Transferring of benefits between service categories are not allowed 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 South African Military Health Service (SAMHS) is the primary healthcare provider for all RFMCF members and registered dependants.
- Make use of the RFMCF Designated Service Providers (DSPs) where applicable to avoid out-of-pocket expenses.

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:** SAMHS manages the medicine formulary, which is a list of medications available for RFMCF beneficiaries, and the Fund cannot override it. Any special requests outside the formulary must be directed to a SAMHS pharmacy.

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.

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 should visit a **DSP**, there is no need to obtain a DD63 (referral letter) prior to services being rendered.
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 c**hronic 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.

BENEFIT CATEGORIES

Below is the breakdown of the 2026 Schedule of Benefit categories, including the benefits and explanations of how each one works. It's important to note that the SAMHS is your primary healthcare provider and must always be your first point of contact. Any outsourced services rendered outside of SAMHS must be performed at a Designated Service Provider (DSP), where the Fund has negotiated special rates to minimise out-of-pocket expenses for members.

Please read this Schedule of Benefits in conjunction with the RFMCF Member Guide to fully understand how the Fund operates. 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.

- **Medical & Surgical Hospital Admission Services**
- **Physical Rehabilitation**
- **Mental Health Services**
- **Oncology Programme**
- **Major Medical Expenses**
- **Day-to-Day Healthcare Benefits (out-of-hospital)**
- **Medication**
- **Optical Services**
- **Oral Health Services**
- **Preventative Services**
- **Ambulance Services**
- **Out-of-Hospital Medical Appliances, Supplementary and Auxiliary Services**
- **Primary Care Benefit Extender**

Healthcare Management: 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.

2026 SCHEDULE OF BENEFITS

1. Medical & Surgical Hospital Admission Services

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 Designated Service Provider (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 applies.

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
1.1	**Hospital Admission** Ward Accommodation: Only general, high care and ICU. Private wards are excluded.	012 679 4201 preauth@rfmcf.co.za	• Subject to pre-authorisation • 100% Negotiated Tariff apply • Clinical protocols and case management applies • 30% copayment will apply for the voluntary use of a non-network hospital.
1.2	**Emergency Room casualty visits** that result in hospitalisation	012 679 4201 preauth@rfmcf.co.za During operating hours or the next working day	• Subject to pre-authorisation • 100% Negotiated Tariff apply • Clinical protocols and case management applies • If admitted to a non-network hospital, the patient will be transferred to a network hospital once stabilised.
1.3	**Specialist and General Practitioner** Procedures during hospitalisation	Subject to the primary pre-authorisation of the hospital admission/event	• Subject to pre-authorisation • Subject to the use of a network Specialist/General Practitioner • 100% Negotiated Tariff apply • Clinical protocols and case management applies

1. Medical & Surgical Hospital Admission Services

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
1.4	**Auxiliary services during hospitalisation** Example: Audiology, Podiatry, Dietician, Occupational Therapy, Speech Therapy, Physiotherapy	Subject to the primary pre-authorisation of the hospital admission/event	• R6,300 per family per annum • Subject to pre-authorisation • 100% Negotiated Tariff apply • Clinical protocols and case management applies
1.5	**Specialised Radiology during hospitalisation** Example: MRI, CT and Radio-Isotope scans	012 679 4201 preauth@rfmcf.co.za	• Subject to pre-authorisation • 2 Specialised radiology scans are available per family, whether done in- or out-of-hospital • 100% Negotiated Tariff applies • Only a Specialist can refer a patient for Specialised Radiology
1.6	**Basic Radiology** during hospitalisation	Subject to the primary pre-authorisation of the hospital admission/event	• Basic radiology scans are covered as part of the hospital admission, which is subject to pre-authorisation • 100% Negotiated Tariff apply • Clinical protocols and case management applies
1.7	**Pathology** during hospitalisation	Subject to the primary pre-authorisation of the hospital admission/event	• Pathology tests are covered as part of the hospital admission, which is subject to pre-authorisation • 100% Negotiated Tariff apply • Clinical protocols and case management applies
1.8	**Prescribed Medicine** on discharge from hospital	Subject to the primary pre-authorisation of the hospital admission/event	• Limited to a 7-day supply upon discharge from hospital subject to the out-of-hospital acute medicine benefit • Single Exit Price plus dispensing fees will apply • MMAP applies

2. Physical Rehabilitation

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
2.1	**Rehabilitation** (Post-surgery/trauma/stroke)	012 679 4201 preauth@rfmcf.co.za	• R84,619 per family per annum • Subject to pre-authorisation and the use of a Designated Service Provider • 100% Negotiated Tariff apply • Clinical protocols and case management applies
2.2	**Treatment in a registered sub-acute facility or at home by an appropriately registered practitioner**	012 679 4201 preauth@rfmcf.co.za	• R18,282 per beneficiary per annum, subject to the overall benefit of 2.1 • Subject to pre-authorisation • 100% Negotiated Tariff applies • Clinical protocols and case management applies
2.3	**Wound care Treatment** at home, including surgicals, by an appropriately registered practitioner	012 679 4201 preauth@rfmcf.co.za	• R7,060 per beneficiary per annum, subject to the overall benefit of 2.1 • Subject to pre-authorisation and the use of a Designated Service Provider • 100% Negotiated Tariff apply • Clinical protocols and case management applies

Mental Health Services

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
3.1	**Psychiatric Hospital Admission** Example: Mental health and substance abuse	012 679 4201 psychology@rfmcf.co.za	• Subject to the pre-authorisation and the use of a Designated Service Provider • Admission is limited to 21 days per beneficiary per annum • 100% Negotiated Tariff applies. • Clinical protocols and case management applies • Only a psychiatrist can request hospital admission at a psychiatric facility.
3.2	**Psychology & Support Services Out-of-Hospital**	No authorisation required, subject to available benefits.	• R5,892 per family per annum • 100% RFMCF Tariff applies • Only Psychiatrists, Social Workers and Clinical & Counselling Psychologists are covered

Oncology Programme

All oncology patients must register on the Oncology Programme, irrespective whether the services as rendered at a SAMHS or Designated Service Provider.

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
4.1	**Active Oncology** Example: Chemotherapy, Radiation, Consultations, Tests	012 679 4201 oncology@rfmcf.co.za	• R321,360 per beneficiary per annum • Subject to pre-authorisation • All active oncology treatment must be authorised on the Oncology Programme • Subject to the use of a Designated Service Provider • 100% Negotiated Tariff apply • Clinical protocols and case management applies • Oncology Medicine must be dispensed from the a SAMHS facility
4.2	**Specialised Radiology** relating specifically to oncology treatment Example: PET, MRI, CT and Radio-Isotope scans	012 679 4201 oncology@rfmcf.co.za	• R32,140 per beneficiary will apply per annum, subject to the overall annual oncology benefit (4.1) • Subject to pre-authorisation and must be requested by an Oncologist. • 100% Negotiated Tariff applies • Clinical protocols and case management applies

Major Medical Expenses

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
5.1	**Organ Transplants**	012 679 4201 preauth@rfmcf.co.za	• R780,000 per beneficiary per annum • R26,700 per beneficiary for corneal grafts will apply per annum, subject to the overall annual organ transplant benefit • Subject to the pre-authorisation and the use of a Designated Service Provider • 100% Negotiated Tariff applies. • Clinical protocols and case management applies
5.2	**Chronic Renal Dialysis**	012 679 4201 preauth@rfmcf.co.za	• Subject to the pre-authorisation and the use of a Designated Service Provider • 100% Negotiated Tariff applies. • Clinical protocols and case management applies

Major Medical Expenses

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
5.3	**Internal Prosthesis** This benefit is only applicable to the prosthesis component, used in theatre for a joint replacement/spinal surgery/cardiac prosthesis (including heart pacemakers and all other internal prosthesis)	012 679 4201 preauth@rfmcf.co.za	• R53,600 per beneficiary per annum • Subject to pre-authorisation and the use of a Designated Service Provider • 100% Reference Pricing applies • Clinical protocols and case management applies • Sub-limits apply per body region (example: shoulder, hip, knee)
5.4	**Intraocular Lenses**	012 679 4201 preauth@rfmcf.co.za	• R3,750 per beneficiary per eye will apply per annum • Subject to pre-authorisation and the use of a Designated Service Provider • 100% Negotiated Tariff applies • Clinical protocols and case management applies

Day-to-Day Healthcare Benefits (Out-of-Hospital)

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
6.0	**SAMHS Healthcare Facility/Sickbay Consultations**	No authorisation required If within 50km from a SAMHS facility, a DD63 referral is required if outsourced	• SAMHS is your first point of contact, if unavailable, visit a Pharmacy Clinic
6.1	**Pharmacy Clinic Consultations**	No authorisation required, subject to available benefits If within 50km from a SAMHS facility, a DD63 referral is required if outsourced	• 10 Pharmacy Clinic Consultations are available per family per annum • Subject to the use of a network pharmacy clinic only • The online General Practitioner (GP) cannot be seen without a referral from the nurse. • The nurse and GP consultation will count as 1 visit • 100% Negotiated Tariff applies

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
6.2	**General Practitioner and Specialist Consultations** Example: In-room consultation, minor procedures and consumables	No authorisation required, subject to available benefits If within 50km from a SAMHS facility, a DD63 referral is required if outsourced	**Family Size Annual Benefit:** Member = R3,490 Member +1 dependant = R6,110 Member +2 or more dependants = R9,170 • Subject to the use of a Designated Service Provider (DSP) • 100% Negotiated Tariff applies to DSPs • 100% RFMCF Tariff applies to non-DSPs • Consultations relating to chronic conditions registered on the Disease Risk Management Programme will not be processed from this benefit.
6.3	**Basic Radiology & Pathology**	No authorisation required, subject to available benefits If within 50km from a SAMHS facility, a DD63 referral is required if outsourced	**Family Size Annual Benefit:** Member = R5,200 Member +1 dependant = R7,720 Member +2 or more dependants = R10,300 • Referral by a healthcare provider is required • 100% RFMCF Tariff applies to Radiology • 100% Negotiated Tariff applies to Pathology
6.4	**Emergency room casualty visits that do not result in hospital admission**	No authorisation required, unless emergency results in hospital admission	• 100% RFMCF Tariff applies • Non-emergency casualty visits will be payable from the day-to-day General Practitioner and Specialist Consultations benefit (6.2)
6.5	**Specialised Radiology** Example: MRI, CT and Radio-Isotope Scans	012 679 4201 preauth@rfmcf.co.za	• Subject to pre-authorisation. • 2 Specialised radiology scans are available per family, whether done in- or out-of-hospital • Only a Specialist can refer a patient for Specialised Radiology • 100% Negotiated Tariff applies

Medication

	Benefit Type	Where to obtain Medication	Benefit Criteria
7.1	**Acute Medication** (Including Dispensing General Practitioners) Example: Medication is used for a short duration.	SAMHS Pharmacy Collection or Buy-out	**Family Size Annual Benefit:** Member = R1,400 Member +1 dependant = R1,600 Member +2 or more dependants = R1,900 • SAMHS Medicine Formulary applies • Obtain acute medication at a network pharmacy when a Buy-out applies • 100% Single Exit Price & Dispensing Fee will apply • MMAP applies • No over-the-counter medicine is covered.
7.2	**Chronic Medication** Example: Medication is taken for extended periods (6+ months). **Note**: Ensure qualifying chronic conditions are registered on the Disease Risk Management Programme.	SAMHS Pharmacy Courier, regardless of place of residence	• Subject to the use of a SAMHS Pharmacy • SAMHS Medicine Formulary applies • Outsourced chronic medication can only be dispensed outside of the SAMHS subject to a Buy-out, of which the Buy-out medication must be dispensed at a Network Pharmacy. Private pharmacies will require the prescribing doctor's practice number to dispense medication. • 100% Single Exit Price & Dispensing Fee will apply • MMAP applies

Optical Services

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
8.1	**Optometric Examination**	Opticlear	• 1 examination per beneficiary every second year from the last date of service • Subject to Opticlear authorisation • 100% Negotiated Tariff applies
8.2	**Lenses**	Opticlear	• 1 pair of generic clear plastic lenses per beneficiary every 24 months from the last date of service • Subject to Opticlear authorisation • 100% Negotiated Tariff applies

Optical Services

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
8.3	**Frames**	Opticlear	• Frames are limited to R470 per beneficiary every 48 months from the last date of service • Fitting (nylon or rimless, etc) not covered • Subject to Opticlear authorisation • 100% Negotiated Tariff applies
8.4	**Contact Lenses**	Opticlear	• 1 pair of hard contact lenses or 1 pair of soft contact lenses • Contact lenses are limited to R835 per beneficiary every 24 months • Beneficiaries qualify for either contact lenses or spectacles, not both • Subject to Opticlear authorisation • 100% Negotiated Tariff applies
8.5	**Sunglasses**	Opticlear	• No Sunglasses or lenses with a tint over 35% will be covered

Oral Health Services

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
9.1	**Oral Health Services out-of-hospital (Conservative, Restorative, and Specialised)**	SAMHS by means of a DD2703	• A SAMHS DD2703 authorisation is required, valid for 3 months • 100% RFMCF Tariff applies
9.2	**Orthodontic Treatment**	SAMHS by means of a DD2703	• A SAMHS DD2703 authorisation is required, valid for 3 months • 100% RFMCF Tariff applies • No orthodontic treatment is available for beneficiaries aged 18+
9.3	**Oral Health Treatment during hospitalisation**	SAMHS by means of a DD2703 (dental work) in conjunction with pre-authorisation for hospital admission 012 679 4201 preauth@rfmcf.co.za	• If outsourced by the SAMHS, hospital admission is subject to pre-authorisation • 100% Negotiated Tariff applies • Subject to the use of a Designated Service Provider • Clinical protocols and case management applies

Preventative Benefit

Your treating provider's details must be provided at the Pathology Laboratory and Radiology Service Provider for tests from benefits 10.4 - 10.9
Only the listed tariff/NAPPI codes below will pay from the preventative benefit.

	Benefit Type	Tariff/NAPPI Codes	Benefit Criteria
10.1	**Health Risk Assessment**	NAPPI code 3001646 (Pharmacy) or Tariff code 969220 (General Practitioner)	• 1 Pharmacy Assessment per beneficiary per annum • Additional consultation codes apart from the Health Risk Assessments performed by a General Practitioners will be payable from benefit 6.2 • 100% Negotiated Tariff applies
10.2	**Flu Vaccine**		• 1 Pharmacy Flu Vaccine per beneficiary per annum • No Buy-out required • 100% Single Exit Price plus dispensing fee will apply
10.3	**Pneumococcal Vaccine**		• 1 Pharmacy Pneumococcal Vaccine for beneficiaries aged 65+ every 5 years • 100% Single Exit Price plus dispensing fee will apply
10.4	**Mammogram**	Tariff code 34100 or 34101 or 39175 or 3605	• 1 Mammogram test per annum for female beneficiaries aged 40+ • 100% Negotiated Tariff applies
10.5	**Pap Smear**	Tariff code 4566 or 4560 or 4559	• 1 Pap smear test per annum for all female beneficiaries • 100% Negotiated Tariff applies
10.6	**Prostate Specific Antigen (PSA) Blood Test**	Tariff code 4519	• 1 PSA test per annum for all male beneficiaries aged 50+ • 100% Negotiated Tariff applies
10.7	**Fasting Blood Sugar Test** (Glucose Levels)	Tariff code 4057 or 4050	• 1 Fasting Blood Sugar Test per annum for all beneficiaries • 100% Negotiated Tariff applies
10.8	**Lipogram Test** (Cholesterol)	Tariff code 4027 or 4025	• 1 Lipogram Test per annum for all beneficiaries • 100% Negotiated Tariff applies
10.9	**Bone Density Test** (Bone Densitometry)	Tariff code 50120 or 64110 or 74290 or 39173 or 3612 or 3600 or 3604 or 3612	• 1 Bone Density test for female beneficiaries aged 50+ every 5 years • 100% RFMCF Tariff applies

Ambulance Services

Contact ER24 on 084 124 in the event that ambulance transportation is needed for emergency events

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
11.1	**Emergency Ambulance Transport**	All ambulance transportation must be arranged through ER24 by dialing 084 124	• Subject to pre-authorisation • Subject to the event of a medical emergency • Clinical protocols apply • 100% Negotiated Tariff applies • Co-payments apply for voluntary use of a non-DSP ambulance service provider

Out-of-Hospital Medical Appliances, Supplementary and Auxiliary Services

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
12.1	**Auxiliary Services** Example: Audiology, Physiotherapy, Podiatry, Dietician, Occupational Therapy, Speech Therapy	No authorisation required, subject to available benefits. If within 50km from a SAMHS facility, a DD63 referral is required if outsourced.	**Family Size Annual Benefit:** Member = R1,075 Member +1 dependant = R1,610 Member +2 or more dependants = R2,145 • 100% RFMCF Tariff applies
12.2	**Hearing Aid** Must be prescribed by an ENT Specialist or an Audiologist	**Device**: No authorisation required, subject to available benefits. If within 50km from a SAMHS facility, a DD63 referral is required when the device is outsourced. **Maintenance/Repairs:** 012 679 4201 preauth@rfmcf.co.za	• R16,100 per beneficiary every 5 years. • Maintenance/repairs on existing hearing aids available on request once the manufacturer warranty expired, subject to available benefits and pre-authorisation • 100% RFMCF Tariff applies • An audiology report may be requested to validate clinical protocols • Batteries will only be covered with the initial fitting; thereafter, members will be liable
12.3	**Incontinence Products** Example: Adult Nappies and Catheters	No authorisation required, subject to SAMHS Buy-out/DSP Prescription	• The RFMCF Incontinence Formulary applies, available on the RFMCF website • 100% RFMCF Tariff applies
12.4	**Home Oxygen**	Ecomed	• Subject to pre-authorisation and the use of a Designated Service Provider (DSP) • 100% Negotiated Tariff apply • R8,320 per beneficiary per annum for CPAP or BiPAP machines, subject to pre-authorisation and the use of a DSP

Out-of-Hospital Medical Appliances, Supplementary and Auxiliary Services

	Benefit Type	Where to obtain Authorisation	Benefit Criteria
12.5	**Stoma therapy**	No authorisation required, subject to SAMHS Buy-out/DSP Prescription	• 100% RFMCF Tariff applies • Products must be obtained at a network pharmacy. • Clinical protocols will apply.
12.6a	**General Medical and Orthopaedic Appliances** Example: crutches, walking frames, wheelchairs, compression stockings	No authorisation required, subject to SAMHS Buy-out/DSP Prescription	• R15,600 per family per annum • 100% RFMCF Tariff applies
12.6b	**External Prosthesis** Example: Artificial limb	Pre-Authorisation 012 679 4201 preauth@rfmcf.co.za	• Subject to the overall annual family benefit of 12.6a • Subject to pre-authorisation • 100% RFMCF Tariff applies

Primary Care Benefit Extender

	Benefit Type	Where to obtain Authorisation	Benefit Criteria

13	**Primary Care Benefit Extender**	No authorisation required, but must be registered on the DRM programme to qualify for this benefit.	• R2,000 per beneficiary registered on the Disease Risk Management Programme.
			• This benefit can be used for the following services:
			  ◦ General Practitioner Visits
			  ◦ Acute medication
			  ◦ Pathology out-of-hospital

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/counseling
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

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 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

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!

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.



www.rfmcf.co.za