

FOOD WORKERS MEDICAL BENEFIT FUND

Contributions are calculated as a percentage of the member's basic wage/salary. Both the member and the participating employer pays 50% each.

CONTRIBUTIONS – FAMILY (Member with dependents)

Example based on salary/wages of R800 per week	Member + Dependents
% of salary/wages used to calculate contribution	4.35%
Member pays 50% of contribution	R34.80
Company pays 50% <u>of</u> contribution	R34.80
Total weekly contribution	R69.60

CONTRIBUTIONS – SINGLE MEMBERS

Example based on salary/wages of R800 per week	Member Only
% of salary/wages used to calculate contribution	2.5%
Member pays 50% of contribution	R20.00
Company pays 50% <u>of</u> contribution	R20.00
Total weekly contribution	R40.00

BENEFITS – FAMILY (Member with dependants)

FOOD WORKERS MEDICAL BENEFIT FUND

(at Scheme clinic or approved Scheme panel doctor)
18 per year, only at the Fund's clinics or at **contracted** panel doctors

Obtained from clinic / panel doctor.

(to be obtained from dental practitioner approved by Scheme)
Member + dependents R1400 per year

The above includes:

- Extractions
- Fillings
- Oral hygiene
- Repair of dentures *(dentures are not included in above limits)*

(to be obtained from service provider approved by the scheme. A beneficiary is entitled to 1 set of dentures once every 5 years) to be covered as follows:

- The Fund will pay 80% of the costs
- The member will pay 20% of the costs

(to be obtained only from service provider approved by Scheme) One pair of glasses per beneficiary every 2 years and covered as follows:

- Eye test *(once every 2 years)*
- Normal clear lenses only
- Bifocal lenses *(reading glasses)*
- R600 to the cost of the frame. *Member responsible for the balance of the cost of the frame and any tinting of lenses.*

Any costs for antenatal, maternity and post-natal care provided that such care is obtained from a state or provincial hospital up to a maximum of R300 per annum.

Covers costs for:

- Hospital cost
- Medic Alert bracelet (one per beneficiary)

- Ambulance cost

Member + Dependents R3600 per year.

X-RAYS

Black and white x-rays are covered under the hospital benefit limits.

PHYSIOTHERAPISTS

6 visits per family per year

WHO QUALIFIES AS A DEPENDANT?

1 Your spouse or life partner automatically qualify as a dependant on your membership. The Fund may request additional legal documentation, including an affidavit and/or certificate or contracts stating the nature of the relationship.



2 Your own and your life partner's/spouse's children including foster and legally adopted children up to the age of 21 years.



3 Other persons whom the member deems to be dependent on him (e.g. Mother, father, children over the age of 21 years), will be considered if the application meet the criteria as set out in the Fund's Rules..

1. Hypertension
2. Asthma
3. Rheumatoid arthritis (*medical proof required*)
4. Non-insulin dependent diabetes (*type 2 diabetes*)
5. Chronic obstructive pulmonary disorders
6. Epilepsy
7. Hypothyroidism
8. Bipolar mood disorder

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9. Gout
10. Psoriasis
11. Stroke
12. Bronchieactasis
13. Chronic renal disease
14. Coronary artery disease (*ischaemic heart disease*)
15. Hyperlipidaemia
16. Systemic lupus erythematosus
17. Glaucoma
18. Parkinson's disease
19. Addison's disease
20. Ulcerative colitis
21. Diabetes mellitus (*type 1*)
22. Diabetes insipidus

BENEFITS – SINGLE MEMBER

(at Scheme clinic or approved Scheme panel doctor)

10 per year, only at the Fund's clinics or at **contracted** panel doctors

Obtained from clinic / panel doctor.

(to be obtained from dental practitioner approved by Scheme)

Member only R700 per year

The above includes:

- Extractions
- Fillings
- Oral hygiene
- Repair of dentures (*dentures are not included in above limits*)

(to be obtained from service provider approved by the scheme. A beneficiary is entitled to 1 set of dentures once every 5 years) to be covered as follows:

FOOD WORKERS MEDICAL BENEFIT FUND

- The Fund will pay 80% of the costs
- The member will pay 20% of the costs
(*to be obtained only from service provider approved by Scheme*) One pair of glasses per beneficiary every 2 years and covered as follows:

- Eye test (*once every 2 years*)
- Normal clear lenses only
- Bifocal lenses (*reading glasses*)
- R600 to the cost of the frame. *Member responsible for the balance of the cost of the frame and any tinting of lenses.*

Any costs for antenatal, maternity and post-natal care provided that such care is obtained from a state or provincial hospital up to a maximum of R300 per annum.

Covers costs for:

- Hospital cost
- Medic Alert bracelet (one per beneficiary)
- Ambulance cost

Member only R1800 per year.

X-RAYS

Black and white x-rays are covered under the hospital benefit limits.

PHYSIOTHERAPISTS

3 visits per single member per year