



**AFFINITY
HEALTH**



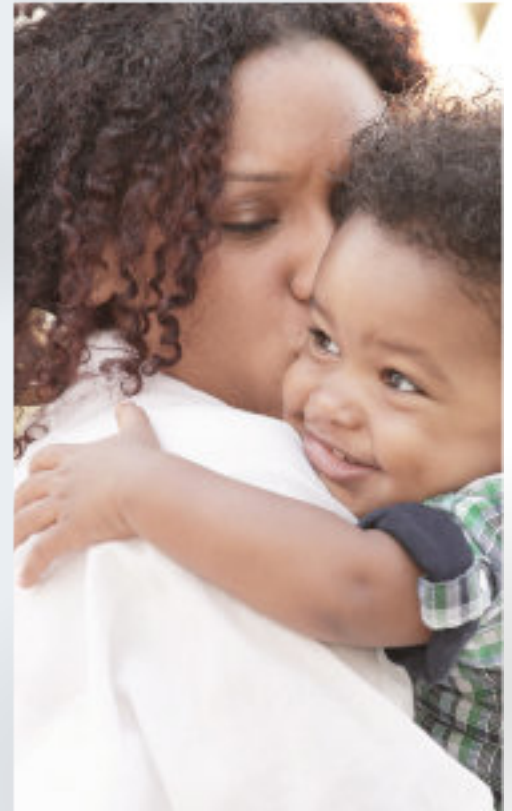
**MATERNITY
PROGRAMME**

INTRODUCTION

This document details the benefits provided by Affinity Health to its Members for pregnancy, childbirth and first month post-birth. Please refer to the Benefits Section for more information specific to the chosen health plan.

Affinity Health ensures the Members have comprehensive maternity and post-birth benefits with support and access 24/7. This benefit includes: maternity scans, blood tests, health advice and guidance through the Affinity Telehealth Call Centre, the Affinity App and/or website.

This document also includes important information on how a Member registers for and activates access to the Affinity Maternity Programme.



The list below defines some of the important **phrases** and corresponding **definitions and explanations** which will be referred to throughout this document.

Affinity

Means the company named Affinity Health (Pty) Ltd.

Affinity Health

The Health Benefit Cover Product managed by National Risk Managers (Pty) Ltd, a registered Financial Services Provider (FSP Number 47132) under contract from the Assurer.

Affinity Health Rate

This is a rate Affinity Health pays for healthcare services provided by hospitals, pharmacies, healthcare professionals and other providers of relevant health services.

Annual Benefit Limit

The Annual Benefit Limit is the cap on the Member's benefits that Affinity will pay in a year. Annual Limits can be placed either on specific services as an annual amount for covered services or on the number of visits that will be covered for a particular service. After the Annual Benefit Limit is reached, all associated healthcare expenses will be for the Members account.

Antenatal

The period before birth, during or relating to pregnancy.

The Assurer

Lion of Africa Life Assurance Company Limited, the registered Assurer with FSP Number 15283, as may be amended from time to time.

BMI

Body Mass Index takes a person's weight and height and calculates to check if that person's weight is healthy. BMI is used as a screening tool to indicate if a person is in a weight category that could lead to other health issues.

C-Section

Means a cesarean section, which is a surgical procedure where incisions are made through a woman's abdomen and uterus to deliver her baby.

Co-payment

Co-payment is an amount that the Member needs to pay towards a healthcare service. The amount can vary by the type of diagnostic procedure, not making use of a network service provider or services that are not part of the formulary or if the amount the service provider charges more than what Affinity Health will cover. If the co-payment amount is higher than the amount charged for the healthcare service, Members will have to pay for the cost of the healthcare service.



Designated Public Hospital

Means a Public or State Hospital that is a DSP (Designated Service Provider), which Affinity is contracted with.

Designated Service Provider (DSP)

A Designated Service Provider is a service provider that is contracted to Affinity Health. DSPs offer preferential rates and are required to be used for most benefits and are Affinity's first choice when its Members need diagnosis, treatment or care. For certain benefits, State Hospitals are Designated Service Providers. Visit www.affinityhealth.co.za to view the full list of DSPs.

Emergency Medical Condition

A sudden and at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment of bodily functions or serious dysfunction of a bodily organ or part thereof or would place the person's life in serious jeopardy.

The Affinity Health Pre-authorisation team may ask Members for additional information to confirm the emergency.

An emergency does not necessarily require a hospital admission.

Family

For the purpose of this policy, family includes the main Member's spouse, adult dependants and child dependants added to the Policy.

Spouse means the named spouse of a policyholder, including any life partner.

Child Dependant means the named child of a Policyholder under the age of 21 (twenty-one) years, including:

- (a) a natural child;
- (b) a step child;
- (c) a legally adopted child, including a child adopted in terms of a customary adoption under a tradition practiced by the people of South Africa, provided that the child's natural parents are both deceased;
- (d) an adoption under the tenets of any religion practiced by the people of South Africa provided that the child's natural parents are both deceased; or
- (e) a child of a Child Dependant and/or Adult Dependant.

Adult Dependant means a person other than a Spouse of the Policyholder who is wholly dependant on the Policyholder for financial support including:

- (a) a Child of the Policyholder over the age of 21 (twenty-one) years;
- (b) an immediate family Member (sibling or parent) over the age of 21 (twenty-one) years; or
- (c) the second or any additional Spouse of a Member under a customary union recognised as a marriage under the tenets of any religion.

General Practitioner (GP)

A network General Practitioner who has contracted with Affinity Health to provide the Member with coordinated care for primary care, treats acute illnesses and provides preventive care, health education and defined chronic conditions.

Maternity Benefit

Comprehensive benefits for maternity care during and immediately before and after birth at the Affinity Health Rate. This cover does not affect the existing Day-to-Day benefits, if the plan type selected has Day-to-Day Benefits.



It is important to note that benefits for a new born baby will only be effective after registration of the baby as a Dependant on the policy. Please read the rest of the document for more details.

Maternity Programme

Members are advised to register their pregnancy by accessing the Affinity Health Maternity Programme on the website as soon as they know they are pregnant. Once activated the Member will have immediate support for the following:

- Telehealth Advice and support
- A pregnancy health record

Pregnant Members can also pre-authorise their hospital admission for the birth of their baby through the Affinity Maternity programme by calling 0861 210 211.

Member

The Member or Policyholder as named on the policy schedule and their Dependants who have applied and been accepted by the Assurer and whose Premium is paid and up to date and thus includes each individual assured under this Policy.

Network Provider

The service providers contracted or who have an ongoing business relationship with Affinity Health. These providers offer preferential rates and are required to be used for most benefits. A Network Provider is also called a Designated Service Provider or DSP.

Neonatal

Relating to newborn children up to 4 weeks after birth.

Network Provider

The service providers contracted or who have an ongoing business relationship with Affinity Health. These providers offer preferential rates and are required to be used for most benefits. A Network Provider is also called a Designated Service Provider or DSP.

Out-of-Network Provider

Providers not on the Affinity Health Network or have no business relationship with Affinity Health. Costs incurred for most out-of-network providers are not reimbursed unless specifically Pre-authorised per event.

Per Diem

Per diem means the amount paid per day for certain benefits of the specific policy selected, where applicable.

Policyholder

The Policyholder is the person who applied for the Assurance Cover under this Policy and is included in the definition of Member.

Postnatal

The period immediately after the birth of a child.

Pre-Authorisation

Means the act of contacting and obtaining authorisation from Affinity Health before utilising certain Benefits.



Related Accounts

Any account other than the hospital account for in-hospital care. This could include the gynaecologist/obstetrician and anaesthetist's account.

RPL

RPL means National Reference Price List For Services by Medical Practitioners that is part of the Master Industry Table published by the Council for Medical Schemes.

Waiting Period

Means the number of months from Commencement Date before the Members and Dependant(s) can access benefits. No claims will be payable during this period.





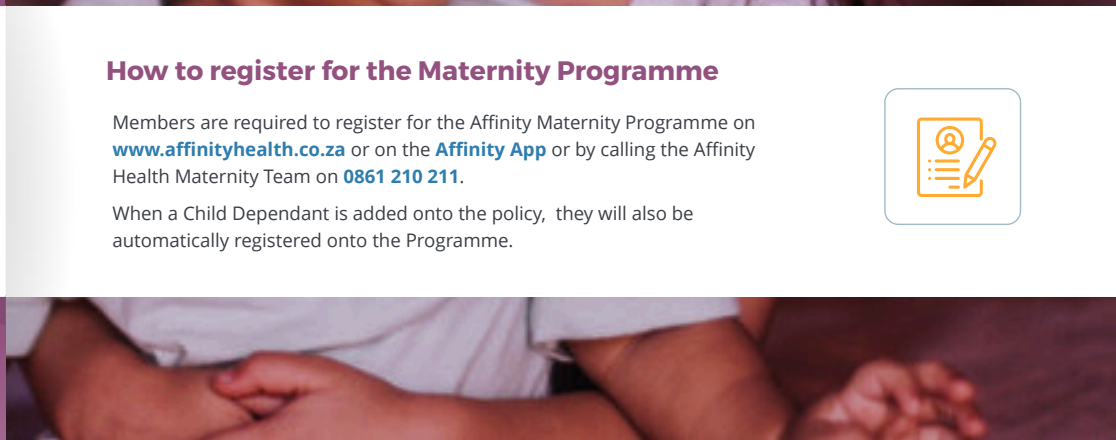
ACTIVATION OF THE AFFINITY MATERNITY PROGRAMME

When joining the Affinity Maternity Programme, Maternity, Antenatal, Neonatal and Postnatal benefits will be activated.

How to register for the Maternity Programme

Members are required to register for the Affinity Maternity Programme on www.affinityhealth.co.za or on the **Affinity App** or by calling the Affinity Health Maternity Team on **0861 210 211**.

When a Child Dependant is added onto the policy, they will also be automatically registered onto the Programme.



During pregnancy

All healthcare services are provided for from a Member's benefits and are available at the Affinity Health Rate from the date of activation.

All costs above the maximum amount allocated to the Maternity Benefits will have to be paid for by the Member. Please refer to the Benefits Section below for more details.

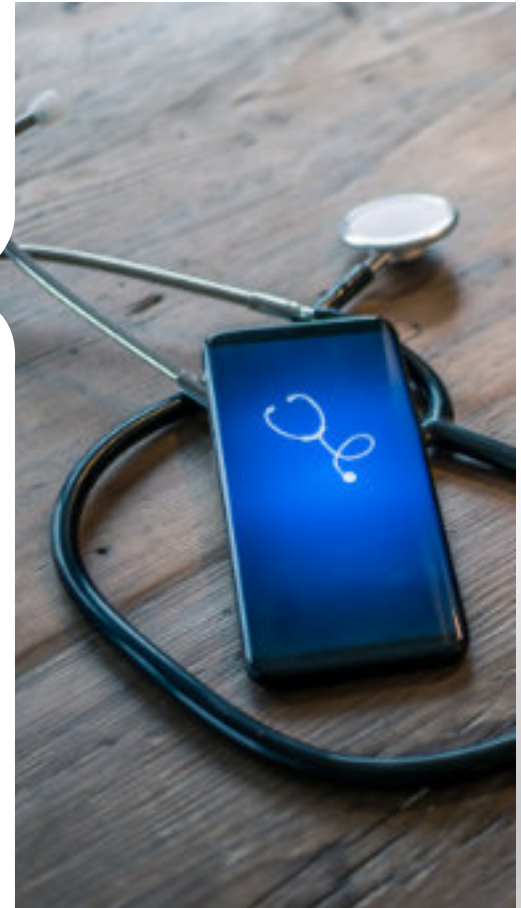


Antenatal Consultation Benefit

Affinity Health Members have access to Telephonic Consulting which offers Members unlimited telephonic consultations with a healthcare professional, to assist Members with Antenatal Healthcare.

These professional consultants are able to assist with appropriate maternity related medical advice, such as information about prenatal vitamin regimens, how to stop smoking, and the effect of alcohol on fetal development. The Telehealth department can also issue sick notes and issue referrals to an Affinity Health network GP where medically necessary.

Affinity Health Members may also make use of the Healthcare Consultant benefit which covers unlimited, managed consultations and medication with a Primary Healthcare Professional at one of The Medical Society centres countrywide. No Pre-authorisation shall be required for such a consultation at any of the listed Medical Society centres.



The Primary Health Professional may also refer pregnant Members to an Affinity Health Network network Doctor Consultations where medically necessary. Members may make use of the GP benefit for visits relating to pregnancy.

Affinity Health's Specialist Visit benefit will cover a visit, or a portion thereof, to a Gynaecologist / Obstetrician or Paediatrician. Members may utilise the Specialist benefit up to the maximum limits of R1,200 per single Member policy or R3,000 per family policy per year depending on the plan type chosen see the Benefit Section below for more information.

All benefits are subject to policy type, Affinity Health rules, waiting periods, formularies, Pre-authorisation, the treatment meeting Affinity Health's clinical guidelines and the managed health care protocols.

Affinity Health's Maternity benefit covers two growth sonars, one in the first trimester and one in the second trimester, to ensure that the baby is healthy and growing normally. The Pathology benefit provides cover for pregnancy-related blood tests according to formulary including:

- Direct and Indirect Coombs
- Blood Group (A B O)
- Grouping: Rh Antigen
- Syphilis Serology
- Quantitative Khan VDRL
- Rubella IgG



Should a Member make use of a non-network provider, such Member will be required to pay the difference between what is charged and the Affinity Health Rate. Any additional costs, such as consultations with a genetic counsellor or any other healthcare provider, or additional tests that might be needed, will not be covered.





MATERNITY HOSPITALISATION BENEFITS

Affinity Health has contracted with designated service providers to offer competitive rates for Maternity confinements and the Affinity Health Maternity Team will also provide referrals to network specialists to offer preferential rates.

Members who request Birth by Caesarean Section (C-Section) will be covered at a network hospital up to R35 000. Elective C-Sections carry a 20% co-payment where the C-Section has been determined to not be medically necessary.

Members who request a Natural Birth will be covered at a network hospital up to R25 000. Members will have cover for their delivery from the Hospital Benefit once their delivery is Pre-authorised and approved. For approved admissions Affinity Health will give the Member a confirmation letter to use when booking the Member's bed at the hospital.

All benefits are subject to policy type, Affinity Health rules, waiting periods, formularies and Pre-authorisation and the treatment meeting Affinity Health's Clinical Guidelines and Managed Care Protocols.



The cover Affinity will provide for a Members hospitalisation will depend on the type of delivery.



Cover for home births with a registered midwife

Affinity Health will provide cover for home births from the Natural Maternity Benefit up to the Affinity Health Rate.

Affinity will cover the costs of a registered midwife in the network with a valid practice number only. Visit www.affinityhealth.co.za or click on "Find a healthcare provider" on the Affinity App to find a network midwife.



Cover for water births

Affinity Health covers for a water birth at home or in hospital.

The costs of the hire of a birthing pool will be covered from the Natural Maternity Benefit up to the Affinity Health Rate.

This must be hired from a registered provider who has a valid practice number. Visit www.affinityhealth.co.za or click on Find a healthcare provider on the Affinity App to find a network provider.



Newborn Care



Once the baby has been born, Members must register the baby with Affinity Health as a dependant within 30 days to enjoy the benefits of the plan.

If the baby is added onto the policy within 30 days of birth, they will have no general waiting periods for all benefits, unless the policy is still in an initial restriction period.



GP and Specialist visits

If the baby has been added onto the Member's policy within 30 days of the birth they will be able to access GP Visits and Specialist Visits with a Pediatrician according to the maximum limits for these benefits. If the new baby is not added to the plan, there will be no benefits available after 30 days post-birth.

Telephonic Parental Support

Affinity Health's Early Childhood Development service is available to all new parents through telephonic support. The advice line is available on **0861 210 211** and will give Members advice for new parents. Members will also be able to use this line for medical consultations, medication and referral to a Network GP for further treatment.



Nutrition assessment

Affinity Health will cover one nutrition assessment with a Primary Healthcare Professional at the Affinity Health Rate, available from the date of activation. Furthermore ongoing telephonic consultations are available where a medical professional can answer any questions regarding a baby or child's nutritional needs and to monitor growth.

Mother-to-child transmission of HIV

If the member is HIV positive and registered on the Affinity Health HIV Management Programme, Affinity Health will cover prophylactic treatment for mother-to-child transmissions, through the Affinity Health HIV Provider.



Cover for Circumcisions

Elective circumcisions will be covered under the Day-to-Day benefits as in the rooms procedure, for babies and children up to the age of 2 years.



Maternity Cover Specific Additional Exclusions

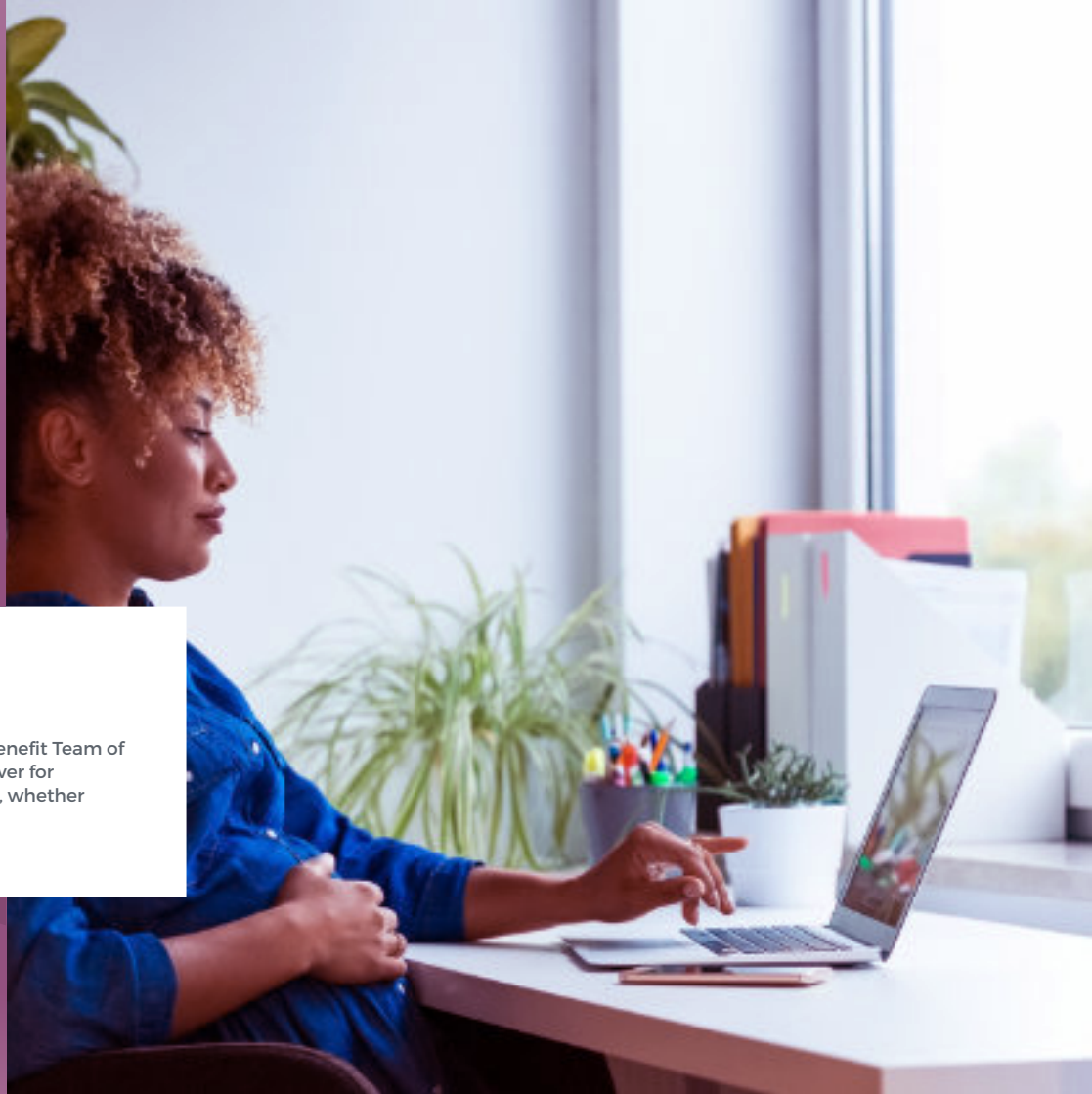
- Hospitalisation costs over the maximum per diem and annual hospital limits provided per benefit.
- Vaccinations
- Cover in a private hospital for births that occur at 35 weeks or earlier. The Member will be referred to the Designated Public Hospital.
- Screening Tests such as an Amniocentesis, Alpha-fetoprotein, Chorionic villus sampling or Cell-free fetal DNA testing.
- See www.affinityhealth.co.za for a full list of the policy exclusions.



HOW TO USE THE MATERNITY BENEFITS

Pre-authorise the delivery

It is important to notify the Maternity Benefit Team of your pregnancy, and understand the cover for pregnancy-related healthcare expenses, whether these are received in- or out-of-hospital.



The treating doctor or midwife will provide a letter or hospital admission form to book a bed for the delivery, at about 20 to 24 weeks.

Booking ensures that the hospital has all your information handy should you go into labour. Affinity Health will provide a confirmation letter to assist with booking the bed.

Pregnant Members or Dependants can Pre-authorise the hospital admission for the birth of the baby online on the Maternity programme on www.affinityhealth.co.za. Authorisation will be issued within a month of the estimated delivery date. Affinity Health will assist with upfront payment of claims within 2 weeks prior to the delivery, should any of the service providers request payment prior to the delivery.

Please call us on **0861 21 02 11** to Pre-authorise the baby's delivery. When registering, remember to have the following information at hand:

- Date of the admission.
- Name or practice number of the hospital or clinic.
- Name and practice number of the treating doctors and anaesthetist (if available).
- ICD-10 code from the treating doctor (this is an alphanumeric code that describes the diagnosis (e.g. pregnancy)).
- Tariff Code from the treating doctor.



Pre-authorise the Delivery





Combined //
Standard / Senior / Junior



Hospital //
Standard / Senior / Junior



Day-to-Day
Standard / Senior / Junior

Benefits available by policy type



Standard / Junior / Senior

Combined Plan



ANTENATAL CONSULTATIONS

Unlimited access to a Primary Healthcare Professional for telephonic maternity advice.

Two growth sonars subject to the Affinity Health Formulary (one scan in the first trimester and one scan in the second trimester), provided the Member has been referred by a Network Provider and authorised by Affinity Health.

Network GP Visits authorised by Affinity Health.

Specialist visit as referred by a Network GP up to **R1,200** per single Member policy or **R3,000** per family policy per annum.



SCREENING AND BLOOD TESTS:

Basic Blood tests as per the Affinity Health Formulary which require a referral from a Network Provider and authorisation by Affinity Health.



MATERNITY HOSPITALISATION:

In Hospital C-Section covered up to **R35,000** per hospitalisation event.

Natural birth covered up to **R25,000**, in hospital or home birth; and includes water birth.



ALL-INCLUSIVE ADDITIONAL OPTIONS

Personalised Care Plans.

Access to additional specialists including midwives, gynaecologists, sonographers, social workers, psychologists and dieticians.

Antenatal classes.

Only 1(one) claim per Assured Person per 12 (twelve) month period will be payable.

Birth before 35 (thirty-five) weeks of gestation will only be covered in a Public Hospital.

12 month waiting period.



ANTENATAL CONSULTATIONS

Not available to Members on the Affinity Health Hospital Plan. These benefits are available to Members on the **Day-to-Day** or **Combined Plans**.



SCREENING AND BLOOD TESTS:

Not available to Members on the Affinity Health Hospital Plan. These benefits are available to Members on the **Day-to-Day** or **Combined Plans**.



MATERNITY HOSPITALISATION:

In Hospital C-Section covered up to **R35,000** per hospitalisation event.

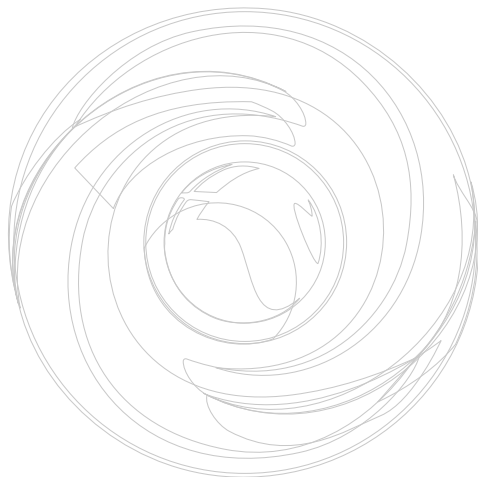
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ALL-INCLUSIVE ADDITIONAL OPTIONS

- Personalised Care Plans.
- Access to additional specialists including midwives, gynaecologists, sonographers, social workers, psychologists and dieticians.
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ANTENATAL CONSULTATIONS

Unlimited access to a Primary Healthcare Professional for telephonic maternity advice.

Two growth sonars subject to the Affinity Health Formulary (one scan in the first trimester and one scan in the second trimester), provided the Member has been referred by a Network Provider and authorised by Affinity Health.

Network GP Visits authorised by Affinity Health.

Specialist visit as referred by a Network GP up to **R1,200** per single Member policy or **R3,000** per family policy per annum.



SCREENING AND BLOOD TESTS:

Basic Blood tests per the Affinity Health Formulary which require referral from a Network Provider and authorisation by Affinity Health.



MATERNITY HOSPITALISATION:

Not available to Members on the Affinity Health Day-to-Day Plan. These benefits are available to Members on the **Hospital** or **Combined Plans**.





**GET IN
TOUCH**



MEMBERS

Please call **0861 11 00 33** for customer care.



HEALTH PRACTITIONERS

Please call **0861 11 00 33** > **Option 5**.



Write to us at Postnet Suite
124, Private Bag X101,
Farrarmere, Benoni 1518.



Use the website www.affinityhealth.co.za or
the **customer care walk-in centre** at 1 Dingler
Street, Rynfield, Benoni.



FAX

086 607 9419



EMAIL

info@affinityhealth.co.za



COMPLAINTS PROCESS

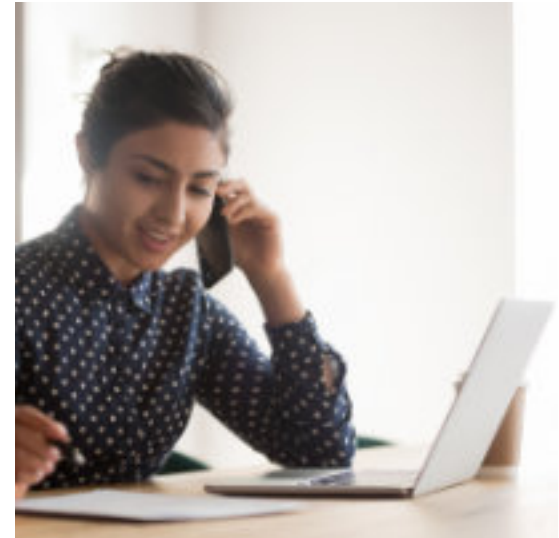
The Internal Complaints Resolution Policy is available on the Affinity Health Website.

www.affinityhealth.co.za



Affinity Health is committed to maintaining an internal complaints resolution system, ensuring procedures are based on the following:

- a** — **Maintenance of a comprehensive complaints policy that outlines the company's commitment to, and system and procedures for, internal resolution of complaints.**
- b** — **Transparency and visibility:** ensuring that Members have full knowledge of the procedures for resolution of their complaints.
- c** — **Accessibility of facilities:** ensuring that members have easy access to such procedures made available at any office or branch of the provider, as well as through electronic means such as email or via the Affinity Health website.
- d** — **Fairness:** ensuring that a resolution of a complaint falls in line with the resolution process which is fair to both the Member and the Company.
- e** — **Compliments and Suggestions:** Affinity Health is committed to ensuring that the products and services provided meet the Member's fullest expectations, Affinity Health values Members' honest feedback. Should a Member wish to compliment Affinity, or they have any suggestions on how the products or service delivery can be improved, the Affinity Team would love to hear from you. Kindly forward compliments or suggestions to email: compliments@affinityhealth.co.za.



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How to submit a complaint?

Affinity is committed to investigating and resolving all complaints in a fair, honest and professional manner. If the Member is not satisfied with the service received, he or she can lodge a formal complaint with Affinity Health's Complaints Department at:

Complaints Department

Physical Address

1 Dingler Street, Rynfield, Benoni, 1501

Postal Address

Postnet Suite 124, Private Bag X101, Farrarmere, Benoni, 1516

Telephone

086 110 6040

Email

complaints@affinityhealth.co.za

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Feedback from the Complaints Department

Treating customers fairly and keeping them informed is a crucial aspect of Affinity's customer relationship management. During the course of the complaint investigation and resolution process, the Member can expect the following:

1. Affinity will acknowledge the Member's complaint in writing within 48 hours of receipt.
2. The Member will be notified of the name and contact details of the person that will oversee the complaint resolution process.
3. The Member will be informed of the expected timeframe required for an investigation to be conducted.
4. Affinity will provide the Member with regular updates on the progress of their complaint.

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5. When a decision has been reached, the Member will be provided with the outcome of such decision in writing with reasons for the decision reached.
6. Affinity aims to resolve complaints as soon as possible, but within a maximum of 21 working days.
7. Where a complaint is resolved in the Member's favour, Affinity will ensure that full and appropriate corrective action is taken without delay.

Appeal of rejected claims:

1. Affinity Health will acknowledge receipt of the appeal in writing within 48 hours of receipt from the Assurer.
2. If the Member's claim was rejected by Affinity Health, policyholders have 90 days from the receipt of the rejection letter to make representation.
3. Subject to the above, Affinity Health will make a final decision and will notify the Member in writing within 45 days after receipt of the rejection appeal.

Further steps

If a Member is unhappy with the outcome of their complaint or Affinity's complaint resolution process, please direct the complaint, in writing, to the Assurer at:

LION OF AFRICA LIFE ASSURANCE COMPANY LTD

Physical Address

Office 16/02, 16th Floor the Golden Acre, Adderley Street, Cape Town CBD, 8001

Telephone

021 461 8233

Email

info@lionlife.co.za

External complaint resolution measures

If the Member is not satisfied with the outcome of the internal complaint resolution processes, or the resolutions have not been in the Member's favour, they can have the decision reviewed by an authorised external party. These include the following:

THE COUNCIL FOR MEDICAL SCHEMES

Complaints Unit

Physical Address

Block A, Eco Glades 1 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157

Telephone

0861 123 267

Email

complaints@medicalschemes.co.za

Website

www.medicalschemes.co.za

Affinity Health is regulated by the Council for Medical Schemes.

Members can approach the Council for Medical Schemes for rejected claims or during any stage of the complaints process. Affinity, however, encourages the Member to follow the above steps to resolve the complaints first, before contacting the Council.

THE FAIS OMBUDSMAN

Telephone

012 762 5000

Fax

012 348 3447

Fax

info@faisombud.co.za

Website

www.faisombud.co.za

The FAIS Ombud deals with the complaints against the conduct, service or advice provided by a financial services provider. If you are unhappy with the quality of information or explanation provided to you, then this is the correct ombudsman to approach.

