



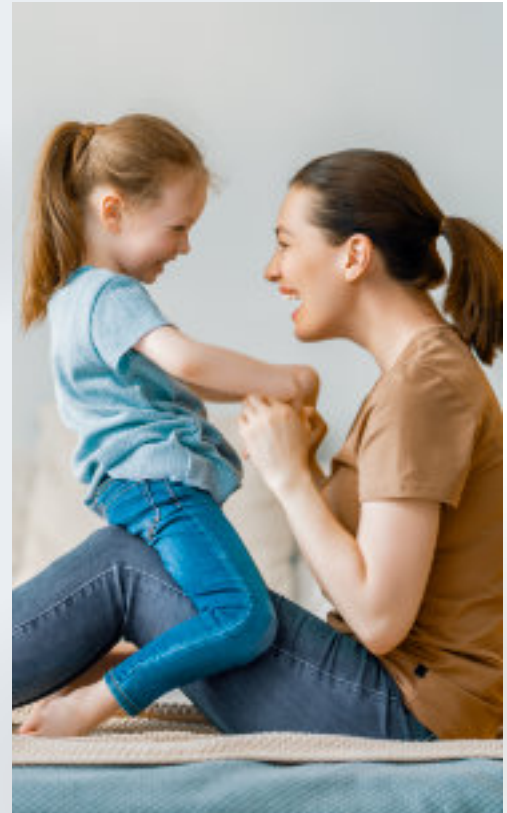
AFFINITY
HEALTH



CASUALTY
BENEFIT GUIDE

INTRODUCTION

Affinity Health Members will be covered for treatment of an emergency medical condition, in the casualty room or emergency room of a hospital. This is subject to authorisation and annual limits. This document details how Affinity Health covers the Member in the event of an emergency medical condition. Please refer to the Benefits Section below for information specific to the applicable health policy type that was selected.



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

Accident

Accident means an unforeseen, unfortunate, sudden, unusual, specific incident or event which could not reasonably have been expected to occur and was not planned or happened unintentionally at an identifiable time and place resulting in Bodily Injury due to violent, external and visible means during the period of the Policy, such as a motor vehicle accident.

Affinity

Means the company named Affinity Health (Pty) Ltd.

Affinity Health/We/Us/Our

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

Annual Benefit Limit

This means the cap on the Member's benefits that Affinity will pay in a calendar 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. The number of Dependants on the Policy will determine the amount as well as the type of benefit. After the Annual Benefit Limit is reached, all additional associated healthcare expenses will be for the Member's account.

The Assurer

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

Casualty/Emergency Room

Means the Casualty or Emergency Department of a Hospital (that is part of the Hospital or a separate practice) providing immediate treatment for emergency cases.

Commence/Commencement

Means the date on which the Policy comes into force and effect for the first time as specified in the Policy Schedule. Prior to Commencement, the Policy and contractual relationship between Affinity / The Assurer and the Policyholder does not exist.

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, 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 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 is 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.

An emergency does not necessarily require a hospital admission. Affinity Health may ask for additional information to confirm the emergency.

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 natural child;
- a step child;
- 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;
- 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
- 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 dependent on the Policyholder for financial support including:

- a Child of the Policyholder over the age of 21 (twenty-one) years;

- an immediate family Member (sibling or parent) over the age of 21 (twenty-one) years; or
- 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 the following coordinated care: primary health care, treating acute illnesses, providing preventative care, providing health education and treating defined chronic conditions.

Guarantor

A person who assumes financial responsibility for another, i.e. the person who promises to be financially responsible for any additional payments, shortfalls, and/or co-payments for the Members on this Policy.

Medicine Formulary

A specified list of medication covered by Affinity Health. Affinity Health does not provide cover for medication not on the formulary.

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.



Non-emergency Conditions

Non-emergency conditions means conditions that do not meet Affinity Health's Emergency Definition but that do require medical care within 4 to 24 hours based on international emergency triage protocols.

Out-of-Network Provider

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

Policyholder

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

Pre-Authorisation

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

Shortfall

The shortfall is the difference between the benefit amount available that will be paid by Affinity and the amount that is charged by the Service Provider. The Member is responsible for the payment of the shortfall.

Waiting Period

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





UTILISING THIS BENEFIT

The Casualty Room or Emergency Room is a medical treating facility that specialises in emergency medicine and attending to Emergency Medical Conditions. The Member or someone on behalf of the Member will need to contact Affinity Health to obtain Pre-Authorisation prior to receiving treatment in the Casualty Department. Obtaining Pre-Authorisation will ensure that the Member's claim will be paid correctly.





Pre-Authorisation is to be obtained by contacting

0861 11 00 33

The Pre-Authorisation Call Centre is open **24** hours a day **7** days a week.

Members may also make use of the Affinity Health App where Members can request various services including requesting Pre-Authorisation for any benefit, including a Member's Casualty Benefit. Services on the App are available 24/7.

Casualty room treatment is subject to Pre-Authorisation and/or approval by Affinity Health, the treatment meeting the Clinical Guidelines, Managed Healthcare Protocols and subject to the Annual Benefit Limits.

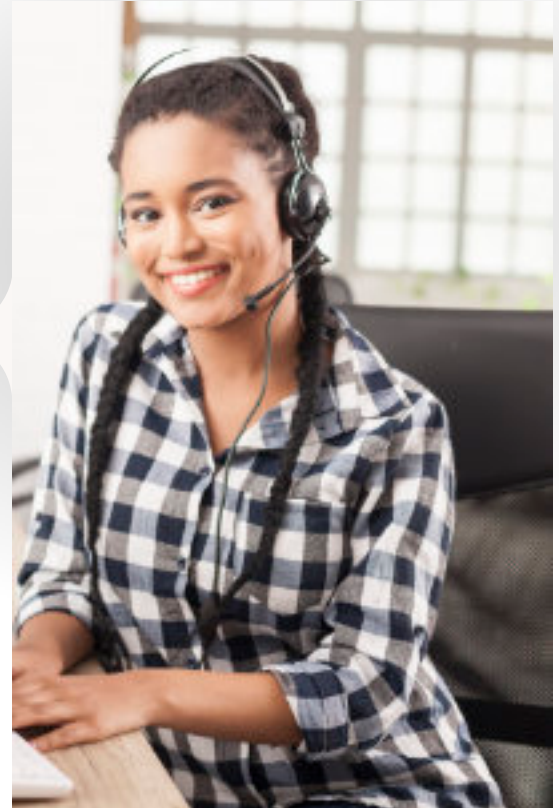
The Casualty Benefit will cover Treating Doctor consultations; Blood Tests and X-Rays; Facility Fees and related charges; and Orthopedic Appliances.

A Member will be covered for Casualty Room treatment up to the Annual Benefit Limit according to the Member's policy type.

Should the treatment amount to more than the maximum expenditure available, the Member will be liable for any Shortfalls.

Hospital Admission

Should the casualty GP admit the Member into a hospital, Pre-Authorisation shall be required prior to receiving hospital treatment. Hospital Admissions are not covered under the Casualty Benefit. Failure to obtain Pre-Authorisation prior to a hospital admission, can result in Co-Payments, Shortfalls or the full account being the responsibility of the Policyholder/Member/Guarantor.





NETWORK HOSPITALS

Although the Member may utilise **any hospital**, such a Member shall be required to obtain **Pre-Authorisation** of benefits prior to admission to the Casualty Department.

Affinity Health has a defined network of treatment facilities with preferential payment structures. Affinity Health may recommend that a Member make use of a DSP for such Member to obtain the best service as well as preserve the balance of the annual benefit for possible future visits. For more information on the network hospitals (with Casualty Departments) and DSP's for specific policy types, visit www.affinityhealth.co.za and search under the **Find a Healthcare Provider** tab for the list of Hospitals in the Network.



Members may contact the **Affinity Health Customer Care Department** on **0861 11 00 33** for further assistance and clarification.



Claims Process

- Affinity Health will settle the emergency room directly if you have pre-authorized the visit.
- If Members have paid cash, a Member shall be required to complete a refund form, and send the invoices and proof of payment to refunds@affinityhealth.co.za in order to process a reimbursement.
- All requested documentation is required to be submitted by a Member within 120 days of the date of the event.



Non-Emergency Consultations in Casualty

Should the Member not obtain pre-authorization or need to consult with a doctor after hours and their medical conditions is not an Emergency Condition, the Member must pay for all costs upfront.

- Should the consultation be deemed as a Non-Emergency condition the costs may be claimed from the Day-to-Day benefits dependent on the plan type chosen, as per below:
 - The casualty doctors' consultation fee may be claimed back from the Out-of-Network GP visits benefit.
 - If any X-rays, blood tests or prescribed medication were provided that form part of the Affinity formularies, these costs are claimable from the Radiology and Pathology Benefits.



CASUALTY BENEFITS AVAILABLE PER POLICY TYPE



Day-to-Day //
Standard / Junior / Senior



Hospital //
Standard / Junior / Senior



Combined //
Standard / Junior / Senior



STANDARD COMBINED



STANDARD HOSPITAL



STANDARD DAY-TO-DAY

Casualty Benefit covers:

- The emergency treatment of medical conditions and accidental injuries in casualty.
- Up to **R4 000.00** maximum expenditure per policy per year for emergency treatment for medical conditions (illness); other than accidents.
- Up to **R10 000.00** maximum expenditure per accident event only subject to the Annual Accident Benefit limit.

Non-emergency consultations in casualty:

- Reimbursements are up to the maximum expenditure limits and according to the Affinity formulary for:
 - GP consultations claimable from the out-of-network GP benefit, up to **R250.00**.
 - Basic black and white X-rays claimable from the Radiology benefit.
 - Basic blood tests claimable from the Pathology benefit.
 - Acute Medication claimable from the Acute Medication benefit.

Casualty Benefit covers:

- The emergency treatment of medical conditions and accidental injuries in casualty.
- Up to **R2 500.00** maximum expenditure per policy per year for emergency treatment for medical conditions (illness); other than accidents.
- Up to **R10 000.00** maximum expenditure per accident event only subject to the Annual Accident Benefit limit.

Casualty Benefit covers:

- The emergency treatment of medical conditions and accidental injuries in casualty.
- **R3 000.00** maximum expenditure per policy per year.

Non-emergency consultations in casualty:

- Reimbursement up to the maximum expenditure limits and according to the Affinity formulary for:
 - GP consultations claimable from the out-of-network GP benefit, up to **R250.00**.
 - Basic black and white X-rays claimable from the Radiology benefit.
 - Basic blood tests claimable from the Pathology Benefit.
 - Acute Medication claimable from the Acute Medication benefit.



SENIOR COMBINED

Casualty Benefit covers:

- The emergency treatment of medical conditions and accidental injuries in casualty.
- **R4 250.00** maximum expenditure limit per policy per year.
- Up to **R10 000.00** maximum expenditure per accident event only subject to the Annual Accident Benefit limit.

Non-emergency consultations in casualty:

- Reimbursements are up to the maximum expenditure limits and according to the Affinity formulary for:
 - GP consultations claimable from the out-of-network GP benefit, up to **R250.00**.
 - Basic black and white X-rays claimable from the Radiology benefit.
 - Basic blood tests claimable from the Pathology benefit.
 - Acute Medication claimable from the Acute Medication benefit.



SENIOR HOSPITAL

Casualty Benefit covers:

- The emergency treatment of medical conditions and accidental injuries in casualty.
- **R2 750.00** maximum expenditure per policy per year for accident or illness.



SENIOR DAY-TO-DAY

Casualty Benefit covers:

- The emergency treatment of medical conditions and accidental injuries in casualty.
- **R3 000.00** maximum expenditure limit per policy per year

Non-emergency consultations in casualty:

- Reimbursement up to the maximum expenditure limits and according to the Affinity formulary for:
 - GP consultations claimable from the out-of-network GP benefit, up to **R250.00**.
 - Basic black and white X-rays claimable from the Radiology benefit.
 - Basic blood tests claimable from the Pathology Benefit.
 - Acute Medication claimable from the Acute Medication benefit.



JUNIOR COMBINED

Casualty Benefit covers:

- The emergency treatment of medical conditions and accidental injuries in casualty.
- Up to **R4 000.00** maximum expenditure per policy per year for emergency treatment for medical conditions (illness); other than accidents.
- Up to **R10 000.00** maximum expenditure per accident event only subject to the Annual Accident Benefit limit.

Non-emergency consultations in casualty:

- Reimbursements are up to the maximum expenditure limits and according to the Affinity formulary for:
 - GP consultations claimable from the out-of-network GP benefit, up to **R250.00**.
 - Basic black and white X-rays claimable from the Radiology benefit.
 - Basic blood tests claimable from the Pathology benefit.
 - Acute Medication claimable from the Acute Medication benefit.



JUNIOR HOSPITAL

Casualty Benefit covers:

- The emergency treatment of medical conditions and accidental injuries in casualty.
- Up to **R2 500.00** maximum expenditure per policy per year for emergency treatment for medical conditions (illness); other than accidents.
- Up to **R10 000.00** maximum expenditure per accident event only subject to the Annual Accident Benefit limit.



JUNIOR DAY-TO-DAY

Casualty Benefit covers:

- The emergency treatment of medical conditions and accidental injuries in casualty.
- **R3 000.00** maximum expenditure per policy per year.

Non-emergency consultations in casualty:

- Reimbursement up to the maximum expenditure limits and according to the Affinity formulary for:
 - GP consultations claimable from the out-of-network GP benefit, up to **R250.00**.
 - Basic black and white X-rays claimable from the Radiology benefit.
 - Basic blood tests claimable from the Pathology Benefit.
 - Acute Medication claimable from the Acute Medication benefit.



**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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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.

