



**AFFINITY  
HEALTH**



**OPTOMETRY**  
*BENEFIT GUIDE*

## INTRODUCTION

The Optometry benefit provides cover for the Members' optical requirements. Optometry services offered to all Members include eye tests and a standard set of frames with lenses every 24 months.

Cover for ophthalmic surgeries is subject to the hospital benefit limits on hospital and combined plans only. See the Benefits section below for more information. All cosmetic finishes, sunglasses, contact lenses and non-essential procedures such as LASIK eye surgery are excluded from all Affinity Health plans.

This document provides an explanation of the benefit and includes details on benefits for specific plan types.



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/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

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.

## Assurer/The Assurer

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

## Commence/Commencement Date

Commencement Date 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 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, 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 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](http://www.affinityhealth.co.za) to view the full list of DSPs.

## 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 coordinated care for primary care, treats acute illnesses and provides preventive care, health education and defined chronic conditions.

## LASIK Eye Surgery

A type of laser eye surgery that can correct vision in people who are nearsighted, farsighted, or have astigmatism.

## 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 Day Clinic

Network Day Clinic means a facility that offers surgical procedures that do not require an overnight stay; and that is part of the Network Service Providers contracted with Affinity Health.

## 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.

## Ophthalmologist

A medical doctor who has specialised in eye and vision care, and is able to perform eye surgery in a hospital.

## Out-of-Network Provider

Providers not on the Affinity Health Network 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.

## 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.

## 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.

## Snellen Eye Screening

Snellen Eye Screening is a basic visual acuity assessment used to measure a person's sharpness of vision.

## 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.





**UTILISING  
THIS BENEFIT**



## CONSULTING WITH AN OPTOMETRIST

Each Member is entitled to the following benefits within a 2-year benefit cycle from the last date of claiming when making use of SpecSavers, Affinity's network provider.

- One eye-test per Member on the plan;
- A set of standard frames (defined as the Grey Sticker Range); and
- One pair of clear single vision, bifocal or multifocal lenses.

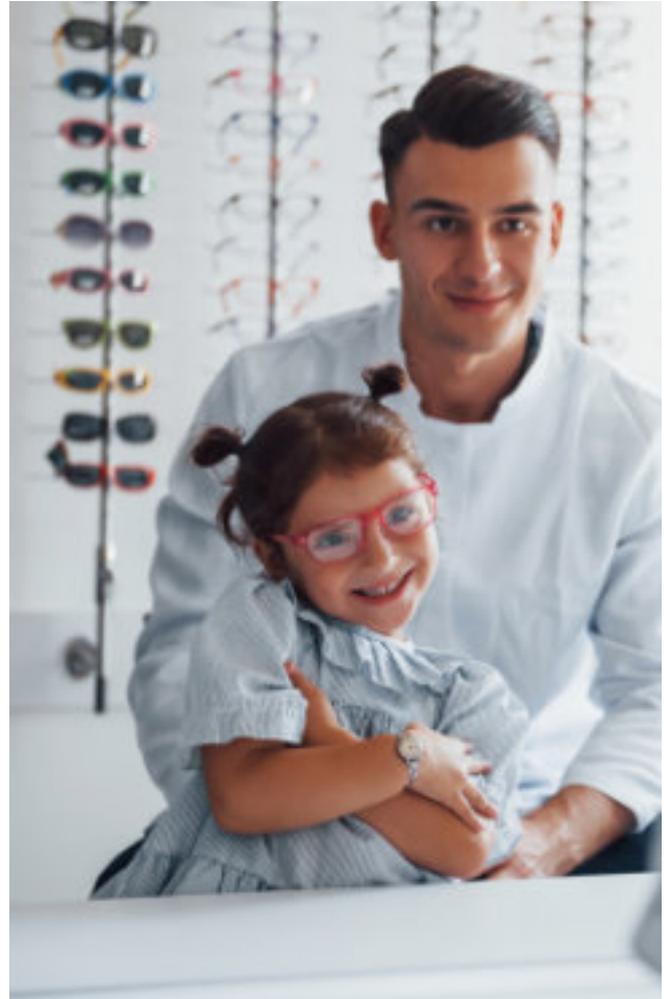
Should the treatment amount to more than the maximum expenditure available, the Member will be liable for the shortfalls. Benefits are payable upon meeting Clinical Entry Criteria and may require additional motivation from the Optometrist.

## USE A NETWORK PROVIDER

The Member should make use of any SpecSavers nationwide to avoid being liable for the entire account.

## ADDITIONAL COVER FOR THE MEMBER'S OPTICAL REQUIREMENTS

The cover mentioned below does not fall under the Optometry benefit but is available to Members according to plan type and limits.





### Basic eye-screening (Snellen Eye Test)

Members are able to consult with a Primary Healthcare Professional at one of the Medical Society Centres, where they can have basic eye-screening conducted to determine whether or not they may need to consult with an optometrist for a thorough eye examination. The Primary Healthcare Professionals are able to refer the Member to SpecSavers Nationwide. The Member should still call in for Pre-authorisation before consulting with an Optometrist.

The consultation with a Primary Healthcare Professional will not be covered from the Optometry benefit, but rather the Medical Society benefit.

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

### Consulting with an Ophthalmologist

Should a Member need to consult with an Ophthalmologist they will require Pre-authorisation and a referral from their GP or optometrist. The consultation with an Ophthalmologist will not be covered from the Optometry benefit, but rather the Specialist Benefit according to maximum expenditure limits and availability of the benefit according to the plan type.

Obtaining Pre-authorisation will ensure that the Member's claim will be paid correctly. The Pre-authorisation Department can be contacted on 0861 11 00 33, open 24 hours a day, 7 days a week.

### Surgical interventions

If a Member requires a surgical procedure for the treatment of an eye condition, this will be covered under the Daily Illness benefit in a Network Day Clinic or hospital subject to Pre-authorisation and/or approval, provided the case meets the Affinity Health Clinical Guidelines and Managed Healthcare Protocols.

Pre-existing conditions will be excluded for the first 12 months.

LASIK Eye Surgery and any cosmetic or non-essential procedures relating to eye surgery are specifically excluded.

### Use a Network Provider

The Member should make use of a network hospital, for planned procedures to avoid a 20% co-payment or deductible, or to avoid being liable for a part or the whole account. For more information on the network hospitals for specific plan types, visit [www.affinityhealth.co.za](http://www.affinityhealth.co.za) and search under the "Find a Healthcare Provider" tab.

Obtaining Pre-authorisation will ensure you get directed to a network provider and that the Member's claim will be paid correctly.

**The Pre-authorisation Department can be contacted on**

**0861 11 00 33**

**and is open 24 hours a day 7 days a week.**

# Benefits available by policy type



## STANDARD COMBINED



## STANDARD HOSPITAL



## STANDARD DAY-TO-DAY

### Optometry Benefit

- One eye-test per Member on the plan.
- A set of standard frames as per the selected range with the DSP.
- One pair of clear single vision, bifocal or multifocal lenses.
- The above benefits are available per Member per 24 month cycle.

### Medical Society Centre Access

Members have unlimited consultations with Primary Health Medical Staff at the Medical Society Centres for basic eye screening (Snellen Eye Test).

### Specialist Cover

- Visits to the Ophthalmologist up to R 1 200.00 per single Member policy, per year; and
- R 3 000.00 per family policy, per year.

### Hospital benefits

- Cover up to R 25 000.00 per Member, per year for planned procedures in a Network Day Clinic or,
- Cover up to maximum Daily Illness per diem amounts.
- Subject to Pre-authorisation after a 12 month waiting period for pre-existing conditions, applicable co-payments and maximum annual policy limits apply in conjunction with Affinity Health Guidelines and Managed Healthcare Protocols.

### Hospital Benefits

- Cover up to R 25 000.00 per Member, per year for planned procedures in a Network Day Clinic; or
- Cover up to maximum Daily Illness per diem amounts
- Subject to Pre-authorisation after a 12 month waiting period for pre-existing conditions, applicable co-payments and maximum annual policy limits apply in conjunction with Affinity Health Guidelines and Managed Healthcare Protocols.

### Optometry Benefit

- One eye-test per Member on the plan.
- A set of standard frames as per the selected range with the DSP.
- One pair of clear single vision, bifocal or multifocal lenses.
- The above benefits are available per Member per 24 month cycle.

### Medical Society Centre Access

Members have unlimited consultations with Primary Healthcare Professionals at the Medical Society Centres for basic eye screening (Snellen Eye Test).

### Specialist Cover

- Visits to the Ophthalmologist up to R1 200.00 per single Member policy, per year; and
- R 3 000.00 per family policy, per year.

This Benefit has a 12 month Waiting Period.



## SENIOR COMBINED



## SENIOR HOSPITAL



## SENIOR DAY-TO-DAY

### Optometry Benefit

- One eye-test per Member on the plan.
- A set of standard frames as per the selected range with the DSP.
- One pair of clear single vision, bifocal or multifocal lenses.
- The above benefits are available per Member per 24 month cycle.

### Medical Society Centre Access

Members have unlimited consultations with Primary Health Medical Staff at the Medical Society Centres for basic eye screening (Snellen Eye Test).

### Specialist Cover

- Visits to the Ophthalmologist up to R1 200.00 per single Member policy, per year; and
- R 3 000.00 per family policy, per year.

### Hospital Benefits

- Cover up to R25 000.00 per Member, per year for planned procedures in a Network Day Clinic or
- Cover up to maximum Daily Illness per diem amounts.
- Subject to Pre-authorisation after a 12 month waiting period for pre-existing conditions, applicable co-payments and maximum annual policy limits apply in conjunction with Affinity Health Guidelines and Managed Healthcare Protocols.

### Hospital Benefits

- Cover up to R25 000.00 per Member, per year for planned procedures in a Network Day Clinic or
- Cover up to Daily Illness per diem amounts
- Subject to authorisation after a 12 month waiting period for pre-existing conditions, applicable co-payments and maximum annual policy limits apply in conjunction with Affinity Health Guidelines and Managed Healthcare Protocols.

### Optometry Benefit

- One eye-test per Member per year on the plan.
- A set of standard frames as per the selected range with the DSP.
- One pair of clear single vision, bifocal or multifocal lenses.
- The above benefits are available per Member per 24 month cycle.

### Medical Society Centre Access

Members have unlimited consultations with Primary Healthcare Professionals at the Medical Society Centres for basic eye screening (Snellen Eye Test).

### Specialist Cover

- Visits to the Ophthalmologist up to R1 200.00 per single Member policy, per year; and
- R 3 000.00 per family policy, per year.

This Benefit has a 12 month Waiting Period.



## JUNIOR COMBINED



## JUNIOR HOSPITAL



## JUNIOR DAY-TO-DAY

### Optometry Benefit

- One eye-test per Member per year on the plan.
- A set of standard frames as per the selected range with the DSP.
- One pair of clear single vision, bifocal or multifocal lenses.
- The above benefits are available per Member per 24 month cycle.

### Medical Society Centre Access

Members have unlimited consultations with Primary Health Medical Staff at the Medical Society Centres for basic eye screening (Snellen Eye Test).

### Specialist Cover

- Visits to the Ophthalmologist up to R1 200.00 per single Member policy, per year; and
- R 3 000.00 per family policy, per year.

### Hospital Benefits

- Up to R25 000.00 per Member, per year for planned procedures in a Network Day Clinic or
- Up to maximum Daily Illness per diem amounts.
- Subject to authorisation after a 12 month waiting period for pre-existing conditions, applicable co-payments and maximum annual policy limits apply in conjunction with Affinity Health Guidelines and Managed Healthcare Protocols.

### Hospital Benefits

- Cover up to R25 000.00 per Member, per year for planned procedures in a Network Day Clinic or
- Cover up to Daily Illness per diem amounts.
- Subject to authorisation after a 12 month waiting period for pre-existing conditions, applicable co-payments and maximum annual policy limits apply in conjunction with Affinity Health Guidelines and Managed Healthcare Protocols.

### Optometry Benefit

- One eye-test per Member on the plan.
- A set of standard frames as per the selected range with the DSP.
- One pair of clear single vision, bifocal or multifocal lenses.
- The above benefits are available per Member per 24 month cycle.

### Medical Society Centre Access

Members have unlimited consultations with Primary Healthcare Professionals at the Medical Society Centres for basic eye screening (Snellen Eye Test).

### Specialist Cover

- Visits to the Ophthalmologist up to R1 200.00 per single Member policy, per year; and
- R 3 000.00 per family policy, per year.

This Benefit has a 12 month Waiting Period.





**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](http://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](mailto:info@affinityhealth.co.za)



## COMPLAINTS PROCESS

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

[www.affinityhealth.co.za](http://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](mailto: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.

