



AFFINITY
HEALTH

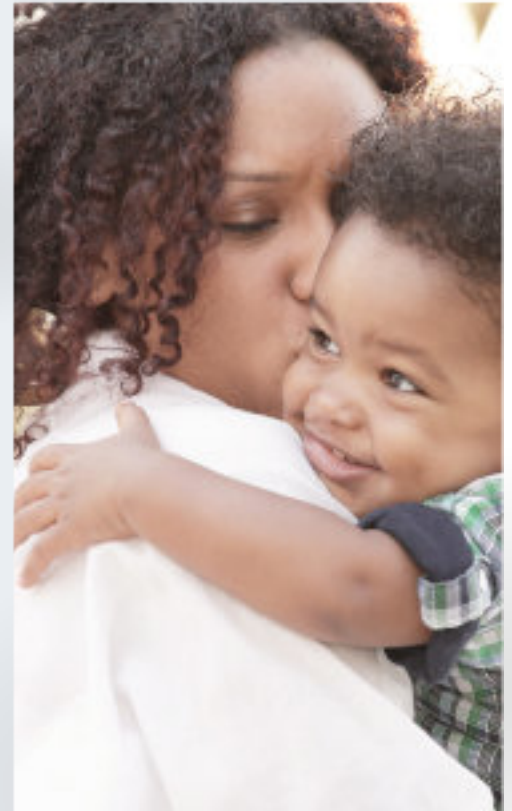


TRAUMA & EMERGENCY
MANAGEMENT GUIDE

INTRODUCTION

This document details information relevant to the care and support Affinity Health provides to Members and their loved ones, when faced with a traumatic event, and the after-effects caused by such an event.

Affinity Health recognises the importance of providing assistance to Members in the event of a medical emergency. Affinity Health offers access to the Emergency and Trauma Services benefit. Affinity Health provides Members with access to the majority of ambulance services within the Republic of South Africa. The major EMS providers are iER, Netcare Rescue911 and ER24. The emergency call centre is operated by highly qualified emergency in-house personnel who are available 24 hours a day to provide assistance to Members.



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

Accident

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 Health (Affinity)

Means the company named Affinity Health (Pty) Ltd.

Affinity Health/We/Us/Our

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.

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 policy comes into force and effect for the first time. Prior to commencement, the policy (and by implication the contractual relationship between Affinity and the Member) does not exist.

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.

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 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.

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.

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.

Policyholder

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



In an emergency

Call **0861 10 60 80**

Affinity Emergency Services is staffed by in-house emergency specialists that are available 24 hours a day, seven days a week.

The emergency call will be answered by highly qualified emergency management personnel.

Affinity Health will immediately dispatch the most appropriate emergency medical service within your geographical area.



Emergency

In the event of an emergency, and a Member being unable to communicate, the Member shall be required to make use of the panic button on their phone-based panic alert system on the **iER** or **Affinity Health App**. Should this not be possible, Emergency Medical Staff are trained to locate the Membership card inside the wallet or bag, and make arrangements with Affinity Health on your behalf.



Once a Member activates a panic alert, the Member will be contacted immediately. In the event of no response, Affinity Health will utilise technology to locate a Member as long as a Member's GPS on their device is switched on, and an emergency vehicle will be dispatched to their location.

Trauma

Members and Dependants may experience trauma after witnessing or being involved in a traumatic incident.

Such a traumatic incident may result in experiencing emotional and physical effects such as fear or paranoia. Each person may have a different response when suffering a traumatic incident.



If you experience trauma due to a traumatic incident, please contact the Call centre on:

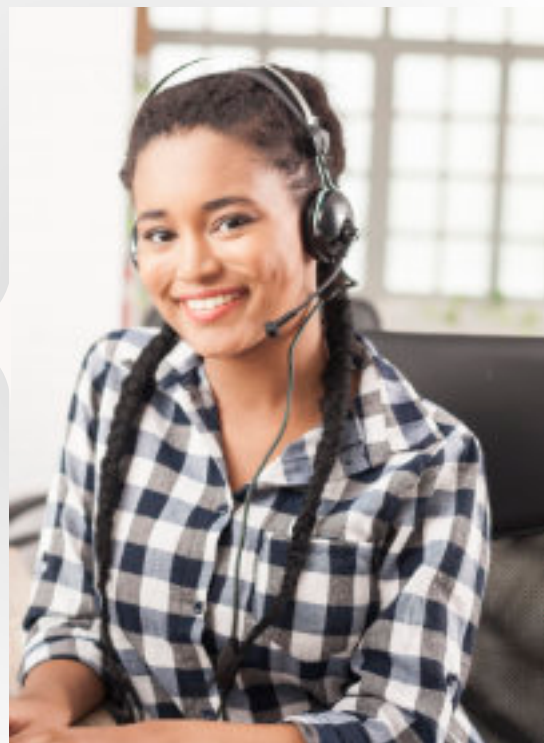
0861 10 60 80

immediately for advice and counselling.

Members and Dependants can expect professional service dedicated staff Members.

Members and Dependants have access to on-site support of counsellors if any of the following events have been experienced:

- Sexual assault;
- Crime, either during or after the crime incident;
- Trauma related to gender-based violence (dedicated line and support);
- Death, natural or unnatural;
- Attempted suicide;
- Domestic violence.



Affinity Health's Trauma Support line is made available **24 hours a day, seven days a week** and offers telephonic counselling to the Members and their family.



Benefits for Traumatic events per policy type






If there is an emergency, please call us on **0861 10 60 80** and request an ambulance service. Any treatment required will be subject to the terms of the plan type chosen.



Combined //
Standard / Junior / Senior Plans



Hospital //
Standard / Junior / Senior Plans

-  **24/7 Emergency medical advice**
-  **Ambulance services**
-  **Inter-hospital transfers**
-  **Hospital Pre-authorisation**
-  **Arranging for guarantee of payment to the treating facility.**

 There are no Emergency Benefits on the Day-to-Day Plans.
Members on Day-to-Day Plans, however, have access to Telephonic Trauma Counselling.





**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.

