AFFINITY HEALTH

SENIOR

Policy Document
2021

Simple, cost-effective and reliable health insurance.

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Hospital pre-authorisation
0861 11 00 33

24-Hour Emergency
0861 11 00 33
(Option 2)

www.affinityhealth.co.za

affinityhealthcoza

This is not a medical scheme and the cover is not the same as that of a medical scheme. This Policy is not a substitute for medical scheme membership.

Subject to Demarcation Regulations, the Assurer does not refuse membership on the basis of any means of discrimination.

1. Introduction

1.1 This Affinity Health Policy is managed and administered by National Risk Managers (Pty) Ltd (Registration Number 2016/109644/07), a registered Financial Service Provider (FSP Number 47132) (NRM). NRM is the Underwriting Manager and Binder Holder.

1.2 Lion of Africa Life Assurance Company Limited (Registration Number 1942/015587/06), a registered Life Assurer and authorised Financial Service Provider (FSP 15283).

1.3 This long-term insurance policy is regulated by the Financial Sector Conduct Authority and the Council for Medical Schemes. This is, however, not a Medical Scheme and the cover is not the same as that of a Medical Scheme. This Policy is not a substitute for Medical Scheme Membership.

1.4 Subject to Demarcation Regulations, the Assurer does not refuse membership on the basis of any means of discrimination.

1.5 This Policy Document should be read in conjunction with your Policy Schedule, as not all cover referred to in the Policy Wording may be applicable to the Option that you have selected.

2. Welcome to Affinity Health

2.1 The customers, and all other stakeholders benefit if customers are treated fairly in all aspects of the business. This is why NRM has allocated the administration and servicing of your Policy to the Affinity Health Team (Affinity) to assist in all your queries.

2.2 Affinity commits to:

- 2.2.1 provide customers with clear information about the products and services that are offered, including fees and charges;
- 2.2.2 provide customers with information and further clarification on anything that they do not understand in relation to products and services;
- 2.2.3 give customers access to a formal complaint procedure should they become unhappy with the service provided;
- 2.2.4 act fairly, reasonably and responsibly in all dealings with customers;
- 2.2.5 act honestly and, to the best of their ability, ensure that brokers, and all suppliers of goods and services that Affinity does business with, do the same;
- 2.2.6 treat all the Policyholders' personal information as private and confidential, and run secure and reliable systems; and
- 2.2.7 train staff to make sure that the procedures they follow reflect the commitments set out in Affinity's code of conduct.

2.3 This Policy Wording includes important information about the Policy purchased. The Owner must please take time to read through this document and keep it in a safe place. Affinity's dedicated team of client services staff are on hand to assist with any questions about the Policy.

2.4 Policyholders that are unhappy with the services rendered, should refer to the Disclosure Notice that was included in the Welcome Pack for guidance on their rights and how to best proceed.

2.5 Affinity is dedicated to meet the needs of clients whilst improving business and keeping the community at the heart of all we do. We strive to have a long and mutually beneficial relationship for many years.

- The Affinity Health Team

3. About your Policy

3.1 The Affinity Health product provides you with simple, cost-effective and reliable health insurance through our extensive Designated Service Provider Network (DSPs). The insurance has been chosen by the Policyholder/Owner and is identified as the Defined Cover. Details of the Affinity Health Plan Benefits will appear in the Policy Schedule.

3.2 This contract consists of three parts:

- 3.2.1 The application form completed and signed by the Owner and/or by the Representative on the Assured Person(s)' behalf (if the Assured Person(s) and the Owner are not the same person) through a recorded telephonic conversation;
- 3.2.2 The Policy Schedule which is issued to the Owner electronically; and
- 3.2.3 This document, which contains all the terms and conditions of this life assurance contract.

3.3 The Disclosure Notice, which provides a summary of all the important details of this contract as well as details of where and how to lodge a complaint, is included in your Welcome Pack. It does not form part of the contract, but contains important information for the attention of the Owner and Assured Person(s).

3.4 Detailed information on certain Benefits available on the product and Option you have purchased, is specified in the Affinity Health Benefit Guides, which are accessible through our website, www.affinityhealth.co.za. Alternatively you can contact our Client Services department telephonically on 0861 11 00 33 or via email at info@affinityhealth.co.za to obtain an electronic copy.

3.5 The Assurer Agrees to:

- 3.5.1 Maintain the Policy in force for as long as the Owner and/or Assured Person(s) meets all the Policy's terms and conditions.

3.5.2 Manage the Policy in accordance with the instructions provided by the Owner on the application form/application voice file or in any subsequent written or recorded telephonic instruction provided by the Owner and/or Life Assured in the format required.

3.5.3 Pay the Policy Benefits to the applicable service provider upon a Defined Event(s), provided that all conditions have been adhered to.

3.5.4 Notify the Owner of any exclusions applicable to the Policy.

3.6 The Assured Person(s) and Owner agrees to:

3.6.1 Timeously provide Affinity with all information requested. Failure to do so may delay or prevent payment of any Policy Benefit.

3.6.2 Pay each and every premium, consecutively due on the Policy as agreed and on time. Failure to do so may result in the Policy lapsing. Affinity will notify the Owner of any impending lapse. The Policy will lapse when the premium remains unpaid for a period of more than 45 (forty- five) calendar days.

3.6.3 Notify Affinity of any change in postal address, residential address or contact details, or other applicable information. Please note that Affinity will always communicate with the Owner using their last known details.

3.6.4 Us obtaining personal information relating to the Assured Person(s)' historical and future medical information.

4. Definitions

4.1 In this Policy, unless the circumstances indicate a different intention, the following words and expressions bear the meanings given to them and similar expressions bear corresponding meanings –

4.1.1 **"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.

4.1.2 **"Active Cover"** means that the cover and Benefits provided in terms of this Policy are in force and have available Benefits, subject to the terms and conditions contained in the Policy Wording.

4.1.3 **"Activities of daily living (ADL)"** is a term used in healthcare to refer to people's daily self-care activities that are required to independently care for oneself such as washing, dressing, feeding, toileting, mobility, transferring and communication. A person's ability or inability to perform ADL is used to measure their functional status or the degree of assistance required, particularly regarding people post hospitalisation due to an Accident or Illness.

4.1.4 **"Acute Medication"** means medication that meets the following requirements:

4.1.4.1 is within the Affinity Health Medication Formulary, as amended from time to time and is prescribed by a medical practitioner for disease or conditions that have a rapid onset and severe symptoms; and

4.1.4.2 is prescribed for less than 90 (ninety) days.

4.1.5 **"Admission"** means admission into a Hospital as an inpatient.

4.1.6 **"Adult Dependant"** means a person other than a Spouse of the Policyholder who is wholly or partly dependent on the Policyholder for financial support including:

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

4.1.6.2 an immediate family member (sibling or parent) over the age of 21 (twenty-one) years; or

4.1.6.3 the second and any additional Spouse of a Member under a customary union or under a union recognised as marriage under the tenets of any religion.

4.1.7 **"Affinity"** means the company named Affinity Health (Pty) Ltd.

4.1.8 **"Affinity Health/We/Us/Our"** means 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.

4.1.9 **"Affinity Health Rate"** means the rate Affinity Health pays for healthcare services provided by hospitals, pharmacies, healthcare professionals and other providers of relevant health services.

4.1.10 **"Affinity Health Rate for Medicine"** means the rate that Affinity pays for medicine. It is the Single Exit Price of medicine plus the relevant dispensing fee according to the Affinity Health Formulary.

4.1.11 **"Annual Benefit Limit"** 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.

4.1.12 **"Antenatal"** means the period before birth, during or relating to pregnancy.

4.1.13 **"Application Date"** means the date on which the application for this assurance policy is completed in its entirety and submitted to the Assurer for assessment.

4.1.14 **"Assured Person(s)"** means the natural person and Policyholder as named on the Policy Schedule and their named Spouse and/or Dependant/s who have applied and been accepted by the Assurer and whose Premium is paid and up to date and has in-force life assurance cover in terms of this Policy.

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

4.1.16 **"Audiometry"** means a screening test performed to measure a person's sense of hearing. The test is performed with the use of electronic equipment.

4.1.17 **"Benefit"** means the Benefit amount as set out in the Policy Schedule, provided by the Assurer in terms of this Policy.

4.1.18 **"Benefit Start Date"** means the date on which the Assured Person(s) becomes entitled to Benefits. This date occurs after the completion of initial General or specific Waiting Periods.

4.1.19 **"Blood Pressure Monitoring"** is used as a screening tool to determine if a person may have high blood pressure that could lead to additional health issues.

4.1.20 **"BMI"** means Body Mass Index that 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 a weight category that could lead to other health issues.

4.1.21 **"Casualty/Emergency Room"** means the Casualty or Emergency Department of a Hospital (that is part of the Hospital or a separate GP practice) providing immediate treatment for emergency cases.

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

4.1.22.1 a natural child;

4.1.22.2 a stepchild;

4.1.22.3 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;

4.1.22.4 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

4.1.22.5 a child of a Child Dependant and/or Adult Dependant.

4.1.23 **"Cholesterol Rapid Test"** involves a droplet of blood being placed on a specialised strip of paper to measure the amount of cholesterol in the blood.

4.1.24 **"Chronic Medication Formulary"** means the complete list of procedures, prices, medication and services related to Chronic Conditions, as approved and amended from time to time by Affinity Health, which together constitutes the maximum limit of Benefits which Affinity will be bound to pay in terms of the Policy.

4.1.25 **"Chronic Essential Benefit (CEB)"** is available to Members through an application process. This Benefit covers medication according to the Affinity Chronic Medication List Formulary for 24 specific Chronic Conditions.

4.1.26 **"Chronic Medication"** means medication that meets all the following requirements:

4.1.26.1 is within the Formulary, as amended from time to time, and prescribed by a network medical practitioner for an uninterrupted period of at least 3 (three) months;

4.1.26.2 is for a condition appearing on the list of approved Chronic Conditions, as amended from time to time; and

4.1.26.3 has been applied for in the manner and at the frequency prescribed and which application has been approved and accepted.

4.1.27 **"Commencement/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 / The Assurer and the Policyholder does not exist.

4.1.28 **"Consecutive Premiums"** means monthly premiums received, when due, in succession and without interruption or default.

4.1.29 **"Continuation Member"** means an existing spouse who becomes the Policyholder after the death of the original Policyholder.

4.1.30 **“Contraception”** means any of the activities, procedures and medications which are intended to prevent pregnancy.

4.1.31 **“Co-payment”** means an amount that the Member needs to pay towards 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 various Formularies, or if the amount the service provider charges, is 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.

4.1.32 **“C-Section”** means a caesarean section, which is a surgical procedure where incisions are made through a woman's abdomen and uterus to deliver her baby.

4.1.33 **“Day”** means 24 (twenty-four) consecutive hours from time of Admission.

4.1.34 **“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.

4.1.35 **“Defined Event”** means the event which gives rise to the Assured Person having to seek medical treatment and which will be payable by the Assurer as set out in this document.

4.1.36 **“Designated Public Hospital”** means a Public or State Hospital that is a DSP (Designated Service Provider), which Affinity is contracted with.

4.1.37 **“Designated Service Provider (DSP)”** means 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.

4.1.38 **“Diabetes Counselling”** forms part of the Diabetes Management Programme, supporting high risk Diabetes patients in partnership with Affinity’s Nurse Network.

4.1.39 **“Diagnostic Tests”** means tests that assist in the detection and confirmation or absence of any disease, injury or any other health condition that requires medical attention.

4.1.40 **"Dispensing Provider"** means a doctor that can supply medication to to patients from his rooms without issuing a script.

4.1.41 **“Domicilium Citandi et Executandi”** means the address nominated by a Member in the application for the purpose of receiving legal notices, documents and processes. This shall include any electronic details.

4.1.42 **“Emergency Medical Condition”** means 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.

4.1.43 **"Emergency Treatment"** means immediate medical treatment for an emergency medical condition as defined in this document.

4.1.44 **“Exclusions”** means the specific medications, treatments and procedures which Affinity will not cover in terms of the Policy.

4.1.45 **"Fair Use"** means the prohibition of unnecessary and wasteful misuse of Benefits.

4.1.46 **“Family”** includes the Main Member’s Spouse, Child Dependants and Adult Dependants added to the Policy.

4.1.47 **“Formulary”** means the complete list of procedures, prices, medication and Service Providers, as approved and amended from time to time by Affinity Health, which together constitutes the maximum limit of Benefits which Affinity will be bound to pay in terms of this Policy.

4.1.48 **“Fraudulent Act”** includes the main Member, or any Member on the Policy, or any person acting on the Member’s behalf or associated with the Member providing Affinity or the Assurer at any time with inaccurate, incomplete, dishonest, false, fabricated or exaggerated information.

4.1.49 **“General Practitioner (GP)”** means 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.

4.1.50 **“Glucose Monitoring”** involves a droplet of blood being placed on a specialised strip to measure the amount of sugar in the blood.

4.1.51 **“Grace Period”** means the 15 (fifteen) day period of grace allowed for payment of missed Premiums, prior to Policy suspension/termination.

4.1.52 **“Guarantor”** means 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.

4.1.53 **"HIV Care Programme"** means the Affinity Health HIV Care Programme that assists Members on the programme to manage their condition.

4.1.54 **"Home Nursing"** means care for Members and Dependants that are recovering or rehabilitating after discharge from Hospital and who are unable to perform all activities of daily living in the comfort of their own home.

4.1.55 **"Hospital"** means an establishment which meets the following requirements:

4.1.55.1 holds a licence as a Private or Public Hospital, Day Clinic, or Sub-Acute Facility;

4.1.55.2 operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients;

4.1.55.3 provides organised facilities for diagnosis and surgical treatment;

4.1.55.4 is not primarily a rest or convalescent home or similar establishment and is not, other than incidentally, a place for rehabilitation of alcoholics or drug addicts.

4.1.56 **"ICD-10 Code"** - ICD-10 stands for International Classification of Diseases and Related Health Problems (10th Revision). It is a clinical coding system developed by the World Health Organisation (WHO) translating medical and health information into codes. The codes describe diseases, signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases.

4.1.57 **"Illness"** means the onset of any acute, somatic, unforeseeable, unpredictable Illness, including Microtrauma and Pathological Fractures (but excluding mental Illness). A recurrence of any Illness, or the occurrence of a related Illness, will only be considered a separate Illness if 6 (six) months have elapsed from the date of onset of the preceding Illness.

4.1.58 **"Injury on Duty or Occupation Disease (IOD/OD)"** means an unexpected occurrence, at a specific date, time and place and arising out of and in the course of the employee's employment, resulting in personal injury or death, or when an occupational disease is contracted due to exposure at the workplace.

4.1.59 **"Intensive Care Unit"** means the special department of a Hospital or healthcare facility that provides intensive care to patients. Such care includes constant, close monitoring and support from specialised equipment and medications. ICU's are also known as Critical Care Units (CCUs) and also includes High Care Units.

4.1.60 **"Lapse/Lapsed Cover"** means that the cover and Benefits provided in terms of this Policy have been suspended due to non-payment of Premiums due and are no longer available.

4.1.61 **"LASIK Eye Surgery"** means a type of laser eye surgery that can correct vision in people who are nearsighted, farsighted or have astigmatism.

4.1.62 **"Major trauma"** means a specified life-threatening injury, caused by external or violent means, that requires immediate treatment in ICU including ventilation and/or immediate surgery.

4.1.63 **"Maternity Benefit"** refers to the Benefits that are provided for maternity care during and immediately before and after birth at the Affinity Health Rate. There are Maternity Benefits available on the Day-to-Day, Hospital and Combined Plan. It is important to note that Benefits for a new born baby will only be effective after the registration of the baby as a Dependant on this Policy.

4.1.64 **"Maternity Programme"** means the Affinity Maternity Programme where members are advised to register their pregnancy by by contacting 0861 11 0033 or emailing info@affinityhealth.co.za as soon as they are aware that they are pregnant. Once activated the Member will have immediate support for Telehealth Advice and Support; and 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.

4.1.65 **"Medical Society"** means the group of medical centres that provide basic and primary healthcare.

4.1.66 **"Medicine"** means a substance registered under the Medicines and Related Substances Control Act 1965, as amended from time to time, and within the Formulary.

4.1.67 **"Medicine Formulary"** is a specified list of medications covered by Affinity Health. Affinity Health does not provide cover for medication not on the Formulary.

4.1.68 **"Member"** means 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.

4.1.69 **"Microtrauma"** means injuries resulting from frequent, repeated use of a part of the body.

4.1.70 **"MRSA"** means Methicillin-resistant Staphylococcus aureus, this is a bacteria that causes infections in different parts of the body and is difficult to treat because it is resistant to most antibiotics.

4.1.71 **"Neonatal"** means newborn children up to 4 (four) weeks after birth.

4.1.72 **"Network Day Clinic"** means a registered Day Clinic that is part of Affinity Health's network.

4.1.73 **"Network Dentist"** means a dentist that is part of Affinity Health's appointed Dentist Network.

4.1.74 **"Network Provider"** means 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.

4.1.75 **"Network GP"** means a general practitioner that is part of Affinity Health's appointed GP network.

4.1.76 **"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.

4.1.77 **"Ophthalmologist"** means a medical doctor who has specialised in eye and vision care and is able to perform eye surgery in a Hospital.

4.1.78 **"Option"** means a plan registered under Affinity Health, which offers a specific structure of Benefits.

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

4.1.80 **"Pathological Fracture"** means an injury caused by a disease.

4.1.81 **"Payment Arrangements"** means that Affinity has payment arrangements in place with specific healthcare professionals to pay them in full at an agreed rate.

4.1.82 **"Permanent Total Disability"** means permanent and total loss or use of:

4.1.82.1 speech;

4.1.82.2 hearing in both ears;

4.1.82.3 any 2 (two) limbs (by physical separation at, or above, the wrist or ankle); or

4.1.82.4 sight in one or both eyes.

4.1.83 **"Per diem"** means the amount paid per day for certain Benefits of the specific Policy selected, where applicable.

4.1.84 **"Policy"** means the Assurance Agreement concluded between the Assurer and the Policyholder in respect of the Benefits underwritten by the Assurer and set out in the Policy Schedule.

4.1.85 **"Policyholder"** means the person who applied for the Assurance Cover under this Policy and is included in the definition of Member.

4.1.86 **"Policy Schedule"** means the confirmation of Benefits and Assurance Amounts payable for a Defined Event, issued to the Policyholder in terms of section 48 of the Long-Term Insurance Act, which should be read in conjunction with this document.

4.1.87 **"Postnatal"** means the period immediately after the birth of a child.

4.1.88 **"Pre-authorisation"** means the act of contacting and obtaining authorisation from Affinity Health before utilising certain Benefits.

4.1.89 **"Pre-Existing Condition"** means any personal Illness, injury or health condition for which the Assured Person(s) received or sought medical and/or dental advice, diagnosis, care or treatment in the 12 (twelve) month period ending on the Commencement Date.

4.1.90 **"Premium/Contribution"** means the Premium payable to the Assurer on a monthly basis in terms of this Policy to secure the Benefits.

4.1.91 **"Primary Healthcare Professional"** These are the qualified nurses, registered with the South African Nursing Council (SANC) or the Primary Health Medical Staff Council of South Africa (HPCSA), who provide primary healthcare to patients at the Medical Society Centres or via the Telehealth consulting line.

4.1.92 **"Professional Sport"** means a sporting activity in which the Assured Person(s) engages and from which such Assured Person(s) derives the majority of their annual income.

4.1.93 **"Related accounts"** means any account other than the Hospital account for in-hospital care. This could include the gynaecologist/ obstetrician and anaesthetist's account.

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

4.1.95 **"Service Provider"** means registered healthcare providers and institutions that are part of Affinity's appointed Network for the provision of relevant healthcare services.

4.1.96 **"Shortfall"** means 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.

4.1.97 **"Snellen eye screening"** is a basic visual acuity assessment used to measure a person's sharpness of vision.

4.1.98 **"Spouse"** means the named Spouse of a Policyholder, including any life partner.

4.1.99 **"Sub-acute Facility"** means a Facility where comprehensive care is given to a patient who has had an Acute Illness, injury or exacerbation of a disease; either immediately after or instead of acute care hospitalisation, to treat specific medical conditions or to administer any necessary medical treatments.

4.1.100 **"Territorial Limits"** means within the borders of the Republic of South Africa.

4.1.101 **"Transient ischemic attack (TIA)"** is an acute episode of temporary neurological dysfunction caused by loss of blood flow in the brain, spinal cord, or eye or optic nerve or the sensory (vestibular) system that provides the sense of balance.

4.1.102 **"Urinalysis"** is a urine test conducted by dipping a specialised urinalysis stick into urine.

4.1.103 **"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.

4.1.104 **"Year"** means a calendar year.

4.2 Any reference to the singular includes the plural and vice versa.

4.3 Any reference to a gender includes other genders.

4.4 The clause headings in this Policy Document have been inserted for convenience only and shall not be taken into account in its interpretation.

4.5 If any provision in a definition is a substantive provision conferring rights or imposing obligations on any party, effect shall be given to it as if it were a substantive clause in the body of the Policy, notwithstanding that it is only contained in the interpretation clause.

4.6 This Policy shall be governed by, construed and interpreted in accordance with the laws of the Republic of South Africa.

5. Premium Payments

5.1 All Premiums are payable monthly in advance by, or on behalf of, the Owner, on the day of the month selected by the Policyholder, from the list of dates provided.

5.2 If the Premium is not paid on the payment date selected, a 15 (fifteen) day Grace Period will be applicable. The Policy will be suspended during the Grace Period and no claims will be payable.

5.3 The Grace Period will commence from the second month following the Commencement Date provided that collection of the first Premium was successful.

5.4 The Assurer reserves the right to collect any failed or rejected Premium, which may include a double debit, from the nominated bank account.

5.5 Non-payment of Premiums for 2 (two) consecutive months will result in automatic termination of this Policy and no further Benefits will be payable.

5.6 Premiums are subject to an annual increase in January of each year. The Owner shall be notified at least 31 (thirty-one) days before the increase takes place.

6. Waiting Periods

6.1 Benefits are subject to a 3 (three) month Waiting Period from Commencement Date unless stated otherwise.

6.2 Pre-Existing Conditions are subject to a 12 (twelve) month Waiting Period from Commencement Date.

6.3 Please read through the Benefits carefully, as specific Waiting Periods are specified under each Benefit.

7. Benefits

7.1 All Policy Benefits are payable up to the maximum cover limit as per Affinity Health's Formulary, subject to the utilisation of an Affinity Health Designated Service Provider (DSP).

7.2 All Benefits are subject to Pre-authorisation.

Day-to-Day Benefits

If this Option is selected, the following Benefits are payable subject to the Formulary:

7.3 Primary Healthcare Referrals

7.3.1 **Defined Event**

Unlimited GP consultations when referred by a designated Primary Healthcare Professional.

7.3.2 Waiting Period

This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

7.4 Telehealth Consulting

7.4.1 Defined Event

Unlimited telephonic consultations with a designated Primary Healthcare Professional. Includes Acute Medication recommended by the Primary Healthcare Professional according to the Formulary.

7.4.2 Waiting Period

7.4.2.1 This Benefit has no Waiting Period and is applicable from the Commencement Date.

7.4.2.2 Medication linked to this Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

7.4.3 Special Conditions

7.4.3.1 Medication authorised or prescribed will be covered according to Formulary.

7.4.3.2 Only medication up to Schedule 4 can be prescribed by the Primary Healthcare Professional.

7.5 Primary Healthcare Consultations

7.5.1 Defined Event

Unlimited, managed, consultations with a Primary Healthcare Professional at a conveniently located Medical Society Centre. Includes treatment and Acute Medication dispensed by the Medical Professional according to the Formulary.

7.5.2 Waiting Period

This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

7.5.3 Special Conditions

7.5.3.1 Only medication up to Schedule 4 can be dispensed by the Primary Healthcare Professional at the centre.

7.5.3.2 The Assured Person(s) will be liable for payment of any procedures or medication not on the Formulary.

7.6 Primary Healthcare Screening

7.6.1 Defined Event

Primary Healthcare Screening test, limited to 1 (one) collective screening visit per Member, per Annum. Formulary tests are fully covered when conducted by a Primary Healthcare Professional at a conveniently located Medical Society Centre.

7.6.2 Waiting Period

This Benefit has no Waiting Period and is applicable from the Commencement Date.

7.6.3 Special Conditions

7.6.3.1 Tests are limited to Blood Glucose Monitoring, Blood Pressure Monitoring, Cholesterol Rapid Test, Urinalysis and Body Mass Index (BMI).

7.6.3.2 Snellen Eye Tests, Pap Smears, and Audiometry are available at selected centres only.

7.6.3.3 Pap smears will be covered from the Pathology Benefit provided the Member has obtained a referral from a GP or Specialist.

7.6.3.4 HIV Rapid Tests and Pregnancy Tests are available in addition, charged as a cash service.

7.7 Doctor Consultations

7.7.1 Defined Event

Unlimited, managed, Network GP consultations subject to a maximum Rand value as per the Formulary.

7.7.2 Waiting Period

This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

7.7.3 Special Conditions

7.7.3.1 Pre-authorisation is required.

7.7.3.2 Assured Person(s) will be required to make use of a Network GP.

7.8 In-Room GP Procedures

7.8.1 Defined Event

Unlimited cover for minor procedures that can be performed in a GP's rooms.

7.8.2 Waiting Period

This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

7.8.3 Special Conditions

7.8.3.1 Cover will be provided according to the Formulary. An exhaustive list of procedures is detailed in Schedule 1.

7.8.3.2 Assured Persons will be required to make use of a Network GP.

7.8.3.3 Pre-authorisation is required.

7.9 Out-of-Network GP Visits

7.9.1 Defined Event

Unlimited Out-of-Network visits. The Assured Person(s) will be required to make an upfront payment and claim back from the Assurer, up to the defined amount.

7.9.2 Waiting Period

This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

7.9.3 Special Conditions

7.9.3.1 The Assured Person(s) will be entitled to a reimbursement amount of up to R250.

7.9.3.2 Pre-authorisation is required.

7.10 Specialist Visits

7.10.1 Defined Event

Up to R1,200 per single Member Policy per Year or R3,000 per Family Policy per Year

7.10.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

7.10.3 Special Conditions

7.10.3.1 Referral from a GP is required to claim this Benefit.

7.10.3.2 Pre-authorisation is required.

7.11 Casualty Room Treatment

7.11.1 Defined Event

The Emergency treatment of Medical Conditions and accidental injuries in Casualty up to R3,000 per Policy per Year.

7.11.2 Waiting Period

7.11.2.1 In the event of an Accident, this Benefit has no Waiting Period and is applicable from the Application Date.

7.11.2.2 In the event of Illness, this Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

7.11.3 Special Conditions

7.11.3.1 Casualty Treatment is subject to Pre-authorisation and/or approval by Affinity Health.

7.11.3.2 The Emergency Treatment must meet the Clinical Guidelines and Managed Healthcare Protocols of Affinity Health.

7.11.3.3 The Treatment is subject to Annual Benefit Limits and the Member will be covered up to the Annual Maximum Expenditure Limit according to the Member's Policy Type.

7.11.3.4 Emergency Casualty Room Treatment as a result of an Accident between the Application Date and the Commencement Date is subject to 1 (one) event up to R1,000 per Policy. Reimbursement of these claims will only be done after collection of the first successful premium.

7.11.3.5 In the event of this Benefit being claimed before the Commencement Date, the claim value will be deducted from the annual Benefit amount.

7.12 Trauma Support Services

7.12.1 Defined Event

Access to Affinity Health's Trauma Support line 24 hours a day for telephonic trauma support and counselling by professional staff members. This includes the following events: sexual assault; crime, either during or after the crime event; trauma related to gender-based violence; death, natural or unnatural; attempted suicide; and domestic violence.

7.12.2 Waiting Period

This Benefit has no Waiting Period and is applicable from the Commencement Date.

7.12.3 Special Conditions

This is a telephonic counselling service and medication will not be covered under this Benefit.

7.13 Acute Medication

7.13.1 Defined Event

Acute Medication linked to a GP consultation and either prescribed or dispensed by the GP will be covered.

7.13.2 Waiting Period

This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

7.13.3 Special Conditions

7.13.3.1 Medication will be covered subject to the Formulary.

7.13.3.2 Assured Persons are responsible for payment of medication outside of the Formulary.

7.13.3.3 Over-the-counter medication will not be covered.

7.13.3.4 Medication scripted by a Dispensing Provider will not be covered.

7.13.3.5 Only medication scripted by a Network Medical Practitioner will be covered.

7.14 Radiology

7.14.1 Defined Event

Unlimited cover for basic Radiology.

7.14.2 Waiting Period

This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

7.14.3 Special Conditions

7.14.3.1 A referral from a medical practitioner is required to claim this Benefit.

7.14.3.2 Only basic x-rays will be covered subject to the Affinity Health Radiology Formulary.

7.14.3.3 Radiology related to an Accident will be covered under the Accident Benefit, if applicable to the chosen Option and subject to Benefit limits.

7.15 Pathology

7.15.1 Defined Event

Unlimited cover for basic Pathology.

7.15.2 Waiting Period

This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

7.15.3 Special Conditions

7.15.3.1 A referral from a medical practitioner is required to claim this Benefit.

7.15.3.2 Basic Pathology will be covered subject to the Affinity Health Pathology Formulary.

7.16 Dentistry

7.16.1 Defined Event

Basic Dentistry cover including 1 (one) full mouth assessment or 1 (one) scale and polish, infection control, 2 (two) intraoral radiographs, 3 (three) extractions and 3 (three) fillings per Assured Person(s) per Year.

7.16.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

7.16.3 Special Conditions

7.16.3.1 Assured Person(s) will be required to make use of an Affinity Health Network Dentist.

7.16.3.2 Cover will be provided in accordance with the Formulary and Benefit Limits.

7.16.3.3 Cover will only be provided for posterior fillings.

7.16.3.4 Pre-authorisation is required.

7.17 Optometry

7.17.1 Defined Event

1 (one) eye test and 1 (one) set of standard frames and lenses per Assured Person(s) per 24 (twenty-four) months.

7.17.2 Waiting Period

This Benefit is subject to a 12 (twelve) month Waiting Period from the Commencement Date.

7.17.3 Special Conditions

7.17.3.1 Assured Person(s) will be required to make use of Spec- Savers.

7.17.3.2 Cover will be provided in accordance with the Affinity Health Optometry Formulary.

7.17.3.3 No cover is provided for contact lenses, cosmetic finishes, sunglasses and LASIK surgery.

7.17.3.4 Cover for visits to an Ophthalmologist covered subject to Specialist Benefit sub limit as per **7.10.**

7.18 Maternity Scans

7.18.1 Defined Event

2 (two) growth sonars referred by a network GP, subject to the Formulary.

7.18.2 Waiting Period

7.18.2.1 This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

7.18.2.2 Pre-Existing Conditions are subject to a 12 (twelve) month Waiting Period from the Commencement Date.

7.18.3 Special Conditions

Scans are only available during the first and second trimester of pregnancy.

7.19 Maternity Management Programme

7.19.1 Defined Event

7.19.1.1 Support for expectant mothers through the provision of medical advice and monitoring pregnancy through to birth and up to six weeks post-delivery.

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

7.19.2 Waiting Period

7.19.2.1 This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

7.19.2.2 Pre-Existing Conditions are subject to a 12 (twelve) month Waiting Period from the Commencement Date.

7.19.3 Special Conditions

7.19.3.1 Hospitalisation is not available to Members on the Day-to-Day Plan.

7.19.3.2 Members may be referred to an Affinity Health Network GP.

7.19.3.3 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.

7.20 Post-Hospital Private Home Nursing

7.20.1 Defined Event

Up to R10,000 per single Member Policy and R12,000 per Family Policy per Year for the assistance of a private nurse following a stay in a Hospital, subject to **7.20.3.**

7.20.2 Waiting Period

This Benefit has no Waiting Period and is applicable from the Commencement Date.

7.20.3 Special Conditions

7.20.3.1 This Benefit is only available where the Assured Person(s) is unable to perform 3 (three) or more activities of daily living, listed below, as a result of Illness or accidental injury, without the help of another person, but with the use of appropriate assistive or corrective aids and appliances.

- Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower).
- Dressing: The ability to put on, take off, secure and unfasten all garments.
- Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils.
- Toileting: The ability to use the lavatory and to recognise the need to clear the bladder or bowel.
- Mobility: The ability to move indoors from room to room on level surfaces.
- Transferring: The ability to move from a bed to a chair or wheelchair and vice versa.
- Communicating: The ability to answer the telephone and take a message.

7.20.3.2 This must be confirmed in a report from a medical practitioner and an examination by a Medical Professional appointed by the Assurer.

7.20.3.3 The maximum Post-Hospital Private Home Nursing Benefit available, will be R15,000 in the lifetime of the Policy.

7.20.3.4 Pre-authorisation is required.

Hospital Benefits

If this Option is selected, the following Benefits are payable subject to the Formulary:

All of the below Benefits require Pre-authorisation.

7.21 Accident Cover

7.21.1 Defined Event

Cover in the event of an Accident as defined in Section 4 above. Up to R110,000 per single Member per event or R150,000 per Family per event.

7.21.2 Waiting Period

This Benefit has no Waiting Period and is applicable from the Application Date.

7.21.3 Special Conditions

7.21.3.1 Hospitalisation as a result of an Accident between the Application Date and the Commencement Date is subject to 1 (one) Admission per Policy for Emergency Treatment, up to R70,000 per single Member Policy and R85,000 per Family Policy. This is only available within the first 2 (two) months following the first date of application up to commencement date. Reimbursement of these claims will only be done after collection of the first successful premium.

7.21.3.2 No cover will be provided for Microtrauma injuries and Pathological Fractures under this benefit.

7.21.3.3 Dental treatment as a result of an Accident is limited to R20,000 per Policy per Year.

7.21.3.4 Up to R10,000 per event for treatment in a Casualty Room as a result of an Accident.

7.22 Motor Vehicle Accident Benefit - Road Accident Fund

7.22.1 Defined Event

Assistance is offered with claiming from the Road Accident Fund. Affinity Health has a network of Attorneys that will assess the Accident at no cost to the Member and will facilitate any reimbursement from the Road Accident Fund on behalf of the Member.

7.22.2 Waiting Period

This Benefit has no Waiting Period and is applicable from the Application Date.

7.23 Major Trauma

7.23.1 Defined Event

Up to R500,000 per Member per event.

7.23.2 Waiting Period

This Benefit has no Waiting Period and is applicable from the Commencement Date.

7.23.3 Special Conditions

7.23.3.1 The injury must meet the definition of Major Trauma in section 4 above, and is limited to treatment of the following:

- near drowning;
- internal and/or external head injuries;
- gunshot wounds;
- loss of a limb(s);
- Polytrauma (severe injuries to at least 2 or more body systems endangering the life of the injured person);
- severe burns (third and/or fourth degree across more than 10% of the body surface);
- Paraplegia (loss of all motor and sensory function below the level of the injury);
- Quadriplegia (loss of all motor and sensory function below the level of injury).

7.23.3.2 Treatment required after Hospital discharge is limited to R100,000 per Member per event, subject to the maximum Benefit amount.

7.23.3.3 This Benefit is subject to a limit of R1,100,000 per Policy.

7.23.3.4 Upon payment of 100% of the Benefit amount, this Benefit will be terminated and cannot be reinstated.

7.23.3.5 Any planned procedures that are authorised in the first 12 months of the Membership, will carry a 20% Co-Payment.

7.24 Casualty Room Treatment

7.24.1 Defined Event

The Emergency treatment of Medical Conditions and Accidental Injuries in Casualty up to R2,750 per Policy per Year.

7.24.2 Waiting Period

7.24.2.1 In the event of an Accident, this Benefit has no Waiting Period and is applicable from the Commencement Date.

7.24.2.2 In the event of Illness, this Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

7.24.3 Special Conditions

7.24.3.1 The Emergency treatment must meet the Clinical Guidelines and Managed Healthcare Protocols of Affinity Health.

7.24.3.2 The treatment is subject to Annual Benefit Limits and the Member will be covered up to the Annual Maximum Expenditure Limit according to the Member's Policy Type.

7.25 24-Hour Emergency

7.25.1 Defined Event

24/7 emergency medical advice, ambulance services, inter-hospital transfers, Hospital Pre-authorisation and arranging for guarantee of payment to the treating facility.

7.25.2 Waiting Period

7.25.2.1 If claimed as a result of an Accident, this Benefit has no Waiting Period and is applicable from the Application Date.

7.25.2.2 If claimed as a result of Illness, this Benefit has no Waiting Period and is applicable from the Commencement Date.

7.26 Trauma Support Services

7.26.1 Defined Event

Access to Affinity Health's Trauma Support line 24 hours a day for telephonic trauma support and counselling by professional staff members. This includes the following events: sexual assault; crime, either during or after the crime event; trauma related to gender-based violence; death, natural or unnatural; attempted suicide; and domestic violence.

7.26.2 Waiting Period

This Benefit has no Waiting Period and is applicable from the Commencement Date.

7.26.3 Special Conditions

This is a telephonic counselling service and medication will not be covered under this Benefit.

7.27 Daily Illness Hospitalisation

7.27.1 Defined Event

When hospitalised due to Illness, the following amounts will be payable for plans **sold from 2019:**

1st Day	2nd Day	3rd Day	4th Day	5th Day
Up to R20,000	Up to R20,000	Up to R20,000	Up to R8,500	Up to R8,500

thereafter up to R3,000 per day up to a maximum of 21 days per Member, per Illness event.

7.27.2 Defined Event

When hospitalised due to illness, the following amounts will be payable for plans **sold before 2019** (unless upgraded separately):

1st Day	2nd Day	3rd Day	4th Day	5th Day
Up to R10,000	Up to R10,000	Up to R10,000	Up to R4,250	Up to R4,250

thereafter up to R1,500 per day up to a maximum of 21 days per Member, per Illness event.

7.27.3 Waiting Period

7.27.3.1 This Benefit has a 3 (three) month Waiting Period from the Commencement Date.

7.27.3.2 There is a 12 (twelve) month Waiting Period for Pre-Existing Conditions.

7.27.4 Special Conditions

7.27.4.1 Maximum Benefit limit is up to R125,000 per event for plans sold from 2019.

7.27.4.2 Maximum Benefit limit is up to R70,000 per event for plans sold before 2019 that have not been upgraded separately.

7.27.4.3 If The Assured Person(s) is admitted into Hospital within a 6 (six) month period for the same or a related Illness, the Benefit amount payable will recommence from the last day of the previous Admission.

7.27.4.4 Assured Persons may be required to make use of a Day Clinic or Day Hospital if instructed to do so by the Assurer.

7.27.4.5 Only 2 (two) Admission claims per Assured Person(s) per Year will be payable.

7.27.4.6 The treatment must meet the Clinical Guidelines and Managed Healthcare Protocols of Affinity Health.

7.27.4.7 Any planned procedures that are authorised in the first 12 months of the Membership, will carry a 20% Co-Payment.

7.28 Workmen's Compensation Benefit

7.28.1 Defined Event

This Benefit offers cover for occupational related injuries or diseases, in accordance with the plan type. Affinity Health also offers third party recovery services, such as advice and administrative assistance and keeping the Member updated on the progress of the claim.

7.28.2 Waiting Period

This Benefit has no Waiting Period and is applicable from the Commencement Date.

7.28.3 Special Conditions

7.28.3.1 Pre-authorisation is required to ensure that Members are directed to a Network Provider.

7.28.3.2 No claims will be covered if the claims are made more than 12 (twelve) months after the Accident, death or diagnosis of disease.

7.28.3.3 All requested documentation must be submitted to Affinity Health to process the claim on the Member's behalf.

7.28.3.4 The Compensation Commission approves Benefits subject to the Compensation of Occupational Injuries and Diseases Act.

7.28.3.5 Claiming from the Compensation Commissioner is not possible if Members are self-employed (unless registered with the Compensation Commissioner).

7.29 Diagnostic Procedures

7.29.1 Defined Event

Up to R20,000 per Single Member Policy and up to R25,000 per Family Policy per Year.

7.29.2 Waiting Period

7.29.2.1 This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

7.29.2.2 There is a 12 (twelve) month Waiting Period for Pre-Existing Conditions.

7.29.3 Special Conditions

7.29.3.1 Assured Persons will be required to make an upfront Co-payment as detailed in Schedule 2.

7.29.3.2 This Benefit will be subject to sub-limits as detailed in Schedule 2.

7.29.3.3 Upon completion of the Waiting Period, this Benefit will accumulate at R1,000 per month. The full Benefit amount will become available from the 13th (thirteenth) month of cover.

7.29.3.4 Procedures as detailed in Schedule 2 will be covered under the Diagnostic Benefit whether the Member is admitted in hospital, or treated as an out-of-hospital patient.

7.29.3.5 A GP or Specialist referral is required.

7.30 Day Clinic / Day Hospital Procedures

7.30.1 Defined Event

Up to R25,000 per Member per Year for procedures conducted at a Day Clinic/Day Hospital.

7.30.2 Waiting Period

7.30.2.1 This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

7.30.2.2 There is a 12 (twelve) month Waiting Period for Pre-Existing Conditions

7.30.3 Special Conditions

7.30.3.1 Assured persons will be required to make use of an affiliated Day Clinic.

7.30.3.2 Cover will be provided for procedures detailed in Schedule 3. This list is not exhaustive and is dependent on the scope of the Day Clinic.

7.30.3.3 Treatment at a Day Clinic will be considered an Admission claim under the Daily Illness Hospitalisation Benefit.

7.30.3.4 Dental treatment is limited to R10,000 per Member per Year.

7.30.3.5 The treatment must meet the Clinical Guidelines and Managed Healthcare Protocols of Affinity Health.

7.30.3.6 Any planned procedures that are authorised in the first 12 months of the Membership, will carry a 20% Co-Payment

7.31 Maternity Benefit

7.31.1 Defined Event

The following stated Benefits are payable regardless of the amount of Days spent in Hospital as an inpatient:

Procedure	Amount
Maternity (Natural, Home Birth and Water Birth)	R25,000
Maternity (C-Section)	R35,000

7.31.2 Waiting Period

This Benefit is subject to a 12 (twelve) month Waiting Period from the Commencement Date.

7.31.3 Special Conditions

7.31.3.1 Affinity will cover the costs of a registered Midwife in the Network with a valid practice number only.

7.31.3.2 The cost of hiring a birthing pool will be covered from the Natural Maternity Benefit.

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

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

7.31.3.5 Elective C-Section, where the C-Section has been determined to not be medically necessary, carries a 20% Co-Payment.

7.32 Sub-acute Hospitalisation

7.32.1 Defined Event

Up to R20,000 per Member per Year for treatment at a Sub-acute facility.

7.32.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

7.32.3 Special Conditions

7.32.3.1 Assured Persons will be required to make use of an affiliated Sub-acute facility.

7.32.3.2 Treatment at a Sub-acute facility will be considered an Admission claim under the Daily Illness Hospitalisation Benefit.

7.33 Post-Hospital Private Home Nursing

7.33.1 Defined Event

Up to R10,000 per single Member Policy and R12,000 per Family Policy per Year for the assistance of a private nurse following a stay in a Hospital, subject to **7.33.3.**

7.33.2 Waiting Period

This Benefit has no Waiting Period and is applicable from the Commencement Date.

7.33.3 Special Conditions

7.33.3.1 This Benefit is only available where the Assured Person(s) is unable to perform 3 (three) or more activities of daily living, listed below, as a result of Illness or accidental injury, without the help of another person, but with the use of appropriate assistive or corrective aids and appliances.

- **Washing:** The ability to wash in a bath or shower (including getting into and out of a bath or shower).
- **Dressing:** The ability to put on, take off, secure and unfasten all garments.
- **Feeding:** The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils.
- **Toileting:** The ability to use the lavatory and to recognise the need to clear the bladder or bowel.
- **Mobility:** The ability to move indoors from room to room on level surfaces.
- **Transferring:** The ability to move from a bed to a chair or wheelchair and vice versa.
- **Communicating:** The ability to answer the telephone and take a message.

7.33.3.2 This must be confirmed in a report from a medical practitioner and an examination by a medical professional appointed by the Assurer.

7.33.3.3 The maximum Post-Hospital Private Home Nursing Benefit available, will be R15,000 in the lifetime of the Policy.

7.33.3.4 Pre-authorisation is required.

Optional Benefits

If selected, Optional Benefits are payable as follows:

7.34 Chronic Essential

7.34.1 Defined Event

Chronic Medication covered under the Chronic Essential Benefit and linked to the Formulary will be obtained via prescription from a pharmacy. This Benefit covers medications according to the Affinity Chronic Medication Formulary for 24 specific conditions.

7.34.2 Waiting Period

7.34.2.1 This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

7.34.3 Special Conditions

7.34.3.1 Medication per Chronic Condition carries an additional R89 per condition per month surcharge. This is applied once the Benefit registration process is complete.

7.34.3.2 Chronic Medication is subject to an approval process as well as to the Affinity Health Chronic Medication Formulary.

7.34.4 Chronic Conditions covered under Chronic Essential:

- Addison's Disease
- Asthma
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy
- Chronic Renal Failure
- Chronic Obstructive Pulmonary Disorder
- Coronary Artery Disease
- Crohn's Disease
- Diabetes Insipidus
- Diabetes Melitus I
- Diabetes Melitus II
- Dysrhythmia
- Epilepsy
- Glaucoma
- HIV
- Hyperlipidemia
- Hypertension
- Hypothyroidism
- Multiple Sclerosis
- Parkinson's Disease
- Rheumatoid Arthritis
- Systemic Lupus Erythematosus
- Ulcerative Colitis

7.34.4.1 Unlimited access to primary healthcare services, including healthcare education, lifestyle advice for Chronic Conditions, and chronic condition monitoring.

7.35 Diabetes Management Programme

7.35.1 Defined Event

Access to our clinically trained case managers that monitor compliance in terms of treatment, assist with information on health-related enquiries and offer clinical as well as emotional support.

7.35.2 Waiting Period

7.35.2.1 This Benefit is subject to a 3 (three) Month Waiting Period from the Commencement Date.

7.35.2.2 Pre-Existing Conditions have a 12 (twelve) month Waiting Period from the Commencement Date for Hospitalisation.

7.35.3 Special Conditions

7.35.3.1 Members will be required to register for this Benefit.

7.35.3.2 Medication will be covered according to the Chronic Medication Formulary.

7.35.3.3 Up to 20% Co-Payment may be levied for any hospital admissions for diabetes or complications related to diabetes due to non-compliance of the programme.

7.35.3.4 Hospitalisation is only available on the Hospital and Combined Policy types, up to the Daily Illness Per Diem amounts.

7.35.3.5 Subject to Pre-authorisation, Annual Benefit Limit, and Affinity Health Clinical Guidelines and Managed Health Care Protocols.

7.36 HIV Chronic Management Programme

7.36.1 Defined Event

The Affinity Health HIV/AIDS Management Programme provides sustainable treatment and tools to Members living with HIV/AIDS, ensuring access to quality and co-ordinated healthcare.

7.36.2 Waiting Period

7.36.2.1 This Benefit is subject to a 3 (three) Month Waiting Period from the Commencement Date.

7.36.2.2 Pre-Existing Conditions have a 12 (twelve) month Waiting Period from the Commencement Date for Hospitalisation.

7.36.2.3 No Waiting Periods will apply in cases relevant to preventative treatment in the case of sexual assault, mother-to-child transmission, trauma or Workmen's Compensation..

7.36.3 Special Conditions

7.36.3.1 Members will be required to register for this Benefit.

7.36.3.2 Medication will be covered according to Formulary, up to R500 per Member per month, subject to payment of a surcharge in accordance with the Chronic Essential Benefit. Members should ensure they use a pharmacy on the Affinity Health Network.

7.36.3.3 Blood tests are only available from Affinity Health's Designated Service Providers and will be covered according to the Formulary.

7.36.3.4 To avoid Co-payments Members must make use of Affinity Health's Network GP's.

7.36.3.5 Members must follow the approved treatment plan and are required to notify Affinity Health of any changes to their treatment, follow-up tests and results.

7.36.3.6 Hospitalisation is only available on the Hospital and Combined Policy types, up to the Daily Illness per diem amounts.

7.36.3.7 Subject to Pre-authorisation, Annual Benefit Limit, and Affinity Health Clinical Guidelines and Managed Health Care Protocols.

7.37 Combined Benefit (Day-to-Day + Hospital Plans)

If a Combined Option has been selected by the Policyholder, Day-to-Day and Hospital Benefits will be payable. The amounts for the **Casualty Room Treatment Benefit** increases as follows:

7.37.1 Defined Event

The Emergency treatment of Medical Conditions and Accidental Injuries in Casualty up to R4,250 per Policy per Year.

7.37.2 Waiting Period

7.37.2.1 In the event of an Accident, this Benefit has no Waiting Period and is applicable from the Commencement Date.

7.37.2.2 In the event of Illness, this Benefit has a 1 (one) month Waiting Period from Commencement Date.

7.37.3 Special Conditions

7.37.3.1 Casualty Treatment is subject to Pre-authorisation and/or approval by Affinity Health.

7.37.3.2 The Emergency Treatment must meet the Clinical Guidelines and Managed Healthcare Protocols of Affinity Health.

7.37.3.3 The Treatment is subject to Annual Benefit Limits and the Member will be covered up to the Annual Maximum Expenditure Limit according to the Member's Policy Type.

7.37.3.4 In the event of this Benefit being claimed before the Commencement Date, the claim value will be deducted from the annual Benefit amount. Reimbursement of these claims will only be done after collection of the first successful premium.

8. General Provisions

8.1 This Policy Document together with the Policy Schedule and Application form constitute the entire agreement and any word or expression to which a specific meaning has been assigned shall bear specific meaning wherever it may appear. Please read clauses in their entirety to understand their full meaning.

8.2 The minimum entry age for the Policyholder is 18 (eighteen) years old.

8.3 Assured Person(s) joining this Policy after the age of 54 (fifty-four) will be subjected to increased Premiums.

8.4 Once any Assured Person(s) has been assured under this Policy for a period of 12 (twelve) consecutive months, any Pre-Existing Condition shall no longer apply.

8.5 Assurance cover shall commence on the Commencement Date subject to receipt of the first Premium by the Assurer, unless otherwise stated.

8.6 Special Conditions under Section 7 (Benefits) should be read in conjunction with this Section 8.

8.7 The Assurer may alter the terms and conditions, Premiums, or Benefits of the Policy by providing the Policyholder with at least 31 (thirty-one) days' notice in writing.

8.8 It shall be the duty of the Policyholder/Assured Person(s) to inform the Assurer of any material changes which may affect the terms and conditions of the Policy, such as a change in medical health or personal details.

8.9 Any Fraudulent Actions, misrepresentation, mis-description or non-disclosure of any material fact or circumstances in connection with this Policy by the Assured Person(s) or anyone acting on their behalf or anyone claiming under this Policy, may result in this Policy being cancelled, a claim rejected or the Policy voided from inception.

8.10 This Policy does not accumulate a cash or surrender value.

8.11 An Assured Person(s) may not be covered on more that one Policy under this type of Assurance. In the event that this Policy is not the first policy, then this Policy shall be invalidated and no claim shall be recognised.

8.12 Assured Person(s) shall only be covered within the borders of the Republic of South Africa.

8.13 This Policy shall be governed by, construed and interpreted in accordance with the laws of the Republic of South Africa.

8.14 Failure to comply with our, or the Assurer's reasonable requests, non-cooperation in the investigation of claims or failure to submit specific claim validation documents/information may result in the rejection of your claim.

9. Exclusions

9.1 In the event of failure to obtain Pre-authorisation, National Risk Managers shall not provide cover.

9.2 The Assurer shall not be liable to pay Compensation in respect of any Assured Person(s):

9.2.1 if caused by a Pre-Existing Condition within the first 12 (twelve) months of cover.

9.2.2 for Hospitalisation related to a chronic condition.

9.2.3 if resulting from suicide of such person or attempt thereat, whether due to mental disorders or not, or any other self-injury or intentional exposure to obvious risk of Injury (unless in an attempt to save a human life).

9.2.4 if caused by, or as a result of, the influence of alcohol, drugs or narcotics upon such Assured Person(s), unless administered by or prescribed by and taken in accordance with the instructions of a Member of the medical profession (other than himself).

9.2.5 if caused by, or arising from, exposure to, or contamination by, atomic energy and/or nuclear fission or reaction.

9.2.6 whilst travelling by air other than as a passenger and not as a Member of the aeroplane crew, technical staff or for the purpose of any technical operation thereon or therein.

9.2.7 whilst participating in any riot, civil commotion or public disorder, including authorised and sanctioned union activity or active involvement in war, acts of terrorism, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or political risk of any kind.

9.2.8 whilst participating in a Professional Sport as defined in section 4 above.

9.2.9 for costs incurred as a result of vaccinations.

9.2.10 for treatment relating to any mental and/or nervous disorders, other than those caused by an Accident as defined in section 4, and covered under this Policy.

9.2.11 who, whilst employed of or in the service of the South African National Defence Force, South African Police Service, Community Policing, Security Services, or any other service where the Assured Person(s) is armed, sustains injuries as a result of or arising in the commission of their duties and/or for events where the Assured Person(s) exercises their duties related to their employment in the South African National Defense Force, South African Police Service, Community Policing, Security Services, or any other service where the Assured Person(s) is armed.

9.2.12 for any claims for mountaineering or rock climbing necessitating the use of ropes or guides, potholing, hang-gliding, skydiving, riding or driving in a race or rally, underwater activities involving the use of artificial breathing apparatus unless the Assured Person(s) has an open water diving certificate and is diving within the depth limitations of such certification, but to a depth no greater than 30 (thirty) meters, and/or similar activities, unless agreed to by the Assurer.

9.2.13 for any claim arising whilst the Assured Person(s) is perpetrating an intentional unlawful act in terms of South African Law.

9.2.14 if caused by any gradually operating cause of which the Assured Person(s) is aware.

9.2.15 for the treatment of any congenital abnormalities, diseases or disorders.

9.2.16 for claims in respect of expenses arising out of regular medical treatments on an ongoing (chronic) basis (eg. for dialysis).

9.2.17 for contraceptive medication or fertility-related therapies.

9.2.18 for mental-related conditions, including the consultation and use of specialists.

9.2.19 for elective cosmetic surgery, corrective optical and laser surgery or treatment and costs resulting therefrom.

9.2.20 for treatment, directly or indirectly arising from, or connected with, male and female birth control, infertility and any form of assisted reproduction.

9.2.21 if the person is at the time of an Accident engaged in a race or speed test.

9.2.22 if injuries are sustained whilst any person driving a vehicle is under the age prescribed by law, or who is not authorised or qualified to drive the vehicle.

9.2.23 for the cost incurred for the treatment of obesity.

9.2.24 for the treatment of any sexually transmitted diseases, unless as a result of rape or a crime that has been reported to the South African Police Services.

9.2.25 for services rendered by a person not registered with the SA Medical and Dental Council and/or the South African Health Professions Council and/or the South African Nursing Council.

9.2.26 for any treatment or control of any superbug, any multi-drug resistant illness and/or MRSA.

9.2.27 where the Assured Person(s) is covered in terms of a statutory body or their successors, in relation to a Defined Event, this Policy shall be obliged to pay only the amounts for which the Assured Person(s) is liable, up to the maximum Benefit amount.

9.2.28 for costs incurred as a result of failure to carry out the instructions or advice of a medical doctor, including deferring treatment to have costs covered once Waiting Periods and endorsements are no longer applicable.

9.2.29 for costs incurred as a result of fertility treatment resulting in multiple births.

9.2.30 for a Pandemic and Epidemic.

9.2.31 In the case where the Assured Person(s) is also covered by a Medical Aid as defined in the Medical Schemes Act, 131 of 1998, this Policy shall only be liable for the cost of hospitalisation not covered by the Medical Aid.

10. Claims

10.1 Assured Person(s) must obtain Pre-authorisation for all Benefits as contained in this document. Moreover, the Assured Person(s) must determine the maximum Benefit payable for each and every Defined Event as the level of Benefit is determined by the actual procedure conducted by the Service Provider. To do this, the Assured Person(s) must contact us via telephone on 0861 11 00 33 or via email info@affinityhealth.co.za.

10.2 Day-to-Day claims can be emailed to claims@affinityhealth.co.za.

10.3 Hospital claims can be emailed to hospitalclaims@affinityhealth.co.za.

10.4 The Assurer will not be liable for any bookings or appointments not kept by a Member.

10.5 All Benefits will be subject to Fair Use rules.

10.6 All claims under this Policy are covered when the Premium is paid. If the GP or Service Provider charges a rate above the Benefit payable under this Policy, then such difference is payable by the Assured Person(s).

10.7 It is the sole responsibility of the Assured Person(s) to seek medical assistance immediately when the Assured Person(s) becomes aware of a medical condition that requires treatment. The Assurer will not be liable to provide cover because of negligence in the treatment of medical requirements.

10.8 Written notice on the prescribed form must be given to the Assurer in writing as soon as practical of any occurrence which may give rise to a claim under this Insurance, but in any event within 3 (three) months of such occurrence, failing which the claim will not be entertained.

10.9 Costs associated with the claim need to be submitted to the Assurer within 120 (one hundred and twenty) days of the Defined Event. In the event of the costs being submitted after 120 (one hundred and twenty) days, they will be deemed stale and the Assurer will not be liable to cover the costs.

10.9.1 Any claims for the Accident Benefit need to be submitted within 30 (thirty) days of the event giving rise to such claim. Any claim received thereafter will be deemed stale and the Assurer will not be liable to cover the costs.

10.9.2 Any claims relating to an Accident will be payable for a maximum period of 6 (six) months up to the Benefit amount, limited to treatment in Hospital or a Casualty Room.

10.10 If the Assurer repudiates a claim:

10.10.1 The Assured Person(s) has 90 (ninety) days to make representations for repudiated claims.

10.10.2 Representations must be made in writing outlining the Assured Person(s)'s reason for the dispute.

10.10.3 We will provide the Assured Person(s) with a written response within 30 (thirty) days.

10.10.4 Should the response be unsatisfactory, the Assured Person(s) may lodge a dispute in accordance with information provided on the Disclosure Notice that was included in your Welcome Pack.

10.10.5 Should the Assured Person(s) not exercise these rights within these time frames the claim will be deemed abandoned.

10.11 All certificates, information and evidence required by the Assurer shall be furnished in the form prescribed and without expense to the Assurer. The Assured Person(s) shall attend a medical examination on behalf of, and at the expense of, the Assurer as often as shall be required in connection with any claim. Should such documentation not be received the Assurer shall not be liable to consider the claim.

10.12 The Assured Person(s) must notify us at least 48 (forty-eight) hours prior to being hospitalised by contacting us on 0861 11 00 33 and providing full particulars of the hospitalisation. Failure to do so may result in non-payment of claims. Where the Assured Person(s) is physically unable to notify us prior to hospitalisation, this condition will not apply, subject to us being notified within 48 (forty-eight) hours after admission provided that the Assured Person(s) is physically able to do so.

10.13 If any claim under this Insurance be in any respect fraudulent or intentionally exaggerated or if any fraudulent means or devices are used by the Assured Person(s) or anyone acting on their behalf to obtain any Benefits under this Insurance, all Benefits herein shall be forfeited, and no Premiums shall be refunded.

10.14 The Policyholder hereby gives the Assurer the right to claim from the Assured Person(s) any payment or compensation received by the Assured Person(s) from any third party due to an event that is covered by this Policy.

10.15 Should a Pre-Existing Condition exist that results in the injury or Illness becoming more severe, the Assured Person(s) shall only be due the amount deemed to have been incurred because of the specific Accident or Illness.

10.16 Compensation under one Benefit pertaining to this Policy shall not be in addition to another.

10.17 Any leniency offered in the processing/payment of claims or extension of cover to The Assured Person(s) is not deemed to be leniency on an ongoing basis and the terms of this Policy remain in full force and effect.

10.18 Assured Person(s) shall take all reasonable precautions to prevent Accidents and to comply with all statutory requirements and regulations.

11. Amendment/Upgrade/Cancellation Procedure.

11.1 Should the Policyholder wish to change personal details, amend any Option or add Dependants onto their existing plan they must contact us directly on 0861 11 00 33, or email info@affinityhealth.co.za along with their membership number.

11.2 The Policyholder may cancel membership by giving written notification. Assured Person(s) will, however, still be covered for the remainder of the month for which the last Premium was collected. No Premiums will be refunded in instances where Benefits were not utilised by the Assured Person(s). Should cancellation fall within the 31 (thirty-one) day cooling off period, Premiums will be refunded provided no Benefits were utilised.

11.3 If the Policyholder cancels the Policy, no claim will be payable for any event occurring after the effective date of termination.

11.4 The Assurer reserves the right to cancel or vary membership or that of any Assured Person(s) by giving written notification, where possible, if any Assured Person(s):

- **11.4.1** provides false information or fails to disclose information upon application;
- **11.4.2** provides false information upon submission of a claim;
- **11.4.3** allows any other person to use their membership card;
- **11.4.4** commits any other Fraudulent Act;
- **11.4.5** fails to pay Premiums;
- **11.4.6** generally acts in a manner indicative of a premeditated selection against the Assurer.

12. Dispute Resolution

12.1 This agreement shall be governed, interpreted and construed in accordance with the laws of the Republic of South Africa. Any legal action or proceedings arising out of or in connection with this Policy which is to be instituted in a court of law shall be brought in the High Court of South Africa and irrevocably submitted to the exclusive jurisdiction of such court.

13. Sharing of Insurance Information

13.1 The sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess the risks fairly and to reduce the incidence of fraudulent claims.

13.2 Assured Person(s) hereby consent to the sharing of any insurance information provided by them, or on their behalf, in respect of any insurance Policy or claims lodged. Assured Person(s) also consent to this information being disclosed to any other Assurance or Insurance company and/or verified against other legitimate sources or databases.

SCHEDULE 1 | In-room GP procedures

- Circumcision (clamp procedure)
- Excision of nail bed
- Cauterisation of warts, nevus, lipoma and skin lesion
- Resection of the big toenail
- Excision of nevus, lipoma and skin lesion
- Skin biopsy
- Drainage of an abscess
- Stitching of wounds
- Removal of foreign body
- Limb cast
- ECG with and without effort
- Nebulisation

SCHEDULE 2 | Diagnostic Procedures

Procedure	Benefit Amount	Co-payment
Amniocentesis	Up to R6,000	R300
Barium x-ray studies	Up to R6,000	R300
Bone marrow aspiration	Up to R6,000	R300
Computed tomography (CT)	Up to R10,000	R500
Doppler	Up to R6,000	R300
Fluoroscopy	Up to R6,000	R300
Magnetic resonance imaging (MRI)	Up to R20,000	R1,500
Myelography (Discogram)	Up to R6,000	R300
Nuclear scan	Up to R10,000	R500
Positron emission tomography (PET)	Up to R20,000	R1,500
Retrogade Urography	Up to R6,000	R300
Venography	Up to R6,000	R300
Colonoscopy	Up to R10,000	R1,000
Gastroscopy (Endoscopy)	Up to R5,000	R1,000
Biopsy	Up to R10,000	R0
Colposcopy, Cone biopsy, Dilation and curettage (D&C), Hysteroscopy	Up to R15,000	R0

SCHEDULE 3 | Day Procedures

- Achilles tendon release
- Haemorrhoidectomy
- Adenoidectomy
- Inguinal hernia repair
- Anal dilatation
- Laparoscopic appendicectomy
- Anstrostomy
- Laporoscopy and removal of cyst
- Arthroscopy
- Myringotomy
- Bunionectomy
- Peripheral nerve neuroplasty
- Carpal tunnel release
- Posterior and anterior vitrectomy
- Cataract surgery
- Probing and repair of tear ducts
- Cervical cerclage
- Release of trigger finger
- Cervical Lletz
- Removal of pterygium
- Corneal surgery
- Renal calculus removal and stent insertion
- Cystoscopy and ureteral dilation
- Sinus surgery
- Drainage of abscesses/ haemotoma
- Tonsillectomy
- Drainage of Bartholin cyst
- Turbinectomy
- Endometrial ablation
- Tympanoplasty
- Ganglionectomy
- Umbilical hernia repair
- Tooth extractions
- Temporo-mandibular surgery
- Cyst and soft tumour removal
- Frenectomy
- Apicectomy

Accident Related Day Procedures

- Closed reduction of fracture
- Insertion or removal of K wires or other internal fixatives
- Reduction of nose fracture
- Removal of pins and plates

NOTES

24-Hour Emergency
0861 11 00 33
(Option 2)

Hospital pre-authorisation
0861 11 00 33

Call Centre
0861 11 00 33

Email Address
info@affinityhealth.co.za

Fax Number
086 607 9419

Physical Address
1 Dingler Street,
Rynfield,
Benoni 1501

Postal Address
Posnet Suite 124,
Private Bag x101,
Farramere,
Benoni 1518

www.affinityhealth.co.za

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This is not a medical scheme and the cover is not the same as that of a medical scheme. This Policy is not a substitute for medical scheme membership.

Subject to Demarcation Regulations, the Assurer does not refuse membership on the basis of any means of discrimination.

Affinity Health, a product of National Risk Managers (Pty) Ltd (FSP 47132), the Underwriting Managing Agency; Lion of Africa Life Assurance Company Ltd (FSP 15283), the Assurer. This Policy shall be voidable in the event of misrepresentation, misdescription or non-disclosure of any particular material fact to this insurance by or on behalf of an insured person. Terms and conditions as contained in the Policy document apply.

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