AFFINITY HEALTH

CHRONIC DISEASE
BENEFIT GUIDE

2022

INTRODUCTION

The Chronic Disease Benefit covers certain life-threatening conditions that need ongoing treatment and includes cover for Chronic Conditions on the Affinity Chronic Disease List.

Members are required to register as a Chronic Member and include the Chronic Essential Booster in their cover.

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

Affinity

Means the company named Affinity Health (Pty) Ltd.

Affinity Health/We/Us/Our

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

Affinity Health Rate

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

Affinity Health Rate for Medicine

This is the rate Affinity pays for medicine. It is the Single Exit Price of medicine plus the relevant dispensing fee according to the Affinity Health Formulary.

Annual Benefit Limit

This means the cap on the Members' Benefits that Affinity will pay in a calendar month. 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 Members' account.

The Assurer

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

Chronic Essential Benefit (CEB)

The Chronic Essential Benefit is available to Members through an application process. This Benefit covers medication according to the Affinity Chronic Disease List Formulary for 24 specific conditions.

Commence/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.

Co-payment

Co-payment is an amount that the Member needs to pay towards a healthcare service. The amount can vary by the type of diagnostic procedure, not making use of a network service provider, or services that are not part of the Formulary or if the amount the service provider charges, 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.

Designated Service Provider (DSP)

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

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.

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.

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.

Medicine Formulary

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

Member

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

Network Provider

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

Out-of-Network Provider

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

Per diem

Means the amount paid per day for certain Benefits of the specific Policy selected, where applicable.

Policyholder

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

Pre-Authorisation

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

Shortfall

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

Waiting Period

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

Cover for approved medicine on Affinity's Chronic Disease Formulary.

There are limitations to this cover, please contact Affinity Health on

0861 22 22 73

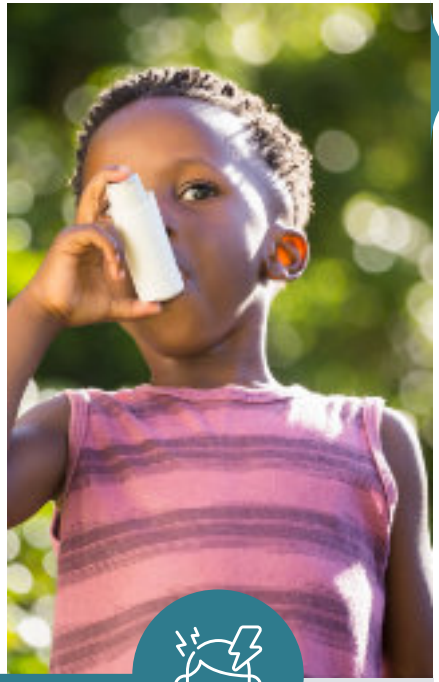
to get more information about what medication is covered.

The Chronic Disease Benefit covers approved medicine listed on the Formulary for Chronic Disease conditions up to the Affinity Health Rate for Medicine. Formularies are updated from time to time due to changes in product and pricing of the market. The latest document can be found on www.affinityhealth.co.za under the "Find a Document" tab.

To find an approved healthcare provider you may visit **www.affinityhealth.co.za** or phone Affinity Health's call centre on **0861 11 00 33**.

CHRONIC DISEASE BENEFIT

The Chronic Disease Benefit covers a specific number of medical tests and consultations for both the diagnosis and the ongoing treatment of the Chronic conditions.



CHRONIC DISEASE CONDITIONS

The following Chronic conditions are covered on the Member's selected plan.

Affinity Health covers certain **pre-approved Chronic conditions**, subject to the selected plan type. The cover includes medical examinations and recommended treatment if necessary.

Chronic Disease conditions covered by the **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

UTILISING THIS BENEFIT

It is important for the Members to note that the Chronic Disease Benefit only covers the pre-approved Chronic Diseases as indicated on the list of Chronic Diseases on the plan type chosen.

For further clarification on the list of covered Chronic Diseases. Members can visit **www.affinityhealth.co.za** or phone Affinity Health's call centre on **0861 22 22 73.**

Members are required to register as a Chronic Member for the Chronic Disease Benefit.

Members must consult with a GP specified by Affinity Health.

To complete the registration process the Member must complete the Chronic Application form with a Network GP and submit to Affinity Health by emailing chronicapp@affinityhealth.co.za.

Please refer to the list of Chronic Conditions in the Policy Document or Benefit Guide for more information on the Chronic Conditions covered on the specific option chosen, and ensure that the optional Chronic Benefit package(s) are included in the optional Benefits purchased.

Members can discuss the medications applicable for their condition (by Policy type) by calling the Chronic Department. The Chronic Management Programme ensures that each Member who registers for a Chronic Condition receives the most appropriate treatment and medication.

When a Chronic Disease is managed effectively, it results in fewer acute and long-term medical complications or side effects. Affinity Health uses set guidelines and protocols to clinically assess every Chronic Benefit application to make sure that the medicines used are appropriate, cost-effective and prescribed in the correct therapeutic dosages.

Please refer to the attached list of clinical entry criteria that applies when registering for Chronic Benefits for the first time. The treating doctor will need to provide Affinity with this information.

The completed Chronic Disease Benefit application form can be forwarded:

- By email to: chronicapp@affinityhealth.co.za
- By post to: Affinity Health, Chronic Department,
  Postnet suite 124,
  Private Bag X101,
  Farrarmere,
  Benoni 1518

Once a Chronic Disease application has been approved by Affinity Health, the relevant information will be communicated to the Member

Upon approval of a Chronic Disease, Affinity Health will provide the Member with all relevant information in respect of approved healthcare providers and the associated treatment.

Get the medicine from a pharmacy that charges Affinity Health's Rate for Medicine

The Chronic Disease Benefit covers approved medicine listed on the medicine list Formulary for the Chronic Conditions at a pharmacy in the DSP network. If approved medicine is obtained from a pharmacy that charges more than the Affinity Health Rate for Medicine, Members will have to pay the difference or shortfall.

How to get prescribed medicine from a healthcare provider

Members can only get prescribed medication from a Network Pharmacy. If a Member decides to get their prescribed medication from a pharmacy other than a Network Pharmacy, the Member may be requested to make a co-payment or pay the full amount for the medication upfront.

Combined //
Standard / Senior / Junior

Hospital //
Standard

Day-To-Day //
Standard / Junior

Benefits available by policy type

STANDARD COMBINED

Unlimited access to **Telephonic Primary Health Services** for healthcare education and lifestyle advice for Chronic Conditions.

Unlimited access to **Nurse-led Medical Consultations** for Chronic Condition monitoring at a Medical Society Centre.

GP Consultations for prescription purposes up to annual limits for GP Consultations.

Medication for Chronic Conditions listed on the Affinity Health Formulary/Chronic Medication List.

*Medication per Chronic Condition carries an **additional R99** per condition per month surcharge applied once the Benefit registration process is completed.

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.

STANDARD HOSPITAL

No Day-to-Day Benefits under Hospital only.

Up to **Daily Illness** Per Diem amounts.

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

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.

STANDARD DAY-TO-DAY

Unlimited access to **Telephonic Primary Health Services** for healthcare education and lifestyle advice for Chronic Conditions.

Unlimited access to **Nurse-led Medical Consultations** for Chronic Condition monitoring at a Medical Society Centre.

GP Consultations for prescription purposes up to annual limits for GP Consultations.

Medication for Chronic Conditions listed on the Affinity Health Formulary/Chronic Medication List.

*Medication per Chronic Condition carries an **additional R99** per condition per month surcharge applied once the Benefit registration process is completed.

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.

SENIOR COMBINED

Unlimited access to **Telephonic Primary Health Services** for healthcare education and lifestyle advice for Chronic Conditions.

Unlimited access to **Nurse-led Medical Consultations** for Chronic Condition monitoring at a Medical Society Centre.

GP Consultations for prescription purposes up to annual limits for GP Consultations.

Medication for **Chronic Conditions** listed on the Affinity Health Formulary/Chronic Medication List.

Medication per Chronic Condition carries an **additional R99** per condition per month surcharge applied once the Benefit registration process is completed.

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.

SENIOR HOSPITAL

No Day-to-Day Benefits under Hospital only.

Up to **Daily Illness** Per Diem amounts.

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

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.

SENIOR DAY-TO-DAY

Unlimited access to **Telephonic Primary Health** Services for healthcare education and lifestyle advice for Chronic Conditions.

GP Consultations for prescription purposes up to annual limits for GP Consultations.

Unlimited access to **Nurse-led Medical Consultations** for Chronic Condition monitoring at a Medical Society Centre.

Medication for **Chronic Conditions** listed on the Affinity Health Formulary/Chronic Medication List.

Medication per Chronic Condition carries an **additional R99** per condition per month surcharge applied once the Benefit registration process is completed.

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.

JUNIOR COMBINED

Unlimited access to **Telephonic Primary Health Services** for healthcare education and lifestyle advice for Chronic Conditions.

Unlimited access to **Nurse-led Medical Consultations** for Chronic Condition monitoring at a Medical Society Centre.

GP Consultations for prescription purposes up to annual limits for GP Consultations.

Medication for **Chronic Conditions** listed on the Affinity Health Formulary/Chronic Medication List.

Medication per Chronic Condition carries an **additional R99** per condition per month surcharge applied once the Benefit registration process is completed.

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.

JUNIOR HOSPITAL

No Day-to-Day Benefits under Hospital only.

Up to **Daily Illness** Per Diem amounts.

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

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.

JUNIOR DAY-TO-DAY

Unlimited access to **Telephonic Primary Health** Services for healthcare education and lifestyle advice for Chronic Conditions.

GP Consultations for prescription purposes up to annual limits for GP Consultations.

Unlimited access to **Nurse-led Medical Consultations** for Chronic Condition monitoring at a Medical Society Centre.

Medication for **Chronic Conditions** listed on the Affinity Health Formulary/Chronic Medication List.

Medication per Chronic Condition carries an **additional R99** per condition per month surcharge applied once the Benefit registration process is completed.

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.

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

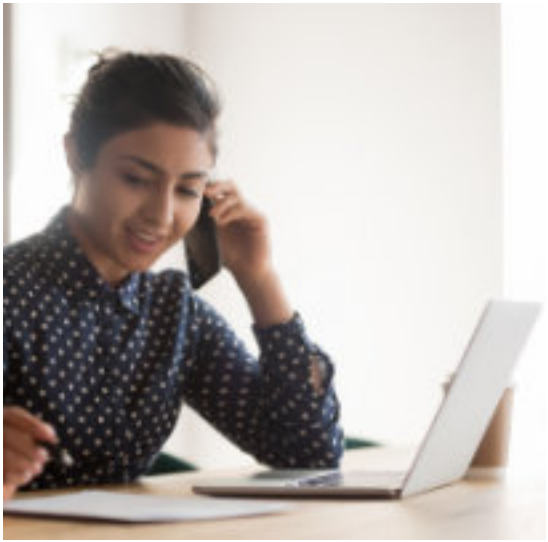
EMAIL
info@affinityhealth.co.za

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

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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.