



AFFINITY
HEALTH



DIAGNOSTIC
BENEFIT GUIDE

INTRODUCTION

Diagnostic tests assist in the detection and confirmation of the presence or absence of any disease, injury or any other health condition that requires medical attention.

Diagnostic tests are done for a variety of reasons, including:

- Diagnosing a disorder or illness.
- Evaluating the severity of a disorder or illness so that subsequent treatment can be planned.
- Monitoring the patient's response to treatment.

Diagnostic tests include basic x-rays and blood tests as well as more specialised procedures. Specialised Radiology such as scans and endoscopies, which assist in observing and analysing the inside of the body. A tissue biopsy subject to the terms relevant to a Member's plan type, may be covered under the Diagnostic Benefit.



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

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.

Affinity Health Rate

This is the rate Affinity Health pays for healthcare services provided by hospitals, pharmacies, healthcare professionals and other providers of relevant health services.

Annual Benefit Limit

The Annual Benefit Limit is the cap on the Member's Benefits that Affinity will pay in a year. Annual Limits can be placed either on specific services as an annual amount for covered services or on the number of visits that will be covered for a particular service. After the Annual Benefit Limit is reached, all associated healthcare expenses will be for the Members account.

The Assurer

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

Commence/Commencement Date

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.

Consecutive Premiums

Monthly premiums received, when due, in succession and without interruption or default.

Co-payment

Co-payment is an amount that the Member needs to pay towards a healthcare service. The amount can vary by the type of diagnostic procedure, not making use of a network service provider, services that are not part of the Formulary or if the amount the service provider charges more than what Affinity Health will cover. If the co-payment amount is higher than the amount charged for the healthcare service, Members will have to pay for the cost of the healthcare service.

Designated Service Provider (DSP)

A Designated Service Provider is a service provider that is contracted to Affinity Health. DSPs offer preferential rates and are required to be used for most Benefits and 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.

Member

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

Network Provider

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

Out-of-Network Provider

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

Policyholder

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

Pre-Authorisation

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

Waiting Period

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





**UTILISING
THIS BENEFIT**





BASIC RADIOLOGY

Basic Radiology will be covered according to the Affinity Health Radiology Formulary and rates should a Network Provider refer the Member. The Radiology Benefit is claimable for out-of-hospital expenses under Day-to-Day and Combined plan options and are subject to a one month waiting period.



BASIC PATHOLOGY

Basic Pathology will be covered according to the Affinity Health Pathology Formulary and rates should a Network Provider refer the Member. The Pathology Benefit is claimable for out-of-hospital expenses, under the Day-to-Day and Combined plan options and is subject to a one month waiting period.





The Pre-authorisation Department can be contacted on

0861 11 00 33

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

DIAGNOSTIC BENEFITS

Members must obtain Pre-authorisation for all diagnostic procedures covered under the Diagnostic Benefit. Obtaining Pre-authorisation will ensure Members get directed to a Network Provider and that the Member's claim will be paid correctly.

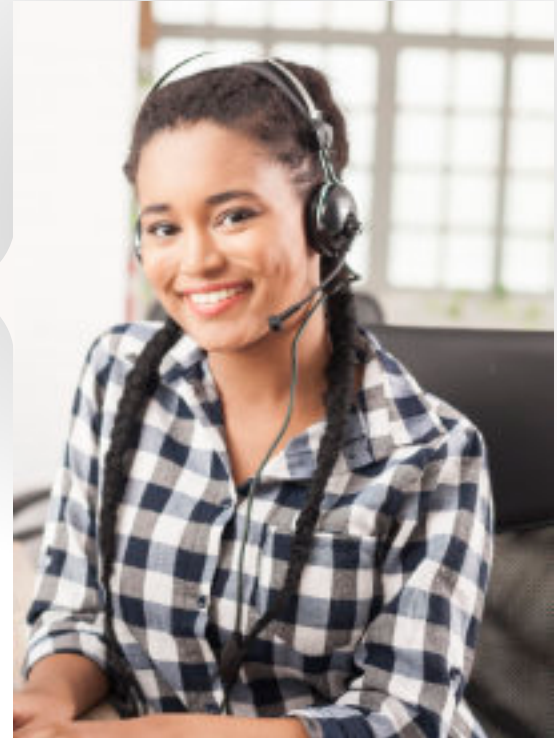
The Member will be able to access a specified list of diagnostic procedures detailed below at the Affinity Health Rate.*

A co-payment is required per procedure based on the procedure itself and is paid to the treating facility. Members will be liable for costs which exceed the Affinity Health Rate. Should a Member be required to undergo more than one diagnostic procedure at the same time, the Member will be liable for each of the specified co-payments.

This Benefit is subject to a three (3) month waiting period. Upon completion of the waiting period, this Benefit will accumulate at R1000 per month, assuming each consecutive monthly contribution is paid. The full Benefit amount will become available from the thirteenth (13th) month of cover. Diagnostic procedures related to pre-existing conditions are excluded for 12 months from commencement date of the cover.

These procedures will be covered under the Diagnostic Benefit whether the Member is admitted in-hospital or treated as an out-of-hospital patient.

* The Affinity Health Rate is the rate at which healthcare services are paid to healthcare providers such as hospitals, pharmacies, and healthcare professionals.





The following procedures are covered from this Benefit with the corresponding co-payment amount:

Procedure	Affinity Health Rate	Co-Payment Required
Amniocentesis	R6 000	R300
Barium x-ray studies	R6 000	R300
Bone marrow aspiration	R6 000	R300
Computed tomography (CT)	R10 000	R500
Doppler	R6 000	R300
Fluoroscopy	R6 000	R500
Magnetic resonance imaging (MRI)	R20 000	R1 500
Myelography (Discogram)	R6 000	R300
Nuclear scan	R10 000	R500
Positron emission tomography (PET)	R20 000	R1 500
Retrograde urography	R6 000	R300
Venography	R6 000	R300
Colonoscopy	R10 000	R1 000
Gastrosocopy (Endoscopy)	R5 000	R1 000
Biopsy	R10 000	R0
Colposcopy	R15 000	R0
Cone biopsy	R15 000	R0
D & C (Dilation and curettage)	R15 000	R0
Hysteroscopy	R15 000	R0

*** Please note that co-payments are required for these procedures however the Member may also be responsible for any possible shortfalls that may arise.**

Members require a GP or Specialist Referral

Members requiring a diagnostic procedure shall be required to obtain a referral from a medical professional, either an Affinity Health Network GP or a Specialist. Consultations with these professionals will be covered from their respective Benefits and are subject to Benefit limits. All diagnostic procedure requests must also meet Affinity Health's Clinical Guidelines and Managed Care Protocols, and do not require an admission to access. **Benefits.**

Affinity covers specified Diagnostic Procedures up to 100% of the Affinity Health Rate

The Member will be able to access a specified list of diagnostic procedures detailed above. Visit www.affinityhealth.co.za to view the Radiology and Pathology Formularies and rates. Members will be liable for costs incurred that are more than the Affinity Health Rate.



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



Hospital Plans //
Standard / Junior / Senior



Combined Plans //
Standard / Junior / Senior

Benefits available by policy type



STANDARD COMBINED



STANDARD HOSPITAL



STANDARD DAY-TO-DAY

Unlimited basic black and white x-rays according to the Affinity Health Formulary if recommended by a Network Provider and authorised by Affinity Health, as an out-of-hospital Benefit with a one month waiting period.

Unlimited basic Pathology according to the Affinity Health Formulary if recommended by a Network Provider and authorised by Affinity Health, as an out-of-hospital Benefit with a one month waiting period.

Diagnostic procedures from the Affinity Health Diagnostic Formulary covered up to **R20 000** for a single member policy and up to **R25 000** per family policy per annum.

Subject to a general 3 month waiting period, or a 12 month waiting period for pre-existing conditions and the accumulation of Benefits in the first year.

Diagnostic Procedures from the Affinity Health Diagnostic Formulary covered up to **R20 000** for a single member policy and up to **R25 000** per family policy per annum.

Subject to a general 3 month waiting period, or a 12 month waiting period for pre-existing conditions and the accumulation of Benefits in the first year.

Unlimited basic black and white x-rays according to the Affinity Health Formulary if recommended by a Network Provider and authorised by Affinity Health, as an out-of-hospital Benefit with a one month waiting period.

Unlimited basic Pathology according to the Affinity Health Formulary if recommended by a Network Provider and authorised by Affinity Health, as an out-of-hospital Benefit with a one month waiting period.

Subject to a general 1 month waiting period, or a 12 month waiting period for pre-existing conditions.

Only the basic Radiology and basic Pathology Benefits apply to this plan type. In-hospital diagnostic procedures are not covered on this plan.



SENIOR COMBINED

Unlimited basic black and white x-rays according to the Affinity Health Formulary if recommended by a Network Provider and authorised by Affinity Health, as an out-of-hospital Benefit with a one month waiting period.

Unlimited basic Pathology according to the Affinity Health Formulary if recommended by a Network Provider and authorised by Affinity Health, as an out-of-hospital Benefit with a one month waiting period.

Diagnostic procedures from the Affinity Health Diagnostic Formulary covered up to **R20 000** for a single member policy and up to **R25 000** per family policy per annum.

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Subject to a general 1 month waiting period, or a 12 month waiting period for pre-existing conditions.

Only the basic Radiology and basic Pathology Benefits apply to this plan type. In-hospital diagnostic procedures are not covered on this plan.





JUNIOR COMBINED

Unlimited basic black and white x-rays according to the Affinity Health Formulary if recommended by a Network Provider and authorised by Affinity Health, as an out-of-hospital Benefit with a one month waiting period.

Unlimited basic Pathology according to the Affinity Health Formulary if recommended by a Network Provider and authorised by Affinity Health, as an out-of-hospital Benefit with a one month waiting period.

Diagnostic procedures from the Affinity Health Diagnostic Formulary covered up to **R20 000** for a single member and up to **R25 000** per family per annum.

Subject to a general 3 month waiting period, or a 12 month waiting period for pre-existing conditions and the accumulation of Benefits in the first year.



JUNIOR HOSPITAL

Diagnostic procedures from the Affinity Health Diagnostic Formulary covered up to **R20 000** for a single member and up to **R25 000** per family per annum.

Subject to a general 3 month waiting period, or a 12 month waiting period for pre-existing conditions and the accumulation of Benefits in the first year.



JUNIOR DAY-TO-DAY

Unlimited basic black and white x-rays according to the Affinity Health Formulary if recommended by a Network Provider and authorised by Affinity Health, as an out-of-hospital Benefit with a one month waiting period.

Unlimited basic Pathology according to the Affinity Health Formulary if recommended by a Network Provider and authorised by Affinity Health, as an out-of-hospital Benefit with a one month waiting period.

Subject to a general 1 month waiting period, or a 12 month waiting period for pre-existing conditions and the accumulation of Benefits in the first year.

Only the basic Radiology and basic Pathology Benefits apply to this plan type. In-hospital diagnostic procedures are not covered on this plan.





**GET IN
TOUCH**



MEMBERS

Please call **0861 11 00 33** for customer care.



HEALTH PRACTITIONERS

Please call **0861 11 00 33** > **Option 5**.



Write to us at Postnet Suite
124, Private Bag X101,
Farrarmere, Benoni 1518.



Use the website www.affinityhealth.co.za or
the **customer care walk-in centre** at 1 Dingler
Street, Rynfield, Benoni.



FAX

086 607 9419



EMAIL

info@affinityhealth.co.za



COMPLAINTS PROCESS

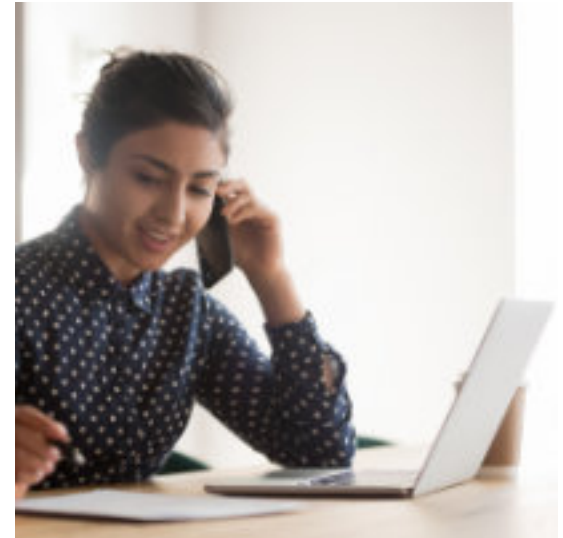
The Internal Complaints Resolution Policy is available on the Affinity Health Website.

www.affinityhealth.co.za



Affinity Health is committed to maintaining an internal complaints resolution system, ensuring procedures are based on the following:

- a** — **Maintenance of a comprehensive complaints policy that outlines the company's commitment to, and system and procedures for, internal resolution of complaints.**
- b** — **Transparency and visibility:** ensuring that Members have full knowledge of the procedures for resolution of their complaints.
- c** — **Accessibility of facilities:** ensuring that Members have easy access to such procedures made available at any office or branch of the provider, as well as through electronic means such as email or via the Affinity Health website.
- d** — **Fairness:** ensuring that a resolution of a complaint falls in line with the resolution process which is fair to both the Member and the Company.
- e** — **Compliments and Suggestions:** Affinity Health is committed to ensuring that the products and services provided meet the Member's fullest expectations, Affinity Health values Members' honest feedback. Should a Member wish to compliment Affinity, or they have any suggestions on how the products or service delivery can be improved, the Affinity Team would love to hear from you. Kindly forward compliments or suggestions to email: compliments@affinityhealth.co.za.



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How to submit a complaint?

Affinity is committed to investigating and resolving all complaints in a fair, honest and professional manner. If the Member is not satisfied with the service received, he or she can lodge a formal complaint with Affinity Health's Complaints Department at:

Complaints Department

Physical Address

1 Dingler Street, Rynfield, Benoni, 1501

Postal Address

Postnet Suite 124, Private Bag X101, Farrarmere, Benoni, 1516

Telephone

086 110 6040

Email

complaints@affinityhealth.co.za

g

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.

h

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.

