



AFFINITY
HEALTH



PRIVATE HOME NURSING
BENEFIT GUIDE

INTRODUCTION

Affinity Health offers Private Home Nursing to Members after a hospital stay if clinical guidelines and managed care protocols are met.

Benefits are available to Members requiring additional medical assistance at home once the Member has been discharged from hospital and has claimed for accidental or illness Benefits in-hospital. Affinity Health's multidisciplinary, national network of Nurses is available to assist Members with telephonic counselling and support, as well as comprehensive home-based care.



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

Accident

An unforeseen, unfortunate, sudden, unusual, specific incident or event which could not reasonably have been expected to occur and was not planned or happened unintentionally at an identifiable time and place resulting in Bodily Injury due to violent, external and visible means during the period of the Policy, such as a motor vehicle accident.

Active/Active Cover

Means that the cover and Benefits provided in terms of this Policy are in force and has available Benefits, subject to the terms and conditions contained in the Policy Wording.

Activities of daily living (ADL)

A term used in healthcare to refer to people's daily self-care activities that are required to independently care for oneself such as eating, bathing, sphincter management, mobility and communication.

A person's ability or inability to perform ADLs is used to measure their functional status or the degree of assistance required, particularly regarding people post hospitalisation due to an accident.

Affinity

Means the company named Affinity Health (Pty) Ltd.

Affinity Health/We/Us/Our

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

The Assurer

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

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 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

Home Nursing

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. The Affinity Health Home Nurses are all qualified and registered with the South African Nursing Council to provide the care and treatment that Members require.

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.

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 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.

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 and Dependant(s) can access Benefits. No claims will be payable during this period.



UTILISING THIS BENEFIT



The Member or someone on behalf of the Member will need to contact Affinity Health to **obtain Pre-authorisation** prior to being allocated a Nurse by Affinity Health.

CRITERIA

The Pre-authorisation Department will assess the request and appoint a Registered Private Nurse(s), if your claim is successful. This Benefit is only available for claims approved from the Hospital Accident and Illness Benefits. For more information about the Private Home Nursing Benefit, visit our website www.affinityhealth.co.za or email PHomeNurse@affinityhealth.co.za

A medical professional appointed by Affinity Health will assess the Member's ability to meet the seven daily living activities according to Clinical Guidelines and Healthcare Protocols. Members become eligible to claim if a minimum of three of these activities-of-daily-living are not met. The activities include the Member's ability to perform the following without the help of another person, but with the use of appropriate assistive or corrective aids and appliances below.

- The Member's ability to wash in a bath or shower;
- The Member's ability to dress themselves;
- The Member's ability to feed themselves using utensils or their hands;
- The Member's ability to use the lavatory or recognise the need to do so;
- The Member's ability to mobilise;
- The Member's ability to move from a bed to a chair or wheelchair and vice versa; or
- The Member's ability to communicate.

MEMBERS HAVE ACCESS TO THE FOLLOWING BENEFITS



TELEPHONIC COUNSELLING AND SUPPORT

The Affinity Health Disease Management Team is available post-hospital treatment for clinical advice and support following a Member's stay in a treatment facility.

Nurse-led Medical Consultations are available for telephonic support and advice. They will also assist with obtaining counselling for Members being diagnosed with a terminal illness. The advice line is available on 0861 210 211. Members will also be able to use this line for medical consultations, medication and referral to a Network GP for further treatment.



COMPREHENSIVE HOME-BASED CARE

Home based nursing care include the following services:

- Assistance with basic care around hygiene.
- Evaluation of the patient's medical condition and requirements.
- Monitoring and education on illness and related conditions.
- Disease prevention and management.
- Nursing procedures eg. wound care.



Combined // Hospital // Day-to-Day

Benefit limits for the Post-Hospital Care Benefit

Standard // Senior // Junior Plans

Unlimited access to telephonic advice and post-hospital advice through the Affinity Health Primary Care line.

Up to **R10,000** per single Member Policy and **R12,000** per family Policy per annum. With a maximum of **R15,000** per Member per lifetime of the plan.

Subject to Pre-authorisation after a 12 month waiting period for pre-existing conditions, to maximum annual Policy limits and Affinity Health Guidelines and Managed Healthcare Protocols.





**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 Miles
Sharp 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.



f

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.

