



# AFFINITY HEALTH SENIOR

Simple, **cost-effective** and  
**reliable** health insurance.



POLICY DOCUMENT  
2025

# CONTENTS

1. Introduction	3
2. Welcome to Affinity	3
3. About your Policy	3
4. Definitions	4
5. Premium Payments	8
6. Waiting Periods	8
7. Benefits	9
8. General Provisions	24
9. Exclusions	24
10. Claims	26
11. Amendment/Upgrade/Cancellation Procedure	27
12. Dispute Resolution	27
13. Sharing of Insurance Information	27

---

Schedule 1	Activities of Daily Living	28
Schedule 2	Chronic Conditions	28
Schedule 3	Day Procedures	29
Schedule 4	Dental Benefits	29
Schedule 5	Diagnostic Procedures	30
Schedule 6	Healthcare Screening	30
Schedule 7	In-Room Procedures	31



**Day-to-Day Pre-authorization**

0861 11 00 33



**Hospital Pre-authorization**

0861 11 00 33



**24-Hour Emergency**

(Option 2)  
0861 11 00 33

## Disclaimer:

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 Insurer does not refuse membership on the basis of any means of discrimination.

## **1. INTRODUCTION**

- 1.1 Affinity Health is a product of the Insurer, Affinity Life Limited (Registration Number 1952/001635/06), a registered Life Insurer and authorised Financial Services Provider (FSP 49986).
- 1.2 This long-term insurance policy is regulated by the Financial Sector 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.
- 1.3 Subject to Demarcation Regulations, the Insurer does not refuse membership on the basis of any means of discrimination.
- 1.4 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**

- 2.1 The customers and all other stakeholders benefit if customers are treated fairly in all aspects of the business. This is why Affinity Life Limited is dedicated to the administration and servicing of your policy to assist in all your queries.

Affinity commits to:

- 2.1.1 provide customers with clear information about the products and services that are offered, including fees and charges;
  - 2.1.2 be there to provide customers with information and further clarification on anything that they do not understand in relation to products and services;
  - 2.1.3 give customers access to a formal complaint procedure should they become unhappy with the service provided;
  - 2.1.4 act fairly, reasonably and responsibly in all dealings with customers;
  - 2.1.5 act honestly and try to make sure that brokers, and all other suppliers of goods and services that Affinity does business with do the same;
  - 2.1.6 treat all the policyholder's personal information as private and confidential, and run secure and reliable systems; and
  - 2.1.7 train staff to make sure that the procedures they follow reflect the commitments set out in Affinity's code of conduct.
- 2.2 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.
  - 2.3 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.
  - 2.4 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.

## **3. ABOUT YOUR POLICY**

- 3.1 The Affinity Health product provides you with simple, cost-effective and reliable health cover through our extensive Designated Service Provider Network (DSP). The Benefit 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 Insured Person(s)' behalf (if the Insured Person(s) and the Owner are not the same person) through a recorded telephonic conversation;
  - 3.2.2 the Policy Schedule is issued to the Owner electronically; and
  - 3.2.3 this document, contains all the terms and conditions of this life insurance 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 Insured 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](http://www.affinityhealth.co.za), or you can contact our Client Services Department at **0861 11 0 033** or via email at [info@affinityhealth.co.za](mailto:info@affinityhealth.co.za) to obtain an electronic copy.
- 3.5 The Insurer Agrees to:
- 3.5.1 Maintain the Policy in force for as long as the Owner and/or Insured 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 Insured 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 Insured 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 may 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 Insured Person(s)' historical and future medical information.

#### 4. DEFINITIONS

- 4.1 **"Accident"** an event that occurs unexpectedly and is not intentionally caused resulting from sudden external forceful trauma. It occurs at a specific time and place, leading to Bodily Injury.
- 4.2 **"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.
- 4.3 **"Activities of daily living (ADL)"** means a person's daily self-care activities that are required to independently care for oneself. ADLs and their impact on the Post-Hospital Private Home Nursing benefit are fully defined in Schedule 2.
- 4.4 **"Acute Medication"** means medication that meets the following requirements:
- 4.4.1 is within the Affinity Medication Formulary, as amended from time to time and is prescribed by a medical practitioner for diseases or conditions that have a rapid onset and severe symptoms; and
- 4.4.2 is prescribed for less than 90 (ninety) days.
- 4.4.3 a substance registered under the Medicines and Related Substances Control Act 1965.
- 4.5 **"Admission"** means admission into a Hospital as an inpatient.
- 4.6 **"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:
- 4.6.1 a child of the Policyholder over the age of 21 (twenty-one) Years;
- 4.6.2 an immediate family member (sibling or parent) over the age of 21 (twenty-one) Years; or
- 4.6.3 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.
- 4.7 **"Affinity Rate"** means the rate Affinity pays for healthcare services provided by hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
- 4.8 **"Affinity/We/Us/Our"** means Affinity Life Limited, the Insurer a licensed Financial Services Provider with FSP number 49986 and any of its affiliated products.

- 4.9 **“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 Limit is reached, all additional associated healthcare expenses will be for the Member’s account.
- 4.10 **“Antenatal”** means the period before birth, during or relating to pregnancy.
- 4.11 **“Application Date”** means the date on which the application for this insurance is completed in its entirety and submitted to the Insurer for assessment.
- 4.12 **“Audiometry”** means a screening test performed to measure a person’s sense of hearing. The test is performed with the use of electronic equipment.
- 4.13 **“Benefit Start Date”** means the date on which the Insured Person(s) becomes entitled to Benefits. This date occurs after the completion of initial General or Special Waiting Periods.
- 4.14 **“Benefit”** means the Benefit amount as set out in the Policy Schedule, provided by the Insurer in terms of this Policy.
- 4.15 **“Bodily Injury”** means injury by sudden external forceful trauma caused by an Accident.
- 4.16 **“Casualty Room”** means the Casualty or Emergency Department of a Hospital (that is part of the Hospital or a separate doctor practice) providing Emergency Treatment. Emergency Room will bear the same meaning.
- 4.17 **“Child Dependant”** means the named child of a Policyholder under the age of 21 (twenty-one) Years, including:
- 4.17.1 a natural child
  - 4.17.2 a stepchild
  - 4.17.3 a legally adopted child, including a child adopted in terms of a customary adoption under a tradition practised by the people of South Africa provided that the child’s natural parents are both deceased or
  - 4.17.4 a child of a Child Dependant and/or Adult Dependant.
- 4.18 **“Chronic Disease Formulary”** means the complete list of chronic conditions approved and amended from time to time by Affinity, which together constitutes the maximum limit of Benefits which Affinity will be bound to pay in terms of the Policy.
- 4.19 **“Chronic Medication Formulary”** means the complete list of consumables, prices, and medication for the defined condition listed on the Chronic Disease Formulary, as approved and amended from time to time by Affinity, which together constitutes the maximum limit of Benefits which Affinity will be bound to pay in terms of the Policy.
- 4.20 **“Chronic Medication”** means medication that meets all the following requirements:
- 4.20.1 is within the Chronic Medication Formulary and the Chronic Disease Formulary, as amended from time to time;
  - 4.20.2 prescribed by a medical practitioner for an uninterrupted period of at least 3 (three) months; and
  - 4.20.3 a substance registered under the Medicines and Related Substances Control Act 1965.
- 4.21 **“Co-payment”** is an amount that the Member needs to pay towards healthcare service.
- 4.22 **“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.
- 4.23 **“Consecutive Premiums”** means monthly premiums received, when due, in succession and without interruption or default.
- 4.24 **“Continuation Member”** means an existing Spouse who becomes the Policyholder after the death of the original Policyholder.
- 4.25 **“Contraception”** means any of the activities, procedures and medications which are intended to prevent pregnancy.
- 4.26 **“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.
- 4.27 **“Day”** Means 24 (twenty-four) consecutive hours from the time of Admission.
- 4.28 **“Defined Event”** means the event which gives rise to the Insured Person having to seek medical treatment and which will be payable by the Insurers set out in this document.

- 4.29 **“Public Hospital”** means a Public or State Hospital.
- 4.30 **“Designated Service Provider (DSP)”** means a service provider that is contracted to Affinity or where Affinity nominates a service provider to access benefits.
- 4.31 **“Dispensing Provider”** means a doctor that can supply medication to patients from their rooms.
- 4.32 **“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.
- 4.33 **“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.
- 4.34 **“Emergency Treatment”** means immediate medical treatment required as a matter of urgency to save a member's life, or prevent serious damage to the member's health.
- 4.35 **“Exclusions”** means the specific medical conditions, medications, treatments, procedures or events which Affinity will not cover in terms of the Policy.
- 4.36 **“Family”** includes the Main Member, Spouse, Adult Dependants and Child Dependants added to the Policy.
- 4.37 **“Formulary”** means the complete list of procedures, prices, medication and service providers, as approved and amended from time to time by Affinity.
- 4.38 **“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 Insurer at any time with inaccurate, incomplete, dishonest, false, fabricated information.
- 4.39 **“General Waiting Period”** means the general Waiting Period of 3 (three) months applicable to all benefits unless stated otherwise where Special Waiting Periods apply. No claims will be payable during this period.
- 4.40 **“Grace Period”** means the 15 (fifteen) day period of grace allowed for payment of missed premiums, prior to policy suspension/termination.
- 4.41 **“High Care (HIC)”** means the unit of a Hospital where patients can be cared for more extensively than a normal ward but not to the point of admission into ICU.
- 4.42 **“HIV Care Programme”** means the Affinity HIV Care Programme that assists Members to manage their condition.
- 4.43 **“Hospital”** means an establishment which meets the following requirements:
- 4.43.1 holds a licence as a Private or Public Hospital, Day Clinic, or Sub-Acute Facility;
  - 4.43.2 operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients;
  - 4.43.3 provides organised facilities for diagnosis and surgical treatment; is not primarily a rest or convalescent home or similar establishment and is not, other than incidentally, a place for rehabilitation of addiction.
- 4.44 **“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.
- 4.45 **“Illness”** means the onset of any acute, somatic, unforeseeable, unpredictable illness, including micro trauma and pathological fractures (excluding mental illnesses).
- 4.46 **“Injury on Duty or Occupational Disease (IOD/OD)”** mean 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.
- 4.47 **“Intensive Care Unit (ICU)”** 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).
- 4.48 **“Lapse/Lapsed Cover”** means that the cover and benefits provided in terms of this policy are no longer available due to non-payment of premiums.
- 4.49 **“LASIK Eye Surgery”** means a type of laser eye surgery that can correct vision in people who are nearsighted, farsighted or have astigmatism.
- 4.50 **“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.

- 4.51 **“Maternity Programme”** means the Affinity Maternity Programme for which members must register to obtain benefit.
- 4.52 **“Microtrauma”** means injuries resulting from frequent, repeated use of a part of the body and degenerative conditions or circumstances that contributed to the severity of an injury.
- 4.53 **“Misrepresentation”** means the action (whether directly or indirectly) of giving false and/or misleading information with respect to a Member including information relevant to an Adult and Child Dependant.
- 4.54 **“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.
- 4.55 **“Neonatal”** means relating to newborn children up to 4 (four) weeks after birth.
- 4.56 **“Network GP”** means a General Practitioner who has contracted with Affinity.
- 4.57 **“Network Provider”** means the service providers contracted or who have an ongoing business relationship with Affinity. 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.
- 4.58 **“Non-Disclosure”** means the Member’s failure to disclose any material change, personal information, medical condition(s), and/or medical treatment(s) received or currently receiving or information requested by Affinity from time-to-time. This includes changes with respect to the Member, Adult and/or Child Dependents.
- 4.59 **“Nurse Practitioner”** means a qualified nurse, registered with the South African Nursing Council (SANC) or the Health Professions Council of South Africa (HPCSA).
- 4.60 **“Option”** means a healthcare plan registered under Affinity, which offers a specific structure of Benefits.
- 4.61 **“Out-of-Network Providers”** are providers not on the Affinity Network or, providers that have no business relationship with Affinity and do not offer preferential rates.
- 4.62 **“Over-the-counter Medication”** means medication that:
- 4.62.1 can be sold directly to a patient without the need for a prescription and is subject to Pre-authorization by the Nurse Practitioner; and
- 4.62.2 is a substance registered under the Medicines and Related Substances Control Act 1965.
- 4.63 **“Pathological Fracture”** means a fracture caused by a disease.
- 4.64 **“Planned Procedures”** means any procedure that is not considered an Emergency Medical Condition or requires Emergency Treatment.
- 4.65 **“Policy Schedule”** means the confirmation of Benefits and insurance 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.
- 4.66 **“Policy”** means the agreement concluded between the Insurer and the Policyholder in respect of the Benefits set out in the Policy Schedule.
- 4.67 **“Policyholder”** is the person who applied for the Insurance Cover under this Policy.
- 4.68 **“Postnatal”** means the period immediately after the birth of a child.
- 4.69 **“Pre-authorization”** means the act of contacting Affinity to obtain authorisation before utilising applicable Benefits.
- 4.70 **“Pre-Existing Condition”** means any condition, sign, symptom, or circumstance that contributes to an illness/disease/disorder that a Member, an Adult or Child Dependant, has been aware of or should have reasonably known about within the 12 months prior to the Commencement Date. Including, whether that issue was previously known or not.
- 4.71 **“Premium/Contribution”** means the Premium payable, in South African Rand, to the Insurer on a monthly basis in terms of this Policy to secure the Benefits.
- 4.72 **“Professional Sport”** means a sporting activity in which an Insured Person(s) engages and from which such Insured Person(s) derives the majority of their annual income.
- 4.73 **“Related accounts”** means any account other than the hospital account for in-hospital care.
- 4.74 **“Shortfall”** means the difference between the Benefit amount that will be available that will be paid by Affinity and the amount that is charged by the Service Provider.
- 4.75 **“Specialists”** means a doctor that specialises in a specific field.
- 4.76 **“Spouse”** means the named married- or life-partner of the Main Member.

- 4.77** “**Sub-acute Facility**” means a facility that offers 24/7 treatment and care for medically stable patients or patients who are recovering from surgery or an acute illness after being hospitalised.
- 4.78** “**Territorial Limits**” means within the borders of the Republic of South Africa and specifically excludes Swaziland and Lesotho.
- 4.79** “**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.
- 4.80** “**Year**” means a calendar Year, from January 1st to December 31st.

## **5. PREMIUM PAYMENTS AND FEES**

- 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 Insurer 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 General 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 the Affinity Formulary, subject to the utilisation of an Affinity Designated Service Provider (DSP).
- 7.2 All Benefits are subject to Pre-Authorisation.

### DAY-TO-DAY BENEFITS

#### 7.3 24/7 Telephonic Medical Consulting Hotline

Unlimited telephonic consultations with medical professionals for physical or mental health advice and recommendations for medication usage or lifestyle requirements.

##### 7.3.1 Waiting Period

- 7.3.1.1 This Benefit has no Waiting Period and is applicable from the Commencement Date.
- 7.3.1.2 Medication linked to this Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

##### 7.3.2 Special Conditions

- 7.3.2.1 Medication authorised or prescribed will be covered according to the Affinity Formulary.
- 7.3.2.2 Medication prescribed will be within the scope of the designated medical professional.
- 7.3.2.3 Medical professionals available include but are not limited to Nurses, General Practitioners, and mental health professionals.

#### 7.4 In-Person Nurse Consultations

Unlimited, managed, medical consultations with a nurse practitioner at a Medical Society Centre. Includes treatment and Acute Medication dispensed by the nurse practitioner according to the Affinity Formulary.

##### 7.4.1 Waiting Period

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

##### 7.4.2 Special Conditions

- 7.4.2.1 Only medication up to Schedule 4 can be dispensed by the nurse practitioner at the centre.
- 7.4.2.2 The Insured Person(s) will be liable for payment of any procedures or medication not on the Formulary.

#### 7.5 Virtual GP Consultations

Unlimited telephonic consultations with a virtual GP within the Affinity Provider Network.

##### 7.5.1 Waiting Period

- 7.5.1.1 This Benefit has no Waiting Period and is applicable from the Commencement Date.
- 7.5.1.2 Medication linked to this Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

##### 7.5.2 Special Conditions

- 7.5.2.1 Medication authorised or prescribed will be covered according to the Formulary.
- 7.5.2.2 The Insured Person(s) will be required to make use of an Affinity Network Virtual GP.

## Did you know?

*Affinity Health offers Telephonic Medical Consulting for your convenience. A Medical Professional can diagnose, prescribe medication, and provide in-person doctor authorisation when necessary.*

*You can search for network hospitals, doctors, and dentists by healthcare professional or location on the Affinity Health website. [www.affinityhealth.co.za](http://www.affinityhealth.co.za)*

## 7.6 GP Consultations

Unlimited, managed General Practitioner consultations within the Affinity Provider Network subject to a maximum Rand value.

### 7.6.1 Waiting Period

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

### 7.6.2 Special Conditions

7.6.2.1 The Insured Person(s) will be required to make use of an Affinity Network GP.

7.6.2.2 Pre-Authorisation is required prior to benefit utilisation through the 24/7 Customer Care Call Centre.

## 7.7 Out-of-Network GP Consultations

Unlimited Out-of-Network consultations. The Insured Person(s) will be liable for payment to the GP which can be reimbursed up to the defined amount through the Affinity Customer Care Call Centre.

### 7.7.1 Waiting Period

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

### 7.7.2 Special Conditions

7.7.2.1 The Insured Person(s) will be entitled to a reimbursement amount of up to **R300** on receipt of all relevant claim documents.

7.7.2.2 Pre-Authorisation is required prior to benefit utilisation through the 24/7 Customer Care Call Centre.

## 7.8 Specialist Consultations

Up to **R1 700** per Single member policy per Year or up to **R3 500** per Family policy per Year.

### 7.8.1 Waiting Period

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

### 7.8.2 Special Conditions

7.8.2.1 A referral from a GP or Specialist is required to claim for this benefit.

7.8.2.2 Reimbursements are subject to the Clinical Guidelines and Managed Healthcare Protocols of Affinity.

7.8.2.3 Pre-Authorisation is required prior to benefit utilisation through the 24/7 Customer Care Call Centre.

## 7.9 In-Room GP Procedures

Unlimited cover for minor procedures that can be performed in the General Practitioner's room.

### 7.9.1 Waiting Period

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

### 7.9.2 Special Conditions

7.9.2.1 Cover will be provided according to the Affinity Formulary. An exhaustive list of procedures and their sub-limits are detailed in Schedule 8.

7.9.2.2 The Insured Person(s) will be required to make use of an Affinity Network GP.

7.9.2.3 Pre-Authorisation is required prior to benefit utilisation through the 24/7 Customer Care Call Centre.

## 7.10 Healthcare Screening

1 (one) collective Healthcare Screening visit, per Member, per Year. Formulary tests are fully covered when conducted by a Nurse practitioner at a Medical Society Centre.

### 7.10.1 Waiting Period

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

### 7.10.2 Special Conditions

7.10.2.1 Cover will be provided according to the Affinity Formulary. An exhaustive list of procedures is detailed in Schedule 7.

## 7.11 Acute Medication

Acute medication will be covered according to the Affinity Formulary if:

- prescribed by a Doctor or Network Nurse Practitioner
- dispensed by a Doctor or from a Medical Society Centre

### 7.11.1 Waiting Period

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

### 7.11.2 Special Conditions

7.11.2.1 Medication will be covered according to the Affinity Formulary.

7.11.2.2 The Insured Person(s) is responsible for payment of medication prescribed/dispensed outside of the Affinity Formulary.

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

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

7.11.2.5 The Affinity Rate for medication includes the Single-Exit Price plus the relevant dispensing fee.

## 7.12 Over-the-Counter Medication

Over-the-counter Medication up to **R500** per single Member Policy or **R1 000** per Family Policy per Year.

### 7.12.1 Waiting Period

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

### 7.12.2 Special Conditions

7.12.2.1 Access for cover must be pre-authorised through the 24/7 Telephonic Medical Consulting Hotline.

## 7.13 Radiology

Unlimited cover for basic Radiology.

### 7.13.1 Waiting Period

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

### 7.13.2 Special Conditions

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

7.13.2.2 Only basic x-rays will be covered subject to the Affinity Formulary.

## Did you know?

*You have access to unlimited basic radiology and pathology (blood tests), covered according to the Affinity Health Formulary, when referred by a Network Doctor.*

## 7.14 Pathology

Unlimited cover for basic Pathology.

### 7.14.1 Waiting Period

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

### 7.14.2 Special Conditions

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

7.14.2.2 Basic Pathology will be covered subject to the Affinity Formulary.

## 7.15 Dentistry

Cover for basic dental procedures, within the Affinity Provider Network, that can be performed in the Dentist's Rooms.

### 7.15.1 Waiting Period

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

### 7.15.2 Special Conditions

7.15.2.1 Cover will be provided according to the Affinity Formulary. An exhaustive list of procedures is detailed in Schedule 5.

7.15.2.2 Insured Person(s) will be required to make use of a Network Dentist.

7.15.2.3 No cover is provided for the extraction of wisdom teeth under this cover.

7.15.2.4 Pre-Authorisation is required prior to benefit utilisation through the 24/7 Customer Care Call Centre.

## 7.16 Optometry

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

### 7.16.1 Waiting Period

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

### 7.16.2 Special Conditions

7.16.2.1 Insured person(s) will be required to use a Spec-Savers.

7.16.2.2 Cover will be provided according to the Affinity Optometry Rates.

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

7.16.2.4 Frames will be covered as per the approved range at a Network Optometrist.

7.16.2.5 Visits to an Ophthalmologist covered subject to the Specialist benefit sub-limit as per point 7.8.

## Did you know?

*You can visit any Spec-Savers branch to make use your Optometry benefit. Simply book an appointment and provide your membership details to enjoy this benefit, every 24 (twenty-four) months.*

### 7.17 Maternity Support

- Support for expectant mothers through the provision of medical advice and monitoring pregnancy through birth and up to six weeks post-delivery.
- Unlimited access to a Nurse practitioner for telephonic maternity advice.
- An additional specialist visit for members registered for the maternity management programme up to the maximum limit of **R1 000**.

#### 7.17.1 Waiting Period

- 7.17.1.1 This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.
- 7.17.1.2 Pre-Existing Conditions are subject to a 12 (twelve) month Waiting Period from the Commencement Date.

#### 7.17.2 Special Conditions

- 7.17.2.1 Hospitalisation is only available for Members on Affinity Health's Hospital or Combined Options.
- 7.17.2.2 Specialist Visit is only available for Members on Affinity's Day-to-Day Option and who have registered by contacting the 24/7 Customer Care Call Centre.
- 7.17.2.3 Members may be referred to an Affinity Network GP.
- 7.17.2.4 Members may utilise the Specialist Benefit subject to the sub-limits as per point 7.8.

### 7.18 Maternity Scans & Blood Tests

2 (two) growth sonars and blood tests as referred by a GP within the Affinity Provider Network, subject to the Affinity Formulary.

#### 7.18.1 Waiting Period

- 7.18.1.1 This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.
- 7.18.1.2 Pre-existing Conditions are subject to a 12 (twelve) month Waiting Period from the Commencement Date.

#### 7.18.2 Special Conditions

- 7.18.2.1 1 (one) growth sonar will be covered during the first trimester and 1 (one) growth sonar will be covered during the second trimester.
- 7.18.2.2 Pathology will be covered according to the Affinity Formulary.
- 7.18.2.3 A referral from a medical practitioner is required to claim this Benefit.

## Did you know?

*Our Maternity Support Benefit is perfect for family's looking to expand!*

*It offers dedicated support throughout pregnancy and up to six weeks post-delivery.*

*Expectant mothers benefit from medical advice, monitoring, and an additional specialist visit!*

*Members may register their pregnancy by contacting **0861 11 00 33** or emailing **info@affinityhealth.co.za**.*

*Once activated, the member will have immediate support for Telehealth Advice and Support and a pregnancy health record will be captured.*

*To access Maternity Scans, a referral from a network GP is essential.*

*A growth sonar is used during pregnancy to monitor fetal growth and development, measuring key indicators such as size, position, and overall health.*

## OPTIONAL DAY-TO-DAY BENEFITS

### 7.19 Chronic Medication Benefit

Chronic Medication for 24 specific conditions covered under the Affinity Formulary. Must be obtained via prescription from a pharmacy.

#### 7.19.1 Waiting Period

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

#### 7.19.2 Special Conditions

7.19.2.1 Medication per Chronic Condition carries an additional fee per registered condition per month.

7.19.2.2 Insured Person(s) must apply for this benefit using the prescribed forms and return to the Chronic Department.

7.19.2.3 The fee will only be charged once the application has been processed and approved by the Insurer.

7.19.2.4 The Affinity Rate for medication includes the Single-Exit Price plus the relevant dispensing fee.

7.19.2.5 Medication covered must both be part of the 24 covered Chronic Conditions listed under Schedule 3 and the Affinity Formulary.

7.19.2.6 This benefit does not cover hospitalisation.

### 7.20 HIV Chronic Medication Management Programme

The Affinity HIV/AIDS Management Programme provides sustainable treatment and tools to Insured Person(s) living with HIV/AIDS, ensuring access to quality and co-ordinated healthcare.

#### 7.20.1 Waiting Period

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

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

7.20.1.3 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.

#### 7.20.2 Special Conditions

7.20.2.1 Members will be required to register for this Benefit.

7.20.2.2 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.

7.20.2.3 Members should ensure they use a pharmacy on the Affinity Network.

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

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

## Did you know?

*Diabetes is a chronic condition that affects how your body processes glucose, leading to high blood sugar levels. It can result in serious health complications if not managed properly, but with the right treatment and lifestyle changes, individuals can lead healthy, active lives.*

## 7.21 Diabetes Management Programme

Access to 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.

### 7.21.1 Waiting Period

- 7.21.1.1 This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.
- 7.21.1.2 Pre-Existing Conditions are subject to a 12 (twelve) month Waiting Period from Commencement Date.

### 7.21.2 Special Conditions

- 7.21.2.1 Members will be required to register for this Benefit.
- 7.21.2.2 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.
- 7.21.2.3 Members should ensure they use a pharmacy on the Affinity Network.
- 7.21.2.4 Blood tests are only available from Affinity's Designated Service Providers and will be covered according to the Affinity Formulary.
- 7.21.2.5 Members must follow the approved treatment plan and are required to notify Affinity of any changes to their treatment, follow-up tests and results.
- 7.21.2.6 Where the Insured Person(s) has hospitalisation cover 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.

## Did you know?

*You need to register as a Chronic Member to use the Chronic Medication benefit. Your doctor will need to complete a chronic application form and email it to [chronic@affinityhealth.co.za](mailto:chronic@affinityhealth.co.za).*

*Chronic refers to a condition or disease that is long-lasting and typically persists for three months or longer. Chronic conditions can be stable or progressive, often requiring ongoing management and treatment.*

*Examples include chronic diseases such as diabetes, hypertension, and arthritis.*

*Unlike acute conditions, which arise suddenly and are usually short-term, chronic conditions may affect a person's quality of life over an extended period.*

## HOSPITAL BENEFITS

### 7.22 Accident Hospitalisation

In-Patient treatment in Hospital as the result of an Accident up to **R110 000** per individual member per event or up to **R150 000** per Family per event.

#### 7.22.1 Waiting Period

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

#### 7.22.2 Special Conditions

7.22.2.1 No cover will be provided for Microtrauma injuries and Pathological Fractures under this Benefit.

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

7.22.2.3 Up to **R30 000** per event for treatment in a Casualty Room as a result of an Accident.

7.22.2.4 Up to **R15 000** per event for rehabilitation and orthopedic appliances to recover from accidental injuries after being discharged from hospital, subject to the maximum Accident benefit amount.

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

7.22.2.6 Accidental injuries needs to be reported within 30 days from the date the injury occurred.

7.22.2.7 If the Insured Person(s) is admitted into Hospital within a 6 (six) month period for the same accidental event, the Benefit amount payable will be subject to the defined limit for the first admission.

7.22.2.8 Radiology related to an Accident will be covered under the Accident Benefit when admitted into a hospital, if applicable to the chosen Option and subject to Accident Benefit limits.

### 7.23 Immediate Hospital Accident Cover

In-Patient treatment in Hospital as a result of an Accident between the Application Date and the Commencement Date. Subject to 1 (one) Admission per Policy up to **R70 000** per single Member Policy and **R85 000** per Family Policy.

#### 7.23.1 Waiting Period

7.23.1.1 This benefit has no waiting period and is applicable from Application date.

#### 7.23.2 Special Conditions

7.23.2.1 Pre-Authorisation is required prior to benefit utilisation through the 24/7 Customer Care Call Centre.

7.23.2.2 Events covered under this benefit must meet the definition of an accident as defined under 4.1.

7.23.2.3 Access to the Immediate Benefits is only available to the Insured Person(s) who has signed up for the first time. This benefit is not available to reinstated policies.

## Did you know?

*In-patient* refers to a patient who is admitted to a hospital or healthcare facility for an extended period of time, typically requiring at least one overnight stay. In-patient care usually involves more intensive medical treatment and monitoring, such as surgeries, serious illnesses, or complex procedures that cannot be performed on an out-patient basis. During their stay, in-patients receive round-the-clock care from medical staff, including doctors, nurses, and specialists.

*Out-patient* refers to a patient who receives medical treatment or care without being admitted to a hospital or healthcare facility for an overnight stay. Out-patient services can include routine check-ups, diagnostic tests, minor surgeries, and various therapies. Patients typically visit a healthcare provider for their appointment and return home the same day, making this type of care more convenient for those who do not require intensive monitoring or



## 7.24 Daily Illness Hospitalisation

When hospitalised due to Illness, the following amounts will be payable:

1st Day	R22 000
2nd Day	R22 000
3rd Day	R22 000
4th Day	R11 000
5th Day	R11 000

thereafter **R3 500** per day, up to a maximum of 21 days.

Illness Hospitalisation events are limited to 2(two) events per member per Year.

### 7.24.1 Waiting Period

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

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

### 7.24.2 Special Conditions

7.24.2.1 Maximum Benefit limit is up to **R144 000** per event for plans sold from 2019.

7.24.2.2 Insured Person(s) may be required to make use of a Day Clinic or Day Hospital if instructed to do so by the Insurer.

7.24.2.3 Only 2 (two) Admission claims per Insured Person(s) per Year will be payable.

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

7.24.2.5 Admissions related to the same or related illnesses will be considered as a Continuation of the benefit limits provided for the first event.

7.24.2.6 Continuation benefits are subject to the maximum Annual and maximum rand amounts for the Year in which the initial event or admission occurred.

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

7.24.2.8 Any planned procedures that are authorised in the first 12 months from the Commencement Date, will carry a 20% Co-payment.

## 7.25 Sub-Acute Hospitalisation

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

### 7.25.1 Waiting Period

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

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

### 7.25.2 Special Conditions

7.25.2.1 Insured Person(s) will be required to make use of an affiliated sub-acute facility.

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

## 7.26 Maternity

The following stated Benefits are payable regardless of the amount of Days spent in Hospital.

- Natural, Home and Water Birth **R30 000**
- C-Section **R40 000**

### 7.26.1 Waiting Period

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

### 7.26.2 Special Conditions

- 7.26.2.1 All costs associated with the birth will only be payable from the benefit amount.
- 7.26.2.2 Affinity will cover the costs of a registered Midwife in the Network with a valid practice number only.
- 7.26.2.3 Only 1 (one) claim per Insured Person(s) per 12 (twelve) month period will be payable.
- 7.26.2.4 Birth before 35 (thirty-five) weeks of gestation will only be covered in a Public Hospital.
- 7.26.2.5 Elective C-Section, where the C-Section has been determined to not be medically necessary, carries a 20% Co-Payment.
- 7.26.2.6 Multiple births resulting from the same pregnancy event will be covered as one event up to the maximum rand value of the benefit.

## 7.27 Day Clinic Procedures

Up to **R25 000** per Member per Year for illness-related procedures conducted at a Day Clinic/Day Hospital.

### 7.27.1 Waiting Period

- 7.27.1.1 This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.
- 7.27.1.2 Pre-existing Conditions are subject to a 12 (twelve) month Waiting Period from the Commencement Date.

### 7.27.2 Special Conditions

- 7.27.2.1 The Insured Person(s) will be required to make use of an affiliated Day Clinic.
- 7.27.2.2 Cover will be provided for procedures detailed in Schedule 4. This list is not exhaustive and is dependent on the scope of the Day Clinic.
- 7.27.2.3 Treatment at a Day Clinic will be considered an Admission claim under the Daily Illness Hospitalisation Benefit.
- 7.27.2.4 Dental treatment is limited to **R10 000** per Member per Year.
- 7.27.2.5 The treatment must meet the Clinical Guidelines and Managed Healthcare Protocols of Affinity.
- 7.27.2.6 Any planned procedures that are authorised in the first 12 months of Cover, will carry a 20% Co-Payment.

## Did you know?

*Water birth is a method of delivering a baby in a pool or tub.*

*This practice is based on the belief that being submerged in water can provide a more comfortable and soothing environment for the mother during labour and delivery.*

## 7.28 Diagnostic Procedures

Up to **R20 000** per single Member Policy and up to **R25 000** per Family Policy per Year.

### 7.28.1 Waiting Period

- 7.28.1.1 This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.
- 7.28.1.2 Pre-existing Conditions are subject to a 12 (twelve) month Waiting Period from the Commencement Date.

### 7.28.2 Special Conditions

- 7.28.2.1 Insured Persons will be required to make an upfront Co-payment as detailed in Schedule 6.
- 7.28.2.2 This Benefit will be subject to sub-limits as detailed in Schedule 6.
- 7.28.2.3 Upon completion of the Waiting Period, this Benefit will accumulate at R1 000 per month. The full Benefit amount will become available after 12 consecutive payments.
- 7.28.2.4 Procedures as detailed in Schedule 6 will be covered under the Diagnostic Benefit whether the Member is admitted into hospital, or treated as an out-of-hospital patient.
- 7.28.2.5 A referral from a medical practitioner is required to claim this Benefit.

## 7.29 Road Accident Claim Assistance

- Assistance with claiming from the Road Accident Fund through the Affinity Provider Network for Attorneys.
- The Benefit includes the assessment of the Accident facilitation of any reimbursement from the Road Accident Fund on behalf of the Insured Person.

### 7.29.1 Waiting Period

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

### 7.29.2 Special Conditions

- 7.29.2.1 The value of the claim must exceed **R30 000** per event to qualify for this benefit.

## 7.30 Workmen's Compensation Claims Assistance

Third-party recovery services, including advice, registration of claims, and administrative assistance until the Compensation Fund has reached an outcome for the event.

### 7.30.1 Waiting Period

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

### 7.30.2 Special Conditions

- 7.30.2.1 Insured Person(s) must contact the 24/7 Affinity Call Centre to access the assistance services.
- 7.30.2.2 All requested documentation must be submitted by the Insured Person(s), or their representative to Affinity to register the claim with the Compensation Fund.
- 7.30.2.3 Affinity reserves the right to refer claims back to the Insured Person's Employer where necessary due to Employer obligations under the Compensation for Occupational Injuries and Diseases Act.
- 7.30.2.4 Claiming from the Compensation Fund is not possible if Insured Person(s), where self-employed, or Insured Person's Employers are not in good standing with the Compensation Fund.

### 7.31 Post-Hospital Private Home Nursing

Up to **R11 500** per single Member Policy and **R13 500** per Family Policy per Year for the assistance of a private nurse following a stay in a Hospital.

#### 7.31.1 Waiting Period

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

#### 7.31.2 Special Conditions

7.31.2.1 This Benefit is only available where the Insured 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.

7.31.2.2 ADLs have been described in Schedule

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

7.31.2.2.2 The maximum Post-Hospital Private Home Nursing Benefit available, will be **R16 000** in the lifetime of the Policy.

7.31.2.2.3 Pre-authorisation is required.

### 7.32 Hospital Home Care

In-home hospital-level care and 24-hour virtual monitoring facilitated by a Network Provider for patients who would ordinarily be admitted into a General Ward, where home care is recommended by a Medical Professional.

#### 7.32.1 Waiting Period

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

7.32.1.2 In the event of Illness, this Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

7.32.1.3 There is a 12 (twelve) month Waiting Period for Pre-existing Conditions.

#### 7.32.2 Special Conditions

7.32.2.1 Insured Persons will be required to make use of the Affinity designated service provider.

7.32.2.2 Hospital Home Care Services are currently available in select areas and only to persons 18 years and older.

7.32.2.3 Members can request this service or be referred by the treating doctor subject to Pre-authorisation.

7.32.2.4 Hospital Home Care will be considered an Admission claim under the applicable hospitalisation Benefit.

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

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

## Did you know?

*Home healing with a nurse's assistance offers several key benefits, including personalised care tailored to individual needs and the comfort of a familiar environment, which can reduce stress and promote faster recovery.*

*This approach also lowers the risk of hospital-acquired infections and allows for convenient monitoring, enabling timely adjustments to care.*

*Nurses provide essential education on health management and empower patients to maintain independence while involving family members in the healing process.*

### 7.33 Major Trauma Hospitalisation

- Up to **R550 000** per Member per defined Major Trauma event as the result of an accidental life-threatening injury, caused by external or violent means, that requires immediate admission in ICU.
- Admission into ICU must include ventilation and/or an immediate surgery.

#### 7.33.1 Waiting Period

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

#### 7.33.2 Special Conditions

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

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

7.33.2.2 Treatment required after Hospital discharge is limited to **R100 000** per Member per event, subject to the maximum amount of up to **R550 000** defined per event.

7.33.2.3 This Benefit is subject to a limit of **R1 100 000** for the lifetime of the Policy.

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

### 7.34 Trauma Support Services

Access to the 24/7 Affinity Trauma Support Line for telephonic trauma support, counselling and mental health wellness.

#### 7.34.1 Waiting Period

7.34.1.1 This Benefit has no waiting period and is applicable from the Commencement Date.

#### 7.34.2 Special Conditions

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

### 7.35 Immediate Emergency Casualty Room Treatment

Casualty Room treatment as a result of an Emergency as defined in 4.1 and an Accident as defined in 4.1 between the Application Date and the Commencement Date. Up to **R1 000** per lifetime of the policy.

#### 7.35.1 Waiting Period

7.35.1.1 This Benefit has no waiting period and is applicable from the Application Date.

#### 7.35.2 Special Conditions

7.35.2.1 Pre-Authorisation is required prior to benefit utilisation through the 24/7 Customer Care Call Centre.

7.35.2.2 Events covered under this benefit must meet the definition of an accident as defined under 4.1 and an emergency as defined under 4.34.

7.35.2.3 Immediate 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.

7.35.2.4 In the event of this Benefit being claimed before the Commencement Date, the claim value will be deducted from the Emergency Casualty Room Treatment annual benefit amount.

7.35.2.5 Access to the Immediate Benefits is only available to the Insured Person(s) who has signed up for the first time. This benefit is not available to reinstated policies.

### 7.36 Emergency Casualty Room Treatment

Casualty Room treatment for emergency events as defined in 4.34 up to **R3 500** per policy per Year.

#### 7.36.1 Waiting Period

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

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

#### 7.36.2 Special Conditions

7.36.2.1 Pre-Authorisation is required prior to benefit utilisation through the 24/7 Customer Care Call Centre.

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

7.36.2.3 The treatment is subject to Annual Benefit Limits and the Member will be covered up to the Annual Maximum Affinity Limit according to the Member's Option.

7.36.2.4 Should a Combined Option be taken the maximum amount for the Casualty Room Treatment Benefit increases to **R4 750** per Policy per Year for emergency treatment in Casualty.

### 7.37 Emergency Medical Response

24/7 emergency medical advice, ambulance services, interhospital transfers, Hospital Pre-authorisation and arranging for authorisation to the treating facility.

#### 7.37.1 Waiting Period

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

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

#### 7.37.2 Special Conditions

7.37.2.1 This benefit is only available on Hospital or Combined Options.

7.37.2.2 Pre-Authorisation is required prior to benefit utilisation through the 24/7 Customer Care Call Centre.

7.37.2.3 Events covered under this benefit must meet the definition of an emergency as defined under 4.37.

7.37.2.4 Claims from the use of a provider not on the Affinity Provider Network will not be paid.

## Did you know?

*In-patient refers to a patient who is admitted to a hospital or healthcare facility for an extended period of time, typically requiring at least one overnight stay.*

*In-patient care usually involves more intensive medical treatment and monitoring, such as surgeries, serious illnesses, or complex procedures that cannot be performed on an out-patient basis.*

*During their stay, patients receive round-the-clock care from medical staff, including doctors, nurses, and specialists.*

*Out-patient refers to a patient who receives medical treatment or care without being admitted to a hospital or healthcare facility for an overnight stay.*

*Out-patient services can include routine check-ups, diagnostic tests, minor surgeries, and various therapies.*

*Patients typically visit a healthcare provider for their appointment and return home the same day, making this type of care more convenient for those who do not require intensive monitoring or treatment.*

## Did you know?

As an Affinity Health member you have access to **Integrated Emergency Response** or **iER**.

iER is an emergency app designed to connect users to thousands of medical and non-medical response units, direct to their location, 24/7, nationwide! Users can connect to: Emergency Response Services, Roadside Assistance, Search and Rescue Services, Disaster Relief Management, Child Welfare and Social Services and so much more.

The App is available to download from Google Play, the Apple App Store and Huawei AppGallery and has no in-app purchases or adverts!



## **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 Once any Insured Person(s) has been insured under this Policy for a period of 12 (twelve) consecutive months, any Pre-Existing Condition shall no longer apply.
- 8.4 Insurance cover shall commence on the Commencement Date subject to receipt of the first Premium by the Insurer, unless otherwise stated.
- 8.5 Special Conditions under Section 7 (Benefits) should be read in conjunction with this Section 8.
- 8.6 The Insurer 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.
- 8.7 It shall be the duty of the Policyholder/Insured Person(s) to inform the Insurer of any material changes which may affect the terms and conditions of the Policy, such as a change in medical health or personal details.
- 8.8 Any Fraudulent Actions, misrepresentation, mis-description or non-disclosure of any material fact or circumstances in connection with this Policy by the Insured 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 in such an event, the Member may be held liable for any damages or loss caused as a result of such actions.
- 8.9 This Policy does not accumulate a cash or surrender value.
- 8.10 An Insured Person(s) may not be covered or more than one Policy under this type of Insurance. In the event that this Policy is not the first policy, then this Policy shall be invalidated and no claim shall be recognised.
- 8.11 Insured Person(s) shall only be covered within the borders of the Republic of South Africa.
- 8.12 This Policy shall be governed by, construed and interpreted in accordance with the laws of the Republic of South Africa.
- 8.13 Failure to comply with our, or the Insurer'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 if caused by a Pre-Existing Condition within the first 12 (twelve) months of cover.
- 9.2 for Hospitalisation related to a chronic condition.
- 9.3 if resulting from suicide of such person or attempt thereof, 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).
- 9.4 if caused by, or as a result of, the influence of alcohol, drugs or narcotics upon such Insured Person(s), unless administered by or prescribed by and taken in accordance with the instructions of a Member of the medical profession (other than themselves).
- 9.5 if caused by, or arising from, exposure to, or contamination by, atomic energy and/or nuclear fission or reaction.
- 9.6 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.
- 9.7 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.
- 9.8 whilst participating in a Professional Sport as defined in Section 4 above.
- 9.9 for costs incurred as a result of vaccinations.
- 9.10 for treatment relating to any mental and/or nervous disorders, other than those caused by an Accident as defined in this insurance, and covered under this Policy.



- 9.11 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 Insured Person(s) is armed, sustains injuries as a result of or arising in the commission of their duties and/or for events where the Insured Person(s) exercises their duties related to their employment in the South African National Defence Force, South African Police Service, Community Policing, Security Services, or any other service where the Insured Person(s) is armed.
- 9.12 any claims for dangerous activities, including but not limited to: for mountaineering or rock climbing necessitating the use of ropes or guides, potholing, hang-gliding, skydiving, riding or driving in a race, rally, or speed-test, underwater activities involving the use of artificial breathing apparatus unless the Insured 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, unless agreed to by the Insurer.
- 9.13 for any claim arising whilst the Insured Person(s) is perpetrating an intentional unlawful act in terms of South African Law.
- 9.14 if caused by any gradually operating cause of which the Insured Person(s) is aware.
- 9.15 for the treatment of any congenital abnormalities, diseases or disorders.
- 9.16 for claims in respect of expenses arising out of regular medical treatments on an ongoing (chronic) basis (eg. for dialysis)
- 9.17 for treatment, directly or indirectly arising from, or connected with, male and female birth control, contraceptive medication fertility or infertility-related therapies and any form of assisted reproduction.
- 9.18 for elective cosmetic surgery, corrective optical and laser surgery or treatment and costs resulting therefrom.
- 9.19 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.
- 9.20 for the cost incurred for the treatment of obesity.
- 9.21 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.
- 9.22 for services rendered by a person not registered with the designated professional body, including the SA Medical and Dental Council, the South African Health Professions Council and/or the South African Nursing Council.
- 9.23 for any treatment or control of any super-bug, any multi-drug resistant illness and/or MRSA.
- 9.24 where the Insured 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 Insured
- 9.25 Person(s) is liable, up to the maximum Benefit amount.
- 9.26 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.
- 9.27 for costs incurred as a result of fertility treatment resulting in multiple births.
- 9.28 for a Pandemic and Epidemic.
- 9.29 for any bookings or appointments not kept by a Member.

## 10. CLAIMS

- 10.1 Insured Person(s) must obtain Pre-Authorisation for all Benefits as contained in this document. Moreover, the Insured 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 Insured 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 Insurer 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 If the Doctor or Service Provider charges a rate above the Benefit payable under this Policy, then such shortfall is payable by the Insured Person(s).
- 10.7 It is the sole responsibility of the Insured Person(s) to seek medical assistance immediately when the Insured Person(s) becomes aware of a medical condition that requires treatment. The Insurer 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 Insurer in writing as soon as practicable of any occurrence which may give rise to a claim under this Policy.
  - 10.8.1 The Insured Person(s) must notify the Insurer of Accident events within 30 (thirty) days of the event occurring. Any notification thereafter will result in the event being deemed as an illness and will be covered up to the applicable Daily Illness Benefit limits.
  - 10.8.2 The Insured Person(s) must notify the Insurer of non-accident events within 90 (ninety) days of the event occurring.
  - 10.8.3 The claim will be rejected should the the Insured Person(s) fail to notify the Insurer within the stipulated timeframes on the prescribed forms.
- 10.9 Costs associated with the claim need to be submitted to the Insurer 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 Insurer will not be liable to cover the costs.
  - 10.9.1 Any claims relating to an Accident will be payable for a maximum period of 6 (six) months and up to the Benefit amount, limited to treatment in Hospital or a Casualty Room.
- 10.10 If the Insurer repudiates a claim:
  - 10.10.1 The Insured Person(s) has 90 (ninety) days to make representations for repudiated claims.
  - 10.10.2 Representations must be made in writing outlining the Insured Person(s)' reason for the dispute.
  - 10.10.3 The Insurer will provide the Insured Person(s) with a written response within 30 (thirty) days.
  - 10.10.4 Should the response be unsatisfactory, the Insured Person(s) may lodge a dispute in accordance with information provided on the Disclosure Notice that was included in the Welcome Pack.
  - 10.10.5 Should the Insured 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 Insurer shall be furnished in the form prescribed and without expense to the Insurer.
- 10.12 The Insured Person(s) shall attend a medical examination on behalf of and at the expense of, the Insurer as often as shall be required in connection with any claim. Should such documentation not be received the Insurer shall not be liable to consider the claim.
- 10.13 The Insured Person(s) must notify the Insurer at least 48 (forty-eight) hours prior to being hospitalised by contacting the Insurer 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 Insured Person(s) is physically unable to notify the Insurer prior to hospitalisation, this condition will not apply, subject to the Insurer being notified within 48 (forty-eight) hours after admission provided that the Insured Person(s) is physically able to do so.
- 10.14 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 Insured 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.

- 10.15 The Policyholder hereby gives the Insurer the right to claim from the Insured Person(s) any payment or compensation received by the Insured Person(s) from any third party due to an event that is covered by this Policy.
- 10.16 Should a Pre-Existing Condition exist that results in the injury or illness becoming more severe, the Insured Person(s) shall only be due the amount deemed to have been incurred because of the specific Accident or Illness.
- 10.17 Compensation under one Benefit pertaining to this Policy shall not be in addition to another, unless otherwise stated.
- 10.18 Any leniency offered in the processing/payment of claims or extension of cover to the Insured Person(s) is not deemed to be leniency on an ongoing basis and the terms of this Policy remain in full force and effect.
- 10.19 The Insured 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. The Insured 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 Insured 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.
  - 11.3.1 The Insurer reserves the right to cancel or vary membership or that of any Insured Person(s) by giving written notification, where possible, if any Insured Person(s):
    - 11.3.2 provides false information or fails to disclose information upon application;
    - 11.3.3 provides false information upon submission of a claim;
    - 11.3.4 allows any other person to use their membership card;
    - 11.3.5 commits any other fraudulent act;
    - 11.3.6 fails to pay Premiums;
    - 11.3.7 generally acts in a manner indicative of a premeditated selection against the Insurer.

## **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 The Insured 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. The Insured Person(s) also consent to this information being disclosed to any other Insurance or Insurance company and/or verified against other legitimate sources or databases.

## 14. SCHEDULE 1 - ACTIVITIES OF DAILY LIVING

14.1 Activities of Daily Living are defined as:

- 14.1.1 **Washing:** The ability to groom oneself and maintain personal hygiene, including the ability to get into and out of the shower/bath.
- 14.1.2 **Dressing:** The ability to put on, take off, secure and unfasten all garments.
- 14.1.3 **Feeding:** The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils.
- 14.1.4 **Toileting:** The ability to use the lavatory and to recognise the need to clear the bladder or bowel.
- 14.1.5 **Mobility:** The ability to move indoors from room to room on level surfaces.
- 14.1.6 **Transferring:** The ability to move from a bed to a chair or wheelchair and vice versa.
- 14.1.7 **Communicating:** The ability to answer the phone and take a message.

## 15. SCHEDULE 2 - CHRONIC CONDITIONS

15.1 Affinity will cover medication defined in the Affinity Formulary for the following conditions:

- 15.1.1 Addison's Disease
- 15.1.2 Asthma
- 15.1.3 Bronchiectasis
- 15.1.4 Cardiac Failure
- 15.1.5 Cardiomyopathy Hyperlipidemia
- 15.1.6 Chronic Renal Failure
- 15.1.7 Chronic Obstructive Pulmonary Disorder
- 15.1.8 Hypothyroidism
- 15.1.9 Coronary Artery Disease
- 15.1.10 Crohn's Disease
- 15.1.11 Diabetes Insipidus
- 15.1.12 Diabetes Mellitus I
- 15.1.13 Erythematosis
- 15.1.14 Diabetes Mellitus II
- 15.1.15 Dysrhythmia
- 15.1.16 Epilepsy
- 15.1.17 Glaucoma
- 15.1.18 HIV
- 15.1.19 Hypertension
- 15.1.20 Multiple Sclerosis
- 15.1.21 Parkinson's Disease
- 15.1.22 Rheumatoid Arthritis
- 15.1.23 Systemic Lupus
- 15.1.24 Ulcerative Colitis

**16. SCHEDULE 3 - DAY PROCEDURES**

16.1 Affinity will cover the following procedures in a Day Clinic according to the applicable benefit.

16.1.1	Achilles tendon release	16.1.18	Cataract surgery
16.1.2	Haemorrhoidectomy	16.1.19	Probing and repair of tear ducts
16.1.3	Adenoidectomy	16.1.20	Cervical cerclage
16.1.4	Inguinal hernia repair	16.1.21	Release of trigger finger
16.1.5	Anal dilatation	16.1.22	Cervical Lletzt
16.1.6	Antrostomy	16.1.23	Removal of pterygium
16.1.7	Laparoscopy and removal of cyst	16.1.24	Drainage of Bartholin cyst
16.1.8	Corneal surgery	16.1.25	Turbinectomy
16.1.9	Renal calculus and ureteral dilation	16.1.26	Endometrial ablation
16.1.10	Sinus surgery	16.1.27	Tympanoplasty
16.1.11	Drainage of abscesses/hematoma	16.1.28	Ganglionectomy
16.1.12	Tonsillectomy	16.1.29	Closed reduction of fracture
16.1.13	Arthroscopy	16.1.30	Insertion or removal of K wires or other internal fixatives
16.1.14	Myringotomy	16.1.31	Reduction of nose fracture
16.1.15	Peripheral nerve neuroplasty	16.1.32	Removal of pins and plates
16.1.16	Carpal tunnel release		
16.1.17	Posterior and anterior vitrectomy		

**17. SCHEDULE 4 - DENTAL BENEFITS**

17.1 Affinity will cover the following dental benefits, at a designated service provider:

- 17.1.1 **Full Mouth Examination and Scale and Polish**
  - 17.1.1.1 Once per 6 (six) month interval.
  - 17.1.1.2 Full Mouth Examination includes inspection of the teeth and surrounding tissues of the oral cavity.
  - 17.1.1.3 Scale and Polish involves the removal of all plaque and tartar buildup on the teeth.
- 17.1.2 **Intraoral Radiographs**
  - 17.1.2.3 2 (two) films per Member, per year.
- 17.1.3 **Extractions**
  - 17.1.3.3 3 (three) extractions per member per year.
- 17.1.4 **Fillings**
  - 17.1.4.3 3 (three) restorations per Member per year.
- 17.1.5 **Infection Control**
  - 17.1.5.3 2 (two) codes per consultation.

## 18. SCHEDULE 5 - DIAGNOSTIC PROCEDURES

Procedure	Benefit Amount	Co-Payment
18.1.1 Amniocentesis	Up to R6 000	R300
18.1.2 Barium x-ray studies	Up to R6 000	R300
18.1.3 Bone marrow aspiration	Up to R6 000	R300
18.1.4 Computed tomography (CT)	Up to R10 000	R500
18.1.5 Doppler	Up to R6 000	R300
18.1.6 Positron emission tomography (PET)	Up to R20 000	R1 500
18.1.7 Retrograde Urography	Up to R6 000	R300
18.1.8 Venography	Up to R6 000	R300
18.1.9 Colonoscopy	Up to R10 000	R1 000
18.1.10 Gastroscopy	Up to R5 000	R1 000
18.1.11 Fluoroscopy	Up to R6 000	R300
18.1.12 Magnetic resonance imaging (MRI)	Up to R20 000	R1 500
18.1.13 Myelography	Up to R6 000	R300
18.1.14 Nuclear scan	Up to R10000	R500
18.1.15 Biopsy	Up to R10 000	R0
18.1.16 Colposcopy, Cone biopsy, Dilation and curettage (D&C), Hysteroscopy	Up to R15 000	R0
18.1.17 Sonar	Up to R1 000	R200

## 19. SCHEDULE 6 - HEALTHCARE SCREENING

19.1 Affinity will cover the following healthcare screening tests at its designated service provider, the Medical Society:

19.1.1 **Blood Glucose Monitoring.**

Glucose monitoring involves a droplet of blood being placed on a specialised strip to measure the amount of sugar in the blood.

19.1.2 **Blood Pressure Monitoring**

Determines if a person may have high blood pressure that could lead to additional health issues.

19.1.3 **Cholesterol Rapid Test Urinalysis**

Involves a droplet of blood being placed on a specialised strip of paper to measure the amount of cholesterol in the blood.

19.1.4 **Body Mass Index** 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.

19.2 The following healthcare screening tests are available at select Medical Society Branches:

19.2.1 **Snellen Eye Test**

A basic visual acuity assessment used to measure a person's sharpness of vision.

19.2.2 **Pap Smear**

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

19.2.3 **Audiometry**

A measure of a person's sense of hearing. The test is performed with the use of electronic equipment.

**20. SCHEDULE 7 - IN ROOM PROCEDURES**

20.1 Affinity will cover the following procedures in a Day Clinic according to the applicable benefit.

20.1.1	Circumcision (clamp procedure)
20.1.2	Excision of nail bed
20.1.3	Cauterisation of warts, nevus, lipoma and skin lesion
20.1.4	Resection of the big toenail
20.1.5	Excision of nevus, lipoma and skin lesion
20.1.6	Blood sugar tests
20.1.7	Urine dipstick
20.1.8	Ultrasound of uterus at 1st and 2nd trimester
20.1.9	Skin biopsy
20.1.10	Drainage of an abscess
20.1.11	Stitching of wounds
20.1.12	Removal of foreign body
20.1.13	Limb cast
20.1.14	ECG with and without effort
20.1.15	Nebulisation

**Contact us 24/7 to utilise benefits and to ensure you are referred to the appropriate medical professional for consultation and confirmation of benefits.**



**Call Centre**  
0861 11 00 33



**Customer Care (WhatsApp)**  
079 479 3230



**Casualty/Hospital Pre-Auth (WhatsApp)**  
071 314 5862



**Email Address**  
[info@affinityhealth.co.za](mailto:info@affinityhealth.co.za)



**Affinity Life**  
Limited

Affinity Health is a product of the Insurer, Affinity Life Limited (Registration Number 1952/001635/06), a registered Life Insurer and authorised Financial Service Provider (FSP 49986). 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 shall apply.

**Disclaimer:** 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 Insurer does not refuse membership on the basis of any means of discrimination.