

CARE GAP RANGE

FOR INDIVIDUALS – MAXIMUM ENTRY AGE 70

2018



CARE

CORE BENEFITS

Tariff shortfalls: Unlimited cover for the tariff shortfalls on doctors and specialist accounts on authorised in-hospital procedures (includes a list of selected procedures done in doctors rooms, refer to your policy document for a comprehensive list) as a result of the medical practitioner charging more than the medical scheme reimbursement rate. The benefit provides cover of 5 times or 500% over and above the medical scheme rate and includes in-hospital shortfalls for x-rays, specialised radiology like MRI, CT and PET scans, pathology, physiotherapy as well as shortfalls on all dental procedures except for dental implants. Prescribed Minimum Benefit (PMB) conditions are covered.

Oncology co-payment cover: The policy will cover the shortfalls on Chemotherapy or Radiotherapy, basic and specialised radiology, pathology, specialist consultations and biological cancer drugs, as a result of co-payments imposed by your medical scheme after you have reached your scheme's oncology benefit limit.

Oncology sub-limit cover: The policy will cover the shortfalls on Chemotherapy or Radiotherapy, basic and specialised radiology, pathology, specialist consultations and biological cancer drugs after you have reached the limit imposed on your oncology treatment by your medical scheme.

Consumables cover: This benefit covers the shortfalls on medicine, materials and internal appliances on the doctor's account during an in-hospital procedure where the cost is greater than the scheme reimbursement rate. (This excludes external prosthesis and appliances for example: crutches, blankets, boots and braces, etc). Cover is only available on the doctor's account.

Accidental emergency casualty cover: Covers all the costs incurred in a registered hospital emergency casualty unit following an accidental injury (physical injuries or

wounds resulting from external force requiring immediate treatment). Cover excludes emergency casualty admissions paid from the in-hospital risk portion of your medical scheme.

Accident/Trauma related Dental implant benefit: Although the cost related to normal dental implants is not covered under your policy, the policy will cover the cost of dental implants due to an accident/trauma or cancer related reconstructive surgery.

Step down facility benefit: The policy will pay a once off lump sum benefit when a member spends a minimum of 10 consecutive days in a Step down or subacute facility where they require rehabilitation for a medical, post-surgical, post-trauma, neurological, orthopaedic, musculo-skeletal and other conditions. These include burn victims, head injuries, strokes, trauma, hand injuries, amputation, respiratory, cardiac and other disorders. It does not include frail care or rehabilitation for mental, drug or alcohol related conditions.

ADDITIONAL BENEFITS

Dread disease - Cancer: A stated benefit is payable on the first time diagnosis of any form of cancer that requires treatment on your medical scheme's oncology program provided that the Insured Person is younger than 66 years of age.

Accidental death and disability benefit: The policy will pay a once off lump sum benefit of R10 000 following the accidental death or total and permanent disability of the main member registered on Gap cover policy. For the eligible spouse or child and all eligible extended family dependants the policy will pay a once off lump sum benefit of R5 000 following the accidental death or total and permanent disability.

Medical scheme premium waiver: The policy will cover your medical scheme contributions for a period of 6 months following the death or total and permanent disability of the main member on the Medical Scheme and who is a registered dependant on the Gap cover policy.

Gap cover premium waiver: The policy will cover your Gap Policy premiums for 6 months in the event of death, permanent disability or forced retrenchment of the Gap Policy main member.

POLICY LIMITATIONS

CORE BENEFITS:

- There are no overall limits on the rand amount or number of times you can claim on the tariff shortfall cover and oncology cover. The benefit is subject to the OAL.
- Tariff shortfall cover for all individual claims is limited to 5 times or 500% over and above the medical scheme rate.
- Consumables cover is limited to R5 000 per policy per year.
- Step down facility cover is limited to R5 000 and one event per member per year.
- Accidental or trauma related dental implant cover is limited to R10 000 per member per year.
- Accidental emergency casualty cover is limited to R10 000 per member per year.

ADDITIONAL BENEFITS:

- Accidental death /disability cover is limited to one event per Insured Person per year.
- Medical scheme premium waiver cover is limited to a period of 6 (six) months from date of event and a monthly maximum payment of R3 500 per month.
- Gap cover premium waiver cover is limited to a period of 6 (six) months from date of event.
- The Medical Scheme and Gap cover premium waiver cover will cease at age 65.
- The stated benefit for the first time diagnosis of any form of cancer that requires treatment on your medical schemes oncology program will be limited to R10 000 per Insured Person per life time.

Overall Annual Limit (OAL) of R150 000 per Insured Person applies to the Core benefits.

PREMIUM – R262.28

western
Rethink Insurance

XTRA CARE

CORE BENEFITS

Tariff shortfalls: Unlimited cover for the tariff shortfalls on doctors and specialist accounts on authorised in-hospital procedures (includes a list of selected procedures done in doctors rooms, refer to your policy document for a comprehensive list) as a result of the medical practitioner charging more than the medical scheme reimbursement rate. The benefit provides cover of 5 times or 500% over and above the medical scheme rate and includes in-hospital shortfalls for x-rays, specialised radiology like MRI, CT and PET scans, pathology, physiotherapy as well as shortfalls on all dental procedures except for dental implants. Prescribed Minimum Benefit (PMB) conditions are covered.

Standard co-payments: Unlimited cover for the standard co-payments or upfront deductibles imposed by your medical scheme on authorised in-hospital procedures, including MRI and CT scans done on an outpatient basis. Cover excludes co-payments due to you not following the medical scheme rules in respect of the use of network providers or pre-authorisations.

Non-DSP co-payments: The policy will cover 1 (one) co-payment up to a limit of R8 000 per policy per year where the medical scheme charged a co-payment for the use of a non-designated service provider.

Oncology co-payment cover: The policy will cover the shortfalls on Chemotherapy or Radiotherapy, basic and specialised radiology, pathology, specialist consultations and biological cancer drugs, as a result of co-payments imposed by your medical scheme after you have reached your scheme's oncology benefit limit.

Oncology sub-limit cover: The policy will cover the shortfalls on Chemotherapy or Radiotherapy, basic and specialised radiology, pathology, specialist consultations and biological cancer drugs after you have reached the limit imposed on your oncology treatment by your medical scheme.

Sub-limitation cover: The policy will cover shortfalls on surgical procedures or the shortfall on an internal prosthesis above a sub-limitation in terms of the Medical Scheme rules.

Consumables cover: This benefit covers the shortfalls on medicine, materials and internal appliances on the doctor's account during an in-hospital procedure where the cost is greater than the scheme reimbursement rate. (This excludes external prosthesis and appliances for example: crutches, blankets, boots and braces etc). Cover is only available on the doctor's account.

Accidental emergency casualty cover:

Covers all the costs incurred in a registered hospital emergency casualty unit following an accidental injury (physical injuries or wounds resulting from external force requiring immediate treatment). Cover excludes emergency casualty admissions paid from the in-hospital risk portion of your medical scheme.

Accident/Trauma related Dental implant benefit:

Although the cost related to normal dental implants is not covered under your policy, the policy will cover the cost of dental implants due to an accident/trauma or cancer related reconstructive surgery.

Step down facility benefit:

The policy will pay a once off lump sum benefit when a member spends a minimum of 10 consecutive days in a Step down or subacute facility where they require rehabilitation for a medical, post-surgical, post-trauma, neurological, orthopaedic, musculo-skeletal and other conditions. These include burn victims, head injuries, strokes, trauma, hand injuries, amputation, respiratory, cardiac and other disorders. It does not include frail care or rehabilitation for mental, drug or alcohol related conditions.

Maternity booster benefit: The policy will cover the cost of the levy or booking fee charged by your service provider to book a maternity event.

ADDITIONAL BENEFITS

Dread disease - Cancer: A stated benefit is payable on the first time diagnosis of any form of cancer that requires treatment on your medical scheme's oncology program provided that the Insured Person is younger than 66 years of age.

Accidental death and disability benefit: The policy will pay a once off lump sum benefit of R12 500 following the accidental death or total and permanent disability of the main member registered on Gap cover policy. For the eligible spouse or child and all eligible extended family dependants the policy will pay a once off lump sum benefit of R6 250 following the accidental death or total and permanent disability.

Medical scheme premium waiver: The policy will cover your medical scheme contributions for a period of 6 months following the death or total and permanent disability of the main member on the Medical Scheme and who is a registered dependant on the Gap cover policy.

Gap cover premium waiver: The policy will cover your Gap Policy premiums for 6 months in the event of death, permanent disability or forced retrenchment of the Gap Policy main member.

POLICY LIMITATIONS

CORE BENEFITS:

- There are no overall limits on the rand amount or number of times you can claim on the tariff shortfall cover, standard co-payment cover and oncology cover. The benefit is subject to the OAL.
- Tariff shortfall cover for all individual claims is limited to 5 times or 500% over and above the medical scheme rate.
- The non-DSP co-payments cover is limited to 1 (one) event up to a limit of R8 000 per policy per year.
- Sub-limitation cover is limited to R45 000 per policy per year.
- Consumables cover is limited to R5 000 per policy per year.
- Step down facility cover is limited to R7 500 and one event per member per year.
- Accidental or trauma related dental implant cover is limited to R15 000 per member per year.
- Accidental emergency casualty cover is limited to R12 500 per policy per year.
- Maternity booster benefit limited to 1 (one) event and a maximum of R2 500 per policy per year.

ADDITIONAL BENEFITS:

- Accidental death /disability cover is limited to one event per Insured Person per year.
- Medical scheme premium waiver cover is limited to a period of 6 (six) months from date of event and a monthly maximum payment of R4 000 per month.
- Gap cover premium waiver cover is limited to a period of 6 (six) months from date of event.
- The Medical Scheme and Gap cover premium waiver cover will cease at age 65.
- The stated benefit for the first time diagnosis of any form of cancer that requires treatment on your medical schemes oncology program will be limited to R30 000 per Insured Person per life time.

Overall Annual Limit (OAL) of R150 000 per Insured Person applies to the Core benefits.

PREMIUM – R368.20



LISTED PROCEDURE ENHANCER

CORE BENEFITS

Tariff shortfalls: Unlimited cover for the tariff shortfalls on doctors and specialist accounts on –authorised in-hospital procedures (includes a list of selected procedures done in doctors rooms, refer to your policy document for a comprehensive list) as a result of the medical practitioner charging more than the medical scheme reimbursement rate. The benefit provides cover of 5 times or 500% over and above the medical scheme rate and includes in-hospital shortfalls for x-rays, specialised radiology like MRI, CT and PET scans, pathology, physiotherapy as well as shortfalls on all dental procedures except for dental implants. Prescribed Minimum Benefit (PMB) conditions are covered.

Listed procedure cover: A benefit equal to the cost of in-hospitalisation and associated medical expenses (as defined) relating to one of the below mentioned listed procedures less the cover provided by the Medical Scheme option:

- In-hospital management of Dentistry, limited to impacted teeth or reconstructive plastic surgery due to an accident that occurs during the period of cover
- Functional nasal surgery
- Surgery for oesophageal reflux and hiatus hernia
- Knee and shoulder surgery
- Back and neck treatment or surgery
- Joint replacements, including but not limited to hips, knees, shoulders and elbows
- Cochlear implants, auditory brain implants and internal nerve stimulators – this includes procedures, devices and Processors
- Correction of Hallux Valgus (Bunion) and

Tailor's Bunion (Bunionette)

- Removal of varicose veins
- Skin disorders, including benign growths and lipomas

Accidental emergency casualty cover:

Covers all the costs incurred in a registered hospital emergency casualty unit following an accidental injury (physical injuries or wounds resulting from external force requiring immediate treatment). Cover excludes emergency casualty admissions paid from the in-hospital risk portion of your medical scheme.

ADDITIONAL BENEFITS

Accidental death and disability benefit: The policy will pay a once off lump sum benefit of R10 000 following the accidental death or total and permanent disability of the main member registered on Gap cover policy. For the eligible spouse or child and all eligible extended family dependants the policy will pay a once off lump sum benefit of R5 000 following the accidental death or total and permanent disability.

Medical scheme premium waiver: The policy will cover your medical scheme contributions for a period of 6 months following the death or total and permanent disability of the main member on the Medical Scheme and who is a registered dependant on the Gap cover policy.

Gap cover premium waiver: The policy will cover your Gap Policy premiums for 6 months in the event of death, permanent disability or forced retrenchment of the Gap Policy main member.

POLICY LIMITATIONS

CORE BENEFITS:

- There are no overall limits on the rand amount or number of times you can claim on the tariff shortfall cover. The benefit is subject to the OAL.
- Tariff shortfall cover for all individual claims is limited to 5 times or 500% over and above the medical scheme rate.
- Listed Procedure benefits are limited to the actual costs incurred calculated at a maximum of 100% of the medical scheme health rate with an overall annual limit of R75 000 per family.
- Accidental emergency casualty cover is limited to R10 000 per policy per year.

ADDITIONAL BENEFITS:

- Accidental death /disability cover is limited to one event per Insured Person per year.
- Medical scheme premium waiver cover is limited to a period of 6 (six) months from date of event and a monthly maximum payment of R3 500 per month.
- Gap cover premium waiver cover is limited to a period of 6 (six) months from date of event.
- The Medical Scheme and Gap cover premium waiver cover will cease at age 65.

Overall Annual Limit (OAL) of R150 000 per Insured Person applies to the Core benefits.

PREMIUM – R282.46

CARE GAP RANGE

FOR INDIVIDUALS UNDER 71 YEARS

2018

Broker Services

Tel | 0861 114 203
Email | broker@africanunity.co.za

Contact Centre

Tel | 0860 004 162
Claims | claimsadmin@africanunity.co.za
Applications | AUApplications@africanunity.co.za

POLICY EXCLUSIONS

- Any costs related to consultations or services provided on an out-patient basis or outside of the hospitalisation dates.
- Co-payments and shortfalls as a result of not following the medical scheme rules in respect of pre-authorisations.
- Co-payments as a result of you not following the medical scheme rules in terms of network providers unless a benefit specifically makes provision for cover.
- Admin fees, levies or doctor's co-payments paid directly to the doctor or specialist and not related to the medical scheme, including split billing invoices.
- All costs related to ward fees, theatre fees and other hospital expenses including materials and medication on the hospital account.
- All costs related to dental implants unless the implants relate to accidental, trauma or cancer related reconstruction.
- Any cost related psychiatric or psychological condition (as defined) or emotional or nervous conditions including, but not limited to depression, insanity, mental health, alcohol or drugs related conditions.
- Shortfalls due to you exceeding the benefit limit on your medical scheme.
- Any procedure or code paid as an exception or not paid or declined by your medical scheme will not be covered.
- Investigations, treatment or surgery for obesity, cosmetic surgery or infertility.
- Illness or injury as a direct result of the insured person having exceeded the legal alcohol limit.
- Contamination from nuclear weapons or nuclear material and participation in active military duty, police duty, police reservist duty, civil commotion labour disturbances, riots or strikes.
- Suicide, attempted suicide, or intentional self-injury.
- Non-accidental emergency casualty admissions or emergency casualty admissions that was not done in a registered hospital emergency casualty unit.
- Any costs related to take home medication (TTO) and external appliances (as defined).
- Outpatient dentistry, orthodontic, prosthodontic, cosmetic dentistry or dental implants, unless a benefit specifically makes provision for cover.
- Interest on overdue accounts and discounts negotiated with a service provider where reimbursement of a claim will enrich the insured person.
- Cancer treatment costs and biological medication not approved by your medical scheme as part of your initial or ongoing oncology treatment plan.

WAITING PERIODS

- 1) THREE month general waiting period, unless due to an accident
- 2) TEN month maternity & child birth specific waiting period
- 3) SIX month procedure specific waiting period, unless due to an accident, for the following:
 - Joint surgery
 - Nasal and Sinus surgery
 - Tonsillectomy
 - Adenoidectomy
 - Grommets
 - Endoscopic and Arthroscopic procedures
 - Hernia repairs
 - Hysterectomy
 - Cardiac surgery
 - Spinal surgery
 - Dentistry and Cataract procedures
- 4) Previously diagnosed cancer, within a period of 12 months preceding the date of inception, will be regarded as a pre-existing condition and Oncology Cover will be excluded for 12 months.

Disclaimer: The above is merely a summary of the policy's key benefits, features and contributions. Full details are available directly from the Administrator and will be subject to the Master Policy.

African Unity Health (Pty) Ltd is an authorized financial services provider. (FSP 43066)
Underwritten by the Western National Insurance Company Limited (FSP 9465)

IMPORTANT: 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.

Broker Details



www.auhealth.co.za

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AFRICAN UNITY
HEALTH

CARE GAP RANGE

FOR GROUPS

2018



AFRICAN UNITY
HEALTH



CARE

CORE BENEFITS

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Oncology co-payment cover: The policy will cover the shortfalls on Chemotherapy or Radiotherapy, basic and specialised radiology, pathology, specialist consultations and biological cancer drugs, as a result of co-payments imposed by your medical scheme after you have reached your scheme's oncology benefit limit.

Oncology sub-limit cover: The policy will cover the shortfalls on Chemotherapy or Radiotherapy, basic and specialised radiology, pathology, specialist consultations and biological cancer drugs after you have reached the limit imposed on your oncology treatment by your medical scheme.

Consumables cover: This benefit covers the shortfalls on medicine, materials and internal appliances on the doctor's account during an in-hospital procedure where the cost is greater than the scheme reimbursement rate. (This excludes external prosthesis and appliances for example: crutches, blankets, boots and braces, etc). Cover is only available on the doctor's account.

Accidental emergency casualty cover: Covers all the costs incurred in a registered hospital emergency casualty unit following an accidental injury (physical injuries or

wounds resulting from external force requiring immediate treatment). Cover excludes emergency casualty admissions paid from the in-hospital risk portion of your medical scheme.

Accident/Trauma related Dental implant benefit: Although the cost related to normal dental implants is not covered under your policy, the policy will cover the cost of dental implants due to an accident/trauma or cancer related reconstructive surgery.

Step down facility benefit: The policy will pay a once off lump sum benefit when a member spends a minimum of 10 consecutive days in a Step down or subacute facility where they require rehabilitation for a medical, post-surgical, post-trauma, neurological, orthopaedic, musculo-skeletal and other conditions. These include burn victims, head injuries, strokes, trauma, hand injuries, amputation, respiratory, cardiac and other disorders. It does not include frail care or rehabilitation for mental, drug or alcohol related conditions.

ADDITIONAL BENEFITS

Dread disease - Cancer: A stated benefit is payable on the first time diagnosis of any form of cancer that requires treatment on your medical scheme's oncology program provided that the Insured Person is younger than 66 years of age.

Accidental death and disability benefit: The policy will pay a once off lump sum benefit of R10 000 following the accidental death or total and permanent disability of the main member registered on Gap cover policy. For the eligible spouse or child and all eligible extended family dependants the policy will pay a once off lump sum benefit of R5 000 following the accidental death or total and permanent disability.

Medical scheme premium waiver: The policy will cover your medical scheme contributions for a period of 6 months following the death or total and permanent disability of the main member on the Medical Scheme and who is a registered dependant on the Gap cover policy.

Gap cover premium waiver: The policy will cover your Gap Policy premiums for 6 months in the event of death, permanent disability or forced retrenchment of the Gap Policy main member.

POLICY LIMITATIONS

CORE BENEFITS:

- There are no overall limits on the rand amount or number of times you can claim on the tariff shortfall cover and oncology cover. The benefit is subject to the OAL.
- Tariff shortfall cover for all individual claims is limited to 5 times or 500% over and above the medical scheme rate.
- Consumables cover is limited to R5 000 per policy per year.
- Step down facility cover is limited to R5 000 and one event per member per year.
- Accidental or trauma related dental implant cover is limited to R10 000 per member per year.
- Accidental emergency casualty cover is limited to R10 000 per member per year.

ADDITIONAL BENEFITS:

- Accidental death /disability cover is limited to one event per Insured Person per year.
- Medical scheme premium waiver cover is limited to a period of 6 (six) months from date of event and a monthly maximum payment of R3 500 per month.
- Gap cover premium waiver cover is limited to a period of 6 (six) months from date of event.
- The Medical Scheme and Gap cover premium waiver cover will cease at age 65.
- The stated benefit for the first time diagnosis of any form of cancer that requires treatment on your medical schemes oncology program will be limited to R10 000 per Insured Person per life time.

Overall Annual Limit (OAL) of R150 000 per Insured Person applies to the Core benefits.

PREMIUM – R171.49

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XTRA CARE

CORE BENEFITS

Tariff shortfalls: Unlimited cover for the tariff shortfalls on doctors and specialist accounts on authorised in-hospital procedures (includes a list of selected procedures done in doctors rooms, refer to your policy document for a comprehensive list) as a result of the medical practitioner charging more than the medical scheme reimbursement rate. The benefit provides cover of 5 times or 500% over and above the medical scheme rate and includes in-hospital shortfalls for x-rays, specialised radiology like MRI, CT and PET scans, pathology, physiotherapy as well as shortfalls on all dental procedures except for dental implants. Prescribed Minimum Benefit (PMB) conditions are covered.

Standard co-payments: Unlimited cover for the standard co-payments or upfront deductibles imposed by your medical scheme on authorised in-hospital procedures, including MRI and CT scans done on an outpatient basis. Cover excludes co-payments due to you not following the medical scheme rules in respect of the use of network providers or pre-authorisations.

Non-DSP co-payments: The policy will cover 1 (one) co-payment up to a limit of R8 000 per policy per year where the medical scheme charged a co-payment for the use of a non-designated service provider.

Oncology co-payment cover: The policy will cover the shortfalls on Chemotherapy or Radiotherapy, basic and specialised radiology, pathology, specialist consultations and biological cancer drugs, as a result of co-payments imposed by your medical scheme after you have reached your scheme's oncology benefit limit.

Oncology sub-limit cover: The policy will cover the shortfalls on Chemotherapy or Radiotherapy, basic and specialised radiology, pathology, specialist consultations and biological cancer drugs after you have reached the limit imposed on your oncology treatment by your medical scheme.

Sub-limitation cover: The policy will cover shortfalls on surgical procedures or the shortfall on an internal prosthesis above a sub-limitation in terms of the Medical Scheme rules.

Consumables cover: This benefit covers the shortfalls on medicine, materials and internal appliances on the doctor's account during an in-hospital procedure where the cost is greater than the scheme reimbursement rate. (This excludes external prosthesis and appliances for example: crutches, blankets, boots and braces etc). Cover is only available on the doctor's account.

Accidental emergency casualty cover:

Covers all the costs incurred in a registered hospital emergency casualty unit following an accidental injury (physical injuries or wounds resulting from external force requiring immediate treatment). Cover excludes emergency casualty admissions paid from the in-hospital risk portion of your medical scheme.

Accident/Trauma related Dental implant benefit:

Although the cost related to normal dental implants is not covered under your policy, the policy will cover the cost of dental implants due to an accident/trauma or cancer related reconstructive surgery.

Step down facility benefit:

The policy will pay a once off lump sum benefit when a member spends a minimum of 10 consecutive days in a Step down or subacute facility where they require rehabilitation for a medical, post-surgical, post-trauma, neurological, orthopaedic, musculo-skeletal and other conditions. These include burn victims, head injuries, strokes, trauma, hand injuries, amputation, respiratory, cardiac and other disorders. It does not include frail care or rehabilitation for mental, drug or alcohol related conditions.

Maternity booster benefit: The policy will cover the cost of the levy or booking fee charged by your service provider to book a maternity event.

ADDITIONAL BENEFITS

Dread disease - Cancer: A stated benefit is payable on the first time diagnosis of any form of cancer that requires treatment on your medical scheme's oncology program provided that the Insured Person is younger than 66 years of age.

Accidental death and disability benefit: The policy will pay a once off lump sum benefit of R12 500 following the accidental death or total and permanent disability of the main member registered on Gap cover policy. For the eligible spouse or child and all eligible extended family dependants the policy will pay a once off lump sum benefit of R6 250 following the accidental death or total and permanent disability.

Medical scheme premium waiver: The policy will cover your medical scheme contributions for a period of 6 months following the death or total and permanent disability of the main member on the Medical Scheme and who is a registered dependant on the Gap cover policy.

Gap cover premium waiver: The policy will cover your Gap Policy premiums for 6 months in the event of death, permanent disability or forced retrenchment of the Gap Policy main member.

POLICY LIMITATIONS

CORE BENEFITS:

- There are no overall limits on the rand amount or number of times you can claim on the tariff shortfall cover, standard co-payment cover and oncology cover. The benefit is subject to the OAL.
- Tariff shortfall cover for all individual claims is limited to 5 times or 500% over and above the medical scheme rate.
- The non-DSP co-payments cover is limited to 1 (one) event up to a limit of R8 000 per policy per year.
- Sub-limitation cover is limited to R45 000 per policy per year.
- Consumables cover is limited to R5 000 per policy per year.
- Step down facility cover is limited to R7 500 and one event per member per year.
- Accidental or trauma related dental implant cover is limited to R15 000 per member per year.
- Accidental emergency casualty cover is limited to R12 500 per policy per year.
- Maternity booster benefit limited to 1 (one) event and a maximum of R2 500 per policy per year.

ADDITIONAL BENEFITS:

- Accidental death /disability cover is limited to one event per Insured Person per year.
- Medical scheme premium waiver cover is limited to a period of 6 (six) months from date of event and a monthly maximum payment of R4 000 per month.
- Gap cover premium waiver cover is limited to a period of 6 (six) months from date of event.
- The Medical Scheme and Gap cover premium waiver cover will cease at age 65.
- The stated benefit for the first time diagnosis of any form of cancer that requires treatment on your medical schemes oncology program will be limited to R30 000 per Insured Person per life time.

Overall Annual Limit (OAL) of R150 000 per Insured Person applies to the Core benefits.

PREMIUM – R216.89



LISTED PROCEDURE ENHANCER

CORE BENEFITS

Tariff shortfalls: Unlimited cover for the tariff shortfalls on doctors and specialist accounts on –authorised in-hospital procedures (includes a list of selected procedures done in doctors rooms, refer to your policy document for a comprehensive list) as a result of the medical practitioner charging more than the medical scheme reimbursement rate. The benefit provides cover of 5 times or 500% over and above the medical scheme rate and includes in-hospital shortfalls for x-rays, specialised radiology like MRI, CT and PET scans, pathology, physiotherapy as well as shortfalls on all dental procedures except for dental implants. Prescribed Minimum Benefit (PMB) conditions are covered.

Listed procedure cover: A benefit equal to the cost of in-hospitalisation and associated medical expenses (as defined) relating to one of the below mentioned listed procedures less the cover provided by the Medical Scheme option:

- In-hospital management of Dentistry, limited to impacted teeth or reconstructive plastic surgery due to an accident that occurs during the period of cover
- Functional nasal surgery
- Surgery for oesophageal reflux and hiatus hernia
- Knee and shoulder surgery
- Back and neck treatment or surgery
- Joint replacements, including but not limited to hips, knees, shoulders and elbows
- Cochlear implants, auditory brain implants and internal nerve stimulators – this includes procedures, devices and Processors
- Correction of Hallux Valgus (Bunion) and

Tailor's Bunion (Bunionette)

- Removal of varicose veins
- Skin disorders, including benign growths and lipomas

Accidental emergency casualty cover:

Covers all the costs incurred in a registered hospital emergency casualty unit following an accidental injury (physical injuries or wounds resulting from external force requiring immediate treatment). Cover excludes emergency casualty admissions paid from the in-hospital risk portion of your medical scheme.

ADDITIONAL BENEFITS

Accidental death and disability benefit: The policy will pay a once off lump sum benefit of R10 000 following the accidental death or total and permanent disability of the main member registered on Gap cover policy. For the eligible spouse or child and all eligible extended family dependants the policy will pay a once off lump sum benefit of R5 000 following the accidental death or total and permanent disability.

Medical scheme premium waiver: The policy will cover your medical scheme contributions for a period of 6 months following the death or total and permanent disability of the main member on the Medical Scheme and who is a registered dependant on the Gap cover policy.

Gap cover premium waiver: The policy will cover your Gap Policy premiums for 6 months in the event of death, permanent disability or forced retrenchment of the Gap Policy main member.

POLICY LIMITATIONS

CORE BENEFITS:

- There are no overall limits on the rand amount or number of times you can claim on the tariff shortfall cover. The benefit is subject to the OAL.
- Tariff shortfall cover for all individual claims is limited to 5 times or 500% over and above the medical scheme rate.
- Listed Procedure benefits are limited to the actual costs incurred calculated at a maximum of 100% of the medical scheme health rate with an overall annual limit of R75 000 per family.
- Accidental emergency casualty cover is limited to R10 000 per policy per year.

ADDITIONAL BENEFITS:

- Accidental death /disability cover is limited to one event per Insured Person per year.
- Medical scheme premium waiver cover is limited to a period of 6 (six) months from date of event and a monthly maximum payment of R3 500 per month.
- Gap cover premium waiver cover is limited to a period of 6 (six) months from date of event.
- The Medical Scheme and Gap cover premium waiver cover will cease at age 65.

Overall Annual Limit (OAL) of R150 000 per Insured Person applies to the Core benefits.

PREMIUM – R181.58

CARE GAP RANGE

FOR GROUPS

2018

Broker Services

Tel | 0861 114 203
Email | broker@africanunity.co.za

Contact Centre

Tel | 0860 004 162
Claims | claimsadmin@africanunity.co.za
Applications | AUHApplications@africanunity.co.za

POLICY EXCLUSIONS

- Any costs related to consultations or services provided on an out-patient basis or outside of the hospitalisation dates.
- Co-payments and shortfalls as a result of not following the medical scheme rules in respect of pre-authorisations.
- Co-payments as a result of you not following the medical scheme rules in terms of network providers unless a benefit specifically makes provision for cover.
- Admin fees, levies or doctor's co-payments paid directly to the doctor or specialist and not related to the medical scheme, including split billing invoices.
- All costs related to ward fees, theatre fees and other hospital expenses including materials and medication on the hospital account.
- All costs related to dental implants unless the implants relate to accidental, trauma or cancer related reconstruction.
- Any cost related psychiatric or psychological condition (as defined) or emotional or nervous conditions including, but not limited to depression, insanity, mental health, alcohol or drugs related conditions.
- Shortfalls due to you exceeding the benefit limit on your medical scheme.
- Any procedure or code paid as an exception or not paid or declined by your medical scheme will not be covered.
- Investigations, treatment or surgery for obesity, cosmetic surgery or infertility.
- Illness or injury as a direct result of the insured person having exceeded the legal alcohol limit.
- Contamination from nuclear weapons or nuclear material and participation in active military duty, police duty, police reservist duty, civil commotion labour disturbances, riots or strikes.
- Suicide, attempted suicide, or intentional self-injury.
- Non-accidental emergency casualty admissions or emergency casualty admissions that was not done in a registered hospital emergency casualty unit.
- Any costs related to take home medication (TTO) and external appliances (as defined).
- Outpatient dentistry, orthodontic, prosthodontic, cosmetic dentistry or dental implants, unless a benefit specifically makes provision for cover.
- Interest on overdue accounts and discounts negotiated with a service provider where reimbursement of a claim will enrich the insured person.
- Cancer treatment costs and biological medication not approved by your medical scheme as part of your initial or ongoing oncology treatment plan.

WAITING PERIODS

- 1) THREE month general waiting period, unless due to an accident
- 2) TEN month maternity & child birth specific waiting period
- 3) SIX month procedure specific waiting period, unless due to an accident, for the following:
 - Joint surgery
 - Nasal and Sinus surgery
 - Tonsillectomy
 - Adenoidectomy
 - Grommets
 - Endoscopic and Arthroscopic procedures
 - Hernia repairs
 - Hysterectomy
 - Cardiac surgery
 - Spinal surgery
 - Dentistry and Cataract procedures
- 4) Previously diagnosed cancer, within a period of 12 months preceding the date of inception, will be regarded as a pre-existing condition and Oncology Cover will be excluded for 12 months.

Underwriting concessions and premium discounts may apply.

Disclaimer: The above is merely a summary of the policy's key benefits, features and contributions. Full details are available directly from the Administrator and will be subject to the Master Policy.

African Unity Health (Pty) Ltd is an authorized financial services provider. (FSP 43066)
Underwritten by the Western National Insurance Company Limited (FSP 9465)

IMPORTANT: 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.

Broker Details



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