Fusion

by Centriq

a Santam Group Company

Insurance Policy Agreement

Underwritten by Centriq (FSP No: 3417)

Administered by Xelus (FSP No: 36931)

Table of Contents

Master Policy No: Xelus/Fusion/012015

Effective: 01 January 2015

GENERAL

In contemplation of and conditional upon the payment of the Premium by or on behalf of the Insured in accordance with this Policy Document and any schedules attached thereto and the receipt of such Premium by or on behalf of the Underwriter before the Inception Date or renewal date (as the case may be) and subject to the terms, conditions, exclusions and provisions of this Policy Document and any schedules attached thereto, the Underwriter agrees to pay Benefits to the Eligible Member for an Insured Event in accordance with the sum insured, limits of indemnity and other criteria as stated in this Policy and the schedules attached thereto.

A. DEFINITIONS

In this Policy all words and expressions signifying the singular shall include the plural and vice versa and all words and expressions signifying any one gender shall include the other gender.

The following words and expressions shall have the following meanings:

1. "Accidental Harm" means bodily injury caused by violent, unintentional, external and physical means.

2. "Administrator" or "Xelus" means Xelus (Pty) Ltd (Registration No: 2008/019335/07), who is appointed to administer this Policy on behalf of the Underwriter and is registered to do so in terms of the Short Term Insurance Act No. 53 of 1998.

3. "Balance Billing" (also known as "Split Billing") is a practice where a medical practitioner or other medical service provider charges a separately identifiable fee that is over and above the Tariff fee (or set of such fees) that relates to a medical procedure (or procedures) and is not considered as a refundable benefit by a Medical Scheme.

4. "Basic Dentistry" is defined as the following dental treatment: cleaning, extractions (including wisdom teeth), fillings, inlays, bonding, root canal treatment, and treatment for pain and abscess.

5. "Benefit" or "Benefits" means the benefit amount payable to the Eligible Member in relation to an Insured Event and as calculated in terms of the Benefit Schedule that forms part of this Policy Document.

6. "Benefit Schedule" means the relevant Benefit Schedule outlined in Section F of this policy that defines the Benefits provided herein and which may be changed from time to time in accordance with Section E.8 of this policy.

7. "Deductible" or "Co-payment" means a defined amount specified in rands by the Insured's medical scheme that is subtracted from the Insured's medical scheme benefit entitlement when undergoing defined Medical Procedures or Insured Events. For the purposes of this definition it explicitly excludes any deductible or co-payment that is specified by the Insured's medical scheme as a percentage of costs and not a specified rand amount (excludes the 20% Oncology co-payment as per clause F.7).

8. "Designated Service Provider" or "DSP" means a medical service provider or a network of medical service providers designated by a Medical Scheme as their preferred suppliers.

9. "Eligible child" means a child including a legally adopted child or stepchild of an Eligible member who is an eligible dependant on the Eligible member's medical scheme. In the event that the child reaches the age of 26 years the child will no longer be an Eligible Child and will therefore no longer be covered under this Policy. On the attainment by the Eligible Child of 26 years, the Eligible Child may take up a new Policy in their own capacity, within thirty (30) days of them reaching the aforementioned age, without any additional waiting periods or exclusions being applied. The above age limitation will not be applicable to a Special Needs Child, as defined in this policy, who remains a beneficiary of the Eligible member's medical scheme.

10. "Eligible member" means the Insured who applied for cover under this Policy and who is a paid up member, including his Family as designated by him on inception of this Policy, and accepted by the Underwriter as eligible for participation in the insurance cover provided by this Policy.

11. "Eligible special dependant" means a dependant who is neither the Eligible Spouse nor an Eligible Child of the Eligible member but who is an eligible dependant on the Eligible Member's medical scheme and has been explicitly accepted by Xelus for such cover under this policy. In the event that no such explicit acceptance is provided by Xelus, such special dependants are not covered even though they are dependants of the Eligible member's medical scheme.

12. "Eligible Spouse" means the partner of the Eligible member with whom a spousal union exists, whether by virtue of South African law or religious tenet, and who is an eligible spouse dependant on the Eligible Member's medical scheme. Where a person shares an abode with an

Eligible Member in a spousal union and has done so for at least six months and lives together in a manner accepted in common law as that of a married couple, the person shall be regarded as an Eligible Spouse in terms of this Policy Document. Should an Eligible Member have more than one spouse who could qualify as an Eligible Spouse then that Eligible Member must make an irrevocable nomination of one (1) spouse as the Eligible Spouse. No benefits will be paid in respect of any other spouse unless the Eligible Member has nominated the other spouse (or spouses as the case may be) as an Eligible Special Dependant from the time of inception of the Policy, or from the time that the other spouse became a spouse of the Eligible Member, and the requisite Premium has been paid to Xelus on behalf of such other spouse. On the death of the Eligible member the nominated Eligible Spouse may transfer the Policy of cover into their own capacity within thirty (30) days of the death of the Eligible member without any additional waiting periods or exclusions being applied.

13. "Family" means collectively the Eligible Member, his Eligible Spouse, Eligible Children and/or Eligible Special Dependants as defined in this Policy Document.

14. "Hazardous Sport" includes but is not limited to participation in or use of any of the following:

    skydiving; paragliding; hang-gliding; parachuting; exhibition flying; caving or cave diving; gyrocopters; abseiling; parasailing; powerboat racing; water ski racing; bungee jumping; kite surfing; all forms of motorised or jet racing whether by land, water or air; mountaineering; trekking or hiking above an altitude of 4,000 (four thousand) metres; scuba diving; canoeing; snow, blade or roller skiing; hunting; aerobatics.

15. "Hospital" means any institution in the territory of the Republic of South Africa which in the opinion of Xelus meets all of the following criteria:

    a. Provides diagnostic and therapeutic facilities for surgical and medical diagnosis, treatment and care of sick or injured persons by or under the supervision of Medical Practitioners.
    b. Provides 24 (twenty four) hour nursing services to sick or injured persons within the aforementioned facilities.
    c. Is not a day clinic or unattached operating theatre.
    d. Is not an institution that primarily cares for persons who are mentally retarded, blind, deaf, mute or in any other way physically handicapped.
    e. Is not a convalescent home or home for the elderly.
    f. Is not a place of rest, recuperation or an institution that primarily treats people for drug addiction, alcoholism, eating disorders or any other form of addictive behaviour.
    g. Is not a health hydro or alternative therapy clinic or other similar establishment.
    h. Is not a step-down facility.

16. "Hospital Episode" means the period of time between admission to hospital for an Insured until the time of discharge from hospital of the same Insured for the same Insured Event.

17. "Illness" means any somatic disease or sickness which manifests in an Insured but is not a disease or sickness which is of such a nature as to be incapable of diagnosis by objective evidence or which even though capable of diagnosis by such evidence has not been diagnosed as such.

18. "Inception Date" means the first day of the month on which cover commences as defined in the Policy schedule of the relevant Eligible Member.

19. "Insured" or "Insured Person" means either the Eligible Member or the Eligible Spouse or the Eligible Child or the Eligible Special Dependant, as is applicable and as defined in this Policy.

20. "Insured Event" means any one or more, as the case may be, of the following: –

    a. Accidental Harm, Illness or other health incident that causes an Insured to be admitted to a hospital and to undergo Treatment or Medical Procedures during the Hospital Episode.
    b. Chemotherapy, radiotherapy or other clinically appropriate drug regimen that is administered to an Insured for the purposes of treating a tumour, growth or other body tissue that has cancer (malignant neoplasm).
    c. An Insured receives kidney dialysis (renal replacement therapy) for the treatment of acute or chronic renal failure.
    d. An insured undergoes one or more of the defined diagnostic procedures listed in Table 1 of the Defined Procedures Schedule.
    e. An insured undergoes one or more of the defined out-patient procedures listed in Table 3 of the Defined Procedures Schedule.
    f. Accidental Harm that causes an Insured to receive emergency medical treatment at the outpatient casualty or trauma ward of a hospital.

21. "Medical Practitioner" means a qualified medical practitioner, who is registered with the Health Professions Council of South Africa and authorised to practice in the Republic of South Africa.

22. "Medical Procedure" means any procedure defined under the National Health Reference Price List (NHRPL). In the event that any procedure or operation is not listed Xelus,

will calculate, at their sole discretion, an appropriate benefit to be paid to the Eligible Member.

23. "Medical Scheme" means a medical scheme as registered under the Medical Schemes Act.

24. "Medical Schemes Act" means the Medical Schemes Act No. 131 of 1998 as amended and includes the regulations thereto.

25. "Multiple" means the percentage cover of the Tariff of the benefit option of the Eligible Member's Medical Scheme which may differ for different benefit categories of that benefit option and which constitutes a key component of the Benefit calculation as defined in the Benefit Schedule.

26. "National Health Reference Price List" or "NHRPL" means the benefit tariff set annually by the Department of Health as a guideline for charges by medical service providers or any replacement of the NHRPL effected by a change in law or statute or the generally accepted industry equivalent thereof.

27. "Participating Employer" means an employer who pays Premiums to Xelus on behalf of their employees who are Eligible Members under this Policy.

28. "Penalty" means any co-payment, deductible or exclusion applied against the benefits of a member's medical scheme that would not have been applied had the authorisation rules of that medical scheme been adhered to or the benefits had been attained from the pre-defined network provider of that medical scheme.

29. "Permanent Disability" means any accidental harm or physical illness that renders a person permanently unable to work in their own or other occupation for which they are suited by training, education or experience.

30. "Policy" or "Policy Document" means collectively this Policy and any relevant Schedule related thereto, all of which shall apply conjunctively.

31. "Policy Exclusions" means the list of services, conditions or events in Section D of this Policy which are excluded at all times from cover.

32. "Premature Birth" is defined as the natural or surgically assisted birth of one or more infants by an Insured that occurs more than 41 days before the originally expected natural birth date. For the purpose of this clause, the originally expected natural birth date is accepted as being 40 weeks from date of conception and will be verified by the clinical records of the mother's attending physician.

33. "Premium" or "Premiums" means the monthly amount payable by or on behalf of the Eligible Member to the Underwriter as defined in the Premium Schedule applicable to this Policy Document.

34. "Premium Schedule" means the Schedule attaching to and forming part of this Policy that defines the monthly Premium that pertains to the cover provided under this Policy for the Family and which may be changed from time to time in accordance with Section E.7 of this Policy.

35. "Principal Member" means the Eligible Member.

36. "Special Needs Child" means any child, including a legally adopted child or stepchild, of the Insured who, by virtue of either a physical or mental disability, is unable to financially support themselves and remains reliant on the Insured for support and care.

37. "Tariff" means either the NHRPL tariff or a specific tariff registered by a Medical Scheme to determine the rate at which its benefits are payable.

38. "Trauma" means Accidental Harm to an Insured Person that gives rise directly to an Insured Event.

39. "Treatment" means any form of diagnosis, treatment or care provided by a medical practitioner during an Insured Event for the purpose of treating or monitoring the medical condition of an Insured Person.

40. "Underwriter" means Centriq Insurance Company (RF) Limited (registration number 1998/007558/06) that underwrites the cover on this Policy and is registered to do so in terms of the Short Term Insurance Act No. 53 of 1998.

41. "Waiting Periods" means one or more time periods, commencing on the Inception Date, during which certain Benefits, as defined in Section C of this Policy, are excluded.

B. GENERAL DETAILS

1. The Benefits apply only for services rendered within the territory of the Republic of South Africa. Any services provided outside of the borders of South Africa are excluded from cover.

2. Xelus and the Underwriter reserve the right to alter the Premiums, the basis on which the Benefits are calculated or the terms and conditions of this Policy by giving 30 (thirty) days written notice of the change.

C. WAITING PERIODS

Xelus shall apply Waiting Periods to the cover of an Insured as outlined below:

1. During the first 3 (three) months of membership of this Policy all Benefits will be excluded from cover, except in the case where the claim is directly attributable to Trauma.

2. During the first 12 (twelve) months of membership of this Policy any Benefits relating to childbirth or pregnancy will be excluded, whether directly or indirectly attributable to either the event or condition respectively. This waiting period exclusion applies to all related claims of the mother and/or the newborn infant/s.

3. During the first 12 (twelve) months of membership of this Policy any Benefit that relates, directly or indirectly, to any condition, Illness or event that existed or occurred prior to the inception of this Policy, shall be excluded.

Depending on membership criteria and size, Xelus reserves the right to waive the Waiting Periods for the Eligible Members of Participating Employers.

Any such waiver applied will be indicated on the policy schedule of the Insured Member.

D. POLICY EXCLUSIONS

Xelus or the Underwriter shall not be liable for any claim caused by or related to, whether such cause or related cause is as a direct or indirect consequence of any of the following:

1. Any Treatment or Medical Procedure related to obesity.

2. Cosmetic surgery except in the case where reconstructive cosmetic surgery is necessitated, in the sole opinion of Xelus, as a direct result of Trauma or other essential non-elective Treatment or Medical Procedure.

3. Suicide, attempted suicide or wilful injury to oneself.

4. Abortion, attempted abortion or any complications related thereto unless treatment is of a non-elective nature.

5. Any procedure or examination where there is no objective indication of impairment in normal health.

6. The consumption of any drug or narcotic, whether legal or illegal, unless legally prescribed by and taken in accordance with the instructions of a Medical Practitioner.

7. The failure of an Insured to follow any medical advice given by a Medical Practitioner.

8. Any incident, Illness, Accidental Harm or event directly or indirectly caused by the continuous and excessive consumption of alcohol or where the insured suffers from alcoholism.
9. Any incident, Illness, Accidental Harm or event directly or indirectly attributable to the member having a blood alcohol content exceeding thirty milligrams per one hundred millilitres of blood.

10. Nuclear weapons, nuclear material, ionising radiations or contamination by radioactivity from any nuclear fuel, or from any nuclear waste, or from the combustion of nuclear fuel which includes any self-sustaining process of nuclear fission.

11. Participation or attempted participation by any Insured Person in any of the following:

    11.1. Defence force, police force, medical rescue service, fire fighting service, correctional services facility or the disarming of explosives;

    11.2. Aviation activities where any medical expense incurred in relation to such activities are insured by any other party (excludes fare-paying passengers in a licensed passenger carrying aircraft);

    11.3. Hazardous sport (amateur or professional);

    11.4. Form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft).

12. Riots, wars, political acts, public disorder or any acts or attempted acts of any of the following:

    12.1. Civil commotion, labour disturbances, riot, strike, lock-out or public disorder or any act or activity which is calculated or directed to bring about any of the above;

    12.2. War, invasion, act of foreign enemy, hostilities, civil war or warlike operations (regardless of whether war is declared or not);

    12.3. Mutiny, military rising or usurped power, martial law or state of siege, or any other event or cause which determines the proclamation or maintenance of martial law or state of siege, insurrection, rebellion or revolution;

    12.4. Any act (whether on behalf of an organisation, body, person or group of persons) calculated or directed to overthrow or influence any state or government or any provincial, local or tribal authority with force or by means of fear, terrorism or violence;

    12.5. Any act calculated or directed to bring about loss or damage to further any political aim, objective or cause, or to bring about any social or economic

change, or in protest against any state or government, or any provincial, local or tribal authority, or for the purpose of inspiring fear in the public, or any section thereof;

12.6. Terrorism. An act of terrorism means the use or threat of violence for political, religious, personal or ideological reasons. This may or may not include an act that is harmful to human life. It could be committed by any person or group of persons, acting alone, on behalf of or with any organisation or government. It includes any act committed with the intention to influence any government or inspire fear in the public;

12.7. The act of any lawfully established authority in controlling, preventing, suppressing or in any other way dealing with any event referred to in any of clauses 12.1 to 12.6 above.

13. Any claim that is excluded or rejected by the Eligible member's medical scheme.

14. Any claim that does not form part of the registered benefits of the Eligible member's medical scheme but has been paid on an ex-gratia basis.

15. The following procedures, items, services, service providers or events:

15.1. External prosthesis;
15.2. Any appliances including but not limited to wheelchairs, beds or convalescing equipment;
15.3. All dental procedures including (but not limited to) crowns, bridges, dental implant related procedures, orthognathic surgery, temporo-mandibular joint ("TMJ") surgery, labial frenectomy, bone augmentations, bone or tissue regeneration (This clause excludes basic dentistry as defined in Section A.3 of this Policy);
15.4. Harvesting and/or preserving of human tissues, including but not limited to stem cell regeneration;
15.5. Breast augmentation;
15.6. Gastroplasty, lipectomy or otoplasty;
15.7. Gender reversal procedures;
15.8. Therapeutic massage therapists;
15.9. Counsellors, psychologists or psychiatrists;
15.10. Rehabilitation, frail care or hospice services;
15.11. Step-down facilities;
15.12. TTO (to-take-out) medicines;

16. Any expenses incurred as a result of an injury in a motor vehicle accident that are subsequently recoverable by the relevant Insured Person from the Road Accident Fund.

17. Any co-payment or deductible applied by the Eligible Member's medical scheme against the benefits to be received or paid out from the medical scheme, other than those specifically listed in the Benefit Schedule outlined in Section F.

18. Any Penalty, as defined in this policy document, applied by the Eligible Member's medical scheme.

19. Any fee charged by a Medical Practitioner, Hospital or other medical service provider that constitutes Balance Billing (or Split Billing) as defined in Section A of this policy.

20. Any Treatment or Medical Procedure that is directly or indirectly related to any mental condition or mental stress-related condition including, but not limited to, depression, stress, stress related disorder, neurosis, insanity, dementia, bipolar disorder, schizophrenia or personality disorder.

21. Any criminal act or attempted criminal act by an Insured which shall include the submission of any fraudulent information or the use of any fraudulent means to obtain any benefit under this Policy;

22. Any treatment or Medical Procedure for infertility.

23. Expenses incurred for transport charges or for services rendered whilst being transported in any vehicle, vessel or craft whether or not such vehicle, vessel or craft is specifically designed for the purposes of medical emergency transport.

24. Any act by an Insured that wilfully exposed the Insured to danger (except where such act was necessitated in order to save human life).

25. Any Treatment or Medical Procedure that in the sole opinion of Xelus is of such nature that it is not considered to be medically necessary or where alternative conservative treatment would provide a similar outcome or is of such a nature that there is no likely improvement in the medical condition of the insured patient.

Xelus reserves the right to amend the above Policy Exclusions from time to time.

E. GENERAL TERMS AND CONDITIONS

1. Claims Procedure

Following an Insured Event the Insured Person or the Eligible Member, as the case may be, shall at his own expense:

a. Notify Xelus of any claim in writing as soon as possible but in any event not later than 4 (four) months after the end of the Insured Event. Claims submitted more than 4 (four) months after the end of the Insured Event are

excluded from cover.

b. Supply written proof, copies of medical accounts or other information as may reasonably be required for Xelus to process the claim or to ensure the validity of the claim.

c. Provide authority for Xelus to inspect as often as is necessary all current or past medical information or clinical records including the results of any diagnostic tests and submit to medical examination on behalf of and at the expense of Xelus.

d. Where the Insured Person is not the Eligible Member, the Eligible Member shall provide or obtain the necessary permission or consent from the Insured Person to comply with the above condition failing which the processing of the relevant claims shall be suspended until such time as the requisite permissions or consents are obtained.

e. Any Benefit payable in respect of an Insured Event shall only become payable after the end of the Treatment relating to the Insured Event.

f. Interim Benefit payments can be made to the Eligible Member at the end of a 30 day period during an Insured Event at the sole discretion of Xelus.

g. All Benefits payable shall be paid to the Eligible Member or his legal representative whose receipt of the Benefits shall in every case be a full discharge of liability.

h. In the event of the death of the Eligible Member, any Benefit due shall be payable to the surviving Eligible Spouse, failing which the Benefit will be paid to the Eligible Children (or their legal guardians in the event of them being minors) or failing any of the above, the Benefit shall be paid to the Eligible Member's estate.

i. No Benefit payable shall carry interest.

j. Any discount accrued by an Insured against the amount owing by the Insured to any medical provider shall be factored into the calculation of the Benefits of this Policy.

2. Premiums and Premium payment

a. The Premium is due monthly in advance and if it is not received by the end of the seventh (7th) day of the calendar month for which the Premium is due then any Benefit payable shall be suspended until all the outstanding Premiums are received by the Underwriter.

b. In the event that the Premium remains outstanding by the end of the fifteenth (15th) day of the month, this Policy shall be deemed to have been cancelled at midnight on the last day of the preceding month of cover.

c. Inception of cover may only commence on the first (1st) day of a particular month and may not be backdated. The Underwriter shall not be obliged to accept Premium tendered to it after the inception date or renewal date as the case may be but may do so upon such terms as Xelus may determine in its sole discretion.

d. At the sole discretion of Xelus, premiums may be accepted in arrears under the same terms and conditions as outlined in 2(a) and 2(b) above.

3. Termination of cover

a. Xelus may cancel this Policy at any time by giving 30 (thirty) days written notice thereof to the Eligible Member or the Participating Employer of the Eligible Member as the case may be.

b. The Eligible Member or Participating Employer may cancel this Policy at any time by giving 30 (thirty) days written notice thereof.

c. An Insured Event will only qualify as a valid claim if the Hospital Episode, Treatment or Medical Procedure relating to the Insured Event commences before the date of cancellation of this Policy.

d. In the event that any fraudulent act is committed by an Insured Person, Xelus reserves the right to immediately cancel this Policy and/or to institute legal proceedings against the Insured Person to recover any losses.

4. Medical examination

Payment of any Benefit is conditional on the Insured supplying such medical evidence as is required for Xelus to adequately assess the validity of the claims or for an Insured to undergo any medical examination if requested and paid for by Xelus.

5. Jurisdiction and Currency

This Policy shall be subject to the jurisdiction of the courts of the Republic of South Africa and South African law will apply. The payment of all Premiums and Benefits shall be made in the currency of the Republic of South Africa.

6. Commencement of cover

Cover shall commence on the first day of the calendar month for which the Premium has been paid by or on

behalf of the Eligible Member, subject to all the terms and conditions of this Policy.

7. Premium Amendments

Xelus may adjust the Premiums by giving at least 30 (thirty) days written notice thereof to the Eligible Member, or the Participating Employer, as the case may be.

8. Cover and Benefits

a. Cover shall only be of any force or effect if the Family, as defined in this Policy, are also current and paid up beneficiaries of a registered medical scheme.

b. No benefit shall be payable in respect of any Treatment or Medical Procedure unless such treatment occurred during the period of an Insured Event.

c. No benefits shall be payable in respect of any additional costs incurred as a result of confinement in a private hospital ward (except where medically necessary).

d. This Policy and schedule, correspondence sent to the Policyholder, the Policyholder's application for insurance and any written or spoken statement made by the Policyholder or on his/her behalf, forms the contract between the Policyholder and the Underwriter.

e. Xelus may alter the Benefits or the basis upon which Benefits are calculated under this policy by giving 30 (thirty) days written notice thereof.

f. In the event that the Policyholder, or any person acting on behalf of the Policyholder, has misrepresented, inaccurately described or not provided all the details that affect the risk insured under this Policy, Xelus may declare that the whole of this Policy or any part thereof is invalid. In such event Xelus shall be entitled to reject any claim under this Policy and/or to void this Policy from its original inception date.

F. BENEFIT SCHEDULE

1. The events listed in the clauses below are deemed as separate events and may qualify for coinciding yet distinct benefits, as the case may be.

2. The maximum benefit payable for all benefit clauses below of this policy shall be limited to R1,000,000 (one million rand) per Family per annum.

3. The headings below are for reference purposes only and will not form part of any benefit definition.

CORE BENEFITS

Tariff Shortfalls

4. Benefits relating to this clause will only be paid in respect of services occurring during a Hospital Episode that are rendered and charged for by an individual medical practitioner.

The Benefit payable is equal to '**A**' minus '**B**', where:
'**A**' is equal to the actual cost for treatment of an Insured, limited to a maximum of 5 (five) times the Tariff, and
'**B**' is equal to the greater of:

- the Tariff multiplied by the Multiple, or
- The actual benefit paid by the medical scheme.

Co-Payments & Deductibles

5. Benefits relating to this clause will only be paid in respect of the defined diagnostic procedures listed in Table 1 below and which occur during an Insured Event.

The Benefit payable is equal to the Deductible or Co-Payment amount as defined by the member's medical scheme relating to the defined diagnostic procedure listed in Table 1 below.

Table 1 – Defined Diagnostic Procedures
Cystourethroscopy, colonoscopy, proctoscopy, sigmoidoscopy, gastroscopy, cystoscopy or hysteroscopy. CT Scan, MRI Scan or PET Scan.

6. Benefits relating to this clause will only be paid in respect of the defined medical procedures listed in Table 2 below and which occur during a Hospital Episode.

The Benefit payable is equal to the Deductible or Co-Payment amount as defined by the member's medical scheme relating to the defined medical procedure listed in Table 2 below.

Table 2 - Defined Medical Procedures
Conservative back and neck treatment, myringotomy, tonsillectomy, adenoidectomy, facet joint injections, arthroscopy, functional nasal procedures, non-malignant hysterectomy, laparoscopy, hysteroscopy, endometrial ablation, hernia repair, varicose vein surgery, percutaneous radiofrequency ablations, rhizotomies, confinement, circumcision, hymenectomy, Nissen fundoplication, spinal fusion or major joint replacement.

Shortfalls from Sub-Limits

7. Benefits relating to this clause will only be paid in respect of a service, provided during a Hospital Episode, where the charges relating to the service has exceeded a relevant benefit sub-limit of the member's medical scheme benefit option.

   The Benefit payable is equal to the charged amount less the amount paid by the Eligible member's medical scheme subject to a maximum of R33,000 (thirty three thousand rand) per event or medical condition.

Oncology Co-Payments

8. Benefits relating to this clause will only be paid in respect of Oncology and related treatment for the purposes of treating cancer (malignant neoplasm) and which occurs during an Insured Event.

   The Benefit payable is equal to the Co-Payment applied once related costs have exceeded the specific threshold defined by the medical scheme.

   This is subject to a maximum Co-Payment of 20% with a maximum benefit amount of R275,000 (two hundred and seventy five thousand rand) per beneficiary per oncology treatment cycle.

Out-of-Hospital Tariff Shortfalls

9. Benefits relating to this clause will only be paid in respect of the defined out-patient procedures or treatment listed in Table 3 below to that are rendered and charged for by an individual medical practitioner.

   The Benefit payable is equal to '**A' minus 'B'**, where:
   'A' is equal to the actual cost for treatment of an Insured, limited to a maximum of 5 (five) times the Tariff and
   'B' is equal to the greater of:
   - the Tariff multiplied by the Multiple, or
   - The actual benefit paid by the medical scheme.

Table 3 – Defined Out-Patient Procedures/ Treatment
• Cystourethroscopy, colonoscopy, proctosopy, sigmoidoscopy, gastroscopy, cystoscopy or hysteroscopy.
• Surgical Extraction of Wisdom Teeth.
• Home Births
• Oncology treatment
• Dialysis Treatment

Accidental Casualty

10. Benefits relating to this clause will only be paid in respect of emergency outpatient services that are a direct result of Accidental Harm and are provided within a casualty ward of a hospital.

    The Benefit payable is equal to the actual cost of the services, less any amount paid by the member's medical scheme, subject to a maximum of R5,000 (five thousand rand) per event or condition.

    No benefit is payable under this clause for services that are related to an illness.

BENEFIT EXTENDER

Family Booster

11. A lump sum benefit of R11,000 is payable when a Premature birth, as defined in Section A, occurs.

Hospital Booster

12. The following daily lump sum benefits are payable where an insured is admitted to a hospital:
    i. R550 per day from the 7th to the 13th day (inclusive);
    ii. R1,100 per day from the 14th to the 20th day (inclusive);
    iii. R1,650 per day from the 21st to the 30th day (inclusive);
    iv. And, for the purposes of the above benefit calculation, the first day is defined as commencing at the time of admission to hospital and ending 24 (twenty four) hours later;
    v. And all subsequent days are defined as commencing and ending on the same start and end times as the first day.
    vi. In the event that the Insured Event occurs as a result of either Accidental Harm or Premature Birth, as defined, then the daily lump sum benefit listed in point (i) above is payable from the 1st day and not the 7th day.
    vii. The following benefit limitations apply to this clause:
    - If more than one Insured person in the Family is hospitalised as a result of the same event, only the Insured person with the longest Hospital Episode will attract a benefit under this clause;
    - No benefit is payable after day 30 of any Hospital Episode;
    - A maximum of two Hospital Episodes per Family will attract benefits under this clause per annum.

Family Protector

13. The lump sum benefits listed below are payable upon the death or permanent disability of an Insured due to:

    Illness - R11,000

    Accidental Harm - R22,000

Dental Reconstruction Benefit

14. Benefits relating to this clause will only be paid in the event of dental reconstruction surgery being required as a direct result of Accidental Harm or from Oncology Treatment that occurred after the inception of this policy.

    The Benefit payable is equal to the charged amount less the amount paid by the Eligible member's medical scheme, subject to a maximum of R33,000 (thirty three thousand rand) per event or medical condition.

Medical Scheme Contribution Waiver

15. The following lump sum benefit is payable upon the death or permanent disability of the principal member of the medical scheme only.

    The Benefit payable is equal to the monthly medical scheme contribution applicable after the qualifying event above, multiplied by 6 (six) and subject to a maximum of R19,800 over the policy lifetime.

RAF Claims

16. An end-to-end legal service is provided by the nominated service provider of Xelus to assist Insured members with legitimate claims against the Road Accident Fund.

---ooo000ooo---