

| BENEFITS SCHEDULE | | MEMBERSHIP PLANS - all figures shown are in USD | | |
|---|---|--|--|--|
| | DIAMOND | EMERALD | GARNET EVAC PLUS | |
| MAXIMUM BENEFIT LIMIT | | | | |
| Emergency medical services, EVACUATION, RELOCATION and / or REPATRIATION , medical expenses, and ELECTIVE TREATMENT | 3,000,000 per MEMBER per SUBSCRIPTION PERIOD and maximum 3,000,000 per any one event | 1,500,000 per MEMBER per SUBSCRIPTION PERIOD and maximum 1,500,000 per any one event | 250,000 per MEMBER per SUBSCRIPTION PERIOD and maximum 250,000 per any one event | |
| Medical expenses are reimbursed at the PREFERRED RATE where services are provided in the Republic of South Africa. | Applicable to MEMBERSHIP PLAN | Applicable to MEMBERSHIP PLAN | Applicable to MEMBERSHIP PLAN | |
| ELECTIVE INCLUDING MEDICALLY NECESSARY TREATMENT | | | | |
| Cost of ELECTIVE TREATMENTS including IN-PATIENT, DAY CASES, HOSPITAL ACCOMMODATION , surgery costs, SPECIALIST cost etc. | Up to a MAXIMUM BENEFIT limit per MEMBER per SUBSCRIPTION PERIOD | Up to a MAXIMUM BENEFIT limit per MEMBER per SUBSCRIPTION PERIOD | Up to a MAXIMUM BENEFIT limit per MEMBER per SUBSCRIPTION PERIOD | |
| <p>MEDICALLY NECESSARY TRAVEL AND ACCOMMODATION for SPECIALIST diagnosed SPECIFIED CONDITIONS subject to PRE-AUTHORISATION by the MEDICAL DIRECTOR.</p> <p>TRAVEL and ACCOMMODATION for the MEMBER and one ACCOMPANYING PERSON from within THE REGION to THE REPUBLIC OF SOUTH AFRICA or elsewhere in THE REGION</p> <p>All TRAVEL and ACCOMMODATION costs related to the ACCOMPANYING PERSON shall be accrued against the MEMBERS MEDICALLY NECESSARY TRAVEL and ACCOMMODATION BENEFIT as per the LIMITS under the BENEFITS SCHEDULE</p> | <p>TRAVEL: Economy Class air ticket/s up to a maximum of 10 return air tickets or to a maximum of 4,000 per SUBSCRIPTION PERIOD</p> <p>ACCOMMODATION: 100 per person, per night up to a maximum of 3,000 per SUBSCRIPTION PERIOD.</p> <p>If a MEMBER is not deemed fit to fly and a MEDICALLY NECESSARY extended stay is required, at the discretion of the MEDICAL DIRECTOR and with supporting documentation, WE will pay up to a maximum of 14 nights under the ACCOMMODATION BENEFIT for procedures not defined under SPECIFIED CONDITIONS.</p> | <p>TRAVEL: Economy Class air ticket/s up to a maximum of 6 return air tickets or to a maximum of 2,000 per SUBSCRIPTION PERIOD</p> <p>ACCOMMODATION: 100 per person, per night up to a maximum of 1,500 per SUBSCRIPTION PERIOD.</p> <p>If a MEMBER is not deemed fit to fly and a MEDICALLY NECESSARY extended stay is required, at the discretion of the MEDICAL DIRECTOR and with supporting documentation, WE will pay up to a maximum of 14 nights under the ACCOMMODATION BENEFIT for procedures not defined under SPECIFIED CONDITIONS.</p> | Not covered | |
| <p>CHRONIC LIFE TIME BENEFIT</p> <p>For costs incurred for the monitoring of an established CHRONIC CONDITION(S) or ACUTE ON CHRONIC episodes (Excluding routine check-ups / consultations, drugs and dressings).</p> | 60,000 LIFE TIME LIMIT Per CHRONIC CONDITION | 25,000 LIFE TIME LIMIT Per CHRONIC CONDITION | Not covered | |
| <p>ONCOLOGY BENEFIT</p> <p>TREATMENT aimed to cure CANCER including IN-PATIENT, OUT-PATIENT, or DAY CASE from the time of diagnosis including all tests, drugs, chemotherapy and radiotherapy, and any diagnosed secondaries /re occurrences of an established primary CANCER, and following TREATMENT once in remission, check-ups, consultations, tests, drugs, dressings, monitoring. This BENEFIT does not extend to costs related to PALLIATIVE TREATMENTS and / or LIFE EXTENDING treatments.</p> <p>Advanced Therapy Medicinal Products (ATMPs) up to one course of TREATMENT per condition, per lifetime subject to PRE-AUTHORISATION. This is part of the ONCOLOGY BENEFIT.</p> | Up to MAXIMUM BENEFIT | Up to MAXIMUM BENEFIT | Up to MAXIMUM BENEFIT | |
| | 500,000 limit per condition per LIFE TIME | 500,000 limit per condition per LIFE TIME | Not covered | |
| <p>HIV / AIDS LIFE TIME BENEFIT</p> <p>For IN-PATIENT costs which arise from or are in a way related to Human Immunodeficiency Virus (HIV) and / or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex Syndrome (ARCS) and or any mutant derivative or variation thereof.</p> | 20,000 LIFE TIME LIMIT following a 24 month WAITING PERIOD | 5,000 LIFE TIME LIMIT following a 24 month WAITING PERIOD | Not covered | |
| <p>IN-PATIENT PSYCHIATRIC TREATMENT</p> <p>For IN-PATIENT costs associated with PSYCHIATRIC TREATMENT which must be done IN-PATIENT, under the direct supervision of a PSYCHIATRIST or PSYCHOLOGIST, having been referred by a DOCTOR and follow a specified plan of care that WE have PRE-AUTHORISED.</p> | MAXIMUM BENEFIT of 28 nights | MAXIMUM BENEFIT of 14 nights | Not covered | |
| <p>PREGNANCY AND CHILDBIRTH</p> <p>Including pre- and post-natal checkups, delivery costs and the initial well baby check at birth - Excluded if conception is within the first 12 months from date of new MEMBERSHIP.</p> | <p>MAXIMUM BENEFIT of 10,000 limit any one MEMBER any one SUBSCRIPTION PERIOD.</p> <p>Benefit split: 2,000 for pre-birth scans, pathology, consultations and 2 postnatal check-ups; 8,000 for delivery costs and 2 well baby check-ups and costs incurred from VACCINATIONS up to 6 weeks following birth</p> | <p>MAXIMUM BENEFIT of 4,500 limit any one MEMBER any one SUBSCRIPTION PERIOD.</p> <p>Limited to IN-PATIENT costs associated with delivery including the initial well baby check at birth</p> | Not covered | |
| <p>COMPLICATIONS DURING PREGNANCY</p> <p>Complications during PREGNANCY which directly affect the health of the mother or child (or both).</p> | 30,000 per PREGNANCY | 15,000 per PREGNANCY | Not covered | |
| <p>NEWBORN BENEFIT</p> <p>For PRE-REGISTERED newborn BABIES, for IN-PATIENT TREATMENT of ACUTE ILLNESS which presents symptoms at birth or which manifests within 60 days following birth for DIAMOND and 14 days following birth for EMERALD. To include HOSPITAL ACCOMMODATION costs for the maternal parent whilst the newborn receives TREATMENT as an IN-PATIENT.</p> | 50,000 per birth | 30,000 per birth | Not covered | |
| <p>TERMINAL ILLNESS BENEFIT</p> <p>Cost associated to PALLIATIVE TREATMENT and / or LIFE EXTENDING TREATMENT on approval by OUR MEDICAL DIRECTOR up to the limit.</p> | 80,000 per MEMBER per LIFE TIME | 40,000 per MEMBER per LIFE TIME | Not covered | |

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| ELECTIVE INCLUDING MEDICALLY NECESSARY TREATMENT (continued) | | | | |
| MEDICAL EXPENSES We shall pay for all reasonable expenses for medical TREATMENT , diagnosis and advice. | Up to the benefits indicated | Up to the benefits indicated | Up to the benefits indicated | |
| PATIENT MONITORING | Up to the benefits indicated | Up to the benefits indicated | Up to the benefits indicated | |
| POST OPERATIVE and / or MEDICALLY NECESSARY REHABILITATION (At the discretion of OUR MEDICAL DIRECTOR), in a step-down or related facility after discharge from HOSPITAL / clinic | Maximum Limit 15,000 or maximum 90 days | Maximum Limit 15,000 or maximum 90 days | Maximum Limit 15,000 or maximum 90 days | |
| OUT-PATIENT REHABILITATION (At the discretion of OUR MEDICAL DIRECTOR) | 12 months for OUT-PATIENT rehabilitation from date of procedure | 12 months for OUT-PATIENT rehabilitation from date of procedure | 12 months for OUT-PATIENT rehabilitation from date of procedure | |
| EMERGENCY TREATMENTS | | | | |
| EMERGENCY EVACUATION Including cost of TREATMENT for IN-PATIENT , HOSPITAL ACCOMMODATION , surgery costs, specialist cost, etc. | Up to a MAXIMUM BENEFIT limit per MEMBER per SUBSCRIPTION PERIOD | Up to a MAXIMUM BENEFIT limit per MEMBER per SUBSCRIPTION PERIOD | Up to a MAXIMUM BENEFIT limit per MEMBER per SUBSCRIPTION PERIOD | |
| REPATRIATION OF MORTAL REMAINS. | Up to maximum of 5,000, in respect of any one MEMBER | Up to maximum of 5,000, in respect of any one MEMBER | Up to maximum of 5,000, in respect of any one MEMBER | |
| DENTAL TREATMENT from BODILY INJURY and relief of pain. | The full reasonable and MEDICALLY NECESSARY costs of EMERGENCY DENTAL TREATMENT and dental procedures necessary to restore and replace sound natural teeth lost or damaged as a result of BODILY INJURY , up to 90 days after date of injury. Additionally, up to a maximum of 250 for immediate relief of pain per MEMBER per year for EMERGENCY DENTAL TREATMENT | The full reasonable and MEDICALLY NECESSARY costs of EMERGENCY DENTAL TREATMENT and dental procedures necessary to restore and replace sound natural teeth lost or damaged as a result of BODILY INJURY , up to 90 days after date of injury. Additionally, up to a maximum of 250 for immediate relief of pain per MEMBER per year for EMERGENCY DENTAL TREATMENT | The full reasonable and MEDICALLY NECESSARY costs of EMERGENCY DENTAL TREATMENT and dental procedures necessary to restore and replace sound natural teeth lost or damaged as a result of BODILY INJURY , up to 90 days after date of injury. Additionally, up to a maximum of 250 for immediate relief of pain per MEMBER per year for EMERGENCY DENTAL TREATMENT | |
| Travel as per the BENEFITS SCHEDULE in AREA OF COVER , with an option to purchase additional travel days for TRAVEL WORLDWIDE . This is subject to the overall policy limit. Travel to USA and Canada is limited to 30 days per MEMBER per SUBSCRIPTION PERIOD , free travel days cannot be utilised for travel to either of these countries. | The TRAVEL WORLDWIDE option allows MEMBERS to purchase 90 days per MEMBER per SUBSCRIPTION PERIOD . Maximum limit 250,000 per person per trip. The first 45 days of WORLDWIDE travel of a SUBSCRIPTION PERIOD are included under the MEMBERSHIP PLAN , hereafter the MEMBER may purchase the remaining 45 travel days | The TRAVEL WORLDWIDE option allows MEMBERS to purchase 90 days per MEMBER per SUBSCRIPTION PERIOD . Maximum limit 100,000 per person per trip. The first 21 days of WORLDWIDE travel of a SUBSCRIPTION PERIOD are included under the MEMBERSHIP PLAN , hereafter the MEMBER may purchase the remaining 69 travel days | The TRAVEL WORLDWIDE option allows MEMBERS to purchase 90 days per MEMBER per SUBSCRIPTION PERIOD . Maximum limit 100,000 per person per trip. The first 21 days of WORLDWIDE travel of a SUBSCRIPTION PERIOD are included under the MEMBERSHIP PLAN , hereafter the MEMBER may purchase the remaining 69 travel days | |
| PERSONAL ACCIDENT | | | | |
| For DISMEMBERMENT of a limb or death as a result of an ACCIDENT as defined under clause 2.65. WE shall pay to the MEMBER or the MEMBERS Executors or Administrators as per the BENEFIT LIMIT | 50,000 | 25,000 | As per MEMBERSHIP PLAN | |
| Accidental Death. | 100% of benefit limit | 100% of benefit limit | | |
| Loss of two limbs | 100% of benefit limit | 100% of benefit limit | | |
| Loss of one limb. | 50% of benefit limit | 50% of benefit limit | | |
| ASSISTANCE SERVICES | | | | |
| Compassionate Emergency Visit (at the discretion of HEALTH INTERNATIONAL). <i>Note: This is not part of the MEDICALLY NECESSARY TRAVEL and ACCOMMODATION BENEFIT</i> | Cost of one economy class return air ticket on a scheduled airline / flight to enable person nominated to visit a MEMBER who is hospitalised outside COUNTRY OF RESIDENCE | Cost of one economy class return air ticket on a scheduled airline / flight to enable person nominated to visit a MEMBER who is hospitalised outside COUNTRY OF RESIDENCE | Cost of one economy class return air ticket on a scheduled airline / flight to enable person nominated to visit a MEMBER who is hospitalised outside COUNTRY OF RESIDENCE | |
| Compassionate Emergency Visit of parent / guardian of a child 18 years and under (at the discretion of HEALTH INTERNATIONAL). <i>Note: This is not part of the MEDICALLY NECESSARY TRAVEL and ACCOMMODATION BENEFIT</i> | Cost of one economy class return air ticket on a scheduled airline / flight and accommodation costs of a parent / guardian of a child (18 years and under) who is hospitalised up to a maximum of 100 per person per night up a maximum of 30 days | Cost of one economy class return air ticket on a scheduled airline / flight and accommodation costs of a parent / guardian of a child (18 years and under) who is hospitalised up to a maximum of 100 per person per night up a maximum of 30 days | Cost of one economy class return air ticket on a scheduled airline / flight and accommodation costs of a parent / guardian of a child (18 years and under) who is hospitalised up to a maximum of 100 per day up to 30 days | |
| Childcare (at the discretion of HEALTH INTERNATIONAL). <i>Note: This is not part of the MEDICALLY NECESSARY TRAVEL and ACCOMMODATION BENEFIT</i> | Pay for a responsible person to accompany the minor(s) under 12 years of age of a MEMBER left unattended due to a MEDICAL EMERGENCY to their RESIDENCE or place of safety | Pay for a responsible person to accompany the minor(s) under 12 years of age of a MEMBER left unattended due to a MEDICAL EMERGENCY to their RESIDENCE or place of safety | Pay for a responsible person to accompany the minor(s) under 12 years of age of a MEMBER left unattended due to a MEDICAL EMERGENCY to their RESIDENCE or place of safety | |
| GENERAL | | | | |
| COUNTRY OF RESIDENCE | THE REGION | THE REGION | THE REGION | |
| AREA OF COVER - SUB-SAHARAN AFRICA | Unlimited travel per year, but no more than 90 days any one trip | Unlimited travel per year, but no more than 90 days any one trip | Unlimited travel per year, but no more than 60 days any one trip, excluding your COUNTRY OF RESIDENCE | |
| Maximum Aggregate Limit per family per SUBSCRIPTION PERIOD | Not applicable | Not applicable | 1,000,000 per family per SUBSCRIPTION PERIOD | |