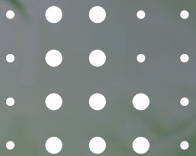


TURNBERRY PRODUCT BROCHURE 2017



Helping you
protect
what's most
important

UNDERWRITER





Our mission is to offer our clients security and assurance, especially during those times when they need us most.

Turnberry offers a range of products best suited to your needs, providing unsurpassed service, while at the same time helping you to avoid the potential financial burden of exorbitant medical expense shortfall costs. Founded in 2001, Turnberry is an authorised financial services provider (FSP no. 36571) and specialises in Accident and Health Insurance, Travel Insurance and Funeral Cover. Turnberry medical expense shortfall products are available to clients on all open Medical Aid Schemes and most closed schemes, but are independently provided and are therefore transferable in the event of a change in the client's Medical Aid Scheme.

Why Choose Turnberry

1

We offer *different products* to suit a range of *diverse needs*

2

Our products are *compatible* with all registered open Medical Schemes and most closed schemes in SA

3

We offer unsurpassed *service excellence*

4

Quick claims turnaround

Our Partners

Lombard Insurance Company Limited
Travel Insurance Consultants (TIC)
Santam Ltd

Insurer of short term insurance products
Product provider of travel insurance
Insurer of travel insurance

Please note that 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.

Disclaimer: This document is a summary for information purposes only and does not supersede the policy terms and conditions. In the event of any discrepancy, the policy terms and conditions will prevail.

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PREMIER

Monthly premium: R310 per family for under 65yrs
 Monthly premium: R434 per family for 65yrs+

Offering complete peace of mind, this is a comprehensive combination product with multiple benefits built into one policy. It provides traditional and biological cancer benefits and significantly enhances your medical scheme cover.



BENEFITS

Overall Annual Limit (OAL) -
 R150 000 per insured per annum

Benefits for in-hospital treatment

Medical Expense Shortfall Cover	Increases the medical aid rate up to 500%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, etc.). Subject to the Overall Annual Limit
Co-payment Cover	R50 000 per admission per insured. Subject to the Overall Annual Limit
Non-DSP Hospital Penalty Cover	R8 500 per admission. Limited to 1 claim per family per annum and subject to the Overall Annual Limit
Sub-limit Cover	R20 000 per admission per insured. Subject to the Overall Annual Limit

Benefits for in-hospital and out-of-hospital treatment

Traditional Cancer Cover	Pays for treatment in a private facility, including sub-limits, deductibles or co-payments related to cancer treatment. (R200 000 excess). Subject to the Overall Annual Limit
Biological Cancer Drug Cover	Provides cover for Biological Cancer Drugs when the medical aid imposes a sub-limit. Subject to the Overall Annual Limit (See Formulary)

Benefits for out-of-hospital treatment

Co-payments for MRI, CT and PET scans	R50 000 per admission per insured. Subject to the Overall Annual Limit
Sub-limit Cover for MRI, CT and PET scans	R20 000 per admission per insured. Subject to the Overall Annual Limit
Casualty Benefit (Accidents only)	R7 500 per event per insured. Subject to the Overall Annual Limit

ADDED BENEFITS

SPOTLIGHT ON

Cancer Diagnosis Benefit	Once off payment of R20 000 for first diagnosis of cancer, provided that the insured is on an approved oncology treatment plan
Medical Scheme Contribution Waiver	R5 000 per month for 6 months; covers death or permanent and total disability as a result of an accident, of the medical scheme contribution payer
Personal Accident Benefit	R20 000 per insured on the policy, covers death and permanent and total disability
International Travel Cover	R5 000 000 per insured

PREMIER cont.



Biological Cancer Drugs

The lists below provide the cancer types that may require treatment through the use of a biological cancer drug covered under Premier.

Specific Cancer Categories

HER 2 + Breast Cancer	Acute myeloid leukaemia
Advanced hepatocellular carcinoma	Acute lymphoblastic leukaemia
Chronic myeloid leukaemia	Chronic lymphocytic leukaemia
Hairy cell leukaemia	Myelodysplasia
HER -ve breast cancer	Gastrointestinal stromal tumour
Multiple myeloma	Non-small cell lung cancer
Non-hodgkins lymphoma	Metastatic colorectal cancer
Advanced renal cell carcinoma	Head and neck cancer

List Of Drugs

Herceptin	Mylotarg
Nexavar	Gleevec
Sprycel	Faslodex
Velcade	Tarceva
Alimta	Zevalin
Avastin	Erbitux
Sutent	Fludara
Mabthera	

Waiting Periods

- A 3-month general waiting period applies to all benefits, with exception of benefits providing cover up to 500% should the commencement of the policy be in line with the commencement date of the medical scheme
- A 9-month waiting period on pregnancy/childbirth
- A 12-month waiting period on: hysterectomy (except where malignancy can be proven), hysteroscopies and endometrial ablations; joint replacements and spinal investigations, treatment or surgery (except in the event of an accident); tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth and treatment or surgery for a hernia (except as a result of emergency surgery), treatment and/or surgery for cataracts, gastroscopies, colonoscopies and pre-diagnosed cancer

ENHANCE

Monthly premium: R252 per family for under 65yrs

Monthly premium: R352 per family for 65yrs+

An exciting benefit offering to enhance your medical scheme cover, which covers the majority of the shortfalls you could incur whilst in-hospital.



BENEFITS

Overall Annual Limit (OAL) -
R150 000 per insured per annum

Benefits for in-hospital treatment

Medical Expense Shortfall Cover	Increases the medical aid rate up to 500%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, etc.). Subject to the Overall Annual Limit
Co-payment Cover	R50 000 per admission per insured. Subject to the Overall Annual Limit
Sub-limit Cover	R20 000 per admission per insured. Subject to the Overall Annual Limit

Benefits for out-of-hospital treatment

Co-payments for MRI, CT and PET scans	R50 000 per admission per insured. Subject to the Overall Annual Limit
Sub-limit Cover for MRI, CT and PET scans	R20 000 per admission per insured. Subject to the Overall Annual Limit
Casualty Benefit (Accidents only)	R7 500 per event per insured. Subject to the Overall Annual Limit

ADDED BENEFITS

SPOTLIGHT
ON

Cancer Diagnosis Benefit	Once off payment of R20 000 for first diagnosis of cancer, provided that the member is on an approved oncology treatment plan
Personal Accident Benefit	R20 000 per insured on the policy, covers death or permanent and total disability
International Travel Cover	R5 000 000 per insured

Waiting Periods

- A 3-month general waiting period applies to all benefits, with exception of benefits providing cover up to 500% should the commencement of the policy be in line with the commencement date of the medical scheme
- A 9-month waiting period on pregnancy/childbirth
- A 12-month waiting period on: hysterectomy (except where malignancy can be proven), hysteroscopies and endometrial ablations; joint replacements and spinal investigations, treatment or surgery (except in the event of an accident); tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth and treatment or surgery for a hernia (except as a result of emergency surgery), treatment and/or surgery for cataracts, gastroscopies, colonoscopies and pre-diagnosed cancer

OPTIMAL

Monthly premium: R233 per family for under 65yrs

Monthly premium: R326 per family for 65yrs+

An ideal benefit option offering additional peace of mind for Cancer cover, especially where your medical aid has limited cover.



BENEFITS

Overall Annual Limit (OAL) -
R150 000 per insured per annum

Benefits for in-hospital treatment

Medical Expense Shortfall Cover	Increases the medical aid rate up to 500%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, etc.). Subject to the Overall Annual Limit
Co-payment Cover	R20 000 per admission per insured. Subject to the Overall Annual Limit
Sub-limit Cover for Internal Prosthesis	R10 000 per admission per insured. Limited to R50 000 per family per annum, subject to the Overall Annual Limit

Benefits for in-hospital and out-of-hospital treatment

Traditional Cancer Cover	Co-payment cover for traditional cancer treatment limited to 20% per admission and subject to the Overall Annual Limit (R200 000 excess)
Biological Cancer Drug Cover	Provides cover for Biological Cancer Drugs when the medical aid imposes a sub-limit. Subject to the Overall Annual Limit (R200 000 excess) and Formulary (See page 10).

Benefits for out-of-hospital treatment

Co-payments for MRI, CT and PET scans	R20 000 per admission per insured. Subject to the Overall Annual Limit
Casualty Benefit (Accidents only)	R6 000 per event per insured. Subject to the Overall Annual Limit

ADDED BENEFITS

SPOTLIGHT
ON

International Travel Cover	R5 000 000 per insured
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Waiting Periods

- A 3-month general waiting period applies to all benefits, with exception of benefits providing cover up to 500% should the commencement of the policy be in line with the commencement date of the medical scheme
- A 9-month waiting period on pregnancy/childbirth
- A 12-month waiting period on: hysterectomy (except where malignancy can be proven), hysteroscopies and endometrial ablations; joint replacements and spinal investigations, treatment or surgery (except in the event of an accident); tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth and treatment or surgery for a hernia (except as a result of emergency surgery), treatment and/or surgery for cataracts, gastroscopies, colonoscopies and pre-diagnosed cancer

SYNERGY

Monthly premium: R178 per family for under 65yrs
Monthly premium: R249 per family for 65yrs+

This is the ideal benefit offering to choose if your medical aid has additional co-payments and out-of-pocket deductibles.



BENEFITS

Overall Annual Limit (OAL) -
R150 000 per insured per annum

Benefits for in-hospital treatment

Medical Expense Shortfall Cover	Increases the medical aid rate up to 500% (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, etc.). Subject to the Overall Annual Limit
Co-payment Cover	R20 000 per admission per insured. Subject to the Overall Annual Limit
Sub-limit Cover for Internal Prosthesis	R10 000 per admission per insured. Limited to R50 000 per family per annum, subject to the Overall Annual Limit

Benefits for out-of-hospital treatment

Co-payments for MRI, CT and PET scans	R20 000 per admission per insured. Subject to the Overall Annual Limit
Casualty Benefit (Accidents only)	R6 000 per event per insured. Subject to the Overall Annual Limit

ADDED BENEFITS

SPOTLIGHT
ON

International Travel Cover	R5 000 000 per insured
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Waiting Periods

- A 3-month general waiting period applies to all benefits, with exception of benefits providing cover up to 500% should the commencement of the policy be in line with the commencement date of the medical scheme
- A 9-month waiting period on pregnancy/childbirth
- A 12-month waiting period on: hysterectomy (except where malignancy can be proven), hysteroscopies and endometrial ablations; joint replacements and spinal investigations, treatment or surgery (except in the event of an accident); tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth and treatment or surgery for a hernia (except as a result of emergency surgery), treatment and/or surgery for cataracts, gastroscopies, colonoscopies and pre-diagnosed cancer

VITAL

Monthly premium: R167 per family for under 65yrs

Monthly premium: R233 per family for 65yrs+

This benefit option assists with covering the medical expense shortfalls between what your medical aid covers versus the private in-hospital rates, especially for the costs of Specialists and Anaesthetists.



BENEFITS

Overall Annual Limit (OAL) -
R150 000 per insured per annum

Benefits for in-hospital treatment

Medical Expense Shortfall Cover

Increases the medical aid rate up to 500% (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, etc.). Subject to the Overall Annual Limit

Benefits for out-of-hospital treatment

Casualty Benefit (Accidents only)

R6 000 per event per insured. Subject to the Overall Annual Limit

ADDED BENEFITS

SPOTLIGHT
ON

International Travel Cover

R5 000 000 per insured

Waiting Periods

- A 3-month general waiting period applies to all benefits, with exception of benefits providing cover up to 500% should the commencement of the policy be in line with the commencement date of the medical scheme
- A 9-month waiting period on pregnancy/childbirth
- A 12-month waiting period on: hysterectomy (except where malignancy can be proven), hysteroscopies and endometrial ablations; joint replacements and spinal investigations, treatment or surgery (except in the event of an accident); tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth and treatment or surgery for a hernia (except as a result of emergency surgery), treatment and/or surgery for cataracts, gastroscopies, colonoscopies and pre-diagnosed cancer

EXTENDED FAMILY COVER



The definition of a “Family” means the principal insured person, eligible spouse, and eligible children, who have not attained the age of 26 years unless mentally or physically disabled and unable to earn any form of income. Any dependents falling under this definition are included at no additional cost.

If you have an extended family member registered on your medical aid and they do not qualify in terms of our above definition of a “Family”, you may add them onto your policy. The cost per additional extended family member is detailed below.

Product	Ages 26 - 64 (incl) Rate Per Person	Ages 65 - 79 (incl) Rate Per Person	Ages 80+ Rate Per Person
Premier	R86	R264	R343
Enhance	R65	R198	R257
Optimal	R75	R211	R274
Synergy	R72	R196	R255
Vital	R36	R105	R137

Biological Cancer Drugs

The lists below provide the cancer types that may require treatment through the use of a biological cancer drug covered under Premier.

Specific Cancer Categories

HER 2 + Breast Cancer
 Advanced hepatocellular carcinoma
 Chronic myeloid leukaemia
 Hairy cell leukaemia
 HER -ve breast cancer
 Multiple myeloma
 Non-hodgkins lymphoma
 Advanced renal cell carcinoma

Acute myeloid leukaemia
 Acute lymphoblastic leukaemia
 Chronic lymphocytic leukaemia
 Myelodysplasia
 Gastrointestinal stromal tumour
 Non-small cell lung cancer
 Metastatic colorectal cancer
 Head and neck cancer

List Of Drugs

Herceptin
 Nexavar
 Sprycel
 Velcade
 Alimta
 Avastin
 Sutent
 Mabthera
 Mylotarg
 Gleevec
 Faslodex
 Tarceva
 Zevalin
 Erbitux
 Fludara

EASY TO CLAIM



How to claim

You will need to take the following steps when submitting a claim:

1

Please submit the following documents in order for Turnberry to process your claim:

- Turnberry claim form
- Medical aid statement for the Medical Service Provider you are claiming for
- Medical Service Providers Invoices
- Hospital account

2

Claims can be submitted via email to claims@turnberry.co.za or faxed to 086 500 7532 or 086 673 4224

3

Claim will be assessed in terms of the benefits provided by the selected policy

4

Should we require any further documentation, an email will be sent to you and your broker advising you of the outstanding requirements

5

- Once a claim has been assessed, valid claims will be paid directly to the Policyholder.
- Valid claims are settled within 10 working days provided that all requirements are received.

Please note, all these documents are required with every claim as each document contains relevant information required to process the claim. You have 6 months to provide written notice from the date of treatment of a pending claim. All documentation must be provided within 12 months from the date of treatment in order avoid your claim prescribing.

Fax number for Claims: 086 500 7532 and 086 673 4224

E-mail address: claims@turnberry.co.za

Summary of Benefits

Overall Annual Limit (OAL) -
R150 000 per insured per annum

PREMIER

R310 per family for under 65yrs
R434 per family for 65yrs+

ENHANCE

R252 per family for under 65yrs
R352 per family for 65yrs+

Benefits for in-hospital treatment

Private Rate Cover	Increases the medical aid rate up to 500%. Subject to OAL	Increases the medical aid rate up to 500%. Subject to OAL
Co-payment Cover	R50 000 per admission per insured. Subject to OAL	R50 000 per admission per insured. Subject to OAL
Non-DSP Hospital Penalty Cover	R8 500 per admission. Limited to 1 claim per family per annum, subject to the OAL	-
Sub-limit Cover	R20 000 per admission per insured. Subject to OAL	R20 000 per admission per insured. Subject to OAL

Benefits for in-hospital and out-of-hospital treatment

Traditional Cancer Cover	Pays for treatment in a private facility, including sub-limits, deductibles or co-payments related to cancer treatment. Subject to OAL. (R200 000 excess)	-
Biological Cancer Drug Cover	Provides cover for Biological Cancer Drugs when the medical aid imposes a sub-limit. Subject to OAL	-

Benefits for out-of-hospital treatment

Co-payment cover for MRI, CT and PET scans	R50 000 per admission per insured. Subject to OAL	R50 000 per admission per insured. Subject to OAL
Sub-limit Cover for MRI, CT and PET scans	R20 000 per admission per insured. Subject to OAL	R20 000 per admission per insured. Subject to OAL
Casualty Benefit (Accidents only)	R7 500 per event per insured. Subject to OAL	R7 500 per event per insured. Subject to OAL

ADDED BENEFITS

Cancer Diagnosis Benefit	Once off payment of R20 000 for first diagnosis of cancer, provided that the member is on an approved oncology treatment plan	Once off payment of R20 000 for first diagnosis of cancer, provided that the member is on an approved oncology treatment plan
Medical Scheme Contribution Waiver	R5 000 per month for 6 months, covers death or permanent and total disability (due to an accident), of the medical scheme contribution payer	-
Personal Accident Benefit	R20 000 per insured on the policy, covers death or permanent and total disability	R20 000 per insured on the policy, covers death or permanent and total disability
Travel Cover	R5 000 000 per insured	R5 000 000 per insured

OPTIMAL

R233 per family for under 65yrs
R326 per family for 65yrs+

SYNERGY

R178 per family for under 65yrs
R249 per family for 65yrs+

VITAL

R167 per family for under 65yrs
R233 per family for 65yrs+

Increases the medical aid rate up to 500%. Subject to OAL	Increases the medical aid rate up to 500%. Subject to OAL	Increases the medical aid rate up to 500%. Subject to OAL
R20 000 per admission per insured. Subject to OAL	R20 000 per admission per insured. Subject to OAL	-
-	-	-
R10 000 per admission per insured. Limited to R50 000 per family per annum, subject to OAL (Internal prosthesis only)	R10 000 per admission per insured. Limited to R50 000 per family per annum, subject to OAL (Internal prosthesis only)	-
20% co-payment cover per admission. Subject to OAL (R200 000 excess)	-	-
Provides cover for Biological Cancer Drugs when the medical aid imposes a sub-limit. Subject to OAL (R200 000 excess)	-	-
R20 000 per admission per insured. Subject to OAL	R20 000 per admission per insured. Subject to OAL	-
-	-	-
R6 000 per event per insured. Subject to OAL	R6 000 per event per insured. Subject to OAL	R6 000 per event per insured. Subject to OAL
-	-	-
-	-	-
-	-	-
R5 000 000 per insured	R5 000 000 per insured	R5 000 000 per insured

Exceptions

Turnberry shall not be liable for hospitalisation, bodily injury, sickness or disease directly or indirectly caused by, related to or in consequence of:

1. Nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission;
2. LASIK or Lasik (laser-assisted in situ keratomileusis) surgery or any type of refractive surgery for correcting myopia, hyperopia, and astigmatism;
3. Investigations, treatment or surgery for obesity its sequela or cosmetic surgery or surgery directly or indirectly caused by or related to or in consequence of cosmetic surgery other than as a result of an insured event otherwise insured. For the purpose of this exception cosmetic surgery shall include surgery for breast reduction or reconstruction unless necessitated as a result of treatment for cancer;
4. Routine physical or any procedure of a purely diagnostic nature or any other examination where there are no objective indications of impairment in normal health and laboratory diagnostic or X-ray examinations except in the course of a disability established by prior call or attendance of a Medical practitioner;
5. Suicide, attempted suicide or intentional self-injury;
6. The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a Medical Practitioner (other than the Insured person) or drug addiction;
7. An event directly attributable to the Insured person having an alcohol content exceeding the legal limit or the Insured person suffering from alcoholism or any illness caused by the use of alcohol;
8. Participation in:
 - a. Active military duty police duty police reservist duty civil commotion labour disturbances riot strike or the activities of locked-out workers
 - b. Aviation other than as a passenger
 - c. Any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle vessel craft or aircraft);
9. Investigations, treatment or surgery for artificial insemination or hormone treatment for infertility;
10. No benefits are payable which should be provided by the Medical Aid Scheme (such as Prescribed Minimum Benefits), this exception includes ward fees, theatre fees, medicines, appliances and other hospital expenses;
11. No benefits shall be payable in the event of fraudulent submission by the claimant;
12. No benefits shall be payable in the event the insured did not pre-authorise, make use of a Designated Service Provider (DSP) or any condition set by the Insured's Medical Aid Scheme;
13. No benefits shall be payable in the event there is no benefit for the treatment and/or the condition or if it is excluded and/or declined by the Insured's Medical Aid Scheme or if the Medical Aid Scheme pays less than tariff for benefits associated with costs incurred above Medical Scheme Tariff;
14. No benefit shall be payable in respect of any medical or surgical treatment unless such treatment occurred during the period of hospital confinement as an in-patient or as an out-patient (as defined);
15. The table of benefits applies in the territory of the RSA and no benefits are payable for expenses incurred for transport charges or for services rendered whilst being transported in any emergency vehicle, vessel or aircraft;
16. No ward fee benefits shall be payable in respect of any additional costs incurred as a result of confinement to a private ward if such confinement to a private ward was requested by the Insured person.
17. Treatment resulting from failure to carry out the instructions of a Medical Practitioner
18. Any condition for which the Insured person received treatment or advice prior to the date of inception, or any medical conditions that resulted from an injury that occurred prior to the date of inception for the emergency casualty benefit.
19. Any costs associated with a hip or knee replacement for the emergency casualty benefit.
20. Injuries arising from professional sport or any other recreational activity which is not commonly recognised as a sport and/or involves uncontrolled competition, unusual skill or violent activity and is generally considered to be inherently dangerous for the emergency casualty benefit (as defined in the policy document) provided in a hospital out-patient emergency facility.

ADDITIONAL EXCEPTIONS APPLICABLE ONLY TO PREMIER, ENHANCE AND OPTIMAL OPTIONS
21. No benefits shall be payable for any pre-existing condition, meaning any form of cancer occurring or manifesting itself prior to the Commencement Date for any cancer specific benefits, unless the Insured person is in complete remission (as defined) for a period of 12 months as determined from the Commencement Date of the policy.

ADDITIONAL EXCEPTIONS APPLICABLE ONLY TO PREMIER, ENHANCE, OPTIMAL AND SYNERGY OPTIONS
22. Psychiatric conditions including but not limited to depression, insanity, mental and or stress related conditions for co-payment, sub-limit and stated benefits;
23. Investigations, treatment or surgery for dental implants or any surgical implant of an artificial tooth root used in dentistry to support restorations that resemble a tooth or group of teeth for co-payments and sub-limits;
24. All dental procedures, unless due to reconstructive surgery as a result of an accident, while on the policy or impacted wisdom teeth for all benefits other than co-payments and sub-limits.

TRAVEL ASSIST

International travel cover through TIC is offered as an added-value to all Turnberry policyholders upon request.



The cover ensures end-to-end emergency assistance by air, land or sea. Notification of travel must be given to Turnberry on 0861 000 509 at least 48 hours prior to departure, during the hours 08h00 to 16h00 Monday to Friday (excluding public holidays). You will then be issued with a travel certificate.

Benefits and Conditions

- 90 days cover per trip
- No limit on the number of times a person travels per annum
- R5 000 000 medical expenses cover
- No excess for in-hospital cost
- Evacuation and repatriation anywhere in the world
- Medical assistance and advice 24 hours a day, 7 days a week
- No pre-existing conditions covered
- Excess of R350 per claim for persons 0 - 69 years of age and R1 000 excess for persons over the age of 70 years for all out-of-hospital treatment

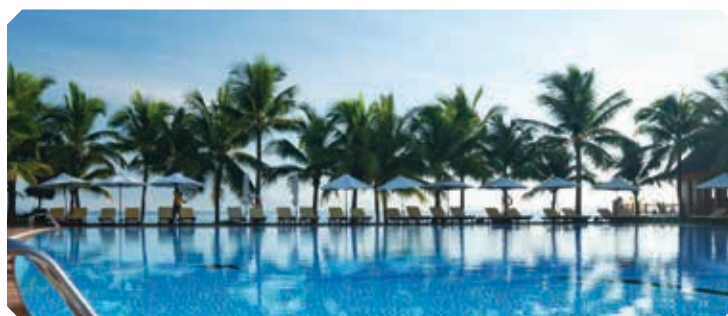
Top Up	Cover
Additional top up cover. The premium applicable is detailed below.	
Additional cover for medical and related expenses	R15 000 000
Medical expenses relating to pre-existing medical conditions	R500 000
Accidental death	R250 000
Accidental permanent and total disablement	R1 000 000
Journey cancellation	R15 000
Journey curtailment	R15 000
Missed connection	R15 000
Replacement airfare	R15 000
Travel delay	R1 000
Personal liability	R2 000 000
Luggage (single item limit of R2 500)	R10 000
Luggage delay	R1 000

Top up cover available to policyholders under the age of 69 years.

PREMIUM FOR TOP-UP COVER

	excl. USA	incl. USA
0-30 Days	R465	R555
31-60 Days	R590	R710
61-90 Days	R705	R845

The above rates are per person travelling.





Contact Turnberry on 0861 000 509 or visit the website www.turnberry.co.za

Turnberry Management Risk Solutions (Pty) Ltd is an authorised Financial Services Provider (FSP no. 36571)

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