



Navigating your
medical expenses

shortfalls

*while you make
memories!*

PRODUCT BROCHURE 2019



CONTENTS

How does it work?	04
Premier	06
Optimal	07
Synergy	08
Launch	09
Biological Cancer Drug Formulary	10
Childbirth Limits	10
Waiting Periods	10
Extended Family	11
How to Claim	11
Comparison of Benefits	12
Exceptions	14
Travel Assist	15

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 Health and Accident Insurance, Travel Insurance and Funeral Cover. Turnberry Health and Accident Insurance products are available to clients on all open Medical Schemes and most closed schemes, but are independently provided and are therefore transferable in the event of a change in the client's Medical Scheme.



WHY CHOOSE TURNBERRY

We offer
DIFFERENT PRODUCTS
to suit a range of
DIVERSE NEEDS

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

We offer
unsurpassed
SERVICE EXCELLENCE

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)

CONTACT US

Telephone: 0861 000 509

Fax: 0861 000 508

Physical Address: 4 Osborne Lane, Bedfordview, 2007

Postal: Private Bag X2, Gardenview, 2047

E-mail:

New Business: newbusiness@turnberry.co.za

Policy alterations: admin@turnberry.co.za

Premiums: debtors@turnberry.co.za

Brokers: lizellel@turnberry.co.za

Claims1: claims@turnberry.co.za

Claims2: claims1@turnberry.co.za

Travel Insurance: lizellel@turnberry.co.za

Website: www.turnberry.co.za

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.

HOW DOES IT WORK?

HOW DOES MEDICAL EXPENSE SHORTFALL COVER WORK?

A Medical Expense Shortfall is the difference between what medical service providers (e.g. Doctors, basic and specialised Radiology, Pathology, Specialists) charge and what Medical Schemes pay for the treatment performed in hospitals and day clinics, provided that it is paid from the Hospital Benefit of your Medical Scheme.

Medical Expense Shortfall Cover will boost your Medical Aid rate, helping you with this shortfall!

Below is an example of a claim for a Hip replacement

Premier	600%
Optimal	500%
Synergy	500%
Launch	350%

MEDICAL SERVICE PROVIDER	AMOUNT CHARGED BY THE MEDICAL SERVICE PROVIDER	AMOUNT PAID BY MEDICAL SCHEME	AMOUNT PAID BY TURNBERRY
Surgeon	R17 053	R6 021	11032
Anaesthetist	R8 256	R 2 402	R5854
		Total Paid by Turnberry	16 886

HOW DOES CO-PAYMENT COVER WORK?

A co-payment or deductible is an upfront amount that needs to be paid to the hospital/day clinic/radiologist before undergoing certain procedures, as specified by your Medical Scheme.

When you experience a co-payment for a procedure or scan (as specified by your Medical Scheme) you would need to pay for the co-payment up-front and then claim the amount back from your Turnberry Policy (provided that the plan you selected offers a co-payment benefit.) If your Medical Scheme pays for co-payments from your day-to-day benefits you may still claim the amount back from your Turnberry Policy.

Premier	✓
Optimal	✓
Synergy	✓
Launch	✗

HOW DOES NON-DSP HOSPITAL PENALTY COVER WORK?

Should you choose to go to a hospital or day clinic outside of your Medical Scheme's Hospital Network/Designated Service Providers, you would be liable for a portion of the account, as specified by your Medical Scheme.

Example: Johnny's Medical Scheme stipulates that he needs to go to hospital X, if he chooses to go to another hospital he would need to pay the first R8 000 of the hospital account. Johnny chooses to go to hospital Y and pays the R8 000 and then claims it back from his Turnberry Premier Policy.

Premier	✓
Optimal	✗
Synergy	✓
Launch	✗

HOW DOES SUB-LIMIT COVER WORK?

When a Medical Scheme will only pay for a certain procedure, prosthetic device or scan up to a specified limit, this is a sub-limit.

Example: Joe gets admitted to hospital for a hip replacement. After the procedure he notices that the cost of the prosthetic hip was R60 000, but his Medical Scheme only paid R50 000 towards the prosthetic hip, leaving him liable for R10 000. Luckily for Joe, he has a Turnberry Policy that offers sub-limit cover of R30 000 per admission. Therefore Joe can submit the account to Turnberry to pay the R10 000 difference from his Turnberry Policy.

Premier	✓
Optimal	✓
Synergy	✓
Launch	✗

HOW DOES TRADITIONAL CANCER TREATMENT COVER WORK?

If you have depleted your cancer benefit on your Medical Scheme, you may become liable for co-payments or the full cost of any further cancer treatment, as specified by your Medical Scheme.

Example 1: Kathy has finished her R250 000 cancer benefit available to her on her Medical Scheme and now she is liable for the full cost of her cancer treatment. Kathy still needs to undergo chemotherapy sessions. Luckily, she has a Turnberry Premier Policy and she can submit the costs of her further chemotherapy sessions to Turnberry.

Example 2: Deon has finished his R250 000 cancer benefit available to him on his Medical Scheme and still needs to undergo chemotherapy. His Medical Scheme will pay for 80% of the account for his chemotherapy. Deon is glad he listened to his Financial Advisor and took out a Turnberry Optimal Policy, now he can submit the account to Turnberry.

Premier	✓
Optimal	20% co-payment
Synergy	✗
Launch	✗

HOW DOES BIOLOGICAL CANCER DRUG COVER WORK?

When you require treatment with Biological Cancer Drugs your Medical Scheme may only pay for them up to a certain limit.

Example: John's Medical Scheme paid for the Biological Cancer Drugs he required up to a limit; thereafter he was liable for the full cost of his Biological Cancer Drugs. John was grateful that he took out a Turnberry Premier Policy and he submitted the rest of the account for his Biological Cancer Drugs to Turnberry!

Premier	✓
Optimal	✓
Synergy	✗
Launch	✗

PREMIER

Monthly premium: R382 per family for under 65yrs

Monthly premium: R535 per family for 65yrs+

Offering complete peace of mind, this is a comprehensive combination product with multiple benefits built into one Policy. It provides cancer benefits and significantly enhances your Medical Scheme cover.



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

IN-HOSPITAL BENEFITS

MEDICAL EXPENSE SHORTFALL COVER	Increases the Medical Aid rate up to 600%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, etc.). Subject to the Overall Annual Limit
CO-PAYMENT COVER	Subject to the Overall Annual Limit
NON-DSP HOSPITAL PENALTY COVER	R10 000 per admission. Limited to 1 claim per family per annum. Subject to the Overall Annual Limit
SUB-LIMIT COVER	R30 000 per admission per insured. Subject to the Overall Annual Limit

IN-HOSPITAL AND OUT-OF-HOSPITAL BENEFITS

TRADITIONAL CANCER COVER	Pays for treatment in a private facility, including sub-limits, deductibles or co-payments related to cancer treatment. (R100 000 excess). Subject to the Overall Annual Limit
BIOLOGICAL CANCER DRUG COVER	Provides cover for Biological Cancer Drugs when the Medical Scheme imposes a sub-limit. Subject to the formulary (see pg 10) and the Overall Annual Limit

OUT-OF-HOSPITAL BENEFITS

CO-PAYMENTS FOR MRI, CT AND PET SCANS	Subject to the Overall Annual Limit
SUB-LIMIT COVER FOR MRI, CT AND PET SCANS	R30 000 per admission per insured. Subject to the Overall Annual Limit
CASUALTY BENEFIT (ACCIDENTS ONLY)	R13 000 per event per insured. Subject to the Overall Annual Limit

ADDED BENEFITS

CANCER DIAGNOSIS BENEFIT	Once off payment of R25 000 for first diagnosis of cancer, provided that the insured is on an approved oncology treatment plan
MEDICAL SCHEME CONTRIBUTION WAIVER	Up to R6 000 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer
GAP PREMIUM WAIVER	Pays the premium for your Premier Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer
PERSONAL ACCIDENT BENEFIT	R25 000 per insured on the Policy, in the event of accidental death or permanent and total disability
CRITICAL ILLNESS BENEFIT	R10 000 per insured on the Policy in the event of death due to a critical illness
INTERNATIONAL TRAVEL COVER	R5 000 000 per insured

FOR CHILDBIRTH LIMITS AND WAITING PERIODS PLEASE REFER TO PAGE 10

OPTIMAL

Monthly premium: R285 per family for under 65yrs
 Monthly premium: R405 per family for 65yrs+

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



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

IN-HOSPITAL BENEFITS

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	Subject to the Overall Annual Limit
SUB-LIMIT COVER	R20 000 per admission per insured. Limited to R50 000 per family per annum. Subject to the Overall Annual Limit

IN-HOSPITAL AND OUT-OF-HOSPITAL BENEFITS

TRADITIONAL CANCER COVER	Co-payment cover for traditional cancer treatment limited to 20% per admission. Subject to the Overall Annual Limit (R100 000 excess)
BIOLOGICAL CANCER DRUG COVER	Provides cover for Biological Cancer Drugs when the Medical Scheme imposes a sub-limit. Subject to the formulary (see pg 10) and the Overall Annual Limit

OUT-OF-HOSPITAL BENEFITS

CO-PAYMENTS FOR MRI, CT AND PET SCANS	Subject to the Overall Annual Limit
CASUALTY BENEFIT (ACCIDENTS ONLY)	R8 000 per event per insured. Subject to the Overall Annual Limit

ADDED BENEFITS

MEDICAL SCHEME CONTRIBUTION WAIVER	Up to R6 000 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer
GAP PREMIUM WAIVER	Pays the premium for your Optimal Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer
PERSONAL ACCIDENT BENEFIT	R10 000 per insured on the Policy, in the event of accidental death or permanent and total disability
CRITICAL ILLNESS BENEFIT	R7 500 per insured on the Policy in the event of death due to a critical illness
INTERNATIONAL TRAVEL COVER	R5 000 000 per insured

FOR CHILDBIRTH LIMITS AND WAITING PERIODS PLEASE REFER TO PAGE 10

SYNERGY

Monthly premium: R233 per family for under 65yrs
 Monthly premium: R330 per family for 65yrs+

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



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

IN-HOSPITAL BENEFITS

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	Subject to the Overall Annual Limit
NON-DSP HOSPITAL PENALTY COVER	R6 000 per admission. Limited to 1 claim per family per annum. Subject to the Overall Annual Limit
SUB-LIMIT COVER	R20 000 per admission per insured. Limited to R50 000 per family per annum, subject to the Overall Annual Limit

OUT-OF-HOSPITAL BENEFITS

CO-PAYMENTS FOR MRI, CT AND PET SCANS	Subject to the Overall Annual Limit
CASUALTY BENEFIT (ACCIDENTS ONLY)	R7 500 per event per insured. Subject to the Overall Annual Limit

ADDED BENEFITS

MEDICAL SCHEME CONTRIBUTION WAIVER	Up to R6 000 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer
GAP PREMIUM WAIVER	Pays the premium for your Synergy Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer
PERSONAL ACCIDENT BENEFIT	R7 500 per insured on the Policy, in the event of accidental death or permanent and total disability
INTERNATIONAL TRAVEL COVER	R5 000 000 per insured

FOR CHILDBIRTH LIMITS AND WAITING PERIODS PLEASE REFER TO PAGE 10

LAUNCH

Monthly premium: R110 per family for under 65yrs
Monthly premium: R196 per family for 65yrs+

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



R350
excess
per event

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

IN-HOSPITAL BENEFITS

MEDICAL EXPENSE SHORTFALL COVER

Increases the Medical Aid rate up to 350%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, etc.). Subject to the Overall Annual Limit and an excess of R350 per event

IN-HOSPITAL AND OUT-OF- HOSPITAL BENEFITS

CASUALTY BENEFIT (ACCIDENTS ONLY)

R4 000 per event per insured. Subject to the Overall Annual Limit and an excess of R350 per event

ADDED BENEFITS

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R6 000 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer

GAP PREMIUM WAIVER

Pays the premium for your Launch Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer

INTERNATIONAL TRAVEL COVER

R5 000 000 per insured

FOR CHILDBIRTH LIMITS AND WAITING PERIODS PLEASE REFER TO PAGE 10



FORMULARY CHILDBIRTH LIMITS WAITING PERIODS



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 DRUGS

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
Erbix
Sutent
Fludara
Mabthera

CHILDBIRTH LIMITS

Treatment date of the claims is within:	Benefits for childbirth will be capped at:
First 12 months of the Policy	R8 000 per event
13-24 months of the Policy	R12 000 per event
25+ months of the Policy	Subject to the Overall Annual Limit of the Policy

WAITING PERIODS

- A 3-month general waiting period applies to all benefits, with exception of benefits providing cover up to 600% should the commencement of the Policy be in line with the commencement date of the Medical Scheme. Accidents will be covered within the 3 month general waiting period
- A 10-month waiting period on pregnancy/childbirth
- A 12-month waiting period on / investigations, treatment or surgery for: hysterectomy (except where malignancy can be proven), hysteroscopies, endometriosis, ovarian cysts and fibroids (myomectomy), muscular-skeletal, tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth, hernia, cataracts, gastroscopies, colonoscopies, cancer, nasal and sinus

EXTENDED FAMILY COVER



The "Family" means the Principal Insured person and the 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 extended family or an additional dependent registered on your Medical Scheme and they do not qualify in terms of our definition of a "Family" as per the definition above, you may add them onto your Policy. The cost per each additional extended family member or dependant is detailed below.

Product	Ages 26 - 64 (incl) Rate Per Person	Ages 65 - 79 (incl) Rate Per Person	Ages 80+ Rate Per Person
Premier	R105	R334	R425
Optimal	R96	R268	R343
Synergy	R93	R266	R340
Launch	R24	R41	R64

EASY TO CLAIM

- Please submit the following documents in order for Turnberry to process your claim:**
 - Turnberry claim form
 - Medical Scheme statement for the Medical Service Provider you are claiming for
 - Medical Service Providers Invoices
 - Hospital account
- Claims can be submitted via email to claims@turnberry.co.za or faxed to 086 500 7532 or 086 673 4224**
- Claim will be assessed in terms of the benefits provided by the selected Policy**
- Should we require any further documentation, an email will be sent to you and your broker advising you of the outstanding requirements**
- 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 required documents 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 to avoid your claim prescribing.

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

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

COMPARISON OF BENEFITS

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

PREMIER

R382 per family for under 65yrs
R535 per family for 65yrs+

IN-HOSPITAL BENEFITS

PRIVATE RATE COVER	Increases the Medical Aid rate up to 600%. Subject to OAL
CO-PAYMENT COVER	Subject to OAL
NON-DSP HOSPITAL PENALTY COVER	R10 000 per admission. Limited to 1 claim per family per annum, subject to the OAL
SUB-LIMIT COVER	R30 000 per admission per insured. Subject to OAL

IN-HOSPITAL AND OUT-OF-HOSPITAL BENEFITS

TRADITIONAL CANCER COVER	Pays for treatment in a private facility, including sub-limits, deductibles or co-payments related to cancer treatment (R100 000 excess). Subject to OAL.
BIOLOGICAL CANCER DRUG COVER	Provides cover for Biological Cancer Drugs when the Medical Scheme imposes a sub-limit. Subject to OAL

OUT-OF-HOSPITAL BENEFITS

CO-PAYMENTS FOR MRI, CT AND PET SCANS	Subject to OAL
SUB-LIMIT COVER FOR MRI, CT AND PET SCANS	R30 000 per admission per insured. Subject to OAL
CASUALTY BENEFIT (ACCIDENTS ONLY)	R13 000 per event per insured. Subject to OAL

CANCER DIAGNOSIS BENEFIT

Once off payment of R25 000 for first diagnosis of cancer, provided that the member is on an approved oncology treatment plan

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R6 000 per month for 6 months, covers death or permanent and total disability (due to an accident), of the Medical Scheme contribution payer

ADDED BENEFITS

GAP PREMIUM WAIVER

Pays the premium for your Premier Policy for 12 months; covers death or permanent and total disability as a result of an accident, of the contribution payer

PERSONAL ACCIDENT BENEFIT

R25 000 per insured on the Policy, covers accidental death or permanent and total disability

CRITICAL ILLNESS BENEFIT

R10 000 per insured on the Policy in the event of death due to a critical illness

INTERNATIONAL TRAVEL COVER

R5 000 000 per insured

OPTIMAL <i>R285 per family for under 65yrs</i> <i>R405 per family for 65yrs+</i>	SYNERGY <i>R233 per family for under 65yrs</i> <i>R330 per family for 65yrs+</i>	LAUNCH <i>R110 per family for under 65yrs</i> <i>R196 per family for 65yrs+</i>
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 350%. Subject to OAL and an excess of R350 per event
Subject to OAL	Subject to OAL	-
-	R6 000 per admission. Limited to 1 claim per family per annum, subject to the OAL	-
R20 000 per admission per insured. Limited to R50 000 per family per annum, subject to OAL	R20 000 per admission per insured. Limited to R50 000 per family per annum, subject to OAL	-
20% co-payment cover per admission (R100 000 excess). Subject to OAL	-	-
Provides cover for Biological Cancer Drugs when the Medical Scheme imposes a sub-limit. Subject to OAL	-	-
Subject to OAL	Subject to OAL	-
-	-	-
R8 000 per event per insured. Subject to OAL	R7 500 per event per insured. Subject to OAL	R4 000 per event per insured. Subject to OAL and an excess of R350 per event
-	-	-
Up to R6 000 per month for 6 months, covers death or permanent and total disability (due to an accident), of the Medical Scheme contribution payer	Up to R6 000 per month for 6 months, covers death or permanent and total disability (due to an accident), of the Medical Scheme contribution payer	Up to R6 000 per month for 6 months, covers death or permanent and total disability (due to an accident), of the Medical Scheme contribution payer
Pays the premium for your Optimal Policy for 12 months; covers death or permanent and total disability as a result of an accident, of the contribution payer	Pays the premium for your Synergy Policy for 12 months; covers death or permanent and total disability as a result of an accident, of the contribution payer	Pays the premium for your Launch Policy for 12 months; covers death or permanent and total disability as a result of an accident, of the contribution payer
R10 000 per insured on the Policy, in the event of accidental death or permanent and total disability	R7 500 per insured on the Policy, in the event of accidental death or permanent and total disability	-
R7 500 per insured on the Policy in the event of death due to a critical illness		
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 Scheme, 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 (this is not applicable to the Non-DSP Hospital Penalty Cover on Premier and Synergy) or any condition set by the Insured's Medical 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 Scheme (including split billing) or if the Medical Scheme pays less than tariff for benefits associated with costs incurred above Medical Aid rate;
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, OPTIMAL AND SYNERGY OPTIONS
21. Psychiatric conditions including but not limited to depression, insanity, mental and or stress related conditions for co-payments and sub-limits;
22. Co-payments and Sub-limits are covered for dentistry except for investigations, treatment or surgery related to dental implants. No benefit is payable while an Insured person is within a waiting period;
23. Benefit 1 (Private Rate Cover) for dentistry is limited to impacted wisdom teeth and/or reconstructive surgery as a result of an accident while on the Policy. No benefit is payable while an Insured person is within a waiting period.

ADDITIONAL EXCEPTIONS APPLICABLE TO LAUNCH OPTION
24. The first R350 per event will be the liability of the Principal Insured Person.

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

ADDITIONAL TOP UP

COVER

Additional cover for medical and related expenses	R15 000 000
Medical expenses relating to pre-existing medical conditions	R750 000
Accidental death	R250 000
Accidental permanent and total disablement	R1 000 000
International journey cancellation	R15 000 (R500 excess)
International journey curtailment	R15 000 (R500 excess)
International journey extension	R15 000 (R500 excess)
Missed connection	R15 000 (R500 excess)
Replacement airfare	R15 000 (R500 excess)
Travel delay	R2 000 (minimum of 6hrs)
Personal liability	R2 000 000
Luggage (single item limit of R3 750)	R15 000 (R350 excess)
Luggage delay	R2 000 (minimum of 6hrs)

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

TOP UP COVER PREMIUM

	excl.USA	incl.USA
0-30 DAYS	R530	R635
31-60 DAYS	R670	R810
61-90 DAYS	R800	R970

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)

© 2018 Turnberry Management Risk Solutions all rights reserved.