

Product Brochure 2022

Navigating the way



INSURER



LOMBARD
(FSP no.1596)

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NAVIGATING THE WAY

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

You navigate through your life creating experiences.

During the tough times, you need a partner that will be by your side navigating you to safety. This is why the iconic watchful Turnberry Lighthouse, situated on the point of the Turnberry Golf Course, Scotland; rises out of the darkness to carefully guide vessels to safety, inspired us. Much like its steady and constant beam of light that shows ships their safe passage away from danger, our products aim to help our clients journey through life by helping them deal with medical expense shortfalls and co-payments that usually arise when you or one of your dependants is hospitalised.

Turnberry navigates the way through medical expense shortfalls, allowing you to create experiences in life.

You have a partner. **Turnberry. Navigating the way.**

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.

OUR PARTNERS

Lombard Insurance Company Limited
Travel Insurance Consultants (TIC)
a division of Santam Limited

(Insurer of short term insurance products)
(Insurer of travel insurance)

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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.

WHAT IS GAP COVER?

Medical Expense shortfalls are a reality. Don't be burdened with unexpected medical fees when your doctor charges more than the medical aid rate for in-hospital treatment, or the hospital charges co-payments for operations.

Over the past few years, medical inflation has outstripped the inflation of Medical Aid premiums, resulting in year on year increases in medical expenses shortfalls and co-payments. Gap Cover providers are now paying out more than medical aids in certain instances. Moreover, Gap Cover is an essential component of any financial portfolio to protect you against potentially crippling medical expense shortfalls. The situation is only going to worsen, which means you simply cannot afford to be without Gap Cover anymore.

Further compounding the problem, there is an increasing disparity between what providers charge and what medical aids will pay. These factors together could easily result in a scenario where you will have to pay a sizeable co-payment, a non-network provider penalty, and then further medical expense shortfalls on top of medical aid rates. The cost of medical procedures these days means that these additional expenses could add up to significant sums that you will be liable for out of pocket if you do not have Gap Cover in place.

As Medical Aids are under constant pressure to balance benefits with affordable contributions, they have had to resort to creative strategies to attempt to maximise coverage. This means that co-payments now exist where previously there were none, including on procedures at doctors' offices and not just at hospitals for certain procedures. In addition, members are now being restricted to using certain providers at certain networks, with penalties applied if patients go outside of these networks.

The vast majority of claims we see result from providers charging more than the medical aid rate, with co-payments and non-network hospital charges also forming significant percentages of claims. The reality is that medical expense shortfalls are not only something that the frail or ill need to consider. Often, it is the unforeseen that can result in the most significant medical expense shortfalls. With the cost of everything going up, out of pocket medical expense shortfalls can cripple you. Gap Cover is a necessity to protect your financial future and wellbeing.

NAVIGATING THE WAY



Spontaneous Vertex Delivery (Natural Birth)

Provider:
Gynaecologist
Amount Charged:
R24 750.00
Amount Paid by Medical Aid:
R4 171.00

Amount Paid by Turnberry:
R20 578.30



Malignant neoplasm of prostate

Provider:
Anaesthetist
Amount Charged:
R5 184.02
Amount Paid by Medical Aid:
R2 625.00

Amount Paid by Turnberry:
R2 599.02

Provider:
Urologist
Amount Charged:
R45 340.20
Amount Paid by Medical Aid:
R15 113.40

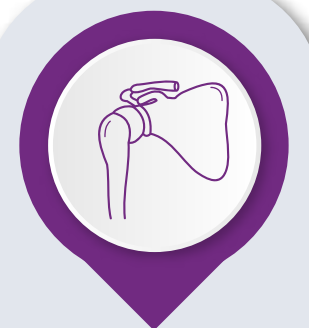
Amount Paid by Turnberry:
R27 500



Malignant neoplasm of spinal cord

Provider:
Orthopaedic Surgeon
Amount Charged:
R90 839.82
Amount Paid by Medical Aid:
R29 952.00

Amount Paid by Turnberry:
R59 634.82



Dislocation of shoulder joint

Provider:
Hospital Co-payment
Amount Charged:
R3 850
Hospital Co-payment Levied by Medical Aid:
R3 850

Amount Paid by Turnberry:
R3 850

Provider:
Orthopaedic Surgeon
Amount Charged:
R 42 215.80
Amount Paid by Medical Aid:
R10 622.51

Amount Paid by Turnberry:
R31 593.29



Delivery by caesarean section

Provider:
Gynaecologist
Amount Charged:
R36 000.00
Amount Paid by Medical Aid:
R9 141.90

Amount Paid by Turnberry:
R26 858.10



Unstable Angina

Amount Charged:
R157 216.00
Amount Paid by Medical Aid:
R59 800.00

Amount Paid by Turnberry:
R59 981.00



Lumbar and other intervertebral disc disorders with radiculopathy

Amount Charged:
R175 967.00
Amount Paid by Medical Aid:
R58 656.00

Amount Paid by Turnberry:
R111 446.00



Acute Ischaemic Heart Disease

Amount Charged:
R141 862.00
Amount Paid by Medical Aid:
R51 681

Amount Paid by Turnberry:
R83 867.00

Over the past 7 years of having Gap Cover, you cannot put a price on the peace of mind that I have that in the event of any medical emergencies, my spouse and I will be covered by an Insurance Company that has proven to be reliable and dependable. In this country where private health care is essential due to the public health system not being on par, taking out GAP cover is a non-negotiable in my opinion! Turnberry's services are absolutely excellent. I have never had any issues and my claims have always been attended to with the upmost efficiency. Turnberry is an Insurance Company where I have felt that the customer is put first and their approach is always one of "how can we help you". Thank you Turnberry.

Turnberry was efficient, covered the shortfall of my daughter's operation 100%. The payment was prompt and hassle-free, and I recommend the product to everybody, it's a no-brainer. Thank you, Turnberry.

Turnberry's gap cover insurance paid for the birth of my son by covering the extra costs that my medical aid would not. Their products are affordable and they offer great service. Great investment to cover shortfalls from medical aid. Support when claiming is excellent – quick and efficient and they went above and beyond to keep me updated of the status and give me guidance on claims.

There were gap costs vs medical aid cover post the birth of our second child at a private hospital, and this gap amount was fully recovered. It is essential to have gap cover as private medical aids only pay up to a certain rate and have certain limits / exceptions. Turnberry's claim division has very strong communication and a slick claims process. I was very happy with the service and the result, as well as the speed of refund.

I needed an emergency heart bypass operation, and having Gap Cover, at least put my mind at rest with regards to the financial side of things. The medical aid finally only covered 78% of my bill, and Turnberry took care of the difference. From a quick response to when the claim was lodged, to interacting with the medical aid and doctors, to finally settling the claim. A medical aid without Gap Cover puts you at significant financial risk. To me it is non-negotiable. I would rate Turnberry's services as excellent.



I wanted to write to you to thank you formerly for your incredibly, refreshing service excellence and your commitment to your customers. I will endeavour to give your company and your brand as much positive recommendation on social platforms that I can and felt it was crucial that I write to you to let you know that I will be a customer of Turnberry for life and I truly thank you for honouring your commitment to us. We appreciate your service excellence. I am very proud to be a client of Turnberry. Thank you once again for your phenomenal service.

Young parents Monique and Hein were distraught when their newborn daughter Amelie was diagnosed with hyperostosis of the skull, a rare condition which causes thickening of the skull. Amelie underwent extremely complex surgery, under the care of a neurosurgeon and an ENT surgeon, which attracted a shortfall of R110 448.13. As Turnberry members, this amount was covered by Turnberry, and Monique and Hein were able to focus on Baby Amelie, with the peace-of-mind that they wouldn't have to worry about any medical expense shortfalls.



Mountain biking enthusiast and Turnberry member, Mr Rocher, suffered an unfortunate accident on a particularly tricky trail. MRIs and other tests showed severe cracks in his C7 vertebrae and damage to the surrounding nerves - so he was then referred to a neurosurgeon for urgent surgery on his cervical spine. With his Medical Aid implementing co-payments and other restrictions on his cover, the total medical expense shortfall was R54 470 (covered by Turnberry). In situations like this, when surgery was so badly needed, we don't even want to think about the consequences of not having Gap Cover. Mr Rocher would have had to foot the bill in cash, enter into payment agreements with the service providers, or perhaps dig into retirement finances.

Lisa, a breast cancer survivor and Turnberry member says, "during a very stressful and emotional time - with all the procedures and the uncertainty of what was happening to me and what my future held - the one thing I knew was that the hospital bills would be paid without any stress of me having to find the extra to cover the shortfall. Whatever you do", she says, "make sure you have Gap Cover. Nobody can afford not to take it out! When the time comes, you will be extremely grateful that you did."



Please contact your Financial Advisor or Turnberry and get peace of mind for you and your family.

HOW DOES IT WORK?

Co-payment Cover

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 cover.) 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	Med-Extend
✓	✓	✓	✗	✗

Medical Expense Shortfall Cover

A Medical Expense Shortfall is the difference between what medical service providers (e.g. Doctors, basic and specialised Radiology, Pathology, Specialists, Consumables) 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 medical expense shortfall!

Below is an example of a claim for a Hip replacement:

Medical service provider	Amount charged by the medical service provider	Amount paid by medical scheme	Amount paid by Turnberry
Surgeon	R17 053	R 6 021	R 11 032
Anaesthetist	R 8 256	R 2 402	R5 854
		Total Paid by Turnberry	R 16 886

Non-DSP Hospital Cover

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	Med-Extend
✓	✓	✓	✗	✗

Premier	Optimal	Synergy	Launch	Med-Extend
= 600%	= 500%	= 500%	= 350%	= 300%

NAVIGATING THE WAY

Sub-limit Cover

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	Med-Extend
✓	✓	✓	✗	✗

Biological Cancer Drug Cover

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	Med-Extend
✓	✓	✗	✗	✗

Traditional Cancer Cover

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	Synergy	Launch	Med-Extend
✓	20% co-payment	✗	✗	✗

PREMIER

Monthly premium: R487 per family for under 65yrs
Monthly premium: R699 per family for 65yrs+

In-hospital benefits

MEDICAL EXPENSE SHORTFALL COVER

Increases the Medical Aid rate up to 600% (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, Consumables, etc.). Subject to the Overall Annual Limit

CO-PAYMENT COVER

Subject to the Overall Annual Limit

NON-DSP HOSPITAL PENALTY COVER

R13 000 per admission. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R35 000 per admission per insured. Subject to the Overall Annual Limit

TRAUMA RECOVERY COVER

Provides cover for when the Medical Scheme has imposed a sub-limit on a step-down facility for physical rehabilitation as a result of an accident which occurred while on the Policy. Limited to R2 500 per admission per insured and R10 000 per family per annum. Subject to the Overall Annual Limit

In-hospital dental cover

MEDICAL EXPENSE SHORTFALL COVER

Increases the medical aid rate up to 600% for impacted wisdom teeth, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

SUB-LIMIT COVER

R30 000 per admission per insured for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

CO-PAYMENT COVER

Subject to the Overall Annual Limit

Out-of-hospital benefits

CO-PAYMENTS FOR MRI, CT AND PET SCANS

Subject to the Overall Annual Limit

CO-PAYMENTS FOR SCOPES

R3 500 per event. Limited to 2 claims per insured per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER FOR MRI, CT AND PET SCANS

R35 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

R14 500 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R3 000 per event. Limited to 3 claims per family per annum. Subject to the Overall Annual Limit. Treatment is restricted to between the hours of 6pm – 6am Mondays – Fridays, Saturdays, Sundays and Public Holidays

Overall Annual Limit (OAL) is
R177 800* per insured per annum

*Please note that the OAL will increase on 1 April 2022 when gazetted

SUB-LIMIT AND CO-PAYMENT COVER FOR DENTAL IMPLANTS

Covers the cost of dental implants for reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Limited to R50 000 per family per annum. Subject to the Overall Annual Limit

BASIC DENTAL MEDICAL EXPENSE SHORTFALL COVER FOR CHILDREN

Increases the Medical Aid rate up to 600% for basic dentistry for children up to and including 12 years old. Limited to R 3 000 per policy per annum. 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. 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 11) and the Overall Annual Limit

INNOVATIVE CANCER DRUG COVER

Innovative Cancer Drug Cover: Provide cover for new innovative cancer drugs. Limited to R10 000 per claim. Subject to the Overall Annual Limit

MRI AND CT SCAN COVER

Provides cover for MRI and CT scans when there is no benefit available on your Medical Scheme. Limited to R6 000 per event and 2 claims per family per annum. Subject to the Overall Annual Limit

For waiting periods
please refer to page 11

TRAUMA CARE COVER

Covers the cost of trauma counselling consultations with a registered healthcare provider after a member has been diagnosed with a critical illness, a victim of a violent crime or experienced the death of an immediate family member. Limited to R1 500 per consultation and R8 000 per family per annum. Subject to the Overall Annual Limit

BREAST CANCER PREVENTION COVER

Increases the Medical Aid rate up to 600% for a Prophylactic Mastectomy. Subject to clinical entry criteria and the OAL

BREAST CANCER RECONSTRUCTION COVER

Increases the Medical Aid rate up to 600% for a breast reconstruction post mastectomy due to cancer for the affected breast. Reconstruction of the unaffected breast for the purposes of symmetry, when there is no benefit on the Insured person's Medical Scheme is limited to R20 000 per insured person, per lifetime. Subject to the OAL

Added benefits

CANCER DIAGNOSIS BENEFIT

Once off payment for first diagnosis of Cancer based on the stage at time of diagnosis:

Stage 1	R5 000	Stage 2	R15 000
Stage 3	R20 000	Stage 4	R25 000

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 of 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

R30 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 (excludes cancer)

INTERNATIONAL TRAVEL COVER

R5 million per insured (notification of travel required 48 hrs prior to departure)

**Premier is
the umbrella**
sheltering your entire family. It
offers a vast range of benefits
to cater for unforeseen
medical expense shortfalls
and provides comprehensive
cancer benefits.

OPTIMAL

Monthly premium: R365 per family for under 65yrs

Monthly premium: R537 per family for 65yrs+

In-hospital benefits

MEDICAL EXPENSE SHORTFALL COVER

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

CO-PAYMENT COVER

Subject to 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

R25 000 per admission per insured. Limited to R60 000 per family per annum. Subject to the Overall Annual Limit

Overall Annual Limit (OAL) is
R177 800 per insured per annum

In-hospital dental cover

MEDICAL EXPENSE SHORTFALL COVER

Increases the medical aid rate up to 500% for impacted wisdom teeth, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

SUB-LIMIT COVER

R20 000 per admission and R50 000 per family per annum for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

CO-PAYMENT COVER

Subject to the Overall Annual Limit

Out-of-hospital benefits

CO-PAYMENTS FOR MRI, CT AND PET SCANS

Subject to the Overall Annual Limit

CO-PAYMENTS FOR SCOPES

R3 500 per event. Limited to 2 claims per insured per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER FOR MRI, CT AND PET SCANS

R25 000 per event per insured. Limited to R60 000 per family per annum. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

RR9 500 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R3 000 per event. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit. Treatment is restricted to between the hours of 6pm – 6am Mondays – Fridays, Saturdays, Sundays and Public Holidays

SUB-LIMIT AND CO-PAYMENT COVER FOR DENTAL IMPLANTS

Covers the cost of dental implants for reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Limited to R20 000 per admission and R50 000 per family per annum. Subject to the Overall Annual Limit

BASIC DENTAL MEDICAL EXPENSE SHORTFALL COVER FOR CHILDREN

Increases the Medical Aid rate up to 500% for basic dentistry for children up to and including 12 years old. Limited to R 2 000 per policy per annum. Subject to the Overall Annual Limit

For waiting periods please refer to page 11

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

BIOLOGICAL CANCER DRUG COVER

Provides cover for Biological Cancer Drugs when the Medical Scheme imposes a sub-limit. Subject to the formulary (see pg 11) and the Overall Annual Limit

INNOVATIVE CANCER DRUG COVER

Provide cover for new innovative cancer drugs. Limited to R10 000 per claim. Subject to the Overall Annual Limit

MRI AND CT SCAN COVER

Covers the cost of MRI and CT scans when there is no benefit available on your Medical Scheme. Limited to R5 000 per event and 2 claims per family per annum. Subject to the Overall Annual Limit

TRAUMA CARE COVER

Covers the cost of trauma counselling consultations with a registered healthcare provider after a member has been diagnosed with a critical illness, has been a victim of a violent crime or experienced the death of an immediate family member. Limited to R1 500 per consultation and R7 000 per family per annum. Subject to the Overall Annual Limit

BREAST CANCER PREVENTION COVER

Increases the Medical Aid rate up to 500% for a Prophylactic Mastectomy. Subject to clinical entry criteria and the OAL

BREAST CANCER RECONSTRUCTION COVER: Increases the Medical Aid rate up to 500% for a breast reconstruction post mastectomy due to cancer for the affected breast. Reconstruction of the unaffected breast for the purposes of symmetry, when there is no benefit on the Insured person's Medical Scheme is limited to R15 000 per insured person, per lifetime. Subject to the OAL

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 of 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

R15 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 (excludes cancer)

INTERNATIONAL TRAVEL COVER

R5 million per insured (notification of travel required 48 hrs prior to departure)

Optimal provides a broad array of benefits

Enhancing your medical aid by up to 500% of medical aid rates – all at a family-friendly price. By providing cover in the area of oncology, as well as several other value-adds, Optimal has become one of Turnberry's most-popular Gap Cover products.

SYNERGY

Monthly premium: R312 per family for under 65yrs

Monthly premium: R435 per family for 65yrs+

In-hospital benefits

MEDICAL EXPENSE SHORTFALL COVER

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

CO-PAYMENT COVER

Subject to the Overall Annual Limit

NON-DSP HOSPITAL PENALTY COVER

R8 000 per admission. Limited to 1 claim per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R25 000 per admission per insured. Limited to R60 000 per family per annum. Subject to the Overall Annual Limit

Overall Annual Limit (OAL) is
R177 800 per insured per annum

In-hospital and out-of-hospital benefits

MRI AND CT SCAN COVER

Covers the cost of MRI and CT scans when there is no benefit available on your Medical Scheme. Limited to R4 000 per event and 1 claim per family per annum. Subject to the Overall Annual Limit

For waiting periods please refer to page 11

Out-of-hospital benefits

CO-PAYMENTS FOR MRI, CT AND PET SCANS

Subject to the Overall Annual Limit

CO-PAYMENTS FOR SCOPES

R3 500 per event. Limited to 2 claims per insured per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER FOR MRI, CT AND PET SCANS

R25 000 per event per insured. Limited to R60 000 per family per annum. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

R9 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R2 500 per event. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit. Treatment is restricted to between the hours of 6pm – 6am Mondays – Fridays, Saturdays, Sundays and Public Holidays

TRAUMA CARE COVER

Covers the cost of trauma counselling consultations with a registered healthcare provider after a member has been diagnosed with a critical illness, has been a victim of a violent crime or experienced the death of an immediate family member. Limited to R1 500 per consultation and R6 000 per family per annum. 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

R10 000 per insured on the Policy, in the event of accidental death or permanent and total disability

INTERNATIONAL TRAVEL COVER

R5 million per insured (notification of travel required 48 hrs prior to departure)

In-hospital dental cover

MEDICAL EXPENSE SHORTFALL COVER

Increases the medical aid rate up to 500% for impacted wisdom teeth, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

CO-PAYMENT COVER

Subject to the Overall Annual Limit

SUB-LIMIT AND CO-PAYMENT COVER FOR DENTAL IMPLANTS

Covers the cost of dental implants for reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Limited to R20 000 per admission and R50 000 per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R20 000 per admission and R50 000 per family per annum for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

Synergy offers a healthy spectrum of benefits at a very attractive price.

It ensures you and your family are covered for the most common types of claims, covers medical expense shortfalls of up to 500%, and caters for the likes of sub-limits, casualty benefits and co-payments.

MED-EXTEND

Monthly premium: R345 per family for under 65yrs

Monthly premium: R465 per family for 65yrs+

Benefits

IN-HOSPITAL PROCEDURES FUNDED BY YOUR MEDICAL SCHEME

Increases the Medical Aid rate up to 300%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, Consumables, etc.). Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENT AND ILLNESS

R3 000 per policy per annum. The Casualty Benefit for Illness will be restricted to between the hours of 6pm – 6am Mondays – Fridays, Saturdays, Sundays and Public Holidays

DEFINED PROCEDURES EXCLUDED BY YOUR MEDICAL SCHEME

Med-Extend will assist in paying for Defined Procedures that have been excluded by your Medical Scheme up to a specified rand value, as listed below. Subject to the Overall Annual Limit

Defined Procedures	Benefit
Arthroscopic surgery	R65 500
Back or neck surgery	R65 500
Bunion surgery	R17 500
Cochlear implant, auditory brain implant and internal nerve stimulator surgery	R85 500
Dental procedures for impacted teeth for children younger than 18 years	R17 500
Dental procedures for reconstructive surgery required due to an accidental event	R85 500
Functional nasal surgery	R27 500
Joint replacement surgery	R55 500
Knee or shoulder surgery (excl joint replacements and arthroscopic surgery)	R30 500
Non-Cancerous breast conditions	R23 500
Oesophageal reflux and hiatus hernia surgery	R60 500
Removal of varicose veins	R23 500
Skin disorders (including benign growths and lipomas)	R23 500
Endoscopic procedures	R6 000

MedBoost

MedBoost provides a lump sum benefit pay-out when you need to undergo a Defined Procedure and have been claim free for a number of years. The MedBoost pay-out would depend on the number of consecutive claim free years you have had as per the table provided.

Number of claim free years	MedBoost pay-out
3 years	R 3 000
4 years	R4 000
5 years	R5 000
5+ years	R6 000

Overall Annual Limit (OAL) is
R177 800 per insured per annum

Added benefits

INTERNATIONAL TRAVEL COVER

R5 million per insured (notification of travel required 48 hrs prior to departure)

For waiting periods please refer to page 11

Med-Extend has been designed to assist clients with **medical expense shortfalls** for Specialists and with covering Defined Procedures that have been excluded on their specific Medical Scheme option.

LAUNCH

Monthly premium: R144 per family for under 65yrs
Monthly premium: R249 per family for 65yrs+

This launches you into the world of Gap Cover, offering essential benefits and covering medical expense shortfalls for Specialists up to 350% of medical aid rate. Launch is one of the most price-effective Gap Cover solutions on the market.

In-hospital benefits

MEDICAL EXPENSE SHORTFALL COVER

Increases the Medical Aid rate up to 350% (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, Consumables, etc.). Subject to the Overall Annual Limit

Out-of-hospital benefits

CASUALTY BENEFIT FOR ACCIDENTS

R5 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 of 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 million per insured (notification of travel required 48 hrs prior to departure)

For waiting periods please refer to page 11

Overall Annual Limit (OAL) is
R177 800 per insured per annum

In-hospital dental cover

MEDICAL EXPENSE SHORTFALL COVER

Increases the medical aid rate up to 350% for impacted wisdom teeth, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

FORMULARY AND WAITING PERIODS

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.
- A 10-month waiting period on pregnancy/childbirth
- A 12-month waiting period on / investigations, treatment or surgery for:
hysterectomy, hysteroscopies, endometriosis, ovarian cysts and fibroids (myomectomy), muscular-skeletal (except in the event of a motor vehicle collision), tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth, hernia, cataracts, gastroscopies, colonoscopies, cancer, nasal and sinus

Biological Cancer Drugs

The lists below provide the Biological Cancer Drugs covered under Premier and Optimal.

LIST OF DRUGS

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

NAVIGATING THE WAY

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 dependants falling under this definition are included at no additional cost.

If you have extended family or an additional dependant 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	R135	R436	R554
Optimal	R126	R355	R454
Synergy	R125	R351	R448
Launch	R31	R53	R82
Med-Extend	R116	R439	R559

Easy to claim

- 1 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
- 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 required documents are received.

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

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

Please note, all these documents are required with every claim as each document contains relevant information required to process the claim. You have 5 months to provide written notice from the date of treatment of a pending claim. Outstanding documentation needs to be submitted within 90 days from the date, outstanding documentation is requested by Turnberry.

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, Optimal 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. Treatment for the Casualty Illness Benefit when treatment was not received between the hours of 19:00-06:00 Mondays-Fridays, Saturdays, Sundays and Public Holidays;
19. 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
20. Psychiatric conditions including but not limited to depression, insanity, mental and or stress related conditions for co-payments and sub-limits;
21. Co-payments and Sub-limits are covered for dentistry except for investigations, treatment or surgery related to dental implants, except in the event for reconstructive maxillofacial surgery as a result of oral cancer or an accident (which occurred/ was diagnosed while on the Policy) and will be limited to R50 000 per policy per annum. No benefit is payable while an Insured person is within a waiting period;
22. Benefit 1 (Private Rate Cover) for dentistry is limited to impacted wisdom teeth and/or reconstructive maxillofacial 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 EXCEPTION APPLICABLE TO TRAUMA RECOVERY COVER
23. The step down facility must be authorised and paid from the Medical Scheme's Risk Benefit (i.e. not from day to day benefits);
24. For the Defined Procedures listed on the Policy no benefit shall be payable unless the Defined Procedure has been fully declined by the Insured person's Medical Scheme.

TRAVEL ASSIST

International travel cover through TIC is offered as an added-value to 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
- Compassionate emergency visit
- Medical expenses cover for specified sporting activities
- 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 available to Policyholders under the age of 69 years.

Top up cover

	excl. USA	incl. USA
0-30 Days	R560	R660
31 - 60 Days	R750	R900
61 - 90 Days	R900	R1100

The above rates are per person traveling.

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 postponement	R7 500 (R500 excess)
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	R20 000 (R350 excess)
Single item limit	R5 000
Cash and documents	R2 500
Luggage delay	R2 000 (minimum of 6hrs)



INSURER



LOMBARD
(FSP no.1596)

Contact Turnberry on 011 677 9891 or visit the website www.turnberry.co.za
Apply and Get Cover. <https://getcovered.turnberry.co.za/app/1>

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