PRIVATE DAY TO DAY HEALTH INSURANCE

Presenting Flexicare, the affordable solution for your day-to-day medical needs...
WHAT CAN THE FLEXICARE PLAN DO FOR YOU?

We have collaborated with the largest private healthcare Network in South Africa, Prime Cure, to bring you valuable day-to-day private medical care:

NOTE: Flexicare is not a Medical Aid and does not cover hospitalisation, medical specialists or serious medical conditions or procedures. Rather, the plan aims to supply members and their families with affordable access to private day-to-day medical treatment.

HOW THE FLEXICARE PLAN WORKS

Although the Flexicare Plan is not a Medical Aid, registration, benefits and premiums work just like any standard medical insurance product.

- When you need to see a GP or dentist, make an appointment at your nearest Prime Cure healthcare provider (make sure telephonically that they are part of the Network.) All Prime Cure service providers can be found online at www.primecure.co.za
- On the day of your appointment, show your Flexicare membership card to the healthcare provider before the appointment
- The GP or Dentist will submit their claims directly to Prime Cure for payment

The policy provides you with unlimited consultations with Prime Cure GPs and also covers a specific list of treatments from other healthcare providers.

You will not need to pay for approved treatments received from a Prime Cure healthcare professional. However, if you use a provider that is not a part of the Prime Cure Network, or if an unapproved treatment is provided, you will be responsible for 100% of the costs. It is important to always communicate clearly with your healthcare professional and double-check the following prior to treatment:

- That your healthcare professional is a member of the Prime Cure network (meaning that you are covered)
- That they tell you in advance if your treatment or procedure falls outside of your cover
IS THIS PLAN FOR ME?

The Flexicare plan is ideal for people who;

- Do not need hospital cover, or only have a Hospital Plan that does not cover day-to-day benefits
- Are younger and healthier
- Want to provide private cover for day-to-day healthcare needs for you and your family
- Cannot afford a Medical Aid
- Do not mind using the Prime Cure network of healthcare professionals
- Want affordable access to basic primary care cover from private healthcare providers

HOW IS THIS PLAN DIFFERENT FROM A MEDICAL AID?

The Flexicare Plan is NOT a Medical Aid. It is a health insurance product that is provided in terms of the Short-Term Insurance Act.

What that means is that it provides access to day-to-day basic care and chronic medication, through a contracted network of providers (Prime Cure) depending on certain rules and restrictions.

Medical Aids are more expensive and offer comprehensive cover for hospitalisation, major medical interventions and different levels of day-to-day care. Medical Aid benefits are more extensive and the rules governing acceptance, pricing and benefit guarantees are more complicated.

For example, Medical Aids must accept all applicants, subject to certain criteria, while insurance products can refuse cover under certain circumstances. Medical Aids must also charge all members the same premium, regardless of their health status or age (community rating) while insurance products can charge different premiums, based on the applicant’s risk profile.

The Flexicare Plan is NOT a substitute for a Medical Aid. It is a product for people who do not need hospital and major medical cover and cannot afford a Medical Aid. However, families with small children or young individuals do require doctor and dentist visits from time to time and that is what the Flexicare Plan is for.
ADVANTAGES OF SIGNING UP TO THE FLEXICARE PLAN

DIRECT PROVIDER PAYMENT
No hassle. No cash. Easy access.

ACCEPTANCE GUARANTEED
Instant acceptance of all eligible applications

ONLINE APPLICATION
One call and you’re covered

AFFORDABLE
Approximately a quarter of the price of a Medical Aid

LARGEST GP NETWORK
Over 4000 Prime Cure GPs and Dentists are contracted countrywide

WIDEST CHOICE OF PHARMACIES
Clicks / Dis-Chem / MediRite / Several Independents
MAKING THE FLEXICARE PLAN WORK BEST FOR YOU

- Always check the network status of a provider before making an appointment to see them
- Once you know the provider is in the Prime Cure contracted network, make an appointment
- Show your membership card when you get to the practice (before your consultation)
- Remind your provider that you are a Flexicare Plan member and ask them to use approved treatments where possible. This will avoid co-payments and penalties
- Ask your doctor if they dispense medicines. If so, get your medicines from the doctor
- All doctors and pharmacists can easily check if a medicine is included on the approved formulary
- When getting your medicine from a pharmacy remember to ask for the generic equivalent. Generic medicines are identical to the originals and contain the same strength of the same active ingredients.

WHO ADMINISTRATES THE FLEXICARE PLAN?

A&G (Auto & General) is the insurance company that underwrites the product

Kaelo Xelus is the Administrator of the Plan. They process your applications, issue membership cards and policy documents, collect your premiums (on behalf of A&G) and assess and process any claim that you may have. These will be the people who assist with registration and any telephonic queries or complaints that you might have.

Jenus is an independent financial services provider. They give advice and ongoing intermediary services. They also perform a non-intermediated binder role by issuing the policy in terms of the guidelines agreed with the Insurers.
MEDICAL EXPENSES
## SUMMARY OF SERVICES AND BENEFITS

### SERVICES OFFERED

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>DESCRIPTION</th>
<th>FLEXICARE</th>
<th>FLEXICARE+</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP Consultations</td>
<td>Network GPs only. 100% of cost</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Acute Medicine</td>
<td>100% of cost – as per the formulary</td>
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<td>✔️</td>
</tr>
<tr>
<td>Maternity</td>
<td>2 sonar scans per pregnancy</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>OTC Medicine</td>
<td>Up to R80/script – max R240 pbpa</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Chronic Medicine</td>
<td>100% of cost – as per the formulary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Medication</td>
<td>ARV’s, Antibiotics, Prophylactics, Supplements</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>HIV Programme</td>
<td>Pathology, Radiology, Counselling</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Radiology</td>
<td>100% of cost - B&amp;W and sonar formulary</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Pathology</td>
<td>100% of cost – as per the formulary</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Dentistry</td>
<td>Fillings, extractions, pain &amp; sepsis, scaling</td>
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<td>✔️</td>
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<tr>
<td>Optometry</td>
<td>Frame and lenses every 2 years</td>
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<td>MyDoctor</td>
<td>Portal &amp; Health Advice Line</td>
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<td>✔️</td>
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<tr>
<td>Ambulance</td>
<td>Call Centre and Ground Transport – ER24</td>
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<td>✔️</td>
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<td>Emergency Trauma Stabilisation</td>
<td>Outpatient – Trauma Ward</td>
<td>R10 000</td>
<td>R10 000</td>
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<tr>
<td></td>
<td>In-Patient – Private Hospital</td>
<td></td>
<td>R200 000</td>
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<tr>
<td>Death Cover (all lives)</td>
<td>Accidental</td>
<td>R15 000</td>
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</table>
DETAILS OF SERVICES AND BENEFITS

GENERAL PRACTITIONER CONSULTATIONS

- Any contracted GP in the Prime Cure network can be used
- All out-of-hospital network GP consultations, including small in-room procedures are covered, provided such consultations are medically indicated
- Consultations with a non-network GP will result in the account and associated accounts being rejected for payment. The account will be the member’s responsibility
- There are approximately 2900 contracted GP’s countrywide. 80% of these have dispensing licenses which means they can prescribe and dispense acute medication at point of service

ACUTE MEDICINES

- Must be prescribed by the Prime Cure Network General Practitioner
- Only medication on the Prime Cure acute medicine formulary will be covered
- The medication will be provided as part of the acute consultation (when dispensed by a dispensing practitioner) or by an accredited pharmacy if prescribed by a non-dispensing practitioner
- This benefit is subject to case management
- No co-payments or levies apply
- There are approximately 1500 contracted pharmacies countrywide
  This includes Clicks (283), Dis-Chem (65) and MediRite (132)

OVER-THE-COUNTER (OTC) MEDICINES

- Self-medication items for the treatment of day to day ailments
- Limited to R240 per beneficiary per annum, maximum of R80 per event (a maximum of 3 events per beneficiary per annum)
- Limited to the Prime Cure medicine formulary for OTC medicines
- Medication dispensed by accredited network Prime Cure pharmacy only
27 chronic conditions are covered:

- Addison's disease
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy
- Chronic renal disease
- COPD
- Coronary artery disease
- Crohn's disease
- Diabetes insipidus
- Diabetes mellitus type 1
- Diabetes mellitus type 2
- Dysrhythmias
- Epilepsy
- Glaucoma
- Haemophilia
- HIV
- Hyperlipidaemia (high cholesterol)
- Hypertension
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis

**Chronic Medication:**

- Unlimited according to the Prime Cure medication formulary
- Member must register on the programme and compliance will influence the Prime Cure protocol
- Pre-Authorisation required from Prime Cure Call Centre
- Network General Practitioner to complete the Prime Cure Chronic Application Form and submit to Prime Cure
- Only medication prescribed by a Prime Cure Network General Practitioner service provider will be covered
- Medication will only be dispensed by Prime Cure Medical Centres or by a contracted pharmacy or chronic medicine courier service
- Members can choose how they receive their medication
HIV PROGRAMME AND HIV MEDICINES

Getting Antiretroviral Therapy:

- Newly diagnosed patients are registered on the Prime Cure HIV Disease Management Programme (HIV DMP) telephonically, online or via fax or email.
- Patients are assigned to one of four programme categories depending on the stage i.e. Post exposure prophylaxis (PEP), Prevention of mother-to-child transmission (PMTCT), Antiretroviral therapy (ART) or Pre-ART.
- When it has been determined that a patient meets the criteria for initiation of ART as per guidelines, the treating doctor sends a script with the required medication to Prime Cure. This is reviewed by an expert team of Prime Cure HIV specialists who are available for consultation and responsible for authorisation of all scripts.
- Depending on the patient’s preference, the medication can be dispensed by a network pharmacy or delivered to the patient’s chosen address within 5 working days.

HIV Medication:

- Ongoing care plan and anti-retroviral treatment subject to registration on the Prime Cure HIV/AIDS programme and treatment according to an evidence based treatment protocol and medicine formulary.
- Each eligible beneficiary to register on the Disease Management Programme once diagnosed as HIV positive.
- Consent to record data on the Prime Cure Disease Management Information System required.
- Compliance with clinical protocols developed by Prime Cure is mandatory for continued benefits.

Includes:

- Voluntary counselling and testing
- Antiretroviral therapy, prophylactic antibiotics & supplements according to Prime Cure protocol
- Treatment support and guidance
- Pathology and monitoring (incl. CD4, viral load, liver enzymes, cholesterol, glucose, urine tests) according to protocols
- Treatment of opportunistic infections, according to Prime Cure formulary.

RADIOLOGY

- Limited to the Prime Cure list of approved Radiology Codes & Protocols
- Soft Tissue Ultrasounds and Black & White x-rays according to above list of codes
- Prime Cure contracted General Practitioner must request the radiology test
- Benefit is subject to case management.
PATHOLOGY

- Limited to the Prime Cure list of approved Pathology Codes & Protocols
- Limited to Prime Cure contracted pathology providers
- A Prime Cure contracted general practitioner must request the pathology test
- Benefit is subject to case management

MATERNITY

- 2 sonar scans per pregnancy by the network GP

OPTOMETRY

- One optometric examination per beneficiary per annum
- Includes a visual evaluation, tonometry screening and a diagnosis
- 1 Pair of frames per beneficiary per 24 month period
- Includes standard CR39 lenses (high quality clear plastic lenses)
- Single Vision or Bi-focal lenses
- The choice of frame is specified to be from a quality range of Prime Cure approved range of frames
- An excess is payable by the member for any frame not from the specified Prime Cure range
- Members are not entitled to any monetary value regarding this benefit
- There are approximately 1200 contracted optometrists countrywide

DENTISTRY

- Unlimited when clinically appropriate, subject to approved Prime Cure protocols and dental codes
- One consultation for a full mouth examination per annum
- Preventative treatments – one treatment per annum. Includes Fluoride Treatment, Cleaning, Scaling and Polishing, (authorisation required)
- Fillings (White or Amalgam according to Prime Cure protocols). Pre-authorisation required for 4 or more restorations or 5 or more Composite fillings (only anterior covered)
- Pain and sepsis
- Infection Control
- Oral Hygiene Instruction
- Extractions (only if clinically necessary). Pre-authorisation required for 5 or more extractions
- Local Anaesthetic
- Intra Oral Radiograph (X-Rays as per the Prime Cure approved dental list of codes). Pre-authorisation for 3 or more x-rays (maximum 4)
- Emergency Root Canal only
- This benefit is subject to case management
- There are approximately 1300 contracted Dentists countrywide
ADDED BENEFITS

AMBULANCE

- Ground ambulance services provided to all members by ER24.
- Members are required to access these services via the ER24 toll-free line on 084 124 (24/7/365) or by direct referral from the Kaelo Xelus call centre (office hours only)

OUT-PATIENT TRAUMA CASUALTY

- Emergency out-patient services that are a direct result of accidental harm to a member and are provided within an outpatient casualty ward or trauma ward of a hospital and where the member is transported to the relevant hospital by ER24.
- The benefit payable is equal to the actual cost of the services provided, subject to an overall maximum of R10,000 (ten thousand rand) per event.
- The authorisation of benefit amounts to the relevant hospital is provided by ER24, using managed care protocols with consideration of cost effective and appropriate treatment.

DEATH COVER

- All lives covered
- Accidental R15 000
- In the event of death claim, proof of death must be submitted to Kaelo Xelus™.
- Notification of a claim must be made within six months of death.

OTHER BENEFITS

- **Road Cover:** End to end legal assistance for RAF claims
- **MyDoctor:** Portal & Health Advice Line.
  Members and their dependants will have access to a health line on symptoms, advice and information. The line is managed by clinical call centre nurses. In addition to the healthline, members and their dependants will have access to the Doctors, Dieticians, Biokineticists and Counsellors via the website to submit anonymous questions and request assistance and information.
The type of information available on the portal is as follows:

- Ask a health professional – Doctor, Nurse or Counsellor.
- Symptoms checkers.
- First Aid
- Medication library
- Medical procedure information
- Know Your Numbers – health vault to store your health readings
- Health Tutorials – members can subscribe to weekly health information around specific topics such as quitting smoking, excessive drinking, asthma, diabetes, allergies, back pain etc.

FLEXICARE+

PRIVATE DAY TO DAY HEALTH AND ACCIDENT INSURANCE

- The Flexicare+ plan provides cover, in the event of an accident or trauma event, for emergency stabilisation in a selected private hospitals up to a maximum of R200 000 per event.
- Transportation must be done through ER24
2017 CONTRIBUTIONS
The following monthly contributions are payable.

<table>
<thead>
<tr>
<th></th>
<th>flexicare</th>
<th>flexicare+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main member</td>
<td>R299</td>
<td>R389</td>
</tr>
<tr>
<td>Adult dependant</td>
<td>R249</td>
<td>R329</td>
</tr>
<tr>
<td>Child dependant</td>
<td>R110</td>
<td>R145</td>
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</tbody>
</table>
TERMS & CONDITIONS

WHO CAN JOIN?

Anyone who is younger than 60 years of age at the starting date of the Plan is eligible to apply for the Plan.

WAITING PERIODS

The following standard waiting periods apply to all individual members joining Flexicare;

- 1 month general waiting period on all services except accidental harm and those listed below
- 6 month waiting period on chronic medicine, HIV and dentistry
- 12 month waiting period on optometry

No waiting periods apply to treatments as a result of bodily injury caused by violent, unintentional, external or physical means (Accidental Harm), unless these occur as a result of the exclusions, as defined in the policy agreement.

All waiting periods apply, regardless of whether or not the condition existed prior to the inception date, or thereafter.

No waiting periods apply to membership that is implemented on a compulsory basis by an employer on behalf of their employees.

NOTICE PERIODS

You can cancel this cover by providing A&G, Kaelo Xelus or Jenus with one calendar month’s written notice. Likewise, A&G can cancel this cover, amend the benefits, or adjust the premium by providing you with one calendar month’s written notice.
MEMBERSHIP TERMS, SUSPENSION AND CANCELLATION

All individuals under the age of 60 years at the commencement date of the policy are eligible to join the product

Cover may only commence on the first day of the month in which premiums are paid.

Premiums are payable (in Rand) monthly and in advance. Individual premiums will be collected on the first day of the month via debit order from a South African bank account.

If your premiums are outstanding for 14 days, A&G reserves the right to suspend your benefits, and may cancel the cover if payment is not caught up within 30 days.

You are liable to pay all premiums up to and including the termination date of the policy.

No benefits or services will be provided unless the treatment occurred during a period of valid membership.

EXCLUSIONS

No benefits are offered for any services or claims that are caused by, or related to the following;

- Cosmetic surgery
- Suicide (or attempted suicide)
- Use of any drugs or narcotics
- Failure to follow medical advice
- Use of alcohol
- Nuclear incidents
- Services relating to Defence, Police, Rescue, Firefighting or Correctional Facilities
- Aviation activities
- Hazardous sports
- Motor racing
- Use of firearms
- Riots, wars, public disorder, terrorism and related events
- Criminal (or attempted criminal) activities
- Intentional exposure to danger

The following treatments, conditions and services are not covered;

- External prosthesis
- Appliances
- Specialised dentistry
- Rehabilitation, Frail-care and Hospice services
- Step-down facilities
- Take-home medicines from hospital
- Non ER24 ambulance and related emergency services
- Balance billing and split billing from providers
- Major medical expenses
- Specialist consultations
Claims resulting from road injury or an injury on duty will be paid in instances where you agree to cede the benefits derived under the relevant Act (Road Accident Fund Act or the Compensation for Occupational Diseases and Injuries Act) to A&G to cover the costs paid on your behalf by Flexicare.

GENERAL TERMS AND CONDITIONS

When seeking treatment, you must always show your Flexicare membership card to the healthcare provider before you are treated.

Contracted service providers (Prime Cure doctors and dentists) will submit their claims to the Administrator for payment. All amounts due will be paid to the providers within a maximum of 30 days.

You will be responsible to pay the provider only for treatment received from non-contracted providers and for unapproved treatment given to you by a contracted provider. To avoid this co-payment when receiving treatment, please make certain that the provider you see is contracted as part of the Prime Cure network, show the provider your card before being treated and ask the provider to use approved treatments.

The benefits offered by the Flexicare Plan only apply to those rendered within South Africa. No benefits are provided for treatment received outside the borders of the country.

If you do not use a particular service provided in terms of this policy, you are not eligible for any discount, rebate or premium reduction.

You may be required to provide A&G and / or Kaelo Xelus with medical evidence, and access to your clinical records to assess the validity of certain claims. This means that you may have to undergo a medical examination, requested and paid for by A&G.

This policy is provided subject to the jurisdiction of the courts of South Africa.

Allowing your card to be used by another person is committing an act of fraud, and highly illegal. If this should happen, A&G may immediately cancel your membership and take the necessary action to recoup any losses it may have incurred.

The Insurer may cancel the policy subject to a 30-day notice period.

ALWAYS REMEMBER

• You have to use a contracted provider in the network (Prime Cure)
• Approved treatments are covered in full
• Approved treatments (medicines, dentistry, radiology, pathology and in-room procedure codes) are specifically listed
• No benefits are provided for treatments received from non-Prime Cure providers or for non-approved treatments
• Only treatment provided during standard office hours are covered
• Waiting periods for certain benefits apply (see Waiting Periods)
• Certain conditions are specifically excluded from cover (see Exclusions)
• Benefits are restricted to services rendered in South Africa
Who is Auto&General?

Auto & General Insurance is a formidable leader in South Africa’s competitive short term insurance industry. Since inception we’ve been committed to delivering pioneering product offerings and excellent service to our clients. We are proudly committed to upholding the core values that have positioned us as a leader in the South African Insurance Industry.

Do I have to nominate and use a particular GP?

As long as the GP, Dentist, or Pharmacist is a member of the Prime Cure network, you can use their services. Many people select the nearest service-provider to them. Prime Cure service providers are country-wide. Should you need treatment while on holiday, or away from home, just make sure the health-care professional you see is on the Prime Cure network. Members of the network can be found at www.primecure.co.za.

How do I ensure that a provider is part on the network?

The best way is to double-check with the service-provider when you make your appointment. You can also contact our call-center at (0861 472 580) or go to www.primecure.co.za.

What happens if I use a provider that is not part of the network?

It is essential to make sure that your doctor is a contracted member. Non-Prime Cure providers are not included in the benefits provided by the Flexicare Plan. If you use a health-care professional that is not on the network, you will have to pay them full-price for their services. These costs cannot be claimed back.

What do I do if I am out of town and need to see a doctor?

There are Prime Cure doctors all over South Africa. If you are unsure, you can contact our call-center at 0861 472 580 or go to www.primecure.co.za and find the closest contracted provider to your town, or geographic location. Remember that the Flexicare Plan does not include any services outside of South African borders.

How do I register for the chronic medicine benefit or HIV Disease Management programme?

Members are required to register for chronic conditions (including HIV) in order to receive the approved medicines prescribed by their network GP. The member can be assisted by their network GP or they can contact KaeloXelus on 0861 472 580 for assistance.
What happens if the doctor says I need treatment that is not covered?

Flexicare will pay for the cost of the consultation and the costs of all approved tests and procedures. You will need to pay the doctor for the non-approved treatment you receive. Billing and payment for extra treatment must be discussed and arranged with your doctor.

What happens if I want to see a specialist?

The Flexicare Plan does not include specialists in its benefits package. You will be obliged to make payment arrangements directly with the specialist. These payments will not be eligible for claiming back.

Can I use any pharmacy?

No. You need to get your medicines from a contracted pharmacy in the network. We offer a wide choice of pharmacies including all Clicks Pharmacies, Dischem and Medirite (Checkers). There are also smaller independent pharmacies in the network. The pharmacies from the larger national groups are more likely to charge the agreed tariff.

Are the treatments that are covered inferior or not very useful?

Absolutely not. All the treatment protocols used by the network doctors have been developed based on the principles of evidence-based medicine. The quality of care you will receive is in line with internationally accepted standards.

What is a medicine formulary?

A formulary is a list of medicines that will be paid for in full by the insurer.

How do I check if my medicine is on the approved formulary?

The formulary is available on the Prime Cure website (www.primecure.co.za).

If I use private transport or an ambulance other than ER 24, for transportation to hospital for emergency stabilisation in case of an accident, will the casualty claim be covered?

No. ER 24 must be used for transportation to the relevant hospital. If any other transportation mode is used, the member will liable for the account.
Will I have any hospital cover for illness, maternity or cancer?

No. Both options cover emergency out-patient services that are a direct result of accidental harm, where the member is transported to the relevant hospital by ER24. The Flexicare+ option also covers emergency stabilisation in selected private hospitals for accidents or trauma events.

CONTACT DETAILS

Telephone number (ALL ENQUIRIES)
Telephone: 0861 472 580

Sales/quotes information
Email: Flexicaresales@jenushealth.co.za

Claims
Email: claims@flexicare.kx.co.za

Premium collections / policy changes / network provider queries / benefit information:
Email: support@flexicare.kx.co.za