

CARE RANGE

Take care ...



You may be under the impression that your medical scheme will pay the full cost of a hospital admission.

However, this is not necessarily the case. The majority of specialists, surgeons and anaesthetists charge well above the medical scheme rate.

The result is a shortfall between what your medical scheme pays and your medical practitioner charged. You may also have to pay a co-payment or upfront cost.

So, who foots the bill? You do, of course. Unless you have a Nhluvuko Care Cover Policy.

your
options

Care

Xtra Care

Xtra Care
Ultimate



What do our policy holders say?

Mr C had taken out Care Range cover with Nhluvuko Risk Administration in 2007. In January 2010, he was diagnosed with heart disease and had to undergo an aorta coronary bypass procedure. His total shortfall amounted to R56 097.70 and his claim was settled in full within 8 (eight) working days.

Mr C had this to say: 'Thank you NRA, you not only gave me peace of mind but also relief from the financial burden of all these accounts.'

Who can join?

Any person who is a member of a registered South African medical scheme.

Are there different levels of cover?

Yes, you can choose from (3) three different policies depending on the extent of the shortfalls against which you want to insure:

Care

Covers the shortfalls on authorised in-hospital procedures as a result of the medical practitioner charging more than the medical scheme reimbursement rate.

Xtra Care

All the benefits of Care plus cover in respect of:

- Co-payments on procedures
- Upfront deductibles, and/or
- Sub-limits on procedures

Xtra Care Ultimate

All the benefits of Xtra Care plus:

- A maternity booster of R2 500
- R5 000 emergency casualty cover



Can I add to my cover?

Yes, depending on your age and your membership status, you can also add a funeral benefit to your policy valued at: R5 000, R10 000 or R15 000.

What are the limits imposed on my cover?

- An overall annual limit of R250 000 per beneficiary, limited to R1 000 000 per family
- An annual limit of R10 000 per family to cover shortfalls in respect of hospital sub-limits
- Cover on the maternity booster is limited to R2 500 per family per annum
- The policy will reimburse the shortfall on a maximum of 3 (three) diagnostic radiology scans per family per annum
- The shortfall on professional services will be limited to 4 (four) times the base scheme reimbursement rate

What is the cost of the membership?

The contribution is based on your membership status, as well as your option. **Refer to the contributions brochure for more information.**

Who is covered under the policy?

The principal member, spouse and all dependants as registered under the medical scheme membership, will automatically be covered under the Care, Xtra Care and Xtra Care Ultimate policy. In respect of the funeral enhancement cover, only the principal member, spouse and child dependants under the age of 21 will be covered.

How do I claim?

- This policy does not form part of your medical aid so you have to submit a separate claim
- You must submit your claim form with ALL the necessary documents (hospital account and relevant provider accounts, as well as medical aid statement) after the procedure but within 6 (six) months from first date of service
- Claims received after 6 (six) months will be rejected
- Claim forms are available from the Nhluvuko Customer Care Centre on: **0860 100 296**

- Payment will be made within 7 (seven) to 14 working days after all the documents are received

What are the exclusions?

Please note that the policy will not pay for events as a result of:

- Contamination from nuclear weapons or nuclear material
- Illness or injury as a direct result of the insured person having an alcohol content exceeding 80 milligrams per 100 millilitres of blood
- Participation in active military duty, police duty, police reservist duty, civil commotion labour disturbances, riots or strikes
- The kind of flying where you are the pilot
- Any form of race or speed test other than a non-mechanical one
- Investigations, treatment or surgery for obesity or cosmetic surgery
- Routine physical or any procedure which is used solely for diagnosis
- Treatment and surgery related to infertility
- Suicide, attempted suicide, or intentional self-injury
- The taking of any drug or narcotic unless prescribed by a registered doctor
- Investigations, treatment or surgery for dental implants
- Depression, insanity, mental or mental stress-related conditions
- Co-payments as a result of not following the medical scheme rules in respect of network providers
- Not following your medical scheme's pre-authorisation and/or referral procedures
- **Emergency casualty admissions*** which have been paid from the risk portion of the of the medical scheme
- Death due to illness during the first 6 (six) months of the policy and/or death due to suicide in the first 24 months of the policy (applicable to funeral cover only)

**What is an emergency casualty admission?
An emergency or casualty admission is the result of a sudden and unexpected medical condition that requires immediate medical or surgical treatment and where failure to get medical or surgical treatment would result in either serious damage or place the person's life at risk.*