

Product Brochure 2021

Navigating the way



INSURER



LOMBARD
(FSP no.1596)

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NAVIGATING THE WAY

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

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

CONTACT US

Telephone:	011 677 9891	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:	jamesw@turnberry.co.za
Claims:	claims@turnberry.co.za	Travel Insurance:	gordenes@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?

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.

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
✓	✓	✓	✗	✗

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:

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

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





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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: R460 per family for under 65yrs
Monthly premium: R665 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

R12 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 000 per admission per insured and R10 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

CO-PAYMENTS FOR SCOPES

R3 000 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 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R2 500 per event. Limited to 3 claims per family per annum. Subject to the Overall Annual Limit. Treatment is restricted to between the hours of 7pm – 6am Mondays – Fridays, Saturdays, Sundays and Public Holidays

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

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

Overall Annual Limit (OAL) is
R171 000 per insured per annum

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

MRI AND CT SCAN COVER

Provides cover for MRI and CT scans when there is no benefit available on your Medical Scheme. Limited to R5 500 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, a victim of a violent crime or experienced the death of an immediate family member. Limited to R1 000 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 Overall Annual Limit

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 Overall Annual Limit

For waiting periods please refer to page 11

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.

NAVIGATING THE WAY





OPTIMAL

Monthly premium: R345 per family for under 65yrs

Monthly premium: R506 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

R9 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
R171 000 per insured per annum

Out-of-hospital benefits

CO-PAYMENTS FOR MRI, CT AND PET SCANS

Subject to the Overall Annual Limit

CO-PAYMENTS FOR SCOPES

R3 000 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 7pm – 6am Mondays – Fridays, Saturdays, Sundays and Public Holidays

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

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

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

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 500 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 000 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 Overall Annual Limit

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 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 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

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: R295 per family for under 65yrs

Monthly premium: R411 per family for 65yrs+

NAVIGATING THE WAY

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

R7 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
R171 000 per insured per annum

Out-of-hospital benefits

CO-PAYMENTS FOR MRI, CT AND PET SCANS

Subject to the Overall Annual Limit

CO-PAYMENTS FOR SCOPES

R3 000 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

R8 500 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R2 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 7pm – 6am Mondays – Fridays, Saturdays, Sundays and Public Holidays

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 R3 500 per event and 1 claim 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 000 per consultation and R6 000 per family per annum. Subject to the Overall Annual Limit

For waiting periods please refer to page 11

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.



LAUNCH

Monthly premium: R135 per family for under 65yrs

Monthly premium: R235 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 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 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
R171 000 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

Biological Cancer Drugs

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

LIST OF DRUGS

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

Waiting Periods

- A 3-month general waiting period applies to all benefits. In the event the commencement date of the Policy is the same as the commencement date of the Medical Scheme, no 3-month general waiting period will apply to Medical Expense Shortfall Cover (increasing the medical aid rate up to 600%)
- 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

NAVIGATING THE WAY

MED-EXTEND

Monthly premium: R325 per family for under 65yrs

Monthly premium: R437 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

Overall Annual Limit (OAL) is
R171 000 per insured per annum

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

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

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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.



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	R127	R414	R526
Optimal	R119	R335	R428
Synergy	R118	R332	R423
Launch	R29	R50	R77
Med-Extend	R109	R413	R525

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

Online Claim Form:
<https://turnberry.co.za/claim-form/>

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.

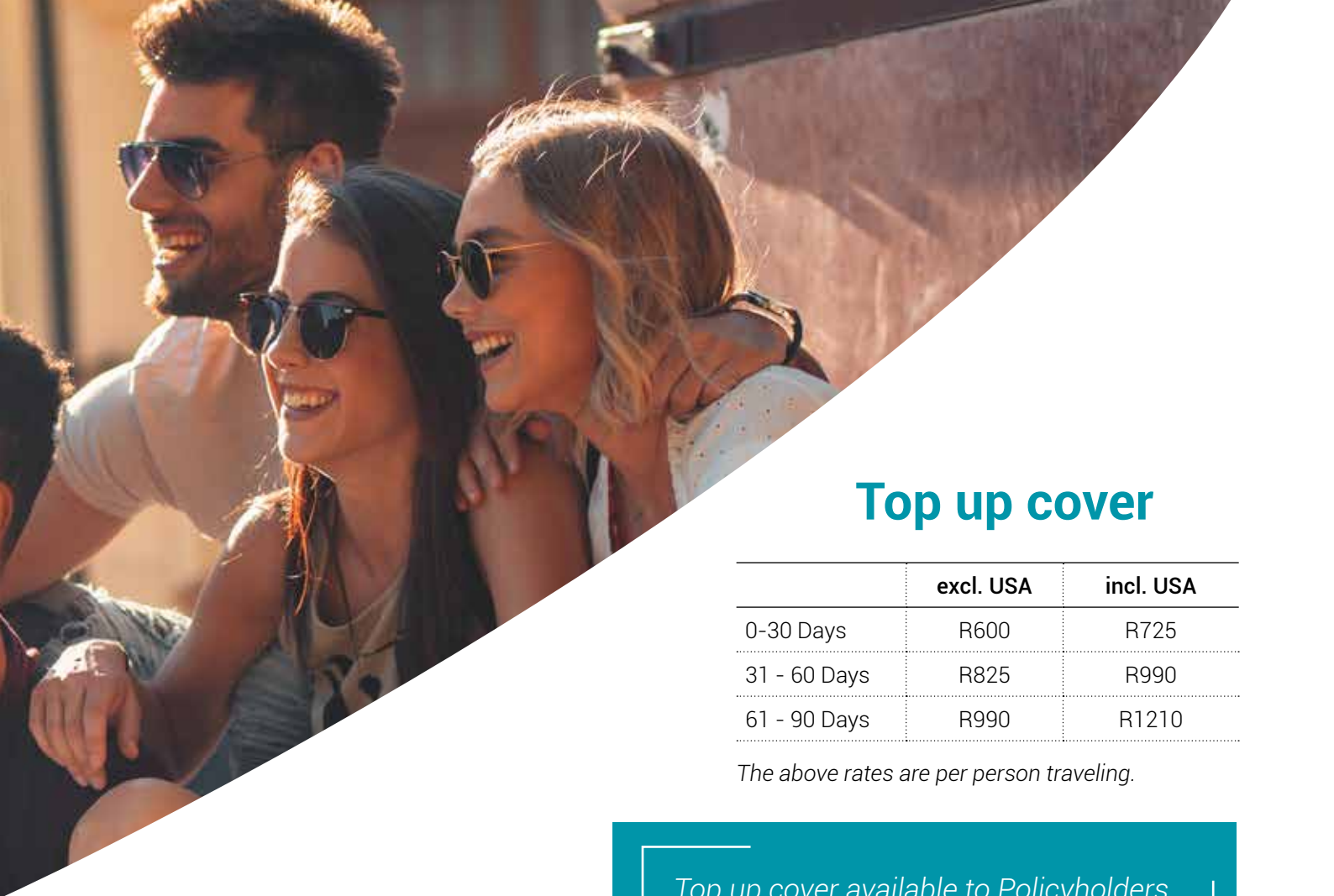
The cover ensures end-to-end emergency assistance by air, land or sea. Notification of travel must be given to Turnberry on 0861 000 509 at least 48 hours prior to departure, during the hours 08h00 to 16h00 Monday to Friday (excluding public holidays). You will then be issued with a travel certificate.

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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

	excl. USA	incl. USA
0-30 Days	R600	R725
31 - 60 Days	R825	R990
61 - 90 Days	R990	R1210

The above rates are per person traveling.

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

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)



Contact Turnberry on 011 677 9891 or visit the website www.turnberry.co.za

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