

Turnberry Gap Cover 2024 Product Brochure

Navigating the way



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NAVIGATING THE WAY

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)
(Product provider of travel insurance)

We offer
DIFFERENT PRODUCTS
to suit a range of
DIVERSE NEEDS

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

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

We offer unsurpassed
SERVICE EXCELLENCE

QUICK CLAIMS turnaround

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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.

Gap cover is a short-term insurance product that helps protect you from medical expense shortfalls, which happen when your doctor charges more than the medical aid rate for in-hospital treatment, or the hospital charges co-payments for operations. These unanticipated expenses can leave you with an unexpected financial burden that you will have to pay for out of pocket. With rampant medical inflation and the cost of medical procedures constantly increasing, this could easily run into hundreds of thousands of Rands.

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, and members are now being restricted to using certain providers at certain networks, with penalties applied if patients go outside of these networks.

Gap cover should be part of your financial planning no matter your age or life stage. It is never too early to start thinking about your financial future, because the sooner you start the more time you have to plan, save and invest. Effective financial planning is essential whether you are in your 20s, your 80's or any age in between, and this does not just mean having retirement annuities in place. With the rising cost of medical treatment and increasing shortfalls in medical aid cover, medical expenses can easily become a burden, and while you are typically young and healthy earlier in life, accidents happen and the older you get, the more likely you are to need costly medical treatment. Gap cover has become a vital part of a comprehensive financial planning toolset, no matter what your current age or life stage is.

NAVIGATING THE WAY





Lumbar and other intervertebral disc disorders with radiculopathy

Orthopaedic surgeon

Amount Charged:
R170 317.17

Medical aid Paid:
R50 456.80

Turnberry paid
R113 867.35

Anaesthetist

Amount Charged:
R38 946.30

Medical aid Paid:
R12 982.00

Turnberry paid
R25 964.30

Total amount
Turnberry paid
R139 831.65



Deviated nasal septum

Plastic Surgeon

Amount Charged:
R55 000.00

Medical aid Paid:
R11 804.00

Turnberry paid
R43 196.00



Unstable angina

Cardiothoracic surgeon

Amount Charged:
R149 921.22

Medical aid Paid:
R47 047.10

Turnberry paid
R102 874.12



Delivery by emergency caesarean section

Gynaecologist

Amount Charged:
R39 000.00

Medical aid Paid:
R6 438.70

Turnberry paid
R32 193.50



Lumbar and other intervertebral disc disorders with radiculopathy

Neurosurgeon

Amount Charged:
R146 759.51

Medical aid Paid:
R51 619.38

Turnberry paid
R95 139.93

Clinical Technologist

Amount Charged:
R9 053.80

Medical aid Paid:
R4 256.90

Turnberry paid
R4 526.90

Total amount
Turnberry paid
R99 666.83



Supraventricular tachycardia

Cardiologist

Amount Charged:
R152 141.40

Medical aid Paid:
R48 982.00

Turnberry paid
R97 964.00



Chronic frontal sinusitis

ENT

Amount Charged:
R84 598.70

Medical aid Paid:
R16 637.80

Turnberry paid
R66 275.10

Anaesthetist

Amount Charged:
R24 566.31

Medical aid Paid:
R11 198.11

Turnberry paid
R13 132.41

Hospital

Amount Charged:
R4 920.00

Medical aid Paid:
R0.00

Turnberry paid
R4 920.00

Total amount
Turnberry paid
R84 327.51

HOW DOES IT WORK?

Co-payment Cover

A co-payment or deductible is an upfront amount that needs to be paid to the:



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 co-payment cover).

Premier	Optimal	Synergy	Launch	Med-Extend
✓	✓	✓	✓	✓

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: Henry'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 700 of the hospital account. Henry chooses to go to hospital Y and pays the R8 700 and then claims it back from his Turnberry Premier 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 or risk benefit of the Medical Scheme.



Medical Expense Shortfall Cover includes cover for:

Specialists, Basic and specialised Radiology, Physiotherapy, Consumables (e.g. plasters, cotton wool etc), Pathology, Prescribed Minimum Benefits

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

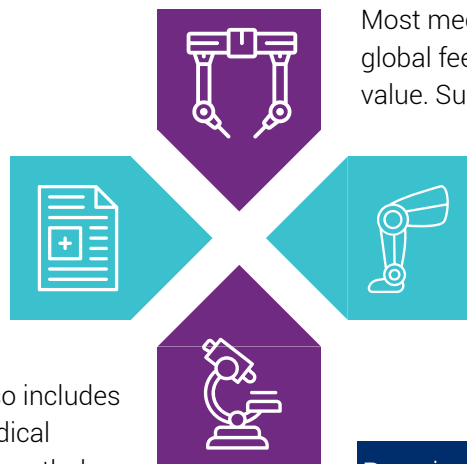
Sub-limit Cover

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.

PATHOLOGY

Turnberry's sub-limit cover also includes cover for pathology if your medical scheme has an annual limit for pathology.



ROBOTIC SURGERY

Most medical schemes fund for robotic surgery up to a global fee, where all the treatment is capped at a rand value. Sub-limit cover, assists in these instances

INTERNAL PROSTHESIS

Includes but not limited to: prosthetic hips, intraocular lenses, stents, cochlear implants, heart valves, screws, rods, cages used in surgery, hernia mesh, pacemakers

Premier	Optimal	Synergy	Launch	Med-Extend
✓	✓	✓	✗	✗

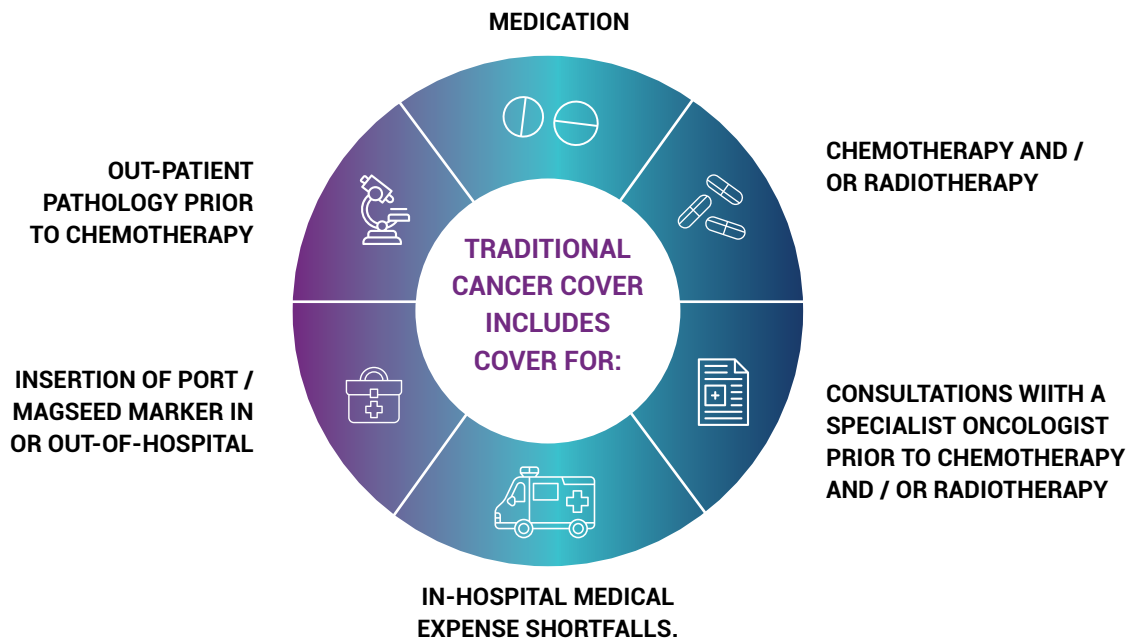
Traditional Cancer Cover

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: Johan who has lung cancer has finished his R250 000 cancer benefit available to him on his Medical Scheme and now he is liable for the full cost of his cancer treatment. Johan still needs to undergo chemotherapy sessions. Luckily, he has a Turnberry Premier Policy and he can submit the costs of his further chemotherapy sessions to Turnberry.

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

Premier	✓
Optimal 20% co-payment	✓
Synergy	✗
Launch	✗
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. The following Drugs are covered on Premier and Optimal only:

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

Innovative Cancer Cover

Recently the development of new cancer drugs have become available e.g. Immunotherapy.

It is important to note that there has to be a benefit from the medical scheme.

The Innovative Cancer Cover will provide R11 000 cover per claim for these new high cost cancer drugs.

These drugs are extremely high cost and are not fully funded by medical schemes leaving members out-of-pocket.

Premier	Optimal	Synergy	Launch	Med-Extend
✓	✓	✗	✗	✗

Premier	Optimal	Synergy	Launch	Med-Extend
✓	✓	✗	✗	✗

PREMIER

Monthly premium: R588 per family for under 65yrs

Monthly premium: R845 per family for 65yrs+

Monthly premium: R433 per individual for under 65yrs

Monthly premium: R591 per individual 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

R15 500 per admission. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R41 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 R5 000 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, 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

SUB-LIMIT COVER

R32 500 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

R5 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

R41 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

R16 500 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R4 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

National Treasury annually publishes new limits under the Demarcation Regulations. The changes are effective from 1st April. Please refer to our website for the latest Overall Annual Limit (OAL) on each of our products.

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 R54 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 R4 500 per family 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 15) and the Overall Annual Limit

INNOVATIVE CANCER DRUG COVER

Provides cover for new innovative cancer drugs. Limited to R11 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 R7 000 per event and 2 claims per family per annum. Subject to the Overall Annual Limit

INVESTIGATIVE TREATMENT

Scopes for Screening purposes will be limited to 1 every 5 years, per insured person and R7 500. 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 R2 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 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 R27 000 per insured person, per lifetime. Subject to the Overall Annual Limit

For waiting periods please refer to page 15

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	R25 000	Stage 4	R30 000

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R6 600 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

R32 000 per insured on the Policy in the event of accidental death or permanent and total disability

CRITICAL ILLNESS BENEFIT

R12 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)



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: R445 per family for under 65yrs

Monthly premium: R643 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

R12 500 per admission. Limited to 1 claim per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R31 000 per admission per insured. Limited to R70 000 per family per annum. Subject to the Overall Annual Limit

National Treasury annually publishes new limits under the Demarcation Regulations. The changes are effective from 1st April. Please refer to our website for the latest Overall Annual Limit (OAL) on each of our products.

Out-of-hospital benefits

CO-PAYMENTS FOR MRI, CT AND PET SCANS

Subject to the Overall Annual Limit

CO-PAYMENTS FOR SCOPES

R5 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

R31 000 per event per insured. Limited to R70 000 per family per annum. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

R11 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R4 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

In-hospital dental cover

MEDICAL EXPENSE SHORTFALL COVER

Increases the medical aid rate up to 500% 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

SUB-LIMIT COVER

R22 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 R22 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 R3 500 per family per annum. Subject to the Overall Annual Limit

In-hospital and out-of-hospital benefits

TRADITIONAL CANCER COVER

Co-payment cover for traditional cancer treatment limited to 20% per admission. Subject to the Overall Annual Limit

BIOLOGICAL CANCER DRUG COVER

Provides cover for Biological Cancer Drugs when the Medical Scheme imposes a sub-limit. Subject to the formulary (see pg 15) and the Overall Annual Limit

INNOVATIVE CANCER DRUG COVER

Provides cover for new innovative cancer drugs. Limited to R11 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 R6 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 R2 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 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 R20 000 per insured person, per lifetime. Subject to the Overall Annual Limit

INVESTIGATIVE TREATMENT

Scopes for Screening purposes will be limited to 1 every 5 years, per insured person and R6 000. Subject to the Overall Annual Limit.

For waiting periods please refer to page 15

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.

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R6 600 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

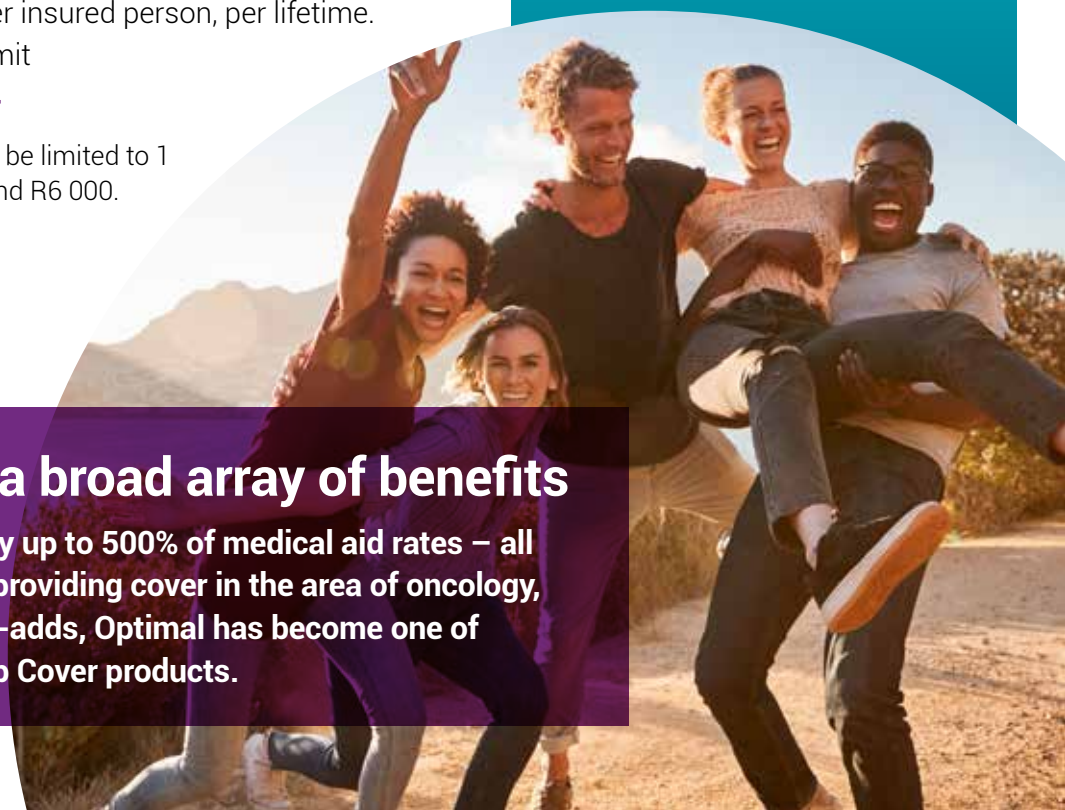
R18 000 per insured on the Policy in the event of accidental death or permanent and total disability

CRITICAL ILLNESS BENEFIT

R8 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)





SYNERGY

Monthly premium: R380 per family for under 65yrs

Monthly premium: R532 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

R9 700 per admission. Limited to 1 claim per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R31 000 per admission per insured. Limited to R70 000 per family per annum. Subject to the Overall Annual Limit

National Treasury annually publishes new limits under the Demarcation Regulations. The changes are effective from 1st April. Please refer to our website for the latest Overall Annual Limit (OAL) on each of our products.

Out-of-hospital benefits

CO-PAYMENTS FOR MRI, CT AND PET SCANS

Subject to the Overall Annual Limit

CO-PAYMENTS FOR SCOPES

R5 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

R31 000 per event per insured. Limited to R70 000 per family per annum. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

R10 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R3 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

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 R5 000 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 R2 500 per consultation and R6 000 per family per annum. Subject to the Overall Annual Limit

For waiting periods please refer to page 15

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R6 600 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

R12 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, 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

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 R2 500 per family per annum. 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 R22 000 per admission and R50 000 per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R22 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: R386 per family for under 65yrs

Monthly premium: R525 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

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

CO-PAYMENT COVER

R6 000 per admission. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R6 600 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 Med-Extend 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)

National Treasury annually publishes new limits under the Demarcation Regulations. The changes are effective from 1st April. Please refer to our website for the latest Overall Annual Limit (OAL) on each of our products.

Out-of-hospital benefits

CASUALTY BENEFIT FOR ACCIDENT AND ILLNESS

R4 000 per family per annum. The Casualty Benefit for Illness will be restricted to between the hours of 6pm – 6am Mondays – Fridays, Saturdays, Sundays and Public Holidays

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 1 claim 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 300% 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


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	R3 500
4 years	R4 500
5 years	R5 500
5+ years	R6 500

For waiting periods please refer to page 15

Defined Procedures	Benefit
Arthroscopic surgery	R72 000
Back or neck surgery	R72 000
Bunion surgery	R20 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery	R92 000
Dental procedures for impacted teeth for children younger than 18 years	R20 000
Dental procedures for reconstructive surgery required due to an accidental event	R92 000
Functional nasal surgery	R30 000
Joint replacement surgery	R60 000
Knee or shoulder surgery (excl joint replacements and arthroscopic surgery)	R33 500
Non-Cancerous breast conditions	R26 000
Oesophageal reflux and hiatus hernia surgery	R66 000
Removal of varicose veins	R26 000
Skin disorders (including benign growths and lipomas)	R26 000
Endoscopic procedures	R7 500



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: R164 per family for under 65yrs

Monthly premium: R285 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

CO-PAYMENT COVER

R3 500 per admission. Limited to 1 claim per family per annum. Subject to the Overall Annual Limit

Out-of-hospital benefits

CASUALTY BENEFIT FOR ACCIDENTS

R6 500 per event per insured. Subject to the Overall Annual Limit

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R6 600 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)

National Treasury annually publishes new limits under the Demarcation Regulations. The changes are effective from 1st April. Please refer to our website for the latest Overall Annual Limit (OAL) on each of our products.

In-hospital dental cover

MEDICAL EXPENSE SHORTFALL COVER

Increases the medical aid rate up to 350% 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

FORMULARY AND WAITING PERIODS

Waiting Periods

- A 3-month general waiting period applies to all benefits (except in the event of an accident, which occurred while on the Policy). 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 an accident, which occurred while on the Policy), 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	Erbix
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	R151	R489	R623
Optimal	R142	R399	R510
Synergy	R141	R395	R504
Launch	R35	R60	R92
Med-Extend	R130	R492	R628



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 18:00-06:00 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, orthognathic surgery, and/ or reconstructive maxillofacial surgery as a result of an accident while on the Policy and oral cancer (which was diagnosed while on the Policy). No benefit is payable while an Insured person is within a waiting period;
23. Basic Dental Medical Expense Shortfall Cover for children will only be covered for children up to (and including) 12 years of age.
24. No benefits shall be payable for gender reassignment treatment and/or surgery or the reversal thereof.
ADDITIONAL EXCEPTION APPLICABLE TO TRAUMA RECOVERY COVER
25. The step down facility must be authorised and paid from the Medical Scheme's Risk Benefit (i.e. not from day to day benefits);
ADDITIONAL EXCEPTION APPLICABLE TO MED-EXTEND
26. 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 011 677 9891 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
- Dental: R10 000, excess of R350
- Quarantine Expenses of R3 000 per day up to a maximum of R30 000, excess of R500
- 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
1 - 14 Days	R565	R785
15 - 30 Days	R1 100	R1 520
31 - 60 Days	R1 615	R2 240
61 - 90 Days	R2 140	R2 965

The above rates are per person traveling.

Additional top up	Cover
Additional cover for medical and related expenses	R15 000 000
Daily Hospital Cash Benefit	R 7 000 (R500 per day)
Medical expenses relating to pre-existing medical conditions (in-hospital only)	R750 000
Accidental death	R250 000
Accidental permanent and total disablement	R1 000 000
International journey postponement	R10 000 (R500 excess)
International journey cancellation	R20 000 (R500 excess)
International journey curtailment	R20 000 (R500 excess)
International journey extension	R20 000 (R500 excess)
International journey postponement	R10 000 (R500 excess)
Missed connection	R20 000 (R500 excess)
Replacement airfare	R20 000 (R500 excess)
Travel delay	R3 000 (minimum of 6hrs)
Personal liability	R2 000 000
Weather Conditions	R10 000 (R500 excess)
Denied Visa	R15 000 (R500 excess)
Hijack & Hostage	R 37 500 (R750 per day)
Legal Expenses	R10 000
Luggage	R20 000 (R350 excess)
Single item limit	R5 000
Cash and documents	R2 500
Luggage delay	R2 000 (minimum of 6hrs)
Car Rental Excess Waiver	R5 000 (R500 Excess)

Client Testimonials

EASY AND GOOD COMMUNICATION

Excellent, easy and quick replies with quick payments, really no hassles. Must have Gap cover, without it we would have been in financial trouble, Turnberry makes it easy. Health and medical insurance are not easy and claiming has always caused us anxiety but we can honestly say we are impressed, from sending the claims, the communication, professional and friendly staff not to mention the quick payments has made a difficult situation so much easier. We have been so impressed by how quickly the claims have been processed which allows us to settle the service providers quickly and we are very grateful for this excellent service. We will be promoting Turnberry to family and friends as it has been a pleasure working with you and we look forward to dealing with your company.

INCREDIBLE BENEFITS AND INVALUABLE COVER

I had an operation in December last year and my husband had a dislocated wrist in January this year and he also needed to go for an operation. I contacted Turnberry for assistance after my procedure and the staff were all so helpful in guiding me through the process. We both had at least half of our medical bills paid for through Turnberry that our Medical aid didn't cover – an absolute relief as both operations were quite major. I would absolutely, without a doubt highly recommend Turnberry Gap Cover to our family and friends? I think for us we didn't realise the incredible benefit until both my husband and I needed to go for procedures. It is an invaluable cover that should be included into each and every household as it is affordable and most definitely worth the small investment, we have contributed to it each month. I have experienced wonderful service, helpful and friendly – 11/10 from my side!

PEACE OF MIND

Turnberry Gap Cover has helped cover me twice in one year with two major back operations. I would recommend Turnberry to anybody looking for Gap cover. Do not hesitate when thinking about taking Gap cover. It will give you peace of mind knowing your doctor's bills over 100% medical aid rates will be covered when needed. Turnberry services are excellent, excellent and excellent, no questions asked.

GREAT INTERACTION THROUGHOUT CLAIM SUBMISSION

My interaction with the claim submission was great. I have unfortunately not needed to deal with the Turnberry claim staff members. But from my experience, I would recommend Turnberry Gap Cover. What rating would I give Turnberry – 'from the outcome, it would be 10'.

SERVICE EXCELLENCE

It was a pleasure dealing with Turnberry. The service is excellent. I was continuously updated on my claim, and payment was received within 10 days. I would definitely recommend Turnberry Gap Cover.

GAP COVER CHOICE IS EASY - TURNBERRY

We are pensioners and although we do have a medical aid we cannot afford the burden of any extra financial costs charged by doctors/specialists who are contracted out. Would you recommend Turnberry – The choice is easy-Turnberry! "par excellence".

PAID ALL CLAIMS IN FULL

Paid in full for my claims. I had a total shortfall of around R90k and Turnberry covered the costs in full. It is of utmost importance to cover huge expenses after surgery.

EXCELLENT SERVICE

I first learnt about Turnberry when my 1st born needed to get his own medical, and because medical schemes are so expensive, I had to take a plan which we could afford. I took out a Turnberry policy for him and when he was in a serious accident, we could not afford the cost of the helicopter which needed to fly him to Pretoria but Turnberry paid the expenses. That was when I decided to take out a Turnberry policy for myself as well. Because of your excellent services I have already promoted your product to all my friends and lot of them have also signed up with Turnberry. Thank you for your excellent service. I do not think that anyone with any medical scheme can be without your product.

DO NOT LIVE WITHOUT GAP COVER

It is always a pleasure with Turnberry. My recommendation to anyone thinking of taking out Gap cover – 'do not live without it – it is the best add on to having medical aid, reducing your headaches and stress. Always a great partner'. I would rate Turnberry 10 Plus.

SENSE OF COMFORT FOR MY FAMILY

By covering my medical aid shortfall and providing a sense of comfort knowing my family will be taken care of. The premium amount is worth the peace of mind. I score their assistance and support 10 out of 10

GAP COVER IS A FINANCIAL LIFE SAVER

Gap cover stepped in where my medical aid fell short for two different procedures. That gap money was a life saver as I had to pay that out of my savings that I was building up to buy a home! I've been paying gap cover for 15 years and not needed it until 2022. But as the saying goes, it never rains it pours. And in 2022 I needed to claim for two completely different procedures within two months of each other. So, you can imagine what that did to my savings... When I did need it, I was so grateful that I had it.

TREMENDOUS FINANCIAL RELIEF

Turnberry's Gap Cover has been a tremendous financial relief based on present and past claim experiences. This is such an essential insurance necessity. I found the services and support I received from Turnberry to be efficient, friendly and professional. A Gap Cover policy is of vital importance for peace of mind and to meet medical aid shortfalls. The premiums in the most would be affordable anyway. I rate Turnberry's services as 'par excellence'.

NO NEED TO THINK ABOUT IT - JUST JOIN THEM!

Turnberry's Gap Cover paid for all shortfalls and co payments. Saved me tons of money. Efficient and timeous payments. One less thing to worry about since my husband was diagnosed with terminal illness. Gap has also paid a benefit for his illness and the monies was much needed as my husband has been unable to work since Nov 2021. What would I say to people thinking about taking out Turnberry Gap Cover – 'No need to think about it just join them'.



EASY TO CLAIM

Turnberry claim form

You can get the claim form under documents on our website.

You can also access the online claim form at <https://turnberry.co.za/claim-form/> (this can be completed and submitted online).

Requirements

A list of the requirements appears on the Claim form as well.

Should we require any further documentation, an email will be sent to you and your broker advising you of the outstanding requirements.



Invoices

All doctors invoices and/or statements

Hospital accounts

Please request a detailed invoice from the hospital's accounts department that includes date of admission, date of discharge and the ICD-10 codes and Procedure codes

Medical Aid Remittance/ Claim Statement

This statement from the Medical Aid will reflect the invoiced amount(s) for the service providers, the amounts paid and/or rejected by the Medical Aid.

Please note all claims are assessed in terms of the Benefits provided by the Policy and the Policy Terms and Conditions. Once a claim is admitted, the claimed amount is paid directly to the Policyholder who must settle outstanding amounts with the service providers. Provided that all requirements are received valid claims are settled within 10 working days.

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. Please do not hesitate to contact Turnberry should you have any queries.



CORPORATE GROUP GAP COVER

PREMIER GROUP OPTION

OPTIMAL GROUP OPTION

SYNERGY GROUP OPTION

LAUNCH GROUP OPTION

MED-EXTEND GROUP OPTION

*Rates are subject to change due to the demographics of a groups



RATES DEPENDENT ON GROUP DEMOGRAPHICS

- Ave age
- Medical aid option
- Voluntary or compulsory
- Nature of business



TAILOR MAKE A PRODUCT FOR GROUPS OF 500+



GROUPS - 20+ MEMBERS FOR 2024



FAVOURABLE UNDERWRITING (WAITING PERIODS) dependent on size of group. To be discussed.



ELECTRONIC TAKE-ON

Employee benefits form an influential part in the corporate talent attraction and retention strategy, and companies can leverage these contributions to differentiate their employee value proposition (EVP). As such, many businesses have started to offer Employee Assistance Programmes (EAP) to cater to physical, financial and mental health, along with the more common medical aid, pension and provident funds. However, while screening is offered as part of EAP, and medical aid pays for a portion of medical expenses, the reality is that the shortfalls between what medical aid pays and what medical procedures cost is widening all the time. Adding gap cover into the employee benefit basket is cost effective and can make a real difference in employees' lives – and productivity – today as well as in the future.

THE TRUE COST

With the gap between medical aid payments and the cost of procedures growing, as well as new treatments coming in that are not fully covered by medical schemes, many people cannot afford the co-payment or shortfalls that will result from having necessary treatments and procedures. These shortfalls can run into tens of thousands of rands, sums that most people simply do not have available to them. Often in these instances, people will try and treat problems that require surgical intervention with conservative means, which in turn results in increased sick leave as they take time off when they are in pain or unwell. Their well-being also suffers because of ongoing pain and suffering from

not being able to seek the right treatment. When they cannot avoid surgery any longer, the payments can put them into significant financial difficulty. They may have to take loans from the bank, or microloans from the business, make payment arrangements with doctors, and in general deal with considerable stress at a time when their health should be the focus.

PEACE OF MIND AND FINANCIAL WELL-BEING

The addition of gap cover to benefits is an affordable way for corporates to make a real, tangible difference to their employees' health and financial well-being. With gap cover in place, those who need medical treatments or surgical interventions can seek the care they need without fear of massive financial repercussions. Co-payments and shortfalls are covered up to the Overall Annual Limit (OAL), providing peace of mind and allowing people to prioritise their health. In the case of unexpected illness or injury, the added stress of having to pay for these shortfalls is reduced.

THE BENEFITS OF GROUP GAP COVER

Corporates have access to group gap cover for their employees, which has a number of benefits over private gap cover, including preferential rates and reduced waiting periods. Value-added benefits include access to trauma counselling, additional cancer cover and a lump sum pay-out on first cancer diagnosis, depending on the plan, all of which can help with both financial and mental well-being.

LOMBARD INSURANCE COMPANY LIMITED



Turnberry Management Risk Solutions (Pty) Ltd is an authorised Financial Services Provider (FSP no. 36571). Underwritten by Lombard Insurance Company Limited, an Authorised Services Provider (FSP no 1596) an Insurer conducting non-life insurance business.

Lombard Insurance Company Limited, started in 1990 by the visionary George Lombard as a niche insurer operating specifically in guarantee markets, has developed into a multifaceted business that provides diversified insurance and related solutions to the business market.

Lombard values the entrepreneurial spirit – it's how we started in 1990 and how we've grown our businesses. Finding unique offerings and solutions, reacting to situations at critical moments, changes in the market and new opportunities – even in and from the most unexpected places and businesses – is core to what makes us leaders in specialist insurance. With more than R5.2 billion in assets (as at June 2021) and an A+ rating from Global Credit Ratings for our claims-paying ability, Lombard Insurance Company Limited is financially solid and poised for growth.

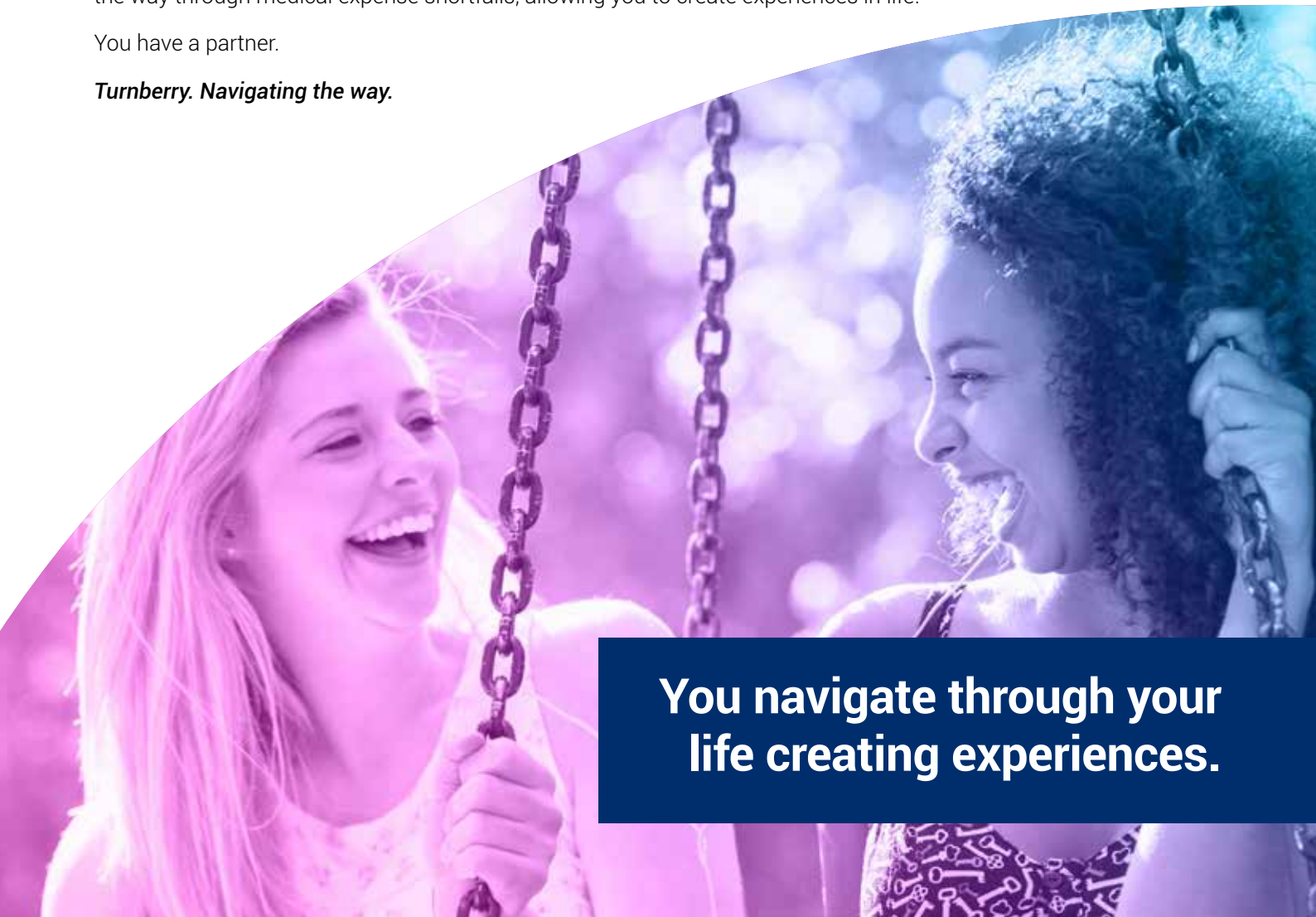
TURNBERRY MANAGEMENT RISK SOLUTIONS (PTY) LTD

Turnberry, founded in 2001, offers a range of products best suited to your needs, providing unsurpassed service, while at the same time helping you to avoid the potential financial burden of exorbitant medical expense shortfalls.

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 shortfalls and co-payments that usually arise when you or one of your dependents 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.



**You navigate through your
life creating experiences.**

Product Comparison 2024

National Treasury annually publishes new limits under the Demarcation Regulations. The changes are effective from 1st April. Please refer to our website for the latest Overall Annual Limit (OAL) on each of our products.

	PREMIER R588 per family for under 65yrs R845 per family for 65yrs+ R433 per individual for under 65yrs R591 individual for 65yrs+	OPTIMAL R445 per family for under 65yrs R643 per family for 65yrs+	SYNERGY R380 per family for under 65yrs R532 per family for 65yrs+	LAUNCH R164 per family for under 65yrs R285 per family for 65yrs+	MED-EXTEND R386 per family for under 65yrs R525 per family for 65yrs+
In-hospital benefits					
MEDICAL EXPENSE SHORTFALL COVER	600%	500%	500%	350%	300%
CO-PAYMENT COVER	OAL	OAL	OAL	R3 500 per admission. 1 claim pfpa	R6 000 per admission. 2 claims pfpa
NON-DSP HOSPITAL PENALTY COVER	R15 500 per admission. 2 claims pfpa	R12 500 per admission. 1 claim pfpa	R9 700 per admission. 1 claim pfpa	-	-
SUB-LIMIT COVER	R41 000 per admission	R31 000 per admission. R70 000 pfpa	R31 000 per admission. R70 000 pfpa	-	-
TRAUMA RECOVERY COVER	R5 000 per admission. R10 000 pfpa	-	-	-	-
DEFINED PROCEDURES	-	-	-	-	Refer to page 13
MEDBOOST	-	-	-	-	Refer to page 12

In-hospital and out-of-hospital benefits

TRADITIONAL CANCER COVER	OAL	20% co-payment cover	-	-	-
BIOLOGICAL CANCER DRUGS	OAL	OAL	-	-	-
INNOVATIVE CANCER DRUG COVER	R11 000 per claim	R11 000 per claim	-	-	-
MRI AND CT SCAN COVER	R7 000 per event. 2 claims pfpa	R6 000 per event. 2 claims pfpa	R5 000 per event. 1 claim pfpa	-	R5 000 per event. 1 claim pfpa
TRAUMA COUNSELLING COVER	R2 500 per consult. R8 000 pfpa	R2 500 per consult. R7 000 pfpa	R2 500 per consult. R6 000 pfpa	-	-
BREAST CANCER PREVENTION COVER	600%	500%	-	-	-
BREAST CANCER RECONSTRUCTION COVER	Affected Breast 600%. Unaffected breast R27 000 per lifetime	Affected Breast 500%. Unaffected breast R20 000 per lifetime	-	-	-
SCREENING SCOPES	Limited to 1 every 5 years, per insured person and R7 500. Subject to the OAL	Limited to 1 every 5 years, per insured person and R6 000. Subject to the OAL	-	-	-

Out-of-hospital

CO-PAYMENTS FOR MRI, CT AND PET SCANS	OAL	OAL	OAL	OAL	-	-
CO-PAYMENTS FOR SCOPES	R5 000 per event, 2 claims per insured	R5 000 per event, 2 claims per insured	R5 000 per event, 2 claims per insured	R5 000 per event, 2 claims per insured	-	-
SUB-LIMIT COVER FOR MRI, CT AND PET SCANS	R41 000 per event	R31 000 per event. R70 000 pfpa	R31 000 per event. R70 000 pfpa	R31 000 per event. R70 000 pfpa	-	-
CASUALTY BENEFIT FOR ACCIDENTS	R16 500 per event	R11 000 per event	R11 000 per event	R10 000 per event	R6 500 per event	R4 000 / 1 pfpa
CASUALTY BENEFIT FOR ILLNESS	R4 000 per event. 3 claims pfpa	R4 000 per event. 2 claims pfpa	R4 000 per event. 2 claims pfpa	R3 500 per event. 2 claims pfpa	-	-

In-hospital dental benefits

MEDICAL EXPENSE SHORTFALL COVER	600%	500%	500%	500%	350%	300%
BASIC DENTAL MEDICAL EXPENSE SHORTFALL COVER FOR CHILDREN	R4 500 pfpa for children up to and incl 12 yrs	R3 500 pfpa for children up to and incl 12 yrs	R3 500 pfpa for children up to and incl 12 yrs	R2 500 pfpa for children up to and incl 12 yrs	-	-
CO-PAYMENT COVER	OAL	OAL	OAL	OAL	-	-
SUB-LIMIT COVER	R32 500 per admission	R22 000 per admission. R50 000 pfpa	R22 000 per admission. R50 000 pfpa	R22 000 per admission. R50 000 pfpa	-	-
SUB-LIMIT AND CO-PAYMENT COVER FOR DENTAL IMPLANTS	R54 000 pfpa	R22 000 per admission. R50 000 pfpa	R22 000 per admission. R50 000 pfpa	R22 000 per admission. R50 000 pfpa	-	-

Added benefits (not subject to OAL)

FIRST DIAGNOSIS OF CANCER BENEFIT	Stage1 - R5 000 Stage 2 - R15 000 Stage 3 - R25 000 Stage 4 - R30 000	-	-	-	-	-
MEDICAL SCHEME CONTRIBUTION WAIVER	R6 600 / 6 months	R6 600 / 6 months	R6 600 / 6 months	R6 600 / 6 months	R6 600 / 6 months	R6 600 / 6 months
GAP PREMIUM WAIVER	12 months	12 months	12 months	12 months	12 months	12 months
PERSONAL ACCIDENT BENEFIT	R32 000 per insured	R18 000 per insured	R18 000 per insured	R12 000 per insured	-	-
DEATH DUE TO CRITICAL ILLNESS (excludes cancer)	R12 500 per insured	R8 500 per insured	R8 500 per insured	-	-	-
ACCESS TO INTERNATIONAL TRAVEL COVER	R5 million	R5 million	R5 million	R5 million	R5 million	R5 million

INSURER
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LOMBARD
(FSP no.1596)


Turnberry
GAP COVER
NAVIGATING THE WAY
(FSP no. 36571)

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

Turnberry Management Risk Solutions (Pty) Ltd is an authorised Financial Services Provider (FSP no. 36571). Underwritten by Lombard Insurance Company Limited, an authorised Services Provider (FSP no. 1596) an Insurer conducting non-life insurance business

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