International Travel 2019

MEDICAL ASSISTANCE BENEFIT DOCUMENT
Effective 1 January 2019
ACTIVATION IS NOT REQUIRED TO ACCESS THE BENEFIT

Who is covered

1. All beneficiaries who are registered on the Scheme are covered under the benefit.
2. The benefit covers members in South Africa while travelling outside the borders of South Africa, and members who reside in the SADC Region when travelling outside the borders of their country of residence.
3. SADC Region members may not access this benefit when travelling to South Africa, as they will have access to their standard benefits while in South Africa. SADC Region refers to a group of countries in southern Africa, i.e. Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe.

This benefit is managed by International SOS, who provides medical assistance to members while travelling.

Embassy Letter For Visa Requirements

If you require an embassy letter, you can request it directly from the Profmed app. The app can be downloaded from your smartphone store. Alternatively, Client Services can be reached on 0860 679 200 or at internationalinfo@profmed.co.za, Mondays to Fridays between 07:30 and 18:00, and Saturdays between 08:00 and 12:00, excluding public holidays. Please request your letter at least 7 days prior to departure.

What is covered

<table>
<thead>
<tr>
<th>Cover for emergency medical expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>In- and out-of-hospital medical expenses up to a maximum of R6 million per beneficiary per journey on the ProPinnacle, ProSecure Plus and ProSecure (Premium and Savvy) options. Out-of-hospital expenses are subject to an excess of R1 500</td>
</tr>
<tr>
<td>In-hospital medical expenses only up to a maximum of R6 million per beneficiary per journey on the ProActive Plus and ProActive (Premium and Savvy) options</td>
</tr>
<tr>
<td>Spectacles and/or contact lenses to a maximum of R3 300, subject to R1 500 excess</td>
</tr>
<tr>
<td>Cover for 90 days from the date of departure</td>
</tr>
<tr>
<td>Beneficiaries of all ages are covered</td>
</tr>
<tr>
<td>Pre-existing medical conditions</td>
</tr>
<tr>
<td>Benefits that are covered on the benefit option to which the member/beneficiary belongs</td>
</tr>
<tr>
<td>Medical evacuation to the nearest appropriate centre of medical excellence, if necessary</td>
</tr>
<tr>
<td>Repatriation to the nearest appropriate centre of medical excellence in South Africa, if necessary, provided the patient is fit to travel</td>
</tr>
<tr>
<td>If International SOS anticipates that the nature of the treatment you require will exceed the time period for which you are travelling or the 90-day journey limit, whichever is sooner, you will be repatriated to South Africa</td>
</tr>
<tr>
<td>Treatment will be covered in terms of the protocols of International SOS and the Scheme rules</td>
</tr>
</tbody>
</table>

What is not covered

| Out-of-hospital expenses up to R1 500 |
| Expenses in respect of spectacles and/or contact lenses in excess of R3 300 |
| Elective or anticipated treatment, and Scheme exclusions |
| Treatment that exceeds the R6 million limit |
| Repatriation of mortal remains |
| All out-of-hospital expenses for members on the ProActive Plus and ProActive (Premium and Savvy) options |
Cover for any period of time that exceeds 90 days from the date of departure

Members/beneficiaries in a general waiting period will not be entitled to benefits during this period

Members/beneficiaries in a condition-specific waiting period will not be entitled to any benefits relating to that condition during this period

Related or resultant medical costs on return to South Africa (or SADC country of residence). These costs will be funded from the standard benefits, if available on the option to which the member/beneficiary belongs, and subject to availability of benefits

Treatment that is not covered on the option to which the member/beneficiary belongs

Treatment that is obtained contrary to the protocols and advice of International SOS

Cover is not available if travelling to a region of conflict, war zones, and politically unstable or medical high-risk countries, e.g. epidemics

Travelling against the medical advice of a medical practitioner or if a terminal prognosis has been given

5 How to access medical treatment

In all instances, contact International SOS on +27 11 541 1225 prior to receiving treatment. This will ensure you receive appropriate treatment from a suitable provider. International SOS will settle the cost of the treatment directly with the provider if approval has been obtained. In an emergency medical situation where you are unable to contact International SOS upfront, please notify International SOS as soon as possible after the event. Claims will be covered in terms of the protocols of International SOS up to a maximum of R6 million, subject to the Scheme rules.

6 How to avoid a co-payment

If you want to avoid a co-payment, it is important that you contact International SOS prior to receiving in- or out-of-hospital treatment. To access treatment while travelling, call +27 11 541 1225. All claims will be assessed in terms of Profmed's and International SOS's protocols and co-payments. Valid claims, in- and out-of-hospital, are paid from the R6 million limit per beneficiary per journey. If you are travelling for longer than 90 days and require additional travel insurance, contact your travel agent prior to departure.

International SOS negotiates fees with medical service providers and monitors that charges are appropriate and that treatment is medically necessary. If International SOS is not contacted prior to medical treatment being accessed and the treatment is found to be inconsistent with the medical condition or that the cost of the treatment is in excess of what International SOS would have negotiated with service providers, you will be responsible for any co-payment.

7 How to submit a claim

In order for your claims to be processed, the following documentation must be submitted:

• Copy of identity document of the member and claimant/patient
• Fully completed international claim form
• Proof of travel, i.e. passport, airline ticket, etc
• Medical report from the attending doctor

Claims must be submitted within four months from the date of treatment. Please note that claims will not be processed should all the required documentation not be submitted.

Claims can be submitted to:

Post: PO BOX 1031
      Lyttelton
      Centurion
      0140

E-mail: internationalclaims@profmed.co.za

You can also submit your claims via the Profmed app by taking a photograph of the claim, or browsing for the claim saved on your smart device, and submit. Download the international travel claim form from www.profmed.co.za. Alternatively contact us on 0860 679 200 or send an e-mail to internationalinfo@profmed.co.za to request the international travel claim form.
Contact Us

0860 679 200
+27 12 679 4144 (Outside RSA)
012 679 4411 (No faxed claims)
info@profmed.co.za
claims@profmed.co.za
www.profmed.co.za