

OPTIMAL

Monthly premium R233 per family

An ideal benefit option offering additional peace of mind for Cancer cover, especially where your medical aid has limited cover.



BENEFITS

Benefits for in-hospital treatment

Private Rate Cover	Increases the medical aid rate up to 500%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, etc.). Unlimited overall annual limit
Co-payment Cover	R20 000 per admission per insured. Unlimited overall annual limit
Sub-limit Cover for Internal Prosthesis	R10 000 per admission per insured. Limited to R50 000 per family per annum

Benefits for in-hospital and out-of-hospital treatment

Traditional Cancer Cover	Co-payment cover for traditional cancer treatment limited to 20% per admission and R250 000 per insured per annum (R200 000 excess)
Biological Cancer Drug Cover	R200 000 per insured per annum (R200 000 excess)
Travel Cover	R5 000 000 per insured

Benefits for out-of-hospital treatment

Co-payments for MRI, CT and PET scans	R20 000 per admission per insured. Unlimited overall annual limit
Casualty Benefit (Accidents only)	R6 000 per event per insured. Unlimited events per annum

SPOT
LIGHT
ON

- Breast Reconstruction due to breast cancer is covered up to 500% of the medical aid rate
- Treatment in a casualty unit is covered for accidents (see Casualty Benefit)

Age Limit

Maximum entry age is 65 years next birthday

Waiting Periods

- A 3-month general waiting period applies to all benefits, with exception of benefits providing cover up to 500% should the commencement of the policy be in line with the commencement date of the medical scheme
- A 9-month waiting period on pregnancy/childbirth
- A 12-month waiting period on: hysterectomy (except where malignancy can be proven), hysteroscopies and endometrial ablations; joint replacements and spinal investigations, surgery or treatment (except in the event of an accident); tonsillectomy, grommets, adenoids, wisdom teeth and treatment or surgery for a hernia (except as a result of emergency surgery)
- No benefits shall be payable for an insured event for which the Insured person received treatment or advice 12 (twelve) months prior to becoming an Insured person. This exclusion only applies to the first 12 (twelve) months of an Insured person's cover
- Pre-diagnosed cancer is covered provided that the Insured person has been in complete remission for a period of 5 years

Please note that the products displayed in this brochure are not a medical scheme and the cover is not equivalent to that of a medical scheme. Medical scheme cover is a prerequisite for this cover. These products are complementary to a medical aid scheme and are 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. Underwritten by Lombard Insurance Company Limited.