

	Comprehensive Family 2019	Comprehensive Individual 2019	Linksave Gap 500 Plus 2019	Network Plus 2019
Premium (Under 75 at inception)	R410 pm	R300 pm	R310 pm	R265 pm
Premium (Senior 75+)	R545 pm	R440 pm	R475 pm	R420 pm
Overall Annual Limit (OAL)	R150 000 overall aggregated annual limit, per insured person	R150 000 overall aggregated annual limit, per insured person	R150 000 overall aggregated annual limit, per insured person	R150 000 overall aggregated annual limit, per insured person
Tariff Gap	Subject to OAL	Subject to OAL	Subject to OAL	Subject to OAL
Co-Payments	Subject to OAL	Subject to OAL	Subject to OAL	Excluded
Sub-Limits	Subject to OAL	Subject to OAL	Excluded	Excluded
Casualty	R15 000 pa, limited to R4 000 per event – also illness emergencies for infants and children under 8 years	R6 000 pa, limited to R2 000 per event	R5 000 pa, limited to R2 000 per event – also illness emergencies for infants and children under 8 years	R2 000 pa, limited to R1 000 per event – also illness emergencies for infants and children under 8 years
Cancer Diagnosis	R15 000 once-off – first diagnosis only	R15 000 once-off – first diagnosis only	Excluded	Excluded
Cancer Treatment	Subject to OAL	Subject to OAL	Excluded	Excluded
Gap Waiver	6-month waiver on Linksave Premium	6-month waiver on Linksave Premium (Perm Disab only)	6-month waiver on Linksave Premium	6-month waiver on Linksave Premium
Medical Aid Premium Assist	Max R5 000 x 4 months (criteria apply)	Max R2 000 x 4 months (Permanent Disability only)	Max R3 000 x 4 months (criteria apply)	Max R2 000 x 4 months (criteria apply)
Listed Procedures	N/A	N/A	N/A	10 (Max= R80 000 pa)
Non-DSP Hospital Co-Payments	R8 500 pppa	R8 500 pppa	R5 000 pppa	N/A
Hospital Consumables	R4 000 pa, R500 per event	R2 000 pa, R500 per event	R2 000 pa, R500 per event	R2 000 pa, R500 per event
Maternity Benefit	50% of additional cost of private room in maternity ward, max R2 500	50% of additional cost of private room in maternity ward, max R2 500	50% of additional cost of private room in maternity ward, max R2 500	50% of additional cost of private room in maternity ward, max R1 500
Specialised Dentistry	Maximum R6 000 pfpa, limited to R3 000 pppa for Surgical Extractions and Root Canal Treatment performed in dentist's rooms	R3 000 pppa for Surgical Extractions and Root Canal Treatment performed in dentist's rooms	Maximum R4 000 pfpa, limited to R1 500 pppa for Surgical Extractions and Root Canal Treatment performed in dentist's rooms	Maximum R1 500 pfpa for Surgical Extractions and Root Canal Treatment performed in dentist's rooms
Accidental Death	R30 000 principal member only	R30 000 principal member only	R15 000 principal member only	R10 000 principal member only
Child Dependent	Up to 27 if unmarried and on principal member's medical scheme	N/A	Up to 27 if unmarried and on principal member's medical scheme	Up to 27 if unmarried and on principal member's medical scheme

Reference:

pfpa = Per Family Per Annum

pppa = Per Person Per Annum

pa = Per Annum

Senior pricing applies when a principal member is 75 years or above at time of inception of the policy.

RENASA'S HISTORY

Renasa was established in 1998 by the international Reliance National group. Following its restructure in 2004, it has developed into an A- rated general insurer servicing independent intermediaries with a broad product range, a national footprint and industry-leading technology. Renasa has exhibited steady growth for a number of years and has gross premium income exceeding R1 billion.

The board is supported by an experienced, professional and well qualified executive team and an operational team of skilled technicians with a collective short-term insurance experience amounting to hundreds of years. There are also 11 offices in various provinces of South Africa.

Rated A-, Renasa has an unrestricted short-term insurance license. Renasa adopts cautious financial policies, maintains conservative solvency margins, and is backed by a comprehensive reinsurance programme lead by the world's leading reinsurers. Uniquely, Renasa's treaties have a three-year term.

CLAIMS

Linksave is now in the position to negotiate settlement with the relevant service providers on behalf of the insured. This will be an advantage to your client's, bearing in mind the new limits of R150 000 aggregated annual limited, imposed by National Treasury.

Where Linksave settles directly with a provider, no payment will be made to the insured. The insured will be informed of the discounted settlement. Where possible, we request that the insured submits the claim form to Linksave before settling with a provider in order to allow us to negotiate a favourable settlement amount. Should the service provider be unwilling to accept payment on our terms, then payment will be made in the customary manner to the policy holder.

It is the member's responsibility to submit a claim in writing within six (6) months of the first day of admission to hospital. Any claim received later than the six (6) month claiming period will not qualify for any benefit.

All claims without the required documentation will be held pending until all the documentation is received, or until the prescription period of twelve (12) months from the first day of hospitalization.

Linksave will endeavour to have claims finalised within 14 working days from the date in which the final documentation is received by the Linksave Claims Department.

UNDERWRITING

NEW APPLICATIONS:

Waiting Periods

Applicable from date of inception of cover.

- 1 3 Months**
General Waiting period
(except accident-related hospitalization claims)

- 2 12 Months**
Pre-existing conditions OR if you've consulted with a physician or received treatment for a condition prior to application (pregnancy/childbirth or childbirth-related hospitalization included)

- 3 12 Months**
 - Joint Replacements
 - Spinal Surgery
 - Endoscopic procedures
 - Tonsillectomies
 - Adenoidectomies
 - Myringotomies

- 4 12 Months**
Premium waiver & Medical Assist

- 5 12 Months**
Remission Exclusion applied to cancer treatment benefit where an insured member/applicant has had a prior diagnosis of cancer.

UPGRADES:

Where a member upgrades to a more comprehensive gap product, the above waiting periods will be applied to only the NEW ADDED benefit components. Where there is a balance of an existing waiting period at the time of upgrading, the balance of waiting periods will continue to apply to the member's gap product benefits on the policy.

CONTINUATIONS:

Where a family member, or resigning employee, with unbroken cover applies to continue independently with his/her existing cover benefits (eg. an adult child or divorcee), there will be NO waiting periods applied, except where a balance of existing waiting periods applies. Please refer example above (under section 'UPGRADES') with regards to underwriting applied to upgraded benefits.

DISCLAIMER:

KINDLY NOTE THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS FOR INFORMATION PURPOSES ONLY. PLEASE REFER TO YOUR POLICY DOCUMENT FOR A LIST OF DEFINITIONS, BENEFITS, LIMITATIONS AND EXCLUSIONS. THIS IS NOT A MEDICAL SCHEME AND COVER IS NOT THE SAME AS THAT OF A MEDICAL SCHEME. THIS POLICY IS NOT A SUBSTITUTE FOR MEDICAL SCHEME MEMBERSHIP.