Benefit Schedule

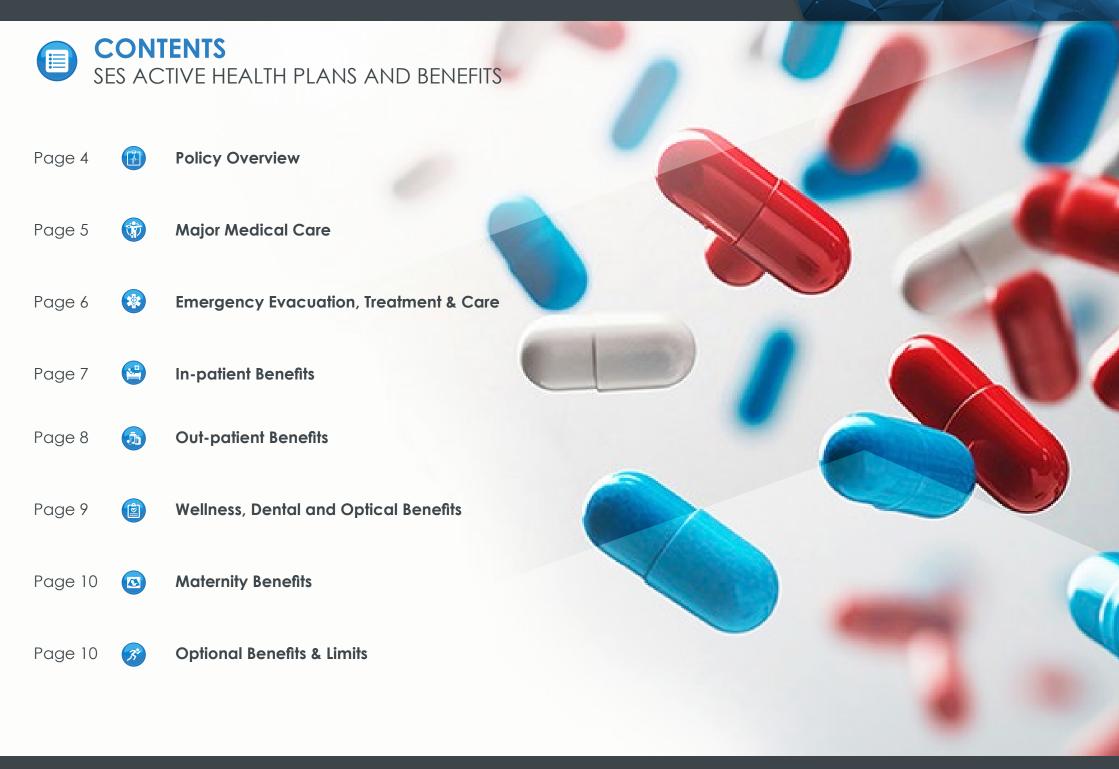


LEGACY HEALTH PLANS 2024

REGIONAL HEALTH PLANS / INTERNATIONAL HEALTH PLANS







COMPARISON

The below cover indication is not a contract and does not include full details about your cover. Please refer to the Benefits Schedule for full cover limits.

REGIONAL HEALTH PLANS

Evacuation only*

UP TO USD 100,000 OVERALL LIMIT

INTERNATIONAL HEALTH PLANS

Evacuation only Worldwide Cover out of Zambia, comprehensive and evacuation*

UP TO USD 500,000 OVERALL LIMIT

| KEY BENEFITS | BRONZE | GOLD |
|---------------|-------------------------------------|--|
| Major Medical | ⊗ | |
| Emergency | | |
| Out-patient | ⊗ | |
| In-patient | ⊗ | |
| Maternity | ⊗ | 8 |
| Optical | ⊗ | 8 |
| Dental | ⊗ | |
| Wellness | ⊗ | |
| | *Evacuation to South Africa only | *Worldwide Treatment (excluding USA, Canada or South America). Claims paid at SES Network Rates |

| BENEFIT | REGIONAL HEALTH PLANS | INTERNATIONAL HEALTH PLANS |
|---------------------|---------------------------------|---|
| | BRONZE | GOLD |
| Overall limit | USD 100,000 | USD 500,000 |
| Area of cover | Evacuation to South Africa only | Worldwide Treatment (excluding USA, Canada or South America) Claims paid at SES Network Rates |
| Type of cover | Evacuation only | Worldwide Cover out of Zambia, comprehensive and evacuation |
| Excess ¹ | N/A | USD 175 |
| Hospital network | N/A | N/A |
| | | |

^{1:} Excess - payable for all elective international benefits per condition

| REGIONAL HEALTH PLANS | INTERNATIONAL HEALTH PLANS |
|-----------------------|----------------------------------|
| BRONZE | GOLD |
| | |
| N/A | Paid in full, out of Zambia only |
| | |
| | N/A |
| N/A | Out of Zambia only |
| | N/A |

- 2: Cancer diagnosis & treatment: please refer to the applicable terms and conditions
- 3: Psychiatric treatment includes in-patient and out-patient treatment
- 4: HIV Treatment: please refer to the applicable terms and conditions



EMERGENCY EVACUATION, TREATMENT & CARE BENEFITS SCHEDULE

| BENEFIT | REGIONAL HEALTH PLANS | INTERNATIONAL HEALTH PLANS |
|---|---|--|
| | BRONZE | GOLD |
| Local road ambulance | | |
| Local air ambulance | Paid up to overall limit | Paid up to overall limit |
| International medical evacuation ⁵ | | |
| Emergency hospitalisation | N/A | Paid up to General ward |
| High care & ntensive care | N/A | Paid up to overall limit |
| Travel & accommodation of a third party | Max USD 70/night rebate for costs incurred. Max 30 days emergency only. Parental accommodation for patients under 18yrs. Only travel for one companion in an emergency evacuation | Max USD 100/night rebate for costs incurred. Max 30 days emergency only. Accommodation for one immediate family member Only travel for one companion in an emergency evacuation |
| Repatriation to country of residence after international evacuation (commercial flights only) | USD 5,500 | Paid in full |
| Repatriation of mortal remains, purial or cremation after international evacuation | | USD 5,500 |
| Home-based nursing care | N/A | N/A |

- 5: International Medical Evacuation limited to 1 evacuation per condition per benefit year
- 5: International Medical Evacuation has no excess applied
- 5: International Medical Evacuation is applicable to immediately life or limb threatening conditions
- 6: Travel and Accomodation of a third party: please refer to the applicable terms and conditions



| BENEFIT | REGIONAL HEALTH PLANS | INTERNATIONAL HEALTH PLANS |
|---|-----------------------|----------------------------------|
| | BRONZE | GOLD |
| Elective Hospitalisation & Surgery ⁷ | | Paid in full (General Ward) |
| Prosthesis internal | | Paid in full, out of Zambia only |
| Palliative care | | |
| Rehabilitation (Post-Hospitalisation) Requires pre- authorisation | N/A | Out of Zambia only |
| Economy flight for in-patient elective treatment (Where in country treatment is deemed inappropriate, SES doctor's pre- approval is required) | | N/A |

7: In-patient Care has a 3 month waiting period on initial application



| BENEFIT | REGIONAL HEALTH PLANS | INTERNATIONAL HEALTH PLANS |
|---|-----------------------|----------------------------------|
| | BRONZE | GOLD |
| Medical doctor or specialist consultations | | |
| Prescription Medication and nedically indicated vaccination ⁸ | | Paid in full, out of Zambia only |
| Over-the-counter nedication | | N/A |
| K-rays (when equested by nedical doctor) | | |
| Pathology (when equested by medical doctor) | N/A | Paid in full, out of Zambia only |
| Advanced imaging Pre-authorisation equired | | |
| Prosthesis external? | | USD 1,000 |
| Physio & Chiropractor essions | | N/A |
| Chronic condition nanagement | | USD 2,000, out of Zambia only |

^{8:} Prescription medication and medically indicated vaccination applies to Covid-19 vaccinations where applicable 9: Prosthesis external includes medically indicated devices



WELLNESS, DENTAL AND OPTICAL BENEFITS BENEFITS SCHEDULE

| BENEFIT | REGIONAL HEALTH PLANS | INTERNATIONAL HEALTH PLANS |
|--|-----------------------|-----------------------------------|
| | BRONZE | GOLD |
| reventative Health creening benefit ¹² | | USD 1,000 (in South Africa only) |
| oral care & dental eatment | | USD 500 |
| ptical ¹⁴ | | |
| lutritionist & Dietitian Requires referral om SES doctors) | N/A | N/A |
| dedically Indicated accinations | | |
| Medical insurance avel benefit | | Overall limit, out of Zambia only |
| uneral Cash Benefit | USD 1,000 | USD 1,000 |

^{12:} Preventative Health Screening benefit applies every two years for clients over the age of 18

^{14:} Optical Benefits - Frames have an event limit of once every 2 years, whereas lenses and consultations are covered up to the annual benefit limit



| BENEFIT | REGIONAL HEALTH PLANS | INTERNATIONAL HEALTH PLANS |
|--|-----------------------|----------------------------|
| | BRONZE | GOLD |
| re-natal consults | | |
| Normal Delivery, Planned and Emergency Caesarian | N/A | N/A |
| Newborn hospitalisation | | N/A |
| Complications during the pre-natal period & childbirth | | |
| Birth defects & congenital abnormalities | N/A | N/A |
| IVF | N/A | N/A |

OPTIONAL BENEFITS & LIMITS BENEFITS SCHEDULE



15: High-risk activity loading - USD 200 for USD 50,000 loading, USD 400 for USD 100,000 loading and USD 600 for USD 150,000 loading.

Service and Administration Contact Details

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