



INSURANCE FOR  
PROFESSIONALS

## ***PPS Professional Health Provider™***

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## INTRODUCTION

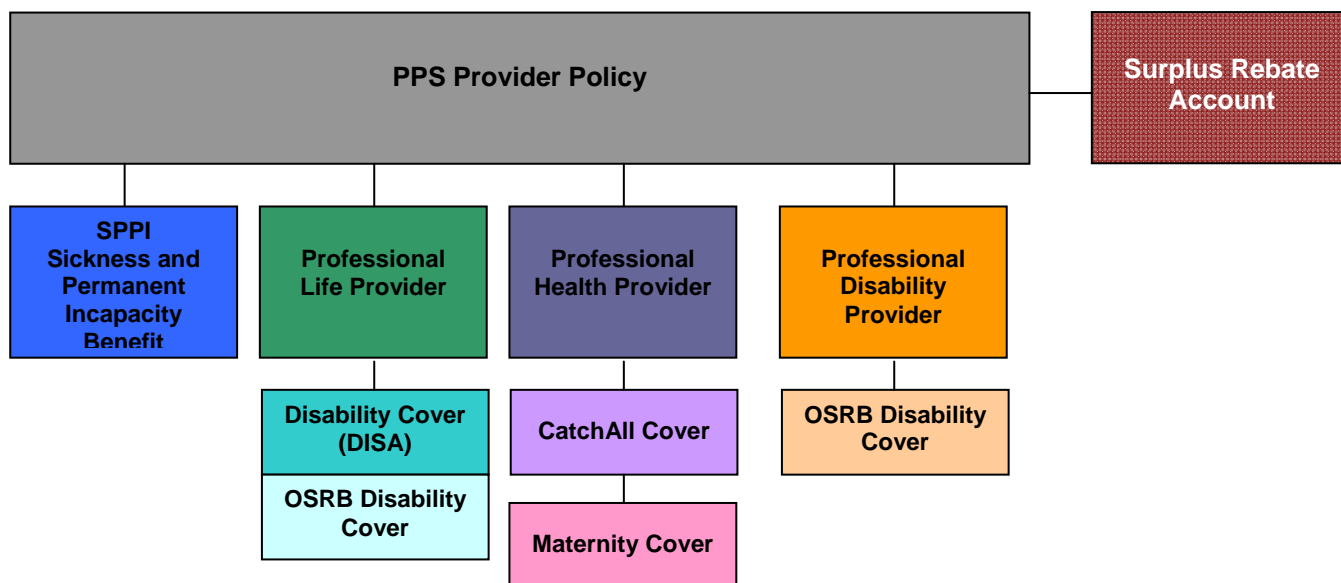
The unpredictable nature of health events mean that individuals face the risk of being burdened with the costs of recuperating from some form of dread disease or unexpected traumatic event. These events range from the onset of cancer or losing a limb to complications arising from pregnancy. Such events have a profound physical, emotional and financial impact on the lifestyle of the individual and their loved ones.

The PPS Professional Health Provider™ offers a superior risk solution to PPS policyholders. The Professional Health Provider lump sum payout will contribute towards the costs of various specified expensive health events.

Professional Health Provider covers dread disease, trauma and physical impairment events and includes two optional rider benefits namely, Maternity Cover and CatchAll Cover. It is one of the most comprehensive and innovative products available in the market, and is offered exclusively to professionals.

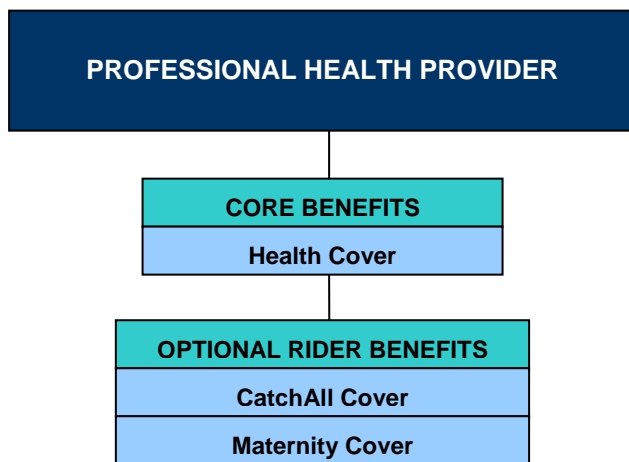
## PRODUCT OVERVIEW

The PPS Professional Health Provider™ is just one of the risk products offered as part of the PPS Provider™ range of products. It is a stand-alone product (i.e. the policyholder does not have to have SPPI cover). A policyholder, who has a PPS Provider™ policy, qualifies for a Surplus Rebate Account (SRA).



The Professional Health Provider covers a variety of dread diseases, trauma and physical impairments conditions. Many of the benefits are specifically tailored for the professional market and include conditions that professionals feel are important and life changing.

## The structure of the Professional Health Provider product:



The core Professional Health Provider benefit provides cover for a variety of dread disease, physical trauma and impairment conditions. CatchAll and Maternity Cover are optional rider benefits that may be added to the core Professional Health Provider benefit. By adding CatchAll Cover a policyholder ensures that all serious and permanent medical or physical conditions known and unknown are covered by the product. A female policyholder may select Maternity Cover, which is designed to cover conditions related to pregnancy complications. The policyholder is also able to select either whole of life or term Professional Health Provider cover.

Four severity levels are used to determine the amount of benefit payments, which ensures benefit payments are proportional to the severity of the illness. These severity levels have been set so that benefit payments are commensurate with the cover required and are based on the financial impact that the condition is expected to have. Most importantly, with a tiered benefit structure the cover remains in place should the condition worsens.

Professional Health Provider is comprehensive and unique in its design, in that a claim does not exhaust a benefit category for unrelated claims. This means that a policyholder can claim multiple times within and across benefit categories.

*See Continuation and Preservation of Cover below for full details.*

### Existing Professional Health Preserver Products

- PPS's dread disease and impairment product, the Professional Health Preserver will continue to be sold in Namibia but no new policies will be issued in South Africa.
- All existing Professional Health Preserver policies will remain in force.

- All existing Professional Health Preserver policyholders can still apply to increase their cover.

See *Annexure 1 – Differences between Professional Health **Provider** and Professional Health **Preserver** products* **and** see *Professional Health Preserver Adviser's Guide* for full details on this product.

### **Underwriting**

- Financial underwriting and proof of income is required at the discretion of PPS
- If a policyholder has a pre-existing condition, he/she will be able to apply for cover subject to the underwriting criteria and conditions as per the Chief Medical Officer's underwriting policy.
- Male and female rates are applied.
- The underwriting policy makes provisions for both loadings and exclusions.
- Smoker/non smoker rates are applicable.
- A policyholder after completing a cotinine test to confirm his/her non-smoker status may change their smoking status from smoking to non-smoking and pay the related non-smoking premiums. A 12 month waiting period is applicable from the date that PPS received the confirmation and a second cotinine test, before the rate will be adjusted.

#### *For Example:*

In February 2009, Mr Policyholder requests to change his smoker status to non-smoker status and undergoes a cotinine test to confirm this. After completing a second cotinine test, which again confirms his non-smoking status, his premium is adjusted to reflect his non-smoking status.

See *Annexure 3 – Medical Underwriting Requirements*

## Exclusions

No benefits will be paid if a claim for benefits arose directly or indirectly from any of the following events:

- deliberate involvement of the policyholder in war, invasion, hostility, civil war, rebellion, act of foreign enemy, warlike operations and accidental or deliberate explosion of weapons of war, during war or as a result of a previous war;
- deliberate involvement of the policyholder in terrorism, sabotage, or other acts involving violence or the use of force or not, which acts, from its nature or context are done in connection with political, social, religious, ideological or similar causes or objectives;
- deliberate involvement in strikes, labour disturbances, riots and civil commotion;
- atomic energy, nuclear fission or reaction;
- directly or indirectly attributable to, continued by or aggravated by excessive indulgence in liquor or drugs, immorality or disorderly conduct;
- indirectly attributable to, continued by or aggravated by intentionally self-inflicted or intentionally self-induced events, circumstances, disease, illness, injury or disability.
- the result of the consumption of a poisonous substance that would be known by a reasonable person to be harmful;
- due to an act committed by the policyholder that constitutes a breach of any law.

## Survival Period

Survival periods are applied to dread disease and impairment conditions and the policyholder has to be alive at the end of the survival period in order to receive a benefit payment. If the policyholder dies during the survival period no benefit payment will be made, since he/she would not have incurred the lifestyle adjustment costs, resulting from the dread disease or impairment condition, which the product is designed to cover.

A **14-day survival period** is applied on all conditions.

Certain conditions have longer survival periods, to assess the permanence and the severity level of the condition, built into the definitions. These conditions include:

- Heart attack, has a 30 day survival period.
- Stroke, has a 3 month survival period.
- Paralysis and loss of use of limbs, have 6 month survival periods (could be less if, at the discretion of PPS Chief Medical Officer, permanence is established earlier).
- Loss of Speech, has a 12 month survival period (could be less if, at the discretion of PPS Chief Medical Officer, permanence is established earlier).

## Waiting Periods

At application there are no initial waiting periods on core Professional Health Provider or CatchAll Cover.

## Premiums

- Premiums are calculated based on the policyholder's age next birthday. Age next birthday is equal to actual age + 1.
- Premium patterns differ for whole life and term products.
- The premiums are not guaranteed.

## Premium Pattern

- The **PPS Whole Life premium** pattern is applied to the **whole of life Professional Health Provider cover and whole life CatchAll Cover**.
- An **age related** premium pattern is applied to **term Professional Health Provider cover, term CatchAll Cover and Maternity Cover**.

### • PPS Whole Life Premium Pattern

- The premiums for whole of life benefits will be calculated with respect to age next birthday at policy inception.
- Each year, in the month after the policyholder's birthday, these premiums will increase by a percentage based on the policyholder's age.
- The PPS Whole Life premium pattern percentage increases are based on a professional's likely pattern of salary growth.
- At a younger age, increases are low whilst a career is being established and income is growing more slowly.
- Post-retirement, the increases are again lower increasing in line with current inflation expectations.
- The percentages and premium rates are not guaranteed.
- The percentage increases are as follows:

Age	Escalating percentage
Up to 25	0%
26 to 30	2%
31 to 40	5%
41 to 56	7%
57 to 66	8%
67 onwards	6%

- The declared annual increases will result in the cover increasing by the declared percentage on 1 January each year. The premium for this increased cover is based on the policyholder's age next birthday at the time of the increase.
- If a policyholder wishes to increase his/her sum assured, the premium for the additional amount will be calculated according to his/her age next birthday at that time.

*For Example:*

Mr Policyholder, age 30, applies for whole of life Professional Health Provider cover of R 200 000. His premium will be calculated with respect to age 31 next birthday. Each year this premium will increase in the month after his birthday by the set PPS Whole Life premium pattern percentage increase and on 1 January premiums will increase in line with declared increases.

15 Years later, Mr Policyholder, now aged 45 decides to increase the sum assured by R 50 000. The premium for this additional R 50 000 will be calculated with reference to age 46 next birthday. This amount will be added to his current premium to determine the total new premium.

- **Age related premium pattern**

- The premiums for term benefits will be calculated with respect to age next birthday at policy inception and will increase annually thereafter based on the age next birthday of the policyholder.
- Premiums will increase annually in the month after the policyholder's birthday.
- The declared annual increases will result in the cover increasing by the declared percentage on 1 January each year.
- The premium for this increased cover is based on the policyholder's age next birthday at the time of the increase.
- If a policyholder wishes to increase his/her sum assured, the premium for the additional amount will be calculated according to his/her age next birthday at that time.

**Note:**

- **PPS Whole Life Premium Pattern:** A policyholder with whole of life Professional Health Provider will pay a more expensive premium initially. This is necessary in order to pre-fund the risk in the future. This premium pattern falls between the traditional level and age related patterns, resulting in initial affordability and ensuring that post-retirement increases are more appropriate as a result of the element of pre-funding.
- **Age Related Premium Pattern:** The age related premium pattern is suitable for term insurance as it ensures that the policyholder gets a cheaper rate now. No pre-funding for post-retirement is required.

### **Premium Frequency**

- Premiums are payable monthly, quarterly, semi-annually or annually in advance. The policyholder may select the premium frequency.
- A discount of 5 percent shall be granted on premiums paid twelve months in advance and a discount of 2,5 percent on premiums paid six months in advance.
- Policyholders are able to select a debit order date of either the 1<sup>st</sup> or 15<sup>th</sup> of each month.
- Premiums must be paid before the fifteenth day of the month in respect of which the premium is payable.

### **Temporary Cessation of Premium Payments (TCPP)**

At the discretion of PPS, a policyholder may temporarily cease paying premiums if he/she temporarily ceases to practice his/ her profession due to temporarily financial difficulty, maternity leave, full-time study and/or overseas travel.

The following conditions will apply to the Temporary Cessation of Premium Payments (TCPP):

- Only a period of up to 12 calendar months is allowed at a time, except for temporarily financial difficulty where a maximum period of 6 months is allowed.
- A maximum of 36 calendar months in aggregate is allowed.
- No benefit will be payable during the period of non-contribution.
- A policyholder may not apply for TCPP beyond his/her 60<sup>th</sup> birthday.
- If a policyholder wishes to reinstate cover during a non-contributory period (i.e. the TCPP period approved by PPS during which no premiums are paid), before the TCPP period expiry date, he/she will be subject to a full medical as well as financial underwriting.
- If a policyholder wishes to extend this non-contributory period, he/she must provide PPS with two calendar month's notice. The extension will be granted at the discretion of PPS.
- The policyholder may not cede a policy during a non-contributory period and no TCPP is allowed if the Professional Health Provider product is ceded.
- A 3 month waiting period is applied to the Professional Health Provider, once the non-contributory period has been completed.

#### *For Example:*

Mr Policyholder, an architect, has Professional Health Provider cover valued at R 1 000 000. He has informed PPS that he is going to continue his studies for a further year and applies, under the TCPP option, to stop paying his premiums for the year he plans to study. At the end of the one year non-contributory period, his Professional Health Provider cover of R 1 000 000 will be reinstated without underwriting and he will resume his premium payments. A three month waiting period, after he resumed premium payments, will also be applied

to his Professional Health Provider benefits.

### **Commencement of Cover**

- The policyholder will be able to choose the date of commencement of cover on his/her application form.
- The date of commencement selected by the policyholder can be any date in the 30 day period starting from the date on which the application form was completed.
- The actual date of commencement of cover will be subject to PPS accepting the applicant as a risk. Therefore:
  - if the chosen date of commencement is before the underwriting process has been completed, the actual date of commencement will be the date on which PPS accepts the cover; or
  - if the chosen date of commencement is after PPS has completed its underwriting process, the actual date of commencement of cover will be the date indicated by the applicant on the application form.
- If the actual date of commencement is any day other than the 1st day of a month, PPS will calculate a pro-rata premium with respect to the actual date of commencement. This will be collected with the first full premium.

### **Declared Annual Increases**

- Annual benefit increases may be declared, at the discretion of PPS Insurance, to reduce the eroding effects of inflation on benefits.
- Benefits will increase by the declared percentage on 1 of January of each year for which an increase was declared.
- Premiums for the increased cover will be based on the policyholder's age next birthday at the time of the increase.
- The declared annual increase is granted without further medical underwriting.
- The declared annual increases apply to all the benefits on the PPS Professional Health Provider™ product (including core Professional Health Provider cover and CatchAll Cover or Maternity Cover, if these rider benefits are attached to the core Professional Health Provider cover).

### **Additional Cover**

- A policyholder may apply for additional cover subject to the maximum benefit limits as well as the relevant age limits:
  - Whole of life Professional Health Provider cover: Cover can be increased until the policyholder turns 66. After the policyholder's 66<sup>th</sup> birthday cover will only increase as a result of declared annual increases.

- Term Professional Health Provider cover: Cover can be increased throughout the term of the cover.
- The policyholder will be re-underwritten when any additional cover is applied for.
- **Maternity Cover:** The sum assured of this rider benefits can only increase as a result of declared annual increases.
- **CatchAll Cover:** If CatchAll Cover is attached to the Professional Health Provider cover (whole of life or term), the sum assured of the CatchAll Cover will increase when the Professional Health Provider sum assured increases since CatchAll Cover will always have the same sum assured as the Professional Health Provider cover.

### Reduction of Cover

- A policyholder may reduce the sum assured of Professional Health Provider cover, subject to the minimum cover limits.
- The last cover received will be reduced first. This will include removing any loadings and exclusions relating solely to the cancelled portion of the cover.
- When a policyholder reduces his cover and then submits a claim, the total amount of cover payable, across all severity levels, will be based on the reduced cover amount.
- If CatchAll Cover is attached to the Professional Health Provider, when the Professional Health Provider sum assured is reduced the CatchAll Cover sum assured will also reduce to ensure that the Professional Health Provider and CatchAll Cover sums assured are always equal.

#### *For Example:*

In 2007, Mr Policyholder purchased Professional Health Provider cover to the amount of R 1 000 000. In 2011 he requests additional Professional Health Provider cover of R 500 000. He is re-underwritten and granted the extra R 500 000 cover with a kidney and urological exclusion. In 2014, financial pressure results in Mr Policyholder requesting that his cover be reduced by R 500 000. His cover will revert back to R 1 000 000, due to requested reduction in cover, and the kidney and urological exclusion removed. If Mr Policyholder submits a claim, he will be entitled to a percentage based on the severity of the condition of the reduced benefit amount of R 1 000 000. **Note: The example does not include declared annual increases in cover.**

### Reinstatement of Cover

- If a policyholder does not pay premiums for more than two months his/her cover will cease.
- The policyholder will be able to reinstate the policy, subject to underwriting, if the following conditions are met:
  - All arrear premiums (with interest at the legal rate) are paid within three months of the termination.

- No benefits will be payable during the period from the date of termination to the date PPS agrees to reinstate the cover.
- No benefits shall be payable with respect to any claim events that occurred during the period from the date of termination to the date PPS agrees to reinstate the cover.

### **Changing Occupation**

If the policyholder stops practising his/her qualified profession or changes his/her occupation to one not eligible for PPS membership, the following will apply:

- The core Professional Health Provider cover or any rider benefits, will **not** cease
- Declared annual increases will still apply and the policyholder will still be able to convert from term to whole life cover.
- The policyholder however, cannot increase the sum assured of any of the benefits.

### **Professional Health Provider cover will cease if one of the following events occurs:**

- When the policyholder dies.
- Cancellation of cover by the policyholder.
- Termination of PPS membership at Holding Company level.
- Cancellation by PPS Insurance Company Board.
- Non-payment of premiums.
- When the initial term of the contract expires (term Professional Health Provider cover).

### **Claim Amounts**

The claim amounts paid are expressed as a percentage, which is based on the severity of the event, of the sum assured.

There are four severity levels:

- Severity level A: Benefit is 100% of sum assured.
- Severity level B: Benefit is 75% of sum assured.
- Severity level C: Benefit is 50% of sum assured.
- Severity level D: Benefit is 25% of sum assured.

### **Assessment of Claims**

- In addition to other medical criteria, assessment for Professional Health Provider claims are done based on the concept of Whole Person Impairment (WPI) established by the American Medical Association's Guide to Permanent Impairment.
- This method is objective and recognised as standard assessment criteria, by the global medical industry,

for impairment claims.

- The term impairment, in the concept Whole Person Impairment (WPI), refers to the loss of function in any part of the body.
- Every impairment influences the functioning of the whole person e.g. a heart attack, the heart may still function but the muscle is damaged and therefore not functioning at 100%.

*For Example:* If a person lost a hand, it would mean that the hand was 100% impaired. This affects the functioning of the arm, which is then 36% impaired. The impairment of the arm in turn affects the functioning of the body as a whole. The whole person is therefore 22% impaired.

### **Surplus Rebate Account**

A policyholder, who has a PPS Provider™ policy, qualifies for a Surplus Rebate Account (SRA).

*See Financial Adviser's Guide on the SRA for more details.*

### **Cessions**

Two types of cessions are available on the Professional Health Provider:

- Partial Security Cessions; and
- Complete Security Cessions.

*See Financial Adviser's Guide on Cessions for more details.*

### **Conversion of an individual PPS Professional Health Provider™ product to a PPS Business Health Provider™ product and vice versa.**

Policyholders are not able to convert their PPS Professional Health Provider™ product to a PPS Business Health Provider™ products (and vice versa) due to the tax and estate duty implications of such a conversion.

## PRODUCT FEATURES: CORE BENEFIT

### Whole of Life Professional Health Provider

#### Benefit Type

This is a stand-alone lump sum benefit. This option allows cover for the whole of the assureds life and premiums are payable until death or termination of cover.

#### Entry Ages

<b>Minimum Entry Age</b>	Need to meet PPS eligibility criteria
<b>Maximum Entry Age</b>	Maximum entry age 66 (actual) (67 next birthday)

#### Benefit Limits (as at 1 January 2009)

<b>Minimum</b>	R 200 000.
<b>Maximum</b>	R 4 477 409 subject to financial underwriting (aggregated over all Professional Health Provider products and Professional Health Preserver policies, excluding Business Health Provider cover)

#### Premium Pattern

The PPS Whole Life premium pattern is applied.

## Term Professional Health Provider

### Benefit Type

This is a stand-alone lump sum benefit. This option allows the policyholder to select the term of the Professional Health Provider cover.

### Entry Ages

<b>Minimum Entry Age</b>	Need to meet PPS eligibility criteria
<b>Maximum Entry Age</b>	Maximum entry age 60 actual (61 next birthday)

### Benefit Limits (as at 1 January 2009)

<b>Minimum</b>	R 200 000
<b>Maximum</b>	R 4 477 409 subject to financial underwriting (aggregated over all Professional Health Provider products and Professional Health Preserver policies, excluding Business Health Provider cover)

### Benefit Term

The policyholder has the choice of either:

- cover to age 66 actual (67 next birthday); or
- cover for a fixed term (in whole years) subject to:
  - a minimum term of 1 year; and
  - a maximum term to age 66 actual (67 next birthday).

### Premium Pattern

Age related premium pattern is applied.

## Conditions Covered by Term and Whole of Life Professional Health Provider

The following conditions are covered by the Professional Health Provider cover:

<b>CARDIOVASCULAR</b>	Cardiovascular*
<b>BLOOD</b>	Aplastic anaemia
<b>NEUROLOGICAL</b>	<ul style="list-style-type: none"> <li>• Stroke</li> <li>• Multiple Sclerosis</li> <li>• Muscular Dystrophy</li> <li>• Motor Neuron Disease</li> <li>• Parkinson's Disease</li> <li>• Dementia / Alzheimer's</li> <li>• Benign Brain Tumour</li> </ul>
<b>TRANSPLANTS</b>	Major organ transplants including: <ul style="list-style-type: none"> <li>• Heart</li> <li>• Lung</li> <li>• Kidney</li> <li>• Liver</li> <li>• Small bowel</li> <li>• Bone marrow</li> </ul>
<b>CANCER</b>	Cancer
<b>MUSCULO – SKELETAL</b>	<ul style="list-style-type: none"> <li>• Paralysis</li> <li>• Loss of use of limbs</li> <li>• Amputation</li> </ul>
<b>TRAUMA</b>	<ul style="list-style-type: none"> <li>• Coma</li> <li>• Gunshot wounds</li> <li>• 3<sup>rd</sup> Degree Burns</li> <li>• Accidental HIV infection</li> <li>• Reconstructive facial surgery of disfigurement due to injury, accident or assault.</li> </ul>
<b>KIDNEY AND UROLOGICAL</b>	Kidney failure
<b>CONNECTIVE TISSUE</b>	<ul style="list-style-type: none"> <li>• Rheumatoid arthritis</li> <li>• Systemic lupus erythematosus with nephritis</li> <li>• Scleroderma</li> </ul>
<b>RESPIRATORY</b>	<ul style="list-style-type: none"> <li>• Respiratory Failure</li> <li>• Lobectomy (removal of lung)</li> </ul>
<b>EAR, NOSE &amp; THROAT</b>	<ul style="list-style-type: none"> <li>• Loss of hearing</li> <li>• Loss of speech</li> </ul>
<b>GASTROINTESTINAL</b>	<ul style="list-style-type: none"> <li>• Ulcerative colitis</li> <li>• Crohn's Disease</li> <li>• Liver Failure</li> <li>• Chronic Pancreatitis</li> </ul>
<b>VISUAL</b>	Loss of sight

\*Cardiovascular benefit category includes the following conditions:

- Heart attack
- Cardiac surgery and procedures
- Aortic surgery
- Cardiomyopathy

See Annexure 2 – Benefit conditions for Core Professional Health Provider

### **Continuation and Preservation of Cover**

Continuation and Preservation of Cover relates specifically to multiple claims and whether these claims are related or unrelated. Section 4 will outline how Continuation and Preservation of Cover affects CatchAll Cover and Maternity Cover. The definitions of related and unrelated claims are included below.

- **Related Claims:**

A related claim is a claim for a condition or illness which is directly or indirectly related to a past claim where, in the opinion of the PPS Chief Medical Officer, the subsequent condition is either:

- a complication of, outcome of, or treatment for, any previous illness or condition resulting in an existing payment under this policy; **or**
- an event that shares a common cause or effect with any previous illness or condition resulting in an existing payment under this policy.

The benefit paid for a related claim will be the benefit qualified for, less any related claims previously paid.

- **Unrelated Claims:**

- An unrelated claim is a claim for a condition or illness, which is not related to a past claim.
- The benefit paid will be the benefit qualified for (regardless of any previous claims).

### **Continuation and Preservation of Cover (Multiple Claims)**

- The core Professional Health Provider cover, both whole of life and term, covers 31 benefit categories and a Cardiovascular benefit category.
- For all 31 benefit categories (excluding the Cardiovascular benefit category), a claim will never exhaust the benefit category.
- Multiple claims can be paid from any of the benefit categories.
- Related claims will be offset against previously claimed benefits as described above, this is the **continuation of cover**.
- Unrelated claims will be paid in full, regardless of any previously paid claims, this is **preservation of cover**.

*Continuation and Preservation of cover example:*

Mr Policyholder has Professional Health Provider cover of R 1 000 000. He suffers from a respiratory

complication and one of his lungs is removed. He claims for a lobectomy and is paid 50% (Severity C benefit payment) of the sum assured. A year later he experiences total lung failure and claims under the respiratory failure condition. Respiratory failure is defined as Severity A (100% benefit payment), but because this condition is **related** to his previous condition he will be paid out 50% of his sum assured i.e. 100% less the previously claimed 50% benefit. No further claims for this respiratory condition will be paid. Two years later Mr Policyholder is involved in an accident and claims for 3rd degree burns. He is paid out a 100% benefit since this is an **unrelated** condition and his cover has been preserved.

*Example:*

Ms Policyholder develops breast cancer and claims Stage 1 cancer, which results in a 25% (Severity D) payment from the cancer benefit category. Three years later she claims for an **unrelated** stage 1 liver cancer. She is paid another 25% (Severity D) for this condition. Although she has claimed under the cancer benefit category, her cover has been **preserved** for unrelated conditions. A few years later her liver cancer progresses to stage 4. She qualifies for the 100% (Severity A) benefit. She is paid 100% less the previously claimed 25% paid for the **related** liver cancer. She receives an overall 125% payment from the cancer benefit category.

*Continuation Example:*

Mr Policyholder has Professional Health Provider cover valued at R 1000 000. In 2008, a Neurologist approved by PPS, confirms that he has multiple sclerosis and has a Whole Person Impairment of 12%. A Severity D claim is awarded paying 25% of the sum assured. Mr Policyholder's condition progressively worsens and in three years he has a Whole Person Impairment of 50%. This is a Severity A claim. The remaining 75% of the sum assured is awarded i.e. 100% less the 25% already claimed for the **related** condition.

### **Continuation and Preservation of cover and the Cardiovascular benefit category.**

- The Cardiovascular benefit category includes the following conditions:
  - Heart attack.
  - Cardiac surgery and procedures.
  - Cardiomyopathy.
  - Aortic surgery.
- Benefits under the Cardiovascular benefit category can be claimed at any severity until 100% of the sum assured has been paid.
- Once 100% has been claimed from the Cardiovascular benefit category, no further claims will be paid from this benefit category i.e. continuation and preservation of cover does not apply.

*For example:*

Mr Policyholder has Professional Health Provider cover valued at R 1 000 000. He has 3 minor heart attacks over a 5 year period. His Cardiovascular benefit claim is therefore made up of three 25% (Severity D)



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payments. One year later he undergoes a heart valve replacement and is paid out the remaining 25% benefit (100% benefit less the 75% already paid from the Cardiovascular benefit category). The total benefit under the Cardiovascular benefit category has been paid out and therefore he will no longer be able to claim from this benefit category. If he suffers from an impairment or disease directly related to his heart condition he will not be covered. If he claims for an **unrelated** condition from another benefit category he will be covered.

### **Conversion from Term Professional Health Provider Cover to Whole of Life Professional Health Provider Cover**

Policyholders may convert their term Professional Health Provider cover to whole of life Professional Health Provider any time during the term of the term Professional Health Provider cover.

#### **Conversion Age**

A policyholder with term Professional Health Provider cover will be able to convert to whole of life Professional Health Provider cover at any age.

#### **Benefit Term**

- The benefit term of Professional Health Provider and CatchAll Cover after conversion will be for whole of life.
- The term of Maternity Cover will be to age 44 after conversion.

#### **Premium pattern**

- The PPS Whole Life premium pattern will apply to the whole of life Professional Health Provider cover and CatchAll Cover (if present) after conversion.
- Premiums for Professional Health Provider and CatchAll Cover will increase upon conversion from term to whole of life cover for the **same** sum assured.
- The Maternity Cover will continue to have age related premiums after the conversion from term to whole of life.

#### **Waiting period**

None

#### **Underwriting**

Underwriting will be applied.

#### **Change in occupation**

If a policyholder changes his/ her occupation, it will still be possible to convert his/ her cover to whole of life,

however it will not be possible to increase the sum assured of Professional Health Provider cover.

### **Increase or Reduce of Benefits and Conversion**

If the policyholder is converting his/ her policy and wants to increase or reduce his/ her benefits at the same time, two separate steps need to be done. The policyholder must do the conversion on a like for like basis from Term to WL cover first. The following will occur:

- Underwriting will be applicable
- Existing loadings and exclusions on the term cover are added to the whole life cover

The increase or reduction in benefit amounts must then be processed as additional or reduced benefits on the whole life cover in the usual way with all the usual rules and processes applicable.

### **CatchAll and Maternity Cover**

If the term Professional Health Provider cover did not have CatchAll Cover (or Maternity Cover) attached to the product prior to conversion, the policyholder can not add CatchAll Cover (or Maternity Cover) when converting to whole of life Professional Health Provider cover. (these benefits are only available at inception)

## PRODUCT FEATURES: RIDER BENEFITS

### CatchAll Cover

CatchAll Cover is an optional rider benefit that can be added to the core Professional Health Provider cover. This benefit is only available at policy inception and therefore cannot be added to the core Professional Health Provider at a later stage. The benefit can be cancelled at any time but cannot be added back again, as it is only available at inception. By paying an additional premium, the policyholder will be covered for all serious, permanent medical or physical conditions.

This benefit option will follow the structure of the core Professional Health Provider cover to which it is attached with respect to:

### Sum Assured

- The sum assured for the CatchAll Cover will be exactly the same as the sum assured of either the term or whole of life Professional Health Provider cover to which it is attached.
- This means that when the Professional Health Provider sum assured is increased (or decreased) the CatchAll Cover sum assured will also increase (or decrease) by the same amount to ensure that the Professional Health Provider and CatchAll Cover sums assured are always equal.

### Term

- The term of the CatchAll Cover will always be the same as that of the Professional Health Provider to which it is attached. Therefore the term of the CatchAll Cover will either be:
  - **whole of life**, if attached to whole of life Professional Health Provider cover; **or**
  - a **fixed term** specified in complete years and subject to a minimum term of 1 year and a maximum term to age 66; **or**
  - **term until age 66 (67 next birthday)**.

### Premium pattern

- PPS Whole Life premium pattern if the term is whole of life
- Age related premium pattern for term cover.

### Continuation and Preservation of Cover (Multiple Claims)

- Once a CatchAll Cover benefit has been paid, the benefit ceases (irrespective of what percentage of the sum assured was paid out).
- If a valid claim is submitted under this benefit for a condition that is related to a condition already claimed

under the Professional Health Provider or Maternity Cover benefits, the benefit paid will be 100% less the percentage of benefit already claimed, for the related claim, and then the benefit will cease.

### Survival Period

- A 14 day general survival period is applied.
- For a valid CatchAll Cover claim, the policyholder must survive for a 14-day period after the event occurs or the condition is diagnosed.

### Claims

Claims will be admitted under this benefit if;

- The condition does not fall under any of the core Professional Health Provider benefits, or the Maternity Cover benefits, including all severity levels, regardless of whether the claim was admitted under that condition or not.

In addition, the claim must be pursuant to the occurrence of a serious medical or physical condition that;

- results in at least a class 4 rating in the AMA "Guidelines to the Evaluation of Permanent Impairment" and results in a Whole Person Impairment (WPI) severity of at least 50%; **and**
- results in confinement to a bed or wheelchair, for lives assured older than 75; **and**
- is permanent and unlikely to change in spite of further medical or surgical treatment.

## Maternity Cover

Maternity Cover is an optional rider benefit that pays out a lump sum in the event of a pregnancy complication, as defined under the Maternity Cover benefit conditions. The benefit must be attached to the core Professional Health Provider cover, so it is not a stand-alone benefit, and is only available at policy inception. The sum assured cannot be subsequently increased by the policyholder and will only increase as a result of declared annual increases. The benefit can be cancelled at any time but cannot subsequently be added back as it is only available at inception. The policyholder selects the amount of Maternity Cover required subject to the maximum benefit limits. A claim for one of the conditions under the Maternity Cover benefit only decreases the Maternity Cover benefit left to claim under this benefit and does not affect the core Professional Health Provider sum assured.

All Maternity Cover claims will lead to a reduction in the percentage available to claim and the total claims awarded will never exceed 100% of the benefit.

### *For Example:*

Mrs Policyholder selects R 1 000 000 Professional Health Provider and R 200 000 Maternity Cover.

- She develops eclampsia; she is paid 50% of sum assured.
- She then suffers an ectopic pregnancy; she is paid 10% of the sum assured.
- She is diagnosed with abruptio placenta, she is paid the remaining 40% of the sum assured, 100% less the 60% already claimed
- Her Maternity Cover will now cease as 100% of the sum assured has been paid.
- Her core Professional Health Provider cover remains unchanged.

**Note:** *The example does not include declared annual increases in cover which apply to the sum assured each year even if claims are made and less than the full percentage remains to claim, the sum assured increases in full with declared annual increases.*

## Continuation and Preservation of Cover (Multiple Claims)

Once this full benefit has been paid out the benefit ceases.

### Benefit Limits (as of 1 January 2009)

<b>Minimum</b>	R 200 000.
<b>Maximum</b>	The minimum of: <ul style="list-style-type: none"> <li>• the Professional Health Provider cover sum assured; and</li> <li>• R 1 207 125</li> </ul> (aggregated across all Maternity Cover and Female Add On Benefits).

### Entry Ages

<b>Minimum Entry Age</b>	Need to meet PPS eligibility criteria
<b>Maximum Entry Age</b>	Maximum entry age 39

### Benefit Term

The term of the Maternity Cover will be the same as the term of the Professional Health Provider cover and will cease on the earliest date of either:

- the end of the Professional Health Provider term cover; **or**
- the day when policyholder turns age 44.

### Premium Pattern

Age related premium pattern is applied.

### Waiting Period

A waiting period of 12 months will be applied from policy inception.

### Underwriting

Loadings and exclusions are applied.

### Survival Period

- A 14 day general survival period is applied.
- For a valid Maternity Cover claim, the policyholder must survive for a 14-day period after the event occurs or the condition is diagnosed.

**The following pregnancy related conditions are covered under the Maternity Cover:**

- Abortion due to amniocentesis.
- Abruptio placentae.
- Amniotic fluid embolism.
- Ectopic pregnancy.
- Hydatidiform mole.
- Hyperemesis gravidarum.
- Placenta praevia.
- Pulmonary embolism.
- Severe pre – eclampsia and eclampsia.
- Sheehan's Syndrome.
- Uterine rupture.

*See Annexure 2 – Benefit conditions for Maternity Cover for further details.*

## STUDENT POLICYHOLDERS AND PPS PROFESSIONAL HEALTH PROVIDER™

Student policyholder can apply for the PPS Professional Health Provider by completing the PPS Professional Health Provider application form. The student will be underwritten as an ordinary member and all the limits and requirements under the PPS Professional Health Provider will be applicable. The PPS Professional Health Provider does not form part of the PPS Student package.

### Eligibility

A student is defined as a person who is younger than 30 years of age and is studying towards a qualification eligible for PPS membership by either:

- being enrolled for the fourth year of study of an eligible degree consisting of four or more years; or by
- being enrolled for an additional eligible qualification, following the completion of a three year degree.

### Entry ages

Maximum age at entry is 29.

### Benefit Limits (as at 1 January 2009)

The minimum and maximum amount of cover for student policyholders taking Professional Health Provider cover is R 100 000, for the core Professional Health Provider cover, CatchAll Cover and Maternity Cover respectively.

- When the student starts earning a higher income, he /she becomes eligible for full membership. The policyholder will then qualify for the higher benefit limits under the Professional Health Provider.
- The policyholder will be underwritten.
- This is subject to proof of graduation/ qualification.
- A grace period of 6 months exists to confirm graduation/ qualification.

### Termination of PHP cover

Professional Health Provider cover will cease if the student policyholder, on attaining age 30, does not meet the PPS eligibility criteria.

## SUMMARY OF THE FEATURES OF THE PROFESSIONAL HEALTH PROVIDER.

	<b>Core Professional Health Provider</b>
<b>Type of Cover</b>	Stand-alone lump sum benefit, payable in the event of dread disease, trauma or physical impairment. Not linked to SPPI.
<b>Eligibility</b>	Need to meet PPS membership eligibility criteria.
<b>Maximum Entry Age</b>	<ul style="list-style-type: none"> <li>• Term: 60</li> <li>• Whole of Life: 66</li> </ul>
<b>Benefit Limit</b>	<ul style="list-style-type: none"> <li>• R 4 477 409 subject to financial underwriting</li> <li>• Aggregated across all Professional Health Provider products and the Professional Health Preserver policies, excluding Business Provider products.</li> </ul>
<b>Benefit Term</b>	<p>Term Cover</p> <ul style="list-style-type: none"> <li>• Specified in whole years, subject to a minimum of 1 year and a maximum to age 66; or</li> <li>• Term cover to age 66.</li> </ul> <p>Whole of life cover</p> <ul style="list-style-type: none"> <li>• Whole of life i.e. until death.</li> </ul> <p>Policyholder may convert from term to whole of life Professional Health Provider cover.</p>
<b>Declared Annual Increase</b>	<ul style="list-style-type: none"> <li>• Annual benefit increases may be declared, at the discretion of PPS Insurance, to reduce the eroding effects of inflation on benefits.</li> <li>• Benefits will increase by the declared percentage on 1 January each year.</li> <li>• The declared annual increase is granted without further medical underwriting.</li> <li>• Premiums for the increased sum assured are based on age next birthday at increase.</li> <li>• The declared annual increases apply to all the benefits (including core Professional Health Provider cover and CatchAll or Maternity Cover, if these rider benefits are attached to the Professional Health Provider cover).</li> </ul>
<b>Benefit Cover Increase &amp; Decreases</b>	<ul style="list-style-type: none"> <li>• Subject to underwriting and maximum age and benefit limits</li> <li>• Cover may be reduced - the last cover received will be reduced first. This will include removing any loadings and exclusions relating solely to the cancelled portion of the cover.</li> <li>• When cover is reduced and a claim submitted, the total amount of cover payable will be based on the reduced cover amount.</li> </ul>
<b>Cessation of Cover</b>	<p>Professional Health Provider cover will cease when:</p> <ul style="list-style-type: none"> <li>• The policyholder dies.</li> <li>• Cancellation by the policyholder.</li> <li>• Non – payment of premiums.</li> <li>• Termination of PPS membership at Holding Company level (policyholder).</li> <li>• Cancellation by PPS Insurance Company Board.</li> <li>• When the specified term has expired (term Professional Health Provider).</li> </ul>

	<b>Core Professional Health Provider</b>
<b>Continuation and Preservation of Cover</b>	<ul style="list-style-type: none"> <li>For all 31 benefit categories (excluding the Cardiovascular benefit category), a claim will never exhaust the benefit category.</li> <li>Multiple claims can be paid from any of the benefit categories.</li> <li>Related claims will be offset against previously claimed benefits; this is the <b>continuation of cover</b>.</li> <li>Unrelated claims will be paid in full, regardless of any previously paid claims, this is <b>preservation of cover</b>.</li> </ul>
<b>Changing Occupation</b>	<ul style="list-style-type: none"> <li>Cover, of core Professional Health Provider, CatchAll or Maternity Cover, will <b>not</b> cease if a policyholder stops practising his/her qualified profession or changes his/her occupation to one not eligible for PPS membership.</li> <li>The policyholder however, cannot increase the cover amount.</li> </ul>
<b>Reinstatement of Cover</b>	<ul style="list-style-type: none"> <li>Cover will cease if premiums are not paid for more than two months.</li> <li>Reinstatement is allowed, subject to underwriting, if all arrear premiums (with interest at the legal rate) are paid within three months of the termination.</li> <li>No benefits shall be payable during the period from the date of termination to the date PPS agrees to reinstate the cover.</li> <li>No benefits shall be payable with respect to any claim events that occurred during the period from the date of termination to the date PPS agrees to reinstate the cover.</li> </ul>
<b>Underwriting</b>	<ul style="list-style-type: none"> <li>Loadings and exclusions will apply.</li> <li>Financial underwriting is applied based on the policyholder's gross professional income (GPI).</li> <li>Smoker/non smoker rates are applicable.</li> <li>Male and female rates are applied.</li> </ul>
<b>Premium Pattern</b>	<p>Term Professional Health Provider cover:</p> <ul style="list-style-type: none"> <li>Age related premium pattern</li> </ul> <p>Whole of life Professional Health Provider cover:</p> <ul style="list-style-type: none"> <li>PPS Whole Life premium pattern</li> </ul>
<b>Premium Frequency</b>	<ul style="list-style-type: none"> <li>Premiums are payable monthly, quarterly, semi-annually or annually in advance.</li> <li>A discount of 5 percent is granted on premiums paid twelve months in advance and a discount of 2,5 percent on premiums paid six months in advance.</li> <li>The policyholder may select the premium frequency.</li> </ul>
<b>Temporary Cessation of Premium Payments</b>	<p>A policyholder (under the age of 60) may temporarily cease paying premiums in the event of a maternity leave, full-time study and/or overseas travel:</p> <ul style="list-style-type: none"> <li>Only a period of up to 12 calendar months is allowed at a time.</li> <li>A maximum of 36 calendar months in aggregate is allowed.</li> <li>No benefit will be payable during the period of non-contribution.</li> <li>A 3 month waiting period is applied after the period of non-contribution.</li> </ul>



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	<b>Core Professional Health Provider</b>
<b>Waiting Periods</b>	<ul style="list-style-type: none"><li>• No waiting period applied on application.</li></ul>
<b>Survival periods</b>	<p>A <b>14 day survival period</b> on all conditions is applied.</p> <p>Certain conditions have longer survival periods, to determine the permanence or severity of the condition, built into the definitions:</p> <ul style="list-style-type: none"><li>• Heart attack, has a 30 day survival period</li><li>• Stroke has a 3 month survival period</li><li>• Paralysis and loss of use of limbs, have 6 month survival periods (could be less if, at the discretion of PPS CMO, permanence established earlier).</li><li>• Loss of Speech, has a 12 month survival period (could be less if, at the discretion of PPS CMO, permanence established earlier).</li></ul>
<b>Cessions</b>	<p>Two types of cessions are available on the Professional Health Provider:</p> <ul style="list-style-type: none"><li>• Partial Security Cessions; and</li><li>• Complete Security Cessions.</li></ul>
<b>Surplus Rebate Account</b>	<ul style="list-style-type: none"><li>• PPS Provider™ policy qualifies for a Surplus Rebate Account (SRA).</li></ul>

Core Professional Health Provider			
<b>Conditions Covered</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Cardiovascular</b> (heart attack, cardiac surgery and procedures, aortic surgery and cardiomyopathy)</p> <p><b>Blood</b> Aplastic anaemia</p> <p><b>Neurological</b> Stroke Multiple Sclerosis Muscular Dystrophy Motor Neuron Disease Parkinson's Disease Dementia / Alzheimer's Benign Brain Tumour</p> <p><b>Transplants</b> Transplants (heart, lung, kidney, liver, small bowel) Bone marrow)</p> <p><b>Cancer</b></p> <p><b>Muscular-Skeletal</b> Amputation Paralysis (Quadriplegia/Paraplegia) Loss of use of limbs</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Trauma</b> Coma Gunshot wounds 3<sup>rd</sup> degree burns Accidental HIV infection Reconstructive surgery of facial disfigurement due to accident or assault</p> <p><b>Kidney and Urological</b> Kidney failure</p> <p><b>Connective Tissue</b> Rheumatoid arthritis SLE with nephritis Scleroderma</p> <p><b>Visual</b> Loss of sight</p> <p><b>Respiratory</b> Respiratory Failure Lobectomy</p> <p><b>Ear, Nose &amp; Throat</b> Loss of hearing Loss of speech</p> <p><b>Gastro Intestinal</b> Ulcerative Colitis Crohn's Disease Liver Failure Chronic Pancreatitis</p> </td> </tr> </table>	<p><b>Cardiovascular</b> (heart attack, cardiac surgery and procedures, aortic surgery and cardiomyopathy)</p> <p><b>Blood</b> Aplastic anaemia</p> <p><b>Neurological</b> Stroke Multiple Sclerosis Muscular Dystrophy Motor Neuron Disease Parkinson's Disease Dementia / Alzheimer's Benign Brain Tumour</p> <p><b>Transplants</b> Transplants (heart, lung, kidney, liver, small bowel) Bone marrow)</p> <p><b>Cancer</b></p> <p><b>Muscular-Skeletal</b> Amputation Paralysis (Quadriplegia/Paraplegia) Loss of use of limbs</p>	<p><b>Trauma</b> Coma Gunshot wounds 3<sup>rd</sup> degree burns Accidental HIV infection Reconstructive surgery of facial disfigurement due to accident or assault</p> <p><b>Kidney and Urological</b> Kidney failure</p> <p><b>Connective Tissue</b> Rheumatoid arthritis SLE with nephritis Scleroderma</p> <p><b>Visual</b> Loss of sight</p> <p><b>Respiratory</b> Respiratory Failure Lobectomy</p> <p><b>Ear, Nose &amp; Throat</b> Loss of hearing Loss of speech</p> <p><b>Gastro Intestinal</b> Ulcerative Colitis Crohn's Disease Liver Failure Chronic Pancreatitis</p>
<p><b>Cardiovascular</b> (heart attack, cardiac surgery and procedures, aortic surgery and cardiomyopathy)</p> <p><b>Blood</b> Aplastic anaemia</p> <p><b>Neurological</b> Stroke Multiple Sclerosis Muscular Dystrophy Motor Neuron Disease Parkinson's Disease Dementia / Alzheimer's Benign Brain Tumour</p> <p><b>Transplants</b> Transplants (heart, lung, kidney, liver, small bowel) Bone marrow)</p> <p><b>Cancer</b></p> <p><b>Muscular-Skeletal</b> Amputation Paralysis (Quadriplegia/Paraplegia) Loss of use of limbs</p>	<p><b>Trauma</b> Coma Gunshot wounds 3<sup>rd</sup> degree burns Accidental HIV infection Reconstructive surgery of facial disfigurement due to accident or assault</p> <p><b>Kidney and Urological</b> Kidney failure</p> <p><b>Connective Tissue</b> Rheumatoid arthritis SLE with nephritis Scleroderma</p> <p><b>Visual</b> Loss of sight</p> <p><b>Respiratory</b> Respiratory Failure Lobectomy</p> <p><b>Ear, Nose &amp; Throat</b> Loss of hearing Loss of speech</p> <p><b>Gastro Intestinal</b> Ulcerative Colitis Crohn's Disease Liver Failure Chronic Pancreatitis</p>		
<b>Claims</b>	<p>The claim amounts paid are expressed as a percentage of the sum assured, calculated according to the severity level of the event.</p> <p>There are four severity levels:</p> <ul style="list-style-type: none"> <li>• Severity level A: Benefit is 100% of sum assured</li> <li>• Severity level B: Benefit is 75% of sum assured</li> <li>• Severity level C: Benefit is 50% of sum assured</li> <li>• Severity level D: Benefit is 25% of sum assured</li> </ul> <p>In addition to other medical criteria, assessment for Professional Health Provider some categories are based on the concept of Whole Person Impairment (WPI)</p>		



Rider Benefits	
<b>CatchAll Cover</b>	<ul style="list-style-type: none"> <li>• An optional rider benefit that can be added to the core Professional Health Provider at an additional cost.</li> <li>• Only available at policy inception.</li> <li>• Provides cover for all known and unknown serious and permanent physical and medical conditions.</li> <li>• Sum assured equal to the core dread disease cover.</li> <li>• 14 Day survival period.</li> <li>• Continuation and Preservation does not apply – once the benefit has been paid the benefit ceases.</li> <li>• The following CatchAll Cover benefit features will be exactly the same as the Professional Health Provider cover to which it is attached:               <ul style="list-style-type: none"> <li>• Sum Assured</li> <li>• Term</li> <li>• Premium Pattern</li> </ul> </li> </ul>
<b>Maternity Cover</b>	<ul style="list-style-type: none"> <li>• Covers pregnancy related conditions only.</li> <li>• Only available at policy inception.</li> <li>• The sum assured only increases as a result of declared increases or a once-off increase on converting from student policyholder status.</li> <li>• 14-Day survival period.</li> <li>• Continuation and Preservation does not apply – once the full benefit has been paid the benefit ceases.</li> <li>• <b>Entry Age:</b> The maximum entry age is 39.</li> <li>• <b>Maximum benefit limit:</b> The minimum of the core Professional Health Provider sum assured <i>and</i> R 1 207 125.</li> <li>• <b>Benefit term</b> The term of Maternity Cover expires when the policyholder turns 44.</li> <li>• <b>Premium Pattern</b> Age related</li> <li>• <b>Waiting Period</b> A 12-month waiting period from inception of the policy is applied to these pregnancy related conditions.</li> <li>• <b>Conditions Covered:</b> <ul style="list-style-type: none"> <li>• Abortion due to amniocentesis</li> <li>• Abruptio placentae</li> <li>• Amniotic fluid embolism</li> <li>• Ectopic pregnancy</li> <li>• Hydatidiform gravidarum</li> </ul> <ul style="list-style-type: none"> <li>• Placenta praevia</li> <li>• Pulmonary embolism</li> <li>• Severe pre – eclampsia and eclampsia</li> <li>• Sheehan's Syndrome</li> <li>• Uterine rupture</li> </ul> </li> </ul>



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	<b>Student Policyholders</b>
<b>Students</b>	<ul style="list-style-type: none"><li>• Students who have not attained age 30 and are undertaking an acceptable course of study as defined by PPS Insurance.</li><li>• Maximum age at entry is 29.</li><li>• Maximum and minimum benefit R 100 000.</li><li>• Automatic conversion from student policyholder status when the policyholder attains age 30 (and qualifies for PPS membership).</li><li>• Voluntary conversion options available before age 30 when student policyholder qualifies for PPS membership.</li></ul>

## FEATURES OF THE PROFESSIONAL HEALTH PROVIDER

- Policyholders will enjoy peace of mind, knowing that they have financial protection should they suffer a dread disease, trauma or physical impairment event.
- The range of conditions covered is comprehensive and the CatchAll Cover ensures that policyholders are covered for almost any eventuality in terms of serious, permanent medical and physical conditions.
- The product is flexible in that a policyholder may choose a whole of life or term cover depending on his/her specific situation or requirement. A policyholder with an existing term Professional Health Provider may convert to a whole of life product as long as the necessary requirements are met.
- Professional Health Provider is comprehensive and unique in its design, in that a claim does not exhaust a benefit category for unrelated claims. This means that a policyholder can claim multiple times within and across benefit categories.

### *For example:*

In the event of two unrelated stage 1 cancer claims, PPS would pay out 25% for each. With most other companies, the second cancer would have to progress to stage 2 before a further 25% benefit payout is made. With most companies, once the full 100% is claimed under a benefit category, that category ceases. With Professional Health Provider benefit categories (excluding Cardiovascular) are never exhausted for unrelated claims.

- The Maternity Cover enables a female policyholder to focus on this special time in her life. She will have peace of mind knowing that she is covered for pregnancy related conditions as well as core dread disease conditions. Claims relating to her Maternity Cover will have no impact on her core Professional Health Provider cover.
- Students can purchase cover with lower minimum benefit limits, ensuring that these student policyholders will have protection against the financial impact of a dread disease, trauma or physical impairment event. While they are young, these student policyholders will know that they have financial protection should any of these conditions disrupt their future plans.
- Temporary Cessation of Premium Payments allows a policyholder to, for example, continue studying on a full time basis up to 12 months, without the risk of losing or being denied dread disease cover in the future.
- A policyholder who has a PPS Provider™ policy automatically qualifies for a Surplus Rebate Account (SRA).

## ANNEXURE 1

### Summary of the main differences between the Professional Health Preserver and PPS Professional Health Provider™

	Professional Health Preserver	PPS Professional Health Provider™
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• PPS Eligibility criteria.</li> <li>• Linked to SPPI: applicants must hold a minimum of 100 Ordinary Units of Benefit.</li> </ul>	<ul style="list-style-type: none"> <li>• PPS Eligibility criteria.</li> <li>• Stand-alone benefit i.e. not linked to SPPI.</li> </ul>
<b>Term</b>	<p>The term of the cover is until the earliest of the following dates, either:</p> <ul style="list-style-type: none"> <li>• the day the policyholder turns 66; and</li> <li>• the date on which the policyholder has stopped holding Ordinary Units of Benefit.</li> </ul> <p>The term of the <b>Female Add-On Benefit</b> expires on the earliest of the following dates, either:</p> <ul style="list-style-type: none"> <li>• the day the policyholder's Professional Health Preserver cover ends; and</li> <li>• the day the policyholder turns 66.</li> </ul>	<p>Policyholders can choose between:</p> <ul style="list-style-type: none"> <li>• term Professional Health Provider cover to age 66; or</li> <li>• fixed term Professional Health Provider cover, where the term is a whole number of years, is more than one year and will expire before age 66; or</li> <li>• whole of life Professional Health Provider cover.</li> </ul> <p>Policyholder may convert from term to whole of life Professional Health Provider cover.</p> <p>The term of <b>CatchAll Cover</b> will be the same as the term of the Professional Health Provider cover.</p> <p>The term of <b>Maternity Cover</b> will be the earliest of the following dates:</p> <ul style="list-style-type: none"> <li>• end of the fixed term Professional Health Provider cover; and</li> </ul> <p>the policyholder's 44<sup>th</sup> birthday.</p>
<b>Maximum Entry Ages</b>	<ul style="list-style-type: none"> <li>• 55</li> </ul>	<p><b>Core Professional Health Provider and CatchAll Cover:</b></p> <ul style="list-style-type: none"> <li>• 66 – Whole of life</li> <li>• 60 – Term</li> </ul> <p><b>Maternity Cover:</b></p> <ul style="list-style-type: none"> <li>• 39</li> </ul>

	Professional Health Preserver	PPS Professional Health Provider™
<b>Underwriting</b>	<ul style="list-style-type: none"> <li>Exclusions applied.</li> </ul>	<ul style="list-style-type: none"> <li>Loadings &amp; Exclusions applied.</li> </ul>
<b>Premium Patterns</b>	<ul style="list-style-type: none"> <li>Premiums determined with respect to age as at 31 December previous year and increase annually per age category.</li> </ul>	<ul style="list-style-type: none"> <li>Age definition used is Age Next Birthday</li> </ul> <p><b>Whole of life:</b></p> <ul style="list-style-type: none"> <li>PPS Whole Life premium pattern.</li> <li>Applies to whole of life core Professional Health Provider and CatchAll Cover.</li> </ul> <p><b>Term and Maternity Cover:</b></p> <ul style="list-style-type: none"> <li>Age related premium pattern.</li> <li>Applies to term core Professional Health Provider and CatchAll Cover as well as all Maternity Cover.</li> </ul>
<b>Change in Occupation</b>	<ul style="list-style-type: none"> <li>Cover will cease if a policyholder stops practising his/her qualified profession or changes his/her occupation to one not eligible for PPS membership.</li> </ul>	<ul style="list-style-type: none"> <li>Cover will <b>not</b> cease if a policyholder stops practising his/her qualified profession or changes his/her occupation to one not eligible for PPS membership.</li> <li>The policyholder cannot increase the cover amount.</li> </ul>
<b>Cessions</b>	<ul style="list-style-type: none"> <li>Single Collateral cessions permitted.</li> </ul>	<p>Two types of cessions are available on the Professional Health Provider:</p> <ul style="list-style-type: none"> <li>Partial Security Cessions</li> <li>Complete Security Cessions</li> </ul>



	<b>Professional Health Preserver Rider Benefits</b>	<b>PPS Professional Health Provider™ Rider Benefits</b>
<b>CatchAll Cover</b>	N/A	<ul style="list-style-type: none"> <li>• An optional rider benefit that can be added to the core Professional Health Provider for an additional premium.</li> <li>• Provides cover for all known and unknown serious and permanent medical and physical conditions.</li> </ul>
<b>Maternity Cover</b>	<ul style="list-style-type: none"> <li>• Female-Add on Benefit (FOA).</li> <li>• Limited number of female conditions available.</li> </ul> <p><b>Conditions Covered:</b></p> <ul style="list-style-type: none"> <li>• Abruptio placentae</li> <li>• Amniotic fluid embolism</li> <li>• Ectopic pregnancy</li> <li>• Hydatidiform mole</li> <li>• Mastectomy</li> <li>• Osteoporotic fractures</li> <li>• Severe pre-eclampsia and eclampsia</li> </ul>	<ul style="list-style-type: none"> <li>• Maternity Cover is an optional rider benefit provides cover for pregnancy related complications.</li> </ul> <p><b>Conditions Covered:</b></p> <ul style="list-style-type: none"> <li>• Abortion due to amniocentesis</li> <li>• Abruptio placentae</li> <li>• Amniotic fluid embolism</li> <li>• Ectopic pregnancy</li> <li>• Hydatidiform mole</li> <li>• Hyperemesis gravidarum</li> <li>• Placenta praevia</li> <li>• Pulmonary embolism</li> <li>• Severe pre-eclampsia and eclampsia</li> <li>• Sheehan's Syndrome</li> <li>• Uterine rupture</li> </ul> <p>Mastectomy is covered under the core Professional Health Provider.</p> <p>Osteoporotic fractures are not covered.</p>

## ANNEXURE 2 BENEFIT DEFINITIONS FOR CORE PROFESSIONAL HEALTH PROVIDER COVER AND MATERNITY COVER

### CORE PROFESSIONAL HEALTH PROVIDER COVER

#### CARDIOVASCULAR

##### a. HEART ATTACK

###### **Definition:**

Means the death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. The diagnosis shall be supported and the severity level confirmed if the following criteria are present and confirmed by a cardiologist at least 30 days after the event.

- Clinical features including typical chest pain;
- Confirmatory new electrocardiogram changes (ECG) changes;
- Diagnostic elevation of specific cardiac markers, such as CK-MB or troponin.

###### **Exclusions:**

- Acute coronary syndrome without infarction; stable or unstable angina.
- Payment of MI excludes Cardiomyopathy benefits and vice versa.

###### **Severity Levels:**

Four out of the seven criteria to apply under the applicable level.

###### **Severity A – 100%**

- Persisting pathological cardiovascular symptoms such as chest pain, dyspnoea (Grade III – IV NYHA), ankle swelling.
- Resting ECG: Persistent Q-waves
- Stress ECG: ST segment changes > 2 mm in any stage of exercise or exercise terminated due to cardiac symptoms (chest pain, dizziness)
- 30 Day post infarction ejection fraction less than 40% and echo evidence of myocardial damage, e.g. akinesis or dyskinesis
- Angiography (if performed): Three or more coronary vessels significantly diseased\*
- Ongoing appropriate medication to control cardiac symptoms, e.g. ACE; Betablockers; ARB's; plus Prophylactic medication
- Persisting arrhythmias (AF or SVT)

###### **Severity B – 75%**

- Occasional cardiac symptoms on exertion (Grade II NYHA)
- Resting ECG: Persistent Q-waves remain over time
- Stress ECG: Significant ST segment changes of 1 – 2 mm or cardiac symptoms occurring during exercise (chest pain, dizziness, dyspnoea)
- 30 Day post infarction ejection fraction 40 - 49% and echo evidence of myocardial damage, e.g. akinesis or dyskinesis
- Angiography (if performed): Three vessels significantly diseased\*
- Any cardiac medication to control cardiac symptoms in addition to prophylactic medication as in Severity D
- Atrial fibrillation or any cardiac arrhythmias

### Severity C – 50%

- Substantial recovery, with minimal cardiac symptoms (Grade I NYHA)
- Resting ECG: Q-waves remain over time
- Stress ECG: significant ST changes of 1 - 2 mm but no cardiovascular symptoms (chest pain, dizziness)
- 30 Day post infarction ejection fraction  $\geq 50\%$  and Echo evidence of myocardial damage, e.g. akinesis or dyskinesis
- Angiography (if performed): at least two vessels significantly diseased\*
- No additional cardiac medication other than prophylactic medication as in Severity D
- No persisting arrhythmias

### Severity D – 25%

- Full recovery, no further symptoms
- Resting ECG within normal limits (i.e. no Q-wave visible)
- Stress ECG: no significant ST segment changes, no chest pain or dizziness
- 30 Day post infarction ejection fraction  $\geq 50\%$  with no Cardiac enlargement on X-ray, or echo evidence of myocardial damage, e.g. akinesis or dyskinesis
- Angiography (if performed): At least one vessel involved\*
- Prophylactic medication only, e.g. aspirin, statins; Betablockers
- No persisting arrhythmias

\* Main vessels, e.g. Circumflex, Right Coronary Artery, Left Anterior Descending

## b. CARDIAC SURGERY AND PROCEDURES

### Definition:

The completion of cardiac surgery by a cardio-thoracic surgeon. Submissions from the hospital and reports from the cardio-thoracic surgeon or cardiologist will be required.

### Severity A – 100%

- Heart valve replacement of one or more heart valves by means of open heart surgery (thoracotomy)
- Coronary artery bypass grafting (CABG) of more than 3 main vessels

### Severity B – 75%

- Coronary artery bypass grafting (CABG) of 3 main vessels

### Severity C – 50%

- Coronary artery bypass grafting (CABG) of 1 or 2 main vessels
- Pericardiectomy or any heart valve repair procedure by sternotomy

### Severity D – 25%

- Coronary artery disease involving 2 or more vessels necessitating a PTCA and/or stenting to each vessel
- Coronary artery disease requiring a second PTCA with more than 1 stent, more than 6 months after the initial procedure.
- Percutaneous valvotomy

### c. CARDIOMYOPATHY

**Definition:**

**Severity A – 100%**

Cardiomyopathy confirmed on echocardiogram and resulting in permanent and irreversible physical impairments to the degree of at least Class IV of the New York Heart Association Classification of Cardiac Impairment with METS < 3 or EF  $\leq$  20% based on an average of 2 readings 3 months apart.

**Severity B – 75%**

Cardiomyopathy confirmed on echocardiogram and resulting in permanent and irreversible physical impairments to the degree of at least Class III of the New York Heart Association Classification of Cardiac Impairment with METS < 5 or EF  $\leq$  30% based on an average of 2 readings 3 months apart.

### d. AORTIC SURGERY

**Severity C – 50%**

Undergoing of surgery via a thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta or a coarctation of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

**Exclusions:**

Surgery performed using endarterial techniques only are specifically excluded.

## BLOOD

### 1. APLASTIC ANAEMIA

**Severity A – 100%**

Irreversible bone marrow failure resulting in anaemia, neutropenia and thrombocytopenia. The diagnosis must be based on a bone marrow biopsy.

Two out of the following three values must be present:

- Absolute neutrophil count of 500 per cubic millimetre or less;
- Absolute reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

## NEUROLOGICAL

### 2. STROKE

**Definition:**

Any cerebrovascular incident or stroke producing neurological sequelae lasting more than **24 hours** and including infarction of brain tissue, haemorrhage and embolisation from an extracranial source. Evidence of permanent and significant neurological damage must be confirmed by a neurologist approved by PPS Insurance **3 months** after the event. Signs appropriate to the brain area affected must be present.

**Exclusions:**

Transient ischaemic attacks (TIA's), reversible ischaemic neurological deficit, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve as well as ischaemic disorders of the vestibular system are excluded.

**Severity Levels:**

Using the Whole Person Impairment rating from the American Medical Association Guide to the Evaluation of Permanent Impairment. This takes into account all parts of the body that may be affected.

**Severity A – 100%**

Whole Person Impairment of 30% or above

**Severity B – 75%**

Whole Person Impairment of between 20% - 29%

**Severity C – 50%**

Whole Person Impairment of between 15% - 19%

**Severity D – 25%**

Whole Person Impairment of between 10% - 14%

### 3. MULTIPLE SCLEROSIS

**Definition:**

Means the life insured has Multiple Sclerosis confirmed by CT or MRI scan, where the condition is characterised by the demyelination in the brain and spinal cord. There must be more than one clearly distinct episode of well-defined neurological deficit causing persisting neurological deficit, which remains permanent. A consultant neurologist approved by PPS Insurance must confirm the diagnosis.

**Exclusions:**

A single episode of Multiple Sclerosis from which remission occurred.

**Severity Levels:**

Using the Whole Person Impairment rating from the American Medical Association Guide to the Evaluation of Permanent Impairment. This takes into account all parts of the body that may be affected.

**Severity A – 100%**

Whole Person Impairment of 30% or above

**Severity B – 75%**

Whole Person Impairment of between 20% - 29%

**Severity C – 50%**

Whole Person Impairment of between 15% - 19%

**Severity D – 25%**

Whole Person Impairment of between 10% - 14%

#### 4. MUSCULAR DYSTROPHY

**Definition:**

Unequivocal diagnosis of Muscular Dystrophy by a consultant neurologist as approved by PPS Insurance.

**Severity Levels:**

Using the Whole Person Impairment rating from the American Medical Association Guide to the Evaluation of Permanent Impairment. This takes into account all parts of the body that may be affected.

**Severity A – 100%**

Whole Person Impairment of 30% or above

**Severity B – 75%**

Whole Person Impairment of between 20% - 29%

**Severity C – 50%**

Whole Person Impairment of between 15% - 19%

**Severity D – 25%**

Whole Person Impairment of between 10% - 14%

#### 5. MOTOR NEURON DISEASE

**Definition:**

Unequivocal diagnosis of Motor Neuron Disease (Amyotrophic lateral sclerosis) by a consultant neurologist as approved by PPS Insurance.

**Exclusions:**

Nervous lesions of inflammatory or toxic origin.

**Severity Levels:**

Using the Whole Person Impairment rating from the American Medical Association Guide to the Evaluation of Permanent Impairment. This takes into account all parts of the body that may be affected.

**Severity A – 100%**

Whole Person Impairment of 30% or above

**Severity B – 75%**

Whole Person Impairment of between 20% - 29%

**Severity C – 50%**

Whole Person Impairment of between 15% - 19%

**Severity D – 25%**

Whole Person Impairment of between 10% - 14%

## 6. PARKINSON'S DISEASE

### Definition:

Means the life insured has Parkinson's Disease where the condition cannot be significantly controlled with treatment and results in signs of progressive incapacity.

### Exclusions:

Parkinsonism resulting from the side effects of medication; alcohol, drug-induced or toxic causes of Parkinson's disease.

### Severity Levels:

#### Severity A – 100%

Whole Person Impairment of 25% or above.

#### Severity D – 25%

On confirmation of the diagnosis by an appropriate specialist approved by PPS Insurance.

## 7. DEMENTIA OR ALZHEIMER'S DISEASE

### Definition:

Whilst practicing as a professional, means the life insured has Alzheimer's Disease or other Dementia. The diagnosis must confirm permanent irreversible failure of brain function and result in significant cognitive impairment for which no other recognisable cause can be identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity. An appropriate specialist approved by PPS Insurance must confirm the diagnosis.

In retirement, means the life insured has Alzheimer's Disease or other Dementia. The diagnosis must confirm permanent irreversible failure of brain function and result in significant cognitive impairment needing constant supervision for which no other recognisable cause can be identified. An appropriate specialist approved by PPS Insurance must confirm the diagnosis.

### Exclusions:

Alcohol or drug related dementia.

#### Severity A – 100%

Significant cognitive impairment with loss of intellectual capacity.

## 8. BENIGN BRAIN TUMOUR

#### Severity A – 100%

Means a life-threatening, non-malignant tumour in the brain, giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The tumour must result in neurological deficit causing at least 25% Whole Person Impairment that is permanent. The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, cholesteatomas, haematomas, malformations in or of the arteries or veins of the brain or spine are excluded.

## TRANSPLANTS

### 9. MAJOR ORGAN TRANSPLANT

#### Severity A – 100%

On completion of one or more transplants of the heart, lung, liver, kidney, small bowel or bone marrow as a recipient.

#### Exclusions:

Excluding the transplantation of the Islets of Langerhans only; stem cells; transplant of all other organs, parts of organs or tissue is excluded.

## CANCER

### 10. CANCER

#### Definition:

Means the presence of one or more malignant tumours characterised by uncontrolled growth and spread of malignant cells and the invasion or destruction of normal tissue. Must be confirmed by a histology report from an accredited pathology laboratory.

#### Exclusions:

- Tumours showing the malignant changes of Carcinoma-in-situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as premalignant are excluded.
- All skin cancers localised or infiltrating including, but not limited to, the following are excluded:
  - Hyperkeratosis
  - basal cell carcinoma
  - squamous cell carcinoma
  - melanomas of less than 1.0mm (Breslow method) depth.
- Non-life threatening prostatic cancers which are histologically described as TNM classification T1a and T1b (but not T1c) or of another equivalent or lesser qualification, papillary micro-carcinoma of the thyroid or bladder, chronic lymphocytic leukaemia less than RAI stage 1.

#### Severity A – 100%

Cancer, Stage IV, showing lymphatic or blood spread to distant lymph nodes or distant metastases; Chronic Lymphocytic Leukaemia Stage 4; Stage 4 Lymphomas, Acute Myeloid Leukaemia (AML)

#### Severity B – 75%

Cancer, Stage III, within organ of origin with spread to regional lymph nodes; CLL Stage 3; Stage 3 Lymphomas.

#### Severity C – 50%

Cancer, Stage II, within organ of origin with contiguous spread to adjacent organs and no lymph node involvement; CLL Stage 2; Stage 2 Lymphomas.

#### Severity D – 25%

- Cancer, Stage I, confined to the primary organ; CLL Stage 1; Stage 1 Lymphomas
- Prophylactic bilateral total mastectomy not for cosmetic purposes

## MUSCULOSKELETAL

### 11. PARALYSIS (Quadriplegia/Paraplegia)

#### Severity A – 100%

Total and permanent loss of function of two or more limbs after 6 months as a result of injury to or disease of the spinal cord. Limb is defined as the complete arm or the complete leg. The 6-month waiting period may be waived at the discretion of PPS Insurance.

#### Exclusions:

Partial or temporary paralysis.

### 12. LOSS OF USE OF LIMBS (only 1 benefit should be paid in this instance)

#### Definition:

Total, permanent and irreversible loss of or loss of use of any of the limbs listed either due to injury or disease. For loss of use of limbs, maximum medical improvement must have been reached with little or no chance of further improvement as approved by a specialist nominated by PPS Insurance after a period of 6 months. The 6-month waiting period may be waived at the discretion of PPS Insurance.

Limb	Maximum benefit for condition	Severity level
One hand – dominant	603 563	C
One hand – non-dominant	603 563	D
Both hands	1 207 125	B
One arm	905 344	B
Both arms	GPI Sum Assured	A
One foot	362 138	D
Both feet	1 207 125	C
One leg	1 207 125	C
Both legs	GPI Sum Assured	A

### 13. AMPUTATION

#### Definition:

“Thumb” requires loss of the whole thumb from the metacarpo-phalangeal joint.

“Finger” is defined as loss distal to the proximal interphalangeal joint.

Amputation of:	Maximum benefit for condition	Severity level
Thumb	120 713	D
3 fingers and thumb	301 781	C
4 fingers and thumb	482 850	C
Four toes and big toe	120 713	D
1 or more fingers	96 570	D

## TRAUMA

### 14. COMA

#### Severity A – 100%

Failure of cerebral function characterised by total unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least **96 hours**.

#### Exclusions:

Coma resulting directly from alcohol or drug abuse is excluded.

### 15. GUNSHOT WOUNDS

#### Severity A – 100%

Penetrating gunshot wound to the head, neck, chest, abdomen or pelvic area requiring surgical intervention by means of a craniotomy, thoracotomy or laparotomy.

#### Exclusions:

Superficial gunshot wounds, gunshot wounds to the legs (including hips), gunshot wounds to the arms (including shoulders).

### 16. 3<sup>RD</sup> DEGREE BURNS

#### Severity A – 100%

Tissue injury caused by thermal, electrical or chemical agents causing third degree or full thickness burns to at least 20% of the body surface area as measured by the Rule of Nines or the Lund or Browder Body Surface Chart.

### 17. ACCIDENTAL HIV INFECTION

#### Severity A – 100%

Infection by any Human Immunodeficiency Virus or being diagnosed as having Acquired Immune Deficiency Syndrome if the infection can be proved to the satisfaction of PPS Insurance as being due to:

- The result of an accident during the course of carrying out normal occupational duties as a medical or dental practitioner registered with the Health Professions Council of South Africa (HPCSA).
- The transfusion of infected blood or blood products from a transfusion service recognised by PPS Insurance in the Republic of South Africa. The institution that provided the blood must admit liability.
- Indecent assault. The offense must have resulted in the opening of a criminal case by the police.

In the case of accidental HIV infection while carrying out normal occupational duties or as the result of indecent assault, any incident giving rise to a potential claim must be:

- Reported to PPS Insurance within **10 days** of the incident and
- Be supported by a negative HIV antibody test, taken within **3 days** of the incident.
- Prophylactic treatment must be taken for a full period of 28 consecutive days to the satisfaction of PPS Insurance.

#### Exclusions:

Infection in any other manner, including infection as a result of sexual activity or intravenous drug use. This benefit will not apply in the case that an internationally recognised medical cure is found for AIDS.



INSURANCE FOR  
PROFESSIONALS

## 18. RECONSTRUCTIVE SURGERY OF FACIAL DISFIGUREMENT DUE TO INJURY, ACCIDENT OR ASSAULT

### Definition:

The undergoing of the following reconstructive surgical procedures (single or multiple) for extensive and significant repair to facial bone and/or skin injuries, due to injury, accident or assault, which renders the applicant permanently facially disfigured. The surgery must, in the opinion of PPS Insurance, be deemed necessary. The face is defined as the front portion of the head – the eyes, nose, mouth, forehead, cheeks, and chin but excluding the ears. All corrective procedures should have been completed and the Reconstructive Surgeon in charge must indicate that no further surgery or procedures will provide any future enhancements/improvements to the injury.

### Exclusion:

Cosmetic procedures or cosmetic surgery for any other reason than restoration or reconstruction as described in the definition.

### Severity Levels:

**Severity A – 100%** (maximum benefit for this condition is R 603 563)

Disfigurement involving the entire area between the hairline and lower jaw on both sides of the face.

**Severity B – 75%** (maximum benefit for this condition is R 392 316)

Disfigurement involving the entire area between the hairline and lower jaw on one side of the face or alternately, 50% of the facial area.

**Severity C – 50%** (maximum benefit for this condition is R 301 781)

Disfigurement involving any quadrant of the face, or 25% of the area of the face as defined above.

**Severity D – 25%** (maximum benefit for this condition is R 150 891)

Significant disfigurement, as determined by PPS Insurance, of any one of the following:

- Nose
- Cheek bone
- Lips

Maximum benefit is R 543 750

## KIDNEY AND UROLOGICAL

### 19. KIDNEY FAILURE

**Severity A – 100%**

Chronic irreversible kidney failure requiring continuous regular dialysis.

### Exclusion:

Acute kidney failure requiring short-term dialysis.

## CONNECTIVE TISSUE

### 20. RHEUMATOID ARTHRITIS

#### Severity A – 100%

Widespread chronic progressive joint destruction with significant deformity affecting at least three major joint groups (e.g. feet, hands, hips, knees, wrists).

In addition to this, four of six criteria are required:

- Morning stiffness
- Soft tissue swelling in 3 joint groups
- Symmetrical swelling in joints
- Presence of rheumatoid nodules
- Elevated rheumatoid factor
- Appropriate radiographic changes

### 21. SYSTEMIC LUPUS ERYTHEMATOSUS WITH NEPHRITIS

#### Severity A – 100%

Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus, which involve the kidneys (Type III to Type V Lupus nephritis, established by renal biopsy, and in accordance with the WHO classification). Other forms, discoid lupus and those forms with haematological and joint involvement will be specifically excluded. The final diagnosis is to be supported by a certified doctor specialising in Rheumatology and Immunology as approved by PPS Insurance.

#### Exclusions:

Discoid lupus and those forms with haematological and joint involvement will be specifically excluded.

### 22. SCLERODERMA

#### Severity A – 100%

A multisystem disorder of unknown cause characterised by fibrosis of the skin, blood vessels and visceral organs including the gastrointestinal tract, lungs, heart and kidneys.

Diagnosis must be supported by biopsy and the disorder should have affected one of the following; pulmonary, cardiac, gastro – intestinal, renal systems. Cutaneous scleroderma and sclerodactyly are specifically excluded.

## RESPIRATORY

### 23. RESPIRATORY FAILURE

#### Severity A – 100%

End stage lung disease. Both of the following must be fulfilled:

- Proof of necessary and permanent oxygen therapy for at least 8hrs/day and
- FEV1 test results of less than 1 litre

### 24. LOBECTOMY

#### Severity C – 50%

Removal of one complete lung

#### Severity D – 25%

Removal of a lobe of a lung not for donor purposes

## GASTROINTESTINAL

### 25. ULCERATIVE COLITIS

#### Severity A – 100%

For the purposes of this policy, Ulcerative Colitis shall mean acute Fulminant Ulcerative Colitis with life threatening electrolyte disturbances usually associated with intestinal distention and a risk of intestinal rupture. It must involve the entire colon with severe bloody diarrhoea and systemic signs and symptoms and for which the treatment is total colectomy and/or ileostomy. Diagnosis must be based on histopathological features. Surgery in the form of colectomy and/or ileostomy should form part of the treatment.

### 26. CROHN'S DISEASE

#### Severity A – 100%

Crohn's disease is a chronic granulomatous inflammatory disease. The disease must require surgical intervention after one of the following:

- fistula formation, or
  - intestinal obstruction, or
  - intestinal perforation
- of 2 or more sites.

The characteristic post-surgical histopathological features must confirm diagnosis.

### 27. LIVER FAILURE

#### Severity A – 100%

Liver Failure means end stage liver failure with permanent jaundice, ascites or encephalopathy

### 28. CHRONIC PANCREATITIS

#### Severity A – 100%

Pancreas transplant including partial transplant of the pancreas.

#### Severity C – 50%

A chronic inflammation of the pancreas, characterised by fibrosis and resulting in chronic pain, diabetes mellitus or persistent gastro – intestinal tract disturbances. Diagnosis based on presentation of the following triad of findings: Pancreatic Calcification; Steatorrhea and established Diabetes mellitus or alternatively < 10% exocrine function remaining.

## EAR NOSE AND THROAT

### 29. LOSS OF HEARING

#### Severity B – 75%

Means irrecoverable Loss of Hearing in both ears, with an auditory threshold of more than 90 decibels, as a result of sickness or injury. No benefits will be payable if in general specialist opinion a hearing aid, device, or implant could result in the partial or total restoration of hearing.

### 30. LOSS OF SPEECH

#### Severity B – 75%

Means the complete and irrecoverable loss of speech as a result of sickness or injury. The loss of the ability to speak must be established after a period of 12 months.

No benefits will be payable if in general specialist opinion any aid, device, treatment or implant could result in the partial or total restoration of speech.

There is a 12 month waiting period for this benefit. This may be waived at the discretion of PPS Insurance for certain medical conditions only.

### VISUAL

### 31. LOSS OF SIGHT

#### Definition:

Total irreversible loss of sight, as a result of injury or disease, confirmed by an ophthalmologist, with a best corrected visual acuity of 6/120 or less.

#### Exclusion:

Temporary visual impairment that can be corrected by medical or surgical treatment, implants or appliances.

Condition	Maximum benefit for condition	Severity Level
One eye	241 425	C
Both eyes	GPI Sum Assured	A

## MATERNITY COVER

### ABORTION DUE TO AMNIOCENTESIS

**Severity D – 25%** (maximum benefit for this condition is R 24 143)

Miscarriage directly or indirectly caused by amniocentesis within 7 days of amniocentesis

### ABRUPTIO PLACENTAE

**Severity C– 50%**

Total or partial premature detachment of the placenta from the uterus during pregnancy.

**Condition:**

- Must require hospitalisation and a blood transfusion and/or
- Have disseminated intravascular coagulation (generation of blood clots in the circulating blood).

### AMNIOTIC FLUID EMBOLISM

**Severity A– 100%**

Diagnosis of an amniotic fluid embolism requiring emergency treatment and intensive care admission.

### ECTOPIC PREGNANCY

**Severity D – 25%**

Development of a fertilised ovum outside of the uterus. The ectopic pregnancy must have been terminated by laparotomy or laparoscopic surgery.

### HYDATIDIFORM MOLE

**Severity D – 25%**

A growth of cysts forming in the uterus when the membrane surrounding the embryo degenerates. Confirmatory histological evidence will be required.

### HYPEREMESIS GRAVIDARUM

**Severity D – 25%** (maximum benefit for this condition is R 12 071)

Hyperemesis gravidarum is a severe and intractable form of nausea and vomiting in pregnancy. It may result in weight loss; nutritional deficiencies; and abnormalities in fluids, electrolyte levels, and acid-base balance. For the purposes of this policy treatment must require a minimum hospital admission for 4 (four) days.

### PLACENTA PRAEVIA

**Severity D – 25%** (maximum benefit for this condition is R 12 071)

The condition in which the placenta is implanted in the lower segment of the uterus, extending to the margin of the internal os of the cervix or partially or completely obstructing the os, and requiring Caesarean section for this condition.

### PULMONARY EMBOLISM

**Severity B – 75%**

Life threatening obstruction of the pulmonary artery or one of its main branches by an embolus (thrombus, air or fat embolism, foreign body). For this benefit, a claim is considered only during pregnancy or 2 weeks post partum.

## **SEVERE PRE-ECLAMPSIA AND ECLAMPSIA**

### **Definition:**

The diagnosis of severe pre-eclampsia or eclampsia by a gynaecologist or physician.

### **Severity B – 75%**

Eclampsia. Convulsions, seizures or a coma occurring during or immediately after pregnancy as a complication of pre-eclampsia.

### **Severity D – 25%**

Severe Pre-eclampsia characterised by: Blood pressure of 150/110mmHg, marked oedema, albuminuria > or =3+, visual disturbances or abdominal pain.

## **SHEEHAN'S SYNDROME**

### **Severity level A – 100%**

Hypopituitarism postpartum as a result of pituitary necrosis; caused by ischaemia resulting from a hypotensive episode during delivery. Diagnosis must be confirmed by a neurologist.

## **UTERINE RUPTURE**

### **Severity C – 50%**

Uterine rupture is the full thickness tear of the uterus into the abdominal cavity during labour.

**ANNEXURE 3**  
**UNDERWRITING REQUIREMENTS**

Sum assured	Ages < 40	Ages 41 -45	Ages 46 -50	Ages 51 and over
Up to R1.5million	HIV	HIV	HIV GPMR Random Cholesterol/HDL	HIV GPMR Random Cholesterol/HDL
R1.5 00 001- R2million	HIV	HIV Random cholesterol/HDL	HIV GPMR Random cholesterol/HDL Random Glucose	HIV GPMR Random cholesterol/HDL GGT Random Glucose
R2.000 001- 3million	HIV Random cholesterol/ HDL	HIV Random cholesterol/HDL GGT Random glucose	HIV GPMR Random cholesterol/HDL Random glucose GGT	HIV GPMR R/E ECG Random cholesterol/HDL GGT Random glucose
R3.000 001- R5million	HIV Random cholesterol/HDL Random glucose	HIV GPMR Random cholesterol/HDL Random glucose GGT	HIV GPMR Random Cholesterol/HDL GGT Random glucose R/E ECG	HIV GPMR Random Cholesterol/HDL LFT's ie: GGT/AST/ALT Random glucose R/E ECG
R5million +	HIV GPMR Random: cholesterol /HDL LFT's i.e.: GGT/AST/ALT Random glucose	HIV GPMR Random: Cholesterol /HDL LFT's i.e.: GGT/AST/ALT Random glucose	HIV GPMR Random: Cholesterol /HDL LFT's i.e.: GGT/AST/ALT Random glucose R/E ECG	HIV GPMR Random: Cholesterol /HDL LFT's ie: GGT/AST/ALT Random glucose R/E ECG

Cotinine tests will be done for non-smokers at all ages and for all sums assured.

**Call for requirements per application form.**

<b>Application form</b>	<b>Requirement</b>	<b>Rule</b>
<b>PPS Provider™ Policy Application form</b>	Standard medical requirements (document sent on 16/04/2007)	Mandatory
	ID	Mandatory (first application only)
	Proof of Qualification	Mandatory (first application only)
	Replacement form	If Section B5 has been completed as YES
	Description occupation other than in profession the policyholder is qualified	If Section A4 question 6 is answered YES
	Proof of income	If GPI exceeds R1.2 million
	Financial Questionnaire	If Life Cover or DISA is above the maximum sum assured allowed. Maximum Life Cover: • R 14 079 906 Maximum DISA Cover • R 14 079 906
<b>PPS Membership Application form</b>	ID	Mandatory
	Proof of Qualification	Mandatory
	Proof of registration of Association	Optional
	Proof of residence	Optional
<b>Student Application for PPS Provider™ Policy</b>	ID	Mandatory (first application only)
	Proof of registration at Tertiary Institution	Optional (but need to get it)