

Healthguard Deluxe

A South African Global healthcare solutions financier and provider, the company offers exciting state of the art and innovative healthcare cover and travel products.

Summary of Cover

HEALTHGUARD Deluxe is a uniquely designed healthcare package suitable for discerning and successful business executives and entrepreneurs. This flexible package provides access to world class medical treatment in Sub Saharan Africa. The package, among other benefits covers medical costs relating to out and inpatient services, Air Evacuation, Planned and Emergency surgeries.

Benefits Summary

This is a summary of benefits on the HEALTHGUARD Deluxe Package. For information that is more detailed including benefit limits, please contact HEALTHGUARD International or its nearest authorized agent. Cimas Medical Aid Society is the authorized agent in Zimbabwe. In general, benefit limits are paid per beneficiary per membership year and begin from the date the beneficiary joins. All benefits and benefit limits are paid up to an annual global limit.

Medical Benefits

- Hospitalisation in private and public hospitals.
- Hospitalisation is paid in full in private or single ward.
- In hospital drugs are paid in full while at private and public hospitals.
- Emergency road ambulance service is covered for life threatening situations only.
- Pathology at private/public facilities.
- Blood transfusion.
- MRI and CT scans.
- Diagnostic x-rays.
- Emergency and planned surgeries private/government specialist.
- Air evacuation private / government? specialist.
- Oncology-chemotherapy and radiotherapy require prior authorization.

Drug Benefits

Prescription drugs are covered up to the outpatient limit. There is no drug deduction fee applicable on the HEALTHGUARD deluxe Package. Members can access generic prescription medication on the Drug Facility arrangement with some pharmacies.

Optical Benefits

This is paid at 100% of cost up to the sub limit every three (3) year period. It caters for lenses, frames and contact lenses.

Maternity Benefits

Maternity cover includes consultation, delivery as well as ante and post natal visits. Awards are paid at 100% up to sub limit. There are also 2 antenatal scans allowed per pregnancy.

Dental Benefit

This caters for general and preventive dentistry including inlays, root-treatment, fillings, crowns and bridges, implants and orthodontic work. Claims are paid at 100% up to sub limit. Prior authorization is required for crowns, bridges, dentures and orthodontic treatment.

Alternative Services

This caters for Chiropody, Chiropractic, Homeopathy, Osteopathy and Naturopathy provided the suppliers are registered under the appropriate regulations. Awards are paid up to limit.

Prosthetics and Appliances

Awards are paid up to an Annual Limit

- Internal prostheses
- External prostheses
- Hearing aid repairs
- Nebulizer
- Ostomy bags
- Miscellaneous appliances

Lifetime Limits:

- Hearing Aids
- Glucometers

Rehabilitative services

This caters for Occupational and Speech Therapy, Clinical Psychology, Social Work and physiotherapy. Awards are paid up to an annual limit.

Supplementary Services

Awards are paid up to an annual limit for the following services:

- Air evacuation
- Private nursing & Psychiatry
- Homes for the disabled
- Hospital transfers
- Child accompaniment

Waiting periods

The following waiting periods shall apply to those who will be joining HEALTHGUARD Deluxe for the first time or where there has been a lapse of membership. HEALTHGUARD International reserves the right to waive waiting periods for members transferring from other registered Healthcare funders. A mandatory three (3) month waiting period will apply to all new members. Six (6) months for:

- Specialist treatment
- MRI, CT Scans, Nuclear medicine
- Admission and treatment at a hospital
- Chronic medication

Nine (9) months for:

- Maternity

One (1) year for:

- Spectacles/Contact Lenses
- Homes providing constant nursing care

Two years waiting Periods for:

- Organ transplant
- Internal prosthetic devices
- Haemodialysis
- Chemotherapy

Five (5) years for

- Orthodontic treatment

For orthodontic work, members must seek prior authorization from the Society before accessing treatment

HEALTHGUARD Deluxe Cover Rules

Definitions:-In these rules the following definitions shall apply

- Cover shall mean benefits under the rules applicable to HEALTHGUARD and Deluxe Cover
- Agent shall mean Cimas Medical Aid Society (Zimbabwe) or any authorized agent of HEALTHGUARD.
- HEALTHGUARD shall mean HEALTHGUARD International (Pty) RSA.
- The cover shall be governed by and be subject to these regulations as amended from time to time.
- HEALTHGUARD shall have complete and absolute discretion to accept or reject any application for cover and shall not be bound to disclose the reason for its decision.
- Premiums paid shall be neither refundable nor transferable.
- Where a policy is cancelled or a beneficiary dies, premiums are neither transferable nor refundable.
- Premiums must be paid before commencement of cover and to ensure continuity of cover, renewals must be paid a month before the expiry date.
- In case of policy lapse, all benefits shall cease immediately.
- A waiting period of three (3) months applies to all benefits.
- Only conditions disclosed on application will be covered subject to defined waiting periods.
- Failure to disclose a known pre-existing condition will result in immediate termination.
- Notwithstanding the benefits provided by Deluxe cover, covered persons are expected to be responsible and cost conscious in respect of conditions for which they seek medical care.
- Cases of misuse, abuse and fraud will result in immediate termination and prosecution. Any claims paid will be recovered.
- A covered person wishing to avail himself of the benefits under Deluxe Cover shall submit, to HEALTHGUARD or its authorized agent, or causes to be submitted on his behalf a claim thereof, together with all supporting documents and accounts, in such a manner as HEALTHGUARD may prescribe from time to time.
- Any claims not received within four (4) months from the date of treatment, shall be disallowed by HEALTHGUARD or its agent and that this shall be final and binding unless the covered person satisfies HEALTHGUARD or its authorized agent that the failure to cause the claim to be submitted on his behalf was in no way due to inaction or negligence.
- Where a provider of service accepts Deluxe Cover and grants the covered person credit facilities relating to payment of the cost of the medical services rendered, then provided the conditions as contained in these rules are complied with, HEALTHGUARD will settle such accounts direct with the provider of service in accordance with the specified benefits.
- Where the provider of service does not accept the Deluxe Cover, or should some other person have paid the provider of service account other than in terms of this contract, then provided the conditions as contained in these rules are complied with, HEALTHGUARD will settle such accounts direct with the member in accordance with the specified benefits.
- In the event of a dispute arising, the HEALTHGUARD interpretation of these rules shall be binding and final.