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EXECUTIVE HEALTH AND LIFE INSURANCE ADVISORY SERVICES



INTRODUCING THE DEFINITIVE GUIDE TO **MEDICAL COVER** FOR PEOPLE LIVING IN AFRICA

Individuals • Families • Company Groups

MARCH 2024

YOUR FREE GUIDE
to the Benefits and Dangers of Finding, Buying
and Using Executive MedicalCover in Africa



THERE IS A LOT OF INFORMATION IN THIS GUIDE, BUT YOU'LL SOON SEE WHY IT IS **HIGHLY RECOMMENDED READING** BEFORE YOU BUY OR RENEW YOUR **MEDICAL COVER!**



WHAT WILL THE FREE GUIDE DO FOR YOU?

If you are looking for medical cover, it will help you find the best option for you, based on your specific needs, lifestyle and circumstances.

If you already have medical cover, it will help you identify the disadvantages and risks you are exposed to before you are caught unawares and receive horrendous medical bills or a worse outcome.

Not having medical cover or being on the wrong medical cover is why you sometimes hear about people exhausting their savings, asking for donations, holding fundraising events, or being forced to sell their personal assets to pay their medical bills.

Unfortunately, most people are aware of the above problems, but they either think it will never happen to them, or they only find out their medical cover is not as good as they thought it was when it is too late.

Thankfully, this Free Guide eliminates all doubt!

WHO IS THIS GUIDE FOR?

- ANYONE CURRENTLY LOOKING FOR MEDICAL COVER
- ANYONE WHO WANTS TO KNOW EXACTLY HOW GOOD (OR BAD) THEIR CURRENT MEDICAL COVER IS AND WHAT RISKS THEY ARE EXPOSED TO BEFORE RENEWING THEIR PLAN

Let's start with an important Disclaimer that my lawyer said I must include in this Guide. Some people in this industry do not like being exposed for not revealing all this information upfront.

Views or opinions expressed herein are solely those of the writer who has researched various medical plans offered in Africa. The views and comments expressed herein are made in good faith and based on the writer's research and interpretation of the rules and limits prevailing in Africa at the time of the research. Additionally, the contents of this document are not intended to alarm anyone or to defame, shame or humiliate anyone or any health insurer or medical aid society. The information provided is intended to educate the public about medical cover and help them find the most suitable medical cover based on their needs, circumstances and lifestyle, or to confirm if their current medical cover is adequate.

The information provided in this report is intended for educational purposes only, and is not in any way an advertisement for any one particular medical aid or insurance product, nor should it be construed as such.

This report should also not replace any professional advice provided by competent, independent medical aid and insurance consultants. If you do not agree with, have been offended or troubled by the contents of this report, please notify us immediately.

INTRODUCTION

The main reason why I was compelled to write this Guide was that I have met and heard of far too many people being harshly affected financially and/or healthwise because they are on the wrong medical plan or for having no medical cover.

If the majority of those people had read what is in this Guide and taken action, they would not be in the predicament they are in today.

Sadly, personal friends and family have learnt the hard way because they either did not have medical cover or they chose the wrong medical plan.

It started in 2001 when I received a message from my aunt, who was trying to raise funds for my cousin's cancer treatment bills. Unfortunately, my cousin had lost the battle. And to add insult to injury, his health insurer did not pay for his treatment in full and his family was left with huge medical bills to pay.

Being naturally inquisitive and on the same medical cover as my cousin, I decided to find out why this happened, and if my family and I were underinsured.

I Was Shocked!

What I found out appalled me and compelled me to change careers and become heavily involved in helping other people avoid the many pitfalls involved in finding and owning medical cover.

To cut a long story short, it has been almost 20 years now and, despite how many people I have helped find better medical cover, it is still obvious that there are thousands of people in Africa who are inadequately covered because:

- A) They are choosing the wrong medical cover
- B) They do not have medical cover at all

THE REASON WHY I'M PASSIONATE ABOUT THIS!



However, I do understand that some cannot afford the more extensive medical plans available on the market, and they will always be at risk.

It is virtually impossible for me and other consultants and advisors across Africa to meet everyone face-to-face to discuss the risks they face if they are on the wrong cover and what they can and should do to avoid these risks.

That is why I decided to help people with this comprehensive Guide which can be freely distributed it to anyone who is interested in getting the right cover for themselves.

That reminds me. Please forward this Guide to all your friends, family and colleagues living in Africa. As I said above, there are far too many people who have no medical cover or who are on the wrong medical cover, which could eventually hurt them financially and/or medically.

WITH THIS GUIDE, THERE IS NO NEED FOR GUESSING AND, AS A RESULT, BECOMING ANOTHER STATISTIC LIKE MY COUSIN AND SO MANY OTHERS WE HEAR ABOUT.

WHAT TO DO ONCE YOU'VE READ THIS GUIDE

If, after reading this Guide, you decide to change medical plans, or you decide to purchase medical cover because you do not have cover, you will discover that finding the right cover on your own can involve a lot of research and frustration.



But don't worry. You can considerably reduce the amount of time and stress if you obtain the services of consultants like myself to help you.

And the best part is that although we have already done all the research for you, it does not cost you anything to use our services! You pay the same for your medical cover whether or not you use our services.

What is imperative to us is that, finances permitting, you find a well-suited medical plan that (a) minimises your financial risk due to medical bills, while also (b) helping you effortlessly gain access to the best medical treatment available when the need arises.

Isn't that what medical cover should do for you?

ARE YOU ON A COMPANY SCHEME?

Here's something rather important if you have already got medical cover through your company.

If, after reading this Guide, you find that your company medical cover is inadequate with too many areas of risk, find out from your employer the following:

Are you or your company responsible for paying for the treatment not covered on your company plan as well as any HUGE shortfalls?

If your employer is unable to cover the gap between what the medical plan will pay for and what the treatment costs, seriously consider changing to a medical plan that offers more cover and negotiate with your employer as to who will pay the premiums for the new medical plan – you or them.

HOW TO FIND THE BEST OPTION FOR YOU

Like I said previously, I highly recommend that you speak to experienced consultants like myself.

I cannot reiterate enough how important it is that you get sound advice for something as important as medical cover. But, if you don't want to contact us for advice, read what follows in its entirety and do all the work yourself.

A WORD OF WARNING

Choosing a medical plan simply because you think the benefits look good or someone else says it is good, is not the correct approach. Choosing a medical plan because a friend or your doctor or dentist recommended it, could get you into serious trouble at the time of treatment because they may have encouraged you to get the wrong medical plan.

Remember, what is good for someone else is not necessarily good for you. With all due respect to friends, family, doctors, dentists, pharmacists, etc., they simply do not have the expertise to advise you on how to choose the best medical plan for you.

So, whenever someone praises a particular medical plan or scheme, you must still be diligent and investigate whether or not the plan recommended to you is suited to your specific needs, circumstances and lifestyle.

When it comes to choosing medical cover, there is a multitude of factors you must take into consideration before you decide which medical plan is best for you. Rest assured, I have done my best in this Guide to cover some of the major issues you must take into consideration when looking for decent medical cover.

My point is this, when it comes to choosing a medical plan, it is extremely important that you are advised correctly.

At a minimum, you must be asked the relevant questions and be provided with all the relevant information in order for you to make an informed choice.

Your health, financial security and even your life could depend on the medical plan you choose based on the advice and information you are provided with. Therefore, rather get advice from an expert!

If you prefer to do all the hard work yourself, please use this Guide including the **19 Critical Questions** listed below. For the record, this is not an exhaustive list of questions, but it will go a long way in helping you find the right cover.

FROM THIS POINT ONWARDS WE GET INTO THE REALLY IMPORTANT ISSUES.

IT IS QUITE IN-DEPTH, SO GRAB YOURSELF A CUP OF YOUR FAVOURITE BEVERAGE, MAKE SOME NOTES, AND HIGHLIGHT WHAT IS IMPORTANT TO YOU.

**DON'T LISTEN TO THEM.
THEY DO NOT KNOW
WHAT WE KNOW!**



THIS GUIDE HAS TWO MAIN SECTIONS:

SECTION A

Section A lists various issues I have identified in medical plans and their possible disastrous ramifications.

SECTION B

Section B reveals the critical questions you must ask your health insurance provider before joining or paying your next premium. The answers to the questions in section B will reveal all the areas that could negatively affect you.



In a nutshell, what follows has been designed specifically to help you if you are looking for medical cover or simply want to find out exactly how good your current scheme is before you are caught out unaware.

For the record, not all medical plans have ALL the inadequacies mentioned below, but unfortunately many do.

A. IMPORTANT ISSUES TO BE AWARE OF REGARDING MEDICAL COVER

1) LOW OVERALL GLOBAL LIMITS AND SUB-LIMITS FOR HOSPITAL BILLS

Some health insurers are reasonably good at paying out day-to-day out-patient medical expenses. But they fail miserably when it comes to their **Sub-Limits** and their overall **Global Limit**, i.e. the total amount you can claim in a single year.

Low overall global limits and sub-limits pertaining to hospitalisations are possibly **the biggest problem** with the majority of medical plans and the main reason why members end up in horrendous debt due to medical bills.

During my research, I discovered that it is not uncommon to see hospital-related medical bills running into hundreds of thousands of US dollars.

The highest medical bills usually result from multiple body trauma and burns. Multiple body trauma happens during vehicle accidents and seems to attract the largest bills.

In fact, Mediclinic in South Africa told me the following in 2016: "Mediclinic does experience cases which are in excess of R1 million (US\$150,000). These are likely in serious motor vehicle accidents, premature babies requiring neonatal specialised facilities etc."

That was back in 2016, so it has definitely gone up since then.

During my research, I also discovered that the overall limits of some of the most popular medical plans available in Africa do not even exceed US\$100,000, let alone US\$500,000. US\$500,000, in my opinion, is the bare minimum you should consider but still does not guarantee that you will be financially protected if something serious were to happen.

What is probably more shocking is that the majority of people I have spoken to do not even know what their overall global limits and sub-limits are. They only find out when it is time for treatment or a claim, but that is when it is too late.

Side note: Do you honestly know what your global limits and sub-limits are? Most people reading this would answer this with a "NO". I sincerely hope you are not one of them.



I have also heard of some health insurers saying that their overall global limits are high enough and that nobody (or hardly anyone) has exceeded their overall global limit or sub-limits. They will also say that their competitors only have a high global limit because it is an advertising gimmick.

Well, when you look at the facts, they are mostly right, but not always.

Ask them if they will guarantee, in writing, that you will never exceed their global limit and sub-limits and see what they say!

In fact, no medical aid or medical insurance company will ever guarantee that their global limit is high enough! Why? Because they know how expensive medical treatment is. Doesn't that tell you something about how important it is to have higher limits?

RECOMMENDATIONS:

(A) Obviously, be wary of those who say you should not concern yourself with their global limits and sub-limits not being high enough. (B) To minimise your greatest risk of finding yourself in debt, your medical plan should have a high overall global limit and high sub-limits – especially on the hospital cover section. The higher the limits, the more expensive it will be, but the better protected you will be. Personally, I prefer my limit to be around the US\$500,000 to US\$1,000,000 figure or higher.

2) ZERO OR LIMITED AIR AMBULANCE COVER

Do you know that medical evacuation flights are largely based on distance travelled? For example, an air ambulance flight from Harare to Johannesburg can cost anything from US\$11,000 to US\$22,000, depending on (a) your medical condition, and (b) which ambulance aircraft is used.

The highest bill I have seen was for US\$100,000, which was for a flight from Nigeria to South Africa.

Some health insurance companies only pay for local air ambulance services, and some have no cover at all for critical-care air evacuations.

Therefore, if your medical plan has low or restricted air ambulance cover, even though you may have been advised to be evacuated to another country for better treatment, you may be forced (financially speaking) to seek treatment locally due to the unaffordable evacuation costs.

RECOMMENDATION:

As a minimum, ensure that your medical plan covers local and cross-border air ambulance costs and check the limits thereof.

3) LIMITED LIST OF SERVICE PROVIDERS WITH DIRECT BILLING ARRANGEMENTS

Some health insurance companies have direct billing agreements in place with only a handful of service providers. So, if you seek treatment outside their approved list, you may be required to pay either upfront or at least a deposit before being treated. Also, you may only have a portion refunded – depending on what is stated in the medical plan's policy contract.

This may be okay for some low-cost out-patient examinations and treatment, but what will happen if you need to be hospitalised in an emergency or for elective care (non-emergency treatment) and you don't have immediate access to the necessary funds?

RECOMMENDATION:

Ensure that your medical plan covers a wide range of service providers with direct billing.

4) LOW ONCOLOGY (CANCER) BENEFITS OR DELAYED PAYMENTS

Some medical plans either have low oncology benefits or excessively long waiting periods before they will pay for treatment for cancer.

Unfortunately, health problems such as cancer will not wait for your medical benefits to become active before they manifest themselves. And cancer treatment can be very costly, especially if it reappears within the same period of cover.

When I last checked, some cancer treatment was as high as US\$150,000!

RECOMMENDATION:

Ensure your medical plan has a high limit for cancer treatment and that it is covered from day one.

5) MEDICAL BILLS NOT PAID IN FULL

Some medical plans do not pay all your medical bills **in full**. They have shortfalls, co-payments or deductibles, or they follow a tariff system. Therefore, not everything being billed for by the healthcare provider will be covered by your medical plan.

RECOMMENDATION:

Ensure that your medical plan will pay your medical bills in full up to the advertised limits or up to what is known as reasonable and customary, especially the for hospital (in-patient) costs.

6) NO COVER OR LIMITED COVER OUTSIDE YOUR HOME COUNTRY

Some health insurance companies either do not pay for treatment outside your home country at all, or they will only cover a portion of the bill.

RECOMMENDATION:

With many cases now being referred for treatment outside one's home country, and because in many cases it is better to be treated regionally or internationally, ensure that treatment outside your home country is in fact covered and will be paid for in full. This is known as your **Area of Cover**.

7) PRO-RATA BENEFITS

A handful of health insurers have a financial year that runs from January 1 to December 31, so they pay their benefits on a pro-rata basis. This can severely reduce your benefit limits if you join mid-year.

For example, if you join on July 1, although you are paying the full premium, you only get 50% of the plan's benefits until the beginning of the new financial year when your limit increases to 100% of the advertised benefits.

RECOMMENDATION:

Ensure that the advertised limits are not too severely affected if you join mid-year. Alternatively, join a medical plan that does not pro-rate their benefits when you join.





8) LOW ORGAN TRANSPLANT COVER

Some health insurers have low benefits for organ transplants. Yet transplants can easily cost US\$100,000 or more, depending on complications and the type of organ you need.

RECOMMENDATION:

Ensure that the organ transplant benefit has a reasonable maximum limit.

9) LOW INTENSIVE AND HIGH-CARE COVER

In many cases, intensive care or high-care costs make up the majority of the hospital bill. For example, my mother's ICU cost was US\$5,000 per day – in 2016!

RECOMMENDATION:

Ensure that the intensive-care and high-care benefit has a very high maximum limit.

10) NO RENEWAL GUARANTEE OR RESTRICTED BENEFITS AT RENEWAL

Be very careful of health insurers who decline cover or restrict benefits due to age or ill health at renewal. You will find it quite frustrating when looking for other cover options should you wish to move.

RECOMMENDATION:

Ensure that your benefits or cover will not be affected if you fall ill or get older.

OTHER THINGS TO CONSIDER

HOW TO SAVE A SMALL FORTUNE ON MONTHLY PREMIUMS THAT YOU COULD USE TO PAY FOR OUT-PATIENT TREATMENT IF REQUIRED.

Most people I speak to incorrectly judge a medical plan based on its out-patient benefits, such as for doctors' and specialists' visits, prescription medicines, dentistry, and optometry. That is because these are the benefits they are likely to use the most.

Yet, in most cases, these medical bills will not ruin you financially.

What you should be concerned about is how good your overall level of HOSPITAL (in-patient) and air ambulance evacuation cover is. Why? Because, as mentioned earlier, these bills can ruin you financially if their limits are too low. Sadly, some people have passed away because their hospital cover was too low, and the family could not afford or was unable to raise the funds for the treatment. This recently happened to a family member in Mozambique.

In terms of monthly premiums, for some, it can be very expensive to have a medical plan that offers a high hospital (in-patient) and air ambulance evacuation cover as well as covering out-patient treatment like doctors' and specialists' visits, prescription medicines, dentistry and optometry.

For example, an average family of four can pay as little as US\$300 per month on a first-rate hospital plan, but would pay US\$750 per month if they added cover for the out-patient extras mentioned above. In other words, this same family could save around US\$5,400 per annum or around US\$54,000 over the next 10 years, if they opted for a hospital plan only.

RECOMMENDATION:

If you are reasonably well or youngish and hardly need out-patient treatment, why pay for something you will hardly use? Consider choosing a good all-round hospital plan (covering elective treatment and emergency medical treatment) with air ambulance evacuation cover, which will cover all the major expenses while saving you a fortune in premiums.

Nevertheless, if you want a medical plan with all the out-patient benefits, please remember to look at the issues mentioned above to see what is affected. You may have found excellent cover for out-patient treatment, but you probably will have increased your risk and exposure in other areas.



What about cover for pre-existing and related medical conditions?

Few health insurers will cover pre-existing medical conditions. Those that do will only cover certain pre-existing conditions, and they may place a loading on the monthly premiums and/or impose a long waiting period. Broadly speaking, the definition of a pre-existing medical condition is any medical condition that you have or for which medical advice, treatment and/or medication has been received prior to the date of joining. In most cases, it also includes any related medical conditions.

RECOMMENDATION:

If you have a pre-existing medical condition which you want covered, before you join, you must ask your intended health insurer if they will cover the condition and what the loading will be. However, when deciding on which plan to choose, please remember to look at the issues mentioned above to see what is being affected. That is because you may have the pre-existing condition covered, but you probably will have increased the risk and exposure in other areas. In other words, you will be joining a plan with cover for pre-existing conditions, but lower or inferior cover for other healthcare expenses!

What about cover for dangerous sports, hobbies and professions?

Only a handful of health insurers will cover dangerous sports, hobbies and professions. Those that do will only cover a few and will more than likely place a loading on the monthly premiums based on the risk.

RECOMMENDATION:

If you partake in dangerous sports or hobbies, or you are in a dangerous profession, and you want to be covered, before you join, you must ask your intended medical aid if they will cover you and what the loading will be. When deciding on which plan to choose, please remember to look at the issues mentioned above to see what is being affected. That is because you may have decreased the risk in one area, but probably increased the risk in other areas. In other words, you will be joining a plan with cover for dangerous sports, hobbies and professions, but with lower or inferior cover for other healthcare expenses!

Pregnancy, Childbirth and New-born Cover

The majority of medical plans place a waiting period on pregnancy and childbirth.

RECOMMENDATION:

This is an area that can attract huge medical bills if you have an abnormal pregnancy or something untoward happens during childbirth. Please check the benefits table and exclusions section of the plan if you are currently pregnant or plan on falling pregnant. In my opinion, wait until you have fulfilled the waiting period!

Joining a group scheme as an individual or family

There are swindlers out there! I know of a few “agents” who place individuals and families on group schemes in order to obtain better cover and/or cheaper rates.

These so-called group schemes are illegal according to the rules for health insurers.

Generally speaking, groups have to be legitimate **company groups** or legitimate **affinity groups**.

If the underwriter is made aware of individuals and families joining a group scheme that is not legitimate, it is highly probable that the group scheme will be shut down immediately – even if members are mid-treatment.

This has already happened to three “group” schemes that I know of. They were given 24 hours’ notice!

Because they are fraudulent, the insurer may ask for claims that were paid to be refunded, but what is most worrying is what could happen to members if they are mid-treatment for something like a car accident, heart attack, cancer, etc.

The members will be left with no medical cover and will have to seek cover elsewhere. BUT if the member has picked up a new medical condition, the new health insurer will more than likely NOT cover it, calling it a “pre-existing” condition.

And, if the member has reached a certain age under the discredited scheme, the member will not be able to find cover due to their age.

RECOMMENDATION:

If you, as an individual or family, are on a group scheme that is not legitimate, please ask your agent or group administrator to obtain something in writing from the health insurer on their letterhead which states that despite the rules being bent for you to join, you will not be negatively affected in any way.

BY THE WAY, THIS DOES NOT APPLY TO YOU IF YOU ARE ON A **LEGITIMATE** COMPANY GROUP SCHEME OR A **LEGITIMATE** AFFINITY GROUP SCHEME.



QUESTIONS

B. 19 QUESTIONS YOU MUST ASK BEFORE RENEWING OR PURCHASING MEDICAL COVER!

- 1. What is the medical plan’s overall global limit (maximum you can claim)?** I think your minimum global limit should be US\$500,000 to US\$1,000,000. It is almost unheard of to exceed US\$1,000,000. See #1 above.
- 2. What are the limits for in-patient (hospital) treatment and the other sub-limits?** Refer to #1 in section A to see why it is critical to have a high hospital limit and sub-limits.
- 3. How much cover is there for high care, intensive care, organ transplant, and oncology (cancer) treatment?** I recommend no less than US\$200,000.
- 4. Are all pre-existing (past, on-going or current) and related medical conditions covered and up to what limit?** Warning: very few health insurers offer this benefit because it is very expensive for them to cover.
- 5. Does the medical plan cover ALL local and regional (cross-border) air ambulance costs?** This benefit is very important to have if you want access to the BEST medical treatment because, in many cases, first-class treatment and aftercare are not readily available locally.

HEALTHCARE

6. Do members have the freedom to seek medical treatment locally at any facility of their choice, or are they restricted to a few facilities? This is very important if you want access to the BEST medical treatment because, in many cases, the BEST treatment and aftercare may be available outside the health insurer's provider network.

7. Even if the treatment is available locally, do members have the freedom to seek medical treatment outside their home country at any facility of their choice or are there restrictions? This is a no brainer!

8. When seeking hospital treatment (locally or abroad), will members have to pay and claim or put down a deposit, or will the health insurer pay the bill directly to the service provider? This is very important if you do not have immediate access to large sums of money. Some medical facilities will not start treatment until they receive a guarantee of payment from the health insurer or at least a cash deposit.

9. If you are hospitalised (locally or abroad), is the medical bill covered in full or will there be a shortfall? This is very important unless you have access to a large savings fund. If there will be shortfalls, some medical facilities may ask for a deposit to cover the shortfalls before treatment starts.

10. When seeking out-patient treatment (locally or abroad), will the member have to pay and claim or put down a deposit, or will the medical aid pay the bill directly to the service provider?

11. When seeking out-patient treatment (locally or abroad), is the medical bill covered in full or will there be shortfalls, co-payments or deductibles? This may be important, depending on availability of personal funds.

12. Does the medical plan cover travel and accommodation expenses for someone to travel with the member if they require hospital

treatment abroad and up to what limit? This is a nice benefit to have as it can save you thousands if someone wants to travel to be with you.

13. What are the waiting periods? This is very important, especially if you are a new member! They should have a list of waiting periods.

14. Does the health insurer guarantee renewal? Or will they ever refuse renewal, cover or benefits on the grounds of age or ill health when renewing? This is very important!

15. What is the age limit for joining? This is very important! Join before you get too old and cannot find cover.

16. Are members covered and up to what limit when travelling outside their home country on holiday or on business? For how long and for which areas and countries are they covered? This is not critical but a nice option to have.

17. If joining mid-financial year, will it affect the limits and by how much? It is very important that you understand this rule and how it can affect your benefits! This can catch you out when you suddenly exceed your limits due to your benefits being pro-rated.

18. How often do the premiums increase, by how much, and why? This is a good thing to know so you can budget accordingly. Due to medical inflation, annual premiums or subscription fees can go up by anything from 5% to 15%. Furthermore, some health insurers use age brackets which see your premiums increase when you move into the next age bracket. You must budget accordingly!

19. What are the exclusions? Don't wait until you claim to find out this one. All the insurers we support have an exclusion section in their policy wording or agreement.

WHAT'S NEXT

PLEASE DO YOURSELF A FAVOUR RIGHT NOW AND FIND OUT THE ANSWERS TO THE PREVIOUS QUESTIONS IF YOU CURRENTLY HAVE MEDICAL COVER OR ARE LOOKING FOR MEDICAL COVER.

Don't wait until you require an evacuation or extensive and complicated medical treatment, because by then it will be too late.



Closing Remarks & More Advice

#1: Unfortunately, most people I meet think their medical cover is "good enough" and will only find out that it is far from good enough when it is too late. Or they are prompted to reconsider their cover by an event that's too close to home for comfort. So, please do your family and friends a huge favour by forwarding this Guide to them. The last thing you want to hear is that they are asking for donations, holding fundraising events, or selling their assets because they did not have cover, or their medical cover was not as good as they thought it was.

#2: Always read your membership guide or policy agreement and ask questions if you do not understand anything. It is the legal binding contract between you and your health insurer, and it is your responsibility to ensure that you read and understand it in full.

#3: Declare all **material facts** and never lie on your application or claim form. A material fact is generally defined as a confirmed or validated event, item of information, or state of affairs crucial to the interpretation of a phenomenon or a subject matter, or to the determination of an issue at hand. I have personally had to tell someone in hospital that he was not covered because he failed to declare all material facts. So, if you failed to declare all material facts on your current cover, and it was a prerequisite

to joining, please immediately contact your health insurer and tell them (in writing) what you failed to declare to them.

#4: If you are on medical cover, regardless of whether or not you receive a monthly statement or invoice, pay your medical cover premiums on time. Otherwise, you will have problems! Most health insurers cancel your cover immediately.

#5: It is vitally important that you understand that **medical plans DO NOT cover every eventuality to do with medical treatment**. Even the very top plans do not cover every single medical eventuality simply because it would be prohibitively expensive and no-one would be able to afford the premiums.

In my opinion, always look for a medical plan that has adequate cover for medical treatment that can ruin you financially if it is not covered. Generally speaking, this is the **hospitalisation section** of your benefit table. Once you have found one with good hospital cover, then and only then look at the other sections.

#6: Because the above questions and recommendations etc., are not an exhaustive list, please do not use this Guide as your sole source to finding the best medical cover for you. I highly recommend that you speak to experienced consultants like ourselves.

I TRUST YOU ENJOYED READING THIS
GUIDE, AND THAT YOU ARE NOW
MORE INFORMED TO MAKE A
BETTER CHOICE.

GET IN TOUCH WITH US IF YOU'RE LOOKING FOR
FIRST-CLASS MEDICAL COVER.

A stylized, handwritten signature in black ink that reads "Sean Steyn". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

EXECUTIVE HEALTH AND LIFE INSURANCE ADVISORY SERVICES

Email: info@ihc.co.zw
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