Benefit Schedule



ACTIVE HEALTH PLANS 2025

LOCAL HEALTH PLANS / REGIONAL HEALTH PLANS / INTERNATIONAL HEALTH PLANS









Emergency Evacuation, Treatment & Care

- Local road ambulance
- Local air ambulance
- International medical evacuation
- Emergency hospitalisation
- High care & Intensive care
- Travel & accommodation of a third party
- Repatriation to country of residence after international evacuation
- Repatriation of mortal remains, burial or cremation after international evacuation
- Home-based nursing care



Major Medical Care

- · Kidney failure treatment
- Cancer diagnosis & treatment
- Organ Transplant
- · Psychiatric treatment



Out-patient Benefits

- Medical doctor or specialist consultations
- Prescription Medication and medically indicated vaccination
- · Over-the-counter medication
- X-rays (when requested by medical doctor)
- Pathology (when requested by medical doctor)
- · Advanced imaging Pre-authorisation required
- COVID-19 Testing
- Prosthesis external
- Physio & Chiropractor sessions
- · Chronic condition management



In-patient Benefits

- Elective Hospitalisation & Surgery
- Prosthesis internal
- Palliative care
- Rehabilitation (Post-Hospitalisation)
- Economy flight for in-patient elective treatment



Maternity Benefits

- Pre-natal consults
- Normal Delivery, Planned and Emergency Caesarian
- Newborn hospitalisation
- Complications during the pre-natal period & childbirth
- Birth defects & congenital abnormalities
- IVF



Wellness, Dental & Optical Benefits

- Wellness benefit
- Oral care & dental treatment
- Optical
- Nutritionist & Dietitian
- Under 5 Vaccinations
- Medical insurance travel benefit
- Funeral Cash Benefit



Optional Benefits & Limits

Sports loading

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











Policy Overview

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Major Medical Care

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Emergency Evacuation, Treatment & Care

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In-patient Benefits

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Out-patient Benefits

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Maternity Benefits

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Wellness, Dental and Optical Benefits

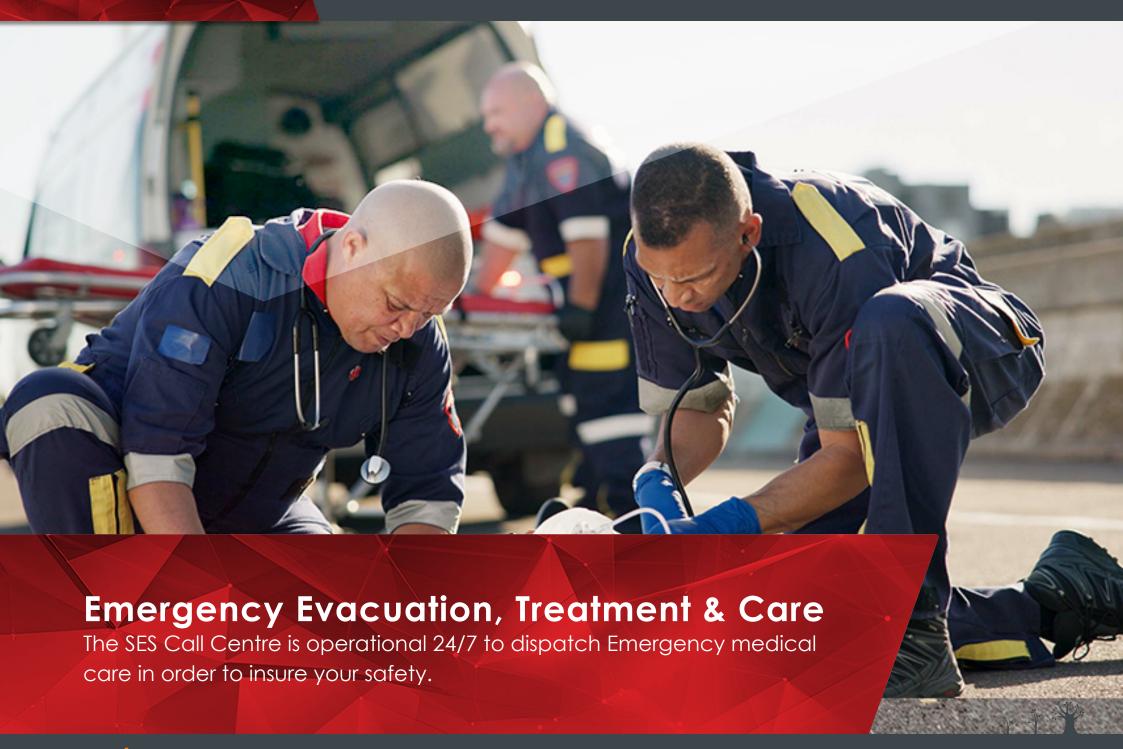
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Optional Benefits & Limits









SHORT COMPARISON GUIDE

SES HEALTH PLANS AND BENEFITS

COMPARISON

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

LOCAL HEALTH PLANS

Accident & emergency insurance cover OR

Comprehensive health insurance cover*

UP TO USD 150,000 OVERALL LIMIT

REGIONAL HEALTH PLANS

Accident & emergency insurance cover $$\operatorname{\textsc{OR}}$$

Comprehensive health insurance cover*

UP TO USD 500,000 OVERALL LIMIT

INTERNATIONAL HEALTH PLANS

Basic health insurance cover OR

Comprehensive health insurance cover*

UP TO USD 4,000,000 OVERALL LIMIT

KEY BENEFITS	TANZANITE	AMETHYST+
Major Medical	⊗	•
Out-patient	8	•
In-patient (Emergency)	Ø	Ø
In-patient (Elective)	⊗	Ø
Maternity	⊗	②
Optical	8	•
Dental	⊗	Ø
Wellness	⊗	8

*Cover only applies in Zambia.

SILVER	SAPPHIRE
8	②
8	•
②	②
8	•
8	Ø
8	•
8	Ø
8	Ø

*Cover applies within the country of residence and the region.

CHROME	GOLD+	PLATINUM+
Ø	Ø	⊘
•	⊘	•
•	Ø	②
•	©	•
8	Ø	Ø
8	Ø	Ø
8	Ø	⊘
	Ø	Ø

*Cover can be accessed worldwide, excluding North, Central and South America and Canada.







BENEFIT	LOCAL HE	ALTH PLANS	REGIONAL H	EALTH PLANS	INTE	RNATIONAL HEALT	TH PLANS
HEALTH PLAN	TANZANITE	AMETHYST+	SILVER	SAPPHIRE	CHROME	GOLD+	PLATINUM+
Overall limit	USD 50,000	USD 150,000	USD 500,000	USD 500,000	USD 1,000,000	USD 2,000,000	USD 4,000,000
Area of cover	Treatment in Zambia only	In-patient & out- patient treatment in Zambia only (Only available for Groups of 10 employees or more)	Africa-wide Evacuation Only	Out-patient in the country of residence only. In-patient and Major Medical in the country of residence or India. Emergency evacuation to RSA.	Worldwide Treatment (excluding USA, Canada or South America). Claims paid at SES Network Rates	Worldwide Treatment (excluding USA, Canada or South America). Claims paid at SES Network Rates	Worldwide Treatment (excluding USA, Canada or South America)
Type of cover	Zambia Emergency Cover	Zambia Comprehensive	International Evacuation and Related Treatment	Zambia Comprehensive & Evacuation	Local & International Comprehensive & Evacuation	Local & International Comprehensive & Evacuation	Local & International Comprehensive & Evacuation
Excess ¹	N/A	N/A	N/A	USD 100 for treatment in India	USD 175	USD 175	No Excess
Hospital network	Tier 2	Tier 2	Tier 1 - Stabilisation only	Tier 1	Tier 1	Tier 1	Tier 1

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





^{2:} Excess fee of US\$250 is payable when a member chooses a provider outside of our service provider network



BENEFIT	LOCAL HE	ALTH PLANS	REGIONA	L HEALTH PLANS	INTE	RNATIONAL HEA	LTH PLANS
HEALTH PLAN	TANZANITE	AMETHYST+	SILVER	SAPPHIRE	CHROME	GOLD+	PLATINUM+
Kidney failure treatment							
Cancer diagnosis & treatment ²		USD 50,000		Paid up to overall limit (India and Zambia only)	Paid up to overall limit	Paid up to overall limit	Paid up to overall limit
Organ Transplant	N/A		N/A				
Psychiatric treatment ³		N/A		USD 2,000	USD 5,000	USD 5,000	USD 8,000 (Including developmental & learning difficulties management)
HIV Treatment ⁴	N/A	USD 1,000	N/A	USD 2,000	USD 8,000	USD 8,000	USD 10,000

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





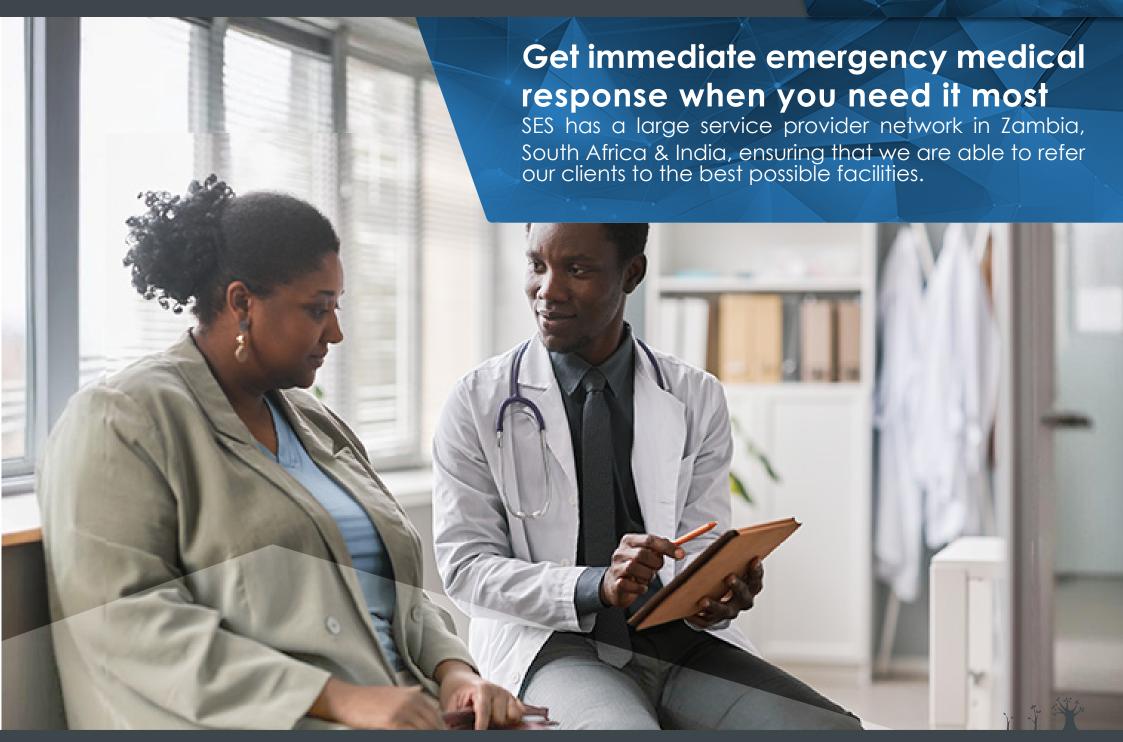
EMERGENCY EVACUATION, TREATMENT & CARE BENEFITS SCHEDULE

LOCAL HEALTH PLANS **REGIONAL HEALTH PLANS BENEFIT** INTERNATIONAL HEALTH PLANS **HEALTH PLAN TANZANITE AMETHYST+ SILVER SAPPHIRE** CHROME GOLD+ PLATINUM+ Paid up to Local road / Paid up to Local air ambulance overall limit overall limit Paid up to overall limit overall limit overall limit overall limit overall limit International N/A N/A medical evacuation5 **Emergency medical** Paid up to the overall Paid up to overall Paid up to the overall Paid up to **Emergency** Paid up to Paid up to diagnosis & treatment limit. Private room limit. Private room limit. Private room Shared ward hospitalisation General ward Shared ward subject to availability subject to availability charges only subject to availability High care & Paid up to USD 4000 Intensive care overall limit overall limit overall limit overall limit overall limit overall limit Max USD 40/night Max USD 100/night Max USD 120/night Max USD 120/night Max USD 150/night Max USD 170/night Max USD 200/night rebate for costs incurred, Max 30 incurred, Max 30 incurred. Max 30 days incurred. Max 30 days incurred. Max 30 days incurred. Max 30 days incurred, Max. 30 days emergency days emergency emergency only. emergency only. emergency only. emergency only. days emergency only. Travel & only. Parental only. Parental Accommodation for Accommodation for Accommodation for Accommodation for Accommodation for accommodation accommodation accommodation one immediate family for patients under for patients under of a third party member. Only travel 18vrs. Only travel 18vrs. Only travel for one companion in an emergency in an emeraency in an emergency evacuation evacuation evacuation evacuation evacuation evacuation evacuation Repatriation to country of residence after international evacuation (commercial USD 25,000 flights only) USD 5.000 USD 5.000 (To Country of USD 11.000 USD 11.000 citizenship) Repatriation of mortal remains. N/A N/A burial or cremation after international evacuation Covered up to 30 days Home-based up to USD 200 per day. N/A nursing care Pre-auth required In-Pre-auth required In-Pre-auth required In-Pre-auth required Incountry only country only country only country only

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











BENEFIT	LOCAL H	EALTH PLANS
HEALTH PLAN	TANZANITE	AMETHYST+
Elective Hospitalisation & Surgery ⁷		Paid up to overall limit General ward
Prosthesis internal		USD 10,000
Palliative care		
Rehabilitation Post-Hospitalisation) Requires pre-authorisation	N/A	
Economy flight for in-patient elective treatment (Where in country reatment is deemed inappropriate, SES doctor's pre-approval is required)		N/A

REGIONAL HEALTH PLANS				
SILVER	SAPPHIRE			
N/A	Paid up to overall limit. Semi-private ward (India and Zambia only)			
USD 20,000	USD 20,000			
	20 days per medical case (In-patient)			
	USD 20,000			
N/A	N/A			

INTE	INTERNATIONAL HEALTH PLANS						
CHROME	GOLD+	PLATINUM+					
Paid up to overall limit. Private ward	Paid up to overall limit Private room subject to availability	Paid up to overall limit Private room subject to availability					
USD 50,000	USD 50,000	USD 100,000					
30 days per medical case (In-patient)	30 days per medical case (In-patient)	50 days per medical case (In-patient)					
USD 35,000	USD 35,000	USD 40,000					
N/A	N/A	Economy class airfare to South Africa only					

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







BENEFIT	LOCAL HEA	ALTH PLANS	REGIONAL H	EALTH PLANS	INTE	RNATIONAL HEALT	H PLANS
HEALTH PLAN	TANZANITE	AMETHYST+	SILVER	SAPPHIRE	CHROME	GOLD+	PLATINUM+
Medical doctor or specialist consultations	N/A	USD 1,000	N/A	USD 1,200	USD 1,800	USD 1,800	
Prescription Medication and medically indicated vaccination ⁸	N/A	USD 1000	N/A	USD 1,000	USD 1,600	USD 1,600	
Over-the-counter medication	N/A	N/A	N/A	USD 200	USD 200	USD 200	
X-rays (when requested by medical doctor)	N/A	USD 400	N/A	U07 5 000			Paid up to overall limit
Pathology (when requested by medical doctor)	N/A	USD 525	N/A	USD 5,000	Paid up to overall limit	Paid up to overall limit	
Advanced imaging Pre-authorisation required	N/A	USD 1,200	N/A	USD 1,400			
Prosthesis external ⁹	USD 600	USD 600	USD 600	USD 600	USD 1,000	USD 1,000	USD 1,000
Physio & Chiropractor sessions	N/A	USD 300	N/A	USD 500	USD 800	USD 800	USD 800
Chronic condition management	N/A	USD 1,000	N/A	USD 1,500	USD 3,000	USD 3,000	USD 5,000

All out-patient treatments require pre-authorisation in order to assure that our members are covered for their chosen procedures & checkups. Call our call centre agents on 737 to pre-authorise your treatment today.





^{8:} Prescription medication and medically indicated vaccination applies to Covid-19 vaccinations where applicable

^{9:} Prosthesis external includes medically indicated devices







LOCAL HE	ALTH PLANS	REGIONAL I	HEALTH PLANS	INTER	RNATIONAL HEA	LTH PLANS	
TANZANITE	AMETHYST+	SILVER	SAPPHIRE	CHROME	GOLD+	PLATINUM+	
	USD 800	4	USD 1000 Zambia only		USD 1000	USD 1000	
N/A	USD 1,000	N/A	USD 1500 Zambia only	Not Covered	USD 5000	USD 7000	
USD 6,000	USD 6,000	USD 6,000	N/A	USD 10,000 Zambia only	USD 100,0	USD 100,000	USD 100,000
							Paid up to overall limit
N/A	USD 2,000	N/A	USD 2,000 Zambia only	Not Covered	USD 15,000	USD 25,000	
N/A	N/A	N/A	N/A	N/A	N/A	USD 6,500 subject to T's and C's ¹¹	
	N/A	USD 800 USD 1,000 N/A USD 6,000	TANZANITE AMETHYST+ SILVER USD 800 USD 1,000 N/A N/A USD 6,000 N/A	TANZANITE USD 800 USD 1,000 USD 1,000 N/A USD 6,000 N/A USD 2,000 N/A USD 2,000 N/A USD 2,000 N/A USD 2,000 Zambia only	TANZANITE AMETHYST+ SILVER SAPPHIRE CHROME USD 1000 Zambia only USD 1500 Zambia only N/A USD 10,000 USD 10,000 Zambia only Not Covered N/A USD 2,000 N/A USD 2,000 Zambia only Not Covered	USD 1000	

10: Maternity benefits have a 10-month waiting period for new joiners 11: IVF T's and C's: SA & India only

Waiting period of 8 months since joining Platinum+. Limited to 3 cycles per lifetime (a limit of US\$6,500 per membership year) Age of members 39 and below. Platinum+ members only. Pre-approved by SES' doctors with medical justification.







WELLNESS, DENTAL AND OPTICAL BENEFITS BENEFITS SCHEDULE

BENEFIT	LOCAL HE	ALTH PLANS	REGIONAL	HEALTH PLANS	INTE	RNATIONAL HEAL	TH PLANS	
HEALTH PLAN	TANZANITE	AMETHYST+	SILVER	SAPPHIRE	CHROME	GOLD+	PLATINUM+	
Preventative Health Screening benefit ¹²	N/A	N/A	N/A	USD 200 SES Zambia Clinics only	USD 200 SES Clinics only	USD 1,000 ¹³ Zambia or South Africa	USD 2,000 ¹³ Worldwide	
Oral care & dental treatment		USD 200		USD 400 Zambia only		USD 900	USD 1,200	
Optical ¹⁴		USD 150			USD 250 Zambia only	N/A	USD 300	USD 400
Nutritionist & Dietitian (Requires referral from SES doctors)	N/A	N/A	N/A	3 Consults Zambia only		5 Consults	5 Consults	
Medically Indicated Vaccinations		USD 300		USD 500 Zambia only	USD 500	USD 500	USD 500	
Medical insurance travel benefit	Overall limit local only	Overall limit local only	Unlimited in Africa	Overall limit, 30 days. Regional travel	Paid up to overall limit. 60 days Worldwide travel (excluding USA, Canada or South America)	Paid up to overall limit 60 days. Worldwide travel (excluding USA, Canada or South America)	Paid up to overall limit. Unlimited worldwide travel (excluding USA, Canada or South America)	
Funeral Cash Benefit	USD 500	USD 500	USD 1,000	USD 1,000	USD 1,000	USD 1,500	USD1, 500	

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





^{13:} Gastric bypass surgery - lifetime benefit with a 3 year waiting period up to wellness limits

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



BENEFIT

HEALTH PLAN

High-risk activity loading¹⁵

LOCAL HEALTH PLANS

TANZANITE	AMETHYST+
USD 50,000	USD 100,000

REGIONAL HEALTH PLANS

SILVER	SAPPHIRE
USD 100,000	USD 100,000

INTERNATIONAL HEALTH PLANS

 CHROME
 GOLD+
 PLATINUM+

 USD 100,000
 USD 100,000
 USD 150,000

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





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