



## OLD MUTUAL SUMMARIZED TARIFF

BUSINESS UNIT: MEDICAL INSURANCE

### CORPORATE CLASS

| BENEFIT    | BENEFIT LIMIT RANGE    | GEOGRAPHICAL COVER                 | PREMIUM RATES |                      | PLAN       |
|------------|------------------------|------------------------------------|---------------|----------------------|------------|
| OUTPATIENT | 375,000 - 3,750,000    | LOCAL, EAC, AND INDIAN ON REFERRAL | Family Size   | Range                | Plan       |
|            |                        |                                    | M             | 200,712 - 324,669    | Per Family |
|            |                        |                                    | M+1           | 356,822 - 606,927    | Per Family |
|            |                        |                                    | M+2           | '360,167 - 720,671   | Per Family |
|            |                        |                                    | M+3           | '360,539 - 866,873   | Per Family |
|            |                        |                                    | M+4           | 363,884 - 990,128    | Per Family |
|            |                        |                                    | M+5           | '366,202 - 1,113,384 | Per Family |
|            |                        |                                    | M+6           | 369,831 - 1,194,555  | Per Family |
| INPATIENT  | '750,000 - 75,000,000  | LOCAL, EAC, AND INDIAN ON REFERRAL | Extra         | '14,496 - 92,520     | Per Family |
|            |                        |                                    | Family Size   | Range                | Plan       |
|            |                        |                                    | M             | 99,490 - 183,674     | Per Family |
|            |                        |                                    | M+1           | 132,398 - 275,511    | Per Family |
|            |                        |                                    | M+2           | 163,776 - 353,573    | Per Family |
|            |                        |                                    | M+3           | 193,623 - 427,808    | Per Family |
|            |                        |                                    | M+4           | 218,878 - 489,798    | Per Family |
|            |                        |                                    | M+5           | 244,133 - 551,788    | Per Family |
| MATERNITY  | 3,'225,000 - 3,750,000 | LOCAL, EAC, AND INDIAN ON REFERRAL | M+6           | 269,389 - 613,778    | Per Family |
|            |                        |                                    | Extra         | 25,255 - 61,990      | Per Family |
| DENTAL     | 112,500 - 562,500      | LOCAL, EAC, AND INDIAN ON REFERRAL | M             | 21,617 - 360,256     | Per Family |
|            |                        |                                    | Family Size   | Range                | Plan       |
|            |                        |                                    | M             | 13,633 - 76,716      | Per Family |
|            |                        |                                    | M+1           | 17,041 - 95,896      | Per Family |
|            |                        |                                    | M+2           | 21,302 - 119,870     | Per Family |
|            |                        |                                    | M+3           | 26,628 - 149,837     | Per Family |
|            |                        |                                    | M+4           | 33,285 - 187,296     | Per Family |
|            |                        |                                    | M+5           | 41,606 - 234,121     | Per Family |
| OPTICAL    | '56,250 - 562,500      | LOCAL, EAC, AND INDIAN ON REFERRAL | M+6           | 52,008 - 292,651     | Per Family |
|            |                        |                                    | Extra         | 20,316 - 114,317     | Per Family |
|            |                        |                                    | Family Size   | Range                | Plan       |
|            |                        |                                    | M             | 9,638 - 97,568       | Per Family |
|            |                        |                                    | M+1           | 12,047 - 121,960     | Per Family |
|            |                        |                                    | M+2           | 15,059 - 152,450     | Per Family |
|            |                        |                                    | M+3           | 18,824 - 190,563     | Per Family |
|            |                        |                                    | M+4           | 23,531 - 238,204     | Per Family |
|            |                        |                                    | M+5           | 29,414 - 297,755     | Per Family |
|            |                        |                                    | M+6           | 36,767 - 372,194     | Per Family |
|            |                        |                                    | Extra         | 14,362 - 145,389     | Per Family |



## RETAIL CLASS

|                        |            |                        |       | Premium Rates |                   | Plan       |
|------------------------|------------|------------------------|-------|---------------|-------------------|------------|
| OPTION                 | BENEFIT    | LIMIT RANGE            | AGE   | FAMILY SIZE   | RANGE             | PLAN       |
| BRONZE - PLATINUM PLUS | INPATIENT  | 3,750,000 - 37,500,000 | 19-65 | P             | 119,850 - 324,150 | Per Family |
|                        |            |                        |       | S             | 100,350 - 269,700 | Per Family |
|                        |            |                        |       | C             | 55,725 - 136,125  | Per Family |
|                        | MATERNITY  | 300,000 - 750,000      | 19-65 | P/S           | 71,250 - 168,750  | Per Family |
|                        | OUTPATIENT | 450,000 - 1,125,000    | 19-65 | Per Person    | 151,425 - 195,000 | Per Person |
|                        | DENTAL     | 150,000                | 19-65 | Per Person    | 60,000            | Per Person |
|                        | OPTICAL    | 150,000                | 19-65 | Per Person    | 75,000            | Per Person |

## HEZA CARE

|           |            |                       |       | Premium Rates |                  | Plan       |
|-----------|------------|-----------------------|-------|---------------|------------------|------------|
| OPTION    | BENEFIT    | LIMIT RANGE           | AGE   | FAMILY SIZE   | RANGE            | PLAN       |
| HEZA CARE | INPATIENT  | 1,500,000 - 3,750,000 | 19-65 | P             | 38,051 - 130,843 | Per Family |
|           |            |                       |       | S             | 31,860 - 106,913 | Per Family |
|           |            |                       |       | C             | 17,692 - 44,230  | Per Family |
|           | MATERNITY  | 200,000 - 500,000     | 19-65 | P/S           | 36,314 - 90,784  | Per Family |
|           | OUTPATIENT | 250,000 - 450,000     | 19-65 | Per Person    | 78,444 - 141,200 | Per Person |
|           | DENTAL     | 50,000 - 100,000      | 19-65 | Per Person    | 19,161 - 38,323  | Per Person |
|           | OPTICAL    | 50,000 - 100,000      | 19-65 | Per Person    | 19,703 - 39,406  | Per Person |

## ISHEMA CARE

|             |            |                        |       | Premium Rates |                   | Plan       |
|-------------|------------|------------------------|-------|---------------|-------------------|------------|
| OPTION      | BENEFIT    | LIMIT RANGE            | AGE   | FAMILY SIZE   | RANGE             | PLAN       |
| ISHEMA CARE | INPATIENT  | 4,250,000 - 42,500,000 | 65-80 | Per Person    | 294,551 - 579,182 | Per Family |
|             | OUTPATIENT | 850,000 - 1,700,000    | 65-80 | Per Person    | 307,659 - 418,649 | Per Person |

## LIST OF ABBREVIATIONS

- **M:** main member
- **Extra:** Above M+6
- **P:** Principal
- **S:** Spouse
- **C:** Child
- **Family:** From one person and above