

Making **Private Healthcare Affordable**
and Accessible for all South Africans



ACCIDENT COVER POLICY 2026

Why Kaelo Health Accident Cover?

Kaelo Health Accident Cover is a non-life insurance product that provides cover in a private hospital for medical emergencies resulting from Accidental Injuries.

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YOUR POLICY WORDING

OUR CONTRACT WITH YOU

This is the insurance contract between you, the Policyholder, and Centriq Insurance Company Limited, your Insurer. It contains all the details of the Benefits provided, terms, conditions and exclusions that apply to you and your Dependants and replaces any previous versions.

The Policy Wording should be read together with the Policy Schedule and application form, as well as any changes to the Policy communicated to you. Important points are written in bold.

You need to read both the Policy Wording and the Policy Schedule to know what is covered under this Policy and what is not covered. You also need to ensure that the information that is captured in your Policy Schedule is correct. Any incorrect information can affect your cover. If anything is unclear, or if you need to update your information, please get in touch with your broker.

The terms and conditions outlined in this Policy Wording, and in Your Policy Schedule applies to your, as well as your Dependants, cover. These terms and conditions apply to all sections of your Policy. There are also specific terms and conditions that apply to certain parts of your Policy. It's important to understand all the sections of your Policy and if you have any questions, please ask your broker.

YOUR INSURER (We will refer to your Insurer as We/Us throughout)

Centriq Insurance Company Limited, FSP 3417, a licensed non-life insurer, is the insurance company providing the Benefits as detailed in this Policy.

YOUR UNDERWRITING MANAGER

Kaelo Risk (Pty) Ltd, registration number 2008/019335/07, an authorised Financial Services Provider (FSP 36931) is your Underwriting Manager.

The Underwriting Manager is responsible for administering your Policy which includes:

- Issuing your Policy
- Assessing and processing claims
- Collection of Premiums.

You can reach Kaelo on **0861 665 665** or email support@kaelo.co.za

YOUR NETWORK PROVIDER

Kaelo Prime Cure (Pty) Ltd, registration number 1997/017429/07, is the network provider who has contracted with various Healthcare Service Providers to provide the Benefits and services under this Policy.

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THE MEANING OF COMMON TERMS USED IN THIS DOCUMENT

Common terms used in the Policy are explained below and are marked with capital letters throughout the policy. Any words or expressions contained in the table below will carry the same meaning wherever they appear in this Policy Wording unless stated otherwise.

Definition	Meaning
Accidental Injury	An unintentional, unexpected, incidental or unforeseen event that causes bodily injury and requires immediate medical Treatment. To be covered, you must go to the Emergency Department immediately after an Accidental Injury.
Adult Dependant	A second or additional Spouse or Child Dependant that is 21 years or older that is listed on the Policy Schedule to be covered and who is financially dependent on you.
Allied Healthcare Provider	An Allied Healthcare Provider includes physiotherapists, occupational therapists, and dietitians that are registered with the Health Professions Council of South Africa.
Authorisation	You must get Authorisation from Prime Cure before using certain services as indicated under the Detailed Benefits section. In the case of a Medical Emergency, Authorisation must be obtained within 72 hours of the visit in order to be covered under this Policy. You can request Authorisation in the Kaelo MyHealth App or by calling Prime Cure on 0861 665 665 .
Benefit	The details of cover and limits available under this Policy as set out in the "Detailed Benefits" section.
Emergency Department	The Emergency Department in a hospital is a specialised area for people who need immediate medical attention for a serious injury or illness. It is a place where doctors, nurses, and other healthcare professionals are ready to help and provide urgent care 24 hours a day.
Discharge	When a patient is allowed to leave the hospital and go back home or to another healthcare facility. It happens when the doctors and healthcare team believe that the person's condition has improved enough to carry on their recovery outside of the hospital.
Dependant	A Spouse, Child Dependant or Adult Dependant.
Child Dependant	A child born to or legally adopted by either you or your Spouse. A Child Dependant who has reached the age of 26 is no longer covered under this Policy. The Premium for a Child Dependant will increase to that of an Adult Dependant in the month that they turn 21, up to the age of 26. Within 30 days of reaching 26, a Child Dependant may purchase insurance for themselves by taking out their own Policy.
Hazardous Sport	An activity or sport that involves more risk and potential danger compared to other activities. This includes, but is not limited to: <ul style="list-style-type: none"> • All forms of motorised racing, speed tests or aerobatics, whether by land, sea or air • Hiking, mountaineering or trekking at high altitudes of four thousand metres or above • Skydiving and rock climbing • The use of firearms other than for self-defence purposes
Healthcare Provider	A qualified medical practitioner registered with the Health Professions Council of South Africa (HPCSA). This includes specialists who are highly trained in a particular field, such as orthopaedic surgery or anaesthesiology.
In-Hospital Treatment	Medical attention given to a sick or injured person in hospital. In-Hospital Treatment includes, but is not limited to, the hospital stay, emergency surgery, Healthcare Service Providers, blood tests, X-rays and scans.
Insured Party	The person named in the Policy Schedule who is insured under this Policy.
Medical Emergency	A Medical Emergency is a sudden and life-threatening health condition that needs immediate medical Treatment. If this Treatment is not provided, it could seriously harm the body's functions or organs and put the person's life at risk.

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Kaelo Tariff	The maximum amount We will pay for the cost of services by a non-Prime Cure Network provider. While We cover the cost of Treatment, payment will be limited to a maximum of 300% of the 2006 National Health Reference Price List (NHRPL). The 2006 NHRPL is available on the Council for Medical Schemes website at medicalschemes . Our Tariffs are available to view here: primecure .
Netcare 911	Netcare 911 is the service provider contracted by Prime Cure to provide stabilisation and road transportation in a Medical Emergency.
Office Hours	Office Hours refers to Prime Cure's call centre availability which is Monday to Friday: 08h00 - 17h00 and Saturdays: 08h00 - 12h00.
Planned Procedures	Also known as elective surgery, refers to planned surgical procedures that can be booked in advance and where a condition doesn't require immediate medical treatment.
Policy	This Policy Wording as well as the Policy Schedule together form your insurance contract.
Policyholder	The person who applied for cover and whose name appears on the Policy and who is responsible for payment of the Premium. The Policyholder is also referred to as you/your in this policy.
Policy Schedule	The document that forms part of the insurance contract between you and Us that lists the Insured Parties that are covered, their Start Date of cover and the Premium that is payable.
Policy Wording	Your Accident Policy Wording.
Premium	The amount you must pay monthly to Us to be covered under this Policy.
Prime Cure Network	A list of Healthcare Service Providers We have contracted with to provide the Benefits and services under this Policy.
Renewal Date	This is the date on which your Policy is renewed each year when Benefits are updated or changed.
Spouse	Your partner in marriage, whether through a legally recognised marriage, traditional marriage which is carried out according to the applicable indigenous law, religion or tradition or a common-law spouse or life partner. If you have more than one (1) Spouse, you must choose one (1) partner and name that partner a Spouse. A second or further Spouse can be added as an Adult Dependant.
Start Date	The date on which cover starts under this Policy, as stated in the Policy Schedule. The cover Start Date may differ for you and your Dependants depending on when each person was added to the Policy.
Termination Date	The date that cover ends under this Policy.
Permanent Disability	Injuries that cause a lifelong and total disability which prevents the Insured Party from being able to continue with their usual activities at work or any other similar job that they are qualified for based on their education, knowledge or training.
Treatment	Any medical advice, diagnosis or care provided by a Healthcare Provider for the purpose of treating or monitoring a medical condition.
Tariff	All claims are paid at the Kaelo Tariff. For providers on our network, We pay at an agreed rate, and for non-network providers, such as specialists, We pay at 100% of the Kaelo Tariff.

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YOUR DETAILED BENEFITS

All Benefits below are per Insured Party per year unless otherwise stated.

The Benefit year runs from 1 January to 31 December of each year. If your Start Date of cover is after 1 January, Benefits will be pro-rated (reduced) accordingly.

Wherever the words "person" and "you and your" are referred to in the Detailed Benefits, it means an Insured Party covered under the Policy.

Benefit	Description	Limit
 <p>What To Do If You Need To Go To The Hospital</p>	<p>If you are in an emergency: Call 0861 665 665, select 1, then select 2. Our case managers are available 24/7 to provide you with a hospital Authorisation number for your Emergency Department visit.</p> <p>If you cannot get through to a case manager, your call will be directed to Netcare 911, who will:</p> <ul style="list-style-type: none"> Dispatch an ambulance if required. Issue a Guarantee of Payment (GOP) for your hospital Emergency Department visit if needed. Even if you drive yourself to the hospital, it is important that you call Us. You will need to provide personal details to Netcare 911 to validate your Policy, such as the Policy number or the Policyholder's ID/passport number. <p>If you are booked into hospital for a procedure:</p> <ul style="list-style-type: none"> Your hospital admission requires Authorisation. In most cases, the hospital will call Us directly, but it remains the Policyholder's responsibility to make sure Authorisation is obtained. To confirm your hospital Authorisation, please call 0861 665 665, select 1, then select 2. <p>If the Medical Emergency is due to an Accidental Injury or a heart attack or stroke, or if you have purchased the Medical Emergency Illness Buy-Up cover, and the Medical Emergency is due to one (1) of the Qualifying Conditions, Netcare 911 will transport you to a Prime Cure Network hospital.</p> <p>Once you are diagnosed by a doctor and it turns out not to be an Accidental Injury or heart attack or stroke, or if you have purchased the Medical Emergency Illness Buy-Up cover, and the Medical Emergency is not due to one (1) of the Qualifying Conditions, you will be transferred to a state hospital. The costs of the transfer will be covered.</p>	
 <p>Emergency Stabilisation & Ambulance Services</p>	<p>What to do in an emergency</p> <p>Should you suffer a Medical Emergency, you have unlimited cover for stabilisation and road transportation by Netcare 911 to an appropriate hospital Emergency Department.</p> <p>You will need to provide personal details to Netcare 911 to validate your Policy, such as the Policy number or ID number/passport number of the Policyholder.</p>	Unlimited
 <p>Emergency Department Visits</p>	<p>You are covered for an unlimited number of Emergency Department visits at hospitals in the Prime Cure Network should you suffer a Medical Emergency and require Treatment due to any of the following:</p> <ul style="list-style-type: none"> Accidental Injury, Stroke or Heart attack <p>Each visit is paid at cost up to a limit of R20 000 per person but payment will be limited to the Kaelo Tariff for non-Prime Cure Network providers.</p> <p>Your cover will end when you are Discharged from the Emergency Department or when your R20 000 limit is reached, whichever occurs first.</p> <p>Any Healthcare Provider visits, follow-up visits or Treatment will not be covered after you have been Discharged from the Emergency Department.</p> <p>If your Benefit limit is reached, and if you still need further Treatment, you will be transported to a state facility. The costs of the transfer will be covered.</p>	Unlimited visits are paid up to R20 000 per person per visit.

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 In-hospital Treatment	<p>You are covered for In-Hospital Treatment should you suffer a Medical Emergency due to any of the following:</p> <ul style="list-style-type: none"> Accidental Injury or Heart attack or Stroke <p>In-Hospital Treatment for Accidental Injuries:</p> <p>You are covered at cost for In-Hospital Treatment due to Accidental Injury up to R380 000 per event but limited to a maximum of R1.5 million in total for the year should you have more than one (1) Accidental Injury event during the year, including cover for Treatment from Allied Healthcare Providers subject to a sub-limit of R20 000, but payment will be limited to the Kaelo Tariff for non-Prime Cure Network providers.</p> <p>In-Hospital Treatment for strokes and heart attacks:</p> <p>You are covered at cost for In-Hospital Treatment due to a heart attack or stroke up to R250 000 per event but limited to a maximum of R500 000 in total for the year should you have more than one (1) heart attack and stroke event during the year, including cover for Treatment from Allied Healthcare Providers subject to a sub-limit of R20 000, but payment will be limited to the Kaelo Tariff for non-Prime Cure Network providers.</p> <p>Remember: While We cover the cost of Treatment, payment will be limited to a maximum of 300% of the 2006 National Health Reference Price List (NHRPL). The 2006 NHRPL is available on the Council for Medical Schemes website at medicalschemes. Our Tariffs are available to view here: primecure.</p> <p>Your In-Hospital Treatment Benefit will end when you are Discharged from hospital or when your limit is reached, whichever occurs first.</p> <p>If your Benefit limit is reached, and if you still need further In-Hospital Treatment, you will be transferred to a state hospital. The costs of the transfer will be covered. We do not cover follow-up visits or Treatment after you are Discharged.</p>	<p>Accidental Injury limits:</p> <p>R380 000 per person per event (sub-limited to R20 000 for Allied Healthcare Providers services in-hospital with an overall limit of R1.5 million per person per year.</p> <p>Heart attack and stroke limits:</p> <p>R250 000 per person per event (sub-limited to R20 000 for Allied Healthcare Providers services in-hospital) with an overall limit of R500 000 per person per year.</p>
 Permanent Disability Benefit	<p>In the event of Permanent Disability of any Insured Party 18 years or older because of Accidental Injury, an agreed Benefit amount of R25 000 will be paid to the Insured Party. There is no cover for Insured Parties under 18 years of age.</p>	<ul style="list-style-type: none"> Insured Parties under 18 years: no cover Insured Parties 18 years and older: R25 000
 Death Benefit	<p>In the event of the death of an Insured Party because of Accidental Injury, an agreed Benefit amount will be paid to either:</p> <ul style="list-style-type: none"> The surviving Spouse or Policyholder Child Dependant/s (or their legal guardians in the event of them being minors) The deceased Insured Party's estate failing any of the above. <p>A death or disability claim pay-out due to the same injury is limited to one (1) payment only. This means that if you receive a pay-out from the Permanent Disability Benefit and the Insured Party dies due to the same injury, then no payment will be due under the Death Benefit.</p>	<ul style="list-style-type: none"> Children under six (6) years: R20 000 All other Insured Parties: R25 000

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GENERAL TERMS, CONDITIONS AND EXCLUSIONS

Managed Care Organisation

- Your Policy uses the Kaelo Prime Cure managed healthcare network. As a managed healthcare organisation, Kaelo uses clinical protocols and guidelines to ensure that you receive healthcare that is of good quality, cost effective and provided at the appropriate level of care. This means that Kaelo will carefully review your claims and make funding decisions based on the established protocols and guidelines that have been developed as part of the managed care approach.

Law and Jurisdiction

- This Policy will be governed by the laws of the Republic of South Africa, whose courts shall have exclusive jurisdiction in any dispute arising under this Policy.

Making changes to your Policy

- We can change the Benefits or how they calculate them by giving you **31 days** written notice.

Dependant

- Kaelo Risk must explicitly accept a special dependant (second or subsequent spouse(s), grandchildren) to be covered under this Policy. If Kaelo Risk does not provide explicit acceptance, then such special dependants are not covered.

Adult Dependant

- The cover for Child Dependants ends when they reach **26 years** old. If they want to continue being covered, they can start their own Policy with the help of a broker.

Child Dependant

- For a Child Dependant over the age of **21** to remain on the Policy, an affidavit is required which states that the Child Dependant is financially dependent on the Policyholder.

Cancelling your Policy

- You can cancel this Policy at any time by giving a calendar months' notice (starting from the first day of the month).
- Your Policy will be terminated on the last day of the month after serving a calendar months' notice:
 - For example: if you cancel your Policy on the last day of this month, your termination will be effective on the last day of the following month.
 - Your cover will be effective up until the last day of the following month and your Premium will be payable up until the Termination date.
- We may cancel this Policy for any reason by giving **31 day's** notice.
- Benefits or services will only be covered if they were provided before the Policy Termination date.

Transfer of Policy

- If you die, your Spouse can take over the Policy and transfer the Policy into their own name within **30 days**.

CLAIMS

Example of a Kaelo Tariff shortfall:

- If a specialist charges **R9 000** for a procedure, and the applicable Kaelo Tariff for that procedure is **R6 000**, We will only pay **R6 000**. You will be responsible for the shortfall of **R3 000**, which must be settled directly with the specialist.

Payment of Service Providers

- When you receive Treatment, you don't have to worry about paying the healthcare service provider directly. Prime Cure will pay them for You.
- If you or your Dependants go to a Healthcare Provider who is not part of the Prime Cure Network, like a Specialist, you may have to pay upfront and then submit a claim to Prime Cure within **120 days (three (3) months)** to get a refund. You can submit your claim through email to refunds@primecure.co.za, by completing a form on the Prime Cure website at www.primecure.co.za, or via the Kaelo MyHealth App.

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- To request a refund, you need to provide the following documents:
 - a copy of your ID,
 - the account (bill) from the provider,
 - your receipt showing proof of payment,
 - and for refunds over **R3 000**, proof of your bank details.
- We will process your refund within **14 days** once We have all the required information. If you don't provide proof of your bank details, We won't be responsible for any payments made to the wrong account.
- Claims must be submitted to **Kaelo Prime Cure** for payment within **120 days** from the date of service. Claims received after this period will not be considered for payment. In the case of a Prime Cure Network Provider submitting claims directly to Us, you will not be held responsible for claims not submitted in time.

Submitting a Death or Permanent Disability Benefit claim

- To submit a Death Benefit claim due to Accidental Injury, you will need to email the following documents to claims@kaelo.co.za:
 - Death Certificate
 - ID copy of the person who is claiming and the deceased
 - Proof of bank account
 - Claim form
 - Accident Report /Affidavit
- To submit a Permanent Disability claim of an Insured Party as a result of Accidental Injury, you will need to email the following documents to claims@kaelo.co.za:
 - A disability report from the doctor
 - Proof of bank account
 - Completed Claim form
 - Accident Report/Affidavit (where applicable)

Road Accident Fund or Compensation Fund for Occupational Injuries or Diseases claims

- If We pay a claim that should be covered by the Road Accident Fund or the Compensation Fund for Occupational Injuries or Diseases, then the Insured Party must transfer any benefits they receive from those funds to Us. Any such benefits payable need to be ceded by the Insured Party to Us.

Rejected claims

- If your claim is rejected or if We dispute the amount claimed and you do not agree with the decision, you have **90 days** to present your case to Us to challenge the decision. You may need to prepare extra information or evidence to support your claim.
- After receiving the final decision from Us, if you still disagree with it, you have **six (6) months (180 days)** to take legal action by issuing a summons. If you don't do this, the claim will no longer be valid under this Policy.

Fraudulent claims

- If any claim or part of a claim under this Policy is in any way fraudulent, or if any fraudulent means or actions are used by you, your Dependents or anyone acting on your or your Dependents' behalf to provide information regarding a claim to obtain any Benefits under this Policy (whether successfully, or not) and/or
- If any event is caused by intentional conduct on your or your Dependant's part, or by any person acting with your or your Dependant's knowledge and involvement and/or
- You or your Dependents provide fraudulent information or documentation, whether created by you, your Dependents, or any other party, to substantiate or support any claim under this Policy, regardless of whether or not the claim is fraudulent and/or
- If you or your Dependents exaggerate the amount of a claim, in whole or part, for any reason, whether or not the claim is fraudulent.

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- All Benefits provided under this Policy for that claim will be forfeited, and We will not be liable for any part of the claim. We will take legal action to recover any claims paid by Us that are part of the fraudulent activity.
- We will retrospectively cancel this Policy from the date the claim was reported or the actual incident date, whichever is earlier.

PREMIUM PAYMENT AND COVER

- Your cover starts on the first day of the month and cannot be backdated.
- Your Policy will stay active as long as you keep paying your Premiums on time.
- Premiums for the month must be paid by the last working day of that month and the payment must be made in South African rand.
- If you don't pay your Premium on time or if your bank returns the debit order due to insufficient funds, you have a grace period of **30 days** to pay all the outstanding Premiums. After **30 days**, We will automatically debit **two (2)** month's Premiums.
- If your Premium remains unpaid after the second month, you won't have cover for the unpaid period until you pay all the outstanding Premiums.
- If We don't receive Premium for **two (2)** months in a row, We will cancel your Policy. Your Policy and cover will end on the last day of the period for which you last paid your Premium.
- If you pay your Premium by debit order and you cancel or stop your debit order, your Policy will be considered cancelled immediately, and you won't have a **30-day grace period**. If you want to reinstate your Policy later, it will be treated as a new Policy and the grace period will only apply from the second month of cover.
- We may adjust your Premiums by giving you **31 days written notice**. Your Premium will be reviewed every year.

WHAT WE DO NOT COVER

This Policy does not cover:

Tariff Shortfalls for non-Prime Cure Network providers:

- Any portion of fees charged by a non-Prime Cure Network provider that exceeds the applicable Kaelo Tariff, is not covered under this Policy and will be for Your own account.

Claims for Benefits directly or indirectly caused by or for any of the following:

- Intentional self-harm.
- Misuse of drugs.
- Failure to follow any medical advice.
- Planned procedures.
- If you are suspected of being under the influence of alcohol or having a blood alcohol content level that exceeds the legal limit.
- Riots, strikes, civil disturbances, war or war-like activities, rebellions, acts of terrorism, or nuclear-related incidents.
- You or your Dependants participation in any Hazardous Sport.
- Playing sports as a professional player.
- If you or your Dependants are in the defence force, police force, medical rescue service, firefighting service, correctional services or involved in disarming of explosives.
- If you or your Dependants are a pilot or member of the aircrew.
- Pregnancy unless the Medical Emergency is related to an ectopic pregnancy and where the Medical Emergency Illness Buy-Up is purchased.
- Acts that knowingly put the Insured Party in danger, except where the act is to save someone's life or prevent Accidental Injury.

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Claims for the following services or service providers:

- ICD 10 code Exclusions as listed on the Prime Cure website.
- Rehabilitation, frail care, hospice services or step-down facilities.
- Services provided by non-Prime Cure Network Healthcare Providers without Authorisation.
- Any Specialist or follow-up visits and or Treatment after hospital or Emergency Department Discharge.
- Any services provided outside of South Africa.

Claims for the following treatments, procedures, expenses, items or events:

- Any Treatment or procedure that is not an Accidental Injury, heart attack or stroke. This exclusion does not apply to the Emergency Stabilisation and Ambulance Services Benefit nor the Qualifying Conditions included under the Medical Emergency Illness Buy-Up option if you purchased this option.
- External prosthesis.
- Any appliances, like wheelchairs, crutches, beds, rehabilitation or mobility equipment.
- Any Treatment or Medical Procedure that, in the sole opinion of the insurer is of such a nature that it is not considered to be medically necessary, or where alternative conservative treatment would provide a similar outcome or is of such a nature that there is no likely improvement in the medical condition of the Insured Party.
- Medicine prescribed to take home after hospital Discharge.
- Expenses incurred for non-Medical Emergency transport.
- Transport expenses for any emergency transportation other than an ambulance.
- Claims submitted after **120 days** from the date of service.
- Any Treatment or Medical Procedure that, in the sole opinion of the insurer is of such a nature that it is not considered to be medically necessary, or where alternative conservative treatment would provide a similar outcome or is of such a nature that there is no likely improvement in the medical condition of the Insured Party.

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