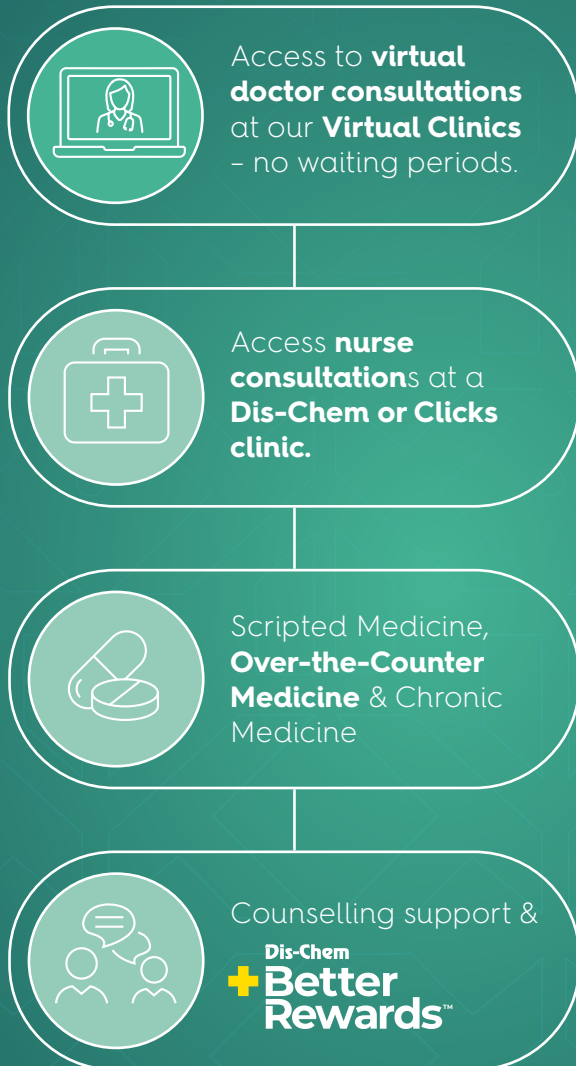


Making **Private Healthcare Affordable**
 and Accessible for all South Africans



MYHEALTH PLUS POLICY 2026

Why Kaelo MyHealth Cover?

Kaelo Health My Health is a medical insurance plan that covers everyday healthcare needs, including doctor visits, medications, chronic illness management, along with a Maternity Benefit. Policyholders can access a wide network of healthcare providers through the Prime Cure Network for private healthcare.

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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
Adult Dependant	A second or additional Spouse or Child Dependant that is 21 years , up to the age of 26 that is listed on the Policy Schedule to be covered and who is financially dependent on you. A Child Dependant is covered until the age of 26 .
Agreed Rate	The set amount agreed that We pay a Healthcare Provider for services that they agreed to when they joined the Prime Cure Network.
Authorisation	You must get approval from Prime Cure before using certain services as indicated under the Detailed Benefits section. In the case of a medical emergency, Authorisation (approval) 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 . Authorisations are subject to Managed Care Protocols.
Benefit	The details of cover and limits available under this Policy as set out in the Detailed Benefits section.
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 without any additional waiting periods or Exclusions being applied to their Policy.
Chronic Condition	A condition that lasts three months or more and needs continuous Treatment with medicine and regular monitoring.
Chronic Medicine	Medicine scripted by a doctor that needs to be taken regularly for a long time for a Chronic Condition. You or your Dependant need to register on the Chronic Medicine Benefit for Chronic Medicine to be covered.
Condition-Specific Waiting Period	The period during which no Benefits can be claimed for a specific condition for which medical advice, diagnosis, care, or treatment was recommended or received within the 12 months prior to the Start Date of cover for the Insured Party. Should Condition-Specific Waiting Periods apply, the waiting periods and their duration will be listed on Your Policy Schedule with the time period applicable.
Co-payment	An amount that needs to be paid towards a healthcare service which is not covered in full under this Policy.
Dependant	A Spouse, Child Dependant, Adult Dependant or special dependant. Special dependants, such as second or subsequent spouses and grandchildren, require explicit acceptance from Kaelo Risk. Without this explicit acceptance, such special dependents are not covered.
Family	The Policyholder and all Dependents listed in the Policy Schedule.
General Waiting Period	The period listed on your Policy Schedule during which time no Benefits can be claimed on the Policy. The waiting period is calculated from your or your Dependents' cover Start Date.
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.
Insured Party	The person named in the Policy Schedule who is insured under this Policy.

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Definition	Meaning
Medicine List	A list of approved Over-the-Counter Medicines and scripted medicines covered under this Policy. The approved Medicine List can be found on the Prime Cure website at www.primecure.co.za .
Midwife	A nurse qualified to deliver babies and to guide pregnant women during pregnancy childbirth and the first weeks after the birth.
Over-the-Counter (OTC) Medicine	Medicine that is advised by a pharmacist or Healthcare Provider that can be picked up at a pharmacy without a script. Only OTC Medicines on the Medicine List are covered.
Pathology	Examination of samples of blood (blood tests) and body tissues.
Policy	This Policy Wording as well as the Policy Schedule together form your insurance contract.
Policy Wording	Your MyHealth Plus Policy Wording.
Policyholder	The person who applied for cover 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, the Premium that is payable and the General and Condition-Specific Waiting periods that apply.
Pre-authorisation	Pre-authorisation is getting approval from Prime Cure before using the services listed under the Detailed Benefits section. This approval confirms that the service is covered. You can request Pre-Authorisation (approval) through the Kaelo MyHealth App or by calling Prime Cure on 0861 665 665 .
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.
Specialist	A Healthcare Provider who is highly trained in a particular field, e.g. a gynaecologist or paediatrician.
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 Spouse, you must choose one 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.
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 .
Termination Date	The date that cover ends under this Policy.
Treatment	Any medical advice, diagnosis or care provided by a Healthcare Provider for the purpose of treating or monitoring a medical condition.

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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	MyHealth Plus Limit
Doctor Visits		
 In-person Doctor Visits	<p>You can go to the doctor whenever you are not feeling well, but you must visit a doctor that is part of the Prime Cure Network. To find a doctor closest to you, go to the Prime Cure website at www.primecure.co.za, look for Prime Cure Networks and then click on Find a Prime Cure Network Provider. You can also use the Kaelo MyHealth App and search for a provider using your location.</p> <p>Before your 4th visit to the doctor, and every visit thereafter, you need to call us on 0861 665 665 to get Authorisation for the visit to be covered. Authorisations are subject to Managed Care Protocols.</p> <p>Minor Treatments like stitches, biopsies and wound care are included in the visit if they are on the approved list of procedures We cover.</p> <p>Women's health checkups, such as pap smears, are available if your Network doctor provides this service.</p> <p>The Network doctor has the list of approved codes covered on your plan.</p> <p>Please note that second opinions and follow-up visits within 72 hours are not covered.</p>	Unlimited visits.
 Virtual Clinics	<p>You have unlimited phone or video consultations through our Virtual Clinics.</p> <p>There are two (2) ways to have a virtual consultation:</p> <ol style="list-style-type: none"> 1. You can book a phone or video consultation with a Kaelo doctor. A Kaelo nurse will assess your symptoms and then refer you to the doctor for further consultation if necessary. If you choose a phone consultation, a Kaelo nurse will call you at the time of your appointment. If you choose a video consultation, you will need to click on the link in the booking confirmation email or SMS that you received to access the virtual waiting room for your consultation. 2. You can book a nurse consultation in a Dis-Chem clinic where the nurse will assess you first. If the nurse feels you need to be referred to a doctor, they will video call the doctor while you wait and guide you through the consultation with the doctor. To book a Dis-Chem clinic visit, go to www.dischem.co.za or call a Dis-Chem pharmacy closest to you. <p>You don't need Authorisation for virtual consultations and you can use this Benefit even during a waiting period. If the virtual doctor gives you a script for medicine, it will be covered according to your medicine limits, however, a six(6)-month waiting period may apply to HIV and type 2 diabetes mellitus.</p>	Unlimited visits.
 Out-of-Network Doctor Visits	<p>You can see a medical doctor that is not in the Prime Cure Network once a year. Each person on the Policy can have one (1) visit, and in the case of a Family, We will allow up to two (2) visits per Family per year. When you go to the doctor, they will charge you the actual cost, and We will cover up to R1 100 per visit for all related costs, based on the Kaelo Tariff.</p> <p>To make sure the visit is covered, you need to call Prime Cure on 0861 665 665 or use the Kaelo MyHealth App to authorise the visit within 72 hours of the visit.</p> <p>Please note that if you visit doctors who are not in our network, they may charge more than our tariff (set prices), and you will be responsible for paying the difference. In such cases, you may need to pay the full amount upfront and then submit a claim to us for a refund. Please refer to the Claims section on how to request a refund.</p>	One (1) visit per person with an overall limit of two (2) per Family per year.

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Benefit	Description	MyHealth Plus Limit
Clinic and Screening Benefits		
 Clinic Visits	<p>You have eight (8) visits to a nurse in a Dis-Chem or Clicks clinic for a range of needs including:</p> <ul style="list-style-type: none"> Coughs, colds, flu, asthma, skin rashes, allergies, nebulisation and minor wound care Baby weigh-ins and check-ups Blood glucose and blood pressure monitoring Flu vaccinations (see Flu Vaccination for details). <p>You can use your Over-the-Counter (OTC) Medicine Benefit for medicine that the nurse recommends you take, as long as the medicine is on the Medicine List.</p> <p>1. You can book a nurse consultation in a Dis-Chem clinic where the nurse will assess you first. If the nurse feels you need to be referred to a doctor, they will video call the doctor while you wait and guide you through the consultation with the doctor. To book a Dis-Chem clinic, visit www.dischem.co.za or call a Dis-Chem pharmacy closest to you.</p>	Eight (8) visits per person per year.
 Health Screening	<p>We will pay for two (2) health check-ups and an extra two (2) HIV tests per person every year at either Clicks or Dis-Chem clinics.</p> <p>During these check-ups, the nurse will measure your height, weight and body mass index (BMI). They will also check your blood glucose (blood sugar), blood pressure, cholesterol levels and do an optional HIV test.</p> <p>To find a clinic closest to you, visit the Prime Cure Find a Provider page at www.primecure.co.za or access the Kaelo MyHealth App.</p>	Two (2) screening visits + two (2) additional HIV tests per person per year.
 Flu Vaccination	<p>We will pay for one (1) flu vaccination every year for individuals older than six (6) months. The vaccination can be done at any pharmacy clinic in the Prime Cure Network.</p> <p>To find a clinic closest to you, visit the Prime Cure Find a Provider page at www.primecure.co.za or access the Kaelo MyHealth App.</p>	
 COVID-19 Tests	<p>We will pay for one (1) positive COVID-19 screening test up to a limit of R850 per person per year.</p> <p>You will need to pay for the test and send us your claim for a refund if the test result is positive. Refer to the Claims section on how to request a refund.</p>	One (1) screening up to R850 per person per year
Specialist Visits		
 Specialist Visits	<p>You can go to a Specialist once a year, and in the case of a Family, We will allow up to two (2) visits per year. You will need to pay for the Specialist visit upfront and then submit your claim/s to us for a refund. We will cover up to R2000 for the specialist visit at the Kaelo Tariff (set price)</p> <p>The costs for blood tests, medicine and X-rays, will be covered from your Scripted Medicine, Blood Tests and X-ray and Scans Benefits, subject to the limits and conditions set out against these Benefits.</p> <p>Please be aware that a Specialist not within our network may charge above our tariff (set prices) and you will be responsible for paying the difference. In such cases, you may need to pay the full amount upfront and then submit a claim to us for a refund. Please refer to the Claims section on how to request a refund.</p> <p>You can see any specialist, but you must get Authorisation to ensure that the visit is covered. You have 72 hours to obtain Authorisation. You can call 0861 665 665 and follow the prompts to obtain Authorisation live (in real-time), or you can request Authorisation on the Kaelo MyHealth App.</p>	One (1) visit per person with an overall limit of two (2) per Family per year up to a limit of R2 000 per visit and R4 000 family limit.

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Benefit	Description	MyHealth Plus Limit
Medicine (medicine formulary is subject to change)		
 Scripted Medicine	<p>You have unlimited cover for scripted medicine (short-term medicine) if it is on our Medicine List.</p> <p>The script must be written by a Prime Cure Network doctor that doesn't keep medicine in their rooms. We call these doctors non-dispensing doctors or an authorised Specialist. You must collect your medicine from a pharmacy that is in the Prime Cure Network. We will then pay for the medicine at 100% of the Agreed Rate.</p> <p>If your doctor is a dispensing doctor, it means that your medicine is covered as part of the doctor visit and your doctor will provide the medicine in their rooms before you leave. To find out if your doctor is a dispensing or non-dispensing doctor, visit the Find a Provider page on the Prime Cure website at www.primecure.co.za.</p> <p>You will need to get Authorisation before the 4th doctor visit and every visit thereafter for your medicine to be covered.</p>	Unlimited scripts.
 Over-the-Counter (OTC) Medicine	<p>Over-the-Counter (OTC) Medicine (subject to formulary) is medicine that can be collected from a pharmacist without a script. We will cover the medicine at 100% of the Agreed Rate up to a limit of R115 per quarter (every three (3) months) and up to a maximum of R460 per person per year.</p> <p>Remember to visit a Prime Cure Network pharmacy. To find a Network pharmacy, you can visit the Find a Provider page on the Prime Cure website at www.primecure.co.za or use the Kaelo MyHealth App.</p> <p>Any amount that you don't spend in the quarter will carry over to the next quarter, but not to the next year.</p>	Limited to R115 per quarter up to a maximum of R460 per person per year.
 Chronic Medicine	<p>Chronic Medicine is medicine you need to take regularly for a long time.</p> <p>We will pay for medicine on our Medicine List for 27 chronic diseases including:</p> <ul style="list-style-type: none"> Addison's disease Asthma Bipolar mood disorder Bronchiectasis Cardiac failure Cardiomyopathy Chronic renal disease COPD (chronic obstructive pulmonary disease) Coronary artery cholesterol) Crohn's disease Diabetes insipidus Diabetes mellitus type 1 Diabetes mellitus type 2 Dysrhythmias Epilepsy Glaucoma Haemophilia HIV Hyperlipidaemia (high Hypertension Hypothyroidism Multiple sclerosis Parkinson's disease Rheumatoid arthritis Schizophrenia Systemic lupus erythematosus Ulcerative colitis. <p>A six (6)-month Condition-Specific Waiting Period may apply to HIV and type 2 diabetes mellitus.</p> <p>To make sure your medicine is covered at 100% of the Agreed Rate, you must:</p> <ul style="list-style-type: none"> Fill out a form with your Prime Cure Network doctor, or your Specialist, if you received an Authorisation to visit a Specialist, to register for the Chronic Medicine Benefit. This lets Us know when you were diagnosed with the condition and what medicine your doctor wants to give you. Your doctor must email the completed form, together with the requested supporting information to pcauth@mediscor.co.za. Please remember: Scripts are valid for a limited period (usually six (6) months). When a script expires or if there are any changes to it, you will need to resubmit it to pcauth@mediscor.co.za. You can download the Chronic Medicine Benefit application form on our website at www.primecure.co.za and share it with your doctor. If your doctor prescribes medicine, that is not on the Medicine List, it will not be covered. You can find the Medicine List on the Prime Cure website at www.primecure.co.za. Once We have reviewed and approved the application from your doctor, you must collect your medicine from a pharmacy in the Prime Cure Network. If your Specialist registers you for the Chronic Medicine Benefit, please call us on 0861 665 665 to update the original Authorisation to ensure that you can collect your repeat scripts. <p>A six (6)-month Condition-Specific Waiting Period may apply to HIV and type 2 diabetes mellitus.</p> <p>Authorisations are subject to Managed Care Protocols.</p>	Unlimited Chronic Medicine for twenty seven (27) conditions.

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Benefit	Description	MyHealth Plus Limit
HIV Programme		
 HIV Programme	<p>The HIV Programme helps those living with HIV to better manage their condition.</p> <p>The HIV programme gives you cover for:</p> <ul style="list-style-type: none"> • Counselling and testing • Unlimited antiretroviral therapy (ARVs), prophylactic antibiotics and supplements • Treatment support and guidance from Kaelo Healthcare Providers • An approved list of blood tests to monitor your condition including CD4 count, viral load, liver enzymes, cholesterol, glucose and urine tests • Treatment of an approved list of HIV-related infections • Emergency medicine for post-exposure prophylaxis if you notify a Prime Cure Network doctor within 72 hours of the accidental exposure • Prevention of mother-to-child-transmission. <p>How to register on the HIV Programme:</p> <ul style="list-style-type: none"> • Fill out a form with your Prime Cure Network doctor, or your Specialist, if you received an Authorisation to visit a Specialist, to register for the HIV Programme. This lets Us know when you were diagnosed with the condition and what medicine your doctor wants to give you. • The medicine your doctor prescribes has to be on the Medicine List. You can find this list on the Prime Cure website at www.primecure.co.za. The list shows which medicines We will cover. • Once We have reviewed and approved the application from your doctor, you must collect your medicine from a pharmacy in the Prime Cure Network. • If your Specialist registers you for the Chronic Medicine Benefit, please call us on 0861 665 665 to update the original Authorisation to ensure that you can collect your repeat scripts. <p>A six (6)-month waiting period may apply.</p> <p>Authorisations are subject to Managed Care Protocols.</p>	Unlimited HIV medicine.
Dentistry Benefits		
 Dentistry	<p>Each person on the Policy can go to the dentist on the Prime Cure Network for one (1) dental check-up and one (1) cleaning per year, which includes fluoride treatment for children under 12 years.</p> <p>You (Policyholder) are covered for four (4) composite fillings (repairs to teeth) and four (4) extractions (teeth taken out) per year. The family is covered for four (4) dental (mouth) X-rays per year.</p> <p>You are covered for emergency dentistry subject to a list of approved codes</p> <p>You do not need Authorisation for these services, but We only cover specific codes. The Network dentist has a list of approved codes covered on your plan, and We pay according to the Agreed rate.</p> <p>Please note that second opinions and follow-up visits within 72 hours are not covered.</p> <p>You are covered for one (1) dental filling per tooth every 720 days. Re-treatment within the time limit is subject to clinical motivation and managed care protocols.</p> <p>This means the same tooth cannot be refilled within this period unless clinically motivated and approved.</p>	One (1) dental check-up and One (1) cleaning per person per year.
 Out-of- Network Dentist	<p>You can see a dentist that is not part of the Prime Cure Network, but this is limited to one (1) visit per Family per year and only covers emergency Treatment for pain and sepsis. When you go to the dentist, they will charge you the actual cost, and We will cover up to R800 for the visit at the Kaelo Tariff (set prices).</p> <p>We will cover the associated cost of medicines that are on the Medicine List from your Scripted and Over-the-Counter Medicine Benefit, subject to the Policy limits and conditions.</p> <p>To make sure the visit is covered, you need to authorise the visit by calling Prime Cure on 0861 665 665 or use the Kaelo MyHealth App to Authorise the visit within 72 hours of the visit.</p> <p>Please note that dentists who are not in our network may charge more than our tariff (set prices) and you will be responsible for paying the difference. In such cases, you may need to pay the full amount upfront and then submit a claim to us for a refund. Refer to the Claims section on how to request a refund.</p>	One (1) visit per Family per year, limited to R800

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Benefit	Description	MyHealth Plus Limit
Dentistry Benefits		
 Dentures	<p>We cover one set of plastic or acrylic dentures (false teeth) per Family every two (2) years for persons over the age of 21 years, according to a list of approved codes.</p> <p>You will need to pay an upfront Co-payment amount of 20% of the total cost (including the dentist and laboratory fees) to the dentist. You must get Authorisation by calling Prime Cure on 0861 665 665 before the visit.</p> <p>Dental laboratories are not contracted with Kaelo, and We will only pay up to the Kaelo Tariff (set price).</p> <p>We will need a quotation and the number of teeth from the dentist to provide an Authorisation. Authorisations are subject to managed care protocols.</p> <p>A six (6)-month waiting period may apply if you had dental treatment, advice, or care in the 12 months before joining this Policy. If you later need dentures for the same condition, your Denture Benefit will only begin after six (6) months of cover.</p>	<p>One (1) set of dentures per Family every two (2) years.</p>
Eye Care		
 Eye Tests	<p>Each person on the Policy can have one (1) eye test per year at a Prime Cure Network optometrist (eye doctor) and one (1) pair of glasses every two (2) years, which includes standard single-vision or bi-focal clear plastic lenses and a frame from the Prime Cure selection.</p> <p>If you choose a frame which is not in the Prime Cure selection, your frame will be covered up to R600 (this amount is included in the qualifying package) and you will need to pay the difference in cost.</p> <p>Authorisation is needed for glasses. Your Network optometrist will need to submit your eye test results to us by completing an Optometry Pre-authorisation form which is available on the Prime Cure website at www.primecure.co.za.</p> <p>Glasses will be covered based on your eye test results and qualifying norms. Authorisations are subject to managed care protocols.</p>	<p>One (1) eye test per person per year. One (1) pair of glasses per person every two (2) years.</p>
Blood tests, X-rays and scans		
 X-rays and Scans	<p>You can have as many X-rays and soft tissue ultrasound scans as you need when you are referred by a doctor or nurse, or an Authorised Specialist that is part of the Prime Cure Network or through a virtual clinic consultation. Your doctor must refer you by completing a Radiology Referral form which is available on the Prime Cure website at www.primecure.co.za (This Referral form is not required for an Authorised Specialist visit).</p> <p>We will cover X-rays and scans at 100% of the Agreed Rate according to a list of approved codes.</p>	<p>Unlimited</p>
 Blood Tests	<p>You have unlimited cover for blood tests through Ampath, Lancet, Pathcare, Target and Neuberg or Lab24 when you are referred by a Network doctor or nurse, a virtual clinic consultation or an authorised Specialist according to a list of approved tests.</p> <p>Your Network Provider has a list of the approved pathology codes.</p>	<p>Unlimited</p>
Maternity Benefit		
 Maternity	<p>You have unlimited visits to a doctor in the Prime Cure Network throughout your pregnancy and unlimited medicine on the Medicine List when it is scripted by a Prime Cure Network doctor and collected at a Prime Cure Network pharmacy.</p> <p>You also have cover for blood tests through Prime Cure Network Pathology labs when referred by a Prime Cure Network doctor, and two (2) ultrasound scans per year at a Prime Cure Network Healthcare Provider, Dis-Chem Baby City Stores or a radiologist, if you are referred. The first ultrasound scan must be between week 10 and 14, and the second between week 20 and 24.</p> <p>The cost of blood tests, medicine and X-rays will be covered from your Scripted Medicine, Blood Tests and X-Ray and Scans Benefits, subject to the limits and conditions applicable to these benefits.</p>	

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Managed Care Organisation

- Your MyHealth Policy uses the Kaelo Prime Cure managed healthcare network. As a managed healthcare organisation, Prime Cure, 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.

Transfer of Policy

- If you die, your Spouse can take over the Policy and transfer the Policy into their own name within **30 days** without any additional waiting periods or exclusions.

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.

Cover for Child Dependant/s

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

Claims

- When you or your Dependents visit a healthcare service provider that is in the Prime Cure Network, you don't have to worry about paying them directly. We will pay them for you when they submit their claims to Prime Cure.
- *Example of a Kaelo Tariff shortfall:**
 - If a specialist charges **R1 000** for a procedure, and the applicable Kaelo Tariff for that procedure is **R800**, We will pay only **R800**.
 - You will be responsible for the shortfall of **R200**, which must be settled directly with the specialist.
- If you or your Dependents 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.
- 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.
- Where We paid a Benefit in terms of this Policy which is a benefit payable by the Road Accident Fund or the Compensation Fund for Occupational Injuries or Diseases then any such benefits payable need to be ceded by the Insured Party to the Insurer.
- If a 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 Dependents' part, or by any person acting with

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your or your Dependants' knowledge and involvement and/or You or your Dependants provide fraudulent information or documentation, whether created by you, your Dependants, 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 Dependants exaggerate the amount of a claim, in whole or part, for any reason, whether or not the claim is fraudulent

Then:

- 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) months'** 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 your 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.

Making changes to your Policy

- We can change the waiting periods or Benefits or how they are calculated by giving you **31 days** written notice.

Cancelling your Policy

- You can cancel this Policy at any time by giving a calendar month's 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 month's 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 month.
- We may cancel this Policy for any reason by giving **31 days'** notice.
- Premiums are payable up to and including the Termination Date.
- Benefits or services will only be covered if they were provided before the Termination Date of this Policy.

Waiting Periods

Any waiting periods that apply to your Policy are listed in the Policy Schedule.

Waiver of waiting periods

- Newborns or a Spouse added to the Policy within **90 days** of birth or marriage won't have any waiting periods. Dependants added within **90 days** of the Policy Start Date also won't have waiting periods. Premiums for newborns or Spouses will be payable from the birth or marriage date.
- If you can provide proof that you and your Dependants had previous medical insurance or medical aid cover, then the waiting periods will be waived for the Insured Parties that had previous medical insurance or medical aid cover as follows:

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- The General Waiting Period will be waived if the Insured Party had at least three months of previous cover with no more than a two-month break before the Insured Party Start Date of cover on this Policy.
- The Condition-Specific Waiting Period will be waived if the Insured Party had at least six months of previous cover with no more than a **two (2)-month** break before the Insured Party's Start Date of cover.
- It's important to provide proof of previous cover to Kaelo before the Start Date of your Policy or the Start Date of cover for your Dependant. If you don't submit the proof of cover in time, there will be a delay in finalising any claims. You will then need to manually submit these claims to Us for a refund or request that the provider resubmit these claims to Prime Cure within **120 days** from the date of service.

What We do 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 or Benefits will not be paid for the following procedures, items, services, service providers, or events:

- Any Benefit or service that is not covered by this Policy.
- Claims that fall within a waiting period.
- Claims for tests or medicines not included on the approved list of tests, procedures or Medicine List.
- Routine check-ups and examinations without any complaint or illness.
- Claims submitted after **120 days** from the date of service.
- Cosmetic surgery or cosmetic procedures.
- Specialised dental procedures like crowns, bridges, dental implants, orthognathic surgery, temporomandibular joint (TMJ) surgery, labial frenotomy, bone augmentations and bone or tissue regeneration.
- Rehabilitation, frail care, step-down or hospice services
- Child immunisations except for flu vaccinations of children older than **six (6) months**
- Any Treatment related to infertility.
- Services provided by non-Prime Cure Network Healthcare Providers without Authorisation.
- Any services provided outside of South Africa.
- ICD 10 code Exclusions as listed on the Prime Cure website

Claims or Benefits will not be paid for any incident, illness, or event that happens because of or related to the following:

- Intentional self-harm, like suicide.
- Having a blood alcohol content level that exceeds the legal limit.
- Using any kind of drug, legal or illegal, unless it was prescribed by a Healthcare Provider and taken as instructed.
- Not following the medical advice given by a Healthcare Provider.
- 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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