

2021

kaelohealth

healthcare: MyHealth



Policy

Statutory notice:

This is not a Medical Scheme and the cover is not the same as that of a Medical Scheme. This Policy is not a substitute for Medical Scheme membership.

Kaelo Risk (Pty) Ltd is an authorised financial services provider (FSP 36931).
This product is underwritten by Centriq Insurance Company Limited (FSP 3417).



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Disclaimer

This **Policy** replaces all previous versions of your previous **Policy**. All rules in this **Policy** are applicable to **Insured Parties** on the **Policy**.

All definitions throughout the **Policy** are indicated with bold font and with the first letter of each word capitalised. Important points are indicated with a bold and blue font type.

Section A: Your Insurer

The insurance cover is underwritten by your **Insurer**: Centriq Insurance Company Limited, FSP 3417. The cover provided is always subject to all the terms and conditions explained throughout your **Policy**.

Section B: Your Underwriting Manager

Your **Underwriting Manager** is responsible for all administrative matters relating to your **Policy** which include:

- Issuing of your **Policy**.
- Processing of your claims.
- Collection of your **Premium**.

This product is administered by Kaelo Risk (Pty) Ltd, registration number 2008/019335/07 an authorised Financial Services Provider (FSP 36931).

You can reach Kaelo on 0861 493 587 or email service@kaelo.co.za.

Section C: Your Network Provider

Kaelo Prime Cure (Pty) Ltd, registration number 1997/017429/07 (Prime Cure) is the provider of the network.

Prime Cure is an accredited managed care organisation who is contracted to provide all the managed care services, processes, account payments and manage contracts of the **Provider Network**.

Section D: Definitions

Any words and expressions used in this Policy can refer to either singular or plural and to either gender. The words and expressions utilised are defined as follows:

Number	Definition	Meaning
D1	Accidental Event or Trauma	"Accidental Event" or "Trauma": any injury or treatment resulting from Accidental Harm.
D2	Accidental Harm	"Accidental Harm": bodily injury caused by violent, unintentional, external and physical means.
D3	Acute Medication	"Acute Medication": medicine used for diseases or conditions that have a rapid start, severe symptoms, and that need a short term of medicine treatment.
D4	Agreed Rate	"Agreed Rate": the specific rate, agreed upon between the Network Provider and Contracted Service Providers, used to determine the Rand amount at which Contracted Service Providers are refunded.
D5	Allocated Provider	"Allocated Provider": all Insured Parties will be allocated two GPs. This allocation will take place automatically as the Insured Parties visit their first and second GP. Insured Parties may change their allocated GP at any time up to a maximum of twice per annum.
D6	Antenatal	"Antenatal": before birth; the medical care of women when they are expecting a baby.
D7	Authorisation	"Authorisation": to obtain approval where it is required in order for certain Benefits to apply. Authorisation can be obtained from 0861 493 587 unless otherwise indicated.
D8	Benefit	"Benefit": as reflected in the Policy under Detail of Healthcare Services and Benefits.
D9	Benefit Date	"Benefit Date": the first day of the month on which Benefits commence, following waiting periods.
D10	Benefit Plan/Schedule	"Benefit Plan / Schedule" relates to the cover and Benefits detailed in this Policy.
D11	Benefit Year	"Benefit Year": the period from 01 January to 31 December of any year.

Number	Definition	Meaning
D12	Childbirth	"Childbirth": the act of giving birth to a child.
D13	Chronic Condition	"Chronic Condition": a disease that lasts three months or longer and generally cannot be prevented by vaccines or cured by medication, nor does it just disappear. A Chronic Condition can be treated by medication that will be required to be taken for a lifetime. The Chronic Conditions covered are listed in the Policy under "Chronic Medication".
D14	Chronic Medication	"Chronic Medication": medicine prescribed by a Medical Practitioner for an uninterrupted period longer than three (3) months. This medicine is used for a medical condition which forms part of an approved list of Chronic Conditions.
D15	Co-Payment	"Co-Payment": an amount, either specified in rands or as a percentage, that is payable by an Insured Party to a Contracted Service Provider and is not covered under this Policy.
D16	Contracted Service Provider	"Contracted Service Provider": any medical service provider contracted and designated by the Network Provider as a Kaelo Health provider.
D17	Dependant	"Dependant": either the Eligible Spouse, Eligible Child, Special Needs Child or Eligible Special Dependant.
D18	Dependant Number	"Dependant Number": the number assigned to each Insured Party covered under this Policy.
D19	Dependant Type	"Dependant Type": either Policyholder, Eligible Spouse, Eligible Child, Special Needs Child or Eligible Special Dependant.

Number	Definition	Meaning
D20	Eligible Child	"Eligible Child": a child born to either the Policyholder or Eligible Spouse of this Policy. An Eligible Child includes a legally adopted child or stepchild of a Policyholder. In the event that the Eligible Child reaches the age of 26 years, the child will no longer be an Eligible Child and will therefore no longer be covered under this Policy. On turning 26 and within 30 days of doing so, the Eligible Child may take up a new policy in their own capacity without any additional waiting periods or exclusions being applied. The age limitation will not be applicable to a Special Needs Child.
D21	Eligible Special Dependant	"Eligible Special Dependant" : a dependant who is neither the Eligible Spouse, an Eligible Child nor a Special Needs Child of the Policyholder but who is an eligible dependant (parent, second or subsequent spouse(s), grandchildren) and has been explicitly accepted by Kaelo Risk for such cover under this Policy. In the event that no such explicit acceptance is provided by Kaelo Risk, such Special Dependents are not covered.
D22	Eligible Spouse	<p>"Eligible Spouse":</p> <ul style="list-style-type: none"> * the partner of the Policyholder with whom a spousal union exists, whether by virtue of South African law or religious tenet. * the partner that shares a home with the Policyholder in a common law spousal union and has done so for at least six months. <p>Should a Policyholder have more than one spouse who could qualify as an Eligible Spouse then that Policyholder must make an irrevocable nomination of one spouse as the Eligible Spouse. Benefits will only be paid to the nominated Eligible Spouse.</p> <p>No Benefits will be paid in respect of any other spouse unless the Policyholder has nominated the other spouse (or spouses as the case may be) as an Eligible Special Dependant from the time of inception of the Policy, or from the time that the other spouse became a spouse of the Policyholder and the requisite Premium has been paid to Kaelo Risk on behalf of such other spouse.</p> <p>On the death of the Policyholder, the nominated Eligible Spouse may transfer the policy of cover into their own capacity within 30 days without any additional waiting periods or exclusions being applied.</p>

Number	Definition	Meaning
D23	Exclusions	"Exclusions": a list of services, conditions and events excluded from this Policy. This list can be found in the "Exclusions" section of this Policy.
D24	Family	"Family": collectively the Policyholder, Eligible Spouse, Eligible Children, Special Needs Child and Eligible Special Dependant as defined in the Policyholder Schedule.
D25	Formulary (Dentistry & Optometry cover not included on Vital plan)	"Formulary": a list of codes, procedures and medicine covered by this Policy. This applies to both Acute and Chronic Medication, Radiology, Pathology, Dentistry, Optometry and procedures in the doctor's rooms.
D26	General Practitioner or GP or Doctor	"General Practitioner" or "GP" or "Doctor": a Medical Practitioner, who provides primary Healthcare Services.
D27	General Waiting Period	"General Waiting Period": the period in which an Insured Party may not claim any Policy Benefits, except for Benefits directly arising from Accidental Harm.
D28	Hazardous Sport	<p>"Hazardous Sport" includes, but is not limited to, participation in or use of any of the following:</p> <ul style="list-style-type: none"> • All forms of motorised/jet racing or motorised/jet aerobatics, whether by land, sea or air; • Mountaineering, trekking, or hiking above an altitude of 4 000 metres; • Hunting, shooting or deploying firearms in any manner other than for self-defence purposes;
D29	Healthcare Services	"Healthcare Services": all services detailed in the "Detail of Healthcare Services and Benefits" section of this Policy.
D30	Hospital	"Hospital" : any institution in the territory of the Republic of South Africa, which provides diagnostic and therapeutic facilities for surgical and medical diagnosis, Treatment and care of sick or injured persons by or under the supervision of Medical Practitioners or Specialists on a full-time basis.
D31	Illness	<p>"Illness" : any physical disease or sickness which manifests in an Insured Party but is not a disease or sickness which is of such a nature as to be incapable of diagnosis by objective evidence or which, even though capable of diagnosis by such evidence, has not been diagnosed as such.</p> <p>In other words, it must be capable of diagnosis and have been diagnosed.</p>

Number	Definition	Meaning
D32	Insured Event	"Insured Event": any Accidental Event and or Medical Emergency that requires an Insured Party to undergo Treatment.
D33	Insured Party	"Insured Party" means: either the Policyholder, Eligible Spouse, Eligible Children, Special Needs Child and / or Eligible Special Dependant as named in the Policyholder Schedule.
D34	Insurer	"Insurer": Centriq Insurance Company Limited, Reg. No. 1998/007558/06, an authorised Financial Services Provider (FSP 3417).
D35	Medical Emergency	"Medical Emergency": the sudden, unexpected onset of a life-threatening health condition that requires immediate medical treatment, where failure to provide medical treatment will result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part and would place the Insured Party's life in serious jeopardy.
D36	Medical Practitioner	"Medical Practitioner": a qualified medical practitioner, who is registered to practice with the Health Professions Council of South Africa.
D37	Midwife	"Midwife": a nurse who is qualified to deliver babies and to guide pregnant women.
D38	Netcare	"Netcare": Netcare 911 EMS (Pty) Ltd, a wholly owned subsidiary of Netcare. Registration Number 1996/006591/07.
D39	Network Provider	"Network Provider": Kaelo Prime Cure (Pty) Ltd, registration number 1997/017429/08.
D40	Over the Counter Medication (OTC)	"Over the Counter Medication (OTC)": medicine advised and dispensed by a pharmacist at a Prime Cure contracted network pharmacy for the treatment of minor illnesses. OTC Medication is limited to the Prime Cure medicine formulary for OTC Medication.
D41	Pathology	"Pathology": the study of the cause and effects of diseases, especially the branch of medicine that deals with the laboratory examination of samples of body tissues for diagnostic purposes.
D42	Per Annum	"Per annum": the period from 01 January to 31 December of any year.
D43	Policy	"Policy": this policy as well as the Brochure/Healthcare Services and Benefits annexure and Policy Schedule.

Number	Definition	Meaning
D44	Policy Card	"Policy Card": the card issued by the Underwriting Manager to a Policyholder which indicates the benefit plan and personal details of the Insured Parties. This can be digital or paper based.
D45	Policyholder	"Policyholder": the Insured Party named in the Policyholder Schedule, who applied for cover under this Policy and who has been accepted by the Insurer as eligible for participation in the insurance cover provided by this Policy.
D46	Policyholder Schedule	"Policyholder Schedule": a document issued to the Policyholder by the Insurer containing the personal details of each Insured Party, Starting Date of Cover, Policy Dependant Type, Premium and waiting periods. This can be digital or paper based.
D47	Postnatal	"Postnatal": subsequently after and relating to the birth of a baby.
D48	Pregnancy	"Pregnancy": the condition of being pregnant or the period during which a female is pregnant.
D49	Premium	"Premium": the monthly amount due to the Insurer payable by, or on behalf of, the Policyholder.
D50	Provider Network	"Provider Network": a list of accredited multi-disciplinary providers contracted by the Network Provider to deliver Healthcare Services to the Insured Parties.
D51	Qualifying Norms for Spectacles (cover not included on Vital plan)	"Qualifying Norms": Spectacles are granted if the following norms are met:
		An unaided visual acuity of worse than 6/9 on the Snellen scale for distance vision and near vision.
		A refraction requirement exceeding 0,5 dioptr sphere and / or 0,5 dioptr cylinder on distance vision and 1,25 dioptr sphere on near vision.
		For the granting of bi-focals, Insured Parties have to comply with both the distance vision and near vision Qualifying Norms for both eyes.
D52	Renewal Date	"Renewal date": 01 January of each year or other date determined by the Insurer when Benefits will be amended.
D53	Special Needs Child	"Special Needs Child" : any child, including a legally adopted child or stepchild of the Policyholder, who by virtue of either a physical or mental disability, is unable to financially support him/herself and remains reliant on the Policyholder for support and care.

Number	Definition	Meaning
D54	Specialist (Dentistry cover not included on Vital plan)	"Specialist": a Medical Practitioner who has been registered in terms of regulations relating to the Specialties and Sub Specialties in Medicine and Dentistry, published under Government Notice Number R.590 of 29 June 2001, as amended/replaced from time to time.
D55	Starting Date	"Starting date": the first day of the month on which cover commences under this Policy.
D56	Termination Date	"Termination date": the effective date of expiry of cover under this Policy.
D57	Treatment	"Treatment": any form of medical advice, diagnosis, care or treatment provided by a Medical Practitioner for the purpose of treating or monitoring the medical condition of an Insured "Party".
D58	Treatment Programme	"Treatment Programme": a set of techniques designed to monitor the use of and evaluate the clinical necessity, appropriateness and efficiency of health care services, protocols or formularies forming part of primary healthcare.
D59	TTO or To-Take-Out	"TTO" or "To-Take-Out" Medication: medicine dispensed to an Insured Party by a Hospital's pharmacy upon discharge from Hospital.
D60	Underwriting Manager	"Underwriting Manager": Kaelo Risk (Pty) Ltd (Registration No: 2008/019335/07), also trading as part of the Kaelo Group of Companies.

Section E: Claims

1. Contracted Service Providers will submit accounts to Kaelo Prime Cure for payment of services rendered to Insured Parties.
2. Should a provider send you a claim, you can post the claim to: Private Bag 3108, Houghton, 2041 or preferably email correspondence@primecure.co.za.
3. Where the Insurer 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 needs to be ceded by the Insured to the Insurer.

Section F: Premiums

1. Your insurance Policy will remain in force for as long as your Premium is received.
2. All Premiums are payable monthly in arrears by the last working day of each month.
3. Non-payment of Premiums may lead to the rejection of a claim or cover being suspended and any benefit payable will be suspended until all arrear Premiums have been received by Kaelo Risk or the Insurer.

If the Premium is not paid on the payment date, you have a 30 day grace period after which we will automatically bill the Premium from the same account to ensure continuous cover. If this Premium is also not paid you will have no cover for the period for which you did not pay.

4. Should your Premium remain outstanding after the second month double deduction your cover will be cancelled at midnight on the last day of the month for which Premium has been received.
5. Your Premium will be reviewed annually.

Section G: General Terms and Conditions

These general terms and conditions apply to every section of your **Policy**. There are also terms and conditions that apply to specific sections under your **Policy**. You must ensure you understand all sections of your **Policy** and if you have any questions, please contact your broker.

You accept the sharing of your insurance information between **Insurers**, including credit information, for underwriting and claims purposes. It enables **Insurers** to underwrite policies, assess risks fairly and reduce fraudulent claims so that **Premiums** can be limited.

Your right to privacy, and that of any person that you represent, is waived in terms of the information that you (or another authorised person on your behalf) provide. The information that you provide may be stored in a shared database and used as set out above. It may also be used for any decision about your **Policy**, or for the purposes of processing a claim. You consent to your information being provided to another insurance company or its agents and acknowledge that any information about you may be verified against legally recognised sources or databases.

This **Policy** is based on, and includes, any information or communication, verbal or written, made by you or on your behalf.

Examples are given where necessary to explain certain concepts within the **Policy**. These examples are for clarification purposes only and do not form part of the **Policy**.

In this **Policy** all words and expressions signifying the singular shall include the plural and vice versa and all words and expressions signifying any one gender shall include the other gender. The total **Premium** includes a 15% VAT amount. This schedule becomes a tax invoice after inception of cover when payment of the amount due has been made.

In terms of Binding General Ruling No.14 issued by a senior SARS official under section 89 of the Tax Administration Act No. 28 of 2011, this document together with proof of payment of the premium constitute an alternative to a tax invoice, debit note or credit note as contemplated in sections 20(7) and 21(5) of the VAT Act respectively. This is subject to the condition that this document contains the VAT registration number where the **Policyholder** is a registered VAT vendor.

Where an age is mentioned in the **Policy**, it will be the age as on the last birthday. **Benefits** will be pro-rated when the **Starting Date** is after the **first** of January.

Section H: Termination of Cover

You may cancel this cover at any time, by giving **31 days** prior written notice.

The **Insurer** may cancel the **Policy** by giving **31 days'** notice (for any reason).

The **Insurer** may alter the **Benefits** or the basis upon which **Benefits** are calculated under this **Policy** by giving **31 days** written notice thereof.

Cover or services provided will only be valid if the **Treatment** or service was provided prior to the **Termination Date**.

In the event that any fraudulent act is committed by any **Insured Party**, the **Insurer** reserves the right to immediately cancel this cover and/or to institute legal proceedings against the relevant party to recover any losses.

Premiums are payable up to and including the **Termination date**.

Section I: Waiting Period

A newborn, **Eligible Child** or **Spouse** must be registered with Kaelo Risk within **90 days** and added to the **Policy**, as a dependant, from the birth or marriage date. **Premiums** will be payable from the birth or marriage date.

Three Months General Waiting period may apply for a newborn, **Eligible Child** or **Spouse** not registered with Kaelo Risk and added to the **Policy** within **90 days** of the birth or marriage date.

The **Insurer** reserves the right to change the application of waiting periods, by giving notice of **31 days** before such a change.

Section J: Exclusions

Claims or Benefits will not be paid for, or in the event of, any of the following:

- Cosmetic surgery;
- Suicide, attempted suicide or wilful injury to oneself;
- The use of any drug or narcotic, legal, or illegal, unless prescribed by and taken in accordance with the instructions of a **Medical Practitioner**;
- The failure of an Insured Party to follow any medical advice given by a **Medical Practitioner**;
- Any incident, **Illness**, **Accidental Harm** or event directly or indirectly caused by the excessive consumption of alcohol;
- Any incident, **Illness**, **Accidental Harm** or event directly or indirectly caused by the **Insured Party** having a blood alcohol content more than thirty milligrams per one hundred millilitres of blood;
- Nuclear weapons, nuclear material, ionising radiations, or contamination by radioactivity from any nuclear fuel, or from any nuclear waste, or from the combustion of nuclear fuel which includes any self-sustaining process of nuclear fission.

Participation, or attempted participation, by any Insured Party in any of the following:

- Any defence force, police force, medical rescue service, firefighting service, correctional services facility or the disarming of explosives;
- Aviation activities where any medical expense is insured by another party (excludes fare-paying passengers in a licensed passenger carrying aircraft);
- Any **Hazardous Sport** regardless of whether activities are performed privately, socially, during practice sessions, while participating in organised events, as an amateur or a professional;
- Any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft).

Riots, wars, political acts, public disorder, or any acts, or attempted acts of any of the following:

- Civil commotion, labour disturbances, riot, strike, lock-out or public disorder or any act to bring about any of the above;
- War, invasion, act of foreign enemy, hostilities, civil war;
- Mutiny, military rising or usurped power, martial law or state of siege, insurrection, rebellion or revolution;
- Any act directed to overthrow or influence any state or government or any provincial, local or tribal authority with force or by means of fear, terrorism or violence;

- Any act to further any political aim, objective or cause, or to bring about any social or economic change, or in protest against any state or government, or any provincial, local or tribal authority, or for the purpose of inspiring fear in the public;
- Terrorism;
- The act of any lawfully established authority in controlling, preventing, suppressing or in any other way dealing with any event referred to above;

The following procedures, items, services, service providers or events:

- Any claim, service or **Benefit** that does not form part of this **Policy**;
- Any claim that is not part of the list of approved tests or medication formularies.
- External prosthesis;
- All specialised dental procedures such as crowns, bridges, dental implant related procedures, orthognathic surgery, temporo-mandibular joint ("TMJ") surgery, labial frenotomy, bone augmentations, bone or tissue regeneration;
- Rehabilitation, frail care or hospice services;
- Step-down facilities;
- Any **Treatment** related to infertility;
- All services obtained from a non-contracted provider where no pre-authorisation was obtained for treatment at a non-contracted provider;
- Any criminal act or attempted criminal act by an **Insured Party**, which includes the submission of any fraudulent information, or other fraudulent means, to get any **Benefit** or service under this **Policy**;
- Expenses incurred for non-emergency transport charges whether or not such vehicle, vessel or craft is specifically designed for the purposes of **Medical Emergency** transport;
- Any act by an **Insured Party** that wilfully exposes the **Insured Party** to danger, except where such act is in order to save human life or prevent **Accidental Harm**;
- In the case of Trauma or **Accidental Harm**, **Benefits** exclude any **Treatment** that is unrelated to the Trauma or **Accidental Harm**;
- Any services rendered outside of the borders of South Africa.