

# Accident Cover Policy.

**2025**



Dis-Chem Health is not a Medical Scheme or an Insurer. The administrator for Dis-Chem Health is Kaelo Risk (Pty) Ltd, an authorised Financial Services Provider (FSP 36931). Insurance products are insured by Centriq Insurance Company Limited, a licensed non-life insurer and an authorised Financial Services Provider (FSP 3417). Lifestyle Benefits are Kaelo offerings. Service Providers are contracted to Kaelo. © Centriq Insurance Company Limited. This document may not, in whole or in part, be copied, photocopied, reproduced, translated, simplified, published or distributed in any way without the prior written consent of Centriq Insurance Company Limited.

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## Your Policy Wording

### Our Contract With You

This is a 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.

You need to read the Policy Wording together with the Policy Schedule and application form, as well as any changes to the Policy communicated to you to know what is covered under this Policy and what is not covered. Important points are written in bold.

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 apply 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 029 892 or email [dischemhealth@kaelo.co.za](mailto:dischemhealth@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 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 in the table below will have the same meaning wherever they appear in this Policy Wording unless stated otherwise.

Definition	Meaning
<b>Accidental Injury</b>	An unintentional, unexpected, incidental or unforeseen event that causes bodily injury and requires immediate medical Treatment. This requires you to present to the Emergency Department as soon as the Accidental Injury occurs.
<b>Adult Dependant</b>	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 dependant on you. Adult dependants aged 26 will no longer be covered under this policy.
<b>Allied Healthcare Provider</b>	An Allied Healthcare Provider includes physiotherapists, occupational therapists, and dietitians that are registered with the Health Professions Council of South Africa.
<b>Authorisation</b>	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 Dis-Chem Health app or by calling us on 0861 029 892.
<b>Benefit</b>	The details of cover and limits available under this Policy as set out in the "Detailed Benefits" section.
<b>Child Dependant</b>	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. An Affidavit is required which states that the child dependant over the age of 21 is financially dependant on the policy holder
<b>Discharge</b>	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.
<b>Dependant</b>	A spouse, child dependant, adult dependant or special dependant. A special dependant (second or subsequent spouse(s), grandchildren) must be 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 Dependants are not covered.
<b>Emergency Department</b>	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.
<b>Hazardous Sport</b>	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"> <li>• All forms of motorised racing, speed tests or aerobatics, whether by land, sea or air</li> <li>• Hiking, mountaineering or trekking at high altitudes of four thousand metres or above</li> <li>• Skydiving and rock climbing</li> <li>• The use of firearms other than for self-defence purposes.</li> </ul>
<b>Healthcare Provider</b>	A qualified medical practitioner registered to practice with the Health Professions Council of South Africa (HPCSA).



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<b>In-Hospital Treatment</b>	Medical attention given to a sick or injured person in hospital. In-Hospital Treatment includes, but is not limited to, the cost of the hospital stay, emergency surgery, Specialist visits, Allied Healthcare Providers' services, blood tests, X-rays and scans.
<b>Insured Party</b>	The person named in the Policy Schedule who is insured under this Policy.
<b>Medical Emergency</b>	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.
<b>Netcare 911</b>	Netcare 911 is the service provider contracted by Prime Cure to provide stabilisation and road transportation in a Medical Emergency.
<b>Office Hours</b>	Office Hours refers to Prime Cure's call centre availability which is Monday to Friday: 08h00 - 17h00 and Saturdays: 08h00 - 12h00.
<b>Permanent Disability</b>	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.
<b>Policy</b>	This Policy Wording as well as the Policy Schedule together form your insurance contract.
<b>Policyholder</b>	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.
<b>Policy Schedule</b>	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.
<b>Policy Wording</b>	Your Accident Policy Wording
<b>Premium</b>	The amount you must pay monthly to Us to be covered under this Policy.
<b>Prime Cure Network</b>	A list of Healthcare Providers We have contracted with to provide the Benefits and services under this Policy.
<b>Renewal Date</b>	This is the date on which your Policy is renewed each year when Benefits are updated or changed.
<b>Specialist</b>	A Healthcare Provider who is highly trained in a particular field, e.g. an orthopaedic surgeon or anaesthetist.
<b>Spouse</b>	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.
<b>Start Date</b>	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.
<b>Termination Date</b>	The date that cover ends under this Policy.
<b>Treatment</b>	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	Limit
 <p><b>Emergency Department Visits</b></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 <b>Accidental Injury</b>.</p> <p>Each visit is paid at cost up to a limit of <b>R20 000</b> per person.</p> <p>Your cover will end when you are Discharged from the Emergency Department or when your <b>R20 000</b> limit is reached, whichever occurs first.</p> <p>Any Specialist 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> <p><b>What to do in an emergency</b></p> <p>Call us on <b>0861 029 892</b> and select option 1 for an emergency.</p> <p>Our case managers are available 24/7 to provide you with a hospital authorisation number for the hospital emergency department visit.</p> <p>If a you cannot get through to a case manager the call will be directed to Netcare 911 who will assist in with dispatching an ambulance and they will issue a Guarantee of Payment (GOP) for the hospital Emergency Department visit if needed. It is important to call us even if you selfdrive to a 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> <p>If you are given a Guarantee of Payment by Netcare 911 after hours, you will need to call us on <b>0861 029 892</b> for an Authorisation number for the visit within <b>72 hours</b> of the visit for your claim to be covered.</p>	<p>Unlimited visits are paid up to <b>R20 000</b> per person per visit.</p>
 <p><b>In-hospital Treatment</b></p>	<p>You are covered for In-Hospital Treatment should you suffer a Medical Emergency due to <b>Accidental Injury</b>.</p> <p><b>In-Hospital Treatment for Accidental Injuries:</b></p> <p>You are covered at cost up to a limit of <b>R380 000</b> per event but limited to a maximum of <b>R1.5 million</b> in total for the year should you have more than one <b>Accidental Injury</b> event during the year.</p> <p>You also are covered for Treatment from Allied Healthcare Providers whilst in-hospital, such as a physiotherapist. There is a sub-limit on Allied Healthcare services of <b>R20 000</b>.</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.</p> <p>We do not cover follow-up visits or Treatment after you are Discharged.</p>	<p>• <b>Accidental Injury limits:</b> <b>R380 000</b> per person per event (sub-limited to <b>R20 000</b> for Allied Healthcare Providers services in-hospital) with an overall limit of <b>R1.5 million</b> per person per year.</p>



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Benefit	Description	Limit
 <p><b>Emergency Stabilisation and Ambulance Services</b></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><b>What to do in an emergency</b></p> <p>Call us on <b>0861 029 892</b> and select option 1 for an ambulance. Your call will be directed to a Netcare 911 operator.</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> <p>If the Medical Emergency is due to an Accidental Injury or if you have purchased the Medical Emergency Illness Buy-Up cover, and the Medical Emergency is due to one 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 if you have purchased the Medical Emergency Illness Buy-Up cover, and the Medical Emergency is not due to one of the Qualifying Conditions, you will be transferred to a state hospital. The costs of the transfer will be covered.</p>	Unlimited
 <p><b>Permanent Disability Benefit</b></p>	<p>In the event of Permanent Disability of any Insured Party 18 years or older because of Accidental Injury, a lump sum amount of <b>R25 000</b> 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"> <li>• Insured Parties under 18 years: no cover</li> <li>• Insured Parties 18 years and older: <b>R25 000</b></li> </ul>
 <p><b>Death Benefit</b></p>	<p>In the event of the death of an Insured Party because of Accidental Injury, a lump sum will be paid to either:</p> <ul style="list-style-type: none"> <li>• The surviving Spouse or Policyholder</li> <li>• Child Dependant/s (or their legal guardians in the event of them being minors)</li> <li>• The deceased Insured Party's estate failing any of the above.</li> </ul> <p>A death or disability claim pay-out due to the same injury is limited to one 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"> <li>• Children under six years: <b>R20 000</b></li> <li>• All other Insured Parties: <b>R25 000</b></li> </ul>



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## Medical Emergency Illness Buy-Up

**Medical Emergency Illness Buy-Up (Optional cover available at an additional Premium). If you purchased this cover, it will be stated as included on your Policy Schedule).**

The Medical Emergency Illness Buy-Up is an optional add-on cover which extends your in-hospital Medical Emergency cover for a list of 13 Qualifying Conditions listed below. You can only purchase the Medical Emergency Illness Buy-Up as part of an Accident Cover Policy and it cannot be purchased on its own. Wherever the words “person” and “you/your” are referred to in the Detailed Benefits, it refers to an Insured Party covered under the Policy.

Benefit	Description	Limit
 <b>Emergency Department Visits</b>	<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 for any of the Qualifying Conditions listed below.</p> <p>Once you are diagnosed by a doctor and it turns out not to be one of the Qualifying Conditions, you will be transferred to a state hospital. The costs of the transfer will be covered.</p> <p>If the Emergency Department visit Benefit limit is exceeded, you will be transported to a state facility.</p> <p><b>What to do in an emergency</b></p> <p>Call us on <b>0861 029 892</b> and select option 1 for an emergency.</p> <p>Our case managers are available 24/7 to provide you with a hospital authorisation number for the hospital emergency department visit.</p> <p>If a you cannot get through to a case manager the call will be directed to Netcare 911 who will assist in with dispatching an ambulance and they will issue a Guarantee of Payment (GOP) for the hospital Emergency Department visit if needed. It is important to call us even if you selfdrive to a 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> <p>If you are given a Guarantee of Payment by Netcare 911 after hours, you will need to call us on 0861 029 892 for an Authorisation number for the visit within <b>72 hours</b> of the visit for your claim to be covered.</p>	<p>Unlimited visits are paid up to <b>R30 000</b> per person per visit.</p>
 <b>In-Hospital Treatment</b>	<p>You are covered for In-Hospital Treatment should you suffer a Medical Emergency due to any of the Qualifying Conditions listed below.</p> <p>You are covered at cost up to a limit of <b>R380 000</b> per event but limited to a maximum of <b>R1.5 million</b> in total for the year should you suffer more than one Qualifying Condition event during the year.</p> <p>You also are covered for Treatment from Allied Healthcare Providers, such as a physiotherapist. There is a sub-limit on Allied Healthcare services of <b>R20 000</b>.</p> <p>There is no cover for services that are not due to one of the Qualifying Conditions listed below, or that is not a Medical Emergency.</p> <p>Your cover will end when you are Discharged from hospital or when your limit is reached, whichever occurs first.</p> <p>If your limit is reached, and you still need further Treatment in hospital, you will be transferred to a state hospital. The costs of the transfer will be covered. We do not cover follow-up visits or shortfall amounts once you have reached your Benefit limit.</p>	<p>• <b>R380 000</b> per person per event (sub-limited to <b>R20 000</b> for Allied Healthcare Providers services in-hospital) with an overall limit of <b>R1 500 000</b> per person per year.</p>
<b>Emergency Stabilisation and Ambulance Services</b>		
 <b>Emergency Stabilisation and Ambulance Services</b>	<p>You have unlimited cover for stabilisation and road transportation by Netcare 911 to an appropriate hospital Emergency Department for Medical Emergencies.</p> <p><b>What to do in an emergency</b></p> <p>Call us on <b>0861 029 892</b> and select option 1 for an ambulance. Your call will be directed to a Netcare 911 operator. 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> <p>If the Medical Emergency is the result of one of the Qualifying Conditions listed below, Netcare 911 will transport you to a Prime Cure Network hospital.</p> <p>Once diagnosed, if the Medical Emergency is not a Qualifying Condition, you will be moved to a state facility. For any Medical Emergency which is not one of the Qualifying Conditions, Netcare 911 will transport you to a state facility.</p>	<p>Unlimited</p>



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Benefit	Description	Limit
 <p><b>Qualifying Conditions</b></p>	Aortic aneurism	
	Acute appendicitis	
	Acute asthma attack/allergic reaction	
	Acute inflammation of the gall bladder (cholecystitis)	
	Acute pancreatitis	
	Acute renal failure	
	Acute respiratory distress syndrome	
	Acute respiratory failure	
	Dehydration	
	Ectopic pregnancy	
	Fit or seizure	
	Kidney stones	
	Pulmonary embolism	

## General Terms and Conditions and 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.

### Making Changes to Your Policy

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

### 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

### Payment of Service Providers

- When you visit a Healthcare Provider that is in the Prime Cure Network, you don't have to worry about paying them directly. Prime Cure will pay them for you when they submit their claims to Us.



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- If a Healthcare Provider sends you a claim, you can email it to [claims@kaelo.co.za](mailto:claims@kaelo.co.za) or post the claim to Private Bag 3108, Houghton, 2041.
- 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 Healthcare 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](mailto: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](mailto: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 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.

Centriq Complaints Contact Details:

- E-mail: [complaints@centriq.co.za](mailto:complaints@centriq.co.za)
- Physical Address: The Wanderer's Office Park, The Oval West, 52 Corlett Drive, Illovo, 2196
- Telephone: 011 268 6490

If you are dissatisfied with the response from Centriq, you are entitled to approach the National Financial Ombud Scheme (NFO), an external independent office, details of which appear below:

- National Financial Ombud Scheme South Africa NPC
- Email: [info@nfosa.co.za](mailto:info@nfosa.co.za)
- JHB Physical Address: 110 Oxford Road, Houghton Estate, Illovo, Johannesburg, 2198
- CPT Physical Address: Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7708
- Telephone: 0860-800-900
- Website: [www.nfosa.co.za](http://www.nfosa.co.za)



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## 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 Dependants or anyone acting on your or your Dependants' 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 Dependants' part, or by any person acting with 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 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 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:

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

- Intentional self-harm.
- Misuse of drugs.



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- Failure to follow any medical advice.
- 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.

#### **Claims for the following services or service providers:**

- Rehabilitation, frail care, hospice services or step-down facilities.
- Services provided by non-Prime Cure Network Healthcare Providers without pre-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. 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.
- 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.



Your Policy Wording

Our Contract With You

Your Insurer

Your Underwriting Manager

Your Network Provider

Meaning of Common Terms Used

Your Detailed Benefits

Medical Emergency Illness Buy-Up

General Terms & Conditions

Claims

Premium Payment & Cover

What We Do Not Cover

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Group Directors: J Savage, S Lees. Non-Executive Directors: K Bouic | Reg.No 2008 / 019335 / 07

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