

# Medical Insurance Day-to-Day Benefits 2025.

## Summary of Cover



## What is Day-to-Day Cover?

The MyHealth Plus and MyHealth Core plans are medical insurance products that have received exemption approval from the Council for Medical Schemes. These plans provide benefits for day-to-day medical expenses. This is not a Medical Scheme, and the cover is not the same as that of a Medical Scheme. This cover is not a substitute for Medical Scheme membership.

## Day-to-Day Benefits

### What Cover is Included?

\*Not applicable to the MyHealth Core Plan.

- Doctor Visits
- Virtual Consultations
- Clinic Visits (Nurse Visits)
- Scripted Medicine
- Eye Tests and Glasses
- X-rays and Scans
- Blood Tests
- Specialist Visits\*
- Over-the-Counter (OTC) Medicine
- Flu Vaccinations
- Chronic Medicine
- HIV Programme
- Dentistry
- Dentures (false teeth)\*
- Maternity Scans
- COVID-19 Testing

## Understanding the Waiting Periods

Waiting periods are as follows:

- One-month General Waiting Period on all Benefits except nurse consultations in a Clicks or Dis-Chem Clinic, telephone or video consultations through our Virtual Clinics and any medicine that has been scripted by these Healthcare Providers for Acute or Over-the-Counter Medicine on our Medicine List.
- Six-month Condition-Specific Waiting Period for Chronic Medicine in respect of type 2 diabetes mellitus and HIV.

Waiting periods are determined at take on, and may be applied or waived. Waiting periods will not be applied to:

- Newborns, Eligible Child/ren or Eligible Spouse if they are registered with Kaelo Risk within 90 days and added to the Policy, as a Dependant, from the birth or marriage date or Policy Start Date in the case of a new Policy. Premiums will be payable from the birth or marriage date.
- Should the newborn, Eligible Child or Spouse not be registered with Kaelo Risk and added to the Policy within 90 days of the birth or marriage date, the General Waiting Period and/or Condition-Specific Waiting Period will apply.

**Disclaimer:** This brochure is only a summary of cover. For a comprehensive list of benefits and limits that apply to a specific plan, please contact your Financial Advisor.

## How to Access your Benefits

You will need to Pre-authorise certain Benefits in order to ensure that the visit is paid in full. Please view your Detailed Benefits in your Policy Wording to see which Benefits need to be Pre-authorised.

When you visit a Prime Cure Network provider, you can tell them that Dis-Chem Health is serviced by the Prime Cure Network. You can also show them your membership card which has the Prime Cure logo on it.

## Moving from another Medical Insurer

- If you can prove that you had previous medical insurance or medical aid cover for a certain period, then the waiting periods for your Policy will be waived.
- The General Waiting Period will be waived if you can provide proof of previous medical insurance or medical scheme cover of a minimum of three months, with less than two months' break in cover from the termination date of the previous cover.
- The Condition-Specific Waiting Period will be waived if you can provide proof of previous medical insurance or medical scheme cover of a minimum of six months, with less than two months' break in cover from the termination date of the previous cover.
- You have to submit this proof of previous cover before your Policy Start Date. If you don't submit your proof of cover in time, there will be a delay in the finalisation of your claims. You will then need to manually submit these claims for payment within 120 days from the date of service.



## Key Role Players

### Your Insurer

Centriq Insurance Company Limited, FSP 3417, a licensed non-life insurer, is the company providing your insurance coverage. The terms and conditions outlined in your Policy Wording, and in your Policy Schedule will apply to your cover.

### 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 Risk on 0861 029 892.

### Your Network Provider

Kaelo Prime Cure (Pty) Ltd, registration number 1997/017429/07, is your network provider. The Prime Cure Network includes medical doctors, hospitals, dentists, optometrists (eye doctors) and Pathology (blood test) labs that we have a contract with to provide the healthcare services.

### Premiums

Your insurance Policy will remain in force for as long as your Premium is received. All Premiums are payable monthly in advance by the first working day of each month. 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.

Your Premium will be reviewed every year. We may adjust the Premiums by giving at least 31 days written notice to the Policyholder. Please note the Premium noted in your Policy Schedule/Renewal letter is the total Premium due to Us.

**Disclaimer:** For a detailed outline of all benefits, conditions and policy exclusions please refer to your Policy Wording.

## Contact Information

📞 0861 029 892    ✉️ [dischemhealth@kaelo.co.za](mailto:dischemhealth@kaelo.co.za)

🌐 [www.dischemhealth.co.za](http://www.dischemhealth.co.za)

## Cancelling Your Policy

You can cancel this Policy at any time by giving 31 days written notice before the date of cancellation. The Insurer may cancel the Policy for any reason by giving 31 days notice. Premiums are payable up to and including the Termination Date.

## What We Will Not Cover

**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 or attempted suicide
- 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 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, temporo-mandibular 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 for adults and children older than six months.
- Any Treatment related to infertility
- Services provided by non-Prime Cure Network Healthcare Providers without Pre-authorisation
- Any criminal or fraudulent act by the Insured Party in an attempt to access Benefits
- Any services provided outside of South Africa.



Please direct all queries to the  
**Service Centre on 0861 029 892**