

Dis-Chem+
Health.
Private healthcare starts here

INSURED BY
 **CENTRIQ**
INSURANCE
A LICENSED NON-LIFE INSURER



MyHealth
Plus 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 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 029 892 or email dischemhealth@kaelo.co.za

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 healthcare services.



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
Adult Dependant	A second or additional Spouse or Child Dependant that is 21 years or older that is listed on the Policy Schedule to be covered and who is financially dependent on you. An Adult dependant will no longer be covered when they reach 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 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 Pre-authorisation in the Kaelo MyHealth app or by calling Prime Cure on 0861 029 892.
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. An Affidavit is required which states that the child dependant over the age of 21 is financially dependent on the policy holder
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 Chronic Medicine for certain Chronic Conditions which existed before your or your Dependants' cover Start Date. The Condition-Specific Waiting Period is listed on Your Policy Schedule.
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. 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.
Family	The Policyholder and all Dependants 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 Dependants' cover Start Date.
Healthcare Provider	A qualified medical practitioner registered to practice with the Health Professions Council of South Africa (HPCSA).

Definition	Meaning
Insured Party	The person named in the Policy Schedule who is insured under this Policy.
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 .
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	You can get Pre-authorisation from Prime Cure before using certain services as indicated under the Detailed Benefits section. You can request Pre-authorisation in the Dis-Chem Health app or by calling Prime Cure on 0861 029 892.
Premium	The amount you must pay monthly to Us to be covered under this Policy.
Prime Cure Network	A list of Healthcare 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.
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.











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
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 Dis-Chem Health website and click on Find a Doctor. You can also use the Dis-Chem Health 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 029 892 to get Authorisation for the visit to be covered.</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>The Network Provider Doctor has the list of approved codes covered on your plan option. Please note that second opinion and follow up visits within 72 hours is not covered.</p> <p>Womens Health check ups such as papsmears are available if your network doctor provides this service.</p>	Unlimited visits
 Virtual Clinics	<p>You have unlimited phone or video consultations through our Virtual Clinics. There are two 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-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 an amount of R1 100 for each visit.</p> <p>To make sure the visit is covered, you need to call us on 0861 029 892 or use the Dis-Chem Health app to authorise the visit within 72 hours of the visit.</p> <p>Please be aware that a Provider not within our network may charge above our tariff and you will be liable for this difference. They can also make you pay upfront and then claim back from us, 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

Benefit	Description	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>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>	<p>Eight (8) visits per person per year</p>
 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 via the app.</p>	<p>Two (2) screening visits + two (2) additional HIV tests per person per year</p>
 Flu Vaccination	<p>We will pay for one (1) flu vaccination every year for individuals older than six 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 via the app.</p>	<p>✓</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>	<p>One (1) screening up to R850 per person per year</p>
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.</p> <p>Please be aware that a Provider not within our network may charge above our tariff and you will be liable for this difference. They can also make you pay upfront and then claim back from us, refer to the Claims section on how to request a refund. We will cover up to R2000 for the Specialist visit.</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>You can visit any Specialist, but you need to call us on 0861 029 892 before the visit to get Authorisation. You can also request Authorisation in the Dis-Chem Health app.</p>	<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 limit per family.</p>

Benefit	Description	Limit
Medicine		
 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 authorised Specialists. 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 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 months) and up to a maximum of R460 per person per year.</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. We will pay for medicine on our Medicine List for twenty seven (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 disease • Crohn's disease • Diabetes insipidus • Diabetes mellitus type 1 • Diabetes mellitus type 2 • Dysrhythmias • Epilepsy • Glaucoma • Haemophilia • HIV • Hyperlipidaemia (high cholesterol) • Hypertension • Hypothyroidism • Multiple sclerosis • Parkinson's disease • Rheumatoid arthritis • Schizophrenia • Systemic lupus erythematosus • Ulcerative colitis. 	Unlimited Chronic Medicine for twenty seven (27) conditions

Benefit	Description	Limit
 <p>Chronic Medicine</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 • You can download the Chronic Medicine Benefit Application form on our website at www.primecure.co.za and share it with your doctor. • There is a possibility the Doctor prescribes medication not on the medicine list if the Doctors feels it to be necessary, these medicines will not be covered by your policy. • 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 029 892 to update the original Authorisation to ensure that you can collect your repeat scripts. <p>A six-month Condition-Specific Waiting Period may apply to HIV and type 2 diabetes mellitus.</p>	<p>Unlimited Chronic Medicine for twenty seven (27) conditions</p>
HIV Programme		
 <p>HIV Programme</p>	<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 029 892 to update the original authorisation to ensure that you can collect your repeat scripts. <p>A six-month waiting period may apply.</p>	<p>Unlimited HIV Medicine</p>

Benefit	Description	Limit
Dentistry Benefits		
 Dentistry	<p>Each person on the Policy can go to a dentist in the Prime Cure Network for one (1) dental check-up and one (1) cleaning per year. It includes fluoride Treatment for children under 12 years. You also have cover for up to four (4) dental (mouth) X-rays per Family per year.</p> <p>You have unlimited cover for repairs to your teeth, called composite fillings, or to have teeth taken out.</p> <p>You must get Authorisation by calling Prime Cure on 0861 665 665 if you need repairs to four (4) or more teeth (including fillings) or if you need to take out four (4) or more teeth (extractions) per person per year.</p> <p>You are covered for emergency dentistry subject to a list of approved codes. The Network dentist 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>	<p>One (1) dental check-up and one (1) cleaning per person per year. Four (4) mouth X-rays per Family per year</p>
 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.</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 Dis-Chem Health app to authorise the visit within 72 hours of the visit.</p> <p>You will need to pay the dentist and submit your claim to us for a refund. We will pay the claim at cost, up to the limit of R800.</p> <p>Please be aware that a Provider not within our network may charge above our tariff and you will be liable for this difference. Refer to the Claims section on how to request a refund.</p>	<p>One (1) visit per Family per year, limited to R800</p>
 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 us on 0861 029 892 before the visit. We will need a quotation and the number of teeth from the dentist to provide an Authorisation.</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 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 Authorisation form which is available on the Prime Cure website at www.primecure.co.za.</p>	<p>One (1) eye test per person per year. One (1) pair of glasses per person every two (2) years.</p>

Benefit	Description	Limit
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 a nurse that is part of the Prime Cure Network or through an authorised Specialist, 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>	Unlimited
 Blood Tests	<p>You have unlimited cover for blood tests through Ampath, Lancet, Pathcare or Lab24 when you are referred by a Network doctor or a nurse, a virtual clinic consultation or an authorised Specialist according to a list of approved tests.</p>	Unlimited
Maternity Benefit		
 Maternity	<p>You have Unlimited visits to a doctor in the Prime Cure Network which you can use to monitor your pregnancy and 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 ultrasound scans for each pregnancy 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>	✓

General Terms and Conditions

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.

Claims

- When you or your Dependants visit a Healthcare 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.
- If you or your Dependants go to a Healthcare Provider who is not part of the Prime Cure Network, like a Specialist, you may have to pay upfront and then submit a claim to Prime Cure within 120 days (four 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 Dis-Chem Health 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 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 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.
- All Premiums are payable monthly in advance on your chosen debit order strike date and the payment must be made in the South African rand.
- Your Policy will stay active as long as you keep paying your Premiums on time.
- If you don't pay for your first Premium, we'll move the Start Date of your Policy to the following month and collect your Premium on your chosen debit date.
- 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 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:
 - 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-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

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 months.
- Any Treatment related to infertility.
- Services provided by non-Prime Cure Network Healthcare Providers without Authorisation.
- Any services provided outside of South Africa.

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.

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