

Dis-Chem+

**HEALTH**  
your care covered



# 2023 Extended Accident Cover Policy



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.

The administrator of this product is Kaelo Risk (Pty) Ltd, an authorised Financial Services Provider (FSP 36931). Insurance products are underwritten by Centriq Insurance Company Limited ("Centriq"), a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).

The Value Added Services are Kaelo offerings. Service Providers are contracted to Kaelo.

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## Policy Wording

### Disclaimer

This Policy replaces all previous versions of your Policy. All terms and conditions in this Policy are applicable to all Insured Parties on the Policy.

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

### Section A: Your Insurer

The insurance cover is underwritten by your Insurer: Centriq Insurance Company Limited (registration number 1998/007558/06), FSP 3417, a licensed non-life insurer. 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 665 665 or email [dischemhealth@kaelo.co.za](mailto:dischemhealth@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.

## 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 we use are defined as follows:

Definition	Meaning
<b>Accidental Event</b>	“Accidental Event”: any Accidental Harm that occurs on or after the Start Date of the Policy that requires the Insured Party to undergo Casualty Treatment.
<b>Accidental Harm</b>	“Accidental Harm”: bodily injury caused by violent, unintentional, external and physical means.
<b>Adult Dependant</b>	“Adult Dependant”: a parent or an Eligible Child that is 21 years and older who is financially dependent on the Policyholder and is registered on the Policy.
<b>Allied Healthcare Provider</b>	“Allied Healthcare Provider”: Healthcare Providers that are registered with the Healthcare Professionals Society of South Africa to provide rehabilitative and therapeutic support services. Includes physiotherapy, occupational therapy, dietetics, psychology and speech and hearing therapy.
<b>Benefit</b>	“Benefit”: as reflected in Addendum A: Detailed Benefits of the Policy.
<b>Benefit Start Date</b>	“Benefit Start Date”: the first day of the month on which Benefits commence.
<b>Casualty Treatment</b>	A designated section of a Hospital where people who are severely injured in accidents or suddenly become ill and need urgent Treatment are assessed and treated.
<b>Casualty Discharge</b>	An official release of a patient from Casualty when Casualty Treatment is no longer required.
<b>Dependant</b>	“Dependant”: either the Eligible Spouse, Eligible Child, Adult Dependant, Special Needs Child or Eligible Special Dependant.
<b>Dependant Number</b>	“Dependant Number”: the number assigned to each Dependant covered under this Policy.
<b>Dependant Type</b>	“Dependant Type”: either the Policyholder, Eligible Spouse, Eligible Child, Adult Dependant, Special Needs Child or Eligible Special Dependant.
<b>Eligible Child</b>	“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 twenty-six (26) and within thirty (30) days of doing so, the Eligible Child may take up a new Policy in their own capacity. This age limitation will not be applicable to a Special Needs Child.
<b>Eligible Special Dependant</b>	“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 Dependants are not covered.  Note: The Premium of an Eligible Child once they turn 21 will be that of an Adult Dependant up to the age of 26

<b>Eligible Spouse</b>	<p>“Eligible Spouse”:</p> <ul style="list-style-type: none"> <li>* the partner of the Policyholder with whom a spousal union exists, whether by virtue of South African law or religious tenet.</li> <li>* the partner that shares a home with the Policyholder in a common law spousal union and has done so for at least six (6) months.</li> </ul>
<b>Exclusions</b>	<p>“Exclusions”: a list of services, conditions and events not covered under this Policy. This list can be found in the "Policy Exclusions" section of this Policy.</p>
<b>Hazardous Sport</b>	<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"> <li>• All forms of motorised racing, speed tests or aerobatics, whether by land, sea or air;</li> <li>• Mountaineering, trekking or hiking above an altitude of 4 000 (four thousand) metres;</li> <li>• Hunting, shooting or deploying firearms in any manner other than for self-defence purposes.</li> </ul>
<b>Healthcare Provider</b>	<p>“Healthcare Provider”: a qualified medical practitioner, who is registered to practice with the Health Professions Council of South Africa (HPCSA).</p>
<b>Healthcare Services</b>	<p>“Healthcare Services”: services provided by a Healthcare Provider to an Insured Party. as defined in Addendum A: Detailed Benefits section of the Policy.</p>
<b>Hospital</b>	<p>“Hospital”: any institution, which provides medical and surgical Treatment and care of sick or injured persons by or under the supervision of Healthcare Providers.</p>
<b>Hospital Discharge</b>	<p>An official release of a patient from hospital when care and or Treatment in the hospital is no longer required.</p>
<b>Illness</b>	<p>“Illness”: self-reported symptoms of poor health, disease or sickness that has been diagnosed or can be diagnosed.</p>
<b>Insured Party</b>	<p>“Insured Party” means: either the Policyholder, Eligible Spouse, Eligible Children, Adult Dependant, Special Needs Child and/or Eligible Special Dependant as named in the Policyholder Schedule.</p>
<b>Insurer</b>	<p>“Insurer”: Centriq Insurance Company Limited, Reg. No. 1998/007558/06, an authorised Financial Services Provider (FSP 3417).</p>
<b>Medical Emergency</b>	<p>“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. For the purposes of this Policy the term Medical Emergency does not include Accidental Harm.</p>
<b>Netcare</b>	<p>“Netcare”: Netcare 911 EMS (Pty) Ltd, a wholly owned subsidiary of Netcare. Registration Number 1996/006591/07.</p>
<b>Network Provider</b>	<p>“Network Provider”: Kaelo Prime Cure (Pty) Ltd, registration number 1997/017429/08.</p> <p>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 Prime Cure Network.</p>
<b>Office Hours</b>	<p>“Office Hours”: Monday to Friday: 08h00 - 17h00 and Saturdays: 08h00 - 12h00.</p>

<b>Per Annum</b>	“Per annum”: the period from 01 January to 31 December of any year.
<b>Policy</b>	“Policy”: this Accident cover policy as well as the Policyholder Schedule.
<b>Policyholder</b>	“Policyholder”: the Insured Party who owns and is covered under this policy and 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.
<b>Policy Schedule</b>	“Policy Schedule”: a document issued to the Policyholder by the Insurer containing the personal details of each Insured Party, Start Date of cover, Dependant Type and Premium- This can be digital, or paper-based.
<b>Pre-authorisation</b>	“Pre-authorisation”: to get approval before using a Healthcare Service in order for certain Benefits to apply. You can request Pre-authorisation by calling us on 0861 665 665.
<b>Premium</b>	“Premium”: the monthly amount due to the Insurer payable by, or on behalf of, the Policyholder.
<b>Prime Cure Network</b>	“Prime Cure Network”: A list of accredited healthcare providers contracted by Kaelo Prime Cure (Pty) Ltd, to deliver Healthcare Services to the Insured Parties.
<b>Renewal Date</b>	“Renewal date”: 01 January of each year or other date determined by the Insurer when Benefits will be amended.
<b>Special Needs Child</b>	“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 themselves and remains reliant on the Policyholder for support and care.
<b>Specialist</b>	“Specialist”: a Healthcare Provider who is highly skilled in a specific field and 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.
<b>Start Date</b>	“Start Date”: the first day of the month on which cover commences under this Policy.
<b>Termination Date</b>	“Termination date”: the effective date of expiry of cover under this Policy.
<b>Total Permanent Disability</b>	“Total Permanent Disability”: injuries resulting in permanent total disability of the Insured Party from following his usual occupation and any other equivalent occupation for which the Insured Party is fitted by education, knowledge or training.
<b>Treatment</b>	“Treatment”: any form of medical advice, diagnosis, care or Treatment provided by a Healthcare Provider for the purpose of treating or monitoring the medical condition of an Insured Party.

## Section E: Claims

1. Healthcare Providers will submit accounts to Kaelo Prime Cure for payment of services rendered to Insured Parties.
2. If a Healthcare Provider sends you a claim, you can email it to [correspondence@primecure.co.za](mailto:correspondence@primecure.co.za) or post the claim to Private Bag 3108, Houghton, 2041.
3. To submit a claim on the death of an Insured Party due to Accidental Harm, you will need to submit the following requirements to [claims@kaelo.co.za](mailto:claims@kaelo.co.za):
  - Death Certificate
  - ID copy of the claimant and the deceased
  - Proof of bank account
  - Claim form
  - Accident Report /Affidavit
4. To submit a claim for Total Permanent Disability of an Insured Party as a result of Accidental Harm, you will need to submit the following requirements to [claims@kaelo.co.za](mailto:claims@kaelo.co.za):
  - A disability Report from the Network Doctor
  - Proof of bank account
  - Completed claim form
  - Accident Report/Affidavit (where applicable)
5. Where the Insurer has 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 to the Insurer.
6. 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.
7. If the Insurer rejects any claim, or disputes the quantum of a claim, the Insured Party has 90 days to make representation to the Insurer, challenging this decision. If the Insurer persists in rejecting the claim or disputing the quantum, the Insured Party has to have a summons issued and served on the Insurer, within **six months (180 days)** after the expiry of the **90 days** period; failing which, the Insured Party will forfeit his claim and will have no further claim in terms of this Policy.

## 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 advance, on your chosen debit order strike date.
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.
4. If the Premium is not paid on the payment date, you have a **30-day** grace period after which we will automatically re-debit the following month for two months' Premium from the same account to ensure continuous cover.
5. Should your Premium remain outstanding after the second month's double deduction your cover will be cancelled at midnight on the last day of the month for which Premium has been received.
6. Should you pay your premium via debit order and you cancel or stop your debit order, it will be deemed that you have cancelled your cover and you will not enjoy the 30-day grace period. In the event that you reinstate your Policy thereafter, your Policy will be treated as a new Policy and the grace period will only apply from the second month of cover thereafter.
7. Your cover starts on the first calendar day of a particular month and cannot be backdated.
8. Your Premium will be reviewed annually.
9. The Insurer may adjust the Premiums by giving at least 31 days written notice thereof to the Policyholder.

## 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.

This Policy is subject to the jurisdiction of the courts of the **Republic of South Africa** and **South African law will apply**. The payment of all Premiums and Benefits must be made in the currency of the Republic of South Africa.

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 will include the plural and vice versa and all words and expressions signifying any one gender will include the other gender.



Where age is mentioned in the Policy, it will be the age as on the last birthday.

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

Benefits will be pro-rated when the Start Date is after the **first** of January.

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 institute legal proceedings against the relevant party to recover any losses.

### Eligible Spouse

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.

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 on behalf of such other spouse.

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.

### 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).

Premiums are payable up to and including the Termination Date.

## Section I: Exclusions

1. **Claims or Benefits will not be paid for an incident, Illness, Accidental Harm or event directly or indirectly caused by or arising from any of the following:**
  - a. Suicide, attempted suicide or wilful injury to oneself;
  - b. The use of any drug or narcotic, legal, or illegal, unless prescribed by and taken in accordance with the instructions of a Healthcare Provider;
  - c. The failure of an Insured Party to follow any medical advice given by a Healthcare Provider;
  - d. The Insured Party having a blood alcohol content of more than thirty milligrams per one hundred millilitres of blood.
  
2. **Claims or Benefits will not be paid for participation, or attempted participation, by any Insured Party in any of the following:**
  - a. Any defence force, police force, medical rescue service, firefighting service, correctional services facility or the disarming of explosives;
  - b. Whilst flying as a pilot or member of the aircrew;
  - c. 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.
  - d. While participating in sports as a professional player;
  
3. **Claims or Benefits will not be paid for any incident, Illness, Accidental Harm or event directly or indirectly caused by or arising from any of the following:**
  - a. Civil commotion, labour disturbances, riot, strike, lock-out or public disorder or any act or activity which is calculated or directed to bring about any of the above;
  - b. War, invasion, act of a foreign enemy, hostilities, civil war or warlike operations (regardless of whether war is declared or not);
  - c. Mutiny, military rising or usurped power, martial law or state of siege, or any other event or cause which determines the proclamation or maintenance of martial law or state of siege, insurrection, rebellion or revolution;
  - d. Any act (whether on behalf of an organisation, body, person or group of persons) calculated or 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;
  - e. Any act calculated or directed to bring about loss or damage 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, or any section thereof;
  - f. Terrorism. An act of terrorism means the use or threat of violence for political, religious, personal or ideological reasons. This may or may not include an act that is harmful to human life. It could be committed by any person or group of persons, acting alone, on behalf of or with any organisation or government. It includes any act committed with the intention to influence any government or inspire fear in the public;
  - g. The act of any lawfully established authority in controlling, preventing, suppressing or in any other way dealing with any event referred to above.
  - h. 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.

**4. Claims or Benefits will not be paid for the following procedures, items, services, service providers or events:**

- a. Any claim, service or Benefit that does not form part of this Policy;
- b. Any claim received after 120 days from the date of service;
- c. Cosmetic surgery;
- d. External prosthesis;
- e. Rehabilitation, frail care or hospice services;
- f. Step-down facilities;
- g. All services obtained from a non-contracted provider where no Pre-authorisation was obtained for Treatment at a non-contracted provider.
- h. 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;
- i. Expenses incurred for non-Medical Emergency transport;
- j. Transport expenses incurred in a vehicle other than an ambulance that is designed for the purposes of Medical Emergency transport;
- k. Any act by an Insured Party that wilfully exposes the Insured Party to danger, except where such an act is in order to save human life or prevent Accidental Harm;
- l. Any services rendered outside of the borders of South Africa;
- m. In the case of Accidental Harm, Benefits exclude any Treatment that is unrelated to the Accidental Harm.
- n. In the case of Medical Emergencies, Benefits exclude any Treatment for Illnesses, that is not a heart attack or stroke unless the Medical Emergency Illness Buy-Up is purchased.
- o. No Benefit is payable for services that are related to an Illness, other than a Medical Emergency related to a heart attack and stroke unless the Medical Emergency Illness Buy-Up cover is taken up. This exclusion is not applicable to emergency stabilisation and ambulance services.
- p. Any Specialist or follow-up visits and or Treatment will not be covered post Hospital Discharge or Casualty Discharge.
- q. To Take Out Medication is not covered.
- r. Any appliances, like wheelchairs, crutches, beds or convalescing equipment are not covered.
- s. No Benefit is payable for services that are related to pregnancy unless the Medical Emergency is related to an ectopic pregnancy and where the Medical Emergency Illness Buy-Up is purchased.


## Addendum A: Detailed Benefits of Kaelo Health Extended Accident Cover

Read this section to understand:

- Your Policy Benefits
- How you are covered and the limits that may apply to certain Benefits.

**All Benefits are Per Insured Party Per Annum unless otherwise stated.**

Benefits	Description	Limits
Casualty and In-hospital cover for Accidental Harm	<p><b>Casualty Treatment</b> Cover for emergency services in a Hospital casualty in the event of Accidental Harm resulting from an Accidental Event.</p> <p>Any Specialist or follow-up visits and or Treatment will not be covered post-Casualty Discharge.</p> <p>A Guarantee of Payment (GOP) and Authorisation number must be obtained from Netcare 911 by calling 0861 029 892. Services must be rendered at a Prime Cure Network Hospital casualty.</p>	The Benefit pays up to <b>R30 000</b> per event per Insured Party.
	<p><b>In-Hospital Treatment</b> In-Hospital cover for Accidental Harm as a result of an Accidental Event.</p> <p>Includes cover for emergency surgery required after an accident, any medically required Specialist visits and associated blood tests, radiology and Allied Healthcare Provider services, such as physiotherapy, while in Hospital.</p> <p>Cover will end on Hospital Discharge or when the event limit or annual limit has been reached, whichever occurs first. If the limit is reached and the Insured Party still requires further Hospital Treatment, they will be transferred to a state facility. All costs related to the transfer will be covered.</p> <p>No Benefit is payable for services received post Hospital Discharge or for services related to Illness other than a heart attack or stroke. See the heart attack and stroke cover for more details.</p>	<p>The Benefit pays up to <b>R1 500 000</b> per event per Insured Party with an overall limit of <b>R2 500 000</b> per Insured Party Per Annum.</p> <p>Sub-limit of <b>R35 000</b> on Allied Healthcare Professional services in-Hospital applies.</p>

Casualty and In-hospital cover for heart attacks and strokes	<b>Casualty Treatment</b> Cover for emergency services in a Hospital casualty in the event of a heart attack or stroke. Any Specialist or follow-up visits and or Treatment will not be covered post-Casualty Discharge.	The Benefit pays up to <b>R30 000</b> per event per Insured Party.
	<b>In-Hospital Treatment</b> In-Hospital cover for Medical Emergencies due to heart attack or stroke.  Cover will end on Hospital Discharge or when the event limit or annual limit has been reached, whichever occurs first. If the limit is reached and the Insured Party still requires further Hospital Treatment, they will be transferred to a state facility. All costs related to the transfer will be covered.  No Benefit is payable for services received post Hospital Discharge.	The Benefit pays up to a limit of up to <b>R500 000</b> per event Per Insured Party, with a total limit of <b>R1 000 000</b> per Insured Party Per Annum.  Sub-limit of <b>R35 000</b> on Allied Healthcare Professional services in-Hospital.
Emergency stabilisation and ambulance services  	Stabilisation at the scene of the accident and road transportation by Netcare 911 to an appropriate Hospital casualty for Accidental Harm and Medical Emergencies.  Call 0861 029 892 where Netcare 911 will issue a Guarantee of Payment and an Authorisation for a casualty admission, if required.  If the Medical Emergency is the result of Accidental Harm or suspected heart attack or stroke, Netcare 911 will transport the Insured Party to a Prime Cure Network Hospital casualty. Once diagnosed, if the Medical Emergency is not a heart attack or stroke, the Insured Party will be moved to a state facility unless the Medical Emergency Illness Cover Buy-Up has been purchased and the condition is one of the qualifying conditions.  Medical Emergency due to Illness, unrelated to stroke or heart attack, will be transported to a state facility unless the Medical Emergency Illness Cover Buy-Up has been purchased, in which case you will be transported to a Prime Cure Network Hospital casualty for qualifying conditions.  If the Casualty or in-Hospital benefit limit is exceeded, the Insured will be transported to a state facility.	Unlimited


Total Permanent Disability of an Insured Party due to Accidental Harm	In the event of Total Permanent Disability of an Insured Party as a result of Accidental Harm, a lump sum will be paid to the Insured Party.	Total Permanent Disability is limited to: <ul style="list-style-type: none"> <li>• Insured Parties under 18 years: no cover</li> <li>• Insured Parties 18 years and older: <b>R35 000</b></li> </ul>
Death of an Insured Party due to Accidental Harm	In the event of the death of an Insured Party as a result of Accidental Harm, a lump sum will be paid to either: <ul style="list-style-type: none"> <li>• The surviving Eligible Spouse or Policyholder</li> <li>• Eligible Children (or their legal guardians in the event of them being minors) or an Eligible Special Dependant</li> <li>• The deceased Insured Party's estate failing any of the above.</li> </ul>	Death Cover is limited to: <ul style="list-style-type: none"> <li>• Children under six years: <b>R20 000</b></li> <li>• All other Insured Parties: <b>R35 000</b></li> </ul> <p>A death or disability claim pay-out due to the same injury is limited to one payment only therefore if the Permanent Disability benefit has already been paid and the Insured Party dies due to the same injury then no payment will be due under the Death benefit.</p>

### Medical Emergency Illness Buy-Up

The Medical Emergency Illness Cover Buy-Up provides access to Treatment in a Prime Cure Network Hospital for Medical Emergencies related to Illness, subject to the list of Qualifying Conditions as defined below.

This Buy Up Option can only be selected as an add-on to Basic Accident Cover or Advanced Accident Cover plans and cannot be selected on a standalone basis.

Benefits	Description	Limits
Casualty and In-Hospital cover	<p><b>Casualty Treatment</b></p> <p>Cover for emergency services in a Hospital casualty in the event of a Medical Emergency related to a suspected Qualifying Condition. If the diagnosed Illness is not one of the Qualifying Conditions, and further Treatment is needed, the Insured will be transferred to a state facility.</p> <p>A Guarantee of Payment (GOP) and Authorisation number must be obtained from Netcare 911 in the case of a Medical Emergency. Services must be rendered at a Prime Cure Network Hospital casualty.</p>	The Benefit pays up to <b>R30 000</b> per event per Insured Party.

	<p><b>In-hospital Treatment</b>          In-Hospital cover for a Medical Emergency as a result of a Qualifying Condition.</p> <p>No Benefit is payable for services that are related to an Illness that is not a Qualifying Condition, or that is not a Medical Emergency. Cover will end on Hospital Discharge or when the event limit or annual limit has been reached, whichever occurs first. Any follow-up Specialist visits or Treatment post Hospital Discharge, or shortfall amounts once you have reached your Benefit limit will not be covered.</p> <p>A Guarantee of Payment (GOP) must be obtained from Netcare 911 in the case of a Medical Emergency. Services must be rendered at a Prime Cure Network Hospital. Authorisation must be obtained by contacting the call centre on 0861 029 892.</p>	<p>The Benefit pays up to <b>R380 000</b> per event per Insured Party with an overall limit of <b>R1 500 000</b> per Insured Party Per Annum.</p> <p>A sub-limit of <b>R20 000</b> on Allied Healthcare Professional services in-Hospital, applies.</p>
<b>Emergency Stabilisation and Ambulance Services</b>		
<p>Emergency stabilisation and ambulance services for qualifying Medical Emergencies related to Illness</p> 	<p>Stabilisation and road transportation by Netcare 911 to an appropriate Hospital casualty for Medical Emergencies related to a suspected Qualifying Condition.</p> <p>If the Medical Emergency is the result of a suspected Qualifying Condition, Netcare 911 will transport the Insured Party to a Prime Cure Network Hospital casualty. Once diagnosed, if the Medical Emergency is not a Qualifying Condition, the Insured Party will be moved to a state facility.</p> <p>For casualty admissions, call 0861 029 892 to obtain an Authorisation and a Guarantee of Payment from Netcare 911, if required.</p>	<p>Unlimited</p>
<p>Qualifying Conditions</p>	<p>Aortic aneurism          Acute appendicitis          Acute asthma attack/allergic reaction          Acute inflammation of 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</p>	

## How to access Medical Emergency Benefits

In a Medical Emergency, you can call Netcare 911 directly on 082 (911) or call us on 0861 029 892 and select the option for Medical Emergency.

Your call will automatically be routed to Netcare 911. 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 Insured Party. Netcare 911 will dispatch an ambulance and issue a Guarantee of Payment for casualty admission if required. If you are not able to contact the call centre yourself, a friend or family member can assist you. You must Pre-authorise the event by calling our call centre on 0861 029 892 within **72 hours of the event**.