

2021

CENTRIQ
INSURANCE



kaelohealth



healthcare: MyHealth

MyHealth Plus

What is Kaelo Health?

Kaelo Health - MyHealth Primary Healthcare plans to address employees and their family's needs, by providing personalised Treatment and medication for a comprehensive range of health problems. Employees can enjoy access to one of South Africa's largest National Primary Healthcare networks, Prime Cure.

Benefits:

Primary Healthcare
Medication
HIV
Dentistry
Optometry
Radiology
Pathology
Maternity
Health Screenings
Medical Emergency Services
Death Cover
Accident Cover
Value Added Services
Buy-Up Option

Statutory notice:

This is not a Medical Scheme and the cover is not the same as that of a Medical Scheme.

This Policy is not a substitute for Medical Scheme membership.

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

We are continuously improving our communications and content. The latest version of this document is available on www.kaelo.co.za. Any material changes once your Policy has been issued will be communicated.

This brochure which is also the Healthcare Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.



www.kaelo.co.za

primecure
healthcare management

kaelo

Primary Healthcare		
Health Service	Benefit	Limit and/or Feature
General Practitioner (GP) Visits	<p>This Benefit provides access to visit a Network Provider contracted Doctor (GP) and such visits will be covered at 100% of the Agreed Rate in the following instances:</p> <p>Doctor (GP) visits during office hours (Monday to Friday: 08h00 - 17h00, Saturdays: 08h00 - 12h00) are 100% covered at the Agreed Rate when using a Contracted Service Provider or Allocated Provider.</p> <p>All out-of-hospital consultations of a medical nature, including minor procedures as listed in the Network Provider approved codes, performed in the Doctor's rooms.</p> <p>Visits must be to one of your two Allocated Providers (GPs).</p>	<p>We will only cover at 100% of agreed rate if they use a Contracted Service Provider and/or Allocated Provider.</p> <p>You can change your allocated GP up to a maximum of twice per Benefit Year.</p> <p>The number of visits to either a Contracted Service Provider (GP) and/or Allocated Provider is unlimited per Insured Party Per Annum.</p>
General Practitioner (GP) Visits	<p>Pre-authorization is required in respect of the following:</p> <p>If you want to use a Network Provider contracted Doctor (GP) other than your two Allocated Providers.</p> <p>When visiting a non-contracted Doctor (GP), emergency medical facility or Contracted Doctor (GP) after hours, Insured Parties are limited to one visit per Insured Party per annum to a maximum of two per family per annum.</p> <p>You may be required to pay the Doctor (GP) and claim back from the Network Provider.</p>	<p>Pre-authorization is required from the fifth visit to a Contracted Service Provider (GP) and/or Allocated Provider visit per Insured Party.</p> <p>Each visit will be limited to R1 100. You are required to obtain authorisation via the call centre on 0861 493 587 within 72 hours of this visit.</p>
Virtual General Practitioner (GP) Consultations	<p>This Benefit provides access to a Virtual Consultation via a Contracted Service Provider (GP) and/or Allocated Provider subject to your available limit of GP consultations.</p> <p>Contact us on 0861 493 587 or www.kaelo.co.za.</p>	<p>Unlimited visits.</p>
How to Find Your Doctor or GP?	<p>Contact the call centre 0861 493 587 or visit the Network Provider website at www.primecure.co.za.</p>	

This brochure which is also the Healthcare Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.



Primary Healthcare		
Health Service	Benefit	Limit and/or Feature
Nurse and Wellness Clinic Based Care	<p>This Benefit is for the Treatment of minor Illnesses such as coughs and colds at a Network Wellness clinic at a Network Provider contracted pharmacy.</p> <p>You can use your Over the Counter (OTC) Benefit if the nurse suggests OTC Medication.</p>	<p>Visits per Insured Party are limited in respect of the following:</p> <p>General colds and flu are limited to four events.</p> <p>Bronchitis, Asthma etc. is limited to two events.</p> <p>Diabetes is limited to two events.</p> <p>Screening and wellness is limited to two events.</p> <p>Testing for HIV is limited to two events.</p>
Specialist Benefit	<p>You can visit a Specialist which includes all additional services related to the consultation, such as radiology, pathology, scans, medication etc.</p> <p>Specialist Benefits will only apply if you are referred by your Contracted Service Provider (GP) and/or Allocated Provider and authorisation is given before the visit.</p> <p>For authorisation contact the call centre on 0861 493 587.</p>	<p>Claims are paid at the Agreed Rate but are limited to a maximum of R1 920 per visit with a R3 850 overall limit per Policy.</p>
Specialist Benefit Authorisation	<p>You will need the following information when requesting authorisation:</p> <ul style="list-style-type: none"> Name and surname of the Insured Party requiring the authorisation. Your Policy number. Name and practice number of the Specialist that your Doctor (GP) referred you to. Banking details of your specialist. Name and practice number of your referring Contracted Service Provider (GP) and /or Allocated Provider. ICD 10 code or diagnosis. 	<p>The authorisation is valid for one month.</p> <p>Most Specialists are contracted out and you will be required to pay and claim back from the Network Provider. Any account in excess of the above will be the responsibility of the Policyholder.</p>
Specialist Benefit How to Claim	<p>When you claim for a Specialist consultation, submit the following to the Network Provider by email refunds@primecure.co.za.</p> <ul style="list-style-type: none"> Completed refund form. This can be downloaded from www.primecure.co.za or contact the call centre on 0861 493 587. A copy of your ID. The Specialist account for which the request is being made. Receipt to show proof of payment. Proof of your banking details. Include the word refunds in the "subject" of your email. 	<p>The refund will be processed within 14 days of receipt of all the information.</p>

This brochure which is also the Healthcare Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.



Medication		
Health Service	Benefit	Limit and/or Feature
Acute Medication (Short-term Medication)	<p>This Benefit provides access to unlimited Acute Medication per Insured Party Per Annum covered at 100% of the Agreed Rate if the following conditions are met:</p> <p>All Acute Medication must be prescribed by your Contracted Service Provider (GP) and/or Allocated Provider.</p> <p>The Medication must be on the Network Provider Acute Medication Formulary and will be available without a Co-Payment.</p> <p>The Acute Medication must be provided by either a dispensing Contracted Service Provider (GP) and/or Allocated Provider or by a Network Provider contracted pharmacy if the prescribing Doctor is a contracted but non-dispensing Doctor.</p>	<p>In order for the Benefit to be covered, authorisation must be obtained per Insured Party from the fifth visit.</p> <p>Acute Medication on the Formulary is available without a Co-payment.</p>
Acute Medication (Short-term Medication)	The Acute Medication will not be covered if it is prescribed by a GP that is not contracted to the Network Provider or if obtained from a non-contracted pharmacy.	
Over the Counter (OTC)	OTC Medication may only be obtained at a Network Provider contracted pharmacy and on advice by the pharmacist.	The OTC Medication Benefit is limited to R140 per script to a maximum of R420 per Insured Party per annum.
Immunisation	The following Insured Parties may obtain one flu vaccination per Benefit Year.	<p>Children between six months and six years of age.</p> <p>Pregnant women.</p> <p>Insured Party 65 years of age and older.</p> <p>Adults and children who are registered for Chronic Medication for the following conditions: Chronic pulmonary disorders (including Asthma) Cardiovascular disorders (except isolated hypertension) Renal or Metabolic disorders (including diabetes mellitus) Patients with immunosuppression.</p>

This brochure which is also the Healthcare Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.



Medication		
Health Service	Benefit	Limit and/or Feature
Chronic Medication (Long-term Medication)	<p>Chronic Medication will be covered in full (100% of Agreed Rate) if:</p> <p>Prescribed Medication forms part of the Chronic Medication Formulary.</p> <p>You have registered for the Chronic Medication with the Network Provider.</p> <p>To register for this Benefit:</p> <ol style="list-style-type: none"> 1. You can obtain the chronic application form from your Prime Cure Contracted Service Provider (GP) and/or Allocated Provider (www.primecure.co.za). 2. Your Contracted Service Provider (GP) and/or Allocated Provider needs to email the completed chronic application form to pcauth@mediscor.co.za. 	<p>Chronic Medication is available only for the following conditions:</p> <p>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 (see details below); Hyperlipidaemia (high cholesterol); Hypertension; Hypothyroidism; Multiple sclerosis; Parkinson's disease; Rheumatoid arthritis; Schizophrenia; Systemic lupus erythematosus; Ulcerative colitis.</p>
Chronic Medication (Long-term Medication)	<p>After approval of the Chronic Medication, you can obtain your Chronic Medication at a Network Provider contracted pharmacy or contracted courier pharmacy who will deliver your Chronic Medication to the address you selected at no additional cost.</p>	
HIV		
Health Service	Benefit	Limit and/or Feature
HIV Programme	<p>The HIV Programme is designed to optimise the health and wellbeing of HIV positive patients.</p>	<p>Unlimited HIV Medication is covered from date of registration of your Chronic Medication by your Contracted Service Provider (GP) and/or Allocated Provider.</p>

This brochure which is also the Healthcare Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.



HIV		
Health Service	Benefit	Limit and/or Feature
HIV Programme How To Register	<p>You must register for the Benefit. To do so you can obtain:</p> <ol style="list-style-type: none"> The Network Provider HIV registration form from the Network Provider website (www.primecure.co.za) or from your Contracted Service Provider (GP) and/or Allocated Provider. Your Contracted Service Provider (GP) and/or Allocated Provider needs to email the completed chronic application form to HIVDMP@primecure.co.za. 	
HIV Programme	<p>The HIV management Programme includes:</p> <ul style="list-style-type: none"> Voluntary counselling and testing. Antiretroviral therapy, prophylactic antibiotics and supplements. Treatment support and guidance. Pathology and monitoring (including CD4, viral load, liver enzymes, cholesterol, glucose, urine tests) according to protocols. Treatment of related infections, according to the Network Provider procedures and specifications. Emergency post exposure Medication is provided if the accidental exposure is brought to the attention of the Network Provider within 72 hours. Prevention of mother-to-child transmission (PMTCT). 	

Dentistry		
Health Service	Benefit	Limit and/or Feature
Dentistry	<p>The Benefit is only covered when making use of a Dentist contracted by the Network Provider.</p>	<p>The Benefit includes: A single consultation for a full mouth examination per Insured Party per Benefit Year.</p> <p>Preventative Treatments - one per Insured Party per Benefit Year.</p> <p>Includes cleaning, scaling, polishing and fluoride Treatment (for children under the age of 12 years only).</p> <p>Pre-authorization is required for four or more restorations (repairs to teeth), or five or more composite fillings per family per Benefit Year.</p> <p>Diagnosis and Treatment for pain and sepsis. Infection control. Oral hygiene advice on how to keep the mouth and teeth clean to prevent dental problems.</p> <p>Extractions - pre-authorization required for five or more extractions.</p>

This brochure which is also the Healthcare Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.



Dentistry		
Health Service	Benefit	Limit and/or Feature
Dentistry		<p>Local anaesthetic. Oral radiography - pre-authorisation is needed for three or more X-rays, maximum four per family per Benefit Year. Emergency root canal only for pain and sepsis.</p> <p>Plastic or acrylic dentures for Insured Parties over the age of 21 years; there will be a 20% Co-Payment of the total fee. This is an amount that is payable upfront to the dentist and the laboratory. After-hours Treatments are limited to one visit per family in the Benefit Year for pain and sepsis, although you may visit any dentist. You may have to pay cash and claim back from the Network Provider. The Network Provider will refund the Policyholder according to the Agreed Rate.</p>
Optometry		
Health Service	Benefit	Limit and/or Feature
Optometry	Eye examinations.	Eye examinations are limited to one per Insured Party per Benefit Year and includes a visual evaluation, screening and a diagnosis.
Optometry	Spectacles and lenses.	Spectacles and lenses will be limited to one pair in a 24 month-period and include standard, high quality clear plastic lenses (CR39 lenses), single vision and bi-focal lenses. Qualifying Norms will apply.
Optometry	Frames.	Frames will be limited to a single frame in a 24 month-period . The choice of frame is specified to be from a quality selection of the Network Provider approved range of frames - any frames not in the range will result in the Policyholder paying the difference in costs.
Optometry	The Optometry Benefit is subject to availability at Contracted Service Providers only.	

This brochure which is also the Healthcare Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.



Radiology		
Health Service	Benefit	Limit and/or Feature
Radiology	The Radiology Benefit provides access to black and white X-rays and soft tissue ultrasounds according to a list of the approved codes and are paid at 100% of the Agreed Rate.	The following limits apply: Unlimited.
Radiology	A Contracted Service Provider (GP) and/or Allocated Provider must request the Radiology tests and you have to take the Radiology request form to the radiologist.	
Radiology Authorisation	Pre-authorisation from the fifth GP visit per Insured Party must have been obtained.	Fifth visit.
Pathology		
Health Service	Benefit	Limit and/or Feature
Pathology	Pathology tests are limited to the Network Provider list of approved Pathology codes and are paid at 100% of the Agreed Rate. The tests must be requested by your Contracted Service Provider (GP) and/or Allocated Provider and the test must be done by a Network contracted Pathology laboratory - Ampath, Lancet, Pathcare or Lab24.	The following limits apply: In order for the Benefit to be covered, Authorisation is required per Insured Party from the fifth visit.
Maternity		
Health Service	Benefit	Limit and/or Feature
Maternity	This can be provided by your Contracted Service Provider (GP) and/or Allocated Provider, or a Network Provider contracted radiologist as referred to by the Doctor (GP).	This Benefit covers two sonar scans per Pregnancy per Insured Party. Only 2D scans are covered.
Health Screening		
Health Service	Benefit	Limit and/or Feature
Health Screening	The following assessments may be screened at a Contracted Wellness Pharmacy Clinic: Height, weight and body mass index; Glucose; Blood Pressure; Cholesterol; HIV, including pre and post-test counselling.	
Health Screening Appointment	You need to contact your nearest Contracted Pharmacy Wellness Clinic for an appointment - at least 72 hours' notice is required.	Each Insured Party will receive a personal consultation along with suggestions on how to improve their health.
Health Screening Claims	The claim will be submitted directly to your Network Provider for payment.	
COVID-19 Testing	The process works as follows: 1. Pay cash upfront for the test. 2. If the result is positive, complete the refund form (can be found on www.primecure.co.za) and submit together with the claim, a copy of the test results and proof of payment, for reimbursement.	The Insurer will cover the cost of the Pathology test for COVID - 19 (up to a maximum of R850) if the result is positive.

This brochure which is also the Healthcare Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.



Medical Emergency Services		
Health Service	Benefit	Limit and/or Feature
Ambulance	<p>Medical emergencies will be transported to a State Facility and Trauma and Accident emergencies will be transported to a Contracted Hospital casualty by Netcare 911. Netcare 911 to be contacted for an authorisation that will be provided to the casualty.</p> <p>All Insured Parties are required to access these services via the Netcare 911 toll-free line on 082 911 (24/7/365) or by direct referral from the Kaelo Health call centre (office hours only).</p>	This is limited to road transport.
Medical Emergency	<p>Unlimited Benefit in a casualty only for the sudden and unexpected onset of a life-threatening health condition.</p> <p>The Insured will be stabilised in casualty and then transferred to a State Hospital.</p>	
Medical Emergency Authorisation	<p>Authorisation required within 72 hours of the casualty event.</p>	
Stabilisation (Accidents Only)	<p>Unlimited stabilisation of the Insured Party at the scene of the accident by Netcare 911 before being transported to the appropriate Hospital.</p>	
Death Cover		
Health Service	Benefit	Limit and/or Feature
Death Cover	<p>In the event of the death of an Insured Party as a result of Accidental Harm, the Benefits shall be paid to either:</p> <ul style="list-style-type: none"> • The surviving Eligible Spouse or Policyholder. • Eligible Children (or their legal guardians in the event of them being minors) or an Eligible Special Dependant. • The deceased Insured Party's estate failing any of the above. 	Accidental Harm - R20 000 .
Accident Cover		
Health Service	Benefit	Limit and/or Feature
Accident Cover - Casualty Treatment (Accidental Events Only)	<p>A Guarantee of payment (GOP) and authorisation number must be obtained from Netcare 911 in the case of an accident (caused by an Accidental event). Services must be rendered at a Network Provider Hospital casualty.</p> <p>No Benefit is payable for services that are related to an Illness.</p> <p>Any Specialist or follow up visits for medical cases will not be covered under the Casualty Treatment Benefit.</p>	The Benefit payable is equal to the actual cost of the services that are provided, but only to the limit of R18 750 per event.
Accident Cover - Casualty Treatment (Accidental Events Only) To Take Out (TTO) Medication	<p>To Take Out (TTO) Medication in casualty is covered up to a sub-limit of R300 per event and subject to an overall limit of R18 750.</p>	

This brochure which is also the Healthcare Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.



Accident Cover		
Health Service	Benefit	Limit and/or Feature
Accident Cover - In-Hospital Treatment (Accidental Events Only)	<p>This Accident Cover - In-Hospital Treatment (Accidental Events only) covers emergency in-patient services which will be provided for in the case of Accidental Harm to an Insured Party for in-patient hospital Treatment. The following limits apply: R370 000 per event or (if the buy-up option is purchased) R1 500 000 per event.</p> <p>The Benefit payable is equal to the actual cost of the services that are provided, subject to a maximum of R370 000 per event or (if the buy-up option is purchased) R1 500 000 per event.</p>	
Accident Cover - In-Hospital Treatment (Accidental Events Only) Authorisation	Authorisation must be obtained by contacting the call centre on 0861 493 587 .	
Accident Cover - In-Hospital Treatment (Accidental Events Only)	<p>The Benefit covers Treatment and services for a 90-day period calculated from the date of the Accidental Event.</p> <p>All Treatments during this period must be pre-authorized by contacting the call centre.</p> <p>Services must be rendered at a contracted Network Hospital.</p> <p>Any Specialist or follow up visits will not be covered if not related to the Accidental Event.</p>	
Accident Cover - In-Hospital Treatment (Accidental Events Only) To Take Out (TTO) Medication	To Take Out (TTO) Medication in hospital is covered up to a sub-limit of R300 per event and subject to overall hospital limit of R370 000 per event or (if the buy up option was selected) R1 500 000 per event .	
Accident Cover - In-Hospital Treatment (Accidental Events Only) Appliances	Any appliances, like wheelchairs, crutches, beds or convalescing equipment is covered up to a sub-limit of R5 000 per event and is subject to the overall hospital limit of R370 000 per event or (if the buy-up option is purchased) R1 500 000 per event .	
Value Added Services (These are Kaelo Risk service offerings and are not underwritten by Centriq Insurance Company Limited. Service Providers are contracted to Kaelo Risk, the Network Provider.)		
Health Service	Benefit	Limit and/or Feature
COVID-19 Support line through Kaelo Simply HealthCare Pty Ltd Reg no 2004/009584/07	We have set up a dedicated COVID-19 Medical Line where our Healthcare Professionals will be able to assist with medical-related advice on prevention, diagnoses, Treatment and telephonic risk screening assessments.	
MyDoctor (Online Portal and 24hr Advice Line)	<p>The call centre 0861 493 587 and/or the Kaelo online portal is available for clinical advice and information which includes:</p> <ul style="list-style-type: none"> • Symptom checkers. • First aid information. • Medication library. • Medical procedure information. • Know your numbers - health vault to store your health readings. 	

This brochure which is also the Healthcare Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.



Value Added Services (These are Kaelo Risk service offerings and are not underwritten by Centriq Insurance Company Limited. Service Providers are contracted to Kaelo Risk, the Network Provider.)

Health Service	Benefit	Limit and/or Feature
Kaelo Lifestyle Programme - Telephonic Counselling	Telephonic and Approved Face-to-Face Counselling is available to assist with issues such as stress, anxiety, depression, addictions, relationship and marriage problems, parenting, abuse, rape and trauma. Members and their families are guaranteed privacy and confidentiality, enabling them to deal openly with problems affecting their home and work lives. Kaelo Lifestyle Programme is a trusted and independent health provider. On-site Counselling will be made available to clients with 200 or more employees onsite, at a particular site, once a month, with an average of 18% utilisation over a three month period.	
Kaelo Lifestyle Programme - Financial Advice	Advice and support for common financial problems such as debt, budgeting, loan finance, tax, wills and estate planning.	
Kaelo Lifestyle Programme - Legal Advice	Advice, information and discounted legal services to deal with issues such as divorce, maintenance, lawsuits, getting arrested, garnishee orders, repossessions, blacklistings etc.	
Kaelo Lifestyle Programme - Child and Teenager Support	Today's hectic pace of life often leaves Children and Teenagers without the support they need to cope with their own challenges. The Kaelo Lifestyle Programme deals with the issues of bullying, peer pressure, exposure to drugs, depression, performance anxiety and self-image.	
Kaelo Lifestyle Programme - Managerial Support	Exclusive Coaching, orientation sessions and support for Managers to assist them to cope with stressful situations, to help them Manage employees and to equip them with more effective inter-personal skills.	
Road Accident Cover	Your Network Provider will assist Insured Parties with legitimate Claims against the Road Accident Fund.	
Workman's Compensation Cover	Your Network Provider will assist Insured Parties with legitimate Claims relating to Injury on Duty.	

Buy-Up Options

Health Service	Benefit	Limit and/or Feature
Pregnancy and Childbirth Cover - Optional Buy Up for Compulsory Groups of 100 and Above	Antenatal, Delivery and Postnatal visits at a Contracted Service Provider for uncomplicated pregnancies.	The Maternity Programme covers Antenatal visits, the actual delivery and a post-delivery visit, at a Contracted Service Provider (GP) and/or Allocated Provider for uncomplicated pregnancies. In order to access this Benefit you must contact the call centre to be enrolled. Once registered on the Programme, you will be referred to a Network Provider Hospital closest to you for the delivery.

This brochure which is also the Healthcare Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.



Buy-Up Options		
Health Service	Benefit	Limit and/or Feature
Pregnancy and Childbirth Cover - Optional Buy Up for Compulsory Groups of 100 and Above Registration	Registration: <ul style="list-style-type: none"> You need to register with Kaelo Health by 28 weeks pregnant to qualify for cover. To register please contact the call centre on 0861 493 587. The Case Manager will supply an Authorisation to the Network Provider Hospital closest to you. 	
Pregnancy and Childbirth Cover - Optional Buy Up for Compulsory Groups of 100 and Above Services Offered and Qualifying Criteria	Cover for Antenatal visits with a Midwife or a Contracted Service Provider (GP) and/or Allocated Provider or Gynaecologist/Obstetrician as per approved Treatment care plan. Cover for natural birth or emergency caesarean sections in selected Maternity contracted hospitals across the country. Should a complication arise following the delivery, the baby and mother will be stabilised and then transferred to a state facility. Qualifying criteria: <ul style="list-style-type: none"> Registration before 28 weeks of Pregnancy. Confirmation by a doctor that the Pregnancy is a healthy, low-risk, singleton Pregnancy (one baby) for delivery between 38 and 42 weeks. Having regular Antenatal checks (as per the Treatment care plan) to ensure a healthy mother and baby. You must take responsibility for your own general health during the Pregnancy. Should you not attend regular visits as per the agreement, you may be removed from the Programme and you will be categorised as non-compliant. You will then be required to deliver at a state facility. 	One Postnatal consultation with a midwife or a Contracted Service Provider (GP) and/or Allocated Provider. To Take Out (TTO) home Medication limited to R300 per delivery.
Pregnancy and Childbirth Cover - Optional Buy Up for Compulsory Groups of 100 and Above Exclusions	The Programme does not cover high-risk pregnancies and excludes cover for the following scenarios: <ul style="list-style-type: none"> registration after 28 weeks of pregnancies; cases where previous pregnancies or deliveries where a complication occurred; existence of chronic health conditions like diabetes, hypertension and epilepsy; previous deliveries before 38 weeks or low-birthweight babies; pre-eclampsia (Pregnancy-related high blood pressure); multiple babies (twins or triplets); postnatal complications requiring medical care after the delivery. 	

This brochure which is also the Healthcare Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.



Buy-Up Options

Health Service	Benefit	Limit and/or Feature
<p>Pregnancy and Childbirth Cover - Optional Buy Up for Compulsory Groups of 100 and Above</p> <p>Exclusions</p>	<p>Newborns who require specialised Treatments following delivery will be stabilised and transferred to a state facility, for example: birth asphyxia or meconium aspiration syndrome; congenital deformities or neonatal sepsis; any additional scans not covered by the Treatment plan; mother and baby packs; baby Immunisations; circumcisions; pathology outside of the Prime Cure formulary is not covered by the Treatment plan; sterilisation at any time including during emergency caesarean sections.</p>	

This brochure which is also the Healthcare Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.

