

# 2021

CENTRIQ  
INSURANCE



# kaelohealth



healthcare: MyHealth

## MyHealth Guardian Plus

### What is Kaelo Health?

Kaelo Health - MyHealth Primary Healthcare plans providing personalised Treatment and medication for a comprehensive range of health problems. Policyholders 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

#### 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). Insurance products are underwritten by Centriq Insurance Company Limited ("Centriq"), a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).

We are continuously improving our communications and content. The latest version of this document is available on [www.kaelo.co.za](http://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](http://www.kaelo.co.za)

**primecure**  
healthcare management

**kaelo**

Primary Healthcare		
Health Service	Benefit	Limit and/or Feature
<b>General Practitioner (GP) Visits</b>	<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>
<b>General Practitioner (GP) Visits</b>	<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>
<b>Virtual General Practitioner (GP) Consultations</b>	<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 <a href="http://www.kaelo.co.za">www.kaelo.co.za</a>.</p>	<p>Unlimited visits.</p>
<b>How to Find Your Doctor or GP?</b>	<p>Contact the call centre 0861 493 587 or visit the Network Provider website at <a href="http://www.primecure.co.za">www.primecure.co.za</a>.</p>	

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Primary Healthcare		
Health Service	Benefit	Limit and/or Feature
<b>Nurse and Wellness Clinic Based Care</b>	<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 <b>four</b> events.</p> <p>Bronchitis, Asthma etc. is limited to <b>two</b> events.</p> <p>Diabetes is limited to <b>two</b> events.</p> <p>Screening and wellness is limited to <b>two</b> events.</p> <p>Testing for HIV is limited to <b>two</b> events.</p>
<b>Specialist Benefit</b>	<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 <b>0861 493 587</b>.</p>	<p>Claims are paid at the Agreed Rate but are limited to a maximum of <b>R1 920</b> per visit with a <b>R3 850</b> overall limit per Policy.</p>
<b>Specialist Benefit Authorisation</b>	<p>You will need the following information when requesting authorisation:</p> <ul style="list-style-type: none"> <li>Name and surname of the Insured Party requiring the authorisation.</li> <li>Your Policy number.</li> <li>Name, practice number and banking details of your specialist of the Specialist that your Doctor (GP) referred you to.</li> <li>Name and practice number of your referring Contracted Service Provider (GP) and /or Allocated Provider.</li> <li>ICD 10 code or diagnosis.</li> </ul>	<p>The authorisation is valid for <b>one month</b>.</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>
<b>Specialist Benefit How to Claim</b>	<p>When you claim for a Specialist consultation, submit the following to the Network Provider by email <a href="mailto:refunds@primecure.co.za">refunds@primecure.co.za</a>.</p> <ul style="list-style-type: none"> <li>Completed refund form. This can be downloaded from <a href="http://www.primecure.co.za">www.primecure.co.za</a> or contact the call centre on <b>0861 493 587</b>.</li> <li>A copy of your ID.</li> <li>The Specialist account for which the request is being made.</li> <li>Receipt to show proof of payment.</li> <li>Proof of your banking details.</li> <li>Include the word refunds in the "subject" of your email.</li> </ul>	<p>The refund will be processed within <b>14 days</b> of receipt of all the information.</p>

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Medication		
Health Service	Benefit	Limit and/or Feature
<b>Acute Medication (Short-term Medication)</b>	<p>This Benefit provides access to <b>unlimited</b> Acute Medication per Insured Party Per Annum covered at <b>100%</b> 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 <b>fifth</b> visit.</p> <p>Acute Medication on the Formulary is available without a Co-payment.</p>
<b>Acute Medication (Short-term Medication)</b>	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.	
<b>Over the Counter (OTC)</b>	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 <b>R140</b> per script to a maximum of <b>R420</b> per Insured Party per annum.
<b>Immunisation</b>	The following Insured Parties may obtain <b>one</b> flu vaccination per Benefit Year.	<p>Children between <b>six months</b> and <b>six years</b> of age.</p> <p>Pregnant women.</p> <p>Insured Party <b>65 years</b> 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>

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Medication		
Health Service	Benefit	Limit and/or Feature
<b>Chronic Medication (Long-term Medication)</b>	<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"> <li>1. You can obtain the chronic application form from your Prime Cure Contracted Service Provider (GP) and/or Allocated Provider (<a href="http://www.primecure.co.za">www.primecure.co.za</a>).</li> <li>2. Your Contracted Service Provider (GP) and/or Allocated Provider needs to email the completed chronic application form to <a href="mailto:pcauth@mediscor.co.za">pcauth@mediscor.co.za</a>.</li> </ol>	<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>
<b>Chronic Medication (Long-term Medication)</b>	<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
<b>HIV Programme</b>	<p>The HIV Programme is designed to optimise the health and wellbeing of HIV positive patients.</p>	<p><b>Unlimited</b> HIV Medication is covered from date of registration of your Chronic Medication by your Contracted Service Provider (GP) and/or Allocated Provider.</p>

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HIV		
Health Service	Benefit	Limit and/or Feature
<b>HIV Programme How To Register</b>	<p>You must register for the Benefit. To do so you can obtain:</p> <ol style="list-style-type: none"> <li>The Network Provider HIV registration form from the Network Provider website (<a href="http://www.primecure.co.za">www.primecure.co.za</a>) or from your Contracted Service Provider (GP) and/or Allocated Provider.</li> <li>Your Contracted Service Provider (GP) and/or Allocated Provider needs to email the completed chronic application form to <a href="mailto:HIVDMP@primecure.co.za">HIVDMP@primecure.co.za</a>.</li> </ol>	
<b>HIV Programme</b>	<p>The HIV management Programme includes:</p> <ul style="list-style-type: none"> <li>Voluntary counselling and testing.</li> <li>Antiretroviral therapy, prophylactic antibiotics and supplements.</li> <li>Treatment support and guidance.</li> <li>Pathology and monitoring (including CD4, viral load, liver enzymes, cholesterol, glucose, urine tests) according to protocols.</li> <li>Treatment of related infections, according to the Network Provider procedures and specifications.</li> <li>Emergency post exposure Medication is provided if the accidental exposure is brought to the attention of the Network Provider within <b>72 hours</b>.</li> <li>Prevention of mother-to-child transmission (PMTCT).</li> </ul>	
Dentistry		
Health Service	Benefit	Limit and/or Feature
<b>Dentistry</b>	<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 - <b>one</b> per Insured Party per Benefit Year.</p> <p>Includes cleaning, scaling, polishing and fluoride Treatment (for children under the age of <b>12 years</b> only).</p> <p>Pre-authorization is required for <b>four</b> or more restorations (repairs to teeth), or <b>five or more</b> 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 <b>five</b> or more extractions.</p>

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<b>Dentistry</b>		
<b>Health Service</b>	<b>Benefit</b>	<b>Limit and/or Feature</b>
<b>Dentistry</b>		<p>Local anaesthetic. Oral radiography - pre-authorisation is needed for <b>three</b> or more X-rays, maximum <b>four</b> 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 <b>21 years</b>; there will be a <b>20%</b> 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 <b>one</b> 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>
<b>Optometry</b>		
<b>Health Service</b>	<b>Benefit</b>	<b>Limit and/or Feature</b>
<b>Optometry</b>	Eye examinations.	Eye examinations are limited to <b>one</b> per Insured Party per Benefit Year and includes a visual evaluation, screening and a diagnosis.
<b>Optometry</b>	Spectacles and lenses.	Spectacles and lenses will be limited to <b>one</b> pair in a <b>24 month-period</b> and include standard, high quality clear plastic lenses (CR39 lenses), single vision and bi-focal lenses. Qualifying Norms will apply.
<b>Optometry</b>	Frames.	Frames will be limited to a single frame in a <b>24 month-period</b> . 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.
<b>Optometry</b>	The Optometry Benefit is subject to availability at Contracted Service Providers only.	

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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 <a href="http://www.primecure.co.za">www.primecure.co.za</a> ) 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.

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Medical Emergency Services		
Health Service	Benefit	Limit and/or Feature
<b>Ambulance</b>	<p>Medical emergencies will be transported to a State Facility and Trauma and Accident emergencies will be transported to a Contracted Hospital casualty by <b>Netcare 911</b>. <b>Netcare 911</b> 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 <b>Netcare 911</b> toll-free line on <b>082 911 (24/7/365)</b> or by direct referral from the Kaelo Health call centre (<b>office hours only</b>).</p>	This is limited to road transport.
<b>Medical Emergency</b>	<p><b>Unlimited</b> 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>	
<b>Medical Emergency Authorisation</b>	<p>Authorisation required within <b>72 hours</b> of the casualty event.</p>	
<b>Stabilisation (Accidents Only)</b>	<p><b>Unlimited</b> stabilisation of the Insured Party at the scene of the accident by <b>Netcare 911</b> before being transported to the appropriate Hospital.</p>	
Death Cover		
Health Service	Benefit	Limit and/or Feature
<b>Death Cover</b>	<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"> <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>	Accidental Harm - <b>R20 000</b> .
Accident Cover		
Health Service	Benefit	Limit and/or Feature
<b>Accident Cover - Casualty Treatment (Accidental Events Only)</b>	<p>A Guarantee of payment (GOP) and authorisation number must be obtained from <b>Netcare 911</b> 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 <b>R18 750</b> per event.

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Accident Cover		
Health Service	Benefit	Limit and/or Feature
<b>Accident Cover - Casualty Treatment (Accidental Events Only) To Take Out (TTO) Medication</b>	<p>To Take Out (TTO) Medication in casualty is covered up to a <b>sub-limit of R300 per event</b> subject to it being issued by the hospital pharmacy on discharge and subject to an <b>overall limit of R18 750</b>.</p> <p>If any other Network Provider or Pharmacy is utilised, Policyholders will have to pay upfront and submit a claim refund to <a href="mailto:refunds@primecure.co.za">refunds@primecure.co.za</a> with the following:</p> <ul style="list-style-type: none"> <li>• Completed refund form. This can be downloaded from <a href="http://www.primecure.co.za">www.primecure.co.za</a> or</li> <li>• contact the call centre on 0861 493 587.</li> <li>• A copy of your ID.</li> <li>• The account for which the request is being made.</li> <li>• Receipt to show proof of payment.</li> <li>• Proof of banking details.</li> <li>• Include the word refund in the "subject" of your email.</li> </ul>	
<b>Accident Cover - In-Hospital Treatment (Accidental Events Only)</b>	<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: <b>R370 000 per event</b> or (if the buy-up option is purchased) <b>R1 500 000 per event</b>.</p> <p>The Benefit payable is equal to the actual cost of the services that are provided, subject to a maximum of <b>R370 000 per event</b> or (if the buy-up option is purchased) <b>R1 500 000 per event</b>.</p>	
<b>Accident Cover - In-Hospital Treatment (Accidental Events Only) Authorisation</b>	<p>Authorisation must be obtained by contacting the call centre on <b>0861 493 587</b>.</p>	
<b>Accident Cover - In-Hospital Treatment (Accidental Events Only)</b>	<p>The Benefit covers Treatment and services for a <b>90-day</b> 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>	
<b>Accident Cover - In-Hospital Treatment (Accidental Events Only) To Take Out (TTO) Medication</b>	<p>To Take Out (TTO) Medication in hospital is covered up to a <b>sub-limit of R300 per event</b> subject to it being issued at the hospital pharmacy on discharge and subject to overall hospital limit of <b>R370 000 per event</b> or (if the buy up option was selected) <b>R1 500 000 per event</b>.</p> <p>If any other Network Provider or Pharmacy is utilised, Policyholders will have to pay upfront and submit a claim refund to <a href="mailto:refunds@primecure.co.za">refunds@primecure.co.za</a> with the following:</p> <ul style="list-style-type: none"> <li>• Completed refund form. This can be downloaded from <a href="http://www.primecure.co.za">www.primecure.co.za</a> or</li> <li>• contact the call centre on 0861 493 587.</li> <li>• A copy of your ID.</li> <li>• The account for which the request is being made.</li> <li>• Receipt to show proof of payment.</li> <li>• Proof of banking details.</li> <li>• Include the word refund in the "subject" of your email.</li> </ul>	

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Accident Cover		
Health Service	Benefit	Limit and/or Feature
<b>Accident Cover - In-Hospital Treatment (Accidental Events Only) Appliances</b>	<p>Any appliances, like wheelchairs, crutches, beds or convalescing equipment is covered up to a sub-limit of R5 000 subject to it being issued at the hospital pharmacy on discharge and subject to overall hospital limit of R370 000 per event or (if the buy-up option is purchased) R1 500 000 per event.</p> <p>If any other Network Provider or Pharmacy is utilised, Policyholders will have to pay upfront and submit a claim refund to <a href="mailto:refunds@primecure.co.za">refunds@primecure.co.za</a> with the following:</p> <ul style="list-style-type: none"> <li>• Completed refund form. This can be downloaded from <a href="http://www.primecure.co.za">www.primecure.co.za</a> or</li> <li>• contact the call centre on 0861 493 587.</li> <li>• A copy of your ID.</li> <li>• The account for which the request is being made.</li> <li>• Receipt to show proof of payment.</li> <li>• Proof of banking details.</li> <li>• Include the word refund in the "subject" of your email.</li> </ul>	

**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
<b>COVID-19 Support line through Kaelo Simply HealthCare Pty Ltd Reg no 2004/009584/07</b>	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.	
<b>MyDoctor (Online Portal and 24hr Advice Line)</b>	<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"> <li>• Symptom checkers.</li> <li>• First aid information.</li> <li>• Medication library.</li> <li>• Medical procedure information.</li> <li>• Know your numbers - health vault to store your health readings.</li> </ul>	
<b>Kaelo Lifestyle Programme - Telephonic Counselling</b>	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.	
<b>Kaelo Lifestyle Programme - Financial Advice</b>	Advice and support for common financial problems such as debt, budgeting, loan finance, tax, wills and estate planning.	
<b>Kaelo Lifestyle Programme - Legal Advice</b>	Advice, information and discounted legal services to deal with issues such as divorce, maintenance, lawsuits, getting arrested, garnishee orders, repossessions, blacklistings etc.	
<b>Kaelo Lifestyle Programme - Child and Teenager Support</b>	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.	

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**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
<b>Kaelo Lifestyle Programme - Managerial Support</b>	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.	
<b>Road Accident Cover</b>	Your Network Provider will assist Insured Parties with legitimate Claims against the Road Accident Fund.	
<b>Workman's Compensation Cover</b>	Your Network Provider will assist Insured Parties with legitimate Claims relating to Injury on Duty.	

### Rates for 2021 inclusive of VAT

Policyholder	Spouse	Adult Dependant	Child Dependant
R 530	R 424	R 424	R 318

### Buy-up Rates for 2021 inclusive of VAT

Policyholder	Spouse	Adult Dependant	Child Dependant
R 59.80	R 44.85	R 44.85	R 33.35

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.

