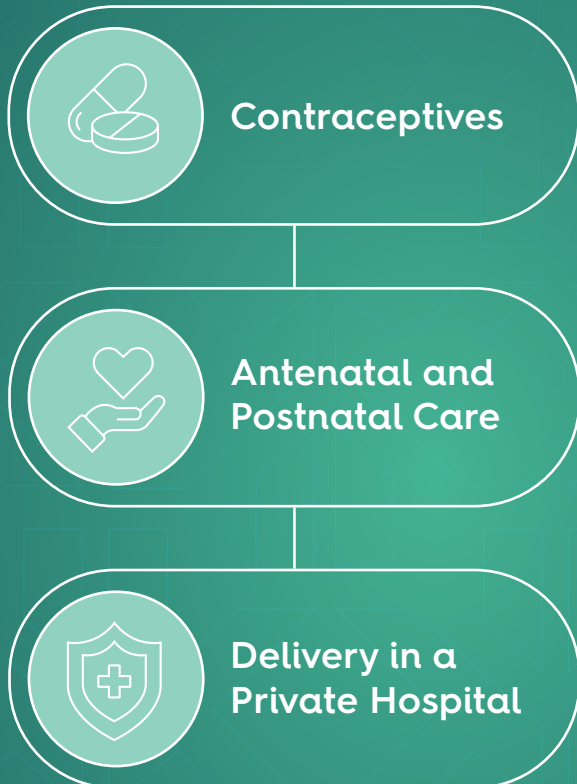


Making **Private Healthcare Affordable**
and Accessible for all South Africans



MYHEALTH FAMILY & MATERNITY BUY-UP POLICY 2026

Why Kaelo MyHealth Cover?

Kaelo Health My Health is a medical insurance plan that covers everyday healthcare needs, including doctor visits, medications, chronic illness management, along with a Maternity Benefit. Policyholders can access a wide network of healthcare providers through the Prime Cure Network for private healthcare.



FAMILY AND MATERNITY BUY UP

The Family and Maternity Buy-Up Benefit is an additional cover option for Corporate Compulsory Groups of 100 employees or more. If the buy-up option is taken, the Maternity Buy-up Benefit will be stated as "included" on your Policy Schedule.

Available to Compulsory Corporate Groups of 100+ employees.

Benefit	Description	Limit
Buy-Up Option (Only covered if stated in your Policy Schedule)		
Pregnancy and Delivery	<p>The Maternity Buy-Up helps moms-to-be with important medical visits, including visits to a gynaecologist/obstetrician, Prime Cure Network doctor or Midwife before the baby is born to monitor the baby's growth and the health of the mom, an approved list of blood tests and two (2) 2D ultrasound scans per pregnancy.</p> <p>The birth of the baby is covered in a private hospital for natural or emergency caesarean sections, and one (1) post-birth visit to a gynaecologist/obstetrician, Prime Cure Network doctor or Midwife.</p> <p>You will receive a summary of the Benefits covered when you register for the maternity programme.</p> <p>See the Optional Maternity Buy-Up section below for the qualifying criteria, what is not covered under this Benefit and how to register your pregnancy.</p>	✓
Contraceptives	<p>Oral and Injectable contraceptives will be covered according to Medicine List. R250 per quarter at a Prime Cure Network Pharmacy and prescribed by a Network Provider.</p> <p>Examples of non covered contraceptives: patches, IUD's and Implants.</p>	✓
Childhood Immunisations	<p>Childhood Immunisations are covered up to six (6) weeks if done at a Dis-Chem Baby City. This is only available to those children born following a delivery by a mother who was registered on the Pregnancy and Delivery Benefit.</p>	✓

QUALIFYING CRITERIA

The following qualifying criteria apply to the Family and Maternity Buy-Up Benefit:

- You need to register your pregnancy between **12 and 24 weeks** by calling us on **0861 665 665**. A case manager will give you an Authorisation number for a Prime Cure maternity hospital near you.
- We need confirmation from a doctor that your pregnancy is a healthy, low-risk and singleton (**one (1)-baby**) pregnancy for delivery between **38 and 42 weeks**.
- We will cover a fetal anomaly scan between **18-23 weeks** with a registered nurse or Healthcare Provider at the Prime Cure approved rate.
- If you are low-risk when you register your pregnancy but become high-risk after you have registered up to **32 weeks**, We will transfer you to a state facility for the delivery of your baby.
- If you are low-risk when you register your pregnancy but become high-risk after **32 weeks**, We will cover you in a private hospital for the delivery of your baby.
- It's important to attend regular pregnancy check-ups as outlined in the Treatment care plan to ensure you and your baby remain healthy.
- You are responsible for taking care of your overall health during pregnancy.
- If you do not attend regular pregnancy check-ups, as per the agreement, you may be removed from the programme. You will then have to cover the cost of consultations and delivery yourself or deliver your baby at a state facility.

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WHAT WE DO NOT COVER UNDER THE OPTIONAL MATERNITY BENEFIT

The programme does not cover high-risk pregnancies and excludes cover for the following scenarios:

- Registration of your pregnancy after **24 weeks** of pregnancy
- Complications with previous pregnancies or deliveries
- 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)
- Complications requiring medical care after the delivery.

If a complication happens during or following the delivery, the baby and mother will be stabilised and then transferred to a state facility.

Newborns who need specialised Treatment following delivery will be stabilised and transferred to a state facility, for example:

- Birth asphyxia or meconium aspiration syndrome.
- Congenital deformities or neonatal sepsis.

Other items excluded from cover:

- Any additional scans not covered in the Treatment plan
- Mother and baby packs
- Circumcisions
- Pathology outside of the list of approved codes.
- Sterilisation at any time, including during emergency caesarean sections.

GENERAL TERMS AND CONDITIONS

Managed Care Organisation

- Your MyHealth Policy uses the Kaelo Prime Cure managed healthcare network. As a managed healthcare organisation, Prime Cure, uses clinical protocols and guidelines to ensure that you receive healthcare that is of good quality, cost effective and provided at the appropriate level of care. This means that Kaelo will carefully review your claims and make funding decisions based on the established protocols and guidelines that have been developed as part of the managed care approach.

Transfer of Policy

- If you die, your Spouse can take over the Policy and transfer the Policy into their own name within **30 days** without any additional waiting periods or exclusions.

Law and Jurisdiction

- This Policy will be governed by the laws of the Republic of South Africa, whose courts shall have exclusive jurisdiction in any dispute arising under this Policy.

Cover for Child Dependant/s

- The cover for Child Dependents ends when they reach **26 years old**. If they wish to continue being covered, they can start their own Policy with the help of a broker.
- For a Child Dependant over the **age of 21** to remain on the Policy, an affidavit is required which states that the Child Dependant is financially dependent on the Policyholder.

Claims

- When you or your Dependents visit a healthcare service provider that is in the Prime Cure Network, you don't have to worry about paying them directly. We will pay them for you when they submit their claims to Prime Cure.
- ***Example of a Kaelo Tariff shortfall:**
 - If a specialist charges **R1 000** for a procedure, and the applicable Kaelo Tariff for that procedure is **R800**, We will pay only **R800**.
 - You will be responsible for the shortfall of **R200**, which must be settled directly with the specialist.
- If you or your Dependents go to a Healthcare Provider who is not part of the Prime Cure Network, like a Specialist, you may have to pay upfront and then submit a claim to Prime Cure within **120 days (three (3) months)** to get a refund. You can submit your claim through email to refunds@primecure.co.za, by completing a form on the Prime Cure website at www.primecure.co.za, or via the Kaelo MyHealth App.
- **To request a refund, you need to provide the following documents:**
 - a copy of your ID,

Family and Maternity Buy-Up Benefit

Qualifying criteria

What We do not cover under the Optional Maternity Benefit

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- the account (bill) from the provider,
- your receipt showing proof of payment,
- and for refunds over **R3 000**, proof of your bank details.
- We will process your refund within **14 days** once We have all the required information. If you don't provide proof of your bank details, We won't be responsible for any payments made to the wrong account.
- Where We paid a Benefit in terms of this Policy which is a benefit payable by the Road Accident Fund or the Compensation Fund for Occupational Injuries or Diseases then any such benefits payable need to be ceded by the Insured Party to the Insurer.
- If a claim is rejected or if We dispute the amount claimed and you do not agree with the decision, you have **90 days** to present your case to Us to challenge the decision. You may need to prepare extra information or evidence to support your claim.
- After receiving the final decision from Us, if you still disagree with it, you have **six (6) months (180 days)** to take legal action by issuing a summons. If you don't do this, the claim will no longer be valid under this Policy.

Fraudulent claims

- If any claim or part of a claim under this Policy is in any way fraudulent, or if any fraudulent means or actions are used by you, your Dependants or anyone acting on your or your Dependants' behalf to provide information regarding a claim to obtain any Benefits under this Policy (whether successfully, or not) and/or
- If any event is caused by intentional conduct on your or your Dependants' part, or by any person acting with your or your Dependants' knowledge and involvement and/or You or your Dependants provide fraudulent information or documentation, whether created by you, your Dependants, or any other party, to substantiate or support any claim under this Policy, regardless of whether or not the claim is fraudulent and/or
- If you or your Dependants exaggerate the amount of a claim, in whole or part, for any reason, whether or not the claim is fraudulent

Then:

- All Benefits provided under this Policy for that claim will be forfeited, and We will not be liable for any part of the claim. We will take legal action to recover any claims paid by Us that are part of the fraudulent activity.
- We will retrospectively cancel this Policy from the date the claim was reported or the actual incident date, whichever is earlier.

Premium payment and cover

- Your cover starts on the first day of the month and cannot be backdated.
- Your Policy will stay active as long as you keep paying your Premiums on time.
- Premiums for the month must be paid by the last working day of that month and the payment must be made in South African rand.
- If you don't pay your Premium on time or if your bank returns the debit order due to insufficient funds, you have a grace period of **30 days** to pay all the outstanding Premiums. After **30 days**, We will automatically debit **two (2) months'** Premiums.
- If your Premium remains unpaid after the second month, you won't have cover for the unpaid period until you pay all the outstanding Premiums.
- If We don't receive your Premium for **two (2) months** in a row, We will cancel your Policy. Your Policy and cover will end on the last day of the period for which you last paid your Premium.
- If you pay your Premium by debit order and you cancel or stop your debit order, your Policy will be considered cancelled immediately, and you won't have a **30-day** grace period. If you want to reinstate your Policy later, it will be treated as a new Policy and the grace period will only apply from the second month of cover.
- We may adjust your Premiums by giving you **31 days** written notice. Your Premium will be reviewed every year.

Making changes to your Policy

- We can change the waiting periods or Benefits or how they are calculated by giving you **31 days** written notice.

Cancelling your Policy

- You can cancel this Policy at any time by giving a calendar month's notice (starting from the first day of the month).
- Your Policy will be terminated on the last day of the month after serving a calendar month's notice. **For example:** if you cancel your Policy on the last day of this month, your termination will be effective on the last day of the following month.
- Your cover will be effective up until the last day of the month.
- We may cancel this Policy for any reason by giving **31 days'** notice.
- Premiums are payable up to and including the Termination Date.
- Benefits or services will only be covered if they were provided before the Termination Date of this Policy.

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Waiting Periods

Any waiting periods that apply to your Policy are listed in the Policy Schedule.

Waiver of waiting periods

- Newborns or a Spouse added to the Policy within **90 days** of birth or marriage won't have any waiting periods. Dependants added within **90 days** of the Policy Start Date also won't have waiting periods. Premiums for newborns or Spouses will be payable from the birth or marriage date.
- If you can provide proof that you and your Dependants had previous medical insurance or medical aid cover, then the waiting periods will be waived for the Insured Parties that had previous medical insurance or medical aid cover as follows:
 - The General Waiting Period will be waived if the Insured Party had at least **three (3) months** of previous cover with no more than a **two (2)-month** break before the Insured Party Start Date of cover on this Policy.
 - The Condition-Specific Waiting Period will be waived if the Insured Party had at least **six (6) months** of previous cover with no more than a **two (2)-month** break before the Insured Party's Start Date of cover.
- It's important to provide proof of previous cover to Kaelo before the Start Date of your Policy or the Start Date of cover for your Dependant. If you don't submit the proof of cover in time, there will be a delay in finalising any claims. You will then need to manually submit these claims to Us for a refund or request that the provider resubmit these claims to Prime Cure within **120 days** from the date of service.

What We do not cover

Tariff Shortfalls for non-Prime Cure Network providers:

- Any portion of fees charged by a non-Prime Cure Network provider that exceeds the applicable Kaelo Tariff, is not covered under this Policy and will be for Your own account.

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

- Any Benefit or service that is not covered by this Policy.
- Claims that fall within a waiting period.
- Claims for tests or medicines not included on the approved list of tests, procedures or Medicine List.
- Routine check-ups and examinations without any complaint or illness.
- Claims submitted after **120 days** from the date of service.
- Cosmetic surgery or cosmetic procedures.
- Specialised dental procedures like crowns, bridges, dental implants, orthognathic surgery, temporomandibular joint (TMJ) surgery, labial frenotomy, bone augmentations and bone or tissue regeneration.
- Rehabilitation, frail care, step-down or hospice services
- Child immunisations except for flu vaccinations of children older than **six (6) months**
- Any Treatment related to infertility.
- Services provided by non-Prime Cure Network Healthcare Providers without Authorisation.
- Any services provided outside of South Africa.
- ICD 10 code Exclusions as listed on the Prime Cure website

Claims or Benefits will not be paid for any incident, illness, or event that happens because of or related to the following:

- Intentional self-harm, like suicide.
- Having a blood alcohol content level that exceeds the legal limit.
- Using any kind of drug, legal or illegal, unless it was prescribed by a Healthcare Provider and taken as instructed.
- Not following the medical advice given by a Healthcare Provider.
- Any Treatment or Medical Procedure that, in the sole opinion of the insurer is of such a nature that it is not considered to be medically necessary, or where alternative conservative treatment would provide a similar outcome or is of such a nature that there is no likely improvement in the medical condition of the Insured Party.

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