



## MATERIAL CHANGES TO ONEPLAN HEALTH INSURANCE POLICY SCHEDULE



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Underwritten By



## MATERIAL CHANGES TO YOUR ONEPLAN HEALTH PRODUCT

We have made some important changes to your policy schedule, and it's essential to review these updates to understand how they may impact your coverage. Below, we have summarised the material changes to help you easily identify and understand them.

**Effective Date:** The amendments will take effect on **1 February 2025**.

In compliance with the Short-Term Insurance Act, this document serves as your official 31-day written notice of these changes.

Please take the time to read through your updated policy documentation carefully to fully understand these modifications and how they may affect your cover.

### 3.6. DENTISTRY COVER

#### WHAT YOU ARE NOT COVERED FOR:

1. Dental appliances including but not limited to retainers, gum guards and gold inlays

#### What does this mean:

Dental appliances such as retainers will be excluded from your policy. The policy previously only excluded gum guards and gold inlays.

### 3.7 SPECIALIST COVER

1. A general practitioner needs to refer you for a medically justifiable reason to a registered specialist, and a referral letter from the referring practitioner must be sent to us for Authorisation. This means you need to have a letter from your doctor, ***not older than 6 months per specialty referral***, suggesting you see a specialist for a medical event or issue.

#### What does this mean:

The statement emphasizes that the referral letter from your general practitioner must be **no older than six**

**months** for each specific specialty referral. This means that if more than six months have passed since the letter was written, it will no longer be valid for authorisation purposes, and you will need to obtain an updated referral from your GP. The six-month limit ensures that the referral reflects your current medical condition and the need for specialist care is still relevant.

### 3.8 MATERNITY PRE-BIRTH COVER

#### **SPECIAL CONDITIONS:**

Pregnancy scans and sonars will be covered under this section.

#### **What does this mean:**

This means that if you need a pregnancy scan or ultrasound (sonar), it will be covered specifically under the Maternity Pre-Birth benefit and not under any other policy benefit.

### 4.3 ILLNESS IN HOSPITAL

After the birth, the newborn baby will only be covered subject to the baby being registered and accepted as an Insured child within thirty (30) days of the date of birth. Once the baby has been discharged with a clean bill of health, confirmation needs to be submitted to Oneplan in order for us to review the waiting period applicable to the newborn baby. This excludes any conditions related to a delivery that was not covered by the policy for a period of six (6) months from the date of birth. If the next month's debit order is returned, we will have the right to claim back any cover paid towards the newborn baby.

#### **What does this mean:**

Newborn babies need to be registered with Oneplan in order for cover to be in place. The registration must be done within 30 days and the clean bill of health needs to be sent to Oneplan in order for the waiting periods to be reviewed. In the event that the clean bill of health is not provided, the baby's cover will be subject to waiting periods.

## 6. GENERAL CONDITIONS

10. You hereby give us the right to claim from you any payment or compensation received by you from any third party, due to an event that is covered by this policy and that we have paid to you or on your behalf. **Additionally, we reserve the right to decline payment if a claim has already been submitted for payment to the third party, ensuring that no undue enrichment occurs. Preventing double recovery and ensures that compensation is only provided once for the same event or loss.**

### What does this mean:

This means that you cannot claim compensation for the same event from both Oneplan and another provider at the same time, as it would result in double compensation. If you have already submitted a claim to another provider (like your medical aid), Oneplan reserves the right to decline covering the same event. However, if there is a shortfall after your medical aid has paid its portion, you are allowed to use your Oneplan policy to cover this remaining amount. This prevents duplicate payments for the same event while allowing Oneplan to assist with any unpaid balance.

## 7. GENERAL EXCLUSIONS - THE STUFF WE DON'T COVER

4. Cosmetic procedures **or reconstructive procedures or any complications related to either procedure type.**

### What does this mean:

This means that **reconstructive or cosmetic procedures** are not covered under this policy, including any complications that arise from these types of procedures. Even if there are medical reasons for a complication related to a reconstructive or cosmetic procedure, it will not be covered by the policy.

6. Cost of treatment for infertility/fertility inclusive of surgical procedures and/or medical treatment e.g. hormone replacement therapy, sterilization, vasectomy.

### What does this mean:

This means that any treatment related to infertility or fertility issues is not covered under the policy. This includes all types of related treatments, such as surgical procedures (like sterilization or vasectomy) and medical treatments (such as hormone replacement therapy).

## Cancellation

Cover shall cease at 24h00 hours on the last day of the month in which Premium/s have been paid. If a Premium is not paid when due, or if a Premium debit is dishonoured, **Oneplan reserves the right to redate the policy to ensure continuous cover and will exercise this option until the policy is formally cancelled. During the period of suspension, you must prove to our satisfaction that any missed payment or dishonored debit was due to an error by your paying agent. We understand that mistakes happen, and we are committed to working with you to resolve such issues.**

### What does this mean:

Should your premium be rejected, this will not result in the automatic cancellation of your policy, however, we may redate your policy for the next month until you send a formal request to cancel the policy, when this happens your waiting periods will be adjusted accordingly.

## ACCIDENT AND DISABILITY POLICY

## TRAUMA AND ASSAULT COUNSELLING

### Special conditions:

1. Cover will only be available if the original trauma event, that results in the need for counseling, happened after inception of the policy.
2. Cover will only be available if you are referred for counseling within 6 months of the original trauma event.

### What does this mean:

You are only covered for Trauma and Assault counselling, in the event that the event occurred after your cover with Oneplan began.

Furthermore, even if the event occurred after your cover began, the benefit can only be claimed within 6 months from date of the trauma / assault event.