



THE SIMPLE GUIDE TO YOUR HEALTH INSURANCE POLICY

Here is everything you need to know about your insurance policy and cover.

This is your go-to guide to understanding the basics of insuring your health – it’s important - so make sure you read and understand all of it.

We want to make insurance easy to understand, easy to apply and easy to use for you.

If something doesn’t make sense - ask us! If there’s anything we are more passionate about than insurance - it’s you!

FYI - For a more indepth document, have a look at your Policy Schedule OR on the Mobile App or Web Portal if you are interested in our product we will be happy to contact you, just ask us to call you!

“Policy Schedule”: means your insurance contract and schedule and your disclosures and terms of conditions for this policy - so really all legal stuffs including the fine print - a must read then!

HEALTH COVER

DOCTOR VISITS

WHAT YOU ARE COVERED FOR: ✓

- Visits to your medical doctor, treatments, tests and procedures in rooms based on your cover limits

WHAT YOU ARE NOT COVERED FOR: ✗

- Consultations after your limit was reached
- You are not covered for these kinds of doctors:
 1. Acupuncturist, Audiologist and Acoustician
 2. Biokineticist, Chiropractor, Clinical/Medical Technologist,
 3. Clinical Neurophysiologist
 4. Counsellors, Dietician, Herbalists, Homeopaths, Naturopath, Occupational Therapist,
 5. Orthodontist, Osteopath, Physiologist, Physiotherapist, Podiatrist, Psychologist, Social
 6. Worker, Speech Therapist, Professional Nurse and Traditional Healer

SAY WHAT?

What is a cover limit?

A “Limit” is the maximum amount of money we may pay you for a claim or the amount stated on your invoice.

What is an annual limit?

“Annual Limit” means a cap on the annual benefit of each benefit and cover type, and may also refer to the number of visits for particular benefits we pay, in a year cycle, from successful inception of the policy.

MEDICATION

WHAT YOU ARE COVERED FOR: ✓

- Prescribed medication
- Baby and child immunisations
- Flu vaccinations
- Chronic (ongoing) medication (including ARVs) (if the conditions were diagnosed after the waiting period)
- Doctors who give you the medication themselves

WHAT YOU ARE NOT COVERED FOR: ✗

- Over the counter medications
- Chronic medication for pre-existing conditions, including HIV (diagnosed before your policy started or within the first 3 months)
- Vaccinations for travelling
- Medication for impotence, infertility, acne
- Stimulants, tonics, supplements
- Medication related to general exclusions (things we don't cover) - e.g. mental illness and learning issues

SAY WHAT?

What's a pre-existing condition?

Any sickness or condition that you have already been diagnosed with or have signs of before your policy starts or within 3 months after it started.

A condition may still be seen as pre-existing even if you were not aware of it but showed symptoms in the last 2 years, like pain, nausea, recurrent infections and so on.

RADIOLOGY (X-RAYS)

WHAT YOU ARE COVERED FOR: ✓

- X-rays, sonars, ultrasounds, mammograms, bone density, barium meal or enema
- CT and MRI scans, other imaging tests and scans

WHAT YOU ARE NOT COVERED FOR: ✗

- Radiology done in the doctor's rooms

PATHOLOGY (BLOOD TESTS)

WHAT YOU ARE COVERED FOR: ✓

- Tests to examine blood, tissue, bodily fluids, smears, swabs and biopsy samples etc. (Tests done over a period of 6 days will be seen as 1 claim)

WHAT YOU ARE NOT COVERED FOR: ✗

- Sperm count and / or any fertility tests and DNA testing

DENTIST VISITS

WHAT YOU ARE COVERED FOR: ✓

- Fillings, extractions, fluoride treatment, root canal, dentures (false teeth), crowns, bridges
- X-rays done in the dentist's rooms

WHAT YOU ARE NOT COVERED FOR: ✗

- Gum guards and gold inlays

EYE DOCTOR (OPTOMETRY) VISITS

WHAT YOU ARE COVERED FOR: ✓

- Glasses (frames and lenses), contact lenses, tinting of lenses
- This cover works in a 24 month cycle where you can only claim every 24 months according to your cover limit, after the initial waiting period of 12 months

WHAT YOU ARE NOT COVERED FOR: ✗

- Sunglasses, Plano lenses (these are lenses that provide no vision correction)
- Low prescription lenses, should the lenses not be covered the consultation fee will be covered



HOSPITAL COVER

CASUALTY ILLNESS

SAY WHAT?

What are casualty illnesses?

These are emergency treatments for illnesses that do not require overnight hospital stays. Casualty refers to the emergency department in a hospital. (life-threatening means that if you do not get treatment within an hour of the issue, it will result in permanent damage to you).

WHAT YOU ARE COVERED FOR: ✓

- Treatment and procedures in casualty for events that is triaged red and orange

WHAT YOU ARE NOT COVERED FOR: ✗

- Events rated as a green or yellow (explained in **Oneplan Policy Schedule** available on our website)
- Mental conditions and self-inflicted conditions
- Pre-existing conditions are not covered for the first 12 months of your policy
- Excluded general conditions mentioned in your Policy Schedule - These include but not limited ulcers, tonsillectomy and kidney stones - check your policy schedule for all excluded conditions

CASUALTY ACCIDENT

SAY WHAT?

What is a casualty accident?

These are emergency treatments for accidents that do not require overnight hospital stays

WHAT YOU ARE COVERED FOR: ✓

- Treatment and procedures in casualty for injuries that require immediate treatment and are life-threatening. (life-threatening means that if you do not get treatment within an hour of the issue, it will result in permanent damage to you).

WHAT YOU ARE NOT COVERED FOR: ✗

- Events rated as a green or yellow (explained in **Oneplan Policy Schedule** available on our website)
- Any event if you did not seek immediate medical attention (immediate means within one hour for casualty accidents)
- Self-inflicted injuries, professional sport injuries

ILLNESS IN HOSPITAL

SAY WHAT?

What is an illness?

An illness is a disease or sickness that started after your cover began.

WHAT YOU ARE COVERED FOR: ✓

- Treatments and procedures that need hospital admission
- If your illness comes back in a 6 month period, then it will be covered as part of the initial illness claim.

WHAT YOU ARE NOT COVERED FOR: ✗

- Mental illness, Psychiatric disorders, Chronic dialysis, Congenital disorders, Sterilisations, Infertility
- Admissions for investigations or diagnostic procedures, pain control or treatment that cannot be justified medically
- Third party claims like Workmen's compensation claims - when you are claiming for something that you already have cover for

ACCIDENT IN HOSPITAL

SAY WHAT?

What is an accident?

Accidents are the stuff you didn't see coming - such as when you are involved in an accident like a car crash and you need to immediately be seen by a doctor.

THE DIFFERENCE BETWEEN AN INJURY AND ILLNESS

An injury is a physical cut, bruise, burn, sickness or disease or some kind of harm done to your body that was caused by an accident.

An illness is a disease or sickness that started after your cover began.

If an illness is the cause of an accident, it will be covered under illness and not Accident cover.

WHAT YOU ARE COVERED FOR: ✓

- Treatments and procedures that require hospital admission
- Re-admission within 6 months for the same or related accident will be deemed as one event and covered under the same cover

WHAT YOU ARE NOT COVERED FOR: ❌

- Self-inflicted and professional sport injuries
- Injuries due to the influence of alcohol, drugs or narcotics
- Third party claims

DREAD DISEASE

SAY WHAT?

What is a dread disease?

These are serious diseases which include:

heart attack, coronary artery disease requiring surgery, heart valve replacement, aorta surgery, stroke, cancer, acute kidney failure, brain tumors and major organ transplants.

WHAT YOU ARE COVERED FOR: ✅

- Heart attack, Coronary artery disease requiring surgery, Heart valve replacement
- Surgery to the aorta/aneurysm, Stroke, Cancer, Major organ transplant, Brain tumours
- You will be covered for 12 months from date of diagnosis, after this you have to wait 6 months to claim again for the same disease

WHAT YOU ARE NOT COVERED FOR: ❌

- Conditions not specified as a dread disease will be covered under the applicable illness cover
- Each dependant on your policy will only be allowed to claim up to 3 times for the same dread disease during the life-time of the policy

DISABILITY

SAY WHAT?

What is a disability?

This refers to an injury or accident that restricts your ability to perform everyday tasks, such as loss of sight, loss of a limb, being paralysed etc.

WHAT YOU ARE COVERED FOR: ✅

- Injuries that result in you not being able to use your limbs or permanent disability that occur within 12 months from an accident
- A list of conditions and their percentage cover can be found on the Oneplan Policy Schedule

WHAT YOU ARE NOT COVERED FOR: ❌

- Multiple cover exceeding 100% of the cover amount for a specific insurable accident event
- Only available for principal insured



MATERNITY COVER

PRE-BIRTH (Covered under Health Annual Limit)

SAY WHAT?

What is pre-birth cover?

These are appointments and medical care that take place before your baby is born.

WHAT YOU ARE COVERED FOR: ✓

- Gynaecologist or midwife visits
- Sonars done in the practitioner's rooms

When cover is seen as health cover and not maternity:

- Consultations without a confirmation of pregnancy
- Consultations after this limit was reached

WHAT YOU ARE NOT COVERED FOR: ✗

- If one of your children fall pregnant (pre-birth only not covered)
- 3D and 4D scans

DELIVERY

WHAT YOU ARE COVERED FOR: ✓

- Home and or midwife deliveries, water birth
- Emergency or clinically indicated caesarean section
- Mother and newborn(s) covered under the same cover (one limit)

WHAT YOU ARE NOT COVERED FOR: ✗

What you are NOT covered for as a MOTHER:

- Complications of birth that occurred within waiting period
- More than 1 delivery for child dependants
- Sterilisation
- Dietician consultations

What your NEWBORN is NOT covered for:

- 3rd generation babies (the child of your child)
- Babies not registered within 30 days with Oneplan
- Complications with birth that occurred within waiting period



WAITING PERIODS & EXCESS

SAY WHAT?

What is waiting periods?

Waiting period is a period of time that starts as soon as you take out your policy and is the amount of days that has to pass before you can claim.

Excess is the amount you will have to pay in for a claim.

Exclusions are any conditions or illnesses that you cannot claim for during a specific period of time.

HEALTH COVER

1. Doctor visits - 30 days
2. Medication - 30 days
3. Radiology (X-rays) - 30 days
4. Pathology (blood tests) - 30 days
5. Dentist visits - 3 months
6. Optometry (Eye doctor) - 12 months

HOSPITAL COVER

1. Casualty Illness

Waiting period - 90 days (12 months for pre-existing conditions (existed before policy began) or within first 3 months and specific conditions detailed in your policy schedule)

Excess (the amount you have to pay) - First 3 months: 15% of sum insured or total claim amount, After 3 months: Amount specified on Policy Schedule (minimum excess R200)

2. Casualty Accident

Waiting period - 12 months for contact sport injuries, No waiting period for other injuries

Excess (the amount you have to pay) - First 3 months: 15% of sum insured or total claim amount, After 3 months: Amount specified on Policy Schedule (minimum excess R200)

3. Illness (condition that started after your cover began)

Waiting period - 90 days (12 months for pre-existing conditions and excluded conditions listed in your Oneplan Policy Schedule)

The difference between a waiting period and 12 month exclusions:

It is important to know the difference between these two. A general waiting period is the period of time that has to pass before you can claim.

12 month exclusions are any conditions or illnesses that you cannot claim for during this 12 month period.

Excess (the amount you have to pay) - Month 4 - 6: 15% of sum insured or total claim amount, After 6 months: 5% of sum insured or total claim amount.

4. **Accident**

Waiting period - 12 months for contact sport injuries, No waiting period for other injuries

Excess (the amount you have to pay) - The amount specified on the schedule, 15% of the claim amount for contact sport injuries (minimum excess R600)

5. **Dread disease**

Waiting period - 6 months for newly diagnosed conditions and 12 months for pre-existing conditions

6. **Disability**

Waiting period - None

MATERNITY COVER

1. Pre-birth (all your appointments leading up to giving birth) - 7 months from the start of your policy and your cover is only active from week 16 of your pregnancy
2. Delivery - 12 months

This bit's important for maternity:

Require authorisation for pre-birth and delivery - You will need a confirmation letter from us so that you can book a bed for delivery. This will be given to you 2 weeks before you give birth or once your payment for that month has been received.



WHAT DOCTORS ARE COVERED?

WHAT DOCTORS ARE COVERED? ✓	WHAT DOCTORS ARE NOT COVERED? ✗
<p>General practitioners</p> <ul style="list-style-type: none"> • Family doctor • Casualty doctor <p>Specialists</p> <ul style="list-style-type: none"> • Anaesthetist • Cardiologist • Cardiovascular Surgeon • Dermatologist • Endocrinologist • ENT Specialist • Foetal specialist • Gastroenterologist • General surgeon • Gynaecologist • Nephrologist • Nephrologist • Neurosurgeon • Oncologist • Orthopaedic Surgeon • Paediatrician • Physician • Pulmonologist • Rheumatologist • Thoracic surgeon • Urologist 	<ul style="list-style-type: none"> • Acupuncturist • Audiologist and Acoustician • Biokineticist • Chiropractor • Clinical / Medical Technologist • Clinical Neurophysiologist • Counsellor • Dietician • Herbalists, Homeopaths • Naturopath • Occupational Therapist • Orthodontist • Osteopath • Physiologist • Physiotherapist • Podiatrist • Professional Nurses • Social Worker • Speech Therapist • Traditional Healer • Professional Nurses <p>Specialists</p> <ul style="list-style-type: none"> • Maxillofacial Specialist • Plastic Surgeon • Psychiatrist