



CELLMED HEALTH

MEDICAL FUND

CELLMED HEALTH ABRIDGED FUND RULES

1. CellMed Health Medical Fund (CellMed) subscriptions are to be paid in advance that is before the first day of every month. Failure to do so will result in suspension of your account. If payment has not been made within 30 days after the suspension, the account will be terminated, and the member will be liable for all claims accrued during the period.
2. A member's membership card shall be printed upon submission of proof of identification and serving the minimum waiting periods. Proofs of identification in the form of National Identity card, Passport, Driver's License or Birth Certificate are required for membership processing and card issuance.
3. A new born baby's membership card shall be printed upon receipt of the child's Birth Certificate.
4. The CellMed Membership card remains the property of CellMed and should be returned upon resignation or termination of membership.
5. CellMed uses an Electronic Data Interchange system for claims submission by service providers and the system requires Biometric Membership Verification. Please ensure your fingerprints have been enrolled at CellMed offices or your nearest service provider and always take your medical aid and identification card when visiting a service provider.
6. If one loses a membership card, they will be required to pay a card replacement fee of ZWL600.00 through our various payment options.
7. Members are allowed to either downgrade or upgrade from their current schemes, however, there is a 6 months waiting period on an upgrade, during the period, one remains covered under the lower package one is transferring from while paying contributions of the higher scheme.
8. A member is not allowed to downgrade from the approved higher package than the one applied for.
9. Migration of membership from a lower plan to a higher plan will attract 6 months waiting period. Waiting periods will only be waived for Corporate members when migration is as a result of a promotion.
10. For individual members on the Conventional Plan, the minimum applicable plan is the Superior Plan. If transferring from a corporate to an individual account and one was registered on either Essential or Vital Plan, one can continue the current plan on individual rates or upgrade to any of the higher applicable plans. For those registered on a customised plan one will upgrade to the next plan on the standard plans' bouquet.

11. Member dependents cannot be on plans higher than the Principal member.
12. A dependent above 18 years will enjoy the child or student rates until 23 years of age if they are attending full time education and proof in the form of latest school fees receipt must be submitted to the Fund for this condition to be applied. If there is no proof, an adult rate will apply.
13. Newly born babies should be registered within 24hrs of birth or latest within 30 days. The registration will be effective from the first day of the month of birth and a full subscription for that month is payable so that the newly born has their own benefits. However, in circumstances;
 - i. where the biological mother is the principal member, the child will be subjected to the same waiting periods as the mother.
 - ii. where the principal member who in this case is the father, has no waiting periods and registers a newly born baby and the biological mother is still on waiting periods, the child will be subjected to the same waiting periods as the mother.
 - iii. where the principal member who in this case is the father, has no waiting periods and registers a newly born baby and the biological mother is not on medical aid, the child will be subjected to full waiting periods.
 - iv. where a newly born baby is registered by a guardian and the biological mother is not on medical aid, in this case the child is treated as a new beneficiary and attracts full waiting periods.
 - v. In all scenarios above, if a baby is registered later than the stipulated period, the full waiting periods shall apply.
14. All new individual and SME membership applications and dependent additions attract the full waiting periods applicable to the Plan. For new corporate applications there is a waiver of some or all the waiting periods whichever is applicable based on the size of the account.
15. New employees from an existing corporate account are exempted from the first 12 months waiting periods where the application of an existing employee will undergo the waiting periods as stipulated on rule number 14 above.
16. No child below the age of 18 years shall be registered as a principal member on the Fund. Exceptions will only be allowed for corporate accounts which stipulate the number of beneficiaries on the main account.
17. CellMed benefits are prorated according to the benefit year which runs from the 1st of January to the 31st of December.
18. CellMed will not pay for a service rendered outside a member's benefit.
19. Please notify CellMed of any changes to your contact or banking details.

20. Members are requested to send termination notice within a period of 1 month. No refund is allowable should one decide to terminate or cancel membership during the course of the month.
21. All terminations are to be advised before the last day of the month, otherwise the full subscription remains due and payable.
22. CellMed reserves the right to review member subscriptions depending on performance and members are given a 1-month notice for subscriptions or terms of cover revision.
23. CellMed retains the right to underwrite before member admission and invoke additional waiting periods outside those stated on our collateral.
24. CellMed reserves the right to load for chronic conditions at the time of membership application underwriting.
25. CellMed reserves the right to decline an application at the time of application underwriting.
26. CellMed reserves the right not to disclose the reason why an application is declined.
27. All claim forms should be correctly completed and signed for on the date of treatment, claim forms which are signed before the treatment date will be rejected. Claims submitted by a relative or practitioner with the same surname with the patient will be dishonored or rejected.
28. Performance reviews will be done periodically and accounts with adverse claims performance will have subscriptions reviewed upwards.
29. CellMed has introduced standard drug prices and members might encounter shortfalls when purchasing drugs at some pharmacies.
30. Specialist services are only paid for upon referral from a Hospital Doctor or General Practitioner with the exception of Gynaecologists and Paediatricians.
31. CellMed does not cover for any cosmetic treatment of any nature.
32. Foreign treatment is only applicable on specific Plans and requires pre-authorisation.
33. CellMed does NOT cover Over-the-Counter drugs unless through special arrangements and payments for these are not refundable.
34. All claims should be submitted to CellMed Health Medical Fund within three (3) months from date of treatment and for cash claims an original cash receipt and drug prescription should be attached to the claim form for reimbursement.
35. All claims payments are reimbursed through the bank. CellMed does not make cash payouts.
36. You can download the CellMed HealthMate mobile app from the Google PlayStore or AppStore and stay connected to CellMed anytime, anywhere.
37. The CellMed 24-hour emergency authorisation contact numbers are +263 86 77 200 200 or Econet Tollfree 08080015 or 08080221.

NB: An unabridged version of the rules is available on request.