



AMETHYST+ Health Plan

This cover is a local-only comprehensive health insurance plan. The cover provides protection to members for expenses related to health events, within the terms of the benefit limits provided.

This document is not a contract and does not include full details about your cover. Please refer to the Benefits Schedule for full cover limits.
If you are unclear about anything, please contact your HR representative or your SES Account Manager.

SES is a registered Health and Life Insurer in Zambia with the Pensions and Insurance Authority of Zambia: Registration Number 1072.

Cnr Kafue Road and Mahogany Road, Lilayi, Lusaka, Zambia.

Unisure Limited is registered with the Financial Conduct Authority in the UK: Registration Number 719400.

40 Gracechurch Street, London, England, EC3V 0BT, United Kingdom.



IMPORTANT CONTACT DETAILS

WhatsApp (Pre-Auth only) +260 969 416 388
Claims payandclaim@ses-unisure.com

International (Emergencies Only) +27 87 238 2600
Authorisations authorisations@ses-unisure.com

Contact number +260 962 740 300
Assistance assist@ses-unisure.com

AMETHYST+ Benefits - Key Facts Sheet

Key Benefits	Benefit Amount	Terms and Conditions
Overall Limit	USD 150,000	Overall limit of medical cover, per health event.
Area of Cover	In-patient and Out-patient in the country of residence only	Cover only applies in Zambia. Evacuation only applies to acute life and limb-threatening health events, and is to the nearest and most appropriate centre of medical excellence.
In-patient (Emergency only)	Paid in full up to USD 150,000 limit	Elective hospitalisation requires pre-authorization from SES.
Major Medical	USD 50,000 limit	Covers kidney failure and treatment and cancer diagnosis and treatment only.
Out-patient	Cumulative benefits of USD 6,100 (sub-limits apply)	All outpatient costs are covered up to the benefit limits provided. Pre-authorization is required from SES to access these benefits.
Maternity	Cumulative benefits of USD 9,800 (sub-limits apply)	Delivery benefit refers to normal birth, planned and emergency caesarians. If the overall limit is exceeded, the member will be required to pay the difference. Pre-authorization is required.
Optical	Annual limit is USD 150	Frames can only be claimed on once every two (2) years, otherwise, the member has access to other optometrist services every year up to the limit, including lenses and eye checks annually. If the overall limit is exceeded, the member will be required to pay the difference. Pre-authorization is required.
Dental	Annual limit is USD 200	All dental costs are covered up to the benefit limit provided. Pre-authorization is required.
Wellness	There are no Wellness benefits on the Amethyst+ cover	

What are some of the important Terms and Conditions?		
Group Members (10 or more members)		Corporate Members (10 or more employees)
Cover is subject to a completed application form.		Cover is subject to a completed application form.
A 10- month moratorium on maternity benefits applies for new customers.		Maternity benefits will only be covered as a continuation from a previous policy, unless otherwise stated in the insurance contract.
The policy will not accept new members over the age of 69. Applicants over the age of 60 will need to complete an on-boarding medical.		The policy will not accept new members over the age of 69. Applicants over the age of 60 will need to complete an on-boarding medical.
Dependents defined as immediate blood relatives (son or daughter, aged between 0-17).		Dependents defined as immediate blood relatives (son or daughter, aged between 0-17). Adult Dependents defined as immediate blood relatives (son or daughter, father or mother, aged between 18-69).
All new joiners will have pro-rated benefits in line with the end-date of the Principal Member's policy.		All new joiners will have pro-rated benefits in line with the end-date of the Principal Member's policy.
Pre-existing chronic conditions are subject to a policy exclusion, based on medical underwriting.		Pre-existing chronic conditions may be covered, however, all members must be underwritten.
Policy upgrades and downgrades are only accepted at annual renewal.		Policy upgrades and downgrades are only accepted at annual renewal.

How do I access my medical benefits?

SES has a 24/7 call centre which can be reached via phone, WhatsApp or email.
The important contact details have been shared above. Please take note of these.

All benefits require pre-authorization.

In the case of an emergency, you may proceed to the nearest facility to assist you and your loved ones, but you are encouraged to contact SES as soon as possible so that we may take over the management and payments for the case at hand.

When might this policy not cover me (exclusions)?

This policy does not cover chronic conditions if they are not declared in the application form before enrolment, such as HIV/AIDS, diabetes, or high blood pressure, for example, subject to underwriting for retail and group members.
This policy does not cover medical expenses outside of Zambia.
This policy will not extend cover if benefit limits have been exceeded.
If pre-authorization was not obtained prior to seeking medical assistance, claims may be rejected.

Who do I contact if I have a claim to make on my policy?

You may call the call centre and ask to be transferred to the Claims Department. Alternatively, you may complete a claim form and contact us on payandclaim@ses-unisure.com.
Claims must be submitted within 90 days. Claims submitted after the 90-day threshold will not be processed.

How can I make a complaint?

You may email us on our compliments and complaints address: cc@ses-unisure.com.
If you are not satisfied with the level of response received, you may contact our regulator, the Pensions and Insurance Authority on pia@pia.org.zm.

Member/
Administrator Name

Signature:

Date: