



GOLD Health Plan

This cover is an international-only basic 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 provides a summary of your health cover and is not a legal contract. For complete information about your benefits, coverage limits, and any exclusions, please refer to your Benefit Schedule and the full Terms and Conditions.

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 2023/LT/02
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

Key Benefits	Benefit Amount	Terms and Conditions
Overall Limit	USD 500,000	Overall limit of medical cover. Limits apply for several benefits.
Area of Cover	International in-patient and out-patient cover	Cover can be accessed worldwide, excluding North, Central and South America and Canada. 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 and Elective)	Paid in full up to USD 500,000 limit	Planned or elective hospitalisation requires pre-authorization from SES. International elective benefits require a USD 175 deductible fee per medical case.
Major Medical	Paid in full up to USD 500,000 limit worldwide. Excess applies	Covers kidney failure and treatment, cancer diagnosis and treatment, and organ transplants.
Out-patient	Paid in full up to USD 500,000 limit worldwide. Excess applies	All outpatient costs are covered up to the benefit limits provided. Pre-authorization is required from SES to access these benefits.
Maternity	There are no Maternity benefits on Gold	
Optical	There are no Optical benefits on Gold	
Dental	Annual limit is USD 500 (International Only)	All dental costs are covered up to the benefit limit provided. Pre-authorization is required. There are no dental benefits claimable in Zambia.
Wellness	Annual limit is USD 1,000 (International Only)	Wellness checks can be claimed once every 2 years outside of Zambia only.

What are some of the important Terms and Conditions?

Retail Members (1-9 members)	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.	Cover is subject to a completed application form.
The policy will not accept new members over the age of 69. Applicants over the age of 60 will need to complete an onboarding medical.	The policy will not accept new members over the age of 69. Applicants over the age of 60 will need to complete an onboarding medical.	The policy will not accept new members over the age of 69. Applicants over the age of 60 will need to complete an onboarding medical.
Each member has the benefit of one (1) international medical evacuation per medical condition per policy year. This benefit applies only to emergencies that meet the clinical criteria outlined in our terms and conditions.	Each member has the benefit of one (1) international medical evacuation per medical condition per policy year. This benefit applies only to emergencies that meet the clinical criteria outlined in our terms and conditions.	Each member has the benefit of one (1) international medical evacuation per medical condition per policy year. This benefit applies only to emergencies that meet the clinical criteria outlined in our terms and conditions.
Dependants are defined as immediate blood relatives (son or daughter, aged between 0-17).	Dependants are defined as immediate blood relatives (son or daughter, aged between 0-17).	Dependants are defined as immediate blood relatives (son or daughter, aged between 0-17). Adult dependants are 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.	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 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.	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 offer airfare benefits for elective treatments outside of the country of residence.
- This policy does not offer any in-country of residence benefits aside from Emergency evacuation.
- This policy does not cover any additional international medical expenses incurred for members with a BMI of 30 and over.
- 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: