

# StratumBenefits<sup>+</sup>



## DAY-TO-DAY BENEFIT OPTION

### PREMIUMS FOR INDIVIDUALS

ENTRY AGE	PRINCIPAL INSURED	SPOUSE	ADULT DEPENDANT	CHILD DEPENDANT
55 or younger	R 349	R 281	R 281	R 107
56 or older	R 530	R 462	--	--

### WHO'S COVERED?

Joining as a family? This health insurance benefit option covers you, your spouse, and any child dependant as long as you're their parent or legal guardian.

If you're **56 or older** and apply for cover on this option, you'll pay a higher premium. If you can prove that you've been on medical aid or primary healthcare insurance cover for **15 or more consecutive years** from the age of **35 onward**, the **55 or younger** premium will apply. Children who are **20 years or younger** pay child dependant premiums.

Children who are **21 years or older** pay adult dependant premiums if they're full-time students, or if they're financially dependent on you and proof is submitted every year.

*What proof can be submitted? Proof from the educational facility, or stamped copies of your child's bank account statements of the past 3 months together with an affidavit.*

### OPEN ENROLMENT, COMMUNITY RATING AND CROSS-SUBSIDISATION

Health insurance policies are subject to open enrolment, community rating and cross-subsidisation. This means that cover is available to everyone, there's no discrimination based on factors like race and gender, and all premiums received are paid into one risk pool from where claims are paid.

**This policy isn't a medical aid plan, doesn't provide similar cover as that of a medical aid, and can't be substituted for a medical aid membership.**



## DAY-TO-DAY BENEFIT OPTION

Through a **national network** of providers who've contracted with **Unity Health**, our health insurance administrator, you have access to more than **3 000 GP's**, **2 700 optometrists** and various pharmacies, pathologists, and radiologists.

Download the **Unity Health** mobile app from **Google Play Store** or the **App Store** to find your nearest provider, or contact us for assistance.

**Unity Health** has contracted with the following pharmacies:



## CONSULTATION COVER

### GP CONSULTATIONS AND MEDICAL PROCEDURES

You can visit **any** network GP **as many times as needed**.

Basic medical and surgical procedures can be performed in the rooms, like stitching of a wound or applying a cast to a broken arm, as long as it's on the **approved list** of tariff codes.

**Pre-authorisation** is required for the **10th** network GP, nurse or virtual GP consultation and for **every consultation thereafter**.

### NURSE CONSULTATIONS

The nurse at your nearest **Alpha Pharm, Clicks, Dis-Chem, Local Choice, Medicare or Pick n Pay** pharmacy clinic can treat minor ailments. In many practices, the nurse can prescribe up to **schedule 2 medication**.

You can see the nurse **as many times as needed**, and prescribed medication has **no rand amount limit** if it's on the **approved formulary**.

**Pre-authorisation** is required for the **10th** nurse, network GP or virtual GP consultation and for **every consultation thereafter**.

### VIRTUAL GP CONSULTATIONS

Virtual GP consultations can be arranged during one of your nurse consultations. The nurse will determine if it's necessary to consult with a GP and help set up a virtual consultation through a video conference link.

You can have **as many** virtual GP consultations **as needed** through approved pharmacy clinics only, namely **Alpha Pharm, Dis-Chem and Medicare**.

**Pre-authorisation** is required for the **10th** virtual GP, nurse or GP consultation and for **every consultation thereafter**.

#### PRE-AUTHORISATION FOR CONSULTATIONS

*Remember... you must get **pre-authorisation** for the **10th** visit with either your network GP, nurse or for a virtual GP consultation, and for every consultation thereafter.*

*Call us on **011 781 4488** for authorisation **before** you see the doctor or nurse.*

### SPECIALIST CONSULTATIONS

When medical treatment provided by your network GP fails and you need to see a specialist, your network GP must **refer** you and you must get **pre-authorisation** before you see the specialist.

You'll be refunded for the cost of a consultation up to **R 1 350 per visit** to a maximum of **R 2 800 per family per year**.

*If the specialist refers you for blood tests or x-rays that are on the list of **approved codes**, it will be covered from the **BLOOD TESTS AND X-RAYS BENEFIT**.*

*The **ACUTE MEDICATION BENEFIT** will cover medication that the specialist prescribes if it's on the **approved formulary**.*

*If it's not on the **formulary**, it will be covered from the **SPECIALIST CONSULTATIONS BENEFIT** up to the available benefit limit.*



## PRE-BIRTH CONSULTATIONS

Hey, soon-to-be-mommy! Visit any gynaecologist of your choice for your check-ups. You'll be refunded for **2 visits** and **2 ultrasound scans** limited to **R 3 425 per family per year**.

Call us on **011 781 4488** for **pre-authorisation** before you see the gynaecologist.

## MEDICINE COVER



## ACUTE MEDICATION

### DISPENSING NETWORK GP

Have a chest infection or flu? Your network GP can provide medication for every-day illnesses and will give you the medication that you need.

Acute medication that you get in the rooms has **no rand amount limit**.

### NON-DISPENSING NETWORK GP

If your network GP doesn't provide medication in the rooms, you'll be given a prescription.

Go to any **Mediscor** pharmacy, like **Alpha Pharm, Clicks, Dis-Chem, Local Choice, Medicare or Pick n Pay** to collect your medication.

Acute medication that your non-dispensing network GP prescribes has **no rand amount limit**.

#### APPROVED MEDICINE FORMULARY

*The medication that your network GP, the nurse or specialist prescribes will be covered if it's on the **approved Mediscor formulary**.*

*A formulary is an **approved list** of medicines that **Unity Health** has agreed to cover in full. Visit **Mediscor's website** at **www.mediscor.co.za** to see which acute medication is covered.*

*Sometimes, non-formulary medication may be prescribed if it's in your best interest. When this happens, and there's no generic equivalent on the formulary, the cost will be for your own pocket.*



## CHRONIC MEDICATION

You're covered for chronic medication that your network GP prescribes from the **Mediscor formulary** for the following chronic conditions or diseases:

- asthma;
- chronic obstructive pulmonary disorder;
- diabetes type 1 & 2;
- epilepsy;
- hyperlipidaemia;
- hypertension;
- HIV/AIDS; and
- tuberculosis.

Your network GP will help to get you registered on the **Chronic Medication Programme** with **Mediscor**. To see which chronic medication is covered, visit **Mediscor's website** at **www.mediscor.co.za**.

Once you're registered to receive chronic medication, delivery of your medication will be arranged with you.

If you prefer, you can collect your chronic medication from any **Mediscor** pharmacy, like **Alpha Pharm, Clicks, Dis-Chem, Local Choice, Medicare or Pick n Pay**.

## BLOODS, X-RAYS, DENTAL AND EYE CARE COVER



### BLOOD TESTS AND X-RAYS

When you need a blood test, like a cholesterol or glucose test, your network GP will refer you to the nearest Ampath, Lancet or PathCare pathology facility.

You'll also be covered for a **Covid-19 PCR screening test** if your network GP refers you, **pre-authorisation** is obtained and if you test **positive** for **Covid-19**. Every new event will require a **referral** and **pre-authorisation**.

Basic black-and-white x-rays, like a chest x-ray, are covered when your network GP refers you to a radiology facility during one of your visits.

There is **no rand amount limit** on blood tests and x-rays, as long as it's on the **approved list** of codes.

*Specialised radiology, like MRI and CT scans, aren't covered.*



### DENTAL CARE

You can go to any dentist for **basic dental treatment**, like extractions and fillings.

For all **dental fillings**, you must get **pre-authorisation**.

When you need **emergency dental treatment**, like draining an abscess or root canal treatment, or when you've lost a tooth because of an accident, you're covered.

Dental procedures are covered according to an **approved list** of codes, limited to **R 1 350 per person per event**.

*If you prefer to use a recommended dentist on the **Unity Health** dentist network, call us on **011 781 4488** and we'll help you find the nearest dentist. No matter which dentist you use, dental procedures will be covered according to an **approved list** of codes and **agreed rates**.*



### EYE CARE

You can visit your nearest **PPN** optometrist for:

- 1 eye test **per person every 2 years**;
- 1 standard frame to the value of **R 254 per person every 2 years**; and
- 1 pair of clear, standard spectacle lenses **per person every 2 years**.

*Eye care benefits are provided through **PPN**, the largest optical network in the country.*

*To find your nearest provider, visit [www.ppn.co.za](http://www.ppn.co.za) or call us on **011 781-4488**.*

*Optional extras, like tinting or scratch resistant coatings, aren't covered.*

## WELLNESS BENEFITS

Alpha Pharm, Clicks, Dis-Chem, Local Choice, Medicare and Pick n Pay pharmacy clinics are approved network providers for your wellness assessment, preventative tests, and vaccinations.



### WELLNESS ASSESSMENT

You're covered for **1 wellness assessment per person per year** for the following **basic health checks**:

- blood pressure;
- body mass index;
- cholesterol;
- glucose levels;
- waist circumference; and
- HIV/AIDS, that includes counselling before and after testing.



### PREVENTATIVE CARE

Take care of yourself with the following vaccinations and preventative tests:

#### VACCINATIONS

- 1 flu vaccination **per person per year** to be administered by the **31st of May**;
- 1 pneumococcal vaccination once **every 5 years** for individuals **60 years or older**, or for individuals with a medically proven compromised immune system. Call us on **011 781 4488** for **pre-authorisation** before you go for this vaccination;
- 1 hepatitis A and B vaccination **once-off per person**; or
- 1 tetanus vaccination **per person** once **every 10 years**.

#### TESTS AND SCREENINGS

- 1 pap smear once **every 3 years** for females aged **21 years or older** (ask your network GP about having this procedure done in the rooms during one of your visits); or
- 1 rapid prostate specific antigen screening once **every 2 years** for males aged **50 years or older**.



### ESSENTIAL ASSISTANCE PROGRAMME (EAP)

Get **unlimited 24/7** telephonic advice and counselling services through **Reality Wellness Group** for:

- financial advice;
- legal advice;
- HIV/AIDS counselling; and
- trauma counselling.

*Good to know: **Skype** counselling sessions can be arranged. Face-to-face counselling isn't covered and will be for your own pocket.*

## LIFESTYLE BENEFITS

Our **Lifestyle Benefits** are complimentary and don't cost you a cent.



### EXTRA HIGH SCHOOL LEARNING SUPPORT

Based on the CAPS curriculum, your **Gr.8 to Gr.12** high school child gets instant access to content that'll help them study, improve their knowledge and boost their marks. Check out our website to see what else this **Lifestyle Benefit** offers.

*Visit our website at [www.stratumbenefits.co.za](http://www.stratumbenefits.co.za) to read more about our **LIFESTYLE BENEFITS** and how to register.*

*These value-add benefits are offered by **Stratum Benefits**. It's not administered by **Unity Health** or underwritten by **Constantia Insurance Company Limited**.*



### FUEL REWARDS

Fill up at any **SHELL** service station and get rewarded with **22 cents** per litre of diesel and **15 cents** per litre of petrol. Subject to change without prior notice.

## WAITING PERIODS

Waiting periods apply from the start date of your policy and from each insured person's cover start date. Waiting periods don't apply to the **Essential Assistance Programme (EAP)**.

### 2 MONTH GENERAL WAITING PERIOD

You don't have cover during this period for the **Day-to-Day**, **Wellness Assessment** and **Preventative Care** Benefits.

### 9 MONTH PRE-BIRTH CONSULTATION WAITING PERIOD

### 12 MONTH CHRONIC MEDICATION WAITING PERIOD

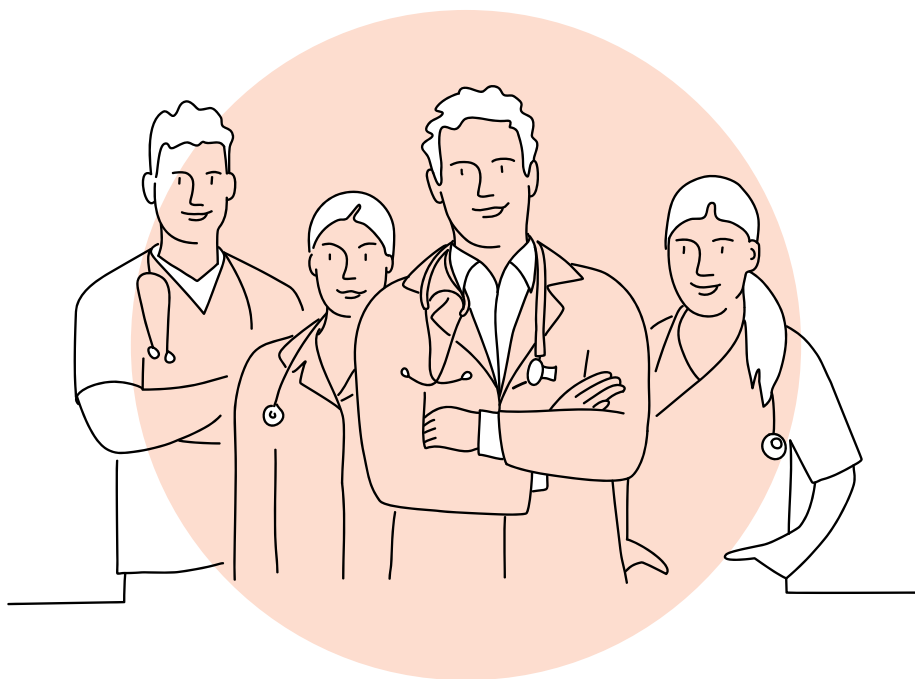
### 12 MONTH EYE CARE WAITING PERIOD

## GENERAL EXCLUSIONS

We don't cover healthcare or service providers' accounts related to any medical procedure, treatment, hospitalisation, illness, disease, loss, damage, death, bodily injury or liability for:

1. events that occurred when you weren't an insured person.
2. events that occur during a policy waiting period unless it's for accidental events or medical emergencies, where applicable.
3. events where your policy's benefit limits have been reached.
4. events where your policy doesn't provide an appropriate benefit to claim from.
5. events where you didn't obtain pre-authorisation, or where an appropriate healthcare provider referral wasn't obtained.
6. events where the healthcare or service providers that you've used don't form part of the provider network, unless your policy has a benefit that covers it.
7. healthcare services, procedures or medication that don't form part of the list of approved tariff codes or formularies, where applicable.
8. out-patient consultations related to allied healthcare providers, like physiotherapists and speech therapists, under the **Specialist Consultations Benefit**.
9. eye care, other than an eye test, a frame or spectacle lenses covered under the **Eye Care Benefit**.
10. costs that, in the opinion of the Underwriting Manager's clinical review team:
  - a. aren't medically necessary or clinically appropriate;
  - b. don't meet the healthcare needs of the insured person; or
  - c. aren't consistent in type, frequency, or duration of treatment.
11. reconstructive cosmetic or maxillo-facial surgery, including related medical conditions or procedures.
12. obesity or its sequel, cosmetic surgery or surgery directly or indirectly caused by, related to, or in consequence of cosmetic surgery.
13. external prosthetic devices or external medical items, like artificial limbs and wheelchairs.
14. artificial insemination, infertility treatment or contraceptives.
15. robotic surgery, specialised mechanical or computerised appliances, or equipment.
16. routine physical, procedures of a purely diagnostic nature or any other examination where there's no objective indication of impairment in normal health, including laboratory diagnostic or x-ray examinations, unless in the course of a medical condition or disability established by prior call or attendance of a medical practitioner.
17. riots, wars, political acts, public disorder, terrorism, civil commotions, labour disturbances, strikes, lock-out, or any attempted such acts.
18. deliberate criminal or fraudulent acts, or any illegal activity conducted by you or a member of your household which directly or indirectly results in loss, damage or injury.
19. attempted suicide, intentional self-injury or deliberate exposure to exceptional danger unless it's in an attempt to save a human life.
20. events where the use of drugs, narcotics or alcohol are involved, including any illness or addiction caused by using such substances.
21. participation in:
  - a. active military, police or police reservist duty;
  - b. aviation, other than as a passenger;
  - c. hazardous, competitive or professional sports or activities; or
  - d. any form of race or speed test, unless it's on foot or involves any non-mechanically propelled vehicle, vessel, craft or aircraft.
22. nuclear weapons material, ionising radiations or contamination by radioactivity from any nuclear fuel, nuclear waste or from the combustion of nuclear fuel that includes any self-sustaining process of nuclear fission.
23. events that occur for which the actual damage is provided for by legislation, including contractual liability and consequential loss.
24. non-disclosure of material information that is likely to affect the assessment or acceptance of risk.
25. dual insurance where cover is provided by more than one health insurance policy through different insurers, or through the same insurer.

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## EMERGENCY & ACCIDENT BENEFIT OPTION

### PREMIUMS FOR INDIVIDUALS

ENTRY AGE	PRINCIPAL INSURED	SPOUSE	ADULT DEPENDANT	CHILD DEPENDANT
60 or younger	R 175	R 95	R 95	R 39
61 or older	R 220	R 140	--	--

### WHO'S COVERED?

Joining as a family? This health insurance benefit option covers you, your spouse, and any child dependant as long as you're their parent or legal guardian.

If you're **61 or older** and apply for cover on this option, you'll pay a higher premium. If you can prove that you've been on medical aid or primary healthcare insurance cover for **15 or more consecutive years** from the age of **35 onward**, the **60 or younger** premium will apply. Children who are **20 years or younger** pay child dependant premiums.

Children who are **21 years or older** pay adult dependant premiums if they're full-time students, or if they're financially dependent on you and proof is submitted every year.

*What proof can be submitted? Proof from the educational facility, or stamped copies of your child's bank account statements of the past 3 months together with an affidavit.*

### OPEN ENROLMENT, COMMUNITY RATING AND CROSS-SUBSIDISATION

Health insurance policies are subject to open enrolment, community rating and cross-subsidisation. This means that cover is available to everyone, there's no discrimination based on factors like race and gender, and all premiums received are paid into one risk pool from where claims are paid.

**This policy isn't a medical aid plan, doesn't provide similar cover as that of a medical aid, and can't be substituted for a medical aid membership.**





## EMERGENCY & ACCIDENT BENEFIT OPTION

Unity Health has contracted with some of the major hospital groups to ensure you get the cover you need when it matters most.



24-Hour emergency services are provided by ER24. In the event of a medical emergency or accident, you can call ER24 directly on 010 205 3044, press the ER24 push-to-call button in the Unity Health mobile app, or contact us on 011 781 4488 for assistance.



### HOSPITAL CARE

Pre-authorisation is required for all HOSPITAL CARE benefits. Call us on 011 781 4488 for authorisation.

### EMERGENCY COVER

**What is a medical emergency?** It's an unexpected event or health condition, like a heart attack or stroke, that can result in serious bodily impairment or death if you don't receive immediate treatment.

If you need immediate medical treatment due to a **medical emergency**, we'll cover the cost to transport you to the nearest private hospital and the cost to be admitted as an **in-patient** for **stabilisation**, limited to **R 26 500 per person per event**. Your medical event must be **pre-authorised** as this will help with a smooth admission into hospital.

*Only stabilisation is covered. Medical procedures that you need after being admitted to hospital, like a heart bypass, aren't covered. If you need further treatment after stabilisation, the cost to transfer you to a public hospital is covered, but any hospital costs thereafter will be for your own pocket.*

### ACCIDENT COVER

**What is an accidental event?** It's an event that requires immediate medical treatment due to physical injury caused by physical impact, like a motor vehicle accident.

If you need immediate medical treatment for physical injuries that you've sustained due to an **accident**, we'll cover the cost to transport you to the nearest private hospital and the admission cost into hospital, limited to **R 1 250 000 per person per event**. Your medical event must be **pre-authorised** as this will help with a smooth admission into hospital.



### CASUALTY ACCIDENT COVER

For less serious accidents that still need immediate medical treatment, like a dog bite or an injury from working with factory machinery, you'll be covered for treatment that you receive at your nearest private hospital's emergency unit, limited to **R 6 850 per person per event**. Your medical event must be **pre-authorised**.



### MRI AND CT SCANS

If you're admitted into hospital for physical injuries that you've sustained due to an **accident**, the cost of an MRI or CT scan will be covered, limited to **R 18 000 per person per year**. You must get **pre-authorisation** before you go for a scan.



### PHYSIO AND OCCUPATIONAL THERAPY

To fully recover after an accident, you may need physical therapy. If you were hospitalised due to an **accident** and need physical therapy after you're discharged from hospital, the physiotherapist's and occupational therapist's fees will be covered limited to **R 3 425 per person per year**. You must get **pre-authorisation** before starting therapy.

*This benefit doesn't apply if you weren't hospitalised due to an accident.*

*You must receive therapy within 3 months from the date you're discharged from hospital.*



### 24-HOUR MEDICAL EMERGENCY SERVICES

ER24's all-day, every-day **national emergency contact centre** will assist with the following medical emergency services:

- ambulance transfers between hospitals;
- emergency transport services by air or road;
- repatriation of a loved one's mortal remains within the borders of South Africa, limited to **R 7 500 per policy per year**; and
- telephonic medical advice.



### PAYOUT BENEFIT

#### ACCIDENTAL DEATH

You and your registered spouse are covered for a benefit amount of **R 25 000 per person** if either one of you passes away due to an accident.

The benefit amounts are payable to your nominated beneficiaries, or to your respective estates if beneficiaries aren't nominated.

Each registered child dependant is covered for a benefit amount of **R 5 000**, but only if death is due to a **motor vehicle accident**.

The benefit amount for a child dependant is payable to the principal insured person on the policy.

#### WELLNESS BENEFIT



### ESSENTIAL ASSISTANCE PROGRAMME (EAP)

Get **unlimited 24/7** telephonic advice and counselling services through **Reality Wellness Group** for:

- financial advice;
- legal advice;
- HIV/AIDS counselling; and
- trauma counselling.

*Good to know: Skype counselling sessions can be arranged. Face-to-face counselling isn't covered and will be for your own pocket.*

## LIFESTYLE BENEFITS

Our **Lifestyle Benefits** are complimentary and don't cost you a cent.



### EXTRA HIGH SCHOOL LEARNING SUPPORT

Based on the CAPS curriculum, your **Gr.8 to Gr.12** high school child gets instant access to content that'll help them study, improve their knowledge and boost their marks. Check out our website to see what else this **Lifestyle Benefit** offers.



### FUEL REWARDS

Fill up at any **SHELL** service station and get rewarded with **22 cents** per litre of diesel and **15 cents** per litre of petrol. Subject to change without prior notice.

Visit our website at [www.stratumbenefits.co.za](http://www.stratumbenefits.co.za) to read more about our **LIFESTYLE BENEFITS** and how to register.

These value-add benefits are offered by **Stratum Benefits**. It's **not** administered by **Unity Health** or underwritten by **Constantia Insurance Company Limited**.

## WAITING PERIODS

Waiting periods don't apply to the **Emergency & Accident Benefit Option**.

## GENERAL EXCLUSIONS

We don't cover healthcare or service providers' accounts related to any medical procedure, treatment, hospitalisation, illness, disease, loss, damage, death, bodily injury or liability for:

1. events that occurred when you weren't an insured person.
2. events that occur during a policy waiting period unless it's for accidental events or medical emergencies, where applicable.
3. events where your policy's benefit limits have been reached.
4. events where your policy doesn't provide an appropriate benefit to claim from.
5. events where you didn't obtain pre-authorisation, or where an appropriate healthcare provider referral wasn't obtained.
6. events where the healthcare or service providers that you've used don't form part of the provider network, unless your policy has a benefit that covers it.
7. in-patient or out-patient hospital or casualty admissions where the medical events weren't due to accidental events or emergencies, where applicable.
8. medical procedures performed as part of in-patient stabilisation, unless it's for the cost of stabilisation required in the event of an emergency where the medical event is the result of a sudden, and at the time unexpected onset of a medical condition that requires immediate medical treatment.
9. MRI or CT scans, unless it's due to accidental events.
10. medical transportation if it's not for emergency purposes.
11. physiotherapy or occupational therapy for physical rehabilitation:
  - a. that's not due to accidental events; or
  - b. that's not provided within 3 months after you've been discharged from hospital.
12. costs incurred for the voluntary stay at a private facility after stabilisation for a medical emergency.
13. costs that, in the opinion of the Underwriting Manager's clinical review team:
  - a. aren't medically necessary or clinically appropriate;
  - b. don't meet the healthcare needs of the insured person; or
  - c. aren't consistent in type, frequency, or duration of treatment.
14. reconstructive cosmetic or maxillo-facial surgery, including related medical conditions or procedures that don't form part of an authorised hospital event due to an accident.
15. obesity or its sequel, cosmetic surgery or surgery directly or indirectly caused by, related to, or in consequence of cosmetic surgery, unless your policy has a benefit that covers it.
16. external prosthetic devices or external medical items, like artificial limbs and wheelchairs.
17. artificial insemination, infertility treatment or contraceptives.
18. robotic surgery, specialised mechanical or computerised appliances, or equipment.
19. routine physical, procedures of a purely diagnostic nature or any other examination where there's no objective indication of impairment in normal health, including laboratory diagnostic or x-ray examinations, unless in the course of a medical condition or disability established by prior call or attendance of a medical practitioner.
20. riots, wars, political acts, public disorder, terrorism, civil commotions, labour disturbances, strikes, lock-out, or any attempted such acts.
21. deliberate criminal or fraudulent acts, or any illegal activity conducted by you or a member of your household which directly or indirectly results in loss, damage or injury.
22. attempted suicide, intentional self-injury or deliberate exposure to exceptional danger unless it's in an attempt to save a human life.
23. events where the use of drugs, narcotics or alcohol are involved, including any illness or addiction caused by using such substances.
24. participation in:
  - a. active military, police or police reservist duty;
  - b. aviation, other than as a passenger;
  - c. hazardous, competitive or professional sports or activities; or
  - d. any form of race or speed test, unless it's on foot or involves any non-mechanically propelled vehicle, vessel, craft or aircraft.
25. nuclear weapons material, ionising radiations or contamination by radioactivity from any nuclear fuel, nuclear waste or from the combustion of nuclear fuel that includes any self-sustaining process of nuclear fission.
26. events that occur for which the actual damage is provided for by legislation, including contractual liability and consequential loss.
27. non-disclosure of material information that is likely to affect the assessment or acceptance of risk.
28. dual insurance where cover is provided by more than one health insurance policy through different insurers, or through the same insurer.