

StratumBenefits⁺



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.

Limited to **1 positive test per person per year**.

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 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 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.