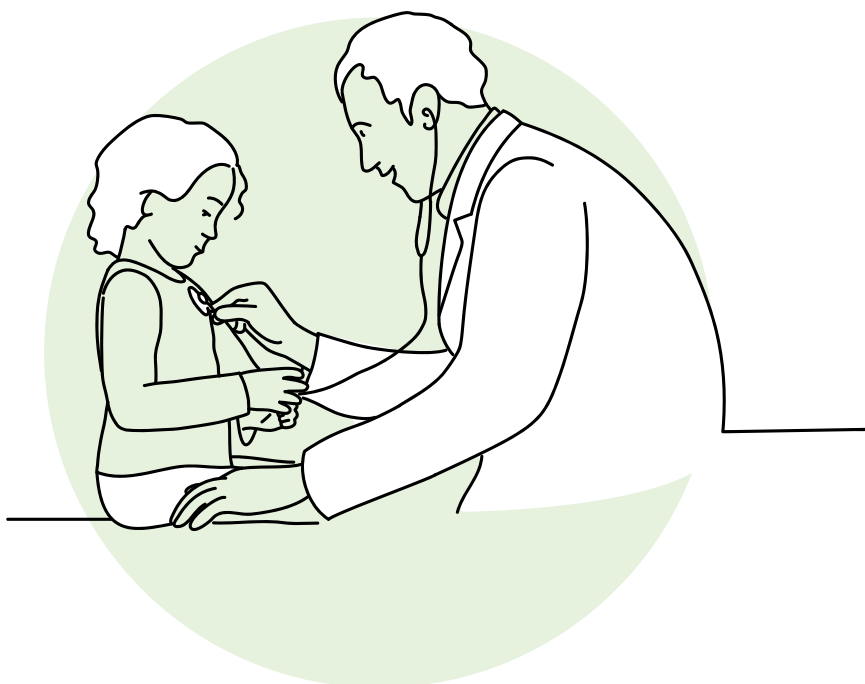


StratumBenefits⁺



DAY-TO-DAY BENEFIT OPTION

PREMIUMS FOR INDIVIDUALS

ENTRY AGE	PRINCIPAL INSURED	SPOUSE	ADULT DEPENDANT	CHILD DEPENDANT
55 or younger	R 380	R 305	R 305	R 118
56 or older	R 575	R 500	--	--

WHO'S COVERED?

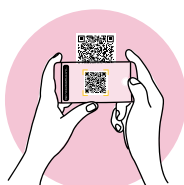
Joining as a family? This health insurance policy covers you, your spouse and any child dependant of whom you are the parent or legal guardian.

If you're **56 years or older** at the time of joining, you'll pay a premium in the **56 or older** category. If you submit proof of **15 credible years** of medical aid membership or primary healthcare insurance cover from **35 years of age**, with no break in cover of **3 or more** months, you'll pay a premium in the **55 or younger** category.

Children **20 years or younger** pay child dependant premiums.

Children between **21 and 25 years of age** pay adult dependant premiums. From **26 years of age**, child dependants must take out their own policy.

Health Insurance is not a medical aid, does not provide similar cover as medical aid and cannot 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 3 745 GPs 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 pharmacy networks:



CONSULTATION COVER

PRE-AUTHORISATION FOR CONSULTATIONS

Pre-authorisation is required for **10 or more consultations per person** subject to the **GP CONSULTATION, OUT-OF-NETWORK GP CONSULTATION, TELEMEDICINE GP CONSULTATION, INTERCARE ONLINE GP CONSULTATION** and **NURSE CONSULTATION BENEFITS**.

This means for the **10th combined consultation** and for every consultation after that with either your network or out-of-network GP, a telemedicine GP consultation at an approved pharmacy clinic, an online Intercare GP consultation or a nurse consultation, you must get pre-authorisation.

GP CONSULTATIONS AND MEDICAL PROCEDURES

You may visit **any** network GP **as many times as needed**. Basic medical and surgical procedures can be performed in the rooms, such as stitching of a wound or applying a cast to a broken arm, as long as it's on the **approved list** of tariff codes.

OUT-OF-NETWORK GP CONSULTATIONS

You may visit **any** GP of your choice. You'll be refunded up to **R 300 per consultation**, limited to **2 consultations per person per year**.

TELEMEDICINE 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 may have **as many** virtual GP consultations **as needed** through an approved pharmacy clinic, namely **Alpha Pharm, Dis-Chem** or **Medicare**.

INTERCARE ONLINE GP CONSULTATIONS

You may have **as many** virtual GP consultations **as needed** with an **Intercare** healthcare provider.

These consultations can be accessed via the **Unity Health online portal** or **Unity Health App**.

Download the **Unity Health** mobile app from **Google Play Store** or the **App Store** to find your nearest provider, or call us on **011 781 4488** for assistance.

NURSE CONSULTATIONS

The nurse at your nearest network pharmacy clinic can treat minor ailments, and in many practices, medication can be prescribed up to **Schedule 2** medication.

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

SPECIALIST CONSULTATIONS

When medical treatment provided by your network GP fails and you need to see a specialist, your network GP must **refer** you. You'll be refunded up to **R 1 420 per consultation**, limited to **R 3 000 per family per year**. Call us on **011 781 4488** for **pre-authorisation** before you see the specialist.

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**.

If it's not on the list of approved codes, it will be covered from the **SPECIALIST CONSULTATION BENEFIT** up to the available benefit limit.

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

If it's not on the approved formulary, it will be covered from the **SPECIALIST CONSULTATION 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 consultations** and **2 ultrasound scans**, limited to **R 3 600 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 give you the medication 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 network pharmacy 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 the specialist prescribes or the medication that may be prescribed during a virtual GP or Intercare virtual GP consultation will be covered if it's on the **approved Mediscor formulary**.

Mediscor is a pharmaceutical benefits management organisation. 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 medicines may be prescribed if it's best for your health. When this happens, and there's no generic equivalent on the **formulary**, the cost will be for your 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 can 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 may collect your chronic medication at any network pharmacy.

BLOODS, X-RAYS, DENTAL AND EYE CARE COVER



BLOOD TESTS AND X-RAYS

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

You're also 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, such as 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, such as MRI and CT scans, aren't covered.



DENTAL CARE

You may go to **any** dentist for **basic treatment**, such as extractions and fillings.

Pre-authorisation is required for dental fillings.

When you need **emergency dental treatment**, such as 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 and **agreed rates** up to **R 1 350 per consultation**, limited to **R 4 000 per family per year**.

*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.*



EYE CARE

Unity Health has an exclusive network arrangement with **Specsavers** and **Execuspecs**.

Visit your nearest network optometrist for:

- 1 eye test **per person every 2 years**;
- 1 standard frame to the value of **R 499 per person every 2 years**; and
- 1 pair of clear, standard spectacle lenses **per person every 2 years**.

*Specsavers and Execuspecs are part of the **Preferred Provider Network (PPN)**, the largest optical network in the country.*

*To find your nearest **Specsavers** or **Execuspecs** optometrist, 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 and **Medicare** 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 BENEFIT

This **Lifestyle Benefit** is a complimentary value-add product.

Visit our website at www.stratumbenefits.co.za for more information about the **LIFESTYLE BENEFIT** and how to register.



EXTRA HIGH SCHOOL LEARNING SUPPORT

Gr.8 to Gr.12 high school learners can access various e-learning solutions through Boston Online Home Education. These solutions offer mind-stimulating offerings such as online CAPS and Cambridge International Curriculum content, educational webinars, career guidance for learners looking to enter the tertiary world, a wide variety of short learning programs and more.

After registering online, a coupon with a unique voucher number will be issued to access the Boston Online Home Education platform.

Your child has access to this platform during their high school years for as long as they remain covered on your policy.

*This value-add benefit is offered by **Stratum Benefits**. It's not administered by **Unity Health** or underwritten by **Bryte Insurance Company Limited**.*

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. more than one general practitioner, nurse or virtual general practitioner consultation on the same day for the same insured person.
7. 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.
8. healthcare services, procedures or medication that don't form part of the list of approved tariff codes or formularies, where applicable.
9. out-patient consultations related to allied healthcare providers, such as physiotherapists and speech therapists, under the **Specialist Consultation Benefit**.
10. eye care, other than an eye test, a frame or spectacle lenses covered under the **Eye Care Benefit**.
11. 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.
12. reconstructive cosmetic or maxillo-facial surgery, including related medical conditions or procedures.
13. obesity or its sequel, cosmetic surgery or surgery directly or indirectly caused by, related to, or in consequence of cosmetic surgery.
14. external prosthetic devices or external medical items, such as artificial limbs and wheelchairs.
15. artificial insemination, infertility treatment or contraceptives.
16. robotic surgery, specialised mechanical or computerised appliances, or equipment.
17. 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.
18. riots, wars, political acts, public disorder, terrorism, civil commotions, labour disturbances, strikes, lock-out, or any attempted such acts.
19. 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.
20. attempted suicide, intentional self-injury or deliberate exposure to exceptional danger unless it's in an attempt to save a human life.
21. events where the use of drugs, narcotics or alcohol are involved, including any illness or addiction caused by using such substances.
22. participation in:
 - a. active military, police or police reservist duty;
 - b. aviation, other than as a passenger;
 - c. any competitive or professional sport or activity; 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.
23. 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.
24. events that occur for which the actual damage is provided for by legislation, including contractual liability and consequential loss.
25. non-disclosure of material information that is likely to affect the assessment or acceptance of risk.
26. dual insurance where cover is provided by more than one health insurance policy through different insurers, or through the same insurer.

This brochure is a summary and does not replace any information provided in your Policy Schedule. If there are any differences, please refer to your Policy Schedule. Terms and conditions apply.