



Stratum Benefits⁺

2020 CORPORATE ESSENTIAL

HEALTH INSURANCE BENEFIT OPTIONS FOR EMPLOYEES



Administered by Unity Health, a division of Ambledown Financial Services (Pty) Ltd, an authorised FSP 10287. In partnership with Stratum Benefits (Pty) Ltd, an authorised FSP 2111, underwritten by Constantia Insurance Company Limited, an authorised FSP 31111. Terms and conditions apply.





APPLY FOR COVER

E-mail your Client Application Form to:
e yourportfolio@stratumbenefits.co.za
 Apply online:
w www.stratumbenefits.co.za

QUERIES AND POLICY CHANGES

For policy amendments and benefit enquiries, email us at:
e yourportfolio@stratumbenefits.co.za

CLAIMS

e claims@unityhealth.co.za
f 011 706 5568

STRATUM BENEFITS (PTY) LTD

REG NO.: 2003/018155/07

HEAD OFFICE

367 Surrey Avenue,
 Block C & D,
 Ferndale,
 Randburg,
 2194
 Suite 386,
 Private Bag X09,
 Weltevredenpark,
 1715
t 086 111 3499 / 011 781 4488
f 086 633 3761
e info@stratumbenefits.co.za
w www.stratumbenefits.co.za

REGIONAL OFFICES

CAPE TOWN
 Corner Lubbe & Langeberg Roads,
 Unit 4, Frazzitta Business Park,
 Durbanville, 7550
t 021 914 6985 **f** 086 459 6033




DURBAN
 2 Hopedene Grove, Main House,
 Morningside, Durban, 4001
t 031 940 1918 **f** 086 541 7036

SATELLITE OFFICE











PORT ELIZABETH
 10 Mendelssohn Avenue, Pari Park,
 Port Elizabeth, 6070
t 041 366 1140 **f** 086 582 8361

STRATUM BENEFITS BUSINESS HOURS










Mon - Thurs 8:00 - 16:30
Fri 8:00 - 16:00
Sat 8:00 - 13:00 **Call Centre**

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CORPORATE ESSENTIAL BENEFIT OPTION OVERVIEW

		DAY-TO-DAY BENEFIT OPTION
DAY-TO-DAY COVER		
	GP CONSULTATIONS AND MEDICAL PROCEDURES	Unlimited consultations at any network GP, subject to pre-authorisation Minor medical and/or surgical procedures in rooms, subject to approved tariff codes
	ACUTE MEDICATION	Unlimited medication for every-day illnesses
DISPENSING NETWORK GP		Formulary medication given in the rooms
NON-DISPENSING NETWORK GP		Formulary medication prescribed and collected at a Mediscor pharmacy, such as Clicks, Dis-Chem or Pick n Pay
	CHRONIC MEDICATION	Unlimited formulary medication Covers 27 chronic conditions and/or diseases
	BLOOD TESTS AND X-RAYS	Unlimited basic blood tests and black and white x-rays Subject to network GP referral and approved tariff codes Blood tests available through Ampath, Lancet and PathCare
	NURSE CONSULTATIONS	Unlimited consultations for minor illnesses at any Clicks, Dis-Chem or Pick n Pay clinic, subject to pre-authorisation Prescribed medication up to Schedule 2
	SPECIALIST CONSULTATIONS	Up to R 1 200 per consultation; R 2 500 per family per year Subject to network GP referral and pre-authorisation
	DENTAL CARE	R 1 200 per person per event Any dentist of choice Subject to approved tariff codes and pre-authorisation
	EYE CARE	1 Eye test per person per year; 1 Standard frame up to R 254 and 1 Pair of clear, standard lenses per person every 2 years available through PPN optometrists
	PRE-BIRTH CONSULTATIONS	2 Maternity check-ups and 2 ultrasound scans per person per pregnancy per year R 3 000 per family per year Any gynaecologist of choice, subject to pre-authorisation
EMERGENCY AND ACCIDENT COVER		
	HOSPITAL CARE	
EMERGENCY COVER		
ACCIDENT COVER		

EMERGENCY & ACCIDENT BENEFIT OPTION	DAY-TO-DAY, EMERGENCY & ACCIDENT BENEFIT OPTION
⊗	
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⊗	2 Maternity check-ups and 2 ultrasound scans per person per pregnancy per year R 3 000 per family per year Any gynaecologist of choice, subject to pre-authorisation
NO OVERALL POLICY LIMIT (OPL)	
Emergency and accident cover at private facilities	Emergency and accident cover at private facilities
Stabilisation following a medical emergency, subject to pre-authorisation R 22 000 per person per event	Stabilisation following a medical emergency, subject to pre-authorisation R 22 000 per person per event
Medical treatment following an accident, subject to pre-authorisation R 1 100 000 per person per event	Medical treatment following an accident, subject to pre-authorisation R 1 100 000 per person per event

		DAY-TO-DAY BENEFIT OPTION
	CASUALTY VISITS	⊗
	MRI AND CT SCANS	⊗
	PHYSICAL REHABILITATION CARE	⊗
	24-HOUR MEDICAL EMERGENCY SERVICES	⊗
	PAYOUT BENEFIT	⊗
ACCIDENTAL DEATH		⊗
WELLNESS BENEFITS		
	EMPLOYEE WELLNESS ASSESSMENT	1 On-site assessment per employee per year during an Employee Wellness Day for health checks such as blood pressure and/or cholesterol Employees who miss the Wellness Day can visit their nearest Clicks, Dis-Chem or Pick n Pay clinic for their assessment
	PREVENTATIVE CARE	Preventative vaccinations and/or tests, such as 1 flu vaccination per person per year; 1 pap smear every 3 years (females 21+); and/or 1 hepatitis A and B vaccination per person once in lifetime at your nearest Clicks, Dis-Chem or Pick n Pay clinic
	ESSENTIAL ASSISTANCE PROGRAMME (EAP)	24/7 Telephonic services for advice and counselling Available through Reality Wellness Group
LIFESTYLE BENEFIT		
	FUEL REWARDS	22 Cents per litre diesel and 15 cents per litre petrol Rebates are subject to change
MONTHLY PREMIUM		The monthly premium that each employee pays as part of the employer

EMERGENCY & ACCIDENT BENEFIT OPTION	DAY-TO-DAY, EMERGENCY & ACCIDENT BENEFIT OPTION
Medical treatment following a minor accident R 6 000 per person per event Subject to pre-authorisation	Medical treatment following a minor accident R 6 000 per person per event Subject to pre-authorisation
Required during hospitalisation for an accident R 16 000 per person per year Subject to pre-authorisation	Required during hospitalisation for an accident R 16 000 per person per year Subject to pre-authorisation
Physical therapy following hospitalisation due to an accident R 3 000 per person per year Subject to treatment received within 3 months from discharge and pre-authorisation	Physical therapy following hospitalisation due to an accident R 3 000 per person per year Subject to treatment received within 3 months from discharge and pre-authorisation
24-Hour national emergency contact centre Includes services such as emergency transport and ambulance services	24-Hour national emergency contact centre Includes services such as emergency transport and ambulance services
⊗	⊗
R 10 000 on the life of the Principal Insured R 10 000 on the life of the Spouse	R 10 000 on the life of the Principal Insured R 10 000 on the life of the Spouse
WELLNESS BENEFITS	
	1 On-site assessment per employee per year during an Employee Wellness Day for health checks such as blood pressure and/or cholesterol Employees who miss the Wellness Day can visit their nearest Clicks, Dis-Chem or Pick n Pay clinic for their assessment
	Preventative vaccinations and/or tests, such as 1 flu vaccination per person per year; 1 pap smear every 3 years (females 21+); and/or 1 hepatitis A and B vaccination per person once in lifetime at your nearest Clicks, Dis-Chem or Pick n Pay clinic
	24/7 Telephonic services for advice and counselling Available through Reality Wellness Group
LIFESTYLE BENEFIT	
	22 Cents per litre diesel and 15 cents per litre petrol Rebates are subject to change
group is determined by a number of factors, such as the number of employees joining and whether cover is compulsory or voluntary for employees.	

CORPORATE ESSENTIAL

WHY CHOOSE CORPORATE ESSENTIAL?

It is our **health insurance** offering that provides **essential healthcare solutions** to employees through their employer.

Employer groups can choose between our **Day-to-Day Benefit Option**, **Emergency and Accident Benefit Option** or our **Day-to-Day, Emergency and Accident Benefit Option**.

Our options complement your medical aid cover, or it can be taken as your primary health cover if you don't have medical aid cover.

When your employer requests a health insurance quote from us, we can add **funeral cover** as an important additional insurance. Ask us about our cover.

Our options are subject to **open enrolment**, **community rating** and **cross-subsidisation**.



WHAT DOES OPEN ENROLMENT, COMMUNITY RATING AND CROSS-SUBSIDISATION MEAN?

Open enrolment means cover is available to everyone. Community rating means we do not discriminate against individuals based on factors such as race and gender. Cross-subsidisation means that all premiums paid by our clients are paid into one risk pool where all claims are paid from.

DAY-TO-DAY BENEFIT OPTION



WHO DO WE COVER?

We cover employer groups where **2 or more** employees join. We cover you, as the employee, as well as your spouse and any child dependant of whom you are the parent or legal guardian, subject to approval from your employer.

MONTHLY PREMIUM

The monthly premium that each employee pays as part of the employer group is determined by a number of factors, such as the number of employees joining and whether cover is compulsory or voluntary for employees.

Children aged **20 years or younger** pay **child dependant premiums**. Children aged **21 years or older** pay **adult dependant premiums** if they are **full-time students** and **proof of financial dependency** is submitted **every year**.

We accept proof from the educational facility or stamped copies of your child's bank account statements of the **past 3 months**.

DAY-TO-DAY COVER

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

Need help in finding your nearest provider?

Visit www.unityhealth.co.za or contact us for assistance.

GP CONSULTATIONS AND MEDICAL PROCEDURES

PRE-AUTHORISATION IS REQUIRED FOR 10 OR MORE COMBINED GP OR NURSE VISITS PER PERSON PER YEAR.

This benefit provides **unlimited** GP consultations at **any** of our **network GP's**.

We cover basic medical and/or surgical procedures that your **network GP** performs in their rooms, such as stitching of a wound, according to a list of approved tariff codes.

ACUTE MEDICATION

DISPENSING NETWORK GP

When you need medication for an every-day illness, such as a chest infection or flu, your **dispensing network GP** can provide medication from a formulary list during one of your visits.

There is **no benefit limit** on acute medication that you receive in the rooms.

NON-DISPENSING NETWORK GP

When your **network GP** does not dispense medication from the rooms, you will be given a prescription for medication prescribed from a formulary list. You can collect your medication from any **Mediscor** pharmacy, such as **Clicks**, **Dis-Chem** or **Pick n Pay**.

There is **no benefit limit** on acute medication that is prescribed by your **non-dispensing network GP**.

CHRONIC MEDICATION 

We cover **chronic medication** that your **network GP** prescribes from a formulary for the following **27** chronic conditions and/or diseases:

- Addison's disease;
- bi-polar mood disorder;
- cardiac failure;
- chronic renal disease;
- Crohn's disease;
- diabetes insipidus;
- dysrhythmia;
- epilepsy;
- HIV/AIDS;
- hypertension;
- hypothyroidism;
- Parkinson's disease;
- schizophrenia;
- tuberculosis; and/or
- asthma;
- bronchiectasis;
- cardiomyopathy disease;
- coronary artery disease;
- chronic obstructive pulmonary disorder;
- diabetes mellitus type 1 & 2;
- glaucoma;
- haemophilia;
- hyperlipidaemia;
- multiple sclerosis;
- rheumatoid arthritis;
- systemic lupus erythematosus;
- ulcerative colitis.

BLOOD TESTS AND X-RAYS 

Blood tests, such as a cholesterol or glucose test or x-rays, such as a chest x-ray, are covered when your **network GP** refers you to the nearest **Ampath, Lancet** or **PathCare** pathology facility and/or radiology facility during one of your visits.

Blood tests and x-rays are covered according to a list of approved tariff codes.

NURSE CONSULTATIONS 

PRE-AUTHORISATION IS REQUIRED FOR 10 OR MORE COMBINED NURSE OR GP VISITS PER PERSON PER YEAR.

Visit the on-site nurse at your nearest **Clicks, Dis-Chem** or **Pick n Pay clinic** for **unlimited** consultations for minor illnesses. Your local nurse can prescribe medication for up to **Schedule 2** medication.

SPECIALIST CONSULTATIONS 

PRE-AUTHORISATION IS REQUIRED

Your **network GP** must refer you when you need to see a specialist. We will refund up to **R 1 200 per consultation** to a maximum of **R 2 500 per family per year**.

DENTAL CARE 

PRE-AUTHORISATION IS REQUIRED

Visit **any dentist** of your choice when you need basic dental procedures, such as fillings or extractions, or emergency dental treatment for an abscess or root canal.

We also cover urgent dental treatment when an accident causes you to lose a tooth or multiple teeth or causes damage to your teeth.

All dental procedures are covered according to an approved list of tariff codes, limited to **R 1 200 per person per event**.

Specialised dentistry such as bridgework, crowns, dentures and orthodontic treatment are not covered.

EYE CARE 

Our eye care benefits are provided through **PPN**, the largest optical network in the country. To find your nearest provider, visit www.ppn.co.za.

We cover you for:

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

We do not cover optional extras, such as tinting or scratch resistant coatings.

PRE-BIRTH CONSULTATIONS 

PRE-AUTHORISATION IS REQUIRED

We will refund you, the soon-to-be-mom, for the cost of **2 maternity check-ups** and **2 ultrasound scans per person per pregnancy per year** at any gynaecologist of your choice, limited to **R 3 000 per family per year**.

Ask your **network GP** about having your scans done in the rooms, subject to the benefit limit provided by our **PRE-BIRTH CONSULTATION BENEFIT**.

WELLNESS BENEFITS

EMPLOYEE WELLNESS ASSESSMENT 

As an employee of a registered employer group, you are covered for **1 on-site wellness assessment** when an Employee Wellness Day is scheduled for **15 or more** employees.

The following **health checks** can be done on-site:

BASIC HEALTH CHECKS

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

ADDITIONAL HEALTH CHECKS

- **breast screening** using a **Breastlight™** device available to all female individuals;
- **eye test;**
- **prostate specific antigen screening** for every male aged **50 years or older every 2 years;** and/or
- **tuberculosis rapid test** for all high-risk individuals.

If you are unable to attend the on-site Employee Wellness Day at your company, you can visit your nearest **Clicks, Dis-Chem** or **Pick n Pay clinic** to have the same **basic health checks** and/or **prostate specific antigen screening** done. Your registered dependants can also have the same **basic health checks** and/or **prostate specific antigen screening** done after the **General Waiting Period** applicable to them.

PREVENTATIVE CARE 

Visit your nearest **Clicks, Dis-Chem** or **Pick n Pay clinic** for your preventative tests and/or vaccinations:

- **1 flu vaccination per person per year** to be administered by the **31st of May;**
- **1 pap smear** for every female aged **21 years or older every 3 years.** You can also ask your **network GP** about having this procedure done in the rooms during one of your visits;
- **1 pneumococcal vaccination every 5 years** for individuals **60 years or older** and/or individuals with a medically proven compromised immune system;
- **1 tetanus vaccination per person every 10 years;** and/or
- **1 hepatitis A and B vaccination per person** once during the **lifetime** of the policy.

ESSENTIAL ASSISTANCE PROGRAMME (EAP) 

Our wellness partner, **Reality Wellness Group**, offers **unlimited 24/7** telephonic advice and counselling services for:

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

We do not cover personal face-to-face counselling.

WAITING PERIODS

Waiting periods apply from the start date of the policy and from each insured person's cover start date unless otherwise specified in your **Cover Letter**, which you will receive when your cover is activated.

Waiting periods do not apply to employer groups when **20 or more** employees join on a **compulsory** basis.

The below waiting periods apply when **20 or less** employees join or when cover is **voluntary** for employees to join.

DAY-TO-DAY BENEFIT OPTION

1 MONTH GENERAL WAITING PERIOD

Cover does not apply to our **DAY-TO-DAY, EMPLOYEE WELLNESS ASSESSMENT** and **PREVENTATIVE CARE BENEFITS** during the first month of cover.

9 MONTH PRE-BIRTH CONSULTATION WAITING PERIOD

12 MONTH CHRONIC MEDICATION WAITING PERIOD

12 MONTH EYE CARE WAITING PERIOD

EXCEPTION TO THE RULE

Waiting periods do not apply to our **ESSENTIAL ASSISTANCE PROGRAMME (EAP)**.

* LIFESTYLE BENEFIT

Our **Lifestyle Benefit** is offered at no cost to you.

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**. Rebates are subject to change.

* T'S & C'S, GENERAL AND SPECIFIC BENEFIT EXCLUSIONS

Refer to **pages 16 & 17** to read more about the general exclusions and specific benefit exclusions.

Visit our website at www.stratumbenefits.co.za to read more about the **T's & C's** applicable to our **Lifestyle Benefit** and how to register.

*This **Health Insurance** policy is not a medical aid, does not provide similar cover as that of a medical aid and cannot be substituted for medical aid membership.*

EMERGENCY & ACCIDENT BENEFIT OPTION



WHO DO WE COVER?

We cover employer groups where **2 or more** employees join. We cover you, as the employee, as well as your spouse and any child dependant of whom you are the parent or legal guardian, subject to approval from your employer.

MONTHLY PREMIUM

The monthly premium that each employee pays as part of the employer group is determined by a number of factors, such as the number of employees joining and whether cover is compulsory or voluntary for employees.

Children aged **20 years or younger** pay **child dependant premiums**. Children aged **21 years or older** pay **adult dependant premiums** if they are **full-time students** and **proof of financial dependency** is submitted **every year**.

We accept proof from the educational facility or stamped copies of your child's bank account statements of the **past 3 months**.

EMERGENCY AND ACCIDENT COVER

You are covered for emergencies and accidents at your **nearest private hospital** and the **hospital's casualty facility**.

We do not cover **planned medical procedures**, such as childbirth or having cataracts removed.

OVERALL POLICY LIMIT (OPL)

There is **no Overall Policy Limit (OPL)** on our **Emergency and Accident Benefits** but benefit limits apply as indicated.

HOSPITAL CARE 

EMERGENCY COVER

PRE-AUTHORISATION IS REQUIRED

We will cover the cost to transport you to your nearest **private hospital** and the cost of **stabilisation** in the hospital's emergency unit when you are admitted as an in-patient for a **medical emergency**, limited to **R 22 000 per person per event**.

We do not cover medical procedures that you need after being admitted to hospital for stabilisation, such as a heart bypass. If you need further treatment after stabilisation, we will cover the cost to transfer you to a public hospital and any costs thereafter will be your responsibility.

WE DEFINE MEDICAL EMERGENCIES AS...

unexpected events or health conditions, such as a heart attack or stroke, that can result in serious bodily impairment and/or death if you do not receive immediate treatment.

ACCIDENT COVER

PRE-AUTHORISATION IS REQUIRED

You are covered at the nearest **private hospital** when you need medical treatment for physical injuries caused by **accidental events**, such as injuries from a motor vehicle accident.

We will cover your hospital and all related healthcare providers' accounts during your stay in hospital, limited to **R 1 100 000 per person per event**.

WE DEFINE ACCIDENTAL EVENTS AS...

events where immediate medical treatment is required as a result of a physical injury caused by physical impact, such as a motor vehicle accident.

CASUALTY VISITS 

PRE-AUTHORISATION IS REQUIRED

Medical treatment for a physical injury caused by a minor accidental event is covered at your nearest private hospital's casualty facility, limited to **R 6 000 per person per event**.

MRI AND CT SCANS 

PRE-AUTHORISATION IS REQUIRED

When you are admitted to hospital as a result of an injury caused by an accident, the cost of your MRI or CT scan will be covered limited to **R 16 000 per person per year**.

PHYSICAL REHABILITATION CARE 

PRE-AUTHORISATION IS REQUIRED

We cover the cost of your physiotherapist and/or occupational therapist when you need physical therapy for an injury caused by an accident for which you have been admitted to hospital, limited to **R 3 000 per person per year**.

You must receive therapy and/or treatment within **3 months** from the date that you are discharged from hospital.

24-HOUR MEDICAL EMERGENCY SERVICES 

Our **24-hour national emergency contact centre** can assist with the following services in the event of a medical emergency:

- 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/or
- telephonic medical advice.

PAYOUT BENEFIT 

ACCIDENTAL DEATH

We cover you and/or your registered spouse in the event of your and/or your spouse's death due to an accident, limited to a benefit amount of **R 10 000 per person**, which will be paid out to your nominated beneficiary.

WELLNESS BENEFITS

ESSENTIAL ASSISTANCE PROGRAMME (EAP) 

Our wellness partner, **Reality Wellness Group**, offers **unlimited 24/7** telephonic advice and counselling services for:

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

We do not cover personal face-to-face counselling.

WAITING PERIODS

EMERGENCY AND ACCIDENT BENEFIT OPTION

Waiting periods do not apply to our **EMERGENCY AND ACCIDENT BENEFITS** and **ESSENTIAL ASSISTANCE PROGRAMME (EAP)**.

* LIFESTYLE BENEFIT

Our **Lifestyle Benefit** is offered at no cost to you.

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**. Rebates are subject to change.

* T'S & C'S, GENERAL AND SPECIFIC BENEFIT EXCLUSIONS

Refer to **pages 16 & 17** to read more about the general exclusions and specific benefit exclusions.

Visit our website at www.stratumbenefits.co.za to read more about the T's & C's applicable to our **Lifestyle Benefit** and how to register.

*This **Health Insurance** policy is not a medical aid, does not provide similar cover as that of a medical aid and cannot be substituted for medical aid membership.*

DAY-TO-DAY, EMERGENCY & ACCIDENT BENEFIT OPTION



WHO DO WE COVER?

We cover employer groups where **2 or more** employees join. We cover you, as the employee, as well as your spouse and any child dependant of whom you are the parent or legal guardian, subject to approval from your employer.

MONTHLY PREMIUM

The monthly premium that each employee pays as part of the employer group is determined by a number of factors, such as the number of employees joining and whether cover is compulsory or voluntary for employees.

Children aged **20 years or younger** pay **child dependant premiums**. Children aged **21 years or older** pay **adult dependant premiums** if they are **full-time students** and **proof of financial dependency** is submitted **every year**.

We accept proof from the educational facility or stamped copies of your child's bank account statements of the **past 3 months**.

DAY-TO-DAY COVER

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

Need help in finding your nearest provider?

Visit www.unityhealth.co.za or contact us for assistance.

GP CONSULTATIONS AND MEDICAL PROCEDURES

PRE-AUTHORISATION IS REQUIRED FOR 10 OR MORE COMBINED GP OR NURSE VISITS PER PERSON PER YEAR.

This benefit provides **unlimited** GP consultations at **any** of our **network GP's**.

We cover basic medical and/or surgical procedures that your **network GP** performs in their rooms, such as stitching of a wound, according to a list of approved tariff codes.

ACUTE MEDICATION

DISPENSING NETWORK GP

When you need medication for an every-day illness, such as a chest infection or flu, your **dispensing network GP** can provide medication from a formulary list during one of your visits. There is **no benefit limit** on acute medication that you receive in the rooms.

NON-DISPENSING NETWORK GP

When your **network GP** does not dispense medication from the rooms, you will be given a prescription for medication prescribed from a formulary list. You can collect your medication from any **Mediscor** pharmacy, such as **Clicks**, **Dis-Chem** or **Pick n Pay**.

There is **no benefit limit** on acute medication that is prescribed by your **non-dispensing network GP**.

CHRONIC MEDICATION

We cover **chronic medication** that your **network GP** prescribes from a formulary for the following **27** chronic conditions and/or diseases:

- Addison's disease;
- bi-polar mood disorder;
- cardiac failure;
- chronic renal disease;
- Crohn's disease;
- diabetes insipidus;
- dysrhythmia;
- epilepsy;
- HIV/AIDS;
- hypertension;
- hypothyroidism;
- Parkinson's disease;
- schizophrenia;
- tuberculosis; and/or
- asthma;
- bronchiectasis;
- cardiomyopathy disease;
- coronary artery disease;
- chronic obstructive pulmonary disorder;
- diabetes mellitus type 1 & 2;
- glaucoma;
- haemophilia;
- hyperlipidaemia;
- multiple sclerosis;
- rheumatoid arthritis;
- systemic lupus erythematosus;
- ulcerative colitis.

BLOOD TESTS AND X-RAYS

Blood tests, such as a cholesterol or glucose test or x-rays, such as a chest x-ray, are covered when your **network GP** refers you to the nearest **Ampath**, **Lancet** or **PathCare** pathology facility and/or radiology facility during one of your visits.

Blood tests and x-rays are covered according to a list of approved tariff codes.

NURSE CONSULTATIONS

PRE-AUTHORISATION IS REQUIRED FOR 10 OR MORE COMBINED NURSE OR GP VISITS PER PERSON PER YEAR.

Visit the on-site nurse at your nearest **Clicks**, **Dis-Chem** or **Pick n Pay clinic** for **unlimited** consultations for minor illnesses. Your local nurse can prescribe medication for up to **Schedule 2** medication.

SPECIALIST CONSULTATIONS

PRE-AUTHORISATION IS REQUIRED

Your **network GP** must refer you when you need to see a specialist. We will refund up to **R 1 200 per consultation** to a maximum of **R 2 500 per family per year**.

DENTAL CARE

PRE-AUTHORISATION IS REQUIRED

Visit **any dentist** of your choice when you need basic dental procedures, such as fillings or extractions, or emergency dental treatment for an abscess or root canal.

We also cover urgent dental treatment when an accident causes you to lose a tooth or multiple teeth or causes damage to your teeth. All dental procedures are covered according to an approved list of tariff codes, limited to **R 1 200 per person per event**. Specialised dentistry such as bridgework, crowns, dentures and orthodontic treatment are not covered.

EYE CARE

Our eye care benefits are provided through **PPN**, the largest optical network in the country. To find your nearest provider, visit www.ppn.co.za.

We cover you for:

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

We do not cover optional extras, such as tinting or scratch resistant coatings.

PRE-BIRTH CONSULTATIONS

PRE-AUTHORISATION IS REQUIRED

We will refund you, the soon-to-be-mom, for the cost of **2 maternity check-ups** and **2 ultrasound scans per person per pregnancy per year** at any gynaecologist of your choice, limited to **R 3 000 per family per year**.

Ask your **network GP** about having your scans done in the rooms, subject to the benefit limit provided by our **PRE-BIRTH CONSULTATION BENEFIT**.

EMERGENCY AND ACCIDENT COVER

You are covered for emergencies and accidents at your **nearest private hospital** and the **hospital's casualty facility**.

We do not cover **planned medical procedures**, such as childbirth or having cataracts removed.

OVERALL POLICY LIMIT (OPL)

There is **no Overall Policy Limit (OPL)** on our **Emergency and Accident Benefits** but benefit limits apply as indicated.

HOSPITAL CARE**EMERGENCY COVER****PRE-AUTHORISATION IS REQUIRED**

We will cover the cost to transport you to your nearest **private hospital** and the cost of **stabilisation** in the hospital's emergency unit when you are admitted as an in-patient for a **medical emergency**, limited to **R 22 000 per person per event**.

We do not cover medical procedures that you need after being admitted to hospital for stabilisation, such as a heart bypass. If you need further treatment after stabilisation, we will cover the cost to transfer you to a public hospital and any costs thereafter will be your responsibility.

WE DEFINE MEDICAL EMERGENCIES AS...

unexpected events or health conditions, such as a heart attack or stroke, that can result in serious bodily impairment and/or death if you do not receive immediate treatment.

ACCIDENT COVER**PRE-AUTHORISATION IS REQUIRED**

You are covered at the nearest **private hospital** when you need medical treatment for physical injuries caused by **accidental events**, such as injuries from a motor vehicle accident.

We will cover your hospital and all related healthcare providers' accounts during your stay in hospital, limited to **R 1 100 000 per person per event**.

WE DEFINE ACCIDENTAL EVENTS AS...

events where immediate medical treatment is required as a result of a physical injury caused by physical impact, such as a motor vehicle accident.

CASUALTY VISITS**PRE-AUTHORISATION IS REQUIRED**

Medical treatment for a physical injury caused by a minor accidental event is covered at your nearest private hospital's casualty facility, limited to **R 6 000 per person per event**.

MRI AND CT SCANS**PRE-AUTHORISATION IS REQUIRED**

When you are admitted to hospital as a result of an injury caused by an accident, the cost of your MRI or CT scan will be covered limited to **R 16 000 per person per year**.

PHYSICAL REHABILITATION CARE**PRE-AUTHORISATION IS REQUIRED**

We cover the cost of your physiotherapist and/or occupational therapist when you need physical therapy for an injury caused by an accident for which you have been admitted to hospital, limited to **R 3 000 per person per year**.

You must receive therapy and/or treatment within **3 months** from the date that you are discharged from hospital.

24-HOUR MEDICAL EMERGENCY SERVICES

Our **24-hour national emergency contact centre** can assist with the following services in the event of a medical emergency:

- 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/or
- telephonic medical advice.

PAYOUT BENEFIT**ACCIDENTAL DEATH**

We cover you and/or your registered spouse in the event of your and/or your spouse's death due to an accident, limited to a benefit amount of **R 10 000 per person**, which will be paid out to your nominated beneficiary.

WELLNESS BENEFITS**EMPLOYEE WELLNESS ASSESSMENT**

As an employee of a registered employer group, you are covered for **1 on-site wellness assessment** when an Employee Wellness Day is scheduled for **15 or more** employees.

The following **health checks** can be done on-site:

BASIC HEALTH CHECKS

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

ADDITIONAL HEALTH CHECKS

- **breast screening** using a **Breastlight™** device available to all female individuals;
- **eye test**;
- **prostate specific antigen screening** for every male aged **50 years or older every 2 years**; and/or
- **tuberculosis rapid test** for all high-risk individuals.

If you are unable to attend the on-site Employee Wellness Day at your company, you can visit your nearest **Clicks, Dis-Chem** or **Pick n Pay clinic** to have the same **basic health checks** and/or **prostate specific antigen screening** done. Your registered dependants can also have the same **basic health checks** and/or **prostate specific antigen screening** done after the **General Waiting Period** applicable to them.

PREVENTATIVE CARE

Visit your nearest **Clicks, Dis-Chem** or **Pick n Pay clinic** for your preventative tests and/or vaccinations:

- **1 flu vaccination per person per year** to be administered by the **31st of May**;
- **1 pap smear** for every female aged **21 years or older every 3 years**. You can also ask your **network GP** about having this procedure done in the rooms during one of your visits;
- **1 pneumococcal vaccination every 5 years** for individuals **60 years or older** and/or individuals with a medically proven compromised immune system;
- **1 tetanus vaccination per person every 10 years**; and/or
- **1 hepatitis A and B vaccination per person** once during the **lifetime** of the policy.

ESSENTIAL ASSISTANCE PROGRAMME (EAP)

Our wellness partner, **Reality Wellness Group**, offers **unlimited 24/7** telephonic advice and counselling services for:

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

We do not cover personal face-to-face counselling.

WAITING PERIODS

Waiting periods apply from the start date of the policy and from each insured person's cover start date unless otherwise specified in your **Cover Letter**, which you will receive when your cover is activated.

Waiting periods do not apply to employer groups when **20 or more** employees join on a **compulsory** basis.

The below waiting periods apply when **20 or less** employees join or when cover is **voluntary** for employees to join.

DAY-TO-DAY, EMERGENCY & ACCIDENT BENEFIT OPTION**1 MONTH GENERAL WAITING PERIOD**

Cover does not apply to our **DAY-TO-DAY, EMPLOYEE WELLNESS ASSESSMENT** and **PREVENTATIVE CARE BENEFITS** during the first month of cover.

9 MONTH PRE-BIRTH CONSULTATION WAITING PERIOD**12 MONTH CHRONIC MEDICATION WAITING PERIOD****12 MONTH EYE CARE WAITING PERIOD****EXCEPTION TO THE RULE**

Waiting periods do not apply to our **EMERGENCY AND ACCIDENT BENEFITS** and **ESSENTIAL ASSISTANCE PROGRAMME (EAP)**.

*** LIFESTYLE BENEFIT**

Our **Lifestyle Benefit** is offered at no cost to you.

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**. Rebates are subject to change.

*** T'S & C'S, GENERAL AND SPECIFIC BENEFIT EXCLUSIONS**

Refer to **pages 16 & 17** to read more about the general exclusions and specific benefit exclusions.

Visit our website at www.stratumbenefits.co.za to read more about the **T's & C's** applicable to our **Lifestyle Benefit** and how to register.

This Health Insurance policy is not a medical aid, does not provide similar cover as that of a medical aid and cannot be substituted for medical aid membership.

GENERAL EXCLUSIONS APPLICABLE TO THE DAY-TO-DAY BENEFIT OPTION, EMERGENCY & ACCIDENT BENEFIT OPTION AND DAY-TO-DAY, EMERGENCY & ACCIDENT BENEFIT OPTION

We do not cover healthcare providers' and/or service providers' accounts related to any medical procedure and/or treatment, nor hospitalisation, illness, disease, loss, damage, death, bodily injury and/or liability for:

1. events that you want to claim for, but you were not an insured person at the time of the event.
2. events that occur during your policy's waiting period(s), unless you claim for an accidental event and/or a medical emergency where applicable.
3. events where your policy's benefit limit(s) and/or policy limit(s) have been reached.
4. events where your policy does not provide an appropriate benefit for you to claim from.
5. events where you did not obtain pre-authorisation, or where an appropriate healthcare provider referral was not obtained.
6. events where the healthcare and/or service providers utilised do not form part of the provider network, unless a benefit specifically makes provision for cover.
7. healthcare services, procedures and/or medication that do not form part of our list of approved tariff codes and/or formularies, where applicable.
8. costs that, in the opinion of the Underwriting Manager's clinical review team:
 - a. are not medically necessary and/or are clinically inappropriate;
 - b. do not meet the healthcare needs of the insured person; and/or
 - c. are not consistent in type, frequency and/or duration of treatment.
9. reconstructive cosmetic and/or maxillo-facial surgery, including related medical conditions and/or procedures that do not form part of an authorised hospital event due to an accident.
10. obesity or its sequel, cosmetic surgery and/or surgery directly or indirectly caused by, related to or in consequence of cosmetic surgery, unless a benefit specifically makes provision for cover.
11. external prosthetic devices and/or external medical items, such as artificial limbs and/or wheelchairs.
12. artificial insemination, infertility treatment and/or contraceptives.
13. robotic surgery, specialised mechanical and/or computerised appliances and/or equipment.
14. routine physical, procedure of a purely diagnostic nature and/or any other examination where there are no objective indications of impairment in normal health, including laboratory diagnostic and/or x-ray examinations, except in the course of a medical condition or disability established by prior call or attendance of a medical practitioner.
15. riots, wars, political acts, public disorder, terrorism, civil commotions, labour disturbances, strikes, lock-out, or any attempted such acts.
16. a deliberate criminal and/or fraudulent act, or any illegal activity conducted by you and/or a member of your household which directly or indirectly results in loss, damage and/or injury.
17. attempted suicide, intentional self-injury and/or deliberate exposure to exceptional danger unless in an attempt to save a human life.
18. events where the use of drugs and/or alcohol is involved with an alcohol content exceeding 0.5 milligrams per one hundred millilitres of blood, or the insured person suffering from alcoholism.
19. participation in:
 - a. active military, police and/or police reservist duty;
 - b. aviation, other than as a passenger;
 - c. hazardous, competitive and/or professional sports and/or activities involving an official and/or practice, event, race and/or contest; and/or
 - d. any form of race and/or speed test, except on foot or involving any non-mechanically propelled vehicle, vessel, craft and/or aircraft.

20. nuclear weapons material, ionising radiations and/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.
21. events that occur for which the actual damage is provided for by legislation, including contractual liability and consequential loss.
22. non-disclosure of material information that is likely to affect the assessment or acceptance of risk.
23. dual insurance where cover is provided by more than one health insurance policy through different insurers, or through the same insurer.

SPECIFIC EXCLUSIONS APPLICABLE TO THE DAY-TO-DAY BENEFITS

We do not cover healthcare providers' and/or service providers' accounts related to any medical procedure and/or treatment, nor hospitalisation, illness, disease, loss, damage, death, bodily injury and/or liability for:

1. out-patient consultations with allied healthcare providers, such as physiotherapists and speech therapists under our **SPECIALIST CONSULTATION BENEFIT**.
2. eye care, other than an eye test, a frame and spectacle lenses covered under our **EYE CARE BENEFIT**.

SPECIFIC EXCLUSIONS APPLICABLE TO THE EMERGENCY & ACCIDENT BENEFITS

We do not cover healthcare providers' and/or service providers' accounts related to any medical procedure and/or treatment, nor hospitalisation, illness, disease, loss, damage, death, bodily injury and/or liability for:

1. in-patient and/or out-patient hospital and/or casualty admissions where the medical event was not due to an accidental event or an emergency, where applicable.
2. medical procedures performed as part of in-patient stabilisation, except 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.
3. MRI or CT scans that are not required due to an accidental event.
4. physiotherapy and/or occupational therapy for physical rehabilitation:
 - a. not due to an accidental event; and/or
 - b. not provided within 3 months after discharge from hospital.
5. costs incurred for the voluntary stay at a private facility after stabilisation for a medical emergency.



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