

Stratum Benefits⁺



EMERGENCY & ACCIDENT BENEFIT OPTION

PREMIUMS FOR INDIVIDUALS

ENTRY AGE	PRINCIPAL INSURED	SPOUSE	ADULT DEPENDANT	CHILD DEPENDANT
55 or younger	R 192	R 107	R 107	R 44
56 or older	R 246	R 161	--	--



HOSPITAL CASH PLAN

Add the **HOSPITAL CASH PLAN** for an additional premium *per person per month*. Refer to **Page 3** for premiums and benefits.

WHO'S COVERED?

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**, 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.

EMERGENCY & ACCIDENT BENEFIT OPTION

In the event of an emergency, you may go to any private hospital. We'll cover your medical event, subject to **pre-authorisation**.



24-Hour emergency services are provided by ER24. In the event of a medical emergency or accident, call 0861 366 006 and select **option 1**, press the **ER24 push-to-call button** in the **Unity Health mobile app**, or contact us on 011 781 4488 for help.

PRE-AUTHORISATION

All **HOSPITAL CARE** benefits require pre-authorisation.



HOSPITAL CARE

EMERGENCY COVER

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

If you require immediate treatment due to a **medical emergency**, the cost of transporting you to the nearest private hospital and stabilisation as an **out-patient** in the hospital's emergency unit will be covered.

Limited to **R 30 000 per person per event**.

Your medical event is subject to clinical review and must be **pre-authorised**.

This benefit covers the cost of stabilisation in the hospital's emergency unit, not the cost of admission or surgery.

If you need further medical treatment after being stabilised, the cost to transfer you to a public hospital will be covered, but the hospital admission and any other medical treatment will be for your pocket.

ACCIDENT COVER

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

If you need immediate medical treatment for physical injuries sustained due to an **accident**, the cost of transporting you to the nearest private hospital and the admission will be covered.

Limited to **R 1 500 000 per person per event**.

Your medical event must be **pre-authorised** as this will help with a smooth admission into the hospital.



HOSPITAL CASH PLAN

Add the **HOSPITAL CASH PLAN** for an additional premium per person per month.

Good to know: If you don't apply for this option when you join, you can do so for the new benefit year beginning **1 January 2025**.



CASUALTY ACCIDENT COVER

For less severe accidents that still require immediate medical treatment, for example, a dog bite or falling off a ladder at home, you'll be covered for treatment at your nearest private hospital's emergency unit.

Limited to **R 7 600 per person per event**.

Your medical event must be **pre-authorised**.



MRI AND CT SCANS

The cost of an MRI or CT scan will be covered if you're admitted to the hospital for physical injuries sustained due to an **accident**.

Limited to **R 20 000 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're hospitalised due to an **accident** and need physical therapy after discharge, the physiotherapist and occupational therapist's fees will be covered.

Limited to **R 3 800 per person per year**.

You must get **pre-authorisation** before starting therapy.

This benefit covers therapy received within 3 months after being discharged from the hospital due to an accident.



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 spouse are covered for **R 25 000 per person** if either of you passes away due to an **accident**.

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

Each child dependant is covered for **R 5 000** if death is due to a **motor vehicle accident**. The benefit amount is payable to the principal insured or the principal insured's estate if there's no surviving principal insured.

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.

Virtual counselling sessions can be arranged but face-to-face counselling isn't covered.



HOSPITAL CASH PLAN

The **HOSPITAL CASH PLAN** can only be taken with the **EMERGENCY & ACCIDENT BENEFIT OPTION**. If you don't apply for this option when you join, you can do so for the new benefit year beginning **1 January 2025**.

PREMIUMS FOR INDIVIDUALS

ENTRY AGE	PRINCIPAL INSURED	SPOUSE	ADULT DEPENDANT	CHILD DEPENDANT
55 or younger	R 90	R 90	R 90	R 30
56 or older	R 120	R 120	-	-

WHO'S COVERED?

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**, 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.



DAILY HOSPITAL PAYOUT BENEFIT

A daily cash benefit is payable each day you are hospitalised due to an **accident** if your hospital stay is for at least **2 full days**. You'll receive a payout of **R 2 000 per day**, limited to **R 30 000 per insured person per event**. This benefit is not payable if hospitalisation is due to childbirth. Your medical event must be an authorised event under the **ACCIDENT COVER** offered by your **EMERGENCY & ACCIDENT BENEFIT OPTION**.



CHILDBIRTH PAYOUT BENEFIT

A cash benefit amount is payable if you're hospitalised for childbirth. You'll receive a payout of **R 20 000 per hospital admission** once your newborn child or children reach **14 days of age**. This benefit amount is payable for the admission only, not for each newborn. In the event of childbirth, only the **CHILDBIRTH PAYOUT BENEFIT** is payable. You can't claim the **DAILY HOSPITAL PAYOUT BENEFIT**.



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

WAITING PERIODS

UNDERWRITING APPLICABLE TO FIRST-TIME JOINERS

Waiting periods apply from your and your dependants' cover start dates.

12 MONTH CHILDBIRTH PAYOUT BENEFIT WAITING PERIOD

EXCEPTION TO THE RULE

Waiting periods don't apply to the **EMERGENCY & ACCIDENT BENEFIT OPTION** or **DAILY HOSPITAL PAYOUT BENEFIT**.

GENERAL EXCLUSIONS

The Company isn't liable for bodily injury, disease, hospitalisation, medical treatment, or sickness directly or indirectly caused by, related to or in consequence of:

1. medical events that occurred before your cover start date.
2. medical events during waiting periods, except for accidents and emergencies, where applicable.
3. medical events when benefit limits have been reached.
4. medical events your policy doesn't cover or provide an appropriate benefit to claim from.
5. medical events for which pre-authorisation or a healthcare provider referral hasn't been obtained, where applicable.
6. medical events when using healthcare or service providers not part of the provider network.
7. in- or out-patient hospital and casualty admissions unrelated to an accident or emergency, where applicable.
8. any pre-planned medical procedures, except if your policy offers a benefit.
9. medical procedures performed when stabilised as an in-patient, except stabilisation required in an emergency.
10. MRI or CT scans, except if due to an accident.
11. medical transportation, except for emergencies.
12. physiotherapy and occupational therapy, except if due to an accident, when treatment is provided within 3 months after discharge from the hospital.
13. the voluntary stay at a private hospital facility after stabilisation for a medical emergency.
14. 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.
15. failure to follow medical advice or adherence to prescribed treatment.
16. revision surgeries following surgeries performed as a result of a claimable event.
17. cosmetic surgery or surgery directly or indirectly caused by, related to or in consequence of cosmetic surgery.
18. investigations, treatment, surgery for obesity, or any medical treatment directly or indirectly caused by or related to any condition that is a consequence of a claimable event.
19. external prosthetic devices or medical equipment, such as artificial limbs and wheelchairs.
20. robotic surgery, specialised mechanical or computerised appliances, or equipment.
21. routine physical procedures of a purely diagnostic nature or examinations with no objective indication of impairment in normal health, including laboratory diagnostic or x-ray examinations, except in the course of a medical condition or disability established by a prior call or attendance of a medical practitioner.
22. any claim, cost, damage, expense, liability, or loss which results or arises from or is contributed by any other cause or event that contributes concurrently or in sequence to the loss, damage, expense, liability, or loss where that other cause or event isn't expressly insured, or is expressly excluded under this policy.
23. participation or any act or activity which is calculated or directed to bring about riots, wars, war-like operations (whether war be declared or not), invasions, acts of foreign enemies, hostilities, public disorder, terrorism, civil commotions, civil wars, labour disturbances, strikes, activities of locked-out workers.
24. mutiny, military rising, military or usurped power, martial law or state of siege, or any other event or cause which determines the proclamation or maintenance of martial law or state of siege, insurrection, rebellion or revolution.
25. any act (whether on behalf of an organisation, body, person, or group of persons) calculated or directed to overthrow or influence any state, government, provincial, local, or tribal authority with force or using fear, terrorism, or violence.
26. any act which is calculated or directed to bring about loss or damage to further any political aim, objective or cause, or to bring about any social or economic change, or in protest against any state or government or any provincial, local or tribal authority, or for the purpose of inspiring fear in the public or any section thereof.
27. 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.
28. attempted suicide, suicide, intentional self-injury or deliberate exposure to exceptional danger, except if trying to save a human life.
29. events where the use of drugs, narcotics or alcohol is involved, where the alcohol content in the blood exceeds the legal level permitted by law, including any illness or addiction caused by using such substances.
30. 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.
31. nuclear weapons, nuclear material, ionising radiation, contamination by radioactivity from any nuclear fuel or nuclear waste, or from the combustion of nuclear fuel, including any self-sustaining process of nuclear fission.
32. events that occur for which the actual damage is provided for by legislation, including contractual liability and consequential loss.
33. non-disclosure of material information that is likely to affect the assessment or acceptance of risk.
34. dual insurance where cover is provided by more than one health insurance policy through different insurers, or the same insurer.
35. any activity specifically prohibited by law.
36. the failure of any electricity grid. This is applicable to any loss, damage, cost, expense or liability of whatsoever nature.

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.