



CMAA
 CHARTERED FINANCIAL ANALYSTS
 Dr. Pooja Ekap
 FINANCIAL & HEALTHCARE ADVISOR
 10551 Northpark Drive, Suite 200, Dallas, TX 75243
 P.O. Box 2019, 16200 Dallas, TX 75243
 Tel: 972.988.1888 Fax: 972.988.1889 Email: p.ekap@cmaa.com
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Stratum Benefits⁺

2020 ESSENTIAL PRIMARY PLUS

HEALTH INSURANCE BENEFIT OPTIONS FOR INDIVIDUALS



 **CONSTANCIA**
 Insurance made personal

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 Constancia Insurance Company Limited, an authorised FSP 31111. Terms and conditions apply.

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e health@stratumbenefits.co.za
 Apply online:
w www.stratumbenefits.co.za

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 For policy amendments, benefit enquiries, option changes, adding or removing dependants or debit order changes, email us at:
e yoursupport@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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ESSENTIAL PRIMARY PLUS BENEFIT OPTION & PREMIUM 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 8 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 per year 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 |
| EMERGENCY AND ACCIDENT COVER | | |
|  | HOSPITAL CARE | |
| EMERGENCY COVER | | |
| ACCIDENT COVER | | |

| EMERGENCY & ACCIDENT BENEFIT OPTION | DAY-TO-DAY, EMERGENCY & ACCIDENT BENEFIT OPTION |
|---|---|
| ⊗ | |
| ⊗ | Unlimited consultations at any network GP, subject to pre-authorisation Minor medical and/or surgical procedures in rooms, subject to approved tariff codes |
| ⊗ | Unlimited medication for every-day illnesses |
| ⊗ | Formulary medication given in the rooms |
| ⊗ | Formulary medication prescribed and collected at a Mediscor pharmacy, such as Clicks, Dis-Chem or Pick n Pay |
| ⊗ | Unlimited formulary medication Covers 8 chronic conditions and/or diseases |
| ⊗ | 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 |
| ⊗ | 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 |
| ⊗ | Up to R 1 200 per consultation; R 2 500 per family per year Subject to network GP referral and pre-authorisation |
| ⊗ | R 1 200 per person per event per year Any dentist of choice Subject to approved tariff codes and pre-authorisation |
| ⊗ | 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 |
| ⊗ | 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 |
| 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 | | | | | | |
|  | WELLNESS ASSESSMENT | 1 Assessment per person per year at your nearest Clicks, Dis-Chem or Pick n Pay clinic for health checks such as blood pressure and/or cholesterol | | | | |
|  | 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 PSA screening every 2 years (males 50+) 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 | | | | |
| MONTHLY PREMIUM | | ENTRY AGE | PRINCIPAL INSURED | SPOUSE | ADULT DEPENDANT | CHILD DEPENDANT |
| | | 55 or younger | R 370 | R 245 | R 245 | R 110 |
| | | 56 or older | R 543 | R 418 | -- | -- |

| 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 Assessment per person per year at your nearest Clicks, Dis-Chem or Pick n Pay clinic for health checks such as blood pressure and/or cholesterol | | | | |
| | | | | | Preventative vaccinations and/or tests, such as 1 flu vaccination per person per year; 1 pap smear every 3 years (females 21+); and/or PSA screening every 2 years (males 50+) 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 | | | | | 22 Cents per litre diesel and 15 cents per litre petrol | | | | |
| ENTRY AGE | PRINCIPAL INSURED | SPOUSE | ADULT DEPENDANT | CHILD DEPENDANT | ENTRY AGE | PRINCIPAL INSURED | SPOUSE | ADULT DEPENDANT | CHILD DEPENDANT |
| 60 or younger | R 159 | R 86 | R 86 | R 35 | 55 or younger | R 470 | R 335 | R 335 | R 130 |
| 61 or older | R 200 | R 127 | -- | -- | 56 or older | R 671 | R 536 | -- | -- |

ESSENTIAL PRIMARY PLUS

WHY CHOOSE ESSENTIAL PRIMARY PLUS?

It is our **health insurance** offering that provides **essential healthcare solutions** to individuals and families.

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.

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 only you if you choose to join as an individual.

If you join as a family, we cover you, your spouse and any child dependant of whom you are the parent or legal guardian.

MONTHLY PREMIUM

As an individual **aged 56 or older** you will pay a higher premium from the first day of cover, unless you can submit proof of medical aid or primary healthcare insurance cover for **15 or more consecutive years** from the age of 35 onward.

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**.

| ENTRY AGE | PRINCIPAL INSURED | SPOUSE | ADULT DEPENDANT | CHILD DEPENDANT |
|---------------|-------------------|--------|-----------------|-----------------|
| 55 or younger | R 370 | R 245 | R 245 | R 110 |
| 56 or older | R 543 | R 418 | -- | -- |

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 **8** chronic conditions and/or diseases:

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

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



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

Visit your nearest **Clicks, Dis-Chem or Pick n Pay clinic** for your wellness assessment, preventative vaccination and/or test.

WELLNESS ASSESSMENT



You are covered for **1 wellness assessment per person per year** which includes the following health checks:

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

PREVENTATIVE CARE



The following preventative vaccinations and/or tests are covered:

- **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 prostate specific antigen screening** for every male aged **50 years or older** every **2 years;**
- **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.

DAY-TO-DAY BENEFIT OPTION

2 MONTH GENERAL WAITING PERIOD

Cover does not apply to our **DAY-TO-DAY, WELLNESS ASSESSMENT** and **PREVENTATIVE CARE BENEFITS** during the first **2 months** 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**.



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

Visit our website at www.stratumbenefits.co.za to view our policy and benefit exclusions and 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 only you if you choose to join as an individual. If you join as a family, we cover you, your spouse and any child dependant of whom you are the parent or legal guardian.



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.

MONTHLY PREMIUM

As an individual **aged 61 or older** you will pay a higher premium from the first day of cover, unless you can submit proof of medical aid or primary healthcare insurance cover for **15 or more consecutive years** from the **age of 35** onward.

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**.

| ENTRY AGE | PRINCIPAL INSURED | SPOUSE | ADULT DEPENDANT | CHILD DEPENDANT |
|---------------|-------------------|--------|-----------------|-----------------|
| 60 or younger | R 159 | R 86 | R 86 | R 35 |
| 61 or older | R 200 | R 127 | -- | -- |

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. You must receive therapy and/or treatment within **3 months** from the date that you are discharged from hospital, limited to **R 3 000 per person per year**.

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;
- escorted return of your child dependant, **aged 17 or younger**, to a place of safety if they were present at the time of a medical emergency, limited to **1 event per policy per year**;
- repatriation of a loved one's mortal remains within the borders of South Africa, limited to **R 7 500 per policy per year**;
- transport for a loved one to visit you in hospital if you are hospitalised outside of your residential city or town, limited to **1 event 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 BENEFIT

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**.



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

Visit our website at www.stratumbenefits.co.za to view our policy and benefit exclusions and read more about the **T's & C's** applicable 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 only you if you choose to join as an individual. If you join as a family, we cover you, your spouse and any child dependant of whom you are the parent or legal guardian.

MONTHLY PREMIUM

As an individual **aged 56 or older** you will pay a higher premium from the first day of cover, unless you can submit proof of medical aid or primary healthcare insurance cover for **15 or more consecutive** years from the age of 35 onward.

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**.

| ENTRY AGE | PRINCIPAL INSURED | SPOUSE | ADULT DEPENDANT | CHILD DEPENDANT |
|---------------|-------------------|--------|-----------------|-----------------|
| 55 or younger | R 470 | R 335 | R 335 | R 130 |
| 56 or older | R 671 | R 536 | -- | -- |

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 **8 chronic conditions** and/or diseases:

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

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

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**.

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.

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.

You must receive therapy and/or treatment within **3 months** from the date that you are discharged from hospital, limited to **R 3 000 per person per year**.

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;
- escorted return of your child dependant, **aged 17 or younger**, to a place of safety if they were present at the time of a medical emergency, limited to **1 event per policy per year**;
- repatriation of a loved one's mortal remains within the borders of South Africa, limited to **R 7 500 per policy per year**;
- transport for a loved one to visit you in hospital if you are hospitalised outside of your residential city or town, limited to **1 event 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

Visit your nearest **Clicks, Dis-Chem or Pick n Pay clinic** for your wellness assessment, preventative vaccination and/or test.

WELLNESS ASSESSMENT



You are covered for **1 wellness assessment per person per year** which includes the following health checks:

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

PREVENTATIVE CARE



The following preventative vaccinations and/or tests are covered:

- **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 prostate specific antigen screening** for every male aged **50 years or older** every **2 years**;
- **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;
- HIV/AIDS counselling; and/or
- legal advice;
- 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.

DAY-TO-DAY, EMERGENCY & ACCIDENT BENEFIT OPTION 2 MONTH GENERAL WAITING PERIOD

Cover does not apply to our **DAY-TO-DAY, WELLNESS ASSESSMENT** and **PREVENTATIVE CARE BENEFITS** during the first **2 months** 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**.



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

Visit our website at www.stratumbenefits.co.za to view our policy and benefit exclusions and read more about the **T's & C's** applicable 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.*