HOME

Stratum Benefits

2026

ESSENTIAL PRIMARY PLUS

DAY-TO-DAY BENEFIT OPTION

EMERGENCY & ACCIDENT BENEFIT OPTION

Contents

APPLY FOR HEALTH INSURANCE

Chat with your financial advisor.
Apply online or download the application form: www.stratumbenefits.co.za/get-cover/
Send your completed form to your financial advisor or to us at: yourapplication@stratumbenefits.co.za

QUERIES AND POLICY CHANGES

Chat with your financial advisor to change your option or update dependants.
For general updates, like debit order details or benefit queries, email us at: yoursupport@stratumbenefits.co.za

HEALTH INSURANCE CLAIMS

Submit or follow up on a claim: health@stratumbenefits.co.za

QUICK REPLIES

For an **online chat**, click the orange chat icon on our website.
For **WhatsApp**, save our number, 010 448 0861, or scan the **QR code** to start a conversation.

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BUSINESS HOURS

Mon - Thurs 8:00 - 16:30 / Fri 8:00 - 16:00 / Sat 8:00 - 13:00 Unity Health Call Centre

HOME

What is Health Insurance?

Health Insurance isn't a medical aid. It's a primary healthcare solution that offers a more affordable alternative to traditional medical aid.

While it's not a medical aid, it's designed to be a practical, budget-friendly way to manage everyday healthcare needs, from GP visits to routine care, while also giving you cover for emergencies and accidents.

Stratum Benefits offers **Health Insurance** from **Unity Health**, a division of **Ambledown Financial Services**. These products are underwritten by **Bryte Insurance Company Limited**, a licensed insurer and authorised Financial Services provider.

Since 2013, **Unity Health** has been committed to one clear mission – making quality healthcare insurance accessible and affordable for everyone.

Choose the cover that suits your needs

Select the DAY-TO-DAY BENEFIT OPTION, which gives you access to essential healthcare services such as GP consultations, prescribed medication, radiology, pathology, dental and eye care, as well as gynaecologist visits.

The EMERGENCY & ACCIDENT BENEFIT OPTION provides cover in the event of a medical emergency or accident at your nearest private hospital and the hospital's casualty facility.

Looking for comprehensive cover? Combine both benefit options for all-round peace of mind.

Whether you're looking to supplement your existing medical aid or need an affordable standalone solution, we have an option that fits your needs.

DAY-TO-DAY BENEFIT OPTION

EMERGENCY & ACCIDENT BENEFIT OPTION

Unity Health's network providers

With a national network of providers, getting the care you need is simple. You'll have access to over 4 300 GPs, plus a wide range of optometrists, pharmacies, pathology labs, and radiology providers.

PARTNERS IN MEDICINE

Alpha Pharm · Dis-Chem · Clicks · the local choice

MEDICINE MANAGEMENT

mediscor pbm

PARTNERS IN TELEMEDICINE

AlphaDoc · healthforce · Intercare · udok

PARTNERS IN OPTOMETRY

Execuspec · Specsavers

PARTNER IN WELLNESS

reality

HOSPITALS WITH UNITY HEALTH TARIFF AGREEMENTS

Clinix · Life Healthcare · Mediclinic · National Hospital Network · Netcare

DAY-TO-DAY BENEFIT OPTION

Looking after your everyday health shouldn't be a hassle, and with this benefit option, it isn't. You'll have straightforward access to the essential healthcare services you need to stay well, detect potential issues early, and treat minor illnesses before they become more serious.

Whether you prefer seeing a doctor in person or connecting virtually, you're covered for consultations with network and non-network GPs.

Many **network GPs** can also perform minor procedures in their rooms, such as stitches or draining an abscess, so you can get quick and effective treatment on the spot.

Your cover also includes nurse consultations, prescribed medication, basic x-rays, blood tests, dental care, eye care, and gynaecologist visits. If your network GP believes you need more specialised care, they'll refer you to the appropriate specialist.

Preventative care is also part of the benefit offering, with benefits like vaccinations, annual wellness checks, and screenings designed to help you stay ahead of potential health problems.

For added support, you have access to telephonic and virtual counselling for financial, legal, HIV, and trauma matters.

Who's covered?

This **Health Insurance** policy covers you, your spouse, and any child dependants if you're their parent or legal guardian.

Child dependant premiums apply to children **20** or **younger**, and adult dependant premiums to children **between 21** and **25**. From age **26**, child dependants don't qualify for cover under the same policy.

You can add your and your spouse's parents as adult dependants on your policy. Adult dependant premiums will apply. Other extended family members aren't eligible for cover.

If you or any dependant is **56** or **older**, a **56+** premium applies. However, if you can provide proof of **15 credible years** of medical aid or primary healthcare membership **from age** 35, with no break in cover of **3 months** or **more**, you'll qualify for the **55-or-younger** premium.

Premiums for individuals

ENTRY AGE	PRINCIPAL INSURED	SPOUSE	ADULT DEPENDANT	CHILD DEPENDANT
55 or **Younger**	**R 464**	**R 368**	**R 368**	**R 149**
56 or **Older**	**R 729**	**R 633**	**R 633**	**–**
Add the GP PRE-AUTH WAIVER				
All Ages	**R 65**	**R 35**	**R 35**	**R 35**

HOW TO OBTAIN PRE-AUTHORISATION

Need to see a doctor or specialist?

For visits to a **network GP**, specialist, or for pre-birth consultations, you'll need to get pre-authorisation before your appointment.

Want to skip the pre-authorisation step for GP visits? Add the GP PRE-AUTH WAIVER to your policy. It lets you see your **network GP** without needing prior approval. Without the waiver, you'll need to get authorisation each time before seeing your **network GP**.

Pre-authorisation can be obtained in one of the following ways:

- Request a "**Call Me Back**" on the **Unity Health** Mobile App
- SMS "**UH please call**" to **30947**
- Call **Unity Health** on **0861 366 006** and select **option 2**, then **option 1**

CONSULTATION COVER

www.stratumbenefits.co.za/health-consultation-cover/

GP CONSULTATIONS AND MEDICAL PROCEDURES

Unlimited GP visits, when you need them

You can visit any **network GP** during regular hours, and there's **no limit** on how many times you can go.

Need a small procedure done? Your GP can perform basic medical and surgical procedures in their room, such as stitching a wound, circumcision, and applying a cast to a broken arm, provided it's on the list of **approved procedures**.

To find your nearest network GP, download the **Unity Health** Mobile App or visit: www.unityhealth.co.za/find-a-network-provider/

Just remember, **pre-authorisation** is required before **each** visit.

GP PRE-AUTH WAIVER

Skip the formalities

Want to visit your **network GP** without needing pre-authorisation each time? Simply add the GP PRE-AUTH WAIVER to your policy for a small extra premium **per person per month**.

If you don't add it when you join, you can include it at the start of the new benefit year on **1 January 2027**.

INTERCARE ONLINE CONSULTATIONS

Chat to a doctor from anywhere

Need to see a healthcare provider but can't get to the rooms?

You have **unlimited** online consultations with an **Intercare** healthcare provider, and **no pre-authorisation** is required.

Simply use the **Unity Health** Mobile App or log in through the member portal via their website to access this convenient benefit from your phone or device, wherever you are. Visit: www.unityhealth.co.za

Online consultations give you access to the same services as an in-person visit, including sick notes and prescriptions, which the GP can send straight to you.

NURSE CONSULTATIONS

Care and medication at your local pharmacy clinic

The nurse at your nearest **Alpha Pharm**, **Clicks**, **Dis-Chem**, and **The Local Choice** pharmacy clinic can help treat minor ailments. There's **no limit** to how often you can see a nurse and **no pre-authorisation** is required.

The nurse can provide up to **Schedule 2** medication. Acute medication is covered according to the **approved Mediscor formulary**, and the medication benefit is **unlimited**.

If the nurse thinks you need to speak to a GP, they'll help set up a virtual consultation for you during your visit.

Have a look at the TELEMEDICINE GP CONSULTATION BENEFIT for more details.

TELEMEDICINE GP CONSULTATIONS

Need to see a GP? Start with a nurse

When you visit a nurse at one of the approved pharmacy clinics, they can help you set up a virtual GP consultation during your appointment. If the nurse feels a GP's input is needed, they'll arrange a video call on the spot.

You have **unlimited** virtual GP consultations at nurse clinics at **Alpha Pharm**, **Clicks**, **Dis-Chem**, and **The Local Choice** pharmacies, and **no pre-authorisation** is required.

To find your nearest approved pharmacy clinic partnered with **AlphaDoc**, **Healthforce**, or **Udok**, download the **Unity Health** Mobile App or visit: www.unityhealth.co.za/find-a-network-provider/

Online consultations let you access all the same services as a face-to-face visit, including issuing sick notes and prescriptions directly to you.

SPECIALIST CONSULTATIONS

Need specialist care? Here's how it works

When treatment provided by your **network GP** fails, and you need to see a specialist, your GP must **refer** you. You'll need to get **pre-authorisation** before your consultation.

Proof of failed treatment and a referral letter must be submitted to **Unity Health's** Case Manager for assessment. Specialist consultations are subject to case-by-case review. Follow-up consultations for recurring symptoms aren't covered under this benefit.

You can claim back up to **R 1 675 per consultation**, with an overall limit of **R 3 500 per family per year**.

This benefit will be prorated based on when your cover starts.

If your specialist orders blood tests or x-rays on the list of **approved codes**, the costs will be covered under the BLOOD TESTS AND X-RAYS BENEFIT, while prescribed medication will be covered under the ACUTE MEDICATION BENEFIT if it's on the **approved Mediscor formulary**.

If the blood tests or x-rays aren't on the **approved list**, or if the prescribed medication isn't on the **approved formulary**, the cost will be covered under the SPECIALIST CONSULTATION BENEFIT, subject to the available benefit limit. Claims are paid on a first-come, first-served basis. If the medication claim is submitted first and uses up the benefit limit, the consultation won't be paid.

CONSULTATION COVER CONTINUED

OUT-OF-NETWORK GP CONSULTATIONS

Can't get to a network GP?

You may visit any out-of-network GP if your regular **network GP** isn't available. **No pre-authorisation** is required.

We'll refund you up to **R 345 per consultation**, with a limit of **2 consultations per person per year** when you pay upfront and claim back.

Medication and referrals for blood tests and x-rays aren't covered.

PRE-BIRTH CONSULTATIONS

Expecting? Here's what you need to know

Soon-to-be moms can visit any gynaecologist they choose for checkups and 2D ultrasound scans before delivery.

You'll be covered for up to **3 consultations** and **3 ultrasound scans**, with a family limit of **R 4 175 per year**.

Pre-authorisation is required before your visits.

This benefit covers the costs before delivery but not the expenses related to the actual childbirth.

MEDICINE COVER

ACUTE MEDICATION

DISPENSING NETWORK GP

Medication on the spot

If your **network GP** dispenses medication during your visit and it's on the **approved Mediscor formulary**, this benefit is **unlimited**.

NON-DISPENSING NETWORK GP

Getting your medication made easy

If your network GP doesn't dispense medication, you'll get a prescription to collect from a network pharmacy. Medication on the **approved Mediscor formulary** is covered **in full**.

APPROVED MEDICINE FORMULARY

What medication is covered?

Medication prescribed by your **network GP**, nurse, specialist, or during a virtual consultation at an approved pharmacy clinic or **Intercare** provider is covered if it's on the **approved Mediscor formulary**.

What's a formulary?

It's a list of approved medicines that **Unity Health** will pay for in full. **Mediscor**, a pharmaceutical benefits management organisation, helps manage this list.

Formulary medication is covered under the GP CONSULTATION BENEFIT. If you request stronger or alternative medication that's not included on the **approved formulary**, you must cover the cost yourself.

CHRONIC MEDICATION

www.stratumbenefits.co.za/health-chronic-medication-cover/

Chronic medication? You're covered

If your **network GP** prescribes chronic medication for one of the listed conditions, and it's on the **approved Mediscor formulary**, you're **fully covered**.

This includes treatment for:

- Asthma
- Epilepsy
- HIV/AIDS
- Tuberculosis (TB)
- Chronic obstructive pulmonary disease (COPD)
- Diabetes (Type 1 & 2)
- High cholesterol (Hyperlipidaemia)
- High blood pressure (Hypertension)

Getting your chronic medication is easy

Your **network GP** can help you register for the **Disease Management Programme** with **Mediscor**.

Once registered, your medication can be delivered straight to you at no extra cost or you can pick it up at your nearest network pharmacy.

BLOODS AND X-RAYS

Blood tests, x-rays & Covid-19 screening

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

You're also covered for a **Covid-19 PCR** test, but only if your **network GP** refers you, you get **pre-authorisation**, and you test positive. This is limited to **1 test per person per year**.

Basic black-and-white x-rays, such as chest x-rays, are covered when referred by your **network GP** to a radiology facility.

Blood tests and x-rays on the list of **approved codes** are **unlimited**. However, some specific diagnostic blood tests may have limits if they're not part of an **approved chronic disease treatment plan**.

Specialised scans, like MRI and CT scans, aren't covered.

DENTAL CARE

Your smile matters – visit any dentist

You can visit any dentist for basic dental treatments covered by your option, or find a **recommended dentist** on the **Unity Health** Mobile App or visit: www.unityhealth.co.za/find-a-network-provider/

This includes full mouth assessments, x-rays (intraoral radiographs), scaling and polishing, extractions, root canal treatments, fillings, and pain or infection (sepsis) treatments, all according to a list of **approved procedures** and **agreed rates**.

Single member:	Member + 1:	Member + 2 or more:
R 1 550 per policy per year	**R 1 550 per person,** limited to **R 3 100 per family per year**	**R 1 550 per person,** limited to **R 4 650 per family per year**

This benefit will be prorated based on when your cover starts.

EYE CARE

See the difference with our optical benefit

Unity Health has partnered exclusively with **Specsavers** and **Execuspecs**, part of the **Preferred Provider Network (PPN)**, the country's largest optical network.

To find your nearest **Specsavers** or **Execuspecs**, visit **www.ppn.co.za** or use the **Unity Health** Mobile App.

You can visit your nearest **network optometrist** for:

1 eye test every **2 years**	**1 standard frame** up to **R 599** every **2 years**	**1 pair** of **clear, standard lenses** every **2 years**

Optional extras, like tinting or scratch-resistant coatings, aren't covered.

WELLNESS BENEFITS

www.stratumbenefits.co.za/health-wellness-benefits/

Early detection matters

Get your basic health check, essential vaccinations, and screening tests done at one of the following **approved network pharmacy clinics**: **Alpha Pharm**, **Clicks**, **Dis-Chem**, and **The Local Choice**. Contact your nearest clinic to make an appointment.

WELLNESS ASSESSMENT

You're covered for **1 wellness assessment per person per year** for the following basic health check.

This health check includes the following basic screenings:

- Blood pressure
- Body Mass Index
- Cholesterol levels
- Blood glucose (sugar) levels
- Waist circumference
- HIV/AIDS testing (with pre- and post-test counselling)

PREVENTATIVE CARE

This benefit covers preventative vaccinations and tests, with limits per person and age criteria applying.

VACCINATIONS

- **1 flu vaccination per year** before **31 May**
- **1 pneumococcal vaccination** every **5 years** for persons **60** or **older** or with medically proven compromised immune systems, if **pre-authorisation** is obtained
- **1 hepatitis A** and **B vaccination once-off**
- **1 tetanus vaccination** every **10 years**

PREVENTATIVE TESTS AND SCREENINGS

- **1 pap smear** every **3 years** for females **21** or **older**
- **1 prostate screening** every **2 years** for males **50** or **older**

Prefer to have your pap smear done in your **network GP's** rooms instead of a clinic? Just check with the doctor's room if it can be done during your consultation.

PSA pathology tests aren't covered.

ESSENTIAL ASSISTANCE PROGRAMME (EAP)

Support when you need it most

You have access to telephonic and virtual counselling through the **Reality Wellness Group**, because your mental and emotional wellbeing matters.

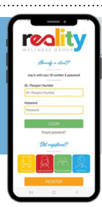
Qualified, registered counsellors are available to guide and support you, following professional clinical protocols. You can get help with:

- Financial guidance
- Legal guidance
- HIV counselling and case management
- Trauma counselling

Counselling is available by phone or video call. In-person sessions aren't covered, but the support is just a call away.

Workshops and Support Groups

Download the **Reality Wellness Group** Mobile App to browse, book, and participate in interactive workshops and support groups. Topics range from parenting, relationships, coping with grief, and building resilience.



Reality Wellness Group

Download the Mobile App from your app store to access holistic wellness services.

EMERGENCY & ACCIDENT BENEFIT OPTION

Private hospital access for emergencies and accidents

Knowing you're covered when a medical emergency or accident happens is comforting.

With this benefit option, you can go to any private hospital and get the necessary care quickly and without delay, as long as pre-authorisation is obtained.

If you're admitted to the hospital due to an accident, your cover includes essential services like MRI and CT scans, as well as post-hospitalisation physiotherapy and occupational therapy to help you recover.

You're also covered for less serious injuries treated at a private hospital's emergency unit or casualty facility.

Emergency medical services are available 24/7, including ambulance transport by road or air, hospital transfers, repatriation, and access to telephonic medical advice whenever you need it.

This option also provides financial support when it matters most, with a lump-sum accidental death payout, and a family assistance benefit to help with costs when a loved one supports you during a hospital stay.

For added support, you have access to telephonic and virtual counselling for financial, legal, HIV, and trauma matters.

Who's covered?

This **Health Insurance** policy covers you, your spouse, and any child dependants if you're their parent or legal guardian.

Child dependant premiums apply to children **20** or **younger**, and adult dependant premiums to children **between 21** and **25**. From age **26**, child dependants don't qualify for cover under the same policy.

You can add your and your spouse's parents as adult dependants, with adult dependant premiums applying. Other extended family members aren't eligible for cover.

If you or any dependant is **56** or **older**, a **56+** premium applies. However, if you can provide proof of **15 credible years** of medical aid or primary healthcare membership **from age 35**, with no break in cover of **3 months** or **more**, you'll qualify for the **55-or-younger** premium.

Premiums for individuals

ENTRY AGE	PRINCIPAL INSURED	SPOUSE	ADULT DEPENDANT	CHILD DEPENDANT
55 or **Younger**	**R 208**	**R 127**	**R 127**	**R 60**
56 or **Older**	**R 303**	**R 222**	**R 222**	**-**

PRE-AUTHORISATION FOR EMERGENCIES AND ACCIDENTS

You'll need **pre-authorisation** before accessing benefits for:

- Stabilisation
- Hospital admissions
- MRI or CT scans
- Physiotherapy or occupational therapy
- Casualty visits

ER24 is our **24-hour** emergency partner.
Here's what to do in a medical emergency or accident.

- Call **Unity Health** on **0861 366 006** and select **option 1**; or
- press the **ER24 push-to-call button** on the **Unity Health** Mobile App.
- An **ER24** operator will verify the membership of the person in need of help.
- The operator will advise and assist with emergency transportation to the nearest private hospital if needed.
- **ER24** will liaise with a Unity Health Case Manager for pre-authorisation and benefit confirmation.

HOSPITAL CARE

www.stratumbenefits.co.za/health-hospital-care-cover/

Need urgent care?

EMERGENCY COVER

What is a medical emergency?
It's a sudden, unexpected event or condition, like a heart attack or stroke, that could cause serious harm or even death if you don't get immediate medical help.

Emergency transport and treatment
If you need urgent care due to a medical emergency, we'll cover the cost of getting you to the nearest private hospital, by road or air, as well as out-patient stabilisation in the hospital's emergency unit.

Cover is limited to **R 105 000 per person per event**.

Clinical review and **pre-authorisation** are required, even in an emergency.

This benefit covers out-patient stabilisation in the hospital's emergency unit, not admission or surgery.

If you need further treatment after being stabilised, we'll cover the cost to transfer you to a public hospital. Any hospital admission or ongoing treatment after that will need to be paid by you.

ACCIDENT COVER

What is an accidental event?
It's an unexpected incident that causes physical injury due to impact, like a car accident, and needs immediate medical treatment.

Injured in an accident?
If you sustain physical injuries as a direct result of an accident and need immediate medical treatment, we'll cover the cost of transporting you to the nearest private hospital by road or air, including your hospital admission.

Cover is limited to **R 1 675 000 per person per event**.

Pre-authorisation is required for your medical event.

MRI AND CT SCANS

Need a scan after an accident?
If you're admitted to the hospital with physical injuries from an accident, we'll cover the cost of an MRI and/or CT scan.

Cover is limited to **R 22 000 per person per year**.

The hospital will contact a **Unity Health** Case Manager for **authorisation**.

PHYSIO AND OCCUPATIONAL THERAPY

Need therapy to recover after an accident?
If you've been hospitalised due to an accident and need physical therapy afterwards, we'll cover the cost of physiotherapy and occupational therapy after you're discharged.

Cover is limited to **R 4 175 per person per year**.

You'll need to get **pre-authorisation** before starting therapy.

This benefit applies to treatment received within **3 months** of your hospital discharge. Any treatment after this period isn't covered.

CASUALTY ACCIDENT COVER

www.stratumbenefits.co.za/health-casualty-accident-cover/

Minor accident, but still need urgent care?
For less severe accidents that still require immediate treatment, like a dog bite or a fall from a ladder at home, you're covered for out-patient care at the nearest private hospital's emergency unit.

Cover is limited to **R 8 350 per person per event.**

Pre-authorisation is required for your medical event.

Casualty follow-up consultations aren't covered.

24-HOUR MEDICAL EMERGENCY SERVICES

Help in a medical emergency - anytime, anywhere

ER24's national emergency contact centre is here when you need it most.

Services include:

- Ambulance transfers between hospitals
- Emergency transport by road or air
- Repatriation of a loved one's mortal remains within South Africa, limited to **R 7 500 per policy per year**
- Telephonic medical advice from trained professionals

PAYOUT BENEFITS

ACCIDENTAL DEATH

If you or your spouse pass away due to an accident, you're each covered for **R 40 000.** The benefit will be paid to the principal insured's nominated beneficiary or their estate if no beneficiary is listed.

In the event of the accidental death of a child dependant due to a motor vehicle accident, a benefit of **R 10 000** will be paid to the principal insured. If the principal insured has passed away, the benefit will be paid to their nominated beneficiary, or their estate if no beneficiary was nominated.

FAMILY ASSISTANCE BENEFIT

www.stratumbenefits.co.za/health-hospital-care-cover/

If you're hospitalised for **more** than **2 days**, a daily cash benefit is payable to help a family member or caregiver with reasonable travel and accommodation expenses while visiting and supporting you during your hospital stay.

The benefit covers expenses from the **first day** of hospitalisation, up to **R 1 500 per day**, with a maximum of **R 4 500 per admission** and a total limit of **R 20 000 per person per year**.

Follow the link for more information on the assistance benefit and the qualifying criteria.

WELLNESS BENEFIT

ESSENTIAL ASSISTANCE PROGRAMME (EAP)

Support when you need it most

You and your registered dependants have access to telephonic and virtual counselling through **Reality Wellness Group**, because your mental and emotional well-being matters.

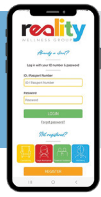
Qualified and registered counsellors who follow clinical protocols and specific procedures are available to guide and support. You can get help with:

- Financial guidance
- Legal guidance
- HIV/AIDS testing (with pre- and post-test counselling)
- Trauma counselling

Counselling is available by phone or video call. In-person sessions aren't covered, but the support is just a call away.

Workshops and Support Groups

Download the **Reality Wellness Group** Mobile App to browse, book, and participate in interactive workshops and support groups. Topics range from parenting, relationships, coping with grief, and building resilience.



Reality Wellness Group

Download the Mobile App from your app store to access holistic wellness services.

Waiting Periods

APPLICABLE TO THE DAY-TO-DAY BENEFIT OPTION

Unless we confirm otherwise, waiting periods apply from your and your dependants' cover start dates.

GENERAL WAITING PERIOD

2 Month General Waiting Period applies if the GP PRE-AUTH WAIVER is added.

1 Month General Waiting Period applies if the GP PRE-AUTH WAIVER isn't added.

There's no cover during this period for the DAY-TO-DAY BENEFITS, WELLNESS ASSESSMENT and PREVENTATIVE CARE BENEFITS.

9 MONTH PRE-BIRTH CONSULTATION WAITING PERIOD

12 MONTH CHRONIC MEDICATION WAITING PERIOD

12 MONTH EYE CARE WAITING PERIOD

EXCEPTION TO THE RULE

Waiting periods don't apply to the EMERGENCY & ACCIDENT BENEFIT OPTION or the ESSENTIAL ASSISTANCE PROGRAMME (EAP).

General Exclusions

APPLICABLE TO THE DAY-TO-DAY AND EMERGENCY & ACCIDENT BENEFIT OPTIONS

These policies don't cover hospitalisation, medical treatment, bodily injury, or illness that is directly or indirectly caused by, related to or in consequence of the following:

ROUTINE, FOLLOW-UP, AND ADMINISTRATIVE EXCLUSIONS

1. Medical events for which pre-authorisation or a healthcare provider referral hasn't been obtained or using healthcare or service providers not part of the provider network, where applicable.
2. Failure to follow medical advice or adhere to prescribed treatment.
3. Routine physical examinations or diagnostic tests performed with no clinical symptoms or objective signs of a health problem.
4. Diagnostic procedures such as x-rays or laboratory tests, unless related to a medical condition or disability confirmed by a prior consultation with a medical practitioner.

GENERAL EXCLUSIONS CONTINUED

5. Costs that the Underwriting Manager's clinical review team determines to be:
   a. Not medically necessary or appropriate for the insured person's condition.
   b. Inconsistent with accepted treatment type, frequency, or duration.
6. Clinical or medical reports required for claims that are under review.

MEDICAL CONDITION OR TREATMENT EXCLUSIONS

7. Medical events that occurred before the insured person's cover start date.
8. Investigations, treatments, or surgery for obesity or any medical condition directly or indirectly caused by or related to obesity.
9. Treatments for artificial insemination, infertility, or contraception.
10. External prostheses or appliances such as artificial limbs.

CONDUCT AND LIFESTYLE-RELATED EXCLUSIONS

11. Suicide, attempted suicide, or self-inflicted injuries, unless sustained in an attempt to preserve another human life.
12. Use of any drug or narcotic unless prescribed and taken as directed by a registered medical practitioner, as well as drug addiction treatment and rehabilitation services.
13. Any illness or event caused by or related to the use or use of alcohol.
14. Reckless or negligent acts or omissions by the insured or anyone acting on their behalf, including failure to take reasonable precautions to prevent or minimise harm.
15. Participation in:
   a. Active military duty, police duty, or police reservist duty.
   b. Aviation activities other than as a passenger on a licensed commercial flight.
   c. Any race or speed contest or activity involving non-mechanically propelled vehicles.
   d. Professional or hazardous sports or activities as defined in the policy wording.

EMPLOYMENT-RELATED EXCLUSIONS

16. Injuries sustained on duty or injuries directly or indirectly related to the insured person's work activities, including repetitive strain injuries.

HIGH-RISK, POLITICAL, OR UNINSURABLE EVENTS

17. Claims arising from:
   a. Nuclear weapons, nuclear material, ionising radiation, or radioactive contamination, including nuclear fuel combustion and fission.
   b. War, hostilities, civil war, mutiny, or warlike actions, whether declared or not.
   c. Military uprisings, insurrections, rebellions, revolutions, martial law, or related enforcement.
   d. Claims arising from participation in civil unrest, including but not limited to riots, strikes, lockouts, labour disturbances, or public disorder.
   e. Acts intended to overthrow or influence any government or authority by violence, terrorism, intimidation, or fear.
   f. Acts aimed at causing political, economic, or social change, or inspiring fear in the public.
   g. Illegal activities.
   h. Any claim, loss, damage, cost, liability, expense, or consequential loss of any kind, directly or indirectly caused by, resulting from, arising out of, or in connection with an interruption, failure, interference, or suspension of the electricity supply to the South African national electricity grid, regardless of the reason for the interruption, including but not limited to damage to infrastructure, the inability or failure (whether partial or total) of any utility provider to generate, transmit or distribute electricity, or any other cause.
   i. Claims arising from other causes or events that are not insured or are specifically excluded under these policies

DAY-TO-DAY BENEFIT OPTION EXCLUSIONS

1. Follow-up medical treatment for the same symptoms within three days of the initial consultation.
2. Follow-up consultations with specialists.
3. More than three consecutive consultations for the same diagnosis (ICD-10 code), unless there is documented clinical justification.
4. More than one general practitioner, nurse, or virtual general practitioner consultation for the same insured person on the same day.
5. Healthcare services, procedures, or medication not part of the list of approved tariff codes or formularies, where applicable.
6. Telephonic consultations.
7. Costs that the Underwriting Manager's clinical review team determines to be:
   a. Not medically necessary or appropriate for the insured person's condition.
   b. Inconsistent with accepted treatment type, frequency, or duration.
8. Contact lenses.
9. Eyecare or dentistry benefits claimed in the final month of membership, regardless of the duration of membership.
10. Supply of medication that is not listed on the Underwriting Manager's approved formulary list.

EMERGENCY & ACCIDENT BENEFIT OPTION EXCLUSIONS

11. Events not directly related to an accident or emergency as defined in the policy wording.
12. Procedures that are planned in advance and are not related to an insured incident.
13. Casualty follow-up consultations.
14. Follow-up treatments required 3 months from the date of discharge.
15. Medical transportation service for non-emergency purposes and any medical transportation not performed by ER24 without prior authorisation.
16. Cosmetic surgery or surgery directly or indirectly caused by, related to, or in consequence of cosmetic surgery.
17. Revision or corrective surgeries related to an earlier surgery that was covered by this policy.
18. Robotic surgery, specialised mechanical or computerised appliances or equipment, or any related service providers.

HOME

12 Reasons to download the Unity Health Mobile App

Download the app for useful features such as:

- Call me back function
- Digital membership card
- Find network providers
- **Intercare** online consultations
- Emergency button for emergency assistance
- Summary of benefit option, benefits and limits
- Track GP visits and other claims
- Update your personal details and add dependants
- FAQs

Scan the **QR code** to download the app or go straight to your app store.

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.