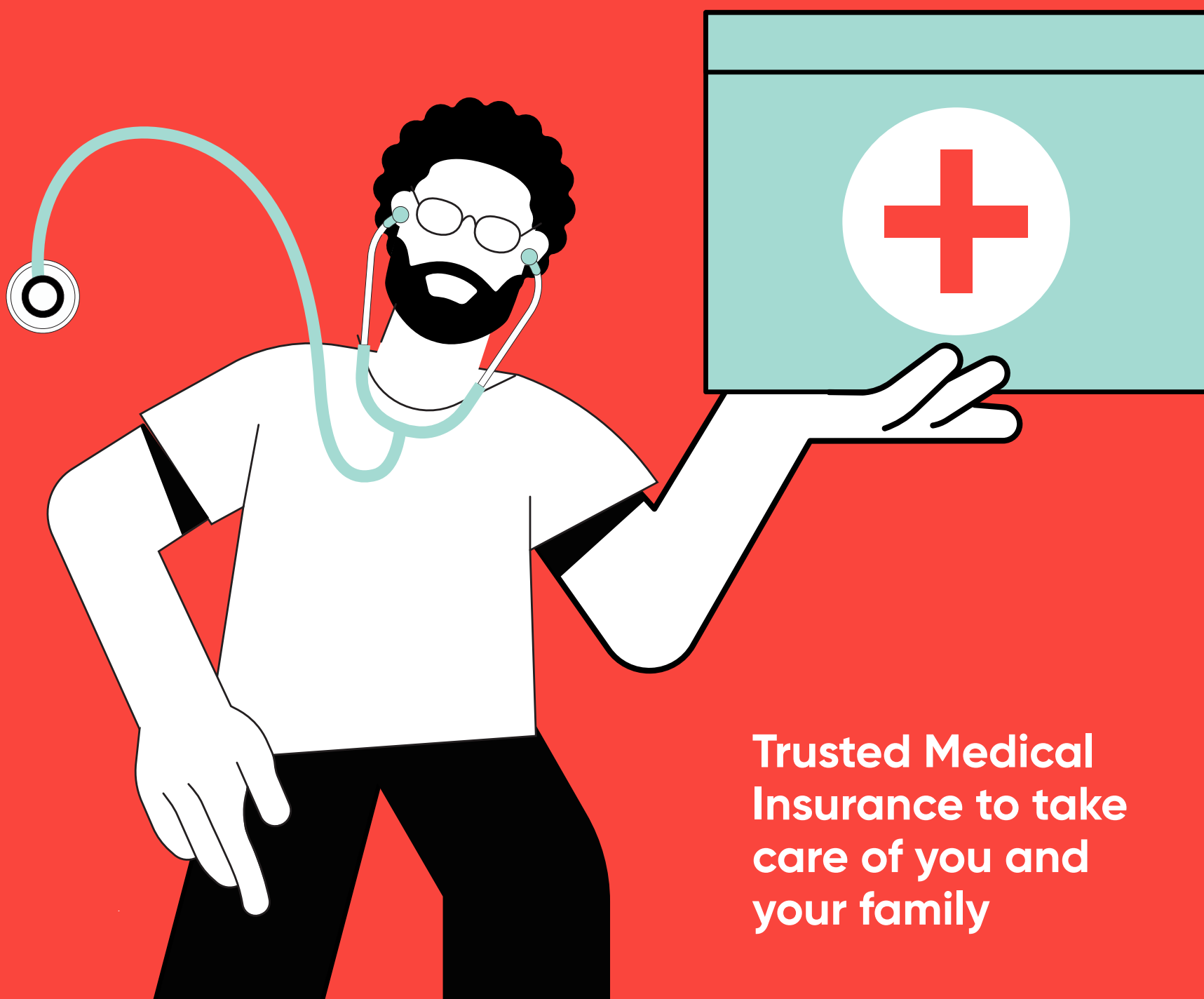


YOUR HEALTH IN GOOD HANDS



Trusted Medical
Insurance to take
care of you and
your family



The benefits are underwritten by Bryte Insurance Company Limited, a licensed insurer and an authorised FSP (17703).

THE UNLIMITED

Insurance | Lifestyle | Rewards

The Unlimited is an authorised financial services provider [21473]
Founder of The Unlimited Child

This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.

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WELCOME TO THE UNLIMITED FAMILY!



Congratulations!

You've chosen to take care of yourself and your family with trusted Medical Insurance. And because you're now with The Unlimited, you've joined a family of over 3 million South Africans who we take care of every day.

YOU'VE GOT COVER!



As a hardworking South African, we know that taking care of your family is important to you. Now it's time to let Medical Insurance do just that.

The reality is that private healthcare is out of reach for most South Africans. Until now!

You and your family now have access to quality private healthcare and other remarkable benefits at an affordable price.

HOW MEDICAL INSURANCE WORKS



Medical Insurance helps pay for certain medical expenses, such as doctors consultations, certain formulary prescribed medication, emergency hospital treatments plus many other benefits.

It differs from medical aid schemes as it isn't restricted by set fees for healthcare procedures. It provides coverage for your healthcare needs within an approved healthcare network, giving you access to private doctors and healthcare facilities.

WE'RE THERE FOR YOU WHEN YOU NEED IT THE MOST

Taking care of you and your family is important to us.

Medical insurance with The Unlimited gives you unbelievable value with essential healthcare benefits for you and your family.

Yes, for as little as **R672 per month** you get access to **24 benefits** including unlimited GP consultations, dentistry, up to R1.675 million for in hospital accident treatment and much more.

It's easy to get covered

No complicated medical exams and health checks.

Save time, every time

No waiting in long queues at public healthcare or clinic facilities.

Save money

Your medical insurance comes with incredible benefits – giving you affordable healthcare and value for money.

Peace-of-mind

Knowing that you're taken care of with access to over 4 300 GPs, 1 500 dentists and over 400 clinics and hospitals nationwide.



YOUR PRIMARY HEALTHCARE BENEFITS



UNLIMITED GP CONSULTATIONS

**You have access to over
4 300 network GPs.**

This includes minor procedures performed in network GP rooms such as wound stitching or applying a cast to a broken arm.

A full list of the minor procedures covered can be seen in your terms and conditions.

Pre-authorisation is required for each GP visit unless you have the Pre-authorisation waiver which can be added to your policy for an extra R65 per month for the main member and if you have any children or dependants it is an extra R35 each per month.





OUT OF NETWORK GP CONSULTATIONS

If you need to visit a GP outside of the network, you are allowed two visits per annum and can claim back up to R345 per visit.



NURSE CONSULTATIONS

You get unlimited consultations for minor health concerns with a nurse at a network pharmacy (Clicks, Dis-Chem, Alpha Pharm or The Local Choice).

You also get unlimited access to virtual GP consultations while visiting the nurse at a network pharmacy.

Network nurses can provide up to Schedule 2 medication, as part of a pre-approved list.

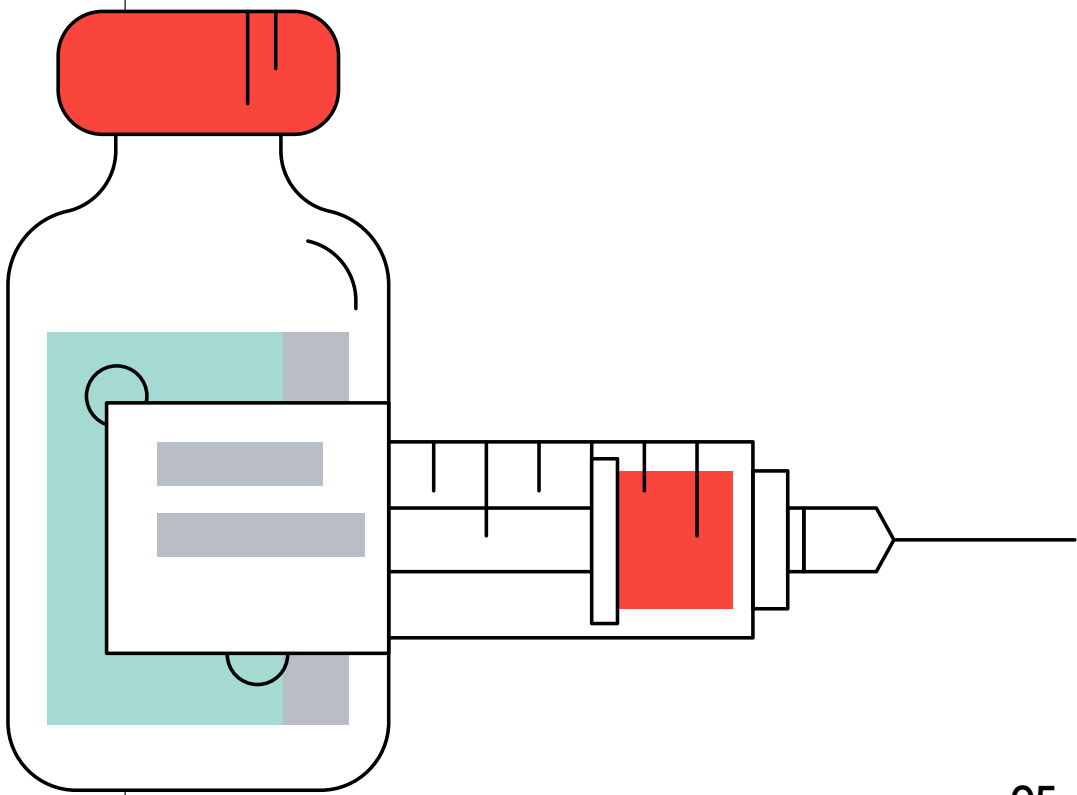


MATERNITY BENEFIT

You get three gynaecologist consultations during your pregnancy and 3 x 2D ultrasound scans per person, per year.

This benefit is limited to R4 175 per family, per year.

Pre-authorisation is required.



YOUR PRIMARY HEALTHCARE BENEFITS

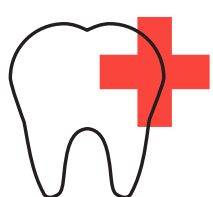


SPECIALIST CONSULTATIONS

You have access to specialist consultations, when referred by a network GP. Each specialist visit is covered up to R1 675, with a limit of R3 500 per family, per year.

Pre-authorisation is required when referred by a network GP and where the GP's treatment did not work.

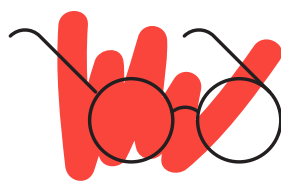




BASIC DENTISTRY

You have access to over 1 500 network dentists for basic dental treatment for pain, sepsis and extractions. There is a limit of R1 550 per person, per year. If you've added two or more dependants, there will be a limit of R4 650 per family, per year.

This includes procedures such as a full mouth examination, x-rays, fillings, scaling and polishing.

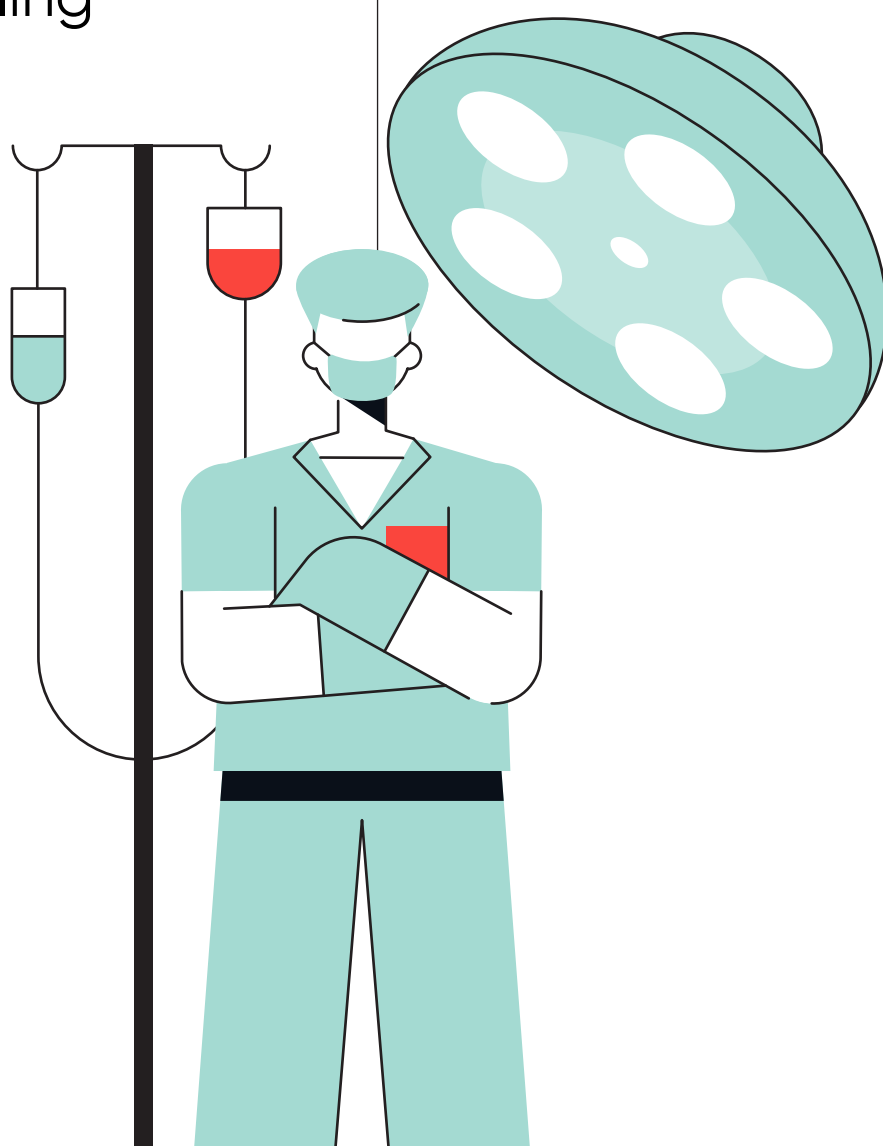


BASIC OPTOMETRY

Every two years, you get:

- 1 eye examination
- 1 standard frame up to the value of R599
- 1 pair of clear standard spectacle lenses

This benefit is per person and available at SpecSavers and Execuspecs.



YOUR PRIMARY HEALTHCARE BENEFITS



BASIC PATHOLOGY

You're covered for certain pathology tests at a network pathologist, when referred by a network GP.

Pathology tests are limited to a pre-approved list, as defined in your terms and conditions.

Pre-authorisation is required when pathology tests are requested by a specialist, during a casualty visit or in hospital following an accident.

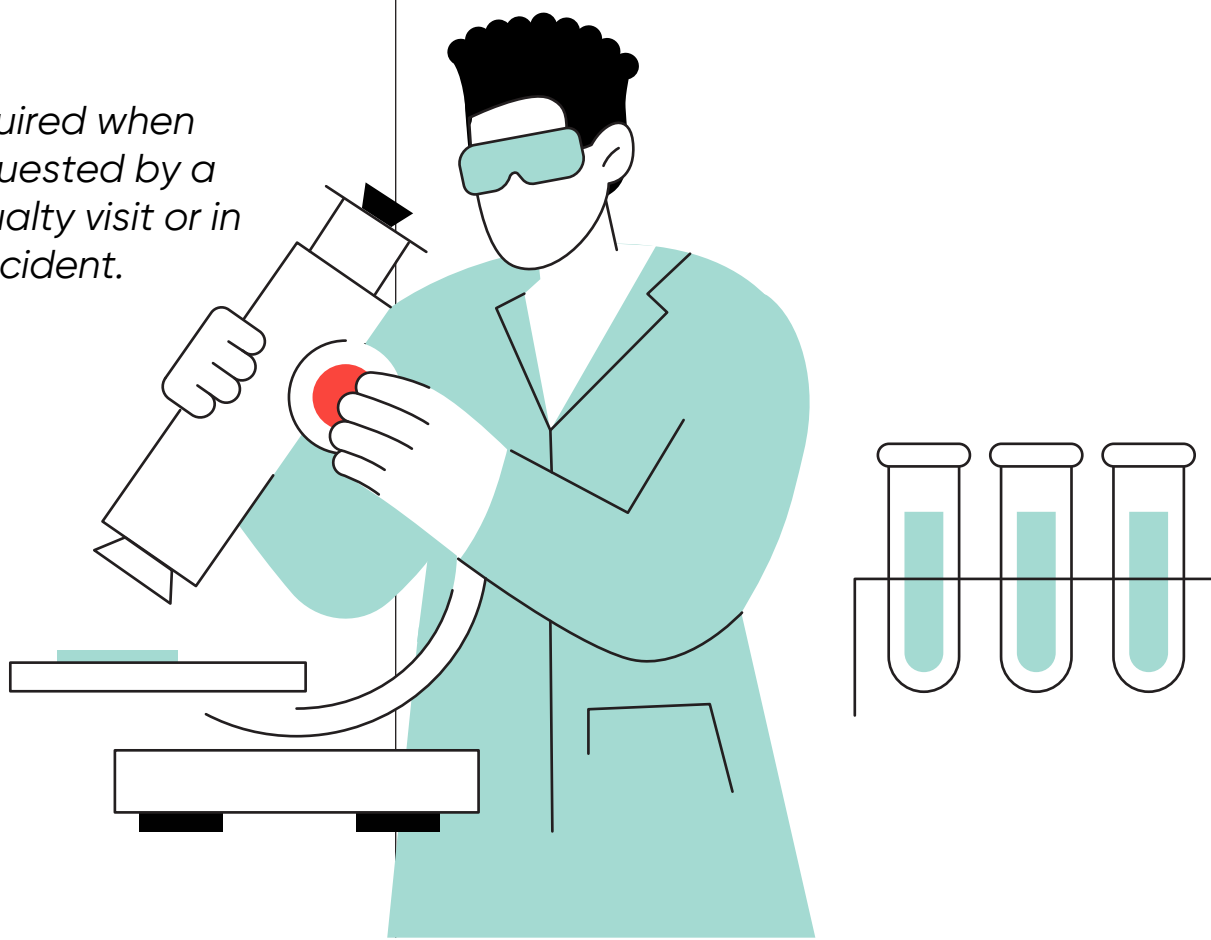


BASIC RADIOLOGY

You're covered for certain x-rays at a network radiologist, when referred by a network GP.

X-rays are limited to a pre-approved list, as defined in your terms and conditions.

Pre-authorisation is required when x-rays are requested by a specialist, during a casualty visit or in hospital following an accident.





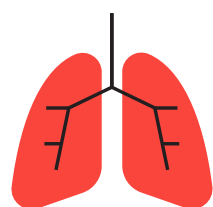
ACUTE MEDICATION

You're covered for unlimited acute medication dispensed or prescribed by a network GP during your consultation.

Medication dispensed or prescribed is only for acute illnesses and is limited to a defined pre-approved list.

Your acute medication will either be given to you by the network GP or you will need to collect it from a network pharmacy (Clicks, Dis-Chem, Alpha Pharm or The Local Choice).

Acute medication is medication that is prescribed for a short-term illness or condition.



CHRONIC CONDITIONS AND MEDICATION

You're covered for chronic medication for up to eight chronic conditions, as listed below:

- Asthma
- Chronic Obstructive Pulmonary Disorder
- Diabetes Type 1 & 2
- Epilepsy
- HIV/AIDS
- Hyperlipidaemia
- Hypertension
- Tuberculosis

Chronic conditions must be registered by your GP and your treatment plan approved before you can claim on this benefit.

A chronic condition is a condition or disease that lasts for an extended period of time.

YOUR HOSPITAL CARE BENEFITS



MEDICAL EMERGENCY BENEFIT

You have access to 24/7 emergency medical response in the event of an accident or a medical emergency.

This includes transport to the nearest medical facility in a private ambulance or helicopter, provided by ER24.

In an emergency call 0861 366 006 and press 1 for emergencies.

Pre-authorisation is required.



CASUALTY BENEFIT

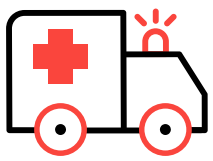
(Accidents only)

You're covered for treatment provided in a hospital casualty unit for injuries caused by an accident.

This benefit is limited to R8 350 per person, per incident (accident).

Pre-authorisation is required.

An accident means an unexpected and sudden event which results in a person suffering bodily injury (this excludes illness).



EMERGENCY STABILISATION BENEFIT

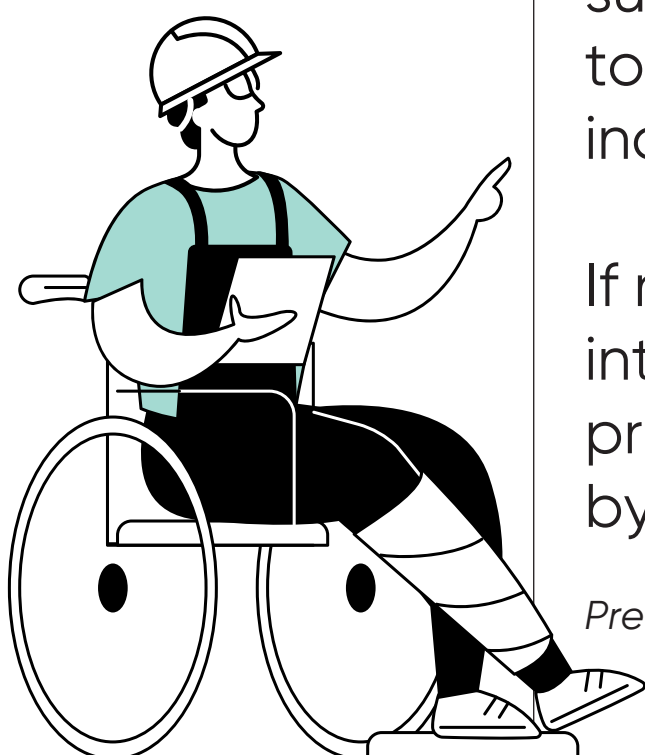
**(Medical
emergencies only)**

In a medical emergency (not caused by an accident) you're covered for emergency stabilisation treatment provided in a hospital casualty unit.

This benefit is limited to R105 000 per person, per incident (medical emergency).

Pre-authorisation is required.

A medical emergency means a sudden and unexpected life-threatening onset of a health condition that needs immediate medical treatment, such as a heart attack.



FAMILY ASSISTANCE BENEFIT

When you're admitted to hospital as an inpatient for over 48 hours, we'll help cover the travel and accommodation costs for your nominated family member or caregiver while they're there to offer care and support.

Cover is payable from day 1 if you are hospitalised for more than 48 hours and is limited to R1 500 per day. There is a maximum of R4500 per event and a family limit of R20 000 per year.



IN HOSPITAL ACCIDENT BENEFIT **(Accidents only)**

You're covered for inpatient hospital treatment for injuries sustained in an accident, up to R1 675 000 per person, per incident (accident).

If necessary, you get unlimited inter-hospital transfers, provided by ER24.

Pre-authorisation is required.



MRI AND CT SCAN BENEFITS

(Accident only)

You're covered for MRI and CT scans if you've been admitted to hospital as an inpatient for injuries caused by an accident.

This benefit is limited to R22 000 per person, per year.

Pre-authorisation is required.



PHYSIOTHERAPY AND OCCUPATIONAL THERAPY BENEFITS

(Accident only)

If you're admitted to hospital for injuries caused by an accident, you get physiotherapy or occupational therapy for up to 3 months after you've been discharged from hospital.

This benefit is limited to R4 175 per person, per year.

Pre-authorisation is required.



ACCIDENTAL DEATH BENEFIT

(Accidents only)

In the event of your, or your partner's accidental death, your beneficiary gets a payout of R40 000.

In the event of a child's death caused by a motor vehicle accident you get a payout of R10 000.

Remember, you must nominate a beneficiary for this benefit (the person who receives the payout in the event of accidental death).

Accidental death is a sudden and unexpected death caused by an accident. It is not death from natural causes such as cancer or a heart attack.

YOUR WELLNESS BENEFITS



HEALTH SCREENINGS

You have access to health screenings at network pharmacies for:

- Blood pressure
- Cholesterol
- Glucose levels
- HIV tests and counselling
- Body mass index (BMI) and waist circumference
- TB Rapid test for all high risk TB individuals.
- PSA screening once every 2 years for men aged 50 or older.
- Breast light screening available to all females.
- Optometry: eye tests

Limited to one screening per person, per year.



PROSTATE SCREENINGS

If you're over the age of 50, you get one prostate-specific antigen (PSA) screening every two years at network pharmacies, subject to availability.

PSA screenings done at a laboratory are not covered.



PAP SMEARS

If you're over the age of 21, you get one pap smear every three years. This is available at approved pharmacies or your Network GP where the service is offered as part of your consultation.





VACCINATION PROGRAMME

You're covered for the following vaccinations at network pharmacies, subject to availability:

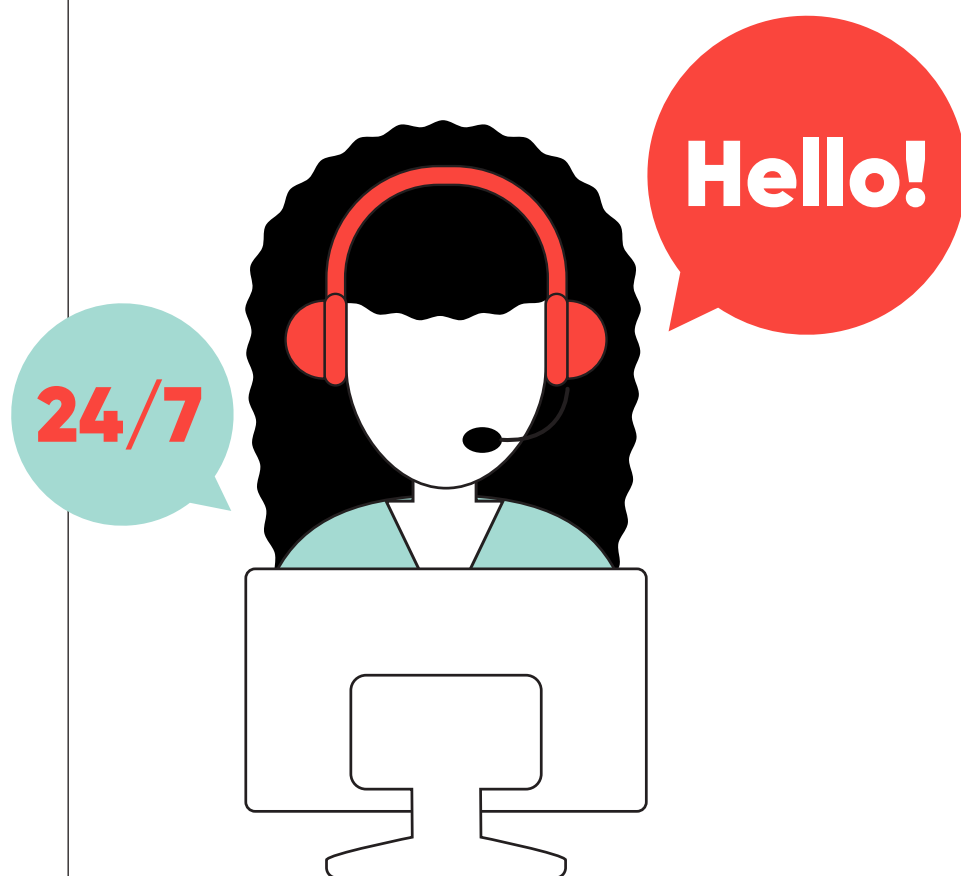
- Annual flu vaccine – before 31 May
- Tetanus – once every 10 years
- Hepatitis A & B – once-off
- Pneumococcal – once every five years if you are over the age of 60 (pre-authorisation is required)



24/7 TELEPHONIC ADVICE

You have access to 24 hour unlimited telephonic or virtual counselling, provided by registered counsellors for the following services:

- Trauma counselling
- HIV counselling



HOW DO I USE MY BENEFITS?

YOUR PRIMARY HEALTHCARE BENEFITS:



Unlimited GP consultations

- Call us on 0861 990 000 for a list of network GPs in your area.
- Pre-authorisation is required before each GP visit, unless you've added the GP pre-authorisation waiver benefit. If you haven't added the GP pre-authorisation waiver and would like to, this can only be added at the start of a new year.
- There is a general two-month waiting period before you can use this benefit.



Out-of-network GP consultations

- You'll need to pay for your out-of-network GP consultation upfront and then claim the payment (up to R345, per visit) back.
- The out-of-network GP visits will not cover medication or referrals for pathology and radiology.
- Call us on 0861 990 000 for help with your claim.
- There is a general two-month waiting period before you can use this benefit.



Nurse consultations

- Simply show your membership card to the nurse at any one of the network pharmacies during operating hours.
- There is a general two-month waiting period before you can use this benefit.



Maternity benefit

- Call us on 0861 990 000 for pre-authorisation before you visit your gynaecologist.
- Payment will need to be made upfront for the gynaecologist consultation and then claimed back.
- There is a nine-month waiting period before you can use this benefit.



Specialist consultations

- You may need to make payment upfront for the specialist consultation and then claim back, up to R1 675 per visit.
- You must cover the cost for any amounts over the benefit limit of R1 675.
- There is a general two-month waiting period before you can use this benefit.
- There will be a pro-rata amount applied to this benefit depending on your policy start date.



Basic dentistry

- There is a limit of R1 550 per person, per year. If you've added two or more dependants, there will be a limit of R4 650 per family, per year.
- This benefit is pro-rata depending on your start date in your first year.
- There is a general two-month waiting period before you can use this benefit.



Basic optometry

- Make an appointment at any SpecSavers or Execuspecs nationwide.
- Simply show the optometrist your membership card when you arrive.
- If you don't live near a SpecSavers or Execuspecs, call us on 0861 990 000 and we'll provide you with an alternative option.
- There is a twelve-month waiting period before you can use this benefit.



Basic pathology

- Show your network GP referral and your membership card to a network pathologist before having your pathology tests done.
- Pre-authorisation is required when pathology tests are requested by a specialist, during a casualty visit or in hospital following an accident.
- Please see your terms and conditions for COVID-19 screenings.



Basic radiology

- Show your network GP referral and your membership card to a network radiologist before having your x-rays done.
- Pre-authorisation is required when x-rays are requested by a specialist, during a casualty visit or in hospital following an accident.



Acute medication

- If the network GP is non-dispensing, you will need to collect your acute medication from a network pharmacy with a script.
- There is a general two-month waiting period before you can use this benefit.



Chronic conditions and medication

- If a network GP diagnoses you with a chronic condition, your condition will need to be registered and your treatment plan approved.
- The network GP will need to provide a medical report to start the process.
- Once approved, all chronic medication is available monthly at a network pharmacy. Chronic medication may also be delivered at an address of your choice.
- Call us on 0861 990 000 for more help with registering your chronic condition.
- There is a twelve-month waiting period before you can use this benefit.

YOUR HOSPITAL CARE BENEFITS:



Medical emergency benefit

- Simply call 0861 366 006 and select option 1 in a medical emergency.
- Provide the details on your membership card to the emergency operator.



Casualty benefit



Emergency stabilisation benefit



In hospital accident benefit



MRI & CT scan benefit



Physiotherapy and occupational therapy benefit



Family assist benefit

- Simply call us on 0861 990 000 to start your claim. You'll need to provide valid travel logs, invoices and receipts for the family member you're claiming for.



Accidental death benefit

- Simply call us on 0861 990 000 and we'll guide you or your beneficiary through the claims process.

IMPORTANT NOTES TO KEEP YOUR FAMILY COVERED!

- Your cover only starts on the 1st day of the calendar month, after we receive your first premium.
- If any of your premiums are not collected successfully, you will not be covered, and your policy may be cancelled. However, there is a 15-day grace period where you can make manual payment. This is effective from the second month of cover.
- This is not a medical scheme, and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.
- Remember to check the waiting periods and whether you need pre-authorisation before using your benefits.
- Your benefits are only available at network providers unless specified.
- Children and dependants must be totally financially dependent on you.
- Adult dependants are your legally recognised parents or parents-in-law.
- You must provide us with the name, surname and dates of birth of your partner and each of your dependants (as defined), or they will not be covered.
- If you or a dependant is over the age of 56 there is an additional premium.
- Please read your terms and conditions for more information about your benefits, cover limits, exclusions and waiting periods.



Who can I cover?

You can cover yourself, your partner, your parents, in-laws and up to five children.



What are the waiting periods?

- There is a general two-month waiting period for primary care benefits.
- There is a nine-month waiting period for the maternity benefits.
- There is a twelve-month waiting period for chronic medication and optometry.
- There are no waiting periods for the hospital care benefits and the 24/7 telephonic advice.



UNITY HEALTH

Unity Health is a division of Ambledown Financial Services (Pty) Ltd, an authorised Financial Service Provider, FSP(10287).



Bryte

The benefits are underwritten by Bryte Insurance Company Limited, a licensed insurer and an authorised FSP (17703).

WHAT'S NOT COVERED?



Remember that Medical Insurance is not the same as a medical aid scheme and it does not replace your medical aid scheme.

The following is not covered by your Medical Insurance:

- In-hospital treatment for illness.
- Visiting a network GP without pre-authorisation, unless you have added the pre-authorisation waiver.
- GP and specialist charges above the defined network limits.
- Medication not defined on the approved list.
- Contraceptives or fertility treatment.
- More than one GP or nurse consultation on the same day for the same person.
- Nursing consultations at non-network approved pharmacies.

TAKE NOTE!

A full list of exclusions is defined in your terms and conditions. Please take the time to read through these.

UNLIMITING DREAMS FOR THE FUTURE

Did you know that by being part of The Unlimited family, you're directly supporting us in getting many more children school ready through our **early childhood development** (ECD) programme, and helping us to shift our country?

Find out more at
theunlimitedchild.org

THE UNLIMITED
Child

Unlimiting Dreams Together



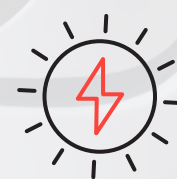
DID YOU KNOW?



Over

6 500

ECD Centres supported



Over

14 000

ECD practitioners
trained



Over

**2.5 MILLION
CHILDREN**

made school ready

UNLIMIT YOUR LIFE WITH TRUSTED MEDICAL INSURANCE



Trusted by over

3 MILLION

South Africans



Over

R800 MILLION

in claims paid



32 OFFICES

nationwide



Over

30 YEARS

in business



We are The Unlimited,
an Authorised Financial
Services and Persal
Provider **covering over
3 million South Africans
and over 250 000
Government Employees.**

Call or WhatsApp

0861 990 000

Emergencies | Customer Care | Claims

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