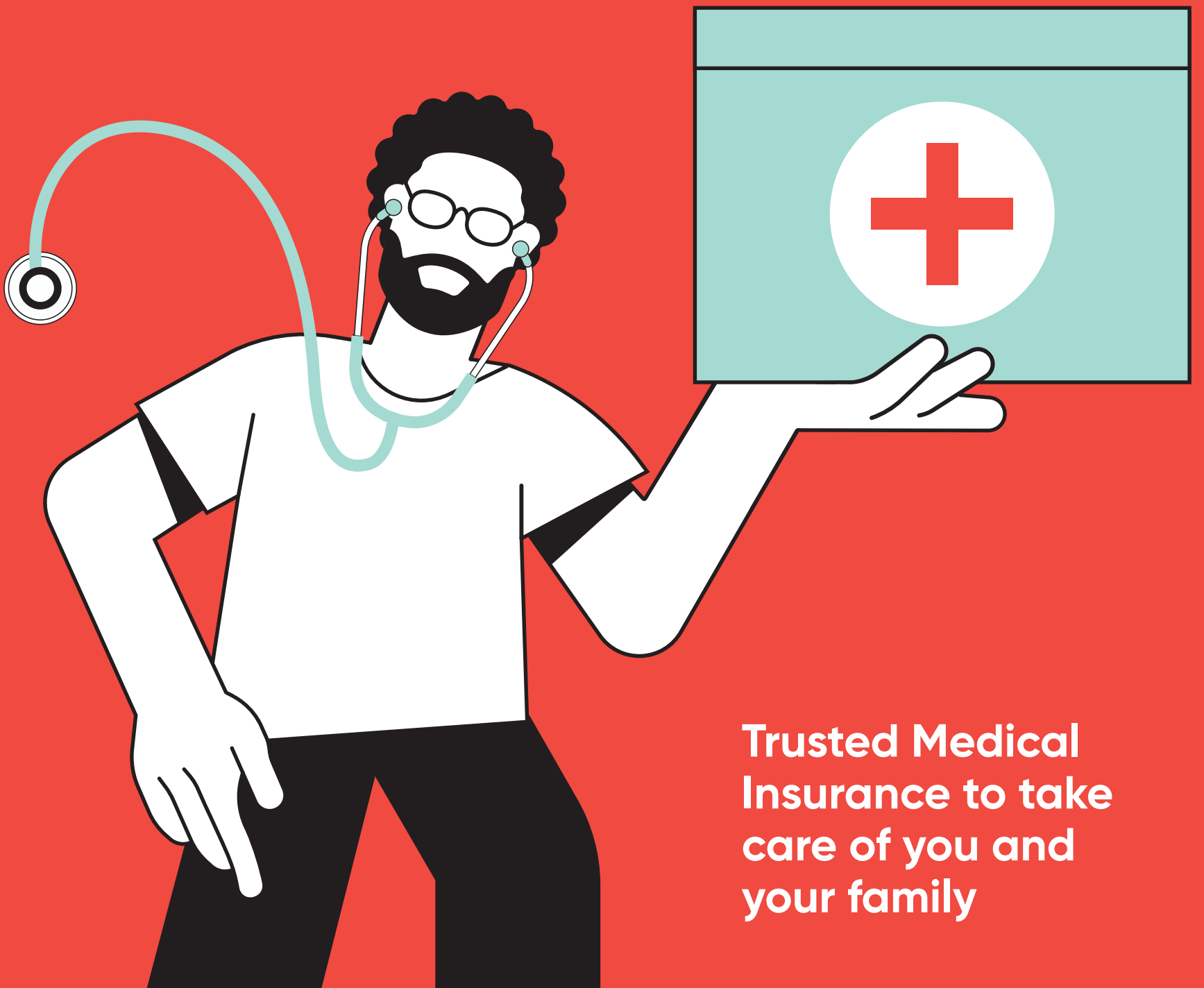


YOUR HEALTH IN GOOD HANDS



Trusted Medical
Insurance to take
care of you and
your family



The benefits are underwritten by Bryte Insurance Company Limited, a licensed insurance 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 **R454 per month** you get access to **20 benefits** including unlimited GP consultations, chronic medication, up to R325 000 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 4 100 GPs and over 400 clinics and hospitals nationwide.



YOUR PRIMARY HEALTHCARE BENEFITS



UNLIMITED GP CONSULTATIONS

**You have access to over
4 100 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 R59 per month and R35 if you have any children or dependants.





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 R330 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).

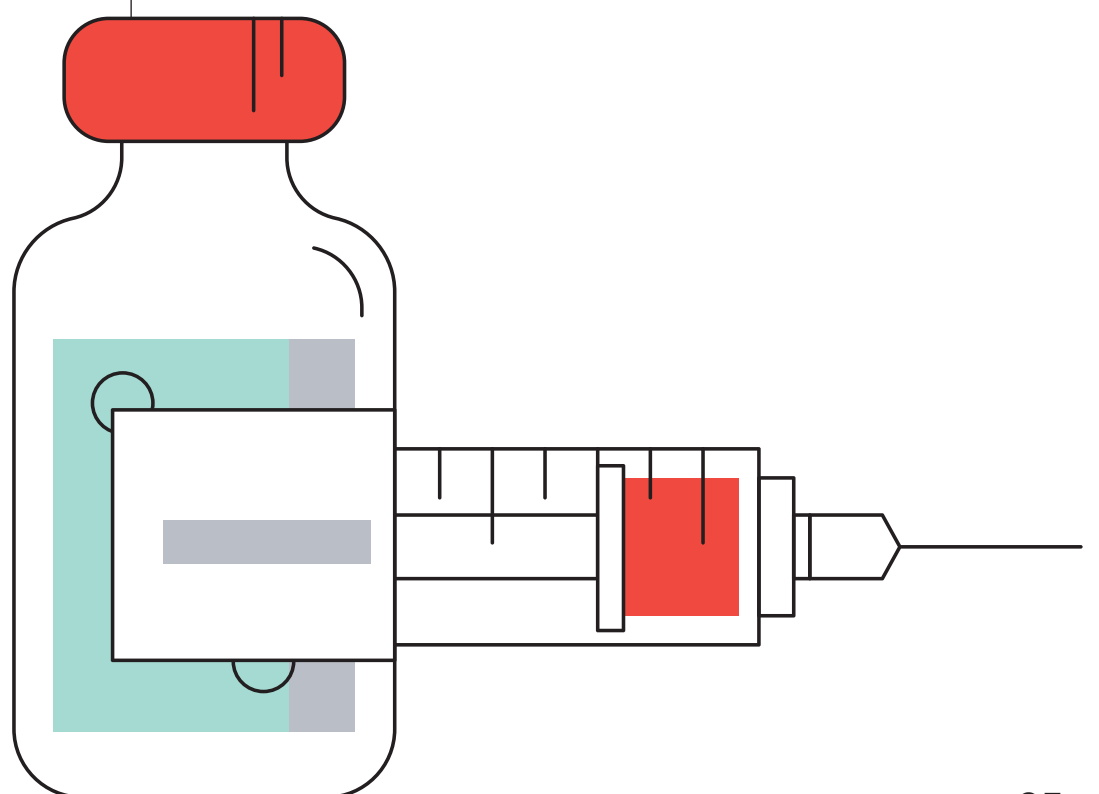


MATERNITY BENEFIT

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

This benefit is limited to R4 000 per family, per year.

Pre-authorisation is required.



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 during a casualty visit or in hospital following an accident.

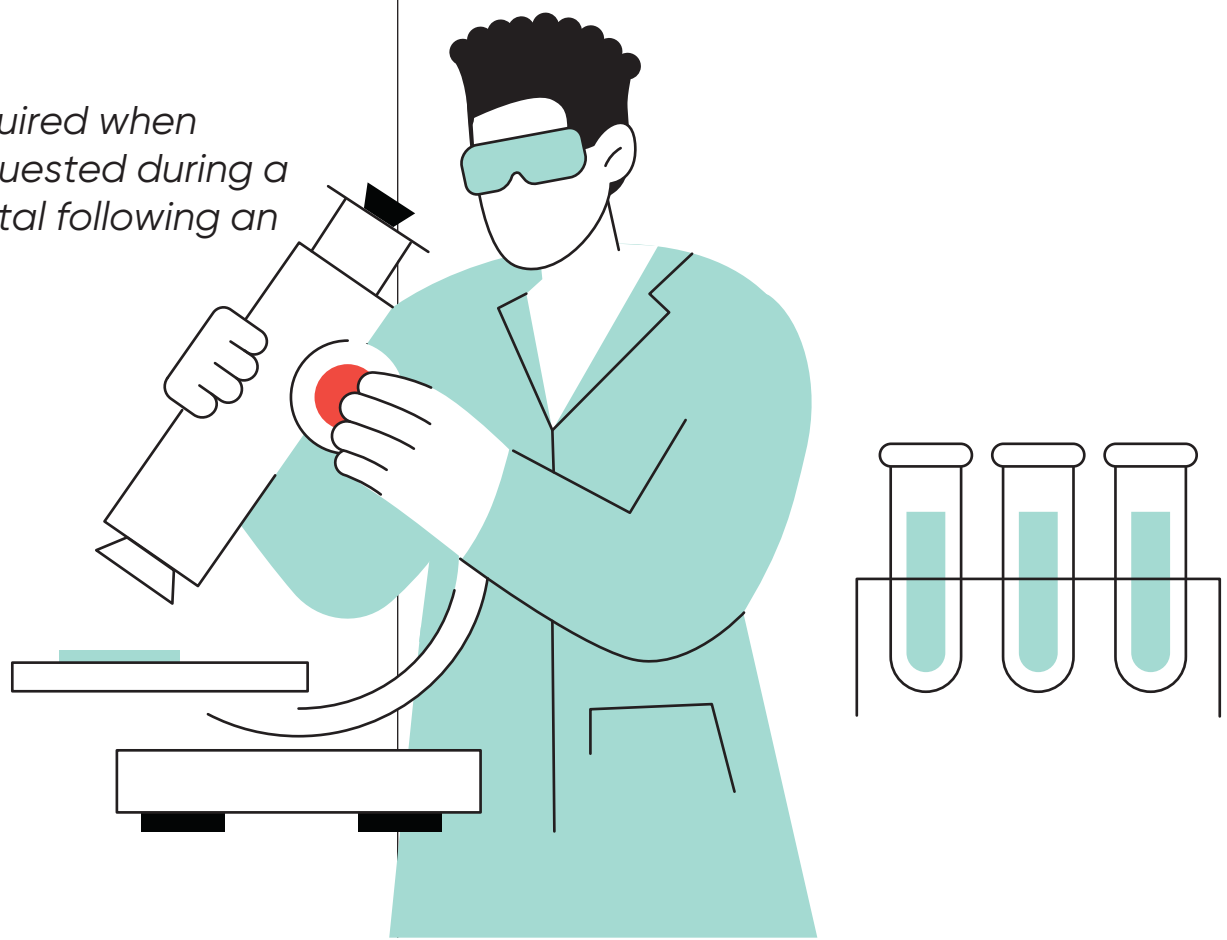


BASIC RADIOLOGY

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 during a casualty visit or in hospital following an accident.





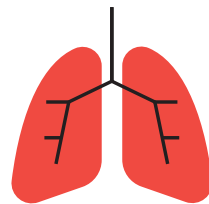
ACUTE MEDICATION

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

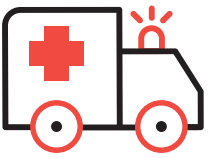
(Accidents only)

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

This benefit is limited to R8 000 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 R31 500 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.



IN HOSPITAL ACCIDENT BENEFIT

(Accidents only)

You're covered for inpatient hospital treatment for injuries sustained in an accident, up to R325 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 R21 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 000 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 R35 000.

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

Remember, to nominate a beneficiary before an accidental death occurs (this is the person who will receive the payout in the event of an 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
- Body mass index (BMI) and waist circumference
- HIV tests and counselling

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
- 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 for 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 R330, 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.



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 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 during a casualty visit or in hospital following an accident.



Acute medication








- Dispensing network GPs will give you the acute medication at your consultation.
- If the network GP is non-dispensing, you will need to collect your acute medication from a network pharmacy.
- 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Pre-authorisation is required for all of these benefits.• The hospital casualty ward or emergency unit staff must be informed that you have these benefits and they will get pre-authorisation on your behalf. It remains your responsibility to make sure authorisation is given by Unity Health.• There are no waiting periods for the hospital care benefits.
	Emergency stabilisation benefit	
	In hospital accident benefit	
	MRI & CT scan benefit	
	Physiotherapy and occupational therapy benefit	
	Accidental death benefit	<ul style="list-style-type: none">• 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 period 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.
- There is a nine-month waiting period for the maternity benefits.
- There is a twelve-month waiting period for chronic medication.
- 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 insurance 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 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 pharmacies.

TAKE NOTE!

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

Specialist consultations, optometry and dentistry are not included.

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

5 300

ECD Centres supported



Over

11 000

ECD practitioners
trained



Over

**2.1 MILLION
CHILDREN**

made school ready

YOUR HEALTH IN GOOD HANDS



Trusted by over

3 MILLION

South Africans



Over

R800 MILLION

in claims paid



32 OFFICES

nationwide



30 YEARS

in business



We are The Unlimited,
an Authorised Financial
Services Provider **covering**
over 3 million South Africans.

Call or WhatsApp

0861 990 000

Emergencies | Customer Care | Claims

theunlimited.co.za