

UNIVERSAL Health and Accident Plan

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UNIVERSAL Health and Accident Plan

The Universal Health & Accident Plan is a health insurance product specifically developed for employer groups who want to provide specified insurance cover for health events to lower income employees who do not otherwise have any form of health insurance.

With the Universal Health & Accident Plan, insured persons are covered for limited and specified unexpected health and accident-related events, subject to stated benefit amounts.

Who qualifies for the Universal Health & Accident Plan

The Universal Health & Accident Plan was created to provide employer groups with employees who earn less than R20,000 per month, with access to private healthcare cover. The Plan is open to any qualifying employer group to join.

Underwriting may apply based on the risk profile of the group.

Options and benefits

Employer groups can choose from one of four Universal Health & Accident Plan Options – Standard, Standard Advance, Essential and Essential Advance.

The four options are differentiated in terms of the richness of benefits (see the benefit schedule for details) with the Advance options including Emergency Benefits.

With all of the Universal Health & Accident Plan options, employees have access to the following stated benefits:

- Specified general practitioner (GP) visits including acute medication
- Chronic medication for specified conditions
- Specified X-rays
- Specified blood tests
- Specified optometry services, including eye tests and spectacles
- Specified basic emergency dental services

The Advance options include:

- Hospital Casualty / Emergency Room benefit and/or hospitalisation resulting from an Emergency Accidental Injury or from an Emergency Medical Illness.
- Emergency Medical Response services to the scene of an accident and transportation by road to the closest most appropriate private or public healthcare facility within the borders of South Africa.

* Please note all the above benefits are limited to stated benefit amounts as per the benefit schedule.

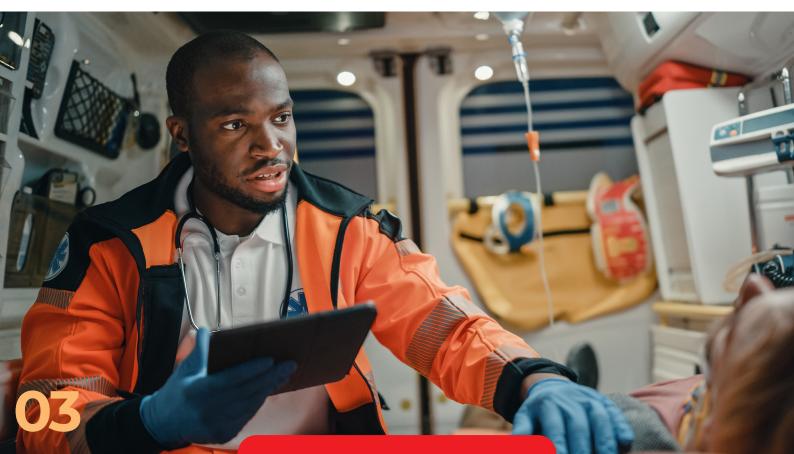
Benefit Schedule

Primary Healthcare Cover

	Standard/Standard Advance	Essential/Essential Advance	
Event	Benefit Description		
General Practitioners	5 General Practitioner events, at a General Practitioner that is part of the Universal Healthcare Provider Network, per insured person per 12 month period, including acute medication. Specified small office procedures are also included e.g. stitching of a wound.	Unlimited General Practitioner events, at a General Practitioner that is part of the Universal Healthcare Provider Network, per insured person per 12 month period, including acute medication. Specified small office procedures are also included e.g. stitching of a wound.	
Chronic Medication for a specified number of conditions per option	Cover for 15 conditions, subject to chronic condition registration. Chronic medication obtainable from a dispensing doctor or pharmacy who is part of the Universal Healthcare Provider Network. A Stated Benefit amount will be paid per insured person per month per registered condition.	Cover for 26 conditions, subject to chronic condition registration. Chronic medication obtainable from a dispensing doctor or pharmacy who is part of the Universal Healthcare Provider Network. A Stated Benefit amount will be paid per insured person per month per registered condition.	
Basic Radiology (X-rays)	Specified X-rays, at a radiologist who is part of the Universal Healthcare Provider Network, as requested as part of the 5 General Practitioners events per insured person per 12 month period. A Stated Benefit amount is payable for X-rays.	Specified X-rays, at a radiologist who is part of the Universal Healthcare Provider Network, as requested as part of a General Practitioner event. A Stated Benefit amount is payable for X-rays.	
Basic Pathology	Specified pathology tests, at a pathologist who is part of the Universal Healthcare Provider Network, as requested as part of the 5 General Practitioners events per insured person per 12 month period. A Stated Benefit amount is payable for pathology tests.	Specified pathology tests, at a pathologist who is part of the Universal Healthcare Provider Network, as requested as part of a General Practitioner event. A Stated Benefit amount is payable for pathology tests.	
Optometry	A stated benefit amount is payable for 1 eye test event and 1 pair of specified single or bifocal lenses and frame, at an optometrist who is part of the Universal Healthcare Provider Network, per insured person every 24 months.	and frame, at an optometrist who is part of the	
Dentistry	A stated benefit amount is payable for specified emergency dental procedures, at a dentist who is part of the Universal Healthcare Provider Network, per insured person per 12-month period.	A stated benefit amount is payable for specified emergency and basic dental procedures, at a dentist who is part of the Universal Healthcare Provider Network, per insured person per 12-month period.	
Maternity Benefits	No Benefit	A stated benefit amount is payable for 2 ultrasound scans during pregnancy, performed or requested by a Universal Network General practitioner, and specified pathology tests, per insured female person per 12-month period.	

Emergency Benefit: Essential Advance and Standard Advance

Event	Stated Benefit			
Emergency Hospital / Casualty Benefit For Accidental Injuries And Emergency Medica				
Emergency Accidental Injuries Hospital Casualty / Emergency Room Benefit and/or	Hospital casualty / Emergency Room benefit and/or Hospitalisation resulting from an Emergency Accidental Injury limited to up to R100 000 per insured person per 12-month period. Stated amounts (up to the benefit limit) will be paid, based on severity level, subject to pre- authorisation of treatment. Note: Hospital admission is ONLY covered where clinically indicated for in-hospital treatment of			
Hospitalisation Resulting from an Emergency Accidental Injury	an injury following an accident.			
Emergency Medical Illness Hospital Casualty / Emergency Room Benefit <i>and/or</i> Hospitalisation Resulting from an Emergency Medical Illness	Hospital casualty / Emergency Room benefit; and/or Hospitalisation resulting from an Emergency Medical Illness. Limited to R25 000 per insured person per 12-month period. Stated amounts (up to the benefit limit) will be paid, based on severity level, subject to pre-authorisation of treatment. Note: This benefit is ONLY available for an Emergency Medical Illness, and does not cover non- emergency doctor consultations at a Hospital Casualty/ Emergency Room. Hospital admission is ONLY covered where clinically indicated to stabilise an Emergency Medical Illness.			
Emergency Medical Services Response to the scene of an accident or medical emergency and transportation by road to the closest, most appropriate private or public healthcare facility within the border of South Africa.	A stated benefit amount of up to R25 000 per insured person is available per 12-month period based on the emergency service required and the severity of the health event.			



Chronic Conditions Covered

	Standard/Standard Advance	Essential/Essential Advance
Asthma	 Image: A start of the start of	
Bronchiectasis	 Image: A start of the start of	
Cardiac Arrhythmias	\checkmark	\bigcirc
Cardiomyopathy		\bigcirc
Chronic Obstructive Pulmonary Disease		\bigcirc
Congestive Cardiac Failure	 Image: A start of the start of	\bigcirc
Coronary Artery Disease	 Image: A start of the start of	\checkmark
Diabetes Mellitus Type 1	 Image: A start of the start of	\checkmark
Diabetes Mellitus Type 2		\checkmark
Epilepsy		\checkmark
Hyperlipidaemia		\checkmark
Hypertension		\checkmark
Hypothyroidism		 Image: A start of the start of
Glaucoma		 Image: A start of the start of
Parkinson's Disease	V	 Image: A start of the start of
Addison's Disease		 Image: A start of the start of
Chronic Renal Disease		 Image: A start of the start of
Crohn's Disease		 Image: A start of the start of
Diabetes Insipidus		 Image: A start of the start of
Menopause		 Image: A start of the start of
Multiple Sclerosis		I
Psoriasis		Ø
Rheumatoid Arthritis		Ø
Stroke		Ø
Systemic Lupus		Ø
Ulcerative colitis		

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Glossary of Terms:

- Acute Medication: Medicine prescribed by a general practitioner to treat an ailment of sudden onset and short duration.
- **Chronic Medication:** Medicine prescribed by the general practitioner to treat an ailment of persisting nature and longer duration.
- Emergency Dental Treatment: An acute disorder of oral health that requires dental and/or medical attention, including broken, loose, or avulsed teeth caused by traumas, infections and inflammations of the soft tissues of the mouth.
- Emergency Accidental Injuries: A sudden, and at the time, unexpected emergency health event resulting from an accident which causes a physical injury and which necessitates immediate medical or surgical treatment, where failure to provide emergency medical or surgical treatment would result in serious impairment to bodily function or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.
- Emergency Medical Illness: A sudden, and at the time, unexpected onset of a life-threatening medical emergency health event, necessitating immediate medical or surgical treatment, where failure to provide emergency medical or surgical treatment would result in serious impairment to bodily function or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.
- Universal Network Provider: The Universal Provider Network is a group of healthcare providers, that includes doctors, pharmacies, dentists and optometrists who have been contracted by Universal to provide the Universal Health & Accident Plan insured employees and dependants with services at negotiated rates.
- **Stated Benefits:** The monetary (rand value) paid in respect of medical treatment, diagnosis, or advice provided to the Insured Person whilst being treated at a registered health practice, registered hospital, casualty facility or an emergency medical facility in the Republic of South Africa, as per the policy.



Premiums and payments



Anyone can join the Universal Health & Accident Plan and best of all, everyone pays the same contribution rate, regardless of their age or healthcare status.

The plan is based on the principle of cross-subsidisation, which means that policy holders should start contributing to a health plan while they are still young and healthy. In this way they will be covered when they are older or sicker. Since policy holders can join at any time we are permitted to impose a three-month general waiting period or a 12-month condition-specific waiting period on their policy.

Premiums are calculated on a per month per insured person basis, depending on the selected option.

The employee may be subsidised by the employer, or either party may elect to pay full premiums associated with the selected Universal Health & Accident Plan option and the number of lives covered. Premiums are paid in advance by the Employer.

All employees in a group need to be on the same option.



Important to know

- Master policy: The collective policy, as accepted by an employer, is referred to as a master policy agreement and the employer will hence be referred to as the master policy holder.
- **Period of cover:** A master policy's lifetime is 12 months, whereafter it may be renewed, and therefore infers that employees who are covered by a master policy will qualify for cover during this time.
- **Prorated benefits:** Prorated benefits will be applicable to employees joining after the initial employer group activation or take-on date and thereafter proportionally prorated. Proration will be applied to GP consultations, radiology, pathology and dentistry.
- **Premium increases:** Premium increases are effected annually, on the 1st of January and the increase value is based on, inter alia, the claims experience and medical inflation.
- The role of the broker: Intermediaries accredited in terms of the Short Term Insurance Act (Commercial lines) may market the Universal Health & Accident Plan, and will receive monthly commission.
- Universal Healthcare Provider Network: The Universal Healthcare Provider Network is a group of healthcare providers, which includes doctors, pharmacies, dentists, optometrists, radiologists and pathologists who have been contracted by Universal to provide the Universal Health & Accident Plan insured employees with services at negotiated rates. Insured employees are encouraged to make use of the Universal Healthcare Provider Network to avoid co-payments, or to avoid paying for services from their own pockets.

In instances where the insured employees make use of an out-of-network provider, the insured person will be required to pay at point of service and submit a claim request to Universal for reimbursement.

• **mediBucks:** The mediBucks transactional account is a mandatory individual transactional account opened in the name of each insured employee, whereby insurance funds are paid into, and health providers are paid from, as per the stated benefit values as mandated by the employee.



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Underwritten by



The Universal Health & Accident Plan is underwritten by Mutual and Federal Risk Financing Limited, Registration Number 1966/10741/06. A licensed Non-Life Insurer and administered by Universal Health Cover (Pty) Ltd - an authorised Financial Services Provider - License no. 46047 and member of the Universal Group of Companies.

Please note: this is only a summary of the benefits of the Plan.