



Universal

Healthcare



Universal Health and Accident Plan



THE HEART OF HEALTHCARE



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 amount.

Who qualifies for the Universal Health & Accident Plan

The Universal Health & Accident Plan is aimed at employer groups with more than 50 employees, who earn less than R10 000 per month, join on a compulsory basis and who have not previously been members of a medical scheme.

Compulsory groups of 50 or more employees may join Essential, Standard and Comprehensive, while compulsory groups of more than 100 employees qualify to join Essential Advance, Standard Advance and Comprehensive Advance.

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

Options and benefits

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

The six options are differentiated in terms of the number of GP consultations, the number of chronic conditions covered, as well as emergency benefits. Furthermore, the Comprehensive Options provide cover for two ultrasound scans during pregnancy (see the benefit schedule for details).

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 base emergency dental services
- Unlimited telephonic psychosocial counselling

With the three ADVANCE options, employees also have access to the following emergency benefits:

- 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 (for definition see glossary of terms) amounts as per the benefit schedule.*

Benefit Schedule

Primary Healthcare Cover						
	Essential	Essential Advance	Standard	Standard Advance	Comprehensive	Comprehensive Advance
Event	Stated Benefit		Stated Benefit		Stated Benefit	
General Practitioners	3 General Practitioner events per insured per 12 month period, including acute medication. Specified small office procedures are also included.		5 General Practitioner events per insured per 12 month period, including acute medication. Specified small office procedures are also included.		Unlimited General Practitioner events per insured per 12 month period, including acute medication. Specified small office procedures are also included.	
Chronic Medication* (Covered conditions listed below)	11 Conditions, subject to registration. Chronic medication obtainable from a dispensing Universal Network doctor or at a Universal contracted pharmacy. A Stated Benefit amount will be paid per insured person per month per registered condition.		15 Conditions, subject to registration. Chronic medication obtainable from a dispensing Universal Network doctor or at a Universal contracted pharmacy. A Stated Benefit amount will be paid per insured person per month per registered condition.		25 Conditions, subject to registration. Chronic medication obtainable from a dispensing Universal Network doctor or at a Universal contracted pharmacy. A Stated Benefit amount will be paid per insured person per month per registered condition.	
Basic Radiology (X-rays)	Specified X-rays as requested as part of the 3 General Practitioners events per insured person per 12 month period. A Stated Benefit amount is payable for X-rays.		Specified x-rays 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 as requested as part of the General Practitioner events per insured person per 12 month period. A Stated Benefit amount is payable for x-rays. An Overall Annual Stated Benefit amount per insured of R2 200 applies.	
Basic Pathology	Specified pathology tests as requested as part of the 3 General Practitioners events per insured person per 12 month period. A Stated Benefit amount is payable for pathology tests.		Specified pathology tests 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 as requested as part of the General Practitioner events per insured person per 12 month period. A Stated Benefit amount is payable for pathology tests. An Overall Annual Stated Benefit amount per insured of R1 200 applies.	
Optometry	A Stated Benefit amount is payable for 1 eye test event and 1 pair of specified single or bifocal lenses and frame per insured person every 24 months.		A Stated Benefit amount is payable for 1 eye test event and 1 pair of specified single or bifocal lenses and frame per insured person every 24 months.		A Stated Benefit amount is payable for 1 eye test event and 1 pair of specified single or bifocal lenses and frame per insured person every 24 months.	
Basic Emergency Dentistry (see glossary of terms)	A Stated Benefit amount is payable for specified emergency dental procedures, extractions and fillings per insured person per 12 month period.		A Stated Benefit amount is payable for specified emergency dental procedures, extractions and fillings per insured person per 12 month period.		A Stated Benefit amount is payable for specified emergency dental procedures, extractions and fillings per insured person per 12 month period.	
Maternity Benefits	No benefit		No benefit		A Stated Benefit amount is payable for two ultrasound scans during pregnancy, as requested or performed by a General Practitioner during a General Practitioner event, per insured female person per 12 month period.	
Counselling	Unlimited telephonic psychosocial counselling		Unlimited telephonic psychosocial counselling		Unlimited telephonic psychosocial counselling	

Benefit Schedule

Primary Healthcare Cover						
	Essential	Essential Advance	Standard	Standard Advance	Comprehensive	Comprehensive Advance
Event	Stated Benefit		Stated Benefit		Stated Benefit	
Emergency Hospital / Casualty Benefit for Accidental Injuries and Emergency Medical Illness						
Emergency Accidental Injuries Hospital Casualty / Emergency Room Benefit; <i>and/or</i> Hospitalisation Resulting from an Emergency Accidental Injury (see glossary of terms)	No Benefit	Limited 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.	No Benefit	Limited 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.	No Benefit	Limited 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.
Emergency Medical Illness Hospital Casualty / Emergency Room Benefit; <i>and/or</i> Hospitalisation Resulting from an Emergency Medical Illness (see glossary of terms)	No Benefit	Limited to R15 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.	No Benefit	Limited to R15 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.	No Benefit	Limited to R15 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.



Benefit Schedule

Primary Healthcare Cover						
	Essential	Essential Advance	Standard	Standard Advance	Comprehensive	Comprehensive Advance
Event	Stated Benefit		Stated Benefit		Stated Benefit	
Emergency Hospital / Casualty Benefit for Accidental Injuries and Emergency Medical Illness						
Emergency Medical Services (see glossary of terms)	No Benefit	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.	No Benefit	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.	No Benefit	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.

Premiums						
Per Insured Employee	R186	R225	R229	R269	R285	R315
Per Insured Adult Dependant	R175	R221	R219	R264	R280	R311
Per Insured Child Dependant	R105	R150	R127	R172	R140	R179



Chronic Conditions

ALL OPTIONS; Essential, Essential Advance, Standard, Standard Advance, Comprehensive, Comprehensive Advance	Standard, Standard Advance, Comprehensive, Comprehensive Advance	Comprehensive, Comprehensive Advance
Asthma	Bronchiectasis	Addison's Disease
Chronic Obstructive Pulmonary Disease	Cardiomyopathy	Chronic Renal Disease
Diabetes Mellitus Type 1	Glaucoma	Crohn's Disease
Diabetes Mellitus Type 2	Parkinson's Disease	Menopause
Epilepsy		Multiple Sclerosis
Hyperlipidaemia		Psoriasis
Hypertension		Rheumatoid Arthritis
Cardiac Arrhythmias		Stroke
Congestive Cardiac Failure		Systemic Lupus
Coronary Artery Disease		Ulcerative Colitis
Hypothyroidism		

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 a general practitioner to treat an ailment of persisting nature and longer duration.

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 Dental Treatment: An acute disorder of oral health that requires dental and/or medical attention, including broken, loose, or avulsed teeth caused by trauma, infection and inflammation of the soft tissue of the mouth.

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 intervention would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.

Emergency Medical Services: Provides response to the scene of an accident or medical emergency by road, and stabilisation and treatment by paramedics at the scene of the incident, subject to the health event being an Emergency Medical Illness or an Emergency Accidental Injury. Transportation by road to the closest, most appropriate private or public healthcare facility within the borders of South Africa.

Stated Benefits: The monetary (rand value) for a stated health benefit 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.

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 their dependants with services at negotiated rates.



Premiums and payments

Premiums are calculated on a per month per insured person basis, depending on the selected option. Adult and child dependants may be added as per the policy rules.

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 and their dependants 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 of 10% per policy.

The Universal Provider Network: The Universal 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 and dependants with services at negotiated rates. Insured employees and dependants are encouraged to make use of the Universal Provider Network to avoid co-payments, or to avoid paying for services from their own pockets.

In instances where the insured employees and their dependants 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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mediBucks 
healthcare in your pocket

The mediBucks account is a savings product facilitated by Amber FinTech. Amber Financial Technology (Pty) Ltd ("Amber FinTech") is an authorised distribution channel of The South African Bank of Athens Limited, an Authorised Financial Services Provider (FSP 5865).

The Universal Health & Accident Plan is underwritten by Mutual & Federal Risk Financing Limited and administered by Universal Health Cover (Pty) Ltd – a registered 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.



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