



UNITYHEALTH



FREQUENTLY ASKED QUESTIONS

#TheJourney



Unity Health is a division of Ambledown
Financial Services (Pty) Ltd, an authorised
Financial Service Provider, FSP No. 10287.



Underwritten by Bryte Insurance
Company Limited a licensed insurer
and an authorised FSP (17703)

*This product is not a medical scheme and the required cover (benefits and contributions) are not the same as that of a medical scheme.
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Membership

Who should I contact if I have not received my membership card?

Unity Health has gone digital. This means you will receive a digital welcome pack containing a membership certificate, brochure and cut-out card. A digital version of your membership card is available on the Unity Health App for download (link). The digital card can be shared as an image file to all platforms. For assistance, contact Unity Health on **0861 366 006**.

How is cover cancelled?

31 days written notice must be provided to Unity Health via e-mail to membership@unityhealth.co.za. Cover is cancelled when premiums are not paid for two consecutive months.

Do I need to nominate a beneficiary to receive my accidental death benefit?

You must complete an accidental death beneficiary form and send it to membership@unityhealth.co.za. This form is included with your application form. You can nominate a beneficiary on the accidental death beneficiary form or by completing the beneficiary section at application stage.

My contact details have changed, where can I update these details, and should I notify Unity Health?

Please inform your broker of any contact or address changes. You can also contact Unity Health's Call Centre on **0861 366 006**, e-mail membership@unityhealth.co.za or update this information on your Unity Health App. It is very important to keep your details up to date so we can effectively communicate with you and to ensure in the case of an emergency that you are assisted as fast as possible.

What types of waiting periods apply to my membership?

Depending on your policy and type of the membership, the following is applicable in terms of waiting periods: Waiting periods apply from the start date of the policy and from each insured person's cover start date, unless otherwise specified.

NO GENERAL WAITING PERIOD FOR VOLUNTARY GROUPS WITHOUT THE GP PRE-AUTH WAIVER

Cover does not apply to the Day-to-Day, Wellness Assessments and Preventative Care Benefits during this period.

1 MONTH GENERAL WAITING PERIOD FOR VOLUNTARY GROUPS WITH THE GP PRE-AUTH WAIVER

Cover does not apply to the Day-to-Day, Wellness Assessments and Preventative Care Benefits during this period.

1 MONTH GENERAL WAITING PERIOD FOR INDIVIDUAL MEMBERS WITHOUT THE GP PRE-AUTH WAIVER

Cover does not apply to the Day-to-Day, Wellness Assessments and Preventative Care Benefits during this period.

2 MONTH GENERAL WAITING PERIOD FOR INDIVIDUAL MEMBERS WITH THE GP PRE-AUTH WAIVER

Cover does not apply to the Day-to-Day, Wellness Assessments and Preventative Care Benefits during this period.

12 MONTH CHRONIC ILLNESS WAITING PERIOD

Cover does not apply to the Chronic Medication Benefit during this period.

12 MONTH OPTOMETRY WAITING PERIOD

Cover does not apply to the Eye Care Benefit during this period.

Waiting periods do not apply to the Assistance Programme or Emergency Care Benefits.

How do I add or remove a dependant from my policy?

By completing the addition of dependant or cancellation forms. For group members, these forms need to be submitted via the broker or HR.

Premium & Payments

Will my policy premium be adjusted and how frequently will it be adjusted?

Unity Health is rated annually with adjustments taking effect on 1 January of every year; however, we do reserve the right to adjust the premium with 31 days written notice.

Adjustments are based on various factors including but not limited to loss ratio experience, medical tariff increases and inflation, changes in the group demographic profile and benefit changes.

What happens if my employer does not pay premiums on time?

Benefit coverage will be suspended, and any claims submitted during the time of suspension will only be paid once premium payments are up to date. If premiums are not paid for 2 consecutive months and there are no attempts to pay arrear premiums, the policy will be terminated.

My debit order didn't go through, what should I do?

If you have missed a premium, then an EFT payment can be made to activate your policy. For further details on the process contact your broker or contact Unity Health's Call Centre on 0861 366 006 or email membership@unityhealth.co.za.

What are the dates available for debit orders?

You can choose any of the following dates for our monthly debit order: 1st, 15th, 25th and the last day of the month.

Claims

How do claim payments work?

If your Unity Health Network Provider has already sent us your claim, you do not have to send us a copy. If you have paid for the services provided, you can submit it to Unity Health in any of these ways:

- E-mail your claim to claims@unityhealth.co.za
- Scan and submit your claim via the [Unity Health App](#)
- Post your claim to – [PO Box 1862, Cramerview, 2060](#)

Only benefits payable under this policy will be reimbursed up to the relevant benefit limits. Please read through your policy document thoroughly to avoid disappointment.

List of documentation required:

- Completed reimbursement form
- Principal insured ID
- Bank verification letter not older than three months
- Proof of payment
- Health care and/service provider's account(s)

How are claims settled?

In most cases, you simply present your Unity Health membership card or digital card and ID to the provider and the provider will submit the claim directly to Unity Health for processing and payment. In isolated cases, if you have paid the provider directly, you may fill out a reimbursement form and e-mail Unity Health at claims@unityhealth.co.za with all supporting documentation within 4 months from the date of treatment. Unity Health will assess and reimburse you in respect of all valid claims.

Frequently Asked Questions *[continued]*

How do I access information regarding the status of a claim or if I need to search for a service provider?

Unity Health encourages members to access Unity Health's online web portal to access the following:

1. Membership certificate;
2. The member's information loaded on Unity Health's system;
3. Claims received, processed and paid;
4. View your communications, policy document and brochures;
5. Network provider search;

If you are not registered on Unity Health's online web portal, please register at <https://live.unitywellness.co.za/unitylogin/perslogin.html>. If you require more information regarding the use of the online web portal, please contact Unity Health Call Centre on 0861 366 006. You can also view your claims and search for a network provider on our Unity Health App.

If you wish to dispute a claims assessment, what procedures need to be followed and within what time frame?

A claim may be disputed by:

Making representation to Unity Health or the Insurer indicated in the Disclosure Notice attached to the policy wording within 90 days of receipt of the benefit/rejection letter. Unity Health or the Insurer is obligated to provide you with feedback within 45 days.

You should first aim to resolve the dispute with Unity Health before contacting the Insurer by sending an email to complaints@unityhealth.co.za. You may also contact the Financial Service (FAIS) Ombudsman indicated in the Disclosure Notice attached to the policy wording should you not be satisfied with the response of the Insurer.

- The FAIS Ombudsman may also be contacted for any complaints against the broker.
- The Ombudsman for Short-Term Insurance may also be contacted for any complaints against the Insurer.

You may also constitute legal action should the matter not be resolved by either the Insurer or the relevant Ombudsman. The claim will prescribe 6 months after the expiry of the 90 days indicated above (no further claims will be payable for the specific claim).

Will the pathology tests, x-rays and medicines be covered if referred by a out of network GP?

No. Pathology tests, x-rays and medicines are covered only if referred by a Network GP.

Healthcare providers

Tips to remember when visiting your GP.

1. Call for pre-authorisation before your Network GP visit.
2. Provide your authorisation number to the Network GP reception when you make an appointment.
3. You need to take your Unity Health membership and either your ID, passport or driver's license with you. This will allow your Network GP to ensure that you are active and have benefits available. Remember that you have access to your digital membership card on the Unity Health App.
4. Always visit a Unity Health Network GP – to check if your provider is on the Unity Health Network go to www.unityhealth.co.za or contact the Unity Health Call Centre at 0861 366 006.
5. Check with your Network GP that your treatment or medicine is on our list of covered services.
6. Ensure your premiums are paid up to date.
7. If you are on a Plan B, you have to pay your Network GP a co-payment of R65 and no pre-authorisation is required.

How do I access a primary health care provider?

1. Contact the Unity Health Call Centre on 0861 366 006 to assist you to find a Network provider close to where you live or work.
2. Ensure you obtain the necessary pre-authorisation.
3. Make an appointment with the provider and ensure you present your Unity Health membership card or digital card and ID when you arrive for the consultation. Remember that you have access to your digital membership card on the Unity Health App.
4. You may also search for a provider using the Unity Health App or by logging into the member portal where you can search for a provider online.

The Unity Health Call Centre operates during the following hours:

- Monday to Friday: 08:00 to 17:00 and Saturday: 08:00 to 13:00;
- In the case of emergency after hours call our Call Centre on 0861 366 006 and press 1.

Frequently Asked Questions *[continued]*

What is the difference between a dispensing and non-dispensing provider?

A **dispensing provider** will provide your medication during the consultation and you will not receive a script to go to the pharmacy. A **non-dispensing provider** will give you a script during the consultation and you will need to go to an approved pharmacy to collect your medication. Any Alpha Pharm, Clicks, Dischem, Local Choice or Medicare pharmacies are approved on the Unity Health Network. The script will be subjected to the Mediscor formulary which your network provider will have.

What if my existing GP is not a network provider?

Call the Unity Health Call Centre on **0861 366 006** and ask for a provider request form. Fill out the form with your GP's details and e-mail the form to Unity Health at networks@unityhealth.co.za. Unity Health will contact the GP and advise you whether the GP decided to join or not.

Is there a network provider close to where I live or work?

You have access to the Unity Health website portal. You must register and login to gain access, to be able to search for a provider close to you via the Unity Health unique GEO mapping tool. This function is also available on the Unity Health mobile application. You can download the App from your play store.

You can contact Unity Health on **0861 366 006** or e-mail at networks@unityhealth.co.za to assist you with finding a Network provider closest to you. A provider search is available on our website.

Can a dispensing provider issue a script?

A dispensing provider may issue a script if he/she recommends a medication which is not kept in their rooms. These medications are usually on a higher schedule which will not be covered by Unity Health.

My dispensing provider did not provide me with enough medication, what do I do?

As per legislation, a consultation is confidential and between a doctor and patient. The doctor will use his/her discretion on which and how much medication to give and/or prescribe to the patient. It is best to contact your doctor again if the same problem persists.

Do I need to call for authorisation every time I consult with the doctor?

Yes. To ensure optimal patient management and care you have to call **0861 366 006** and obtain pre-authorisation before making an appointment with your Network GP.

How do nurses' consultations work?

You can consult with a nurse at approved pharmacy clinics. During your consultation nurses can provide acute medication up to Schedule 2 (subject to the Acute formulary). If during your consultation the nurse believes a virtual GP consultation is necessary, the nurse will facilitate this.

Is there a limit to nurses' consultations?

No. Please contact the Unity Health Call Centre on **0861 366 006** during office hours to assist you in locating your nearest nurse clinic or search on your Unity Health App.

How do Telemedicine Consultations work?

Virtual GP consultations are available through approved pharmacies that has a nurse clinic (Alpha Pharm, Clicks, Local Choice, Dischem and Medicare) and are partnered with Healforce and Alpha Doc. If the nurse believes a virtual GP consultation is necessary, the nurse will facilitate the video GP consultation.

How does virtual counselling work?

Virtual counselling services are provided by registered counsellors who follow specific procedures and clinical protocols. Our partners at Reality Wellness will assist you. Please contact them on one of the following numbers:

Toll free Line: **080 11 22 55 0** WhatsApp: **079 094 7096** Please call me number: **079 094 7096** Email: eppengage@realitywellness.co.za

Frequently Asked Questions *[continued]*

How do I find an approved pharmacy clinic?

Any Alpha Pharm, Clicks, Dischem, Local Choice or Medicare pharmacies are approved on the Unity Health Network.

How do I access my dental benefits?

Unity Health has an open network of dentists which means you may consult with any dentist of your choice. Some dentists charge according to our tariff rates, while others charge above these rates. Once at the dentist, you must present your membership card or digital card and ID document. Pre-authorisation is required for dental fillings.

When can I see a specialist?

If you have visited your Unity Health Network GP and he/she believes that you require the treatment of a specialist, he/she must write a referral letter, containing proof of failed treatment and send it to casemanagement@unityhealth.co.za. You will then have to contact the Unity Health Call Centre at **0861 366 006** to obtain pre-authorisation.

How do I request a specialist authorisation?

Members are required to provide the Unity Health Case Manager with the following information when requesting authorisation:

- Name and surname of the member requiring the authorisation
- Name and practice number of the Specialist your Network GP has referred you to
- Membership number
- ICD10 code or diagnosis
- Name and practice number of the referring GP
- The specialist authorisation provided is valid for two (2) weeks allowing time for you to make an appointment and consult the specialist

You may only visit a specialist if the treatment provided by your GP failed and your GP is of the opinion that you require a specialist's intervention.

Will tests requested by a Specialist be covered?

Pathology is covered from the specified tests on the Pathology form/those listed in your policy document. We will cover other investigations done by the Specialist in their rooms up to the specialist benefit limit. No other tests, procedures or admission is covered.

Do I need a specific form for pathology/radiology test referrals?

Yes, please make sure that only the Unity Health pathology/radiology form for tests/referrals are completed and given to you before going for these tests. All tests not listed on these forms are not covered by Unity Health and will be for the patient's account. The correct forms are available on the web portal.

GP Pre-Authorisation Waiver

Who is eligible for the pre-auth waiver benefit?

Existing Individual members and Groups on Primary Care or Primary and Hospital Care Plan C can add the waiver to their existing Unity Health policy only until 21 March 2024. New members may choose to add the waiver to their policies upon sign up.

Is there any cost associated with adding the pre-auth waiver?

An additional premium of R39 per policy per month applies when the GP pre-auth waiver is added.

How do I apply for the pre-auth waiver?

For individual members, the GP Pre-authorisation Waiver Debit Order Form needs to be completed and returned to the broker or sent to membership@unityhealth.co.za to apply for the benefit. Groups can ask their broker for assistance or send a request for a quote to quotes@unityhealth.co.za.

Can the pre-auth waiver be taken by one person on the policy?

No, the waiver is applicable to all members on the policy.

Frequently Asked Questions *[continued]*

Which benefits does the GP pre-auth waiver apply to?

The pre-auth waiver is applicable ONLY to Network GP consultations.

What are the advantages of the GP pre-auth waiver?

The waiver ensures you have access to Network GP consultations, and you don't have to call in for authorisation each time you want to visit your Network GP.

Can the GP pre-auth waiver be taken at any stage during the year?

No, the cut off date for existing members is 21 March 2024. New members who have not taken the waiver option at sign up will have to wait until the renewal period and they will be given a chance to add the waiver until 31 January 2025. There will be no exception once the application has been processed.

Is there a notice period to cancel the GP pre-auth waiver?

The GP pre-auth waiver remains valid and in effect until cancelled in writing with one (1) calendar month notice provided.

Accidents, emergencies and other benefits

What is an emergency?

A sudden event or unexpected health condition, which if not treated immediately would result in death or serious bodily impairment. Examples include heart attacks and strokes.

What is an accident?

"Accident" means a sudden external, violent, unexpected and visible event which results in the person suffering bodily injury. Examples include motor vehicle accidents, severe burns, exposure to poisons.

What do I do in the event of a medical emergency or an accident?

1. Call Unity Health Call Centre on **0861 366 006** and press 1 for an emergency or make use of the push-to-call function on your Unity Health App.
2. Ask to speak to the Case Manager on duty.
3. ER24 will verify the membership of the person in need of help, whether it be the main member or a dependant.
4. ER24 will assist the member with advice and emergency transportation to the nearest hospital facility.
5. Pre-authorisation needs to be obtained from Unity Health before a member can be treated for a medical emergency.
6. Unity Health will receive the account which will be subject to clinical review, based on clinical information from the hospital, before being processed.

What is an emergency casualty department?

An emergency department, also known as an accident and emergency department, emergency room (ER) or casualty department, is a medical treatment facility specialising in emergency treatment of patients who arrive without a prior appointment; either by their own means or by that of an ambulance. The emergency department is usually found in a hospital or other primary care centres. Due to the unplanned nature of patient attendance, the department must provide initial treatment for a wide range of illnesses and injuries, some of which may be life-threatening and require immediate medical attention.

What does emergency stabilisation mean?

A benefit equal to the cost of outpatient treatment in a hospital emergency or casualty unit provided that such treatment is in the event of an emergency. Stabilisation for the medical condition, e.g. appendicitis in the emergency unit would be covered under the stabilisation benefit, but admission to hospital for surgery would not be covered. In terms of your policy, it is the immediate treatment administered to a person in an emergency, to stabilise the patient before they are transferred to a state facility for further management.

Is the cost of the ambulance service covered?

Yes, you can contact Unity Health Call Centre on **0861 366 006** and press 1 in the event of an emergency or accident. Once you have been transported to the closest appropriate facility, the hospital should contact Unity Health.

Frequently Asked Questions *[continued]*

Is the member covered for overseas travel?

No, international cover is not provided.

What do I do if a benefit requires pre-authorisation?

You should contact the Unity Health Call Centre on **0861 366 006** and select the option for pre-authorisations. To access the benefit, you will require a pre-authorisation number from Unity Health.

Do I need an authorisation for maternity benefits?

Yes. Once the member has selected their Network GP or gynaecologist the member or provider should contact the Unity Health Call Centre and request to speak to the Unity Health Case Manager for pre-authorisation of their consultations and pregnancy ultrasounds.

What is a chronic condition?

A chronic condition is a disease that lasts more than 3 months and generally cannot be prevented by vaccines or cured with medication, nor do they just disappear. A chronic disease can be treated by medication that will be required to be taken for a lifetime.

For example: **Asthma; Chronic Obstructive Pulmonary Disorder; Diabetes Type 1 & 2; Epilepsy; HIV/AIDS; Hyperlipidaemia; Hypertension; Tuberculosis.**

What do I do if I suspect I have COVID-19?

1. Do not panic, we will guide you through the entire process.
2. Self-quarantine, isolate yourself.
3. Phone Unity Health on **0861 366 006** and ask to speak to one of our Case Managers.
4. Our Case Managers will ask you a series of questions, provide you with information and guide you on what to do next.

Are COVID-19 tests covered?

You have access to a COVID-19 PCR pathology test should you **test positive for COVID-19**. Authorisation and referral by a Network GP are required. Upfront payment will be required, in which case we will reimburse you if your test result is positive. Contact our Call Centre on **0861 366 006** and ask to speak to one of our Case Managers to obtain pre-authorisation. You may visit any Ampath, Pathcare or Lancet laboratory.

What is an exclusion?

An exclusion is a service, condition or event that will always be excluded from the policy cover. Refer to the policy document for a full list of the exclusions.

What other support does Unity Health offer under COVID-19?

Members on primary healthcare options have access to COVID-19 benefits.

If a test shows you have contracted COVID-19 and you visit a Unity Health Network GP, our benefits include the following:

- Consultation with a Unity Health Network GP
- Consultation with a Unity Health Network Nurse
- The test that shows you have COVID-19 (diagnostic testing – only if the test is positive)
- Basic chest X-rays
- Acute medication available on the formulary

We have experienced Case Managers available 24/7 to assist with:

- GP consultations
- Nurse consultations
- Testing guidelines
- COVID-19 information and guidelines.

Our partners at Reality Wellness are available to assist at any point in the process to help you cope with uncertainty, changes and challenges. Telephonic and virtual sessions are available for counselling.

Medication

What is acute medication?

Acute medication is used for diseases or conditions that have a rapid onset, severe symptoms, and that requires a short course of medicinal treatment. Acute medication must be prescribed by a Unity Health contracted Network GP. Only medication on the Unity Health acute medicine formulary will be covered. Acute medication will be provided as part of the acute consultation (when dispensed by a dispensing GP) or by a Unity Health network pharmacy if prescribed by a non-dispensing GP.

What is chronic medication?

It is medicine prescribed by a medical practitioner for an uninterrupted period longer than 3 months. The medicine is used for a medical condition which forms part of an approved list of chronic conditions. Approved chronic medication can only be prescribed by a Network GP.

For example: **Asthma; Chronic Obstructive Pulmonary Disorder; Diabetes Type 1&2; Epilepsy; HIV/AIDS; Hyperlipidaemia; Hypertension; Tuberculosis**

What is a formulary?

A formulary is a list of medication that has been approved by Unity Health. The member can normally find both generic and brand name drugs in formularies. Formulary prescription medication is chosen for its cost, effectiveness and safety. Non-formulary drugs will be for the member's own cost.

Can I buy medication over the counter (OTC) without a script from a GP?

No, you can only get medication from a pharmacy with a script from a non-dispensing Unity Health Network GP. You may consult with a nurse at an approved pharmacy and he/she can supply a script for minor ailments.

Will medication prescribed by a Specialist be paid?

We will cover the specialist consultation up to the benefit limit. If there are funds remaining, non-formulary medication may be paid from the specialist benefit. If the medication is on the acute formulary, it will be covered from the acute medication benefit. For chronic medication, the first script from a Specialist will/can be used for registering on the Disease Management programme. The subsequent scripts will need to be done by a Network GP.

What is the process for applying for chronic medication?

1. You must consult with your Network GP who will prescribe your chronic medication accordingly (existing or new chronic conditions).
2. The Network GP will assist you by one of the following methods:
 - a. The Network GP can contact Chroniline on **0860 119 553** to obtain telephonic authorisation on behalf of the patient.
 - b. The Network GP can fax a copy of the prescription to **0866 151 509** with the member's details reflecting on the script.
 - c. The Network GP can e-mail a copy of the prescription to **preauth@mediscor.co.za**.

Where can I collect my medication?

Once your chronic medication has been approved, you may collect it from any approved pharmacy including, Alpha Pharm, Clicks, Dischem, Local Choice or Medicare.

Remember your prescription and membership card or digital card.

Can my chronic medications be delivered?

Once you are registered to receive chronic medication you have an option for your medications to be delivered by our courier pharmacy (MEDIPOST) Your medications can be delivered to:

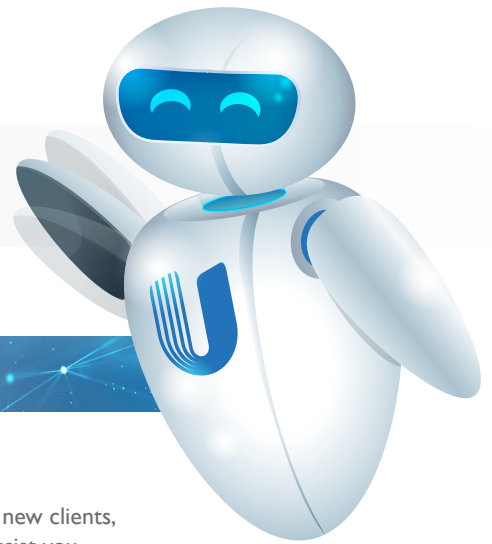
- To your Network GP
- To your home physical address
- To your work physical address

Email your prescription with your preferred delivery address to: **mrx2@medipost.co.za**

Frequently Asked Questions [continued]

Do I need to pay for the delivery?

Deliveries are usually free of charge.



UNIBot

Who is UNIBot?

UNIBot is very helpful and can assist with most general queries, FAQ's and form requests from new clients, Unity Health members, providers, brokers and companies. Below is a list of what UNIBot can assist you with. UNIBot can be accessed on our website, www.unityhealth.co.za

List of what UNIBot can assist with:

Queries:

Request a call back
General queries
Claims queries (new or existing)
Finding a Network provider
Authorisation
FAQ's

Forms:

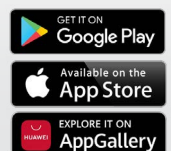
Pathology form
Radiology form

The Unity Health Mobile Application

The Unity Health App offers useful features such as:

- An emergency button for easy emergency assistance
- Tracking your GP visits, medication, and other claims
- Finding the nearest GP, nurses, dentists or optometrist
- Your digital membership card with your membership details
- A useful summary of your plan details, benefits and limits
- Your personal details
- All contact details for any enquiries
- FAQs
- Access to the intercare benefit

Download the Unity Health App on:



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