

You're unique, so why wouldn't your health insurance plan be unique as well?

Our plans consist of circular essentials and squiggly optional extras. The core benefits (Serious Matters) are compulsory and will form the basis of every **unafter** health insurance plan. You can leave it here, having only the Serious Matters benefits for your plan, OR you can take it one step further and add our Daily Matters benefits as well. That will ensure that both your in-hospital and out-of-hospital medical needs are covered.

Now comes the fun part. All clients who select both the Serious Matters + Daily Matters options can pick and choose which other packages (if any) they'd like to add to their plan. That means that you have the flexibility to add Family Matters, Opti-Denti Matters and/or Wellness Matters to your plan.

How and what you choose to mix and match in this section is entirely up to you.





The **matter** health insurance plan is leading the change and doing things differently.

It's personalised



Because you matter most to us, delivering personalised, world-class service and benefits is our top priority.

It's innovative



The mix-and-match nature of our health insurance solutions set us apart. We even offer flexible excess structures, allowing you (and your employer) to choose your own excess amount - or even structure your plan to have no excess at all.

It's flexible



By allowing you to select your own elective benefits, you (and your employer) are in full control of the end-product structure and cost.



Serious Matters

Your core benefits are the compulsory benefits and services that form the foundation of your health insurance plan. These benefits are what really matter most in any health insurance plan, covering everything from key hospital procedures, surgeries and treatments (inpatient benefits) to medical evacuations, tests, and home nursing.

Paid up to your annual limit USD 5 000 000 **Evacuation**. We cover the transport costs for in-patient All in-patient Cancer **Operating theatre charges** treatment or day case treatment, as well as for and intensive care costs treatment evacuation when the treatment is not available locally **Transplants** Ground Local air **Parent** Home nursing after Assistance in-patient treatment ambulance (surgery only) accommodation ambulance cover Nursing care, Outside area of cover. Compassionate Specialist fees Physicians' and Specialist' fees medicine, and Acute conditions are covered visit and living whilst in hospital (whilst in hospital) surgical dressings for 30 calendar days per trip allowance Surgical operations, including **Return journey**. We will cover the cost of an economy Hospice and palliative care pre- and post-operative care class air ticket by the most direct route available. up to USD 40 000 following the In the event of your death while you are away from diagnosis that your condition Prostheses, home, we will pay reasonable costs for transportation **In-patient** is terminal implants and only of your body rehabilitation appliances Kidnev failure Advanced **Psychiatric** Pathology, X-rays, diagnostic tests and physiotherapy **Pathology services** while you're an admitted patient in hospital and treatment imaging treatment

Accident-related dental treatment up to USD 2 000. Treatment must take place within 5-calendar days from the accident.

All Serious Matters benefits are subject to pre-authorisation. Refer to the membership guide for additional information relating to the pre-authorisation process and sub-limits of each benefit. A 3 (three) month moratorium calculated from the insured life's individual inception date applies to all elective treatments.

Daily Matters

We understand that sometimes 'life happens', which is why we've developed essential day-to-day benefits for all of those regular services (such as GP and specialist visits) and weird and wonderful tests (such as blood tests, X-rays and ECGs) that you may need. Accidents do happen from time to time, which is why these benefits cover accident-related dental treatment and advancing imaging (such as MRI, CT and PET scans).

Paid in full up to overall limit

Specialist' fees

General Medical Practitioner (GP) fees

Basic pathology

Advanced imaging (pre-authorisations required)

USD 2000

USD 20 000

All medicine and surgical dressings are covered

HIV/AIDS drug therapy

Limited to USD 4 000 per prosthetic device per year

Prosthetic devices required at the time of treatment

All Daily Matters benefits are on a reimbursement basis unless otherwise stated. Daily Matters claims are subject to excess (co-payments). Refer to your membership certificate to confirm the applicable excess value.

Family Matters

What matters more than your family? If you're thinking about starting a family or adding a new little member to your family, then our optional family care benefits are for you. They cover everything from prenatal care and maternity cover to childbirth benefits, and post-natal and newborn care. A 10-month (ten) waiting period is applicable to this benefit. Life threatening pregnancy and childbirth complications which are as a direct result of pregnancy or childbirth are covered as part of Serious Matters.



USD 12 250

Maternity cover (elective caesarean and routine childbirth)

Prenatal care

USD 25 500

Medically essential caesarean section

USD 1 300

Childbirth at home or birthing centre

USD 10 000*

Infertility treatment

USD 40 000

Newborn care

*Note: An 18-month (eighteen) waiting period is applicable to infertility treatment. Unisure reimburses all relating treatment at 50% of the total cost. All benefits requiring admission to a hospital are subject to pre-authorisation. Refer to the membership guide for additional information relating to the pre-authorisation process and sub-limits of each benefit.

Opti-Denti Matters

It matters to us that you're seeing a bright future and smiling about what lies ahead.

This section offers optional dental treatment and optical benefits, including preventative tests and checks (such as eye tests and dental check-ups), as well as routine dental maintenance and new spectacles and contact lenses.

USD 400

Optical

Eye test (every year)
75% for non-cosmetic spectacles and contact lenses
Frames (75%) and lenses (every 2 years)

USD 4 200

Dental treatment

Preventative (100%)
Routine (80%)
Major restorative, orthodontic and periodontal (50%)*

*A 6-month (six) waiting period is applicable to this benefit.

All Opt-Denti Matters benefits are on a reimbursement basis unless otherwise stated.



Wellness Matters

We believe that everyone should take their health matters into their own hands and adopt a holistic approach to their overall well-being. A healthy body needs a healthy mind to guide it, which is why our optional wellness benefits are of our most popular services. These optional extras include cover for full wellness screenings and preventative tests, as well as treatment by psychologists and complementary medicine practitioners.



Additional Matters

Last but not least, please have a look at some of the extras that are available to you to further personalise your plan and cost.

Excess (Co-Payment) Options

USD 0 / 10 / 25 / 50 / 75 / 100 / 250

Excess is applicable to every Daily Matters claim

Employee Assistance Programme

Psycho-social counselling and support(Only available for certain territories. Please ask your broker for more information)



How does the Claims Process work?

Out-Patient Treatment

No admission to a hospital is required. Applicable to Daily, Family, Opti-Denti and Wellness Matters benefits.



You Receive Treatment: Visit your medical service provider and receive treatment.



You Pay: When the treatment is completed, you pay the full amount owed upfront for the treatment and ask for a proof of payment, updated statement and a copy of the invoice.



You Fill out a Claim Form: Now you're ready to fill out a Umatter Claim Form. Complete all of the sections in full, making sure that your bank and medical details are correct (to avoid your claim payment being delayed).



You Click 'Send': Email your completed Claim Form and support documentation (statement of account, invoices, proof of payment, receipts etc) to claims.umatter@unisuregroup.com.



We Pay You: The claim refund process takes approximately 7 to 10 working days from claims assessment. You will receive a statement once you claims has been accessed confirming the amount refundable to you.

In-Patient

Admission to a hospital is required. All admissions are subject to pre-authorisation. Failure to obtain pre-authorisation might result in the short-payment and/or rejection of claims.



Contact Unisure on the emergency telephone number provided for Assistance and Pre-Authorisation (this would be done by you, or your family/colleague if you are not able to).



Once your treatment eligibility is confirmed, we'll advise the hospital accordingly and they will admit you to hospital.



You will receive treatment and, if necessary, Unisure will arrange further treatment at another facility, or abroad if the treatment is not available locally.

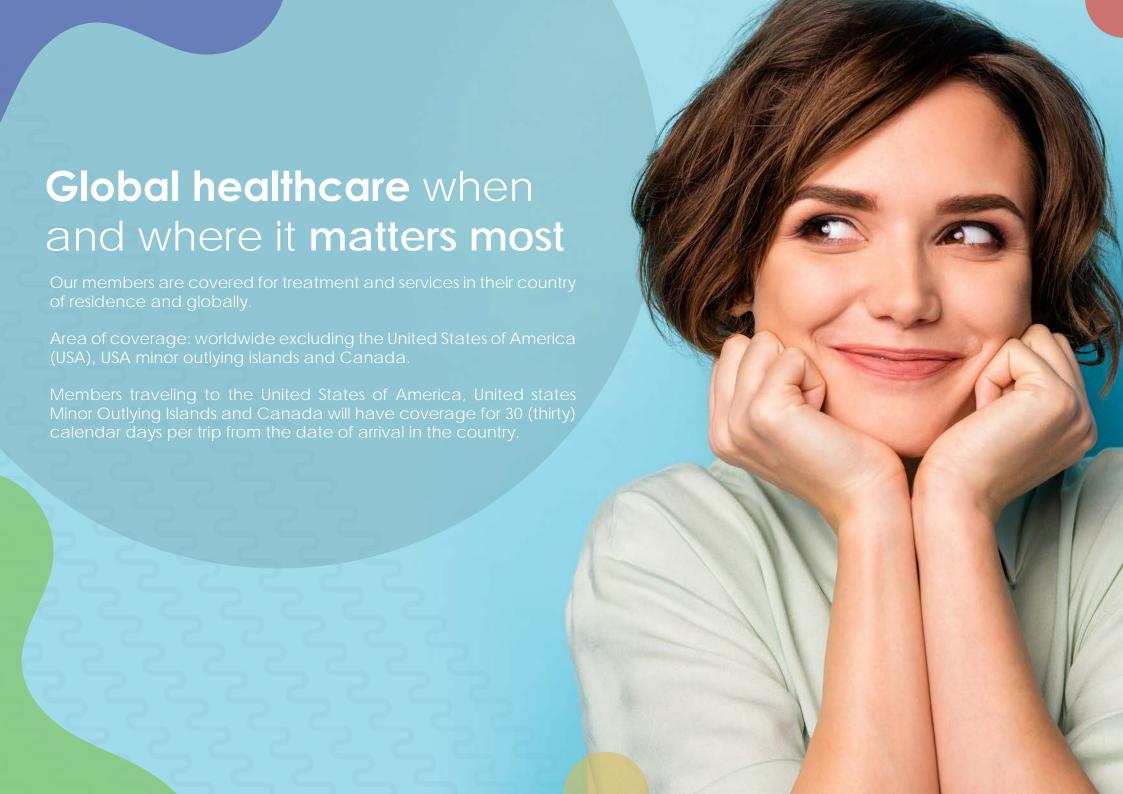


Your medical service provider will now submit a claim directly to Unisure for the reimbursement of the treatment you received.



The claim, as approved in the preauthorisation stage, will be paid by our Umatter Claims Team directly to the medical service provider.

Claims are processed on a weekly basis with all claims assessments being completed on Fridays. Reimbursements take on average 7 to 10 working days to complete.





Please note that all costs and limits outlined are applicable per membership year. Also note that this **matter** brochure must be read in conjunction with the full Membership Guide (which includes Policy Terms and Conditions).

This is a separate document issued by The Unisure Group and sets out the detailed policy conditions relating to this product. In the event of a conflict, the terms set out in the Membership Guide will take precedence.

All dependents must be on the same product selection (permutation) as the main applicant. Adding dependents will increase the total payable premium.

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The Unisure Group

We're an international health and life insurance solutions and employee benefits provider and we are proud to service the medical insurance needs of some of the world's largest organisations and employers.

Unisure Limited is registered in England and Wales with company registration number 09111373 and is authorised and regulated by the United Kingdom Financial Conduct Authority, with authorisation number 719400.

For more information, visit: www.unisuregroup.com/umatter

Let's talk about you

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