

Affordable Healthcare for Employees

There are many benefits that employers can offer their staff but there is one that tops them all: healthcare cover. That is because it keeps your team healthy, at work and shows that you care about their wellbeing. When looking for healthcare cover in South Africa, affordability remains an issue for a large part of the employed population. At the same time, there is an ever-increasing pressure on employers to provide access to private healthcare. Through our affordable healthcare solutions, employees receive quality healthcare at private facilities, no waiting in long queues at state clinics and state hospitals.

Why EssentialMED

EssentialMED supports employers in their efforts to give their employees access to quality private healthcare that suites their budget and their needs through a flexible solution that is as unique as your business. We have been providing innovative health insurance solutions since 2005 and are now part of the JSE listed AfroCentric group of companies, growing from strength to strength in our uncompromising journey of providing tailored medical insurance to South Africans.





Members have access to any private hospital of their choice and a nationwide network of doctors, dentists and optometrists.



Health insurance rates for those who can't afford a medical aid.



Benefits and cover that suit your unique business. Choose only what you need for your employees.



EssentialMED is trusted by thousands of people just like those employed by your company.

Our Benefits

Day to Day benefits

Visits to GPs, dentists, optometrists and specialists. Benefits for radiology, pathology, acute and chronic medication

Accident and Emergency

Hospital expenses as a result of an accident, emergency casualty room visits after hours, emergency transportation

Hospital

Hospital stay and medical costs for planned procedures, critical illness and maternity

Life and Funeral

Permanent Disability as a result of an accident and Funeral cover

LIFE, UNINTERRUPTED

Day-to-Day

Benefit	Description	Amber	Green
GP Visits 1 month waiting period	Unlimited, managed visits at a Network GP. Single members are required to obtain authorisation from the 5th GP visit and families from the 12th GP visit. R250 per out of network consultation, limited to 3 visits per year.	✓	✓
GP In-room procedures 1 month waiting period	Minor medical procedures as part of the Network GP consultation in the GP's rooms, such as stitching of wounds and limb casts.	✓	✓
Acute Medication 1 month waiting period	Medication dispensed or prescribed by a Network GP in accordance with a formulary. Prescribed medication may be collected from any pharmacy, including Clicks, Dischem and Medirite.	✓	✓
Chronic Medication 6 month waiting period	24 chronic conditions covered, medication prescribed according to a formulary list. The Network GP will register the medication, to be collected from any pharmacy, including Clicks, Dischem and Medirite.	No Benefit	✓
HIV 6 month waiting period	ARV medication in accordance with the network-prescribed formulary. R500 per month, limited to R6 000 per year.	No Benefit	✓
Basic Pathology 1 month waiting period	Basic blood tests as requested by Network GP, according to product formulary and protocols.	✓	✓
Basic Radiology 1 month waiting period	Black and white x-rays as requested by Network GP, according to product formulary and protocols.	✓	✓
Basic Dentistry 6 month waiting period	Covered at any dentist on the EssentialMED network. Dentist consultations and procedures as per protocols, including cleaning, pain control, amalgam fillings and normal extractions.	✓	✓
Basic Optometry 12 month waiting period	Covered at any Specsavers optometrist. 1 Eye test and 1 pair of clear standard single vision lenses with a standard frame. Benefit available every 2 years.	No Benefit	✓
Specialist Visits 3 month waiting period	Members may consult with any specialist of their choice. Limited to R1 000 per policy per year, subject to referral by a Network GP.	No Benefit	✓
Maternity 1 month waiting period	1 first trimester and 1 second trimester growth scan per pregnancy.	✓	✓

Waiting periods are standard but will be based on the risk and demographic profile of the group.

To find a network GP or dentist in your area, visit our website at

www.essentialmed.co.za

Premiums	Amber	Green
Main Member	R271.50	R386.90
Spouse	R216.40	R309.00
Child	R135.30	R193.60



Hospital and Related Benefits

The following benefits are available in addition to the Day-to-Day Benefits and cannot be selected on a stand alone basis.

Employers may select a benefit combination and benefit levels that will be applicable to all employees.

Accident Hospitalisation and Emergency Casualty benefits are mandatory benefits under the Hospital and Related Benefits category.

Illness Hospitalisation cover is mandatory when selecting either the Maternity Hospitalisation or Dread Disease benefits. However, the Illness Hospitalisation benefit may be selected on its own without the Maternity or Dread Disease benefits.

Start the Hospital and Related benefit portion of the plan with Accident and Emergency cover.



Accident and Emergency Cover





Members have access to any private hospital as well as an ambulance service for transportation to a hospital in the case of an accident.



The Accident benefit is designed to provide stated cash amounts to cover any costs associated with an accident event that results in hospital admission.



The Emergency benefit grants members access to after-hours emergency casualty rooms at a hospital for those emergencies when their GP is not available.

Benefit	Level 1	Level 2	Level 3
Accident Hospitalisation & Emergency Treatment In-hospital treatment at a private hospital in the event of an accident and if the patient is hospitalised for at least 24 consecutive hours. Includes MRI and CT scans while admitted to hospital. Transportation to the nearest appropriate hospital.	Single member: R75 000 per event, R150 000 per year Family Membership: R150 000 per event, R300 000 per year	Single member: R125 000 per event, R250 000 per year Family Membership: R250 000 per event, R500 000 per year	Single member: R200 000 per event, R400 000 per year Family Membership: R400 000 per event, R800 000 per year
Pre-authorisation required for all services and treatment. No waiting period	Includes a R15 000 limit per member per year for emergency room treatment only due to an accident and not admitted to hospital. Rehabilitation treatment for a period of 12 months after hospitalisation is included in the maximum limits, but limited to R2 000 per event per member and R5 000 per event per family.		
Casualty Events After-hours emergency treatment for an illness or minor casualty event at a casualty ward when no admission is required. All visits to the casualty ward must be pre-authorised. 1 month waiting period	Up to R2 000 per member per year, limited to annual overall limit of R4 000 per policy	Up to R4 000 per member per year, limited to annual overall limit of R8 000 per policy	Up to R6 000 per member per year, limited to annual overall limit of R12 000 per policy
Premium			
Main Member	R165.30	R211.20	R251.70
Spouse	R107.10	R138.30	R166.40
Child	R31.20	R39.50	R48.90

ADD Illness Hospitalisation

Our benefits give members access to private hospitals. This benefit builds on the Accident and Emergency cover to give a more comprehensive suite of hospital benefits for any eventuality.

Benefit	Level 1	Level 2	Level 3
Illness Hospitalisation Hospital admissions and related medical costs for planned procedures and illnesses. Day procedures are not included. 3 month waiting period for the daily cash benefits 12 month waiting period for pre-existing conditions 12 month waiting period for stated conditions 24 month waiting period for hysterectomy	Day 1 - up to R6 500 per member per day Day 2 - up to R4 500 per member per day Day 3 - up to R4 500 per member per day From Day 4 - up to R1 500 per member per day Maximum 21 days per event	Day 1 - up to R10 000 per member per day Day 2 - up to R6 500 per member per day Day 3 - up to R5 000 per member per day From Day 4 - up to R1 500 per member per day Maximum 21 days per event	Day 1 - up to R10 000 per member per day Day 2 - up to R6 500 per member per day Day 3 - up to R5 000 per member per day From Day 4 - up to R1 500 per member per day Maximum 21 days per event Procedures for certain stated conditions are covered regardless of admission days: - Hernia: R20 000 - Appendectomy: R35 000 - Gall bladder/Kidney Stones: R35 000 - Miscarriage: R10 000 - Hysterectomy: R45 000 Stated benefit limits are per member per year.
Premium			
Main Member	R60.30	R108.20	R157.00
Spouse	R40.60	R71.80	R103.00
Child	R12.50	R20.80	R29.20

ADD ICU

This benefit is in addition to the daily Hospitalisation benefit. ICU costs are claimed under the ICU benefit first and additional costs may apply to the Hospitalisation benefit.

ICU costs incurred as a result of an accident event are claimed under the Accident Hospitalisation benefit.

Benefit	Level 1	Level 2
ICU Care Applicable to Illness Hospitalisation for an authorised admission to ICU or High Care Unit. 3 month waiting period	Daily benefit amount of R12 500 per member per event up to a maximum of 5 days per event.	Daily benefit amount of R20 000 per member per event up to a maximum of 5 days per event.
Premium		
Main Member	R39.50	R67.60
Spouse	R27.00	R44.70
Child	R7.30	R13.50



ADD Maternity Hospitalisation

The benefit provides a stated amount to cover the hospital costs related to the birth of a child, regardless of the delivery method chosen by the member.

Benefit	
Maternity Hospitalisation Limited to one event per year per policy. The benefit limit is not in addition to the Illness Hospitalisation benefit. Miscarriage is not covered under this benefit. 12 month waiting period	R30 000 per delivery, irrespective of the delivery method.
Premium	
Main Member	R77.00
Spouse	R49.90
Child	R14.60

ADD Dread Disease

The benefit provides critical illness cover for major health events such as heart attacks, strokes, cancer and kidney failure when the Illness Hospitalisation benefit alone will not be enough to cover treatment.

Benefit	Level 1	Level 2	Level 3
Dread Disease Available once per policy per beneficiary per lifetime. This benefit is not in addition to the Illness Hospitalisation benefit and the two benefits may not be claimed at the same time. 12 month waiting period	R9 000 per day in hospital, up to a maximum of R185 000 per lifetime of member, payable according to stage of disease.	R9 000 per day in hospital, up to a maximum of R250 000 per lifetime of member, payable according to stage of disease.	R9 000 per day in hospital, up to a maximum of R350 000 per lifetime of member, payable according to stage of disease.
Premium			
Main Member	R20.80	R40.60	R54.10
Spouse	R13.50	R27.00	R35.40
Child	R5.20	R8.30	R10.40

ADD Permanent Disability

The benefit builds on the Accident Hospitalisation benefit to include additional cover for permanent disability if incurred as a result of an accident. The amount is available per event.

Benefit	Level 1	Level 2	Level 3
Permanent Disability Benefit available when permanent disability directly and independently results within 24 calendar months of the accident No waiting period on principal member 6 month waiting period applicable to spouse	Main member only Up to R200 000 less any accident costs already paid under the Accident Hospitalisation benefit. Limited to once per policy lifetime.	Main member only Up to R250 000 less any accident costs already paid under the Accident Hospitalisation benefit. Limited to once per policy lifetime.	Main member and spouse only Up to R250 000 less any accident costs already paid under the Accident Hospitalisation benefit. Limited to once per policy lifetime.
Premium			
Main Member	R39.50	R53.00	R81.10
Spouse	R26.00	R35.40	R54.10
Child	R7.30	R10.40	R15.60

ADD Funeral Cover

Our Funeral benefit provides a cash pay-out in the event of a member dying of natural or accidental causes. Members may add Funeral Cover to their Day-to-Day or Accident and Hospital benefits.

Benefit	Level 1	Level 2	Level 3
Funeral Cash payment in event of the death of an insured member 3 month waiting period for natural causes No waiting period for accidental causes	R10 000 for main member Family members: Spouse - 75% of cover Children 14 years and older - 75% Children 7 to 13 years - 50% Children 0 to 6 years - 25% Stillborn to 28 weeks - R1 250	R20 000 for main member Family members: Spouse - 75% of cover Children 14 years and older - 75% Children 7 to 13 years - 50% Children 0 to 6 years - 25% Stillborn to 28 weeks - R1 250	R30 000 for main member Family members: Spouse - 75% of cover Children 14 years and older - 75% Children 7 to 13 years - 50% Children 0 to 6 years - 25% Stillborn to 28 weeks - R1 250
Premium			
Per policy	R27.00	R54.10	R82.20

Wellness and Assistance

These benefits are available on all the Day-to-Day benefit options (Amber and Green).

Benefit	Description
Health Screenings	One health screening per member per year (blood pressure test, cholesterol, glucose level) at your Network GP.
Pap Smears	Available once a year at your Network GP.
Flu Vaccine	One Flu vaccination per member per year at an approved pharmacy clinic (Clicks or Dischem)
Medical Advice and Trauma Counselling	A 24-hour telephonic service is available for trauma counselling in the event of any traumatic or critical incidents such as hijacking, domestic violence, sexual or physical abuse, etc. as well as medical advice related to specific illness, child and baby care, etc.

Essential Voucher Programme

Our Essential Voucher Programme offers savings via a catalogue of discount vouchers on various day-to-day essential items from all Pick 'n Pay outlets nationwide – at no extra cost. Every month there will be new discount vouchers available for multiple products. Real savings to help you get more without paying more. To get access to the vouchers click on the Essential Voucher link on our website, **www.essentialmed.co.za**, and register on the mobi site.

Important Information

- The solution is offered to employer groups only for the provision of cover for employees and their dependants. EssentialMED will contract directly with the employer group/company.
- Membership may be on a compulsory or voluntary basis for all employees who are eligible according to the company's entry criteria.
- EssentialMED's corporate group offering is available only to employers with more than 10 employees and an employer requires a minimum of 10 employees to be enrolled.
- Dependants are subject to standard waiting periods if they are not added on the policy when the employee joins.
- Waiting periods and exclusions will be based on the risk and demographic profile of the employer group.
- Pricing and membership are dependent on the employer's unique circumstances, including the site and demographic profile of the employees.

- Only permanent employees up to a maximum age of 64 years are eligible to join EssentialMED. If membership is compulsory for all employees, EssentialMED will accept members of all ages within the group.
- Members will be able to add their spouse and child dependants to the product.
- Adult dependants who are not a spouse do not qualify for membership.
- We allow a maximum of six child dependants to be added onto the policy. Each child will be charged for. Children over the age of 21 years require proof of being full time students to remain on the policy until the age of 26 years, after which they will be removed from the policy. If no proof is received that the child is a full-time student, the child will be removed from the policy at the age of 21 years.

Contact and Other

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