

Health Insurance Brochure

Your guide to Essential Med health insurance benefits in 2024 for individuals & families



A Member of AfroCentric Group

EssentialMED

The Broker is **Episodic Health (Pty) Ltd**, an authorised Financial Services Provider (FSP 41319). The Administrator of the Essential Med Health Plan is **Essential Medical (Pty) Ltd**, an authorized Financial Services Provider (FSP 42980) and **Africa Unity Life Ltd**, a licensed Life insurer and authorized Financial Services Provider (FSP 8447). The Essential Med Health Plan is duly exempted by the Council of Medical Schemes (CMS) from the demarcation regulation as **DM1053B** and is a Health Insurance product and not a registered Medical Aid Scheme with the CMS. For more information regarding this product and demarcation exemption, please visit www.medicalschemes.co.za/insurers.

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Your Health Our Commitment

Access **private** quality healthcare on **nationwide** networks

Health Insurance is an affordable **alternative** to a Medical Aid

Compliment a Medical Aid hospital plan with a Day-to-Day plan for a more comprehensive suite of cover.

Change your plan as and when it suits you to meet your changing needs.

Look after your health and wellbeing with simple medical insurance plans.

Get access to quality private healthcare with benefits that pay for medical expenses.

Cover for **Primary Care** and **Hospital** benefits. Build a plan to suit you.

Flexible benefit choices means you design your own plan and save on your premiums

Claims **paid directly** to service providers

Powered by **EssentialMED** and **African Unity Life**.
You are in good hands.



Health Insurance Your Way

Build a plan that suits your budget.

Choose from a flexible range of affordable health insurance plans that make sense, whatever your needs for yourself and your family.

DAY-TO-DAY COVER

Covers a wide range of everyday out-of-hospital medical benefits including:

- Doctors & Dentists
- Acute & Chronic Medication
- Pathology & Radiology
- Optometry
- Specialists

STARTS AT R446 PM

ACCIDENT & HOSPITAL COVER

Get flexible cover for hospital expenses by choosing the hospital benefits that you need:

- Accidents & Casualty
- Illnesses & ICU
- Dread Diseases
- Maternity
- Permanent Disability

STARTS AT R186 PM

ULTIMATE FLEXIBILITY

Choose how you build your plan.

- Mix Day-to-Day & Hospital Cover into one comprehensive plan
- Up to 3 Levels of Cover per benefit
- Optional hospital benefits.
- Add your spouse & up to 6 children on one plan

Your premium depends on these choices. The **brochure will guide you** where these choices are available.



Day-to-Day Cover

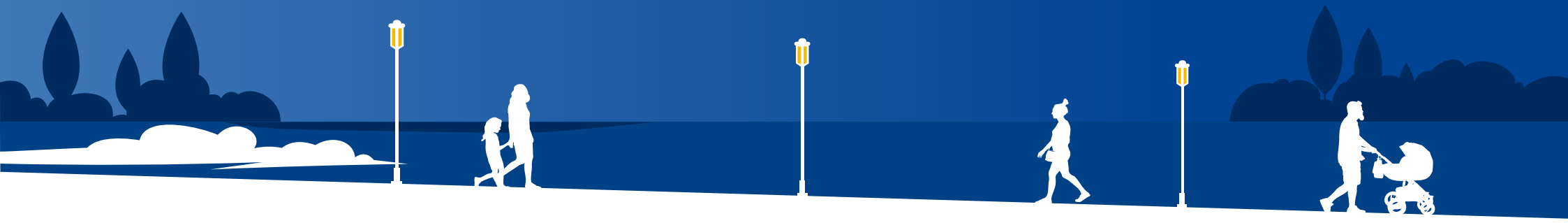
from R446 pm

The Day-to-Day plan is a collection of Primary Care benefits with a focus on preventative healthcare.

Get access to private healthcare providers for your everyday medical needs. See a network doctor as often as you need to with dentistry, medication, vaccinations and more included.

Choose this plan if your main aim is to keep yourself and your family healthy and productive by getting access to quality private medical care without relying on the public health system.

Day-to-Day Cover can compliment a Medical Aid hospital plan to add cover for out-of-hospital events for a more comprehensive suite of insurance cover.



Day-to-Day Cover

The following fixed benefits are included in all Day-to-Day plans

GP Visits



See a network doctor as often as you need to. Get unlimited managed consultation as well as basic in-room procedures such as stitches and limb casts.

3 out-of-network consultations covered per year up to R450 each.

Single policies must get authorisation from the 5th visit and families from 12th visit.

1 month waiting period

Acute Medication



Unlimited medication dispensed or prescribed by a network GP according to the formulary.

Includes 1 flu vaccination per member per year and Over-the-Counter (OTC) medication limited to R100 per event and R385 per year for single policies or R825 per year for family policies.

1 month waiting period

Radiology



Covers black & white x-rays as requested by a network GP according to the formulary & protocols.

Includes 1 first trimester and 1 second trimester pregnancy growth scan per pregnancy.

Excludes MRI and CT scans (note, these may be covered under accident hospital benefits)

1 month waiting period

Chronic Medication



24 chronic conditions covered for medication prescribed according to the formulary.

Includes ARV medication at R500 per month and R6 000 per year.

6 month waiting period

Pathology






Covers basic blood tests as requested by a network GP according to the formulary & protocols.

1 month waiting period



Day-to-Day Cover

	Level 1	Level 2	Level 3
Dentistry  <p>See a network dentist as often as you need to with 3 levels of cover to choose from. Excludes specialised dentistry. 6 month waiting period</p>	<p>Covers consultations and procedures including cleaning, pain control, fillings and normal extractions</p>	<p>All Level 1 benefits 1 root canal up to R2 200 per event per member each year. 1 crown up to R4 950 per event per member every 2 years</p>	<p>All Level 1 benefits 2 root canals up to R2 200 per event per member each year. 2 crowns up to R4 950 per event per member every 2 years Dentures up to R2 000 per policy per year</p>
Specialists  <p>Limited cover to pay for visits to a wide range of specialists when referred by a network GP. 3 month waiting period</p>	<p>Up to R1 100 per policy per year available for specialist consultations</p>	<p>Up to R1 650 per policy per year</p>	<p>Up to R2 200 per policy per year</p>
Optometry  <p>Eye tests and limited cover for frames and lenses available on a choice of 3 levels of cover. Excludes sunglasses, tinted lenses & hard coatings. 12 month waiting period</p>	<p>1 eye test per member per year 1 pair of clear standard single vision lenses with a frame per member every 2 years</p>	<p>All Level 1 benefits Upgrade Level 1 benefits to include 1 pair of bifocal or multifocal vision lenses with a frame per member every 2 years.</p>	<p>All Level 2 benefits Alternatively, 1 pack of contact lenses per member every 6 months up to R370 per pack.</p>



Accident & Hospital Cover

from R186 pm

Enjoy the ultimate flexibility to build a hospital plan on your terms. You get to choose the benefits you want at the level of cover that you need and control your budget.

All plans include Accident and Casualty benefits that have generous stated amounts to help pay for accident related events and emergencies.

From there you can add additional Hospital Cover benefits to include cover for medical expenses related to illnesses, maternity and dread diseases like cancer.



Choose this plan if your main aim is to have a basic level of cover for private hospitals that is built to fit your needs and budget.

Hospital Cover is a health insurance product and not a medical aid scheme, however, it can be an affordable alternative.



Accident & Hospital Cover

All plans start with a level of cover for accident related events and casualty.

	Level 1	Level 2	Level 3
Accident Hospitalisation  <p>Stated amounts to cover in-hospital treatment in the event of an accident if patient is hospitalised. Includes MRI and CT scans while admitted as well as 24/7 emergency services.</p> <p>Limits include rehabilitation treatment up to 6 months after the event limited to R2 000 per event per member and R5 000 per event per family.</p> <p>Includes up to R15 900 per member per year for emergency casualty room treatment for accident related events that do not require admission.</p> <p>Immediate cover</p>	<p>Single member policy: R79 500 per event R159 000 per year</p> <p>Family policy: R159 000 per event R318 000 per year</p>	<p>Single member policy: R132 500 per event R265 000 per year</p> <p>Family policy: R265 000 per event R530 000 per year</p>	<p>Single member policy: R212 000 per event R424 000 per year</p> <p>Family policy: R424 000 per event R800 000 per year</p>
Emergency Casualty Visits  <p>After-hours emergency treatment for an illness or minor casualty event at a casualty ward when no hospital admission is required.</p> <p>1 month waiting period</p>	<p>Up to R2 120 per member per year.</p> <p>Annual overall limit of R4 240 per policy</p>	<p>Up to R4 240 per member per year.</p> <p>Annual overall limit of R8 480 per policy</p>	<p>Up to R6 360 per member per year.</p> <p>Annual overall limit of R12 720 per policy</p>



Accident & Hospital Cover




Optionally add Illness Hospital cover to help pay for hospital medical expenses not related to an accident. Additional benefits are available if you include this option.

	Level 1	Level 2	Level 3
<div><div>Illness Hospitalisation</div><div></div><div><p>Hospital admissions and related medical costs for planned procedures and illnesses.</p><p>Surgical Day Procedures are included. Diagnostic procedures are excluded.</p><p>Stated amounts are available per day spent consecutively in hospital for the same event.</p><p>3 month waiting period</p><p>12 month waiting period for Stated Conditions on Level 3</p><p>24 month waiting period for Hysterectomy Stated Condition</p></div></div>	<div><div>Day 1</div><div>Up to R6 890 per member</div><div>Day 2</div><div>Up to R4 770 per member</div><div>Day 3</div><div>Up to R4 770 per member</div><div>From Day 4</div><div>Up to R1 590 per member per day</div><div>Maximum 21 days per event</div></div>	<div><div>Day 1</div><div>Up to R10 600 per member</div><div>Day 2</div><div>Up to R6 890 per member</div><div>Day 3</div><div>Up to R5 300 per member</div><div>From Day 4</div><div>Up to R1 590 per member per day</div><div>Maximum 21 days per event</div></div>	<div><div>Includes all Level 2 benefits</div><div>Stated Conditions below covered per member per year regardless of admission days:</div><div>Hernia: R21 200</div><div>Appendectomy: R37 100</div><div>Gallstones : R37 100</div><div>Kidney stones: R37 100</div><div>Miscarriage: R10 600</div><div>Hysterectomy: R47 700</div></div>



Accident & Hospital Cover


Upgrade any plan with additional add-on cover for permanent disability related to an accident event.

	Level 1	Level 2	Level 3
Dread Disease  Cover for critical illnesses like heart attacks, cancer and strokes. Pays out according to SCIDEP staging of the disease. Benefit is not in addition to Illness Hospitalisation benefit and limits are available once per member per lifetime 12 month waiting period	Maximum of R196 100 per member lifetime.	Maximum of R265 000 per member lifetime.	Maximum of R371 000 per member lifetime.
Intensive Care Units  Add-on cover for ICU stays. ICU costs are claimed under this benefit first and not in additional to Illness Hospitalisation. 3 month waiting period	R13 250 per day up to 5 consecutive days	R21 200 per day up to 5 consecutive days	
Maternity  Stated amount to cover hospital costs related to the birth of a child, regardless of the delivery method. 12 month waiting period	R31 800 per delivery Limited to 1 event per policy per year		



Accident & Hospital Cover

Upgrade any plan with additional add-on cover for permanent disability related to an accident event.

	Level 1	Level 2	Level 3
<div><div><div>Accident Permanent Disability</div><div></div></div><div><p>Additional cover for permanent disability if incurred directly or independently as a result of an accident within 24 months of the event.</p><p>Available once per policy lifetime minus any accident costs already paid under the Accident Hospitalisation benefit.</p><p>Immediate cover for Main Member</p></div></div>	<p>Up to R200 000 for the Main Member only</p>	<p>Up to R250 000 for the Main Member only</p>	<p>Up to R250 000 for the Main Member and their spouse</p> <p>6 month waiting period for spouse</p>



Premiums

Flexible benefits mean flexible premiums. Here are some **examples of popular plans**.

Premiums are calculated based on:

- ✓ The **number of family members** on the policy.
- ✓ The **choice of benefits** in the plan.
- ✓ The **level of cover** chosen for benefits.

Medical Aid Compliment

Daniel & Danielle take out a basic Day-to-Day cover plan with benefits on Level 1 to compliment their medical aid hospital plan.

R 802

Professional Couple

Samual and Violet are in their 40s and their children are grown up. They want a comprehensive plan for as much cover as they can get. They take Level 3 benefits for Day-to-Day and Hospital cover but leave out Maternity and Disability benefits.

R 2 529

The Student

Thabo is a 20 year old student. He gets primary healthcare on campus but is worried about being involved in an accident. He takes the Accident Hospitalisation and Emergency Casualty benefits on Level 3

R 283.50

Young Family

Lindiwe has a husband and two young children. She needs a plan that lets them see a doctor when they need to and basic hospital cover for accidents. She takes:

- Day-to-Day cover all on Level 1
- Accident Hospitalisation on Level 1
- Emergency Casualty on Level 1

R 1 625.50

Working Family

James and Desiré have 3 kids and want to plan for a 4th baby. They can't afford a medical aid but want to make sure they have adequate cover for hospital events. They take all Hospital Cover benefits on Level 2 with Maternity cover but leave out ICU and Disability cover.

R 1 096

A Network You Can Depend On

Access a nationwide network of private healthcare providers when you need to see a doctor, visit a dentist, get medication or go to hospital.



Hospitals

Make use of any private or public hospital in South Africa including NetCare, Busamed, Life hospital groups and Cure Day Clinics. There is no hospital network.

Doctors & Dentists

Get access to a nationwide network of private doctors and dentists.

Specialists

You may be referred to any provider in the country, there is no network of specialist doctors

Medication

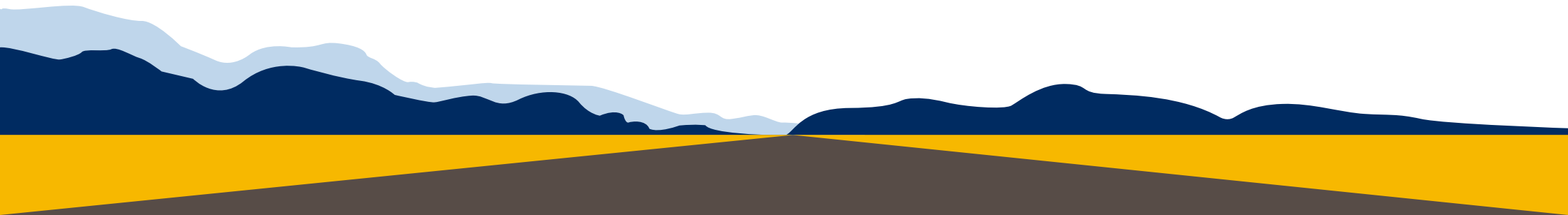
Formulary medication is available through dispensing network doctors or all major pharmacy groups including Clicks, Medirite and Dischem.

Pathology & Radiology

Get blood tests from any major laboratory including Lancet, AmPath and Pathcare. Get x-rays and scans from any major radiology provider.

Optometry

Fulfilled through SpecSavers and Execuspecs nationwide.



Waiting Periods for All Plans

Waiting Periods are the time after which you may claim for a specific benefit.

This is a summary of the waiting periods, refer to the individual benefits for specific conditions.

IMMEDIATE	1 MONTH	3 MONTHS	6 MONTHS	12 MONTHS
Accident Hospitalisation	GP Visits	Specialists	Dentistry	Optometry
Permanent Disability	Acute Medication	Illness Hospitalisation	Chronic Medication	Maternity
	Pathology	Intensive Care Units		Dread Disease
	Radiology			
	Emergency Casualty			

* Stated Conditions on Illness Hospitalisation benefit can carry different Waiting Periods

* Condition Specific Waiting Periods may apply

Important Information

How many people may I add to my policy?

You can add your spouse or partner and up to 6 children on one plan. That's a maximum of 8 family members.

Are there any age restrictions?

All members must be younger than 65 when they join a policy. Adult members must be older than 18 and children must be unmarried and younger than 21 (or 26 if they are full time students).

Can I change my benefit choices?

Yes, at any time you may amend your policy to add or remove benefits to meet your life's changing needs over time.

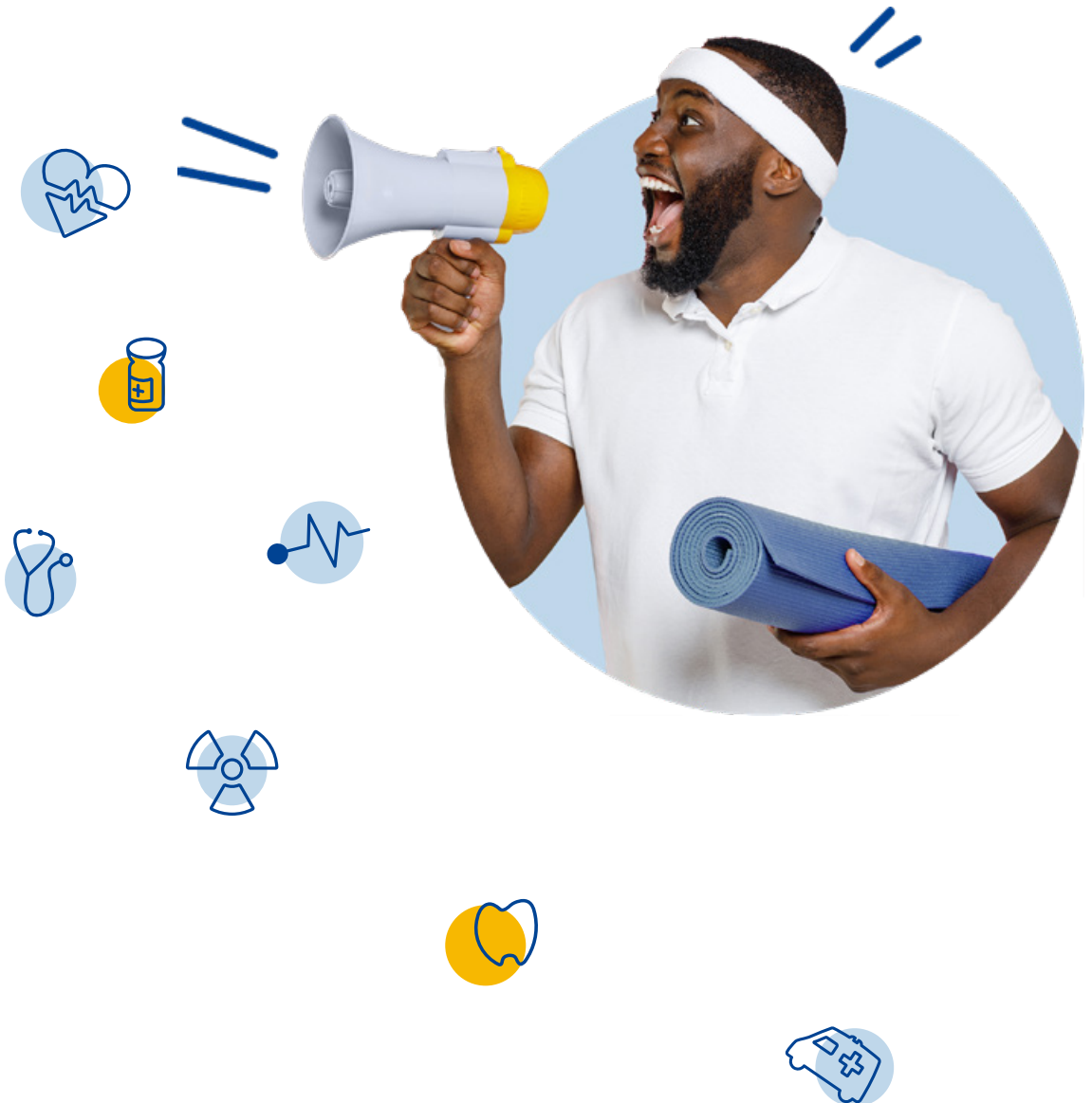
Is there any medical underwriting?

Yes. Each member on a policy must disclose their relevant medical history which may result in an additional Condition Specific Waiting Periods being applied on certain benefits.

Are there networks for medical providers?

There is a nationwide network of doctors, dentists and optometrists. All major pharmacies are supported as well as the major pathology and radiology practices. There is no network for hospitals, you can use any private or public hospital in South Africa.

To find a provider on our network, see our website for a helpful lookup tool.



Important Information

How are claims paid?

Claims are, in general, paid directly to the providers. Where a provider insists on direct settlement, the claim can be sent for reimbursement.

Are there co-payments?

Most benefits are available according to a formulary or protocol list which are extensive and designed to cover most basic primary care needs. Treatment outside of this may incur additional payment by the member.

Acute and chronic medication formularies are subject to a maximum price based on the average price of generic drugs in that category. If your medicine costs more there may be a co-payment.

What is an “unlimited” benefit?

An “unlimited” benefit is one that can be used as often as is medically necessary. There is no cap on how many times it can be used in a year, however, authorisation may be required in some cases.

Is authorisation needed?

All accident and hospital related benefits, including casualty benefits, require pre-authorisation from a 24/7 call-center.

What is a “managed” benefit?

“Managed” primary care benefits may require pre-authorisation after a set number of claims per policy. For the GP Benefit, this would be from the 5th visit for single policies and from the 12th for family policies.

How is my premium calculated?

Essential Med health insurance is flexible. Your final premium depends on: how many family members are added on the plan, the benefits you choose to include and the level of cover you decide on for those benefits.

There are no late joiner penalties (as with a Medical Aid).

Is this a Medical Aid?

No. Episodic offers a health insurance product from EssentialMED which is similar but not the same as a medical aid scheme.

What is the difference to a Medical Aid?

Health insurance is event-based, almost like homeowners’ insurance – if something happens, it pays out a set amount if that event is covered on your policy. The difference lies in the benefit structures of what is covered and the regulations applicable to the two.

Medical aid by law must cover a more comprehensive list of prescribed minimum benefits that all members must receive (and thus pay for), regardless of whether they use them or not.

Health insurance offers a more basic benefit structure that pays for specific events at fixed rates, and allows you to choose the cover you want and can afford.

Can I have both a Medical Aid and a Health Insurance Policy?

Yes, as long as they cover different things. Day-to-Day cover works well with a medical aid hospital plan to add insurance cover for everyday primary care benefits.

What is the difference to Gap cover?

Health insurance and Gap cover are not the same thing. Gap cover is designed to work only with a Medical Aid to help cover the shortfall for claims. Health insurance can be taken out on its own.

How does SCIDEP Staging apply to the Dread Disease benefit?

SCIDEP staging applies to certain critical illnesses and defines the severity of the illness. The benefit then covers treatment according to that stage:

Stage 4: 100% of the available benefit

Stage 2: 75%

Stage 2: 50%

Stage 1: 25%

For example, if a member is diagnosed with Stage 2 cancer, then 50% of the available benefit can be used for treatment leaving the remaining 50% to cover future events for that member.

Important Information

What chronic conditions are covered under Day-to-Day?

Addison's Disease	Asthma
Bronchiectasis	Cardiac Failure
Cardiomyopathy	COPD
Chronic Renal Failure	Coronary Artery Disease
Crohn's Disease	Diabetes Insipidus
Diabetes Mellitus 1 & 2	Dysrhythmia
Epilepsy	Glaucoma
HIV	Hyperlipidaemia
Hypertension	Hypothyroidism
Multiple Sclerosis	Parkinson's Disease
Rheumatoid Arthritis	Lupus (SLE)
Ulcerative Colitis	

Check our website for possible updates or amendments to this list over time.

Which specialists are covered under Day-to-Day?

Dermatolog	Obstetrics & Gynaecology
Pulmonology	Specialist Physician
Gastroenterology	Neurology
Cardiology	Psychiatry
Oncology	Ophthalmology
Orthopaedics	Otorhinolaryngology
Rheumatology	Paediatrics
Physical Medicine	Neurosurgery
Plastic Surgery	Reconstructive Surgery
General Surgery	Cardio Thoracic Surgery
Urology	

Check our website for updates and amendments to this list.

Is there any medical underwriting?

Yes. Certain benefits will require that all members on a policy disclose their recent medical history. Certain pre-existing conditions may result in Condition Specific Waiting Periods being applied or an exclusion of cover.

What is a Condition Specific Waiting Period?

Certain pre-existing conditions disclosed in the underwriting may result in special waiting periods being applied to claims related to that condition.

Can I cancel my policy?

You may at any time cancel your policy by giving us 30 days written notice.

Is there an admin or policy fee?

No, there is no once off fee to initiate a policy. Each policy does come with 2 membership cards included. To get more cards there may be an additional fee to cover the printing and delivery.

From when is my policy active?

Once we have received the first premium payment then your policy becomes active and you can start using benefits (according to their waiting periods).

What happens if I miss a premium payment?

Premiums are payable in advance. You have a 15 day grace period to pay any arrears.

A policy will lapse at that point but you have 2 months to reinstate your cover on the discretion of the underwriter and provided all arrears amounts are settled.

Who is the broker?

Episodic Health is the appointed and mandated broker who markets and sells this Essential Med Health Plan product.

Who administers the policy?

Essential Medical (Pty) Ltd as the mandated Underwriting Manager is responsible for handling your claims, queries and providing you with the necessary product information.

Who is the underwriter?

The Essential Med Health Plan is underwritten by African Unity Life Ltd, a licensed life insurer and an authorised Financial Services Provider

Health Insurance

solutions for individuals
& families

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Distributed by:

Episodic Health (Pty) Ltd is an authorised Financial Services Provider.

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African Unity Life Ltd is a licensed life insurer and an authorised Financial Services Provider.

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For more information, visit www.medicalschemes.co.za/insurers

