
A Member of AfroCentric Group
EssentialMED
2021
EssentialMED

EssentialMED's health insurance is as unique as you. Our cover is flexible and affordable - you choose the benefits you need and the level of cover you want. We offer benefit packages that could include either a primary care only offering with all the day-to-day benefits you need to keep your family healthy or a more comprehensive package that includes cover for the times you need to go to hospital for illness procedures, accidents, maternity, critical illness and emergencies. You can also add funeral cover to your plan. Our product solution allows you to build a healthcare plan that suits your specific needs and pocket to give your family access to quality private healthcare.

Why EssentialMED

Massive Network

Any private hospital of your choice and a nationwide network of doctors, dentists and optometrists.

Affordable

Health insurance rates for those who can't afford a medical aid. Get private healthcare at a price that suits you.

Flexible

Choose only the benefits you need and the level of cover you want.

Reputable

We are trusted by thousands of families just like yours. You can rest assured you're in the right hands.

One Product. Simple Benefit Choices.

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

Day-to-Day

All benefits of the day-to-day package are included in your primary care cover.
Some benefits have flexible levels from which you can choose the one that best suits your needs.

Fixed Benefits	
GP Visits 1 month waiting period	Unlimited, managed visits at a network GP. Includes minor medical procedures as part of the Network GP consultation in the GP's rooms, such as stitching of wounds and limb casts. 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.
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.
OTC Medication 1 month waiting period	You don't need a prescription for OTC (Over the Counter) medication and may get it directly from the pharmacy, according to a formulary. Includes one flu vaccination per year at an approved pharmacy clinic (including Clicks, Dischem and Medirite). Single member: Limited to R350 per year and R100 per event Member + one or more: Limited to R750 per year and R100 per event
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. Includes ARV medication in accordance with the network-prescribed formulary at R500 per month, limited to a maximum of R6 000 per year.
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. Includes one 1st trimester and one 2nd trimester pregnancy growth scan per pregnancy. MRI and CT scans are not covered.

Flexible Benefits			
	Level 1	**Level 2**	**Level 3**
Basic Dentistry 6 month waiting period	Dentist consultations and procedures as per protocols, including cleaning, pain control, amalgam fillings and normal extractions. Covered at any dentist on the EssentialMED network.	All benefits as per Level 1 plus 1 Root Canal Treatment to the value of R2 000 per event per beneficiary within a 12 month period. 1 Crown per beneficiary to the value of R4 500 per event within a 24 month period. Resin Fillings included. Covered at any dentist on the EssentialMED network.	All benefits as per Level 1 plus 2 Root Canal Treatments to the value of R2 000 per event per beneficiary within a 12 month period. 2 Crowns per beneficiary to the value of R4 500 per event within a 24 month period. Resin Fillings included. Dentures to the value of R2 000 per policy per annum. Covered at any dentist on the EssentialMED network.
	Specialist dentistry such as bridgework, surgical extractions, implants, gold fillings, braces and other orthodontic treatments are not covered.		

Day-to-Day continued

	Flexible Benefits		
	Level 1	**Level 2**	**Level 3**
Basic Optometry 12 month waiting period	1 eye test and 1 pair of clear standard single vision lenses with a standard frame. Benefit available every 2 years. Covered at any Specsavers optometrist. Contact lenses are not covered.	1 Eye test and 1 pair of clear standard single or bi-focal vision lenses with a standard frame. Benefit available every two years. Covered at any Specsavers optometrist. Contact lenses are not covered.	1 Eye test and 1 pair of clear standard single or bi-focal or multifocal (to the value of bifocal) vision lenses with a standard frame. Alternative option of one pack of contact lenses every 6 months to the value of R350. Benefit available every two years. Covered at any Specsavers optometrist.
	Sunglasses, tinted lenses and hard coating are not covered.		
Specialist Visits 3 month waiting period	Limited to R1 000 per policy per year, subject to referral by a Network GP.	Limited to R1 500 per policy per year, subject to referral by a Network GP.	Limited to R2 000 per policy per year, subject to referral by a Network GP.
	Members may consult with any specialist of their choice		

To find a network GP or dentist in your area, visit our website at **www.essentialmed.co.za**

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.
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 and 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. Pre-authorisation required for all services and treatment. *No waiting period*	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
	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

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.

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.

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*	R12 500 per day up to 5 days	R20 000 per day up to 5 days

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	Level 1
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.

Dread Disease

The benefit provides additional cover for critical illnesses like 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.

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 and is available immediately.

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.

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

All hospital treatment and services listed as part of the Hospital benefits must be pre-authorised with EssentialMED at **0861 911 011**.

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.

Members must be at least 18 years old to join EssentialMED. The maximum entry age is 64 years.

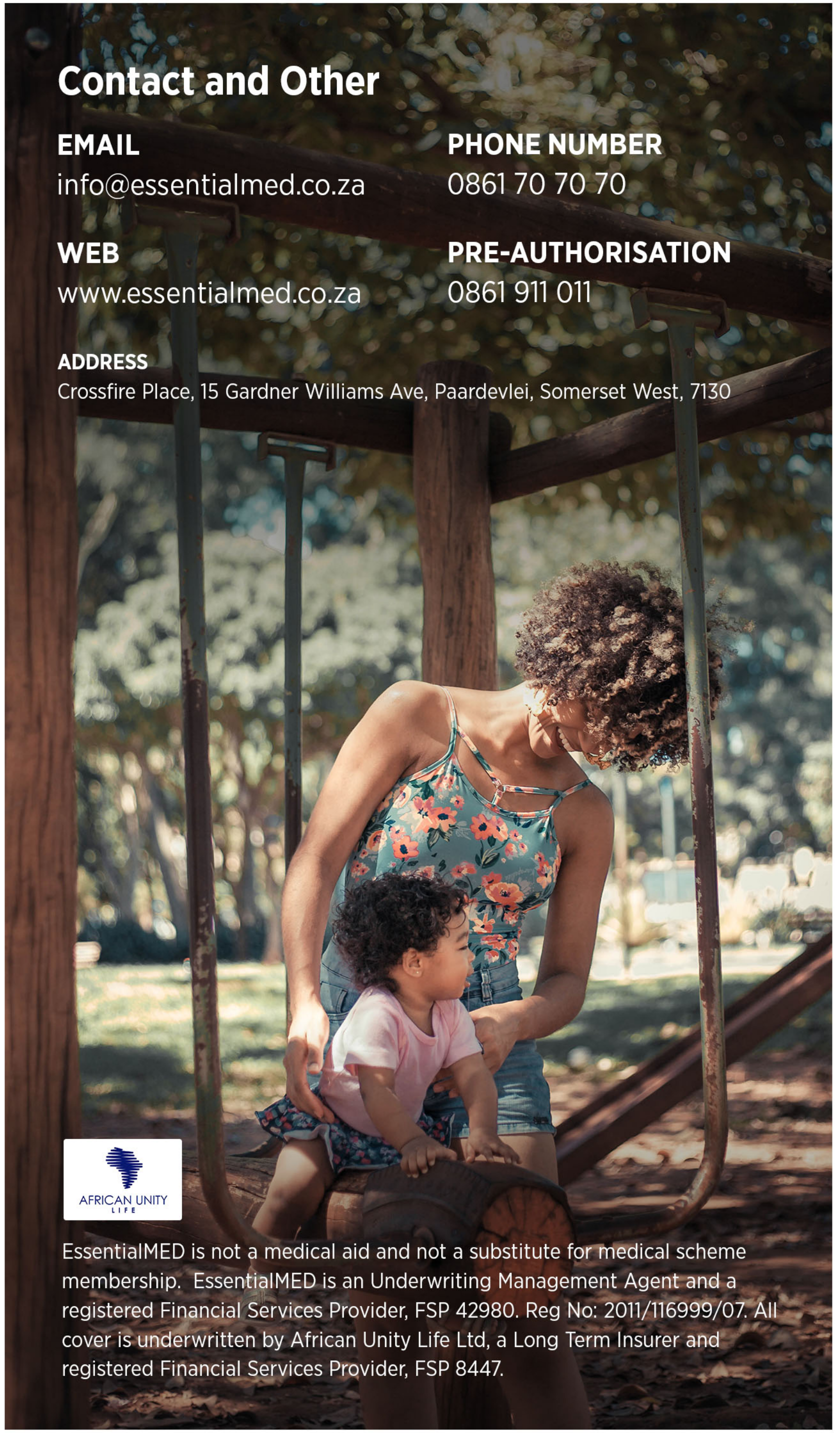
Speak to your broker for more information or go to our website, **www.essentialmed.co.za**, to build your own quote.

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.

The difference between Medical Aid and Health Insurance

Medical Aid	Health Insurance
Provides in-hospital cover and pays for treatment according to the medical scheme tariff	Pays out a set amount for each day spent in hospital or a set maximum amount per incident, regardless of the type of treatment that is required
Premium is more expensive, hospital cover is unlimited	Premium is usually lower, the hospital benefits are limited
Must according to law provide cover for Prescribed Minimum Benefits	Not required to provide cover for Prescribed Minimum Benefits
Governed by Council for Medical Schemes	Governed by Short and Long-Term Insurance Act
Late Joiner Penalties may apply	May decline application or apply waiting periods
Premium based on income bands	Flat rate per member



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