



OLDMUTUAL

# OLD MUTUAL HEALTH SOLUTIONS

## 2023 Product Brochure



Old Mutual Life Assurance Company (SA) Limited is a licensed FSP and Life Insurer  
This product is underwritten and administered by GENRIC Insurance Company Limited, a licensed non-life insurer and an authorised Financial Service Provider (FSP: 43638). National Health Group (Pty) Ltd (2015/130345/07), a registered Managed Care Organisation (MCO110) and Administrator (ADMIN72), is contracted to provide administration and managed care services. This is not a medical scheme, and the cover is not the same as that of a medical scheme. This Policy is not a substitute for a medical scheme membership. Premiums are subject to an annual review. Terms and Conditions apply.

**Old Mutual Health Solutions provides access to affordable health insurance for your employees. This includes day-to-day, as well as limited hospitalisation benefits to meet basic healthcare needs of the employees currently not covered by medical aid schemes.**

Old Mutual Health Solutions is underwritten and administered by GENRIC Insurance, a wholly-owned subsidiary of Old Mutual Insure. GENRIC is a leading provider of both “off-the-shelf” and tailor-made solutions to corporate employers who are looking to provide both primary and tertiary healthcare benefits for their employees. This accident and health insurance product falls within the ambit of the business of medical schemes and is exempted by the Council of Medical Schemes from conducting the business of a medical scheme in terms of Section 8(h) of the Medical Schemes Act No. 131 of 1998.

Old Mutual Health Solutions provides its insured persons with access to the two main National Health Group (NHG) networks - NHG Health Centres and a national network of branded medical service professionals across South Africa.



## WHAT'S THE DIFFERENCE BETWEEN HEALTH INSURANCE AND MEDICAL AID?

Medical aid schemes provide comprehensive cover and Prescribed Minimum Benefits (PMB) for a monthly premium. These schemes are governed by the Medical Schemes Act and adhere to a list of regulatory requirements. These are:

- **Indemnity based**
- **Not for profit**
- **Open enrolment**
- **Community rated**

By contrast, a health insurance product offers basic, day-to-day cover for expenses such as General Practitioner (GP) visits and medication. Health insurance also adheres to the Short-term Insurance Act. These regulations are:

- **Indemnity based**
- **For profit**
- **Group and individual focused underwriting**

Old Mutual Health Solutions is not a medical aid scheme and does not provide the full suite of benefits provided by a medical aid scheme. It is not intended as a replacement for a medical aid scheme but does provide access to quality healthcare for employees who may not be covered by private insurance at all.





## WHO IS COVERED?

### ADULT

A person who is **over the age of 21** (twenty-one) and is the Immediate Family of the Policyholder eligible for membership.

### CHILD

A Child is a person **under the age of 21** (twenty-one) age and the Immediate Family of the Policyholder eligible for membership. Cover as a Child can be **extended to the age of 27** (twenty-seven) if they are full-time students. Documented proof of full-time studies is required annually.

### IMMEDIATE FAMILY

Immediate Family is a defined group of relations, whether **over or under the age of 21** (twenty-one) and determines which insured persons of a Policyholder's family may join this Policy. The definition extends to those connected to the Policyholder in the following manner:

- By birth, adoption, stepchildren or grandchildren or any other child who has been placed in the custody of the Policyholder and in respect of whom the Policyholder is liable for care and support.
- Parents/stepparents, grandparents in respect of whom the Policyholder is liable for care and support.
- Siblings, including half-siblings in respect of whom the Policyholder is liable for care and support.
- A Spouse of a insured person as defined in this policy.
- Any other relative, who at the Our discretion, qualifies for membership under this Policy.

### SPOUSE

A person who is a significant other, partner or non-marital partner of the principal insured person:

- In a marriage or customary union recognised in terms of the laws of the Republic; or
- In a union recognised as a marriage in accordance with the tenets of any religion; or
- In a same-sex or heterosexual union in which we are satisfied is intended to be permanent.







# WAITING PERIODS

## GENERAL WAITING PERIODS

- **1-month** General Waiting Period will be applied to all Out-of-Hospital benefits unless otherwise stated.
- **6-month** General Waiting Period will be applied to Dental and Optical benefits.
- **3-month** General Waiting Period will be applied to any in-hospital Illness related benefits unless otherwise stated.
- **6-month** Waiting Period will be applied to Chronic Medication.

## PRE-EXISTING CONDITIONS WAITING PERIODS

- A **12-month** Waiting Period will be applied to all In-and Out-of-Hospital related pre-existing conditions, diseases, or illnesses.
- These include any conditions, including cancer, which existed before the Inception Date of the Policy, or for which an Insured Person has sought or received medical advice or received treatment by a Registered Medical Professional or exhibited symptoms before the Inception Date of the Policy.

**Failure to disclose any pre-existing condition could render the Policy being cancelled.**

## POLICY SPECIFIC WAITING PERIODS

The following conditions are excluded within the first 6-months from the Inception Date of the Policy:

- Myringotomy and grommets;
- Adenoidectomy;
- Tonsillectomy;
- Hysterectomy (except where malignancy can be proven);
- Spinal, back, neck and joint-related procedures or treatment except in the case of an Accident.

## SPECIFIC WAITING PERIODS APPLICABLE TO CERTAIN BENEFIT CATEGORIES

- **12-month** Waiting Period for all treatment during the Pregnancy as well as for the confinement related to the birth.
- **12-month** Waiting Period on all pre-existing cancer-related treatments.
- **3-month** Waiting Period is applicable on the Accidental Death Benefit.





## MONTHLY PREMIUM

	Principal Insured Person	Adult Dependand	Child Dependand
GOLDEN HOUR PLUS HOSPITAL PLAN*	R260.00	R280.00	R 155.00
COMPREHENSIVE STANDARD*	R400.00	R480.00	R215.00
PRIMARY STANDARD PLUS HOSPITAL PLAN*	R440.00	R535.00	R235.00

\*\* Premiums are reviewed and may be adjusted annually. Rates above are for individuals, per insured person per month.

### DISCLAIMER

- For all terms and conditions, benefits, limitations, and exclusions please refer to the policy wording which forms part of the Policy Schedule or consult your broker. GENRIC is currently licensed to provide or currently has exemption from the Council of Medical Schemes to offer the following non-life health insurance products in terms of section 8(h) of the Medical Schemes Act (131) of 1998: 1.1 Primary Standard, 1.2 Comprehensive Standard, 1.3 Hospital Plan, 1.4 Golden Hour. Our products do not discriminate or refuse membership on the basis of race, age, gender, marital status, ethical or social origin, sexual orientation, pregnancy, disability, state of health, geographical location or any other means. We may however charge a different premium dependent on your age at the time of inception.
- This is not a medical scheme, and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.
- Premiums are subject to annual review.





## IN-ROOM PROCEDURES COVERED (ONLY AT A NETWORK DOCTOR)

- Consultations for:
  - **A new or established patient**
  - **An unscheduled emergency**
  - **For an emergency consultation away from doctors' rooms**
  - **For elective after-hours services**
- Nebulisation
- Additional Wound Stitching at the same session (each)
- Circumcision: Clamp Procedure
- Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail
- Each additional small procedure done at the same time stitching
- Excision and repair by direct suture; excision nail fold or other minor procedure of similar magnitude
- Limb Cast (excluding after care)
- Removal of foreign body superficial to deep fascia (except hands).
- Stitching of wound (with or without local anaesthesia) including normal after care
- Urine Dipstick
- Blood Sugar tests
- ECG with/without effort





# BENEFIT TABLE

BENEFITS	GOLDEN HOUR PLUS HOSPITAL PLAN	COMPREHENSIVE STANDARD	PRIMARY STANDARD WITH HOSPITAL PLAN
<b>Hospital Footprint</b>	Access to all private hospitals accepting health insurance products. <b>Pre-authorisation required.</b>	Access to all private hospitals accepting health insurance products. <b>Pre-authorisation required.</b>	Access to all private hospitals accepting health insurance products. <b>Pre-authorisation required</b>
<b>IN-HOSPITAL BENEFITS</b>			
<b>In-hospital Maternity Benefit</b>	No benefit		
<b>In-hospital Accident Benefit</b>	<b>R300 000</b> per insured person per event, inclusive of all costs. Maximum of <b>R1 000 000</b> per policy per annum. Pre-authorisation required.	<b>R100 000</b> per insured person per event, inclusive of all costs. Maximum of <b>R 250 000</b> per insured person per annum and <b>R750 000</b> per policy per annum. Pre-authorisation required.	Sub-limit of <b>R300 000</b> per insured person per event, inclusive of all costs, limited to <b>R1 000 000</b> per policy per annum. Pre-authorisation required.
<b>In-hospital Illness Benefit</b>	<b>R50 000</b> per insured person per event, inclusive of all costs. Conditions which have a gradual progression are excluded. <b>Pre-authorisation required.</b> Limited to <b>R500 000</b> per policy per annum.	<b>R50 000</b> per insured person per event, inclusive of all costs. Conditions which have a gradual progression are excluded. <b>Pre-authorisation required.</b> Limited to <b>R500 000</b> per policy per annum.	<b>R50 000</b> per insured person per event, inclusive of all costs. Conditions which have a gradual progression are excluded. <b>Pre-authorisation required.</b> Limited to <b>R500 000</b> per policy per annum.
<b>ICU Benefit</b>	Included in Hospital Benefits		
<b>Shortfall Benefit</b>	Included in Hospital Benefits		
<b>In-hospital Specialised Radiology</b>	Included in Hospital Benefits		
<b>OUT-OF-HOSPITAL BENEFITS</b>			
<b>Post-Hospital Accident Rehabilitation</b>	<b>R10 000</b> per insured person per event for physiotherapy and occupational therapy. <b>Pre-authorisation required.</b>	<b>R5 000</b> per insured person per event for physiotherapy and occupational therapy. <b>Pre-authorisation required.</b>	<b>R10 000</b> per insured person per event for physiotherapy and occupational therapy. <b>Pre-authorisation required.</b>
<b>Casualty Benefit (Accident)</b>	<b>R30 000</b> per policy per annum. Cover accumulates to the initial event and overall Accident Cover benefits. <b>Pre-authorisation required.</b>	<b>R2 000</b> per policy per annum. Cover accumulates to the initial event and overall In-Hospital Accident Cover benefits. <b>Pre-authorisation required.</b>	<b>R30 000</b> per policy per annum. Cover accumulates to the initial event and overall Accident Cover benefits. <b>Pre-authorisation required.</b>
<b>Casualty Benefit (Illness)</b>	<b>R15 000</b> per policy per annum for Emergency Stabilisation in the case of an Illness. <b>Pre-authorisation required.</b>	<b>R2 000</b> per policy per annum for after-hours treatment only. Cover accumulates to the initial event and overall In-Hospital Illness Cover benefits. <b>Pre-authorisation required.</b>	<b>R2 000</b> per policy per annum for all after-hours treatment. Cover accumulates to the initial event and overall Illness Cover benefits. <b>Pre-authorisation required.</b>
<b>Out-of-hospital Maternity Benefit</b>	No benefit		
<b>General Practitioner (GP) Consultations</b>	<b>2 GP consultations</b> at a contracted Network doctor.	Managed <b>unlimited GP consultations</b> at a contracted Network doctor.	Managed <b>unlimited GP consultations</b> at a contracted Network doctor.
<b>In-Room Procedures</b>	Defined list of procedures a GP can perform in their rooms. Network doctors only.	Consult our list of procedures a Network GP can perform in their rooms at no additional charge.	Consult our list of procedures a Network GP can perform in their rooms at no additional charge.



BENEFITS	GOLDEN HOUR PLUS HOSPITAL PLAN	COMPREHENSIVE STANDARD	PRIMARY STANDARD WITH HOSPITAL PLAN
<b>OUT-OF-HOSPITAL BENEFITS continued</b>			
<b>Out-of-Network General Practitioner Consultations</b>	No benefit	No benefit	<b>2 Consultations</b> per policy per annum refunded at <b>R400</b> per visit.
<b>Pharmacy Clinic Nurse Care</b>	Unlimited care for a defined list of procedures available from nurses at Network pharmacies with contracted clinics.		
<b>Specialist Benefit</b>	No benefit	No benefit	<b>R2 000</b> per insured person per annum. Referral by Network GP required. Insured persons must pay cash and claim from GENRIC.
<b>Acute Medication</b>	<b>R1 500</b> per insured person per annum. Max <b>R190 per script</b> . Combined with OTC benefit. Subject to Formulary and to a maximum price based on the average price of generic drug in that category. If your medicine costs more you will have to pay a co-payment.	<b>Unlimited Acute Medication available only from a Network pharmacies.</b> Subject to Formulary and to a maximum price based on the average price of generic drug in that category. If your medicine costs more you will have to pay a co-payment.	<b>Unlimited Acute Medication available only from a Network pharmacies.</b> Subject to Formulary and to a maximum price based on the average price of generic drug in that category. If your medicine costs more you will have to pay a co-payment.
<b>Over-the-Counter Medication (OTC)</b>	<b>Combined with in Acute Medicine Limit</b>	<b>R200</b> per policy per month with a maximum of <b>R800</b> per policy per annum. Subject to Formulary.	<b>R200</b> per policy per month with a maximum of <b>R800</b> per policy per annum. Subject to Formulary.
<b>Chronic Medication. Refer to our Chronic Disease List (CDL)</b>	<b>No benefit</b>	<b>Unlimited Chronic Medication for diseases on our CDL.</b> All Chronic Medication needs to be approved by us. Chronic Medication may be obtained from a Network pharmacy or from a Dispensing Network Doctor. Subject to Formulary and to a maximum price based on the average price of generic drug in that category. If your medicine costs more you will have to pay a co-payment.	<b>Unlimited Chronic Medication for diseases on our CDL.</b> All Chronic Medication needs to be approved by us. Chronic Medication may be obtained from a Network pharmacy or from a Dispensing Network Doctor. Subject to Formulary and to a maximum price based on the average price of generic drug in that category. If your medicine costs more you will have to pay a co-payment.
<b>Radiology</b>	No benefit	<b>Unlimited Black and white x-rays only.</b> Insured persons must be referred by a Network GP.	<b>Unlimited Black and white x-rays only.</b> Insured persons must be referred by a Network GP.
<b>Pathology</b>	No benefit	<b>Unlimited blood tests according to our list of tests.</b> Insured persons must be referred by a Network GP.	<b>Unlimited blood tests according to our list of tests.</b> Insured persons must be referred by a Network GP.
<b>Dentistry</b>	No benefit	<b>Basic dentistry only.</b> Treatment available based on GENRIC's Protocols and limits.	<b>Basic dentistry only.</b> Treatment available based on GENRIC's Protocols and limits.



BENEFITS	GOLDEN HOUR PLUS HOSPITAL PLAN	COMPREHENSIVE STANDARD	PRIMARY STANDARD WITH HOSPITAL PLAN
<b>Optometry</b>	No benefit	Glasses are <b>only available at Specsavers</b> branches. This benefit included <b>1</b> consultation, <b>1</b> set of frames with single vision lenses per insured person, every <b>24</b> months. Maximum value of <b>R1 375</b> .	Glasses are <b>only available at Specsavers</b> branches. This benefit included <b>1</b> consultation, <b>1</b> set of frames with single vision lenses per insured person, every <b>24</b> months. Maximum value of <b>R1 375</b> .
VALUE ADDED BENEFITS			
<b>24 Hour Emergency Medical Services</b>	Unlimited 24/7 Private Emergency Medical Services. Pre-authorization required.	Unlimited 24/7 Private Emergency Medical Services. Pre-authorization required.	Unlimited 24/7 Private Emergency Medical Services. Pre-authorization required.
<b>Personal Health Adviser</b>	Clinically trained Personal Health Adviser available for telephonic consultations and advice 24/7.	Clinically trained Personal Health Adviser available for telephonic consultations and advice 24/7.	Clinically trained Personal Health Adviser available for telephonic consultations and advice 24/7.
<b>Accidental Death Benefit</b>	<b>R15 000</b> Principal insured person. <b>R10 000</b> Adult dependant <b>R8 000</b> per Child dependant.	<b>R15 000</b> Principal insured person. <b>R10 000</b> Adult dependant. <b>R8 000</b> per Child dependant	<b>R15 000</b> Principal insured person. <b>R10 000</b> Adult dependant. <b>R8 000</b> per Child dependant.

## FOR MORE INFORMATION

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