

Connect

Everyday healthcare for your employees, one WhatsApp message away.
A qualified Clinical Team delivers advice, medicine, and, when clinically appropriate, a referral to a virtual or in-person GP.

An employer-funded medical allowance for organisations with more than 500 employees. Dependants are included only where the employer pays for them. The employer pays an administration fee for access to the telehealth service and retains any unused balance.

✓ Clinical Line from day one

✓ No app, no logins

✓ A GP closest to your area



What's covered



WhatsApp Clinical Line

Save the number and say “Hi” to the Clinical Team when you are ill. Discuss your symptoms and receive medical advice from the day you join.

 **+27 72 815 8226**

Available after the 30-day waiting period.



Over-the-counter medication

- ✓ Collected at any pharmacy
- ✓ Limited to **4 prescriptions per year** from a set list
- ✓ A co-payment may apply depending on the pharmacy



A virtual or in-person GP consultation

- ✓ A virtual GP appointment, or a network GP closest to your area
- ✓ Acute medicine from a set list, at any pharmacy
- ✓ **Unlimited consultations** with Clinical Team authorisation



Every outcome follows a clinical assessment. **Referrals to a GP are made only where they are clinically appropriate,** and consultations are arranged through the WhatsApp Clinical Team.

How it works

Every journey starts with one WhatsApp message. A qualified clinician assesses the member's symptoms and arranges the care that is clinically appropriate — there is nothing to claim back and no forms to complete.



ONE NUMBER, ALL YOUR
PRIMARY HEALTHCARE NEEDS

WhatsApp Clinical Line

+27 72 815 8226

Mon–Fri 08:00–18:00

No public holidays

Three steps, from the first message to the right care:

1

Say “Hi” on WhatsApp

Available from the day the member joins, Mon–Fri 08:00–18:00.

2

Discuss your symptoms

A qualified clinician gives medical advice and decides what care is needed.

3

Receive your care

Over-the-counter medication, or a virtual or in-person GP consultation.

✓ **A 30-day waiting period applies before benefits can be used. GP consultations are arranged through the Clinical Team and only where they are clinically indicated.**

At the in-person GP

Once a member is referred, the network GP may prescribe and arrange the following, depending on their clinical assessment.



Prescription medicine

Acute medicine from a set list, at any pharmacy — a co-payment may apply



Chronic medicine

May be prescribed from a set list by the network GP



Blood tests & x-rays

May be referred from a set list, plus an HIV ELISA referral



Minor procedures

May include in-room procedures such as stitching wounds or draining an abscess



Care that meets your people where they are

From the employee who wakes up unwell to the dependants an employer chooses to include, cover starts with a message on a phone they already have.



What's not covered

- × Hospital and accident cover — including planned hospital procedures
- × Dentistry and optometry
- × Flu vaccination and the annual health assessment
- × Maternity, including pregnancy scans
- × Services used during the 30-day waiting period
- × Any benefit not listed in this brochure

Where co-payments apply

- R Care used outside the provider network
- R Applicable pharmacy costs
- R Services used during a waiting period
- R Costs exceeding the stated benefit limits



24/7 Employee Assistance Programme

A separate employer-arranged service, not a MediClub™ Connect medical benefit.

Call 0860 222 286

✓ Trauma support

✓ Legal support

✓ Debt counselling



Client services:

0860 002 402

Mon–Fri 08:00–18:00, Sat 08:00–14:00



Want to join?

info@nationalhealthcare.co.za

www.nationalhealthcare.co.za

MediClub™ Connect is a medical allowance product, managed and administered by National Health Group (Pty) Ltd (NHG), a registered Managed Care Organisation (MCO110) and Administrator (ADMIN72). It is not medical insurance and it is not a medical scheme. The cover is not the same as that of a medical scheme and is not a substitute for medical scheme membership. Benefits are funded by the employer and are subject to the waiting period, provider network, set medicine and test lists, benefit limits and the terms of the employer's arrangement. Dependants are included only where the employer pays for them. Terms and conditions apply.