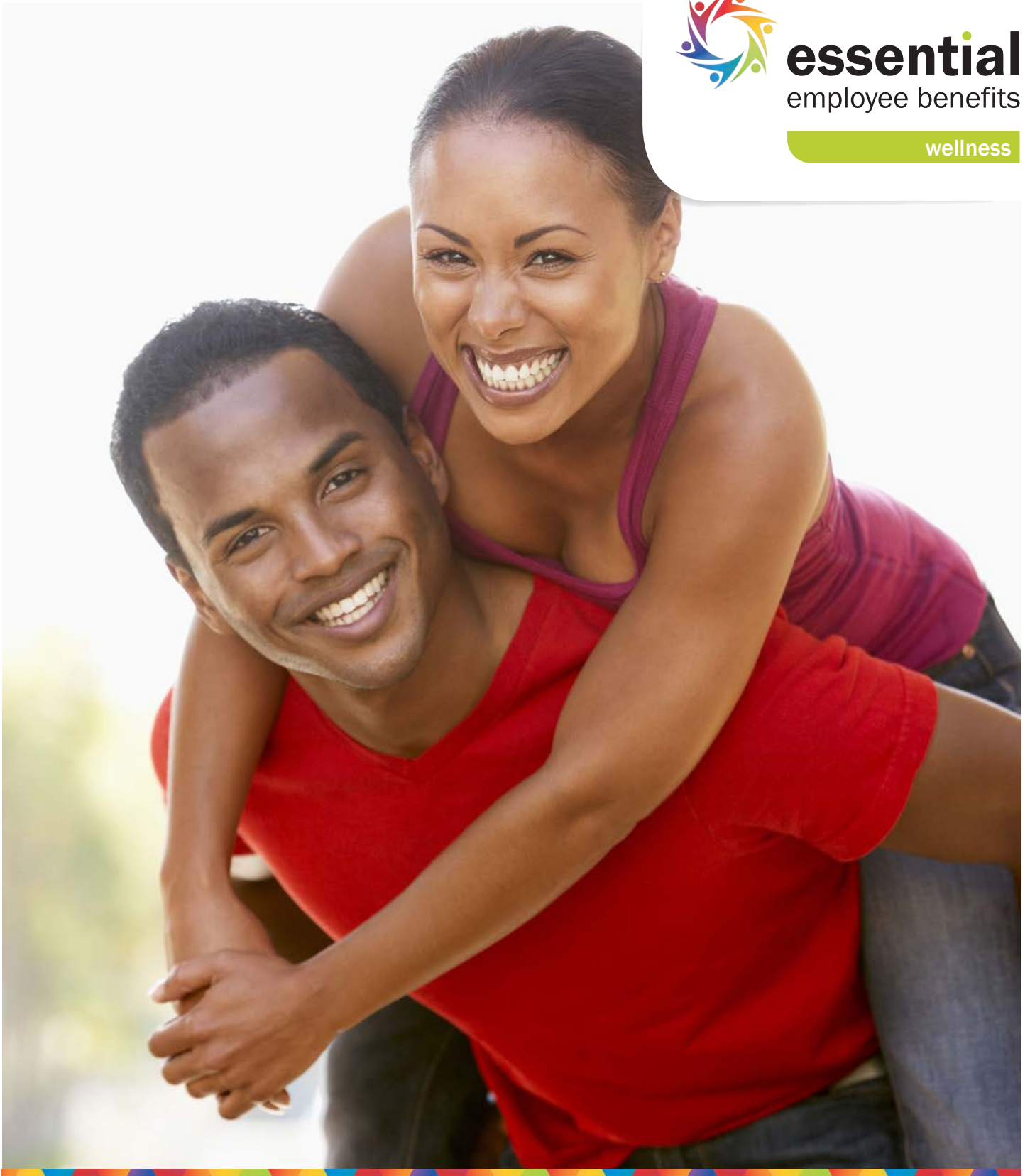




essential
employee benefits

wellness



ESSENTIAL EMPLOYEE BENEFITS

wellness



Essential Employee Benefits is a financial services provider within the financial services cluster of Workforce Holdings Ltd. Established in 1972. The Workforce group of companies is a leading, trusted provider of employment, training, healthcare, wellness and financial and lifestyle services to individuals and their employers.

Through our established network of private practices and service providers throughout South Africa, Essential Employee Benefits offers affordable insurance and lifestyle products to employers and thousands of employees and families.

EEB prioritises coverage and security through a holistic approach that benefits both businesses and employees with reliable affordable cover. We aim to ensure that your staff are efficiently cared for, thereby promoting better employment security and optimising productivity outcomes.

VALUE PROPOSITION

EEB provides solutions for the unique healthcare needs of blue-collar workers in South Africa, and we offer a comprehensive health insurance solution that resonates with health insurance advisors, HR Managers, Business owners and employees.

Our value proposition focuses on addressing the specific challenges faced by employees and employers in terms of accessing private healthcare, while providing cost-effective and reliable cover.

Our value proposition is underpinned by:

1. **Tailored Coverage for Occupational Hazards:** We provide health insurance plans that specifically address the risks and hazards associated with blue-collar jobs in South Africa. Our plans offer comprehensive coverage for injuries, accidents, and illnesses, ensuring that your employees receive the care they need to recover and return to work quickly.
2. **Affordable Premiums and Flexible Payment Options:** We understand that cost is a significant concern for both employers and employees. Our health insurance plans are designed to be affordable, with competitive premiums that fit within your budget. We also offer flexible payment options, allowing employees to pay their premiums conveniently through payroll deductions, easing the financial burden and securing their access to private healthcare.
3. **Extensive Network of Healthcare Providers:** Our health insurance plans include an extensive network of healthcare providers across South Africa. We have partnered with general practitioners, hospitals, clinics, and specialized medical centres in key locations to ensure easy access to quality healthcare services for blue-collar workers. This network also includes specialists who understand the specific healthcare needs of the workforce.
4. **Occupational Health and Wellness Programs:** We go beyond traditional health insurance and in addition offer comprehensive occupational health and wellness programs tailored for blue-collar workers. Our programs focus on preventive care, health screenings, and wellness initiatives that address the specific health risks associated with their jobs. By prioritizing prevention and early intervention, we aim to reduce absenteeism and promote a healthier and more productive workforce.
5. **Streamlined Claims and Administrative Processes:** We understand the administrative burden HR managers face in managing health insurance plans. Our dedicated team provides efficient claims processing, streamlined administration, and personalized support. We strive to minimize paperwork and simplify the process, allowing HR managers to focus on their core responsibilities while ensuring a smooth experience for employees. Our HR Client Portal is specifically designed to ease the burden on HR administration.
6. **Employee Engagement and Education:** We believe in empowering employees to take control of their health and make informed decisions. We offer educational resources, tools, and personalized support to help employees understand their coverage, make the most of their benefits, and adopt healthy habits. By promoting health literacy and engagement, we aim to improve overall well-being and reduce healthcare costs.
7. **Compliance with Industry Regulations:** We adhere to all relevant regulations and standards in the South African health insurance industry. Our plans are designed to meet legal requirements, ensuring compliance, and providing peace of mind for HR managers and employers.



WELLNESS GUIDE



1. GENERAL

1.1. Essential Employee Benefits Products - Essential Employee Benefits offers a choice of two products:

Essential Plan

Essential Employee Benefits Wellness offers unlimited visits to the EEB GP Network, medication according to the EEB Medicine Formulary up to R1000 per annum, basic dentistry benefits, basic black and white x-rays and pathology tests as per the EEB Formulary and even an annual amount of R2000 for specialist visits when referred by your Network GP. Chronic Benefits are available for members suffering from ongoing conditions that require chronic medication.

Combined Plan

Essential Employee Benefits Combined Plan includes all the benefits on the Essential Plan as well as added Hospital Benefits. These benefits ensure that when you require hospitalisation you get the best possible care available. Generous daily benefits starting from and up to R10 000 a day, maternity costs up to R35 000 as well as Dread Disease benefits up to R250 000.00

Essential Plan Benefits

As a member of Essential Employee Benefits, it is important to note the following restrictions on benefits:

1. After the 5th GP consultation, you will be required to contact our GP Pre Auth Line to assess your needs
2. 90 day waiting period for Specialist visits
3. An OTC benefit is available through the GP Pre Auth Line – you do not need to see a doctor, instead a medical professional can make suggestions regards medication that is available without a script. General complaints such as naseau, colds and flu can thus be treated quickly without spending hours waiting to see a doctor.
4. The Optometry Benefit is available at any Specsavers outlet.
5. Although there is no waiting period applicable to the Optometry Benefit, only 1 set of spectacles is available within a 24 month period.

Hospital Benefits on Combined Plan

As a member of Essential Employee Benefits, please also be aware of the following restrictions on hospital benefits:

1. There is no cover for mental health admissions
2. A 10 month waiting period is applicable to the Maternity Benefit





3. A 6 month waiting period is applicable to the Dread Disease Benefit – should you previously have had a Dread Disease or are diagnosed within the 1st 6 months from inception, you will not be able to claim for a Dread Disease Benefit.

1.2 Changing Options / Adding Dependants

To add a new dependant or change your product option please contact :

- Your broker / agent or HR representative
- Essential Employee Benefits Client Care Centre at 010 593 7158
- Email: enquiries@eebs.co.za

Non-Disclosure of Pertinent Information:

Should you not disclose any previous accidents, illnesses or dread diseases on the application form, it may result in the cancellation of the Benefit Programme and no premiums will be refunded. All benefits that relate to the non-disclosed condition will be cancelled and any costs incurred will be for the members own account.

1.3 Pre-Authorisation

Unless Pre-Authorisation is obtained at the time or prior to admission (where possible) admission cannot be guaranteed to a Medical Facility.

In the event of an emergency admission to hospital over a weekend or at night, the Essential Employee Benefits Pre-Authorisation line is available 24/7.

For Pre-Authorisation call the Essential Employee Benefits Medical Call Centre at 010 020 9008

Please ensure that you have the following when applying for pre-authorisation:

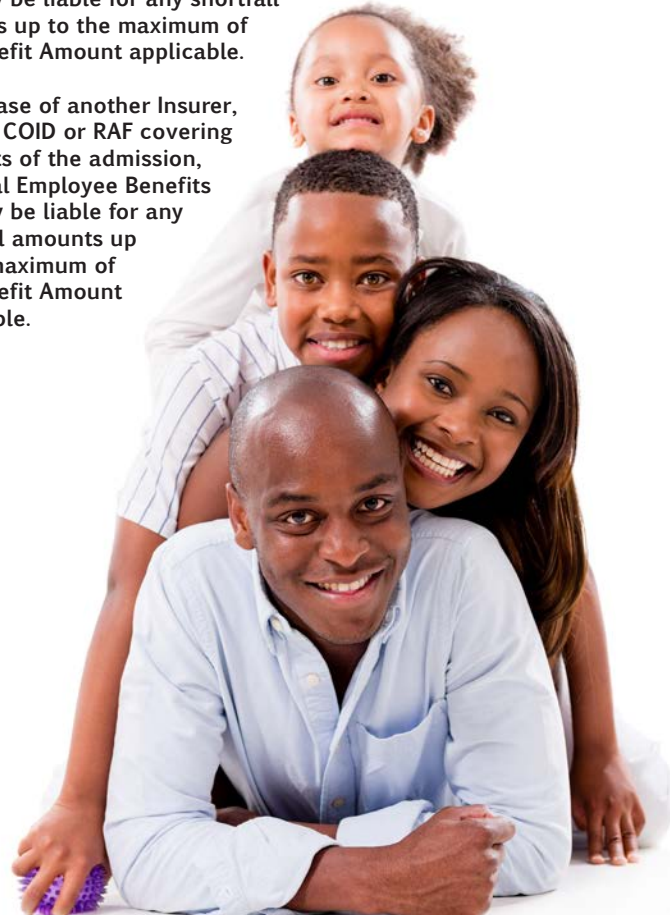
- Your membership card must be presented to the hospital reception
- Full name, identity number and proof thereof
- Date of admission and the date of procedure
- Surname and initials of attending doctor or service provider and practice number
- Name of hospital and practice number to which the patient will be admitted
- The reason for the admission to hospital

NOTICE:

If you do not contact hospital pre-authorisation we will not be able to assist and facilitate with any hospital admission. If you do not apply for pre-authorisation in advance or within two working days (in the case of an emergency) after receiving treatment, no benefits will be payable.

In the event of a Medical Aid covering the costs of the admission, Essential Employee Benefits will only be liable for any shortfall amounts up to the maximum of the Benefit Amount applicable.

In the case of another Insurer, such as COID or RAF covering the costs of the admission, Essential Employee Benefits will only be liable for any shortfall amounts up to the maximum of the Benefit Amount applicable.





1.4 Benefit Programme Premiums

Premiums are payable monthly in advance

If your contributions fall in arrears for more than 30 days, your Benefits will be terminated immediately without further notice.

1.5 Payment of Claims

Contact 010 020 9008 for pre-authorisation.

Upon discharge you will need to make sure that all claims are submitted to Essential Employee Benefits **within 90 days following discharge** from hospital.

Accounts received after 90 days will be deemed stale and will not be paid.

In the event of you covering any expenses, you will be required to complete a reimbursement form in order to arrange a refund of the relevant costs that EEB is liable for.

1.6 Policy Cancellations

To be defined by your HR Department.

Essential Employee Benefits Wellness reserves the right to cancel your policy or benefit programme or that of any of your dependants if you or any of your dependants:

- Provide false information, or fail to disclose pre-existing conditions when applying for the policy.
- Provide false information upon submission of a claim.
- Allow any other person to use your membership card.
- Commit any other fraudulent act.
- Fail to pay premiums.

1.7 General Definitions and Abbreviations

Acute medicine means medicine used for diseases or conditions that

have a rapid onset, severe symptoms, and that require a short course of medicine treatment, as well as medicines that qualify for benefits but have not been classified as chronic medicine.

Adult means a person who is 21 years or older, excluding full-time students who are younger than 26. (Proof of Studies will be required)

Beneficiary means each individual policyholder and dependant.

Benefit start date means the date on which a beneficiary becomes entitled to benefits.

Chronic medicine means medicine that meets all the following requirements:

- Is prescribed by a Network Medical Practitioner for an uninterrupted period of at least three months, and;
- Is for a condition appearing on the list of approved chronic conditions, as amended from time to time, and;
- Which has been applied for in the manner and at the frequency prescribed and which application has been approved and accepted.
- Pre-authorisation is required. Please email your prescription to Authorisations ChroniLine preauth@mediscor.co.za or enquiries@eeb.co.za

Dependant means the following persons for whom the principal applicant is liable for care and support who are duly registered as dependants:

- a spouse; and/or partner
- a child – including a natural child, an adopted child, stepchild or foster child, sisters and brothers

Excess means the first amount of medical expenses payable by the **insured** person.

Family means a policyholder and his/her dependants.

Hospital means registered unattached theatre and day clinic, but excludes an institution for rehabilitation for substance abuse.

Inception date means the date on which the registration of the policy becomes effective.

Medicine means a substance registered under the Medicines and Related Substances Control Act, 1965, as amended or replaced from time to time.

Option means a product registered under the policy, which offers a specific structure of benefits.

Policyholder means a person who has been registered as the principal applicant.

Minor means a dependant who is not yet 21 years old, and a dependant who is over the age of 21, but not over the age of 26 years, who is studying full time at a recognised institution.

Pre-authorisation reference number is a number allocated by a managed healthcare agent, which is required before certain services qualify for benefits.

Pre-Existing Condition means any Dread Disease/Illness for which the Insured Person received medical advice and or treatment in the 12 (twelve) months prior to Inception. This includes any signs or symptoms that the Insured may be aware of regardless of seeking medical advice. This also includes any operation prior to the Inception date.

Service Provider means a medical practitioner, dentist, pharmacist, medical auxiliary or hospital duly registered or licensed as such with a statutory council or relevant state department.

Spouse means a person to whom a client is married under a system recognised by South African law.

Year means 12 months beginning on 1 January and ending on 31 Dec.

2. ESSENTIAL PLAN –

Essential Employee Benefits Essential Plan benefits include:

2.1. Unlimited GP Visits

You may visit your chosen EEB Network-Registered GP **as many times as needed but must get authorised after the 5th visit**. Your doctor will provide healthcare services and dispense or prescribe medication according to the list of specified generic medications on our formulary. Medication is included as per the Essential Employee Benefits Wellness Medication Formulary up to a maximum of R1000 per annum.

The member is responsible for payments for all medication outside of our formulary.

2.2. Specialist Visit

Specialist Visits per member per year of up R2000 per member and up to R4000 per policy per year as referred by the Network GP only.

This is subject to pre-authorisation.

2.3. Acute and Chronic Medication

All acute medication linked to the doctor consultation dispensed by the Network Provider or obtained on script from a pharmacy linked to our Medicine Formulary is covered. Over the Counter medication is limited to R150 per member per month. The overall limit for acute scripted medication **and** OTC medication is R1000 per annum per family. Chronic medication is subject to registration and approval which can be done via email Authorisations ChroniLine preauth@mediscor.co.za.

2.4. Radiology

Unlimited Basic Radiology, single vision, black and white x-rays linked to the doctor visits as referred by the EEB GP Network Provider from the Radiology Formulary.

2.5. Pathology

Unlimited Basic Pathology linked to the doctor visits as referred by the EEB GP Network Provider from the Pathology Formulary.

2.6. Dentistry

Basic Dentistry is covered, full mouth assessment, infection and pain control, 2 intra oral radiographs, 1 scale and polish, extractions (Only 1 per quadrant per member per year), emergency treatment including amalgam fillings. Treatment as per Essential Employee Benefits Formulary.

2.7. Optometry

One eye test per member per 24 months and one set of standard frames and lenses.

3. COMBINED PLAN HOSPITAL BENEFITS

– Essential Employee Benefits Combined Plan Hospital Benefits include:

3.1. Illness Hospitalisation

The following stated benefits are payable for illness hospitalisation:

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
Up to R10 000	Up to R7 500	Up to R5 000	Up to R5 000	R1 500

Thereafter R1 500 per day up to max of 21 days per member, per illness event. **Maximum benefit payable is R53 000.**

An ICU benefit amount is automatically included of up to R15 000 per day with a maximum of 5 days allowed in total per Illness Admission



3.2. Maternity and Surgery Benefit Amounts

The following stated benefits are payable regardless of the days admitted, this is a separate benefit amount and is not combined with the Daily Benefit amounts:

Natural Child Birth – Up to a maximum of R25 000

C Section – Up to a maximum of R35 000

Appendectomy – Up to a maximum of R30 000

Kidney Stones and Gall Bladder removal – Up to a maximum of R35 000

Hernia Repair – Up to a maximum of R25 000

Miscarriage – Up to a maximum of R15 000

3.3. Accident Hospitalisation

Accident medical expenses are payable up to R150 000 per incident, per single person and up to R250 000 per incident, per family.

3.4. Dread Disease

R250 000 payable in daily instalments of R9000 for every 24 hours admitted to hospital or upon diagnosis covering: Heart Attack, Coronary Heart Disease, Cancer, Stroke, Brain Tumour, Kidney Failure, Organ Transplant, Paraplegia and Blindness. The balance of the cash benefit is payable to the member 30 days of being discharged.

Pre-existing and 6 month waiting periods are applicable.

3.5. Emergency Medical Support

24hr emergency response using Advanced Life Support paramedics in rapid response vehicles by road and where necessary air ambulance. 24 hour emergency medical advice e.g. CPR, choking, bleeding control, while paramedics respond. Treatment and stabilisation at the scene of the emergency. Medical transportation to the closest most appropriate hospital.

Notice:

- The Essential Employee Benefits Essential and Combined Plan are not a medical aid scheme, but an insured medical health insurance benefit.

4. PROCEDURES

4.1. Claims Procedure

Essential Plan Benefits

Claims for GP visits, prescribed medication and other Day-to-Day Benefits are all covered when your benefit fee is paid. Should your GP or Medical Services Provider charge a rate above the benefit payable on your policy, **then such difference is payable by the member.**

When making use of a Service Provider that is not on our Network it is important to inform your GP that medicines prescribed outside of our formulary are not covered and the pharmacy will require the member to pay for such medicines. **Prescribed medication that is not within our formulary is payable by the member.**

The same applies to Pathology and Radiology and members are cautioned to inform their GP of our formularies.

Hospital Benefits

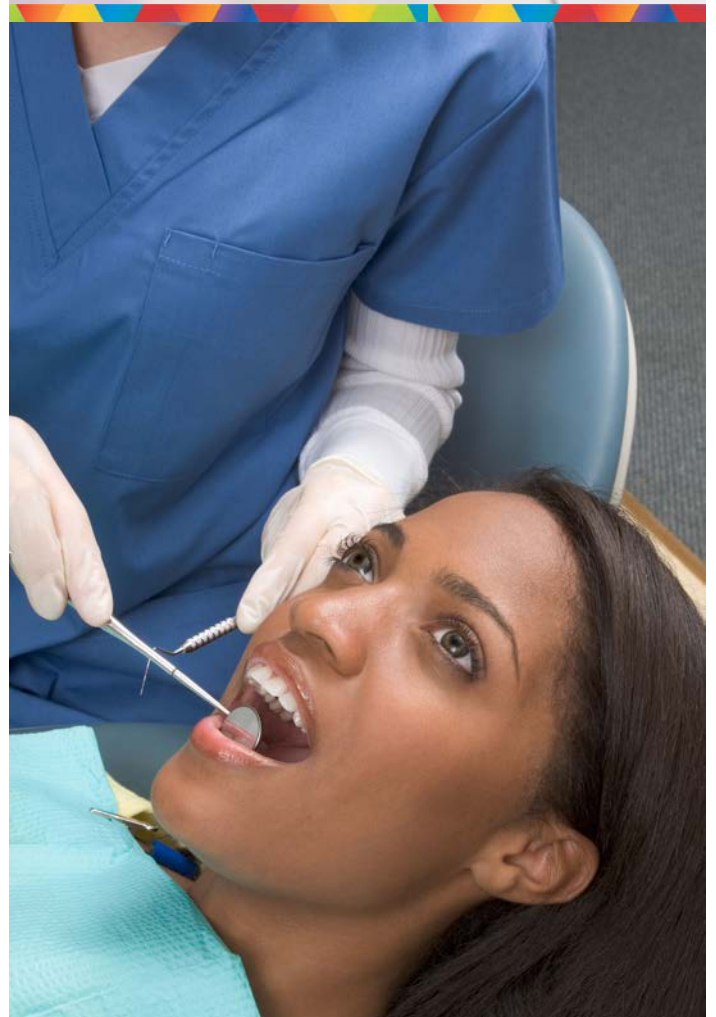
Once you have been discharged from hospital must ensure that all claims are submitted to EEB within 90 days of service date.

4.2. Policy Amendment Procedure

Should you wish to change your personal details, amend your policy or add dependants onto your existing policy please contact either the your HR representative or e-mail enquiries@eebs.co.za along with your membership number.

4.3. Payment Procedure

Premiums are paid in advance unless otherwise arranged.



FREQUENTLY ASKED QUESTIONS

Essential Plan Benefits

Can I go to any Doctor and are the visits unlimited?

Answer: The Network Doctor you choose will become your regular GP. The GP visits are unlimited subject to Essential Employee Benefits Wellness's Maximum Expenditure Formulary. **Please note** that should your GP charge a higher rate than the benefit payable on your plan, you shall be responsible for payment of the difference. Please also request your GP to prescribe medication within our formulary if appropriate. The member is responsible for payments for all medication outside of our formulary.

When I see a GP/ Dentist, do I have to pay cash for the consultation?

Answer: You do not need to pay your GP in advance and there is no co-payment required by you for your consultation.

What happens if I am ill and out of town?

Answer: The Essential Employee Benefits Essential Day-to-Day Plan caters for unlimited out-of-area visits, provided they are within South Africa. Please also request your GP to prescribe medication within our formulary. The member is responsible for payments for all medication that is not within our formulary. This also applies to Pathology and Radiology.

What happens if there isn't a Network Doctor in my area? Can I nominate my own GP?

Answer: Call Essential Employee Benefits on **086 999 0913** or email us at admin@eebs.co.za to nominate your own doctor. We will first establish if there is an existing GP in the area and if not, we will contact your GP to establish if he would like to join the network.

Are Specialist visits covered?

Answer: Yes, up to a maximum amount of R2000 per annum per member up to R4000 per family will be paid. You need to be referred by an EEB GP Network Provider and receive authorisation from EEB.

Do I have to select a Dentist from the Network list?

Answer: Yes, you have to select a Dentist from the Network and remember; only basic dentistry is covered i.e. preventative treatment (cleaning), pain control, fillings and normal extractions from the chair only.

How long do I wait before I can use these services?

Answer: Normally you have to wait one month before you can use the Day-to-Day Benefits, unless otherwise arranged.

Can I see a GP if I am outside SA?

Answer: You are only covered within South Africa.

Combined Plan Hospital Benefits

Can I go to any hospital?

Answer: With an Essential Employee Benefits Combined Plan you can go to any hospital i.e. Private or State, but remember the Stated Benefits as described in the brochures.

What happens if I am admitted to hospital following an accident and I only end up being in hospital for a few hours, will I still be covered?

Answer: For accident events, there is no time restriction.

What happens if I am ill and I am admitted to hospital for less than 24 hours?

Answer: A member has to be admitted to hospital for a full 24 hours before the benefits are payable.

What happens if I fall ill or have an accident outside SA?

Answer: You are only covered within South Africa, but if you have an accident or fall ill in one of the immediate neighbouring countries, being Swaziland, Lesotho, Botswana, Namibia, Mozambique or Zimbabwe, you will have to travel to the nearest South African border post and request assistance by calling 010 020 9008.

How do I get admitted to hospital?

Answer: You call the Essential Employee Benefits Wellness 24hr pre-authorisation number 010 020 9008 as displayed on your Essential Employee Benefits Wellness ID Card. Quote your membership number and/or the reason for your admission (more than likely you will have a doctor's note which you can relay to the authorisation clerk). Always remember to carry your Essential Employee Benefits Membership ID card with you, or saved on your phone.

How do I claim my Combined plan benefits?

Answer: Following your discharge from hospital, you must ensure that all claims are submitted within 90 days following discharge from hospital. Claim can be emailed to claims@eeb.co.za
Any claim received after 90 days following discharge from hospital, will be declined.

NB. Remember to attach all the necessary hospital and doctor invoices to your claim. Not doing so will result in a delay in the settlement of your claim.



DISCLOSURE AND OTHER LEGAL REQUIREMENTS:

As a Financial Services Provider, Essential Employee Benefits (Pty) Ltd is committed both under legislation and in terms of our own ethical code, to provide you, our client, with all the information you need to ensure that you are in possession of all relevant facts about the various parties supplying you with your insurance product. These facts are set out for you below, as required by the Financial Advisory and Intermediary Services Act (FAIS) and for clients who purchase policies in their personal capacity, the Policy Holder Protection Rules. Whilst this information is important it does not form part of your actual policy wording. Not only should you be in possession of the facts set out below, but you should have been provided with a full understanding of the product you have purchased. An authorised representative will have provided you with the financial advice you have received.

LIST OF ROLE PLAYERS AND EXPLANATION OF ROLES

Insurer: The insurance company which ultimately underwrites the risk as determined by the policy wording under the hospital and dread disease insurance policy is the Lion of Africa Life Assurance Company Ltd and under the short term medical expense policy is New National Assurance Company Ltd. The details about the insurers are to be found in the document titled "Disclosure Notice" that form part of this pack.

The **Binder Holder** is a company who performs certain binder functions which in essence are reserved for underwriters and receive a remuneration for completing these functions on behalf of the underwriter. Essential Employee Benefits (Pty) Ltd performs binder functions on behalf of Lion of Africa Life Assurance Company Ltd (Long-Term Insurance) and also on behalf of Guardrisk Insurance (Short-Term Insurance).

For a complete list of Binder functions which Essential Employee Benefits (Pty) Ltd perform, contact Essential Employee Benefits (Pty) Ltd on 010 593 7158.

Intermediary: The intermediary is the company/person who sold the policy. In the case of the long term insurance policy, the intermediary is also Essential Employee Benefits and in the case of the short term insurance policy, the broker appointed by you, the client. A detailed disclosure document should be provided by the Broker. Complaints regarding the sales process should be directed at the intermediary.

DISCLOSURE NOTICE:

1. ABOUT YOUR FINANCIAL SERVICES PROVIDER

- Essential Employee Benefits (Pty) Ltd Registration Number:2015/1307/42; 3rd Floor, 15 Wellington Road, Parktown, Johannesburg 2000; Tel: 010 593 7158; Email: enquiries@eeb.co.za www.eeb.co.za **ESSENTIAL EMPLOYEE BENEFITS IS A REGISTERED FINANCIAL SERVICES PROVIDER FSP NUMBER 46244**
- Essential Employee Benefits does not earn more than 30% of its total remuneration from any single Insurer and no Insurer holds shares in Essential Employee Benefits nor is Essential Employee Benefits associated to any one Insurer.
- Essential Employee Benefits is in possession of Professional Indemnity insurance.
- Compliance arrangements: The Compliance Toolbox is Essential Employee Benefits's compliance officer and can be contacted Tel: 0117941189 or via email on charmaine@ctb.co.za
- The fees and commissions payable are detailed in the quotation and policy schedule. The consequences of non-payment of the premium will be that cover will be cancelled.

2. ABOUT THE UNDERWRITERS/INSURERS

Product	Underwriter	Reg Number	FSP Number	Contact Number
Long term insurance	Lion of Africa Life Assurance Company Ltd	1942/015587/06	15283	+27 21 461 8233
Short Term Insurance	Guardrisk Insurance	1992/001639/06	261075	+27 (11) 669 1000
Medical Insurance	Lion of Africa Life Assurance Company Ltd	1942/015587/06	15283	+27 21 461 8233

3. HOW TO INSTITUTE A COMPLAINT

Should you have any complaint about your policy or the service you have received, please contact Essential Employee Benefits. **Complaints procedure:** Contact our complaints facilitator, on enquiries@eeb.co.za or on 010 020 9008 and follow the prompts to lodge a complaint. All complaints must be reduced to writing and any of our representatives will be able to provide you with a copy of our complaints procedure on request. If the enquiry is not dealt with satisfactorily, contact the appropriate Ombudsman listed below.

4. OTHER MATTERS OF IMPORTANCE

- You must be informed of any material changes to the information referred to in paragraphs 1 and 2.
- If any complaint to the Broker or Insurer is not resolved to your satisfaction, you may submit your complaint to the FAIS Ombud.
- If your premium is paid by debit order, the debit order must be in favour of one person and may not be transferred without your approval.
- The Product Supplier (Insurer) or its appointed representative, and not the Broker must give reasons in writing for the rejection of any claim submitted by you.
- The Product Supplier (Insurer) must give you written notice of its intention to cancel your policy.
- You are entitled to a copy of your policy free of charge.

5. CONFLICT OF INTEREST

We are pleased to report that there are no Conflicts of Interest or potential Conflicts of Interest identified within our organisation. A copy of our Conflict of Interest management policy is available on our website.

6. WARNING

- Do not sign any blank or partially completed application form.
- Complete all forms in ink.
- Keep all documents handed to you.
- Make notes as to what is said to you.
- Ask for a letter of representation from your adviser.
- Do not be pressurised into buying the product.

7. PARTICULARS OF FAIS OMBUD: |
PO Box 74571, Lynnwood Ridge 0040;
Tel: 012 470 9080 to 012 470 9097;
Fax: 012 348 3447;
Email: info@faisombud.co.za;
Website: www.faisombud.co.za

8. PARTICULARS OF SHORT TERM INSURANCE OMBUD:

PO Box 32334, Braamfontein 2017;
Tel: 011 726 8900;
Fax: 011 726 5501;
Email: info@osti.co.za

OUR PURPOSE

In an effort to assist lower-income individuals and various business structures, Essential Employee Benefits provides affordable, simple, and customisable coverage solutions in areas of wellness, disability, death and savings.

OUR MODEL

We aim to ensure that your staff are efficiently cared for, thereby promoting better employment security and optimising productivity outcomes.

OUR DUAL FOCUS

We prioritise coverage and security through a holistic approach that benefits both businesses and employees with reliable affordable cover.

Call Centre number

Office hours: 8am – 4:30pm Monday to Friday

24-hour emergency redirect

086 999 0913

For any further information or to chat to us about a tailor-made solution, please call:

Johannesburg – Head Office

010 593 7158

enquiries@eeb.co.za | www.eeb.co.za

