

# HEALTH INSURANCE

## PRODUCT BROCHURE

### 2026



GENRIC  
Insurance

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# Meet GENRIC Health

## WHY GENRIC HEALTH?

We believe that every South African deserves quality healthcare, but we understand that healthcare comes at a cost that a lot of people can't afford. Therefore, we focus on providing solutions that are built on strong foundations of Quality, Affordability and Accessibility that result in **"Quality Healthcare for All"**.



### COVER THAT IS RIGHT FOR YOU

Our options allow you to choose healthcare cover to best suit your needs and budget.

You can choose between **7** options. We offer varying levels of out-of-hospital Primary Healthcare benefits and can extend cover to in-hospital private healthcare benefits.

You can select different levels of private hospital Accident Cover. Certain options also offer private hospital Illness Cover.



### QUALITY HEALTHCARE

Access to private healthcare is based on GENRIC Health's selection of an exclusive panel of renowned private healthcare practitioners and hospitals.



### EASY CLAIMS

Members are required to utilise our contracted network providers to access benefits.

Our contracts with healthcare professionals means members never need to outlay cash.

GENRIC Health handles all the payments "behind the scenes".



### AFFORDABLE COVER

We understand that healthcare comes at a cost that a lot of people cannot afford, therefore we provide cover that everyone can afford.

# CONTACT DETAILS



## Centurion

Irene Link Precinct,  
7 Impala Avenue,  
0157



## Mon-Fri

07:30 - 16:30  
Closed on Sat - Sun

// For general queries please feel free to contact GENRIC Health:  
**Should you require advice, please contact your Broker.**

## Policy Services

 010 599 1170

 [Health\\_info@genric.co.za](mailto:Health_info@genric.co.za)

 [www.genrichealth.co.za](http://www.genrichealth.co.za)

We understand that you don't have unlimited time to wait for someone to answer your questions.  
No problem! We will call you back!

## Claim Services

 Pre-authorisation/ Emergency: 0860 002 402

 WhatsApp: 072 815 8226

 Alternative Emergency Number: 010 599 1172

 Email: [NHGcustomer care@nationalhealthcare.co.za](mailto:NHGcustomer care@nationalhealthcare.co.za)

# 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) 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:** The Immediate Family is a defined group of relations, whether over or under the age of 21 (twenty-one) and determines which members 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 Policyholder as defined in this policy.
- Any other relative, who at the Insurers discretion, qualifies for membership under this policy.

**Spouse:** A person who is a significant other, partner or non-marital partner of that the principal member:


- 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 which the Underwriter is satisfied is intended to be permanent.



# WAITING PERIODS & STANDARD RATES

A Waiting period is a period in which an Insured Person is not entitled to claim any, or may only claim certain, policy benefits.

Waiting periods are applicable on all newly incepted policies and/or additional dependants added to the current policy, except in the event of an Accident.

 <b>Waiting Periods</b>	
<p><b>GENERAL WAITING PERIODS</b></p> <ul style="list-style-type: none"> <li>• A <b>1-month</b> General Waiting Period is applied on all Out-of-Hospital benefits unless otherwise stated</li> <li>• A <b>3-month</b> General Waiting Period will be applied on any In-hospital related benefits unless otherwise stated.</li> <li>• A <b>6-month</b> General Waiting Period will be applied on Dental and Optical benefits.</li> <li>• A <b>6-month</b> Waiting Period will be applied on Chronic Medication.</li> </ul>	<p><b>PRE-EXISTING CONDITION WAITING PERIODS</b></p> <p><b>12-month</b> Waiting Period will be applied on all In-and Out-of-Hospital related pre-existing conditions, diseases, or illness.</p> <p>These include any conditions, including cancer, which existed prior to inception, or for which an insured person has sought or received medical advice or received treatment by a Registered Medical Professional or exhibited symptoms before inception of the policy.</p> <p>Failure to disclose and pre-existing condition could render the policy being cancelled.</p>
<p><b>POLICY SPECIFIC WAITING PERIODS</b></p> <p>The following conditions are excluded within the first <b>6</b> (six) months of the policy cover inception.</p> <ul style="list-style-type: none"> <li>• Myringotomy and grommets;</li> <li>• Adenoidectomy;</li> <li>• Tonsillectomy;</li> <li>• Hysterectomy(except where malignancy can be proven);</li> <li>• Spinal, back, neck and joint related procedures or treatment except in the case of an Accident.</li> </ul>	<p><b>SPECIFIC WAITING PERIODS APPLICABLE TO CERTAIN BENEFIT CATEGORIES</b></p> <ul style="list-style-type: none"> <li>• A <b>3-month</b> Waiting Period is applicable on the Accidental Death Benefit.</li> <li>• A <b>12-month</b> Waiting Period for all treatment during the Pregnancy as well as for the confinement related to the birth.</li> <li>• A <b>12-month</b> Waiting Period on all pre-existing cancer-related treatments.</li> </ul>

## Standard Rates for 2026

Under 60	Principal	Adult	Child
Golden Hour	R205	R160	R140
Hospital Plan	R260	R220	R160
Primary Standard	R510	R490	R215
Comprehensive Standard	R715	R650	R240
Comprehensive Plus	R1 155	R930	R395
Comprehensive Advanced	R1 325	R1 090	R485
Combined (Primary Standard with Hospital Plan)	R750	R680	R275

Over 60	Principal	Adult
Golden Hour	R300	R250
Hospital Plan	R365	R315
Primary Standard	R715	R690
Comprehensive Standard	R1 005	R910
Comprehensive Plus	R1 610	R1 305
Comprehensive Advanced	R1 865	R1 520
Combined (Primary Standard with Hospital Plan)	R1 080	R980

Premiums are reviewed and adjusted annually. **Age based contribution will be calculated as at 01 January of each year and will apply for the full calendar year.**

Rates above are for individuals, per Insured Person per month. If you are a member as part of a Group/Company, your rate may be different.

Ask your Broker or HR department for details.

### DISCLAIMER

- For all terms and conditions, benefits, limitations, and exclusions please refer to the policy wording which forms part of your Schedule of Insurance or consult your broker. GENRIC Health have been granted exemption in terms of Section 8(h) of the Medical Schemes Act 131 of 1998 for this product. This policy does 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.

**Quality health care for all**

# EASY TO UNDERSTAND BENEFIT COMPARISON

Refer to Policy Wording for full details and explanations. This document is for basic information purposes only.

## BENEFITS



## GOLDEN HOUR



## HOSPITAL PLAN



## PRIMARY STANDARD

### OUT-OF-HOSPITAL/ IN-HOSPITAL BENEFITS

Benefit Category	Golden Hour	Hospital Plan	Primary Standard
<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>	No Benefit.
<b>In-Hospital Accident Benefit</b>	Up to <b>R400 000</b> per Insured Person per event. Maximum of <b>R1 500 000</b> .	Up to <b>R475 000</b> per Insured Person per event. Maximum of <b>R1 500 000</b> .	No Benefit.
<b>Maternity Benefit</b>	No Benefit.	No Benefit.	No Benefit.
<b>In-Hospital Illness Benefit</b>	No Benefit.	Up to <b>R70 000</b> per Insured Person per event. Conditions which have a gradual progression are excluded. Maximum of <b>R500 000</b> per policy per annum.	No Benefit.
<b>In-Hospital Specialised Radiology Benefit</b>	Included in Hospital Benefits.	Included in Hospital Benefits.	No Benefit.
<b>ICU Benefit</b>	Included in Hospital Benefits.	Included in Hospital Benefits.	No Benefit.
<b>Post-Hospital Accident Rehabilitation</b>	Up to <b>R10 000</b> per Insured Person per event for <b>physiotherapy and occupational therapy - home care/wound care. Pre-authorisation required.</b>	Up to <b>R10 000</b> per Insured Person per event for <b>physiotherapy and occupational therapy - home care/wound care. Pre-authorisation required.</b>	No Benefit.
<b>Casualty Benefit (Accident)</b>	Maximum of <b>R30 000</b> per policy.	Maximum of <b>R30 000</b> per policy. <b>Pre-authorisation required.</b>	Maximum of <b>R5 000</b> per policy per annum. <b>Pre-authorisation required.</b>
<b>Casualty (Illness)</b>	Maximum of <b>R15 000</b> in the event of stabilisation of an Emergency Illness per Insured Person. <b>Pre-authorisation required.</b>	No Benefit.	Maximum of <b>R5 000</b> for after-hours treatment only. <b>Pre-authorisation required.</b>
<b>General Practitioner visits (GP/ doctor)</b>	<b>2</b> GP consultations at a contracted network doctor per Insured Person.	No Benefit.	Managed unlimited GP consultations at a network doctor.*
<b>In-Room Procedures</b>	Defined list of procedures a Network GP can perform in their rooms at no additional charge.	No Benefit.	Defined list of procedures a Network GP can perform in their rooms at no additional charge.
<b>Out-of-Network General Practitioner visits (GP)</b>	No Benefit.	No Benefit.	<b>2</b> consultations refunded at a maximum of <b>R500</b> per visit.
<b>Pharmacy Clinic Nurse Care</b>	<b>3</b> visits per Insured Person for a defined list of procedures available from nurses at Network pharmacies with contracted clinics.	No Benefit.	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.	Up to <b>R2 600</b> per Insured Person. Referral by Network GP required. Members must pay cash and claim from GENRIC Health. **
<b>Acute Medication</b>	Up to <b>R1 500</b> per Insured Person. Max <b>R190</b> per script. Combined with <b>OTC</b> benefit. See explanation on page 11.	No Benefit.	Unlimited Acute Medication available only from a Network pharmacies. See explanation on page 11.
<b>Over-the-Counter Medication (OTC)</b>	Combined with in <b>Acute Medicine</b> Limit.	No Benefit.	Up to <b>R250</b> per month. Maximum of <b>R850</b> per year. Subject to Formulary
<b>Chronic Medication. Refer to our Chronic Disease List (CDL)</b>	No Benefit.	No Benefit.	Unlimited. Approval must be obtained. See explanation on page 11.
<b>Radiology</b>	No Benefit.	No Benefit.	Unlimited Black and white x-rays only. Insured Person must be referred by a Network GP.
<b>Pathology</b>	No Benefit.	No Benefit.	Unlimited blood tests according to our list of tests. Insured Person must be referred by a Network GP.
<b>Dentistry</b>	No Benefit.	No Benefit.	Basic dentistry only. Treatment available based on GENRIC Health's Protocols and limits.
<b>Optometry</b>	No Benefit.	No Benefit.	Only available at Specsavers branches. <b>1</b> consultation, <b>1</b> set of frames with single vision lenses per Insured Person, every <b>24</b> months. Maximum of <b>R1 550</b> .

All benefit categories are per policy per annum unless stated otherwise.

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\*Pre-authorisation is required for every GP visit from the 5th Consultation onwards.

\*\* Subject to GENRIC Healths Protocols and Limits.

See page 11 for details on: Medication Benefits and how they work; Which Hospitals You Can Go To; The definition of Gradual Progression Diseases; and Value Added Benefits associated with each plan. Information is subject to change.

## BENEFITS



### COMPREHENSIVE STANDARD



### COMPREHENSIVE PLUS



### COMPREHENSIVE ADVANCED

## OUT-OF-HOSPITAL/ IN-HOSPITAL BENEFITS

Benefit Category	COMPREHENSIVE STANDARD	COMPREHENSIVE PLUS	COMPREHENSIVE ADVANCED
<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 Accident Benefit</b>	Up to <b>R275,000</b> per Insured Person per event, inclusive of all costs. Maximum of <b>R1 500 000</b> per policy per annum. <b>Pre-Authorisation required.</b>	Up to <b>R350,000</b> per Insured Person per event, inclusive of all costs. Maximum of <b>R1 500,000</b> per policy per annum. <b>Pre-Authorisation required.</b>	Up to <b>R425 000</b> per Insured Person per event. Maximum of <b>R1 500 000</b> per policy per annum. <b>Pre-Authorisation required.</b>
<b>Maternity Benefit</b>	No Benefit.	Up to <b>R30 000</b> for birth. Limited to <b>1</b> event every <b>12</b> Months. Includes <b>2</b> out-of-hospital ultra-sounds.	Up to <b>R35 000</b> for birth. Limited to <b>1</b> event every <b>12</b> months. Includes <b>2</b> out-of-hospital ultra-sounds.
<b>In-Hospital Illness Benefit</b>	Up to <b>R70 000</b> per Insured Person per event. Conditions which have a gradual progression are excluded. Maximum <b>R500 000</b> per policy per annum.	Up to <b>R95 000</b> per Insured Person per event. Overall limit of <b>R1 000 000</b> per policy per annum. Cataract Surgery is limited to <b>R30 000</b> per member.	Up to <b>R120 000</b> per Insured Person per event. Overall limit of <b>R1 000 000</b> per policy per annum. Cataract Surgery is limited to <b>R30 000</b> per member.
<b>In-Hospital Specialised Radiology Benefit</b>	Included in Hospital Benefits.	Included in Hospital Benefits.	Included in Hospital Illness Benefits.
<b>ICU Benefit</b>	Included in Hospital Benefits.	Included in Hospital Benefits.	Included in Hospital Illness Benefits.
<b>Post-Hospital Accident Rehabilitation</b>	Up to <b>R10 000</b> per Insured Person per event for <b>physiotherapy and occupational therapy - home care/wound care.</b> <b>Pre-authorisation required.</b>	Up to <b>R10 000</b> per Insured Person per event for <b>physiotherapy and occupational therapy - home care/wound care.</b> <b>Pre-authorisation required.</b>	Up to <b>R10 000</b> per Insured Person per event for <b>physiotherapy and occupational therapy - home care/wound care.</b> <b>Pre-authorisation required.</b>
<b>Casualty Benefit (Accident)</b>	<b>R5 000</b> per policy per annum. <b>Pre-authorisation required.</b>	<b>R10 000</b> per policy per annum. <b>Pre-authorisation required.</b>	<b>R10 000</b> per policy per annum. <b>Pre-authorisation required.</b>
<b>Casualty (Illness)</b>	Up to <b>R5 000</b> for after-hours treatment only. <b>Pre-authorisation required.</b>	Up to <b>R5 000</b> for after-hours treatment only. <b>Pre-authorisation required.</b>	Up to <b>R7 000</b> for after-hours treatment only. <b>Pre-authorisation required.</b>
<b>General Practitioner visits (GP/ doctor)</b>	Managed unlimited GP consultations at a network doctor.*	Managed unlimited GP consultations at a network doctor.*	Managed unlimited GP consultations at a network doctor.*
<b>In-Room Procedures</b>	Defined list of procedures a Network GP can perform in their rooms at no additional charge.	Defined list of procedures a Network GP can perform in their rooms at no additional charge.	Defined list of procedures a Network GP can perform in their rooms at no additional charge.
<b>Out-of-Network General Practitioner visits (GP)</b>	No Benefit.	<b>2</b> consultations refunded at a maximum of <b>R500</b> per visit.	<b>2</b> consultations refunded at a maximum of <b>R500</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.	Unlimited care for a defined list of procedures available from nurses at Network pharmacies with contracted clinics.	Unlimited care for a defined list of procedures available from nurses at Network pharmacies with contracted clinics.
<b>Specialist Benefit</b>	No Benefit.	Up to <b>R2 600</b> per Insured Person. Referral by Network GP required. Members must pay cash and claim from GENRIC Health.**	Up to <b>R2 600</b> per Insured Person. Referral by Network GP required. Members must pay cash and claim from GENRIC Health.**
<b>Acute Medication</b>	Unlimited Acute Medication available only from a Network pharmacies. See explanation on page 11.	Unlimited Acute Medication available only from a Network pharmacies. See explanation on page 11.	Unlimited Acute Medication available only from a Network pharmacies. See explanation on page 11.
<b>Over-the-Counter Medication (OTC)</b>	Up to <b>R250</b> per month. Maximum of <b>R850</b> per year. Subject to Formulary	Up to <b>R250</b> per month. Maximum of <b>R850</b> per year. Subject to Formulary	Up to <b>R250</b> per month. Maximum of <b>R850</b> per year. Subject to Formulary.
<b>Chronic Medication. Refer to our Chronic Disease List (CDL)</b>	Unlimited. Approval must be obtained. See explanation on page 11.	Unlimited. Approval must be obtained. See explanation on page 11.	Unlimited. Approval must be obtained. See explanation on Page 11
<b>Radiology</b>	Unlimited Black and white x-rays only. Insured Person must be referred by a Network GP.	Unlimited Black and white x-rays only. Insured Person must be referred by a Network GP.	Unlimited Black and white x-rays only. Members must be referred by a Network GP.
<b>Pathology</b>	Unlimited blood tests according to our list of tests. Insured Person must be referred by a Network GP.	Unlimited blood tests according to our list of tests. Insured Person must be referred by a Network GP.	Unlimited blood tests according to our list of tests. Members must be referred by a Network GP.
<b>Dentistry</b>	Basic dentistry only. Treatment available based on GENRIC Health's Protocols and limits.	Basic dentistry only. Treatment available based on GENRIC Health's Protocols and limits.	Basic dentistry only. Treatment available based on GENRIC Health's Protocols and limits.
<b>Optometry</b>	Only available at Specsavers branches. <b>1</b> consultation, <b>1</b> set of frames with single vision lenses per Insured Person, every <b>24</b> months. maximum of <b>R1 550</b> .	Only available at Specsavers branches. <b>1</b> consultation, <b>1</b> set of frames with single vision lenses per Insured Person, every <b>24</b> months. maximum of <b>R1 550</b> .	Only available at Specsavers branches. <b>1</b> consultation, <b>1</b> set of frames with single vision lenses per member, every <b>24</b> months. Maximum of <b>R1 550</b> .

All benefit categories are per policy per annum unless stated otherwise.

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\*Pre-authorisation is required for every GP visit from the 5th Consultation onwards.

\*\* Subject to GENRIC Healths Protocols and Limits.

This product is underwritten and administered by GENRIC Insurance Company Limited, a licensed non-life insurer and an Authorised Financial Services 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.

**BENEFITS**



**PRIMARY STANDARD + HOSPITAL PLAN**

**OUT-OF-HOSPITAL/ IN-HOSPITAL BENEFITS**

<b>Hospital Footprint</b>	Access to all private hospitals accepting health insurance products. <b>Pre-authorisation required.</b>
<b>In-Hospital Accident Benefit</b>	Up to <b>R475 000</b> per Insured Person per event. Maximum of <b>R1 500 000</b> per policy per annum.
<b>Maternity Benefit</b>	No Benefit.
<b>In-Hospital Illness Benefit</b>	Up to <b>R70 000</b> per Insured Person per event. Conditions which have a gradual progression are excluded. Maximum of <b>R500 000</b> per policy per annum.
<b>In-Hospital Specialised Radiology Benefit</b>	Included in Hospital Illness Benefits.
<b>ICU Benefit</b>	Included in Hospital Illness Benefits.
<b>Post-Hospital Accident Rehabilitation</b>	Up to <b>R10 000</b> per Insured Person per event for <b>physiotherapy and occupational therapy - home care/wound care.</b> <b>Pre-authorisation required.</b>
<b>Casualty Benefit (Accident)</b>	Up to <b>R30 000</b> per policy. <b>Pre-authorisation required.</b>
<b>Casualty (Illness)</b>	Up to <b>R5 000</b> for after-hours treatment only.
<b>General Practitioner visits (GP/ doctor)</b>	Managed unlimited GP consultations at a network doctor.*
<b>In-Room Procedures</b>	Defined list of procedures a Network GP can perform in their rooms at no additional charge.
<b>Out-of-Network General Practitioner Visits (GP)</b>	<b>2</b> consultations refunded at a maximum of <b>R500</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>	Up to <b>R2 600</b> per Insured Person. Referral by network GP required. Members must pay cash and claim from GENRIC Health.**
<b>Acute Medication</b>	Unlimited Acute Medication available only from a Network pharmacies. See explanation on page 11.
<b>Over-the-Counter Medication (OTC)</b>	Up to <b>R250</b> per month. Maximum of <b>R850</b> per year. Subject to Formulary.
<b>Chronic Medication. Refer to our Chronic Disease List (CDL)</b>	Unlimited. Approval must be obtained. See explanation on page 11.
<b>Radiology</b>	Unlimited Black and white x-rays only. Insured Person must be referred by a Network GP.
<b>Pathology</b>	Unlimited blood tests according to our list of tests. Insured Person must be referred by a Network GP.
<b>Dentistry</b>	Basic dentistry only. Treatment available based on GENRIC Health's Protocols and limits.
<b>Optometry</b>	Only available at Specsavers branches. <b>1</b> consultation, <b>1</b> set of frames with single vision lenses per member, every <b>24</b> months. Maximum of <b>R1 550</b> .

All benefit categories are per policy per annum unless stated otherwise.

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## MEDICATION BENEFITS

<p><b>Chronic / Acute &amp; OTC Medication</b></p>	<p>This medicine is used to treat conditions which occur suddenly, have immediate or rapidly developing symptoms, and are limited in their duration i.e. antibiotics for the flu.</p> <p>Your doctor must prescribe a medicine for you from our list of medicines, called a formulary for each condition. A formulary means that we choose a wide variety of medicine for each. However, we use an average pricing method for each medicine category. This means, if you elect to use a medicine more expensive than the average price, you will have to pay the difference out of your pocket.</p> <p>If your doctor is a dispensing doctor, you must get your medication from them. It will be rejected at a pharmacy. However if your doctor is not a dispensing doctor, simply present your script to any pharmacy of your choice.</p>
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## GRADUAL PROGRESSION DISEASES

Gradual Progression Diseases means any condition or illness that develops slowly over time and gradually worsens. These types of illnesses have a slow and steady progression and can take months or years for symptoms to become noticeable. Please refer to the policy wording for a list of conditions.

## HOSPITALS YOU CAN GO TO

As a member of GENRIC Health, you have access to all private hospitals in the country. Certain hospitals choose not to accept Health Insurance Products, so please ensure you always contact us prior to admission for our Pre-authorisation Department to guide you.

Pre-Authorisation is a requirement for all hospital and casualty admissions and our caring NHG team may be contacted 24/7 on **0860 002 402**.

## NURSE BASED CARE

Care from qualified nurses at over **700** pharmacy Wellness Clinics. Visit them in store at your convenience or book an appointment for a consultation. Nurses will give you a medical referral if necessary. Available at all Network Pharmacies with contracted Clinics.

- General Member Wellness
- Women's Health
- Assistance Managing Chronic Conditions

## VALUE ADDED BENEFITS

24 Hour emergency Medical Services	PRIMARY STANDARD	ALL OTHER OPTIONS						
	No benefit	Unlimited						
ALL OPTIONS								
Client Assistance Programme	Personal Health Advisor - Clinically trained Personal Health Advisor available for telephonic consultations and advice 24/7. Credit and Debt Assist - a full range of debt management and financial planning services Trauma Counselling - Trauma debriefing by a qualified nurse Legal Assist - Telephonic Legal advice from qualified attorneys							
Accidental Death Benefit	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Principal:</td> <td style="text-align: right; padding: 5px;"><b>R15 000</b></td> </tr> <tr> <td style="padding: 5px;">Adult Dependant:</td> <td style="text-align: right; padding: 5px;"><b>R10 000</b></td> </tr> <tr> <td style="padding: 5px;">Child Dependant:</td> <td style="text-align: right; padding: 5px;"><b>R8 000</b></td> </tr> </table>		Principal:	<b>R15 000</b>	Adult Dependant:	<b>R10 000</b>	Child Dependant:	<b>R8 000</b>
Principal:	<b>R15 000</b>							
Adult Dependant:	<b>R10 000</b>							
Child Dependant:	<b>R8 000</b>							

This product is underwritten and administered by GENRIC Insurance Company Limited, a licensed non-life insurer and an Authorised Financial Services 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.

# IN-ROOM PROCEDURES COVERED ONLY AT A NETWORK DOCTOR

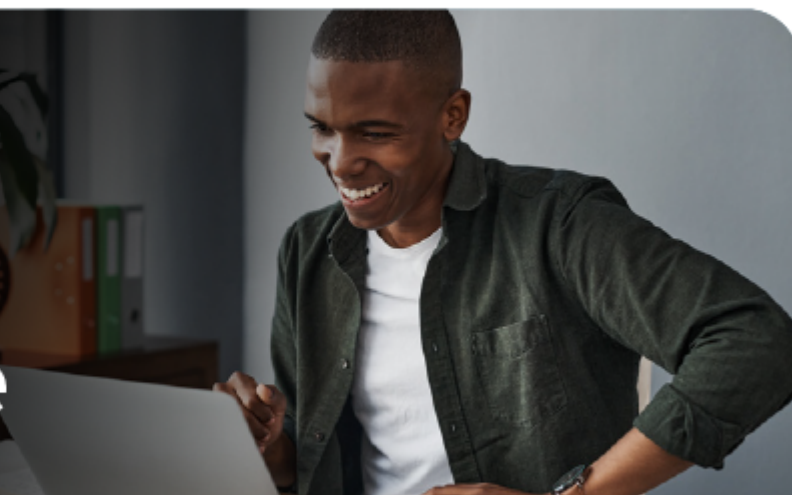
- Additional wound stitching.
- Circumcision: Clamp Procedure.
- Consultations for a new or established patient.
- Drainage of subcutaneous abscess onychia, paronychia, pulp space, or avulsion of nail.
- Each additional small procedure is done at the same time stitching.
- ECG with effort.
- ECG without effort.
- Excision and repair by direct suture; excision nail fold or other minor procedure of similar magnitude.
- GP Ultrasound study of the pregnant uterus (1st & 2nd trimester) – only applicable on the product options that include Maternity benefits.
- Limb Cast (excluding after care).
- Nebulisation.
- Removal of foreign body superficial to deep fascia (except hands).
- Stitching of wound (with or without local anaesthesia) including normal after care.

# LIST OF CHRONIC CONDITIONS COVERED

- Addison Disease
- Asthma
- Bronchiectasis
- Congestive Cardiac Failure (CCF)
- Cardiomyopathy
- Chronic Renal Disease
- Coronary Artery Disease (CAD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Crohn's Disease
- Diabetes Insipidus
- Diabetes Mellitus type **1**
- Diabetes Mellitus type **2**
- Dysrhythmias
- Epilepsy
- Glaucoma
- Haemophilia
- HIV meds up to **R500** per policy per month. Max **R6 000** per annum.
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Multiple Sclerosis (MS)
- Parkinson's Disease
- Rheumatoid Arthritis (RA)
- Systemic Lupus Erythematosus (SLE)
- Ulcerative Colitis

**CHRONIC MEDICATION AUTHORISATIONS: 0860 002 402**

## How to register on the **GENRIC** MobiSite



### Click on the link in your SMS

Upon being onboarded to your GENRIC health insurance policy, you will receive an **SMS** that will contain the link to the GENRIC MobiSite. Click on it and wait to be directed to a login/registration webpage in your browser.

**REGISTER**

### Register icon

Once the GENRIC MobiSite webpage opens, select the **REGISTER** icon, followed by the **MEMBER** icon.



### Required fields

A page will open with required fields - it is important to create your own username and 5-digit numerical PIN. Tick the T&C's box and select **REGISTER**.



### Account validation SMS

Keep an eye out for your account validation SMS - follow the unique link in the account **validation SMS**. You will be re-directed to the same login/registration webpage as at the beginning of the process.



### Login to your account

Remember your username and 5-digit numerical PIN. Use those details to fill out the Username and PIN fields and select **LOGIN**.



### Access your digital card

Click on the tab labelled **MY CARD** to access your digital membership card.

# IMPORTANT TERMS & CONDITIONS

## POLICY SPECIFIC EXCLUSIONS

**We will not compensate You for any illness, condition, disease or injury, or the consequences of treatment, or resulting from, or associated with:**

- Out-patient treatment other than specifically defined as covered.
- Hospital admissions for the purpose of diagnostic procedures.

## GENERAL POLICY EXCLUSIONS

**Unless the policy makes provision for a specific benefit and is evident within the specific policy entitlement, any claim submitted will automatically be rejected.**

**We will not compensate You for any illness, condition, disease or injury, or the consequences of treatment of, or resulting from, or associated with:**

- An event not covered by this policy and/or falling outside of the policy's benefits.
- Any claim that must be paid in terms of alternate proclaimed legislation, such as the Compensation for Occupational Injuries Act 90 of 1993, the Road Accident Fund Act 56 of 1996 and the Medical Schemes Act 131 of 1998.
- Any pre-existing condition, disease, disorder, or illness, for a minimum of 12 (twelve) months. This will include any condition which existed prior to inception, or for which an insured person has sought or received medical advice or received treatment by a Registered Medical Professional or exhibited symptoms before inception of the policy.
- Any other condition for which a confirmed Waiting Period is applicable.
- Admission which is required for the purposes of investigative procedures or any other investigation only, unless specifically provided for in this agreement.
- Claims for advice on an on-going basis, routine physical examinations, or procedures of a purely diagnostic nature.
- Any illness, injury or consequence from alcohol, drug or substance intoxication, use, abuse, or addiction, directly or indirectly traceable to the insured being affected, permanently or temporarily. Claims may be considered where registered drugs are administered and prescribed by a Registered Medical Professional.
- Any Psychiatric or Psychological Condition or emotional or nervous conditions including, but not limited to, depression, insanity, psychosis, stress-related and affective disorders.
- Suicide, attempted suicide or any intentional or deliberate self-injury and/or self-exposure to danger or risk except to save a human life.
- Any skin/sub-cutaneous tissue and nail disorders, diseases, conditions and illnesses, inclusive of, but not limited to, lipomatous neoplasm and excision or biopsy related to the skin and/or subcutaneous tissue with the exception of a diagnosis of cancer being confirmed.
- Cosmetic Surgery where no clinical indication for treatment is present, including any treatment and costs resulting from these procedures unless specified as part of the benefit entitlement to this policy.
- Elective procedures with no clinical/medical indication including any treatment and costs resulting from these procedures unless specified as part of the benefit entitlement to this policy.
- Investigations, treatment, medication, or surgery related to any condition where the Member seeks advice, diagnosis and/or treatments outside the border of south Africa.
- BMI (Body Mass Index).
  - The additional charge by a Registered

Medical Professional for the management of overweight and underweight patients with reference to the Body Mass Index (BMI). The applicable BMI codes are 0018 and 0019 and are not covered on this policy.

- The additional charge by a Registered Medical Professional for the management of overweight and underweight patients Body Mass Index (BMI), directly related to pregnancy and diseases that are non-lifestyle related and the Member

is under medical care at claim stage, the Underwriter will pay those additional charges applicable.

- Investigations, treatment, or surgery related to infertility, artificial insemination, hormone treatment for infertility, or any other form of assisted reproduction.
- Procedures, medication, or devices for the purpose of contraception.
- Procedures related to the voluntary termination of a pregnancy.

## SPORT RELATED EXCLUSIONS

### Any Illness, injury or condition resulting from or directly associated with professional sport:

- Participation in any form of race or speed test, other than on foot.
- Involving any mechanically propelled vehicles or crafts.
- Participation in a sport or hobby that is defined by Underwriter as hazardous or dangerous except for scholars taking part in school activities.
- Participation as a professional sports person.

## STANDARD NON-LIFE POLICY EXCLUSIONS

### We will not compensate You for any Illness, condition, disease or injury, or the consequences of treatment of, or resulting from, or associated with:

- Any claim arising directly or indirectly from active involvement in war, invasion, act of a foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or political risk of any kind, or any act of any person acting on behalf of or in connection with any organisation, group or activity aimed at overthrowing any government by force or any deliberate act of terrorism or violence.
- Any riot, strike, or public disorder (including civil commotion, labour disturbances or lock-out) or any act or activity resulting in or calculated to bring about riot, strike, or such disorder.
- Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike, or the activities of locked out workers.
- The act of any lawfully established authority, police force, security force or any other local, provincial, or national body, in controlling, preventing, suppressing or in any other way dealing with any event referred to in the clauses above.
- Compensation in terms of the War Damage Insurance Act 85 of 1976.
- Nuclear weapons or nuclear material, ionizing radiation, or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
- Any loss arising from any contractual liability.
- Any consequential loss or damage whatsoever.
- Any attempt by you to commit an unlawful act.



**GENRIC**  
Insurance

## CONTACT US

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P : +27 86 144 4462

E : [info@genric.co.za](mailto:info@genric.co.za)

w : [genric.co.za](http://genric.co.za)

Irene Link Precinct

7 Impala Avenue

Centurion, 0157