



BROCHURE 2019



WESMART
Good Health Ensured

Wesmart Financial and Administration Solutions (Pty) Ltd is an authorised Financial Services Provider (FSP:45769) Underwriting Agency for GENRIC Insurance Company Limited (FSP: 43638). GENRIC is an authorised Financial Services Provider and registered Short-term Insurer.



ABOUT WESMART

The Wesmart product structure provides comprehensive healthcare solutions. We continuously look at ways of improving our policyholders experience with us through enhanced efficiencies.

Wesmart provides 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. For the private individual and their families who are looking to manage their budgets, Wesmart provides a range of solutions to fit every pocket.

The management and staff of Wesmart, are seasoned healthcare campaigners who are committed to providing policyholders with world class customer service. Policyholders are never compromised through every step of their journey with us and will be treated with dignity and professionalism at every point of contact.



OUR DNA

Comprehensive Health Insurance Solutions
Stand Alone Primary Care Options

HOSPITAL ADMISSIONS

Pre-authorisation and Guarantee of Payment (GOP). Wesmart follows a “best practice” methodology in providing benefits within our treatment guidelines and protocols.



DOCSURE INTERMEDIATE

PREMIUMS



**INDIVIDUAL
R910**



**ADULT DEPENDENT
R730**



**CHILD DEPENDENT
R365**

BENEFITS (PRE-AUTHORISATION IS REQUIRED)



GP CONSULTATIONS

Managed unlimited GP consultations through a Network GP Provider. These services include certain In-room Procedures. In the event that the Network is not used, benefit is limited to R250 reimbursed directly to member on a pay and claim basis. Out of network benefits are limited to 2 consultations per policy per annum.



SPECIALIST CONSULTATIONS

Limited to R2 000 per beneficiary per annum. Specialist benefit are available on a pay and claim basis. The member must be referred by a Network GP to a Specialist.



ACUTE MEDICATION

Unlimited acute medication available, either through the Dispensing GP or via the Pharmacy Network, these benefits are directly linked and limited to the Wesmart Formulary.



OVER THE COUNTER AND HEALTH SCREENING

Sub-limit of R150 per policy per month as per formulary. Limited to R600 per policy per annum.



CHRONIC MEDICATION (PER CDL)

Unlimited chronic medicine, restricted to 24 Chronic Diseases as listed. All chronic medicine has to be applied for by the Prescribing Medical Expert. These benefits include Anti-anxiety or Anti depression medication, limited to R100 per month.



RADIOLOGY

Unlimited. Limited to 1 and 2 sided, black and white x-rays. Member must be referred by a Network GP Provider, directly linked and limited to the Wesmart Formulary.



PATHOLOGY

Unlimited as per the Wesmart Formulary. Covers basic blood tests.



DENTISTRY

Limited to 2 consultations per beneficiary per annum, including Cleaning, Polishing, Extractions and Fillings. No specialised dental benefits available.



OPTOMETRY

Network Service Provider must be used, Specsavers. Alternatively contact us for a provider in your area. Optometry services including 1 annual eye test, limited to single vision spectacles, every 24 months per beneficiary.



ACCIDENT BENEFIT

Individual members have a sub-limit of R200 000 per event, limited to R400 000 per policy per annum. Families have a sub-limit of R400 000 per event, limited to R800 000 per policy per annum. All associated costs for follow up treatments post discharge, also accumulate to the initial event sublimit.



CASUALTY BENEFIT

Limited to R6 000 per policy per annum for all after hour illness emergency related events only. Must be pre authorised



DAILY ILLNESS BENEFIT

Day 1: R10 000
Day 2: R6 500
Day 3: R5 000

Day 4 onwards: R3 000 per day. Limited to 21 days per admission. Paid up to a maximum of the stated benefits, which includes all related costs to the admission.



SPECIFIC STATED CONDITIONS BENEFITS

Hernia: R20 000. Appendectomy, Gallbladder and Kidney Stones R35 000. Miscarriage: R10 000. Hysterectomy R45 000. These benefit limits includes all related costs to the admission. This benefit cannot be used in combination with the daily illness benefit.



MATERNITY BENEFIT

Up to a maximum of R30 000 per confinement. Limited to 1 event per policy every 12



SHORTFALL BENEFIT

Limited to R10 000 per policy per annum and is available if the sublimit is reached. Must be authorised, illness related admissions



ICU BENEFIT

R15 000 for illness admissions. Limited to a maximum of 3 days in hospital.



24 HOUR EMERGENCY MEDICAL SERVICES

Preauthorised by Africa Assistance. R50 000 per policy per annum.

DOCSURE SIMUNYE

PREMIUMS



**INDIVIDUAL
R825**



**ADULT DEPENDENT
R663**



**CHILD DEPENDENT
R332**

BENEFITS (PRE-AUTHORISATION IS REQUIRED)



GP CONSULTATIONS

Managed unlimited GP consultations through a Network GP Provider. These services include certain In-room Procedures. In the event that the Network is not used, benefit is limited to R250 reimbursed directly to member on a pay and claim basis. Out of network benefits limited to 2 consultations per policy per annum.



SPECIALIST CONSULTATIONS

Limited to R2 000 per beneficiary per annum. Specialist benefit are available on a pay and claim basis. The member must be referred by a Network GP to a Specialist.



ACUTE MEDICATION

Unlimited acute medication available, either through the Dispensing GP or via the Pharmacy Network, these benefits are directly linked and limited to the Wesmart Formulary.



OVER THE COUNTER AND HEALTH SCREENING

Sub-limit of R150 per policy per month as per formulary. Limited to R600 per policy per annum.



CHRONIC MEDICATION (PER CDL)

Unlimited chronic medicine, restricted to 24 Chronic Diseases as listed. These benefits include Anti-anxiety or Anti depression medication, limited to R100 per month.



RADIOLOGY

Unlimited. Limited to 1 and 2 sided, black and white x-rays. Member must be referred by a Network GP Provider, directly linked and limited to the Wesmart Formulary.



PATHOLOGY

Unlimited as per the Wesmart Formulary. Covers basic blood tests.



DENTISTRY

Limited to 2 consultations per beneficiary per annum, including Cleaning, Polishing, Extractions and Fillings. No specialised dental benefits available.



OPTOMETRY

Network Service Provider must be used, Specsavers. Alternatively contact us for a provider in your area. Optometry services including 1 annual eye test. Limited to single vision spectacles, every 24 months per beneficiary.



ACCIDENT BENEFIT

Individual members have a sub-limit of R100 000 per event, limited to R200 000 per policy per annum. Families have a sub-limit of R200 000 per event, limited to R400 000 per policy per annum. All associated costs for follow up treatments post discharge, also accumulate to the initial event sublimit.



CASUALTY BENEFIT

Limited to R4 000 per policy per annum for all after hour illness emergency related events only. Must be pre authorised



DAILY ILLNESS BENEFIT

Day 1: R10 000
Day 2: R6 500
Day 3: R5 000
Day 4 onwards: R3 000 per day. Limited to 21 days per admission. Paid up to a maximum of the stated benefits, which includes all related costs to the admission.



MATERNITY BENEFIT

Up to a maximum of R30 000 per confinement. Limited to 1 event per policy every 12



SHORTFALL BENEFIT

Limited to R10 000 per policy per annum and is available if the sublimit is reached. Must be authorised, illness related admissions



24 HOUR EMERGENCY MEDICAL SERVICES

Preauthorised by Africa Assistance. R50 000 per policy per annum.

DOCSURE DEMASURE

PREMIUMS



**INDIVIDUAL
R575**



**ADULT DEPENDENT
R460**



**CHILD DEPENDENT
R230**

BENEFITS (PRE-AUTHORISATION IS REQUIRED)



GP CONSULTATIONS

Managed unlimited GP consultations through a Network GP Provider. These services include certain In-room Procedures. In the event that the Network is not used, benefit is limited to R250 reimbursed directly to member on a pay and claim basis. Out of network benefits are further limited to 2 consultations per policy per annum.



SPECIALIST CONSULTATIONS

Limited to R2 000 per beneficiary per annum. Specialist benefit are available on a pay and claim basis. The member must be referred by a Network GP to a Specialist.



ACUTE MEDICATION

Unlimited acute medication available, either through the Dispensing GP or via the Pharmacy Network, these benefits are directly linked and limited to the Wesmart Formulary.



OVER THE COUNTER AND HEALTH SCREENING

Sub-limit of R150 per policy per month as per formulary. Limited to R600 per policy per annum.



CHRONIC MEDICATION (PER CDL)

Unlimited chronic medicine, restricted to 24 Chronic Diseases as listed. These benefits include Anti-anxiety or Anti depression medication, limited to R100 per month.



RADIOLOGY

Unlimited. Limited to 1 and 2 sided black and white x-rays. Member must be referred by a Network GP Provider, directly linked and limited to the Wesmart Formulary.



PATHOLOGY

Unlimited as per the Wesmart Formulary. Covers basic blood tests.



DENTISTRY

Limited to 2 consultations per beneficiary per annum, including Cleaning, Polishing, Extractions and Fillings. No specialised dental benefits available.



OPTOMETRY

Network Service Provider must be used, Specsavers. Alternatively contact us for a provider in your area. Optometry services including 1 annual eye test, limited to single vision spectacles, every 24 months per beneficiary.



ACCIDENT BENEFIT

Sub-limit of R50 000 per event, limited to R100 000 per policy per annum for an individual. Sub-limit of R100 000 per event, limited to R200 000 per policy per annum for a family.



CASUALTY BENEFIT

Limited to R2 000 per policy per annum for all after hour illness emergency related events only. Must be pre authorised



24 HOUR EMERGENCY MEDICAL SERVICES

Preauthorised by Africa Assistance. R50 000 per policy per annum.

DOCSURE PRIMARY

PREMIUMS



**INDIVIDUAL
R455**



**ADULT DEPENDENT
R364**



**CHILD DEPENDENT
R182**



BENEFITS (PRE-AUTHORISATION IS REQUIRED)



GP CONSULTATIONS

Managed unlimited GP consultations through a Network GP Provider. These services include certain In-room Procedures. In the event that the Network is not used, benefit is limited to R250 reimbursed directly to member on a pay and claim basis. Out of network benefits are further limited to 2 consultations per policy per annum.



SPECIALIST CONSULTATIONS

Limited to R1 000 per beneficiary per annum. Specialist benefit are available on a pay and claim basis. The member must be referred by a Network GP to a Specialist.



ACUTE MEDICATION

Unlimited acute medication available, either through the Dispensing GP or via the Pharmacy Network, these benefits are directly linked and limited to the Wesmart Formulary.



OVER THE COUNTER AND HEALTH SCREENING

Sub-limit of R150 per policy per month as per formulary. Limited to R600 per policy per annum.



CHRONIC MEDICATION (PER CDL)

Unlimited chronic medicine, restricted to 24 Chronic Diseases as listed. These benefits include Anti-anxiety or Anti depression medication, limited to R100 per month.



RADIOLOGY

Unlimited. Limited to 1 and 2 sided black and white x-rays. Member must be referred by a Network GP Provider, directly linked and limited to the Wesmart Formulary.



PATHOLOGY

Unlimited as per the Wesmart Formulary. Covers basic blood tests.



DENTISTRY

Limited to 2 consultations per beneficiary per annum, including Cleaning, Polishing, Extractions and Fillings. No specialised dental benefits available.



OPTOMETRY

Network Service Provider must be used, Specsavers. Alternatively contact us for a provider in your area. Optometry services including 1 annual eye test, limited to single vision spectacles, every 24 months per beneficiary.

WAITING PERIODS

1. WAITING PERIODS

- 1.1. General Waiting Period (GWP) are applicable on any new incepted policies and/or additional dependents to the current policy.
- 1.2. A 3 (three) month waiting period applies to any illness related treatment.
- 1.3. A 3 (three) month waiting period on specialist consultations apply.
- 1.4. A 12 (twelve) month waiting period on all pre-existing conditions.
- 1.5. A 1 (one) month waiting period on the following benefits are applicable:
 - 1.5.1. GP Consultations;
 - 1.5.2. Acute Medication;
 - 1.5.3. Over the counter health and screening;
 - 1.5.4. Radiology;
 - 1.5.5. Pathology;
 - 1.5.6. Casualty Benefit;

2. POLICY SPECIFIC WAITING PERIODS

We will not compensate you for any illness, condition, disease or injury, or the consequences of treatment of, or resulting from, or associated with: Out-patient treatment other than specifically defined as covered. Diagnostic procedures and admissions.

The following conditions, if pre-existing, within the first 12 (twelve) months of the policy inception:

- 2.1 Myringotomy and Grommets;
- 2.2 Adenoidectomy;
- 2.3 Tonsillectomy;
- 2.4 Pregnancy and Confinement;
- 2.5 Hysterectomy; (except where malignancy can be proven);
- 2.6 A 6 (six) month waiting period on all dentistry related benefits.
- 2.7 A 12 (twelve) month waiting period on all optometry related benefits.
- 2.8 A 6 (six) month waiting period on chronic medication.



SUMMARY OF POLICY TERMS AND CONDITIONS

GENERAL POLICY EXCLUSIONS

- An event not covered that falls outside of the policy's intention.
- Any pre-existing condition, disease, disorder or illness, for 12 months.
- Claims for regular or routine medical treatment of a diagnostic nature.
- Illness or injury resulting from alcohol or drug abuse.
- Any Psychiatric or Psychological Condition.
- Suicide or attempted suicide.
- Medication, drugs, prescriptions, consumables and equipment used, unless it forms part of the benefit entitlement
- Cosmetic Surgery unless defined as part of the benefit entitlement of this policy.
- Elective procedures
- Diagnostic Investigations, treatment or surgery related to eating disorders, obesity or weight management.
- Investigations, treatment, medication or surgery related to any condition where the policyholder seeks advice, diagnosis and / or treatments outside the border of South Africa
- BMI (Body Mass Index), unless defined as part of the benefit entitlement of this policy. Diagnostic Investigations, treatment or surgery relating to any form of assisted reproduction.

STANDARD SHORT-TERM POLICY EXCLUSIONS

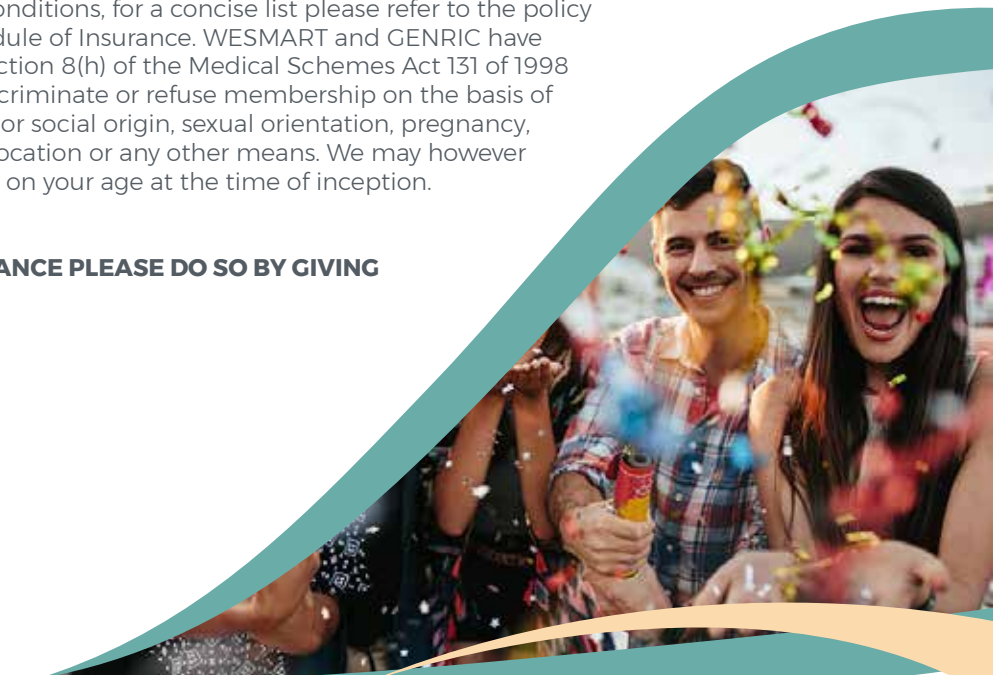
No benefits will be paid for claims arising from:

- Participation in war, invasion, act of a foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or political risk of any kind, terrorism or violence.
- Any riot, strike, public or domestic disorder, civil commotion, labour disturbances or lock-out.
- Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
- Preventing authorities from dealing or controlling any of the above activities.
- Compensation in terms of the War Damage Insurance Act 85 of 1976.
- Nuclear weapons, nuclear material or ionizing radiation
- Committing unlawful activities in the Republic of South Africa
- Loss arising from any contractual liability.
- Consequential loss or damage.

DISCLAIMER

The above is a summary of terms and conditions, for a concise list please refer to the policy wording which forms part of your Schedule of Insurance. WESMART and GENRIC 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.

IF YOU WISH TO CANCEL YOUR INSURANCE PLEASE DO SO BY GIVING 31 DAYS NOTICE





WESMART

Good Health Ensured

JOIN THE WESMART FAMILY

Send your application to applications@wesmart.co.za or contact us for details of your nearest broker.

CLIENT QUERIES OR POLICY UPDATES

Do you have any queries or need to update any of your details?

Email us at info@wesmart.co.za

CLAIMS

Submit your claim electronically via email or fax to our dedicated Claims

Department: claims@wesmart.co.za or fax 086 555 2682

HAVE A COMPLAINT?

Send any feedback to: complaints@wesmart.co.za



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PRE-AUTHORISATION:
010 599 1172

ASSISTANCE PARTNER



HOSPITAL PARTNER

