



2026

OLD MUTUAL  
**HEALTH SOLUTIONS**

Health Insurance Brochure

OLDMUTUAL



DO GREAT THINGS EVERY DAY



# WHY PARTNER WITH US?

With 180 years of expertise in financial services and a deep understanding of corporate needs, Old Mutual Health Solutions Health Insurance, leveraging the combined expertise of Old Mutual and GENRIC, delivers integrated, affordable health and wellness solutions for your employees. We offer digital onboarding and access to adequate private healthcare with extensive support, including a wide network of healthcare providers, GP consultations, pharmacies, and essential wellness services. Our solutions evolve with your people's changing needs, offering holistic health and wellness support that helps employees and their families nurture their physical, mental, and financial wellbeing—keeping your workforce healthy, productive, and supported.

With **180 years of expertise** in financial services and a **deep understanding** of corporate needs.

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# EMPOWERING A HEALTHIER, MORE RESILIENT WORKFORCE

Health and wellness are essential to a meaningful employee value proposition.

Old Mutual Health Solutions, offered through Old Mutual Corporate, brings forward health insurance solutions that evolve alongside your workforce. With a holistic focus on physical, mental, and financial wellbeing, we help employees and their families live healthier, more empowered lives.

## PHYSICAL WELLBEING



- **Preventive Care:** Regular check-ups, screenings, and vaccinations to keep you healthy.
- **Fitness Programs:** Access to wellness programs, gym discounts, and fitness resources.
- **Chronic Disease Management:** Support for managing ongoing conditions with personalised care plans.
- **Injury and Rehabilitation:** Coverage for rehabilitation therapies, physical therapy, and treatments.

## FINANCIAL WELLBEING



- Financial education/empowerment
- Financial support (including loans, earned wage access, etc)
- Financial Advice

## MENTAL WELLBEING



- Employee assistance programme (EAP)
- Wellbeing support



Employee Value Proposition strategies are increasingly focused on the employee's overall wellbeing.





# OLD MUTUAL HEALTH SOLUTIONS - HEALTH INSURANCE

Old Mutual Health Solutions health insurance provides a balance of **simplicity, flexibility** and **choice**.



## ALL INCLUSIVE

Cover for day-to-day needs, accident and illness hospitalisation, and more



## VALUE

Value for money with integrated pricing



## CHOICE

Range of options to meet differing needs



## HOLISTIC WELLBEING APPROACH

Attractive range of value-adds

Health insurance offers basic day-to-day cover for expenses such as General Practitioner (GP) visits, medication and some private hospitals benefits. Health insurance also adheres to the Short-term Insurance Act.



## WHO IS ELIGIBLE?

Companies/Organisations with uncovered employees

Minimum of 10 employees

Dependents under the main insured person's policy: Spouse or partner, child dependents (grandchildren, biological, legally adopted and stepchildren)

Minimum age of Principal members must be 18 (child dependants may be younger)

# EMPOWERING YOUR WORKFORCE WITH ACCESSIBLE, AFFORDABLE PRIVATE HEALTHCARE THAT IS SIMPLIFIED, FLEXIBLE, AND BUILT FOR MEMBER CHOICE.

BENEFIT SUMMARY				
	GOLDEN HOUR PLUS HOSPITAL PLAN	PRIMARY STANDARD	PRIMARY STANDARD WITH HOSPITAL PLAN	COMPREHENSIVE PLUS
NETWORK GP VISITS	✓	✓	✓	✓
OUT OF NETWORK GP VISITS	✗	✓	✓	✓
HOSPITALISATION - ACCIDENT	✓	✗	✓	✓
HOSPITALISATION - ILLNESS	✓	✗	✓	✓
CASUALTY BENEFIT - ILLNESS AND ACCIDENT	✓	✓	✓	✓
POST ACCIDENT REHABILITATION	✓	✗	✓	✓
CHRONIC COVER	✗	✓	✓	✓
VIRTUAL CONSULTATIONS (NURSE & GP)	✓	✓	✓	✓
OVER THE COUNTER MEDICINE	✓	✓	✓	✓
MATERNITY IN-HOSPITAL	✗	✗	✗	✓
MATERNITY OUT-OF-HOSPITAL	✗	✗	✗	✓
ACUTE MEDICATION	✓	✓	✓	✓
SPECIALIST COVER	✗	✓	✓	✓
BASIC DENTISTRY, OPTOMETRY, PATHOLOGY AND RADIOLOGY	✗	✓	✓	✓
PREVENTATIVE CARE	✓	✓	✓	✓
FLU VACCINE	✓	✓	✓	✓
UNLIMITED 24/7 EMERGENCY SERVICES	✓	✗	✓	✓
OM REWARDS	✓	✓	✓	✓

# BENEFIT OVERVIEW OF PLANS

Benefits	GOLDEN HOUR PLUS HOSPITAL PLAN	PRIMARY STANDARD	PRIMARY STANDARD WITH HOSPITAL PLAN	COMPREHENSIVE PLUS
<b>HOSPITAL FOOTPRINT</b>	Access to all private hospitals accepting health insurance products. Pre-authorisation required	No benefit	Access to all private hospitals accepting health insurance products. Pre-authorisation required	Access to all private hospitals accepting health insurance products. Pre-authorisation required
<b>IN-HOSPITAL BENEFITS</b>				
<b>IN-HOSPITAL ACCIDENT BENEFIT</b>	R475 000 per member per event, inclusive of all costs. Maximum of R1 500 000 per policy per annum. Pre-authorisation required.	No benefit	R475 000 per member per event, inclusive of all costs. Maximum of R1 500 000 per policy per annum. Pre-authorisation required.	R350 000 per member per event, inclusive of all costs. Maximum of R1 500 000 per policy per annum. Pre-authorisation required.
<b>IN-HOSPITAL ILLNESS BENEFIT</b>	R70 000 per member per event, inclusive of all costs. Conditions which have a gradual progression are excluded. Pre-authorisation required. Limited to R500 000 per policy per annum.	No benefit	R70 000 per member per event, inclusive of all costs. Conditions which have a gradual progression are excluded. Pre-authorisation required. Limited to R500 000 per policy per annum	R95 000 per member per event, inclusive of all costs. Overall limit of R1 000 000 per policy per annum. Cataract Surgery is limited to R30 000 (thirty thousand Rand) per member per annum. Pre-authorisation required.
<b>IN-HOSPITAL MATERNITY BENEFIT</b>	No benefit	No benefit	No benefit	R30 000 per pregnancy for the birth. Limited to 1 event per policy every 12 months. Includes out-of-hospital scans.
<b>OUT-OF-HOSPITAL BENEFITS</b>				
<b>POST-HOSPITAL ACCIDENT REHABILITATION</b>	R10 000 per member per event for physiotherapy and occupational therapy - home care/wound care. Pre-authorisation required.	No benefit	R10 000 per member per event for physiotherapy and occupational therapy - home care/wound care. Pre-authorisation required.	R10 000 per member per event for physiotherapy and occupational therapy - home care/wound care. Pre-authorisation required.
<b>CASUALTY BENEFIT (ACCIDENT)</b>	R30 000 per policy per annum. Cover accumulates to the initial event and overall Accident Cover benefits. Pre-authorisation required.	R5 000 per Policy per annum. Pre-authorisation required.	R30 000 per policy per annum. Cover accumulates to the initial event and overall Accident Cover benefits. Pre-authorisation required.	R10 000 per policy per annum. Cover accumulates to the initial event and overall In-Hospital Accident Cover benefits. Pre-authorisation required.
<b>CASUALTY BENEFIT (ILLNESS)</b>	R5 000 per policy per annum for after-hours treatment only. Pre-authorisation required.	R5 000 per policy per annum for after-hours treatment only. Pre-authorisation required.	R5 000 per policy per annum for after-hours treatment only. Pre-authorisation required.	R5 000 per policy per annum for after-hours treatment only. Pre-authorisation required.

## BENEFIT OVERVIEW OF PLANS

Benefits	GOLDEN HOUR PLUS HOSPITAL PLAN	PRIMARY STANDARD	PRIMARY STANDARD WITH HOSPITAL PLAN	COMPREHENSIVE PLUS
<b>OUT-OF-HOSPITAL MATERNITY BENEFIT</b>	No benefit	No benefit	No benefit	2 Ultra-sounds at Network GP (first trimester & second trimester). Limited to 1 event per Policy every 12 months.
<b>GENERAL PRACTITIONER CONSULTATIONS (GP)</b>	2 GP consultations at a contracted Network doctor.	Managed unlimited GP consultations at a contracted Network doctor.	Managed unlimited GP consultations at a contracted Network doctor	Managed unlimited GP visits at a Network GP 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	Consult our list of procedures a Network GP can perform in their rooms at no additional charge
<b>OUT-OF-NETWORK GENERAL PRACTITIONER CONSULTATIONS</b>	No benefit	2 Consultations per Policy per annum refunded at R500 per visit	2 Consultations per Policy per annum refunded at R500 per visit	2 Consultations per Policy per annum refunded at R500 per visit
<b>PHARMACY CLINIC NURSE CARE</b>	3 visits per member 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	Unlimited care for a defined list of procedures available from nurses at Network pharmacies with contracted clinics
<b>SPECIALIST BENEFIT</b>	No benefit	R2 600 per Insured Person per annum. Referral by Network GP required. Insured must pay cash and claim from GENRIC	R2 600 per Insured Person per annum. Referral by Network GP required. Insured must pay cash and claim from GENRIC	R2 600 per Insured Person per annum. Referral by Network GP required. Insured must pay cash and claim from GENRIC
<b>VIRTUAL CONSULTATIONS</b>	Unlimited via the Triage telephone line.	Unlimited via the Triage telephone line.	Unlimited via the Triage telephone line.	Unlimited via the Triage telephone line.

## BENEFIT OVERVIEW OF PLANS

Benefits	GOLDEN HOUR PLUS HOSPITAL PLAN	PRIMARY STANDARD	PRIMARY STANDARD WITH HOSPITAL PLAN	COMPREHENSIVE PLUS
<b>ACUTE MEDICATION</b>	R1 500 per Insured Person per annum. Max R190 per script. 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.	Unlimited Acute Medication available only from a Network pharmacies. 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.	Unlimited Acute Medication available only from a Network pharmacies. 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.	Unlimited Acute Medication available only from Network pharmacies. 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>	Combined with in Acute Medicine Limit	R250 per Policy per month with a maximum of R850 per Policy per annum. Subject to Formulary.	R250 per Policy per month with a maximum of R850 per Policy per annum. Subject to Formulary.	R250 per Policy per month with a maximum of R850 per Policy per annum. Subject to Formulary.
<b>CHRONIC MEDICATION. REFER TO OUR CHRONIC DISEASE LIST (CDL)</b>	No benefit	Unlimited Chronic Medication for diseases on our CDL. All Chronic Medication needs to be approved by us. Chronic Medication may be obtained from a Network pharmacy or from a Network Dispensing 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.	Unlimited Chronic Medication for diseases on our CDL. All Chronic Medication needs to be approved by us. Chronic Medication may be obtained from a Network pharmacy or from a Network Dispensing 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.	Unlimited Chronic Medication for diseases on our CDL. All Chronic Medication needs to be approved by us. Chronic Medication may be obtained from a Network pharmacy or from a Network Dispensing 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	Unlimited black and white x-rays only. Members must be referred by a Network GP.	Unlimited Black and white x-rays only. Members 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>	No benefit	Unlimited blood tests according to our list of tests. Members must be referred by a Network GP..	Unlimited blood tests according to our list of tests. Members must be referred by a Network GP.	Unlimited blood tests according to our list of tests. Members must be referred by a Network GP.



## BENEFIT OVERVIEW OF PLANS

Benefits	GOLDEN HOUR PLUS HOSPITAL PLAN 2025	PRIMARY STANDARD 2025	PRIMARY STANDARD WITH HOSPITAL PLAN 2025	COMPREHENSIVE PLUS 2025
<b>DENTISTRY</b>	No benefit	Basic dentistry only. Treatment available based on GENRIC's Protocols and limits.	Basic dentistry only. Treatment available based on GENRIC's Protocols and limits.	Basic dentistry only. Treatment available based on GENRIC's Protocols and limits.
<b>OPTOMETRY</b>	No benefit	Glasses are only available at Specsavers branches. This benefit included 1 consultation, 1 set of frames with single vision lenses per member, every 24 months. Maximum value of R1 550	Glasses are only available at Specsavers branches. This benefit included 1 consultation, 1 set of frames with single vision lenses per member, every 24 months. Maximum value of R1 550	R250 per Policy per month with a maximum of R850 per Policy per annum Glasses are only available at Specsavers branches. This benefit included 1 consultation, 1 set of frames with single vision lenses per member, every 24 months. Maximum value of R1 550. Subject to Formulary.

# ADDED HEALTHCARE BENEFITS **AT NO ADDITIONAL FEE**



## CLIENT ASSISTANCE PROGRAMME BENEFITS

- 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.
- Legal Assist – telephonic legal advice from qualified attorneys.
- Trauma Counselling – Trauma debriefing by qualified nurses who are, where necessary able to refer the insured to the next level of counselling 24/7.



## PHARMACY CLINIC NURSE BASE-CARE

- Unlimited care of defined list of in-room procedures
- Unlimited virtual nurse consultations
- Unlimited Pharmacy Nurse Consultations
- Chronic Management
- HIV and other healthcare related advice
- Preventative care
- Flu Vaccine.



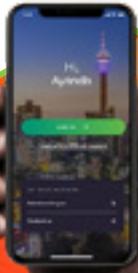
## ACCIDENTAL DEATH BENEFIT

- R15 000 – Principal member
- R10 000 – Adult dependent
- R8 000 – Child dependent



## FINANCIAL WELLBEING PROGRAM

- Financial education
- One-to-one financial advice
- Free will
- Right Track - debt restructuring
- Old Mutual Rewards



Our financial tools and rewards are available through the Old Mutual App. Select the relevant platform to download to your device.



Download it from APP STORE



Download it from GOOGLE PLAY

## VALUE ADDS

### FINANCIAL WELLBEING PROGRAMME

Improve employee productivity, satisfaction and retention by providing resources for managing personal finances.

Benefits include:



One-on-One Financial Advice



Free wills



Debt management or restructuring



Financial education

## FINANCIAL TOOLS TO MEET PERSONAL GOALS



### OLD MUTUAL ON THE MONEY

A financial education program that uses the characteristics of the big 5 animals in the context of finances to provide the secrets of money management.



### MONEYVERSITY

Our gamification financial education tool on our app that delivers tailored financial education content that offers rewards from Old Mutual as users progress.



### VAULT22 (formerly 22SEVEN)

A free budgeting app that helps users to automatically track their spending against a monthly budget and empowers them to make their money go further.

### RIGHT TRACK®

Provided by Empowerfin

### RIGHT TRACK

Sustainable financial rehabilitation solutions for over-indebted employees.

### OLD MUTUAL WILLS

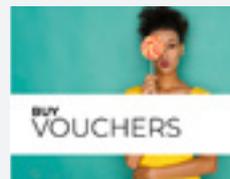
### OLD MUTUAL WILLS

Offers an end-to-end digital process to create a will easily and affordably, while providing direct access to simple needs financial solutions.

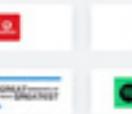
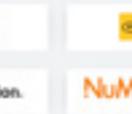
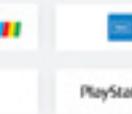
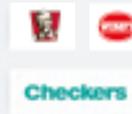
## OLD MUTUAL REWARDS

### OLD MUTUAL REWARDS

Earn points and spend them at a number of partners.



REWARD YOURSELF AT ANY OF THESE PARTNERS AND MORE!





## 2026 PREMIUMS PER MEMBER AND DEPENDENTS PER MONTH

	PRINCIPAL INSURED	ADULT DEPENDENT	CHILD DEPENDENT
Golden Hour Plus	<b>R340</b>	<b>R295</b>	<b>R205</b>
Primary Standard	<b>R365</b>	<b>R350</b>	<b>R215</b>
Primary Standard with Hospital Plan	<b>R520</b>	<b>R395</b>	<b>R275</b>
Comprehensive Plus	<b>R830</b>	<b>R625</b>	<b>R395</b>

The above premiums are for a minimum group of 10.

These rates are for employees below the age of 60 years per member per month and premiums are subject to annual review. Those over the age of 60 have special rates.

Includes an access triage line and digital membership card.

## DIRECT GP BOOSTER at R55 per policy per month (Optional)

The benefit provides direct access for GP visits (with no authorisation or contacting the triage line – WhatsApp nurse service-required). A physical printed membership card is available at a once off cost of R35.

### Client services:

Benefit confirmation and Auth:  
0860 000 2401

General Queries:  
OMHealthsolutions@oldmutual.com

Website:  
[www.oldmutual.co.za/healthsolutions](http://www.oldmutual.co.za/healthsolutions)



# WAITING PERIODS

**Compulsory group schemes underwriting** may apply or waived depending on scheme demographics and or existing cover. All waiting periods are determined on take on.

## GENERAL WAITING PERIODS

Waiting Periods apply to all newly incepted Policies and/or additional Dependants added to the Policy, except :  
in the event of an Accident;

New-born babies added to the Policy within 90 (ninety) days from the date of birth. If the Insured Person has held a Policy for 12 (twelve) months without a break in cover and wants to upgrade to a higher option, all additional benefits will be subject to a 3 (three) month Waiting Period.

If the Insured Person has held a Policy for less than 12 (twelve) months and intends to upgrade to a higher option, the balance of the relevant Waiting Periods on the higher option per benefit category is applicable, in addition to the 3 (three) month Waiting Period on upgraded benefits.

## OPTION UPGRADES:

Option upgrades are allowed on 01 January of each year, subject to:

## GENERAL WAITING PERIODS

A 1 (one) month General Waiting Period will be applied to all Out-of-Hospital benefits unless otherwise stated.

A 3 (three) month General Waiting Period will be applied to any in-Hospital Illness-related benefits unless otherwise stated.

A 6 (six) month General Waiting Period will be applied to Dental and Optical benefits.

A 6 (six) month Waiting Period will be applied to Chronic Medication.

## PRE-EXISTING CONDITIONS WAITING PERIODS

A 12 (twelve) 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 conditions could render the Policy being cancelled.

## POLICY SPECIFIC WAITING PERIODS

The following conditions are excluded within the first 6 (six) 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

A 3 (three) month Waiting Period applies to the Accidental Death Benefit.

12 (twelve) months Waiting Period for all Treatments during Pregnancy as well as for the confinement related to the birth.

12 (twelve) months Waiting Period on all pre-existing Cancer-related Treatments.

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. Our products do not discriminate or refuse membership based on 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.



## OUR NETWORK OF PROVIDERS

Hospitals



GPs



Pharmacies



Dentists



### FOR MORE INFORMATION, CONTACT:



+27 21 417 3436



[omhealthsolutions@oldmutual.com](mailto:omhealthsolutions@oldmutual.com)

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Old Mutual Life Assurance Company (SA) Limited is a licensed FSP and includes this product as part of the solutions offered to Corporate customers. This product is underwritten by GENRIC Insurance Company Limited (FSP 43638) an Authorised Financial Services Provider and Licensed non-life Insurer. 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