


NSBC BUSINESS GUIDE

To Healthcare Cover, Employee Wellbeing
and Integrated Employee Benefits



HEALTH
SQUARED



Doing business has never been more challenging, a fact which has been further highlighted in recent times.

As a result, business owners big and small need to remain agile, to adjust to the ever-evolving landscape where changes are happening at the speed of light.

We view a business as a living entity that continues to grow and expand bringing with it additional responsibilities together with an expanding employee base.

With these additional obligations that compound to an already onerous burden on business owners, many are overwhelmed on where to start with making provision for benefits for their employees. Coupled with this, they face the challenge of getting the right mix of employee benefits that suit their unique requirements.

As it stands, a massive 80% of employees stated that they prefer better benefits and perks above a salary increase. As such, improved employee relations impact directly on your bottom line – making for increased productivity, and less absenteeism.

As experts in the field, Agility Corporate & Health Squared Medical Scheme are here to help you, with our Employee Benefits 101 Guide that will assist you in navigating these, sometimes tricky waters.



MEDICAL SCHEME COVER

Now, more than ever, healthcare cover has become a vital component of the employee benefit mix. Essentially, Medical Scheme cover by its definition encapsulates everything from a basic hospital plan which offers in-hospital care only, to more comprehensive cover that covers members for in- and out-of hospital expenses. Naturally, this depends on your specific requirements and budget.

HEALTH SQUARED offers our members the full spectrum of cover – from basic hospital plans to all-inclusive options all at enormously affordable premiums with no compromise on benefits. Our range of nine plans include every type of benefit option, from hospital cover, traditional options and savings plans.

Our unique range of hybrid structures effectively combine traditional and savings benefits - thereby combining the best of both worlds to ensure our members enjoy true, tangible value for money. All while benefiting from more benefits.

As a **HEALTH SQUARED** member, we give you and your employees, free access to our class-leading **Agility Employee Wellbeing** programme to make sure your employees, as your most valuable asset, gain access to quality health and wellbeing benefits.

This includes legal, financial and health advice from a broad panel of experts to mental wellbeing assistance just in case they need a little more TLC.

But that's not all. **HEALTH SQUARED** members are also given instant access to our free **Agility Rewards** programme. Our rewards programme is literally like no other, offering fantastic deals and discounts, with no complicated tier and point systems.

PLUS: You can choose to buy up to our premium **Agility** Platinum Rewards programme where you can earn up to in excess of **R40 000** in cash-back purely for leading a healthy lifestyle. Yep, cash-back. As in: money in your pocket paid to you via our **Agility** Healthcard.

One of the many reasons we're streets ahead of our competitors is that we offer one single, fully coordinated service with one point of contact. No reams of paperwork and fine print, just great cover delivered with a healthy dash of service excellence.

If this sounds like just what the doctor ordered to find out more.

[CLICK HERE](#)





GAP & CO-PAYMENT COVER

Agility Gap options covers the difference between the Medical Scheme rates and the medical professional fees charged during hospitalisation. Your Medical Scheme pays the first 100% or more, and your **Agility** Gap cover policy covers the outstanding balance - over and above - the Medical Scheme rate, up to a maximum of 600%. Without gap cover, you, as the member are usually liable for the shortfall. This is generally a less-than-ideal situation.

Agility CoPay cover is available on the Combined and Ultra options and provides cover for stated co-payments. This includes co-payments related to MRI and CT scans, as well as pre-admission procedural co-payments.

And those pesky gap and co-payments always see to crop up when you least expect them.

As a special concession to NSBC members, 10% discount is offered to all new Agility Gap & CoPay clients until December 2020.

To avoid those unwanted surprise payment shortfalls, you can rest assured we've got just the remedy.

Our fully flexible **Agility** Gap and CoPay options will give you, and your employees increased cover, over and above your medical scheme benefits. All of our tailor-made gap and co-payment options, offer outstanding Prescribed Minimum Benefit (PMB) cover which have proven to be the industry's most affordable solutions.

And as an additional advantage - all **HEALTH SQUARED** members' Medical Scheme claims are integrated with **Agility** Gap & CoPay. Just another way we're facilitating less admin and more comprehensive cover! Priced from as little as R88 per month, the only question that remains is: where do you sign up?

To sign up with the winning team,

[CLICK HERE](#)



AGILITY HEALTHCARD

At Agility we believe that
everyone has the right to
some level of healthcare cover
– especially cover that won't
break the bank.

Dominating the healthcare savings market, the **Agility** Healthcard is one of the most progressive, user-friendly and empowering solutions on offer. The Healthcard works exactly like a general debit card with one unique difference: spend is limited to healthcare providers and services to pay for doctor's visits, over-the-counter medication and many other unexpected medical expenses.

As a fully integrated seamless offering you can choose exactly how much, or how little, you would like to pay to give your employees the benefit of tailored medical cover – even seasonal workers are covered.

We like to think the **Agility** equation proves:
happy employees + peace of mind = win-win
situation



AGILITY STAFFCARE

We are justifiably proud of our **Agility Staffcare** solution that provides excellent primary and other healthcare benefits through a wide network of private healthcare providers. Your employees are given access to around 5 000 primary care service providers with transparent premiums and benefits – no surprises here – what you see is what you get. In addition, you are able to provide funeral cover for your employees' dependents.

We would love to hear from you, so if you would like more information on our Healthcard or Staffcare solutions please do send us an email to the following address:

info@agilitydistribution.co.za or visit
www.agilitychannel.co.za

Taking care of your employees and the benefits which are offered to them is no longer a “nice to have” but rather an essential part of responsible business practice. Putting your most important assets – your staff – first, has enormous value to you as an employer given the positive growth in productivity and the attendant decrease in absenteeism.

Managing your human capital risk has never been easier, with the **Agility Corporate** solution that covers all issues that could impact an employees' overall wellbeing including health, emotional wellness and financial independence.

We are experts in getting, and keeping, you and your staff healthier, and happier, for longer. We hope that this Employee Benefits tutorial has been enlightening and that you're ready to dive right in. However, we believe in not just meeting your expectations, but actively exceeding them.

So in case, you're feeling a bit bombarded by all the jargon, we've simplified some frequently used terms into definitions that speak your language:

KEY TERMS

01.

Principal member: This is the main member on the Medical Scheme. It can be a single person, or someone who has registered one or more dependents on the Scheme. The principal member often pays a larger contribution than the dependents do. If the principal member passes away, the dependents can usually stay on the fund, but one of them will have to become the new principal member.

02.

Open and restricted funds: An open fund is open to everyone who wants to join. **HEALTH SQUARED** is a fine example of an open fund. A restricted fund is usually just for certain groups of people, such as the employees of a specific company, for whom membership of the Scheme is often a condition of employment. Members of the public cannot join these Medical Schemes.

03.

Prescribed Minimum Benefits (PMB's): There are 270 conditions for which all members have to be treated, according to the Medical Schemes Act. All Medical Schemes are bound by this law. But hospital cash-back plans and health insurance products are not, as they are not governed by the Act.

04.

Day-to-day benefits: These are out-of-hospital benefits, which differ greatly from scheme to scheme and from option to option. Generally speaking, the bigger your contribution, the greater your cover. These benefits can cover things such as GP visits, prescription medication, dental treatment and visits to the optician. Check your benefit schedule for your particular benefit structure.

05.

Medical Savings Account (MSA): A percentage of your contribution is paid into this savings account, from which your day-to-day claims are paid. If you do not use this money in a given year, it is transferred into your MSA for the following year. If you leave the Medical Scheme and you have money in your MSA, it will be paid out to you.

06.

Chronic Illness Benefit (PMB Chronic Disease List): There are 29 chronic conditions specified by the Medical Schemes Act. Your Medical Scheme must pay for this medication on an ongoing basis. You may be required to use generics, depending on the Scheme rules. Once you have registered your condition as a chronic one with your Scheme, this medication will not be paid for from your MSA, but from your separate PMB CDL chronic benefit.

07.

Acute Medicine Benefit: These are once-off prescriptions, such as an antibiotic for an ear infection. When the infection clears up, you no longer need to take the medication, unlike medication for something such as high blood pressure, which usually has to be taken for life.

08.

Network doctors /network hospitals / designated service providers (DSP's):

- Network providers include doctors, specialists, dentists, optometrists, hospitals, etc. that are contracted to Medical Scheme rates. A Scheme may require its members to use these services, and can expect them to make co-payments, should they choose to use out-of-network services.

09.

Pre-authorisations: Unless there is a medical emergency, you will have to get pre-authorisation from your Medical Scheme before you are admitted to a hospital for specific procedures. If you do not obtain pre-authorisation ahead of the procedure, or within 72 hours following the admission, the Scheme can refuse to pay or impose penalties.

Pre-authorisations are obtained by contacting your scheme administrator at least three days before admission. In the case of emergencies or trauma-related admissions, the hospital will usually assist with the authorisation process.

10.

Clinical protocols: These are considered to be medically appropriate protocols when claiming from your Medical Scheme. These protocols are applicable to all conditions and procedures; as compiled by a dedicated team of medical professionals.





thank
you.



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