

BROCHURE

2025



Oracle Health Eswatini roots date back to 2008 and is owned by Yunani Capital (JSE listed Asset Managers) Eswatini Bank and Eswatini National Provident fund (ENPF). Oracle Health's focus is giving members choice through various plans whilst making sure it gives back on claim free cashbacks, free preventative screenings, and discounts at gyms and/or movies.

Oracle Health's administrative functions are performed by Oracle Health Eswatini Ltd in partnership with Medical Services Organization (MSO, part of the Discovery group), a leading provider of integrated health care risk management and third-party administrative services and solutions to over a million beneficiaries throughout Africa. MSO provides a 24/7 call centre for members who require hospitalization. The local Eswatini call centre operates from Monday to Friday during office hours and afterhours calls are re-directed to MSO's international desk.

Oracle Health's products do not limit members to Eswatini health providers alone – we have agreements with all major South African hospitals (see page 28).



What is new in 2025



1 What does Oracle Health Offer?

Our solutions have some specific characteristics, please see the below:

- A An Innovative Offering** that gives you the ability to manage your benefits using our prepaid card solution
- B A Traditional Offering** that is built around a structured IN and OUT- Patient
- C A Primary Care Offering** structured around Eswatini Providers that offers value for Money
- D Combo Plans** offering allows you to build your own offering by combining the above solutions



2 Medical inflation

Medical inflation (costs on medical (procedures) in the SADC region is estimated to increase between 9 – 12% for the year. This has put pressure on medical aid providers concerning premium increments, but Oracle Health is happy to announce that we have kept the inflationary rate to the following:

- **Entry level offerings** – 6-7% increase
- **Higher benefit limits** – 8% increase



3 Liswati Plans

We now have three primary care Eswatini based plans that our members can choose from. The plans add to the flexibility of the Oracle offerings as you can add the outpatient plans to some of our existing options.



4 Clicks

Oracle Health believes in providing value in all its products. We have partnered with Clicks to provide medication at a lower cost to all our members. What does this mean for you! All Oracle members now get a 20% discount on medication at any Clicks Pharmacy country wide including South Africa. All you must do is Show your membership card and you will receive an instant discount. This discount is exclusive to Oracle Health members.

The Inpatient (Hospitalization) Benefit provides cover for hospitalisation and certain out-of-hospital procedures that can safely be performed in a doctor’s room, registered day clinic or outpatient facility, provided treatment is clinically appropriate and has been pre-authorised.

PRODUCT	STARTER 2025	GROWTH 2025	LIFESTYLE 2025
Overall limit inpatient (IP)	E400 000 per family per annum E200 000 per beneficiary per annum	E1 500 000 per family per annum	E4 000 000 per family per annum
Executive/private ward	Not covered	Not covered	E1 000 per day to a max of E5 000 per beneficiary per annum
High care and ICU	E50 000 per event	E50 000 per event	Subject to overall IP limit and clinical Protocols
Specialists and general practitioners	Subject to overall IP limit Paid at scheme rates	Subject to overall IP limit Paid at scheme rates	Subject to overall IP limit Paid at scheme rates
Ward and theatre medicines	Subject to overall IP limit	Subject to overall IP limit	Subject to overall IP limit
Major Disease Benefit (MDB)	E90 000 per family per annum	E180 000 per beneficiary per annum	E350 000 per family per annum
Oncology subject to MDB	Subject to MDB limit	Subject to MDB limit	Subject to MDB limit
Organ transplants subject to MDB	Subject to MDB limit	Subject to MDB limit	Subject to MDB limit
Organ transplants subject to donor and MDB	Subject to MDB limit	Subject to MDB limit	Subject to MDB limit
Renal dialysis subject to MDB	Subject to MDB limit	Subject to MDB limit	Subject to MDB limit
Motor vehicle accident	Subject to overall IP limit	Subject to overall IP limit	Subject to overall IP limit
Step-down/rehabilitation	E5 000 per family per annum	E10 000 per beneficiary per annum	E40 000 per beneficiary per annum
Medicines to take home	E920 per admission	E920 per admission	E920 per admission
Appliances	E5 000 per family per annum	E5 000 per beneficiary per annum	E25 000 per beneficiary per annum
Specialised radiology	Subject to radiology limit	Subject to radiology limit	Subject to radiology limit



PRODUCT	STARTER 2025	GROWTH 2025	LIFESTYLE 2025
Pathology	E10 000 per family per annum E5 000 per beneficiary per annum	E15 000 per beneficiary per annum	E40 000 per beneficiary per annum
Radiology	E10 000 per family per annum E5 000 per beneficiary per annum	E15 000 per beneficiary per annum	E25 000 per beneficiary per annum
Maxillofacial surgery	Not covered	Not covered	E90 000 per beneficiary per annum
Dental surgery (subject to conditions)	Not covered	Not covered	E25 000 per beneficiary per annum
Maternity	E8 000 payout into MSA after birth	E18 000 payout into MSA after birth	E45 000 per family including E3,990 benefit for scans
Home births	Not covered	Not covered	E25 000 per family
Neonatal, including neonatal ICU and related costs	Not applicable	Not applicable	E200 000 per family
Internal and external prosthesis	Not covered	E25 000 per family	E70 000 per family per annum
Physiotherapy	E1 500 per family per annum	E6 000 per family per annum	E20 000 per family per annum
Psychiatric hospitalisations	E15 000 per family per annum	E20 000 per beneficiary per annum	E35 000 per beneficiary per annum
Addictive conditions and disorders	Subject to Psychiatric hospitalisations limit	Subject to Psychiatric hospitalisations limit	Subject to Psychiatric hospitalisations limit
Ambulance services (In-country only)	E5 720 per event	E5 720 per event	E10 000 per event
Air/cross borders evacuation	Not covered	E50 000 per beneficiary per annum	covered in full, according to fund protocols
Emergency/Casualty Care Benefit	E2 000 per beneficiary per annum	E2 000 per beneficiary per annum	E3 000 per beneficiary per annum



Benefit Options: Inpatient

SPECIAL BENEFITS		STARTER 2025	GROWTH 2025	LIFESTYLE 2025
PREVENTATIVE CARE BENEFITS				
Males under 40		<ul style="list-style-type: none"> Primary Health Care Nurse Consultation Blood Pressure, BMI, Glucose & Cholesterol Flu Vaccine 		
Males over 40		<ul style="list-style-type: none"> Primary Health Care Nurse Consultation Blood Pressure, BMI, Glucose & Cholesterol Flu Vaccine Prostate test 		
Females under 40		<ul style="list-style-type: none"> Primary Health Care Nurse Consultation Blood Pressure, BMI, Glucose & Cholesterol Flu Vaccine Pap Smear 		
Females over 40		<ul style="list-style-type: none"> Primary Health Care Nurse Consultation Blood Pressure, BMI, Glucose & Cholesterol Flu Vaccine Pap Smear Mammogram 		

Please see page 27 for more details and refer to the Member Guide for the authorisation process.

MONTHLY PREMIUM RATES		STARTER 2025	GROWTH 2025	LIFESTYLE 2025
M		E560	E1 302	E2 077
M+1		E914	E1 793	E2 896
M+2		E1 051	E2 011	E3 243
M+3		E1 507	E2 147	E3 562
M+4		E1 602	E2 188	E3 673
M+5		E2 378	E2 401	E3 937
Special Dependent		E839	E1 950	E3 118

INTERNATIONAL STUDENT COVER

Oracle Health has partnered with South Africa’s largest student medical provider, Momentum Ingwe South Africa.

Oracle Members who require assistance with student cover, please kindly contact our offices for more information.

A Benefit Options: **Outpatient Choices** (Day-to-Day)



We give you the freedom to structure and control your day-to-day benefits using Oracle's one of kind **Health Wallet Solution**.

Oracle Health's Wallet Solution allows us to allocate money to a Health Wallet which you will use for all you day-to-day medical needs.

This is how it works:

1 Select your Health wallet medical savings level



2 Funds are loaded on to the card



3 Use/swipe Health Wallet for doctor's consultations and out of hospital medical expenses.



4 Payment is instant. No hassle, No fuss



5 Can be used in eSwatini and South Africa.



6 The card only works at health care providers and is not usable with any other retailers.



LEARN MORE ON PAGE 22

B Traditional Offering: Benefit Options – Hospitalization

The Inpatient (Hospitalization) Benefit provides cover for hospitalisation and certain out-of-hospital procedures that can safely be performed in a doctor’s room, registered day clinic or outpatient facility, provided treatment is clinically appropriate and has been pre-authorised.

INPATIENT BENEFITS	COMPREHENSIVE 2025	COMPREHENSIVE PLUS 2025
Overall Annual limit (OAL)	E2 500 000 per beneficiary	Unlimited family per annum E2 500 000 per beneficiary per annum
Executive/Private Ward	Not covered	E1 000 per day to a max of E5 000 per beneficiary per annum
High Care and ICU	Subject to overall IP limit and Clinical Protocol	Subject to overall IP limit and Clinical Protocol
Specialists and General Practitioners	Hospitalisation subject to overall IP limit	Hospitalisation subject to overall IP limit
Ward and Theatre medicines	Paid at scheme rates subject to overall IP limit	Paid at scheme rates subject to overall IP limit
Major Disease Benefit (MDB)	E350 000 per family per annum	E400 000 per family per annum
Oncology subject to MDB	Subject to MDB limit	Subject to MDB limit
Organ Transplants subject to MDB	Subject to MDB limit	Subject to MDB limit
Organ Transplants subject to donor and MDB	Subject to MDB limit	Subject to MDB limit
Renal Dialysis subject to MDB	Subject to MDB limit	Subject to MDB limit
Motor Vehicle Accident	Subject to overall IP limit	Subject to overall IP limit
Step Down/Rehabilitation	E40 000 per family	E45 000 per family
Medicines to take home	E920 per admission	E920 per admission
Appliances	E12 230 per family	E15 000 per family
Pathology and Medical Technology (inpatient)	E41 600 per family	E50 000 per family
Radiology (inpatient)	E24 500 per family	E32 000 per family



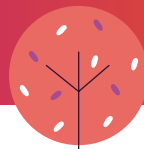
INPATIENT BENEFITS	COMPREHENSIVE 2025	COMPREHENSIVE PLUS 2025
Specialised Radiology PET Scan and PET – CT scan Bone densitometry within Radiology limit	Pre-auth required 1 per family per annum	Pre-auth required 1 per family per annum
Maxillofacial Surgeon	E90 000 per beneficiary per annum	E100 000 per beneficiary per annum
Dental Surgery (subject to conditions)	E25 000 per beneficiary per annum	E30 000 per beneficiary per annum
Maternity	E40 000 per family	E45 000 per family
Home Births	Not covered	Not covered
Neonatal, including neonatal ICU and related costs	E200 000 per family	E250 000 per family
Internal and external prosthesis	E57 200 per annum, per family	E70 000 per annum per family
Physiotherapy	E6 820 per family	E20 000 per annum per family
Mental Health (in and out of Hospital)	E22 800 per family	E33 000 per family
Ambulance Services (In Country Only)	E15 170 per family	E35 000 per family
Air/Cross Borders Evacuation	E50 000 per beneficiary per annum	Covered in full, according to fund protocols
Non-surgical procedures and tests	Up to 100% of the Oracle Health eSwatini rates	Up to 100% of the Oracle Health eSwatini rates
Emergency/Casualty Care Benefit	E3 000 per beneficiary per annum	E4 000 per beneficiary per annum

B Outpatient Benefit

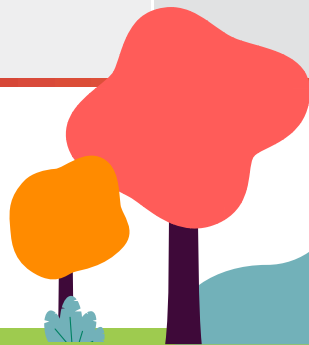
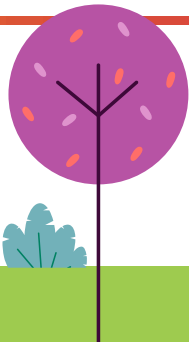
Oracle Health Comp Plan is an excellent way of ensuring that you have benefits available to pay for your day-to-day medical needs.

OUTPATIENT BENEFITS	COMPREHENSIVE 2025		COMPREHENSIVE PLUS 2025	
Consultations (General Practitioners and Specialists)	E6 350 E7 240 E8 450	M0 M1 M2+	E8 400 E9 520 E11 200	M0 M1 M2+
Basic/ Ordinary & Restorative (Including Plastic Dentures, Dental Technicians and Dental Therapist) Joint limit with Advanced Dentistry	E2 150 E3 930 E5 560 E2 150 per beneficiary	M0 M1 M2+	E3 024 E5 600 E7 280 E3 024 per beneficiary	M0 M1 M2+
Advanced Dentistry/Oral Surgery (Inlays, crowns, Bridges, Study models, Metal base, Oral medicines by: Orthodontists, Periodontists, Prosthodontists, and dental technicians)	E5 250 E8 970 E12 440 E5 250 per beneficiary Subject to Pre-Authorisation	M0 M1 M2+	E7 168 E11 760 E16 240 E7 168 per beneficiary Subject to Pre-Authorisation	M0 M1 M2+
Chronic Medication Only cover for: asthma, allergic rhinitis, epilepsy, GORD, Hypertension, Diabetes (Type 1 &2), hyperlipidaemia, HIV Subject to registration <i>Mediscory Standard Formulary</i>	E3 720 E6 900 E9 400	M0 M1 M2+	E5 040 E8 736 E10 640	M0 M1 M2+
Acute Medication <i>Subject to Mediscory Standard Formulary</i>	E4 620 E9 030 E12 750	M0 M1 M+2	E6 267 E11 984 E16 800	M0 M1 M2+
Pharmacy Advised Therapy (OTC) Within acute medicine limit Schedule O,1,2 only <i>Mediscory Standard Formulary</i>	E1 150 E2 150 E3 090 E300 per script		E1 680 E3 136 E4 480 E300 per script	M0 M1 M2+
Contraceptives Within acute medication limit <i>Mediscory Standard Formulary</i>	E1 660 per family		E1 860 per family	





OUTPATIENT BENEFITS	COMPREHENSIVE 2025		COMPREHENSIVE PLUS 2025	
Optometry Frames, Lenses, Readers One in 24 months claiming period.	E3 880	M0	E5376	M0
	E5 580	M1	E7840	M1
	E6 400	M2+	E8736	M2+
	E3 880 per beneficiary		E5 376 per beneficiary	
Eye Examination	One per beneficiary per year at scheme tariff		One per beneficiary per year at scheme tariff	
Refractive Surgery (Radial Keratotomy/Excimer Laser)	E2 940 per family		E4 256 per family	
Pathology and Medical Technology (outpatient)	E6 140 family		E8 400 per family	
Pregnancy/Confinement Services (Consultants, Visits & Scans) Ante-natal consults are from the consultation benefit and scans are from the radiology benefit and scans are limited to two	4 x post-natal midwife consultation per pregnancy		4 x post-natal midwife consultation per pregnancy	
Radiology & Radiography Out of Hospital Within In-Hospital Radiology CT scan & MRI is subject to pre-auth	E3 990 per family		E4 470 per family	
Alcoholism and drug dependency	E1 940 per family		E2 700 per family	
Alternative health care Practitioners & Paramedical Services (audiology, biokinetics, chiropractors (including X-Rays), dieticians, Genetic Counselling, hearing aid acousticians, homeopathy, naturopathy (including medicines), occupational therapy, Orthoptic, physiotherapy, podiatry and speech therapy)	E5 460 per family		E10 528 per family	



B Outpatient Benefit

SPECIAL BENEFITS PREVENTATIVE CARE BENEFITS	COMPREHENSIVE 2025	COMPREHENSIVE PLUS 2025	LIFESTYLE 2025
Males under 40	<ul style="list-style-type: none"> • Primary Health Care Nurse Consultation • Blood Pressure, BMI, Glucose & Cholesterol • Flu Vaccine 		
Males over 40	<ul style="list-style-type: none"> • Primary Health Care Nurse Consultation • Blood Pressure, BMI, Glucose & Cholesterol • Flu Vaccine • Prostate test 		
Females under 40	<ul style="list-style-type: none"> • Primary Health Care Nurse Consultation • Blood Pressure, BMI, Glucose & Cholesterol • Flu Vaccine • Pap Smear 		
Females over 40	<ul style="list-style-type: none"> • Primary Health Care Nurse Consultation • Blood Pressure, BMI, Glucose & Cholesterol • Flu Vaccine • Pap Smear • Mammogram 		



Please see page 27 for more details and refer to the Member Guide for the authorisation process.

MONTHLY PREMIUM RATES	COMPREHENSIVE 2025	COMPREHENSIVE PLUS 2025
M	E3 360	E4 119
M+1	E4 732	E5 799
M+2	E5 284	E6 475
M+3	E5 554	E6 804
M+4	E5 683	E6 963
M+5	E6 053	E7 415

Private members:

MONTHLY PREMIUM RATES	COMPREHENSIVE 2025	COMPREHENSIVE PLUS 2025
Principal Member	E3 540	E4 338
Adult Dependant	E1 772	E2 171
Child Dependant	E887	E1 088
Parent	E4 424	E5 422
Special Dependants	E3 360	E4 119

Comprehensive and Comprehensive Plus members now have the options of adding a Health Wallet to the options.

Health Wallet Savings levels per month:



INTERNATIONAL STUDENT COVER

Oracle Health has partnered with South Africa's largest student medical provider, Momentum Ingwe South Africa.

Oracle Members who require assistance with student cover, please kindly contact our offices for more information.

The Liswati Plans are an affordable primary care health product, which has been developed for the eSwatini market with the purpose of making limited private healthcare facilities accessible to greater number of people in eSwatini. Oracle Health eSwatini has embedded the primary care option to provide more options to clients.

PRODUCT	PLAN 1	PLAN 2	PLAN 3
Overall Annual Limit	E25 000 per family, E10 000 per beneficiary	E40 000 per family, E18 000 per beneficiary	E700 000 per family, E210 000 per beneficiary
Hospitalisation	No Benefit	No Benefit	Within the Overall Annual Limit (OAL) TTO medication limited to E920 per admission
Primary Healthcare Nurse Practitioners	E1 272 per member per annum	No Benefit	No Benefit
General Practitioner	E1 028 per member per annum, on referral from Nurse	E3 180 per member per annum	E3 180 per member per annum
Acute Medicines <i>Subject to Mediscory Formulary</i>	E1 060 per family, per annum, E530 per beneficiary per annum	E2 120 per family, per annum, E1060 per beneficiary per annum	E2 120 per family, per annum, E1 060 per beneficiary per annum
Chronic Medication <i>Subject to registration and Mediscory Formulary Chronic medication is guaranteed for the full year</i>	Hypertension, Asthma, Diabetes, Peptic Ulcers and HIV. Oral medication only.	Hypertension, Asthma, Diabetes, Peptic Ulcers, HIV and Hyperlipidaemia. Oral medication only.	Hypertension, Asthma, Diabetes, Peptic Ulcers, HIV, Hyperlipidaemia and epilepsy. Oral medication only.
OTC Medication	Subject to available savings	Subject to available savings	Subject to available savings
Contraceptives (oral)	Subject to available savings	Subject to available savings	Subject to available savings
Specialists	Subject to available savings	E3 180 per member per annum.	E3 180 per member per annum
Maternity	No Benefit	Outpatient: Subject to Consultation benefit and registration. No Hospital benefit.	Outpatient: Subject to Consultation benefit and registration Inpatient: E40 000 per family
In Rooms Pathology	In room pathology limited to urine dipstick, glucose and Hb test only	No benefit	No benefit



PRODUCT	PLAN 1	PLAN 2	PLAN 3
Pathology (external)	Subject to available savings	E1 590 per annum, per member	Outpatient: E1 590 per annum, per member Inpatient: E2 650 per annum, per member
Radiology	Subject to available savings	E2 650 per family per annum. Basic Black and white x-rays	Outpatient: E2 650 per family per annum Inpatient: E2 120 per member per annum
Specialist Radiology	Subject to available savings	Subject to available savings	Inpatient: CT scan only. One per family, per annum
Dentistry	Subject to available savings	Limited to two visits per member per annum. Scaling, extractions, and uncomplicated fillings.	Limited to two visits per member per annum. Scaling, extractions, and uncomplicated fillings.
Optometry Frames, Lenses, Readers	Subject to available savings	E1 200 in a 24-month cycle, per member	E1 200 in a 24-month cycle, per member
Physiotherapy	Subject to available savings	E2 120 per annum, per member	Outpatient: E2 120 per annum, per member Inpatient: E1 000 per annum, per member
Ancillary services (Audiology, Dieticians, Occupational, Speech Therapy)	Subject to available savings	Subject to available savings	E2 000 per family per annum
Ambulance	No Benefit	No Benefit	E15 000 per family per annum
Motor Vehicle Accident	No Benefit	No Benefit	Inpatient: E100 000 per member per annum
Major Disease Benefit Radiotherapy and Chemotherapy / Brachytherapy	No Benefit	No Benefit	E90 000 per family per annum
Casualty Room	No Benefit	No Benefit	E3 000 per family per annum



Primary Care Offering: Liswati Plans

SPECIAL BENEFITS	
PREVENTATIVE CARE BENEFITS	
	PLAN 2 2025
	PLAN 3 2025
Males under 40	<ul style="list-style-type: none"> • Primary Health Care Nurse Consultation • Blood Pressure, BMI, Glucose & Cholesterol • Flu Vaccine
Males over 40	<ul style="list-style-type: none"> • Primary Health Care Nurse Consultation • Blood Pressure, BMI, Glucose & Cholesterol • Flu Vaccine • Prostate test
Females under 40	<ul style="list-style-type: none"> • Primary Health Care Nurse Consultation • Blood Pressure, BMI, Glucose & Cholesterol • Flu Vaccine • Pap Smear
Females over 40	<ul style="list-style-type: none"> • Primary Health Care Nurse Consultation • Blood Pressure, BMI, Glucose & Cholesterol • Flu Vaccine • Pap Smear • Mammogram

Please see page 27 for more details and refer to the Member Guide for the authorisation process.

MONTHLY PREMIUM RATES	PLAN 1 – 2025	PLAN 2 – 2025	PLAN 3 – 2025
M	E183	E562	E970
M+1	E336	E944	E1 631
M+2	E454	E1 184	E2 045
M+3	E572	E1 425	E2 458
M+4	E690	E1 665	E2 872
M+5	E807	E1 905	E3 285

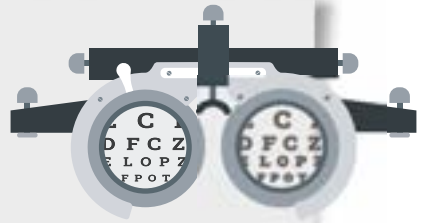
Savings levels per month:



These savings levels will be included in your benefit basket.

Special rules:

There is a **6-month general waiting period** for Optometry and Dentistry



Pre- Authorisation

To access Dentistry, Optometry and Physiotherapy service you will be required to **Contact MSO Eswatini to obtain Pre-Authorisation 48 hours in Advance.**



D Combo Plans

Do you still want the freedom and flexibility of Oracle's hospital plans and Health Wallet but still like the traditional day to day benefits?
We created *combo plans* to cater to your needs.



This is how it works:

- 1** Select your hospital plan – Starter, Growth, Lifestyle
- 2** Select your **Health Wallet Medical Savings Level**
- 3** Select your **Liswati Plan 1 or 2**
- 4** Select your **funeral top-up level** E30 000 or E50 000

And just like that you have designed your own offering to cater to your needs.

EG 1 FAMILY OF 3

- **Hospital Plan:**
Starter E400 000 per annum per family
- **Outpatient – Plan 2:**
E40 000 per annum per family
- **MSA on prepaid card:**
E500 monthly (E6 000 annually)
- **Rewards**
 - 10% no claim cashback: E 1 261
 - Option to claim surplus savings up to 75% annually

Monthly Premium: E 2 005

FAMILY OF 4

EG 2

- **Hospital Plan:**
Growth E1 500 000 per annum per family
- **MSA on prepaid card:**
E2 000 monthly (E24 000 annually)
- **Family Funeral top:** E50 000
- **Rewards**
 - 10% cashback: E 2 576
 - Option to claim surplus savings up to 75% annually

Monthly Premium: E 4 207

Your health is vital

Why should I use the health assessments provided?

Health assessments encourage health awareness, enhances quality of life, and gives you peace of mind through preventative care and early detection, health education and advice



Clicks Assessment and Pharmacy Benefit

Visit a Clicks clinic to access the preventative care benefit, now get a **20% discount** on all **acute** and **chronic** medication



Dietician assessment:

Book an appointment with Retha Harding to access the benefit. **Contact (+268) 76844552**



Rejuvenate's Enhanced Wellness Assessment:

Book an appointment with Dr Solomon to access the benefit. **Contact: 7602 1981/ 7808 8941**



Funeral Benefits

Funerals are least expected, and they can be very costly...

**Extend your funeral benefit up to E50 000
for yourself and your dependants.**

INTERESTED? Here is how you can extend your cover:



Oracle Health eSwatini has a **built-in funeral benefit** amounting to **E20 000**.



You can **top up** your funeral benefit by **E30 000** and **E50 000** when you join the scheme.



Increase your family benefit to **E30 000** for only **E20 per month**

OR



Increase your family benefit to **E50 000** for only **E60 per month**

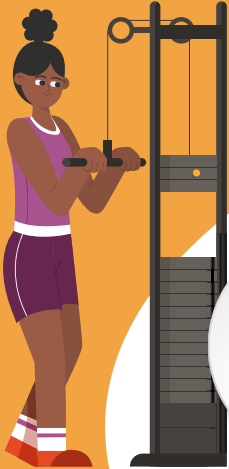
ITEM	E20 000 BUILT IN FUNERAL	E30 000 TOP-UP	E50 000 TOP-UP
Additional Premium	–	E20	E60
Main Member	E20 000	E30 000	E50 000
Spouse	E20 000	E30 000	E50 000
14 years and older	E20 000	E30 000	E50 000
6 years and older but younger than 14	E10 000	E15 000	E25 000
Younger than 6 years	E5 000	E7 500	E12 500
Stillborn after 28 weeks	E5 000	E7 500	E12 500

Learn more about
**how to claim
funeral benefits
and funeral claim
submissions on page 23**



Oracle Health members are part of the Rewarder discount programme. You get discounts at various stores.

Some of the discounts are:



50% off gym fees

Half price movies

on a Monday and
£10 off on any other day



Produce the Oracle Health Membership card when paying and **get instant discounts.**



Travel and leisure



Health and beauty partners



Fashion and retail partners

Automotive Partners



Entertainment Partners



Visit www.oraclesz.com to see the various discounts provided.

1 JOINING ORACLE HEALTH ESWATINI

The benefit year for Oracle Health eSwatini runs from 1 January to 31 December. If your membership is effective from 1 January, the complete benefit as set out in the benefit structure will be granted. If you join and your membership is effective after January, the benefits in the benefit structure will be pro-rated to reflect the number of months that you are enjoying benefits up to the end of the year. All membership Start Dates are on the 1st of every month and all applications forms and documents must be submitted to our office by the 5th of every month cover for the month ahead.

2 DEPENDANTS

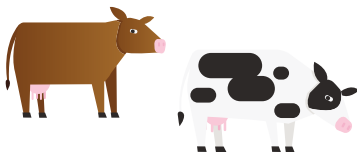
- Your spouse or partner who is not a member or a registered dependant of another medical scheme;
- A dependent child who is not a member or a registered dependant of another medical scheme;
- Dependant blood relatives (immediate family) of a member (parents, brothers and sisters) in respect of whom the member is liable.

3 GENERAL

- If you are an existing member of Oracle Health eSwatini you may retain your membership after retirement.
- New applicants aged 50 years and over will not be eligible for membership unless special approval for this has been granted by Oracle Health eSwatini. Such approval would need to be supported by medical reports provided by you and written approval by Oracle Health eSwatini. After an investigation of the doctor's report a general waiting period of six months, or a condition specific waiting period of 12 or 24 months can be applied if your application is accepted. Premium loading will apply. Your application may also be rejected.

Payment of Premiums

- If your premiums are not up to date, you are not entitled to any benefits and the health plan reserves the right suspend and terminate cover.
- Newly joined individual members are required to pay three months premium upfront.



3 GENERAL (continued)

AMENDMENTS TO MY COVER

How do I update or change my cover?

- Members can change their product option, savings levels, capitation plan and funeral cover once a year in November and December for the new calendar year.
- You are also allowed one savings level amendment in the calendar year
- You will be required to complete an amendment form and submit it to our offices for processing.
- The deadline for amendments for the new calendar year is the 5th of January.

4 UNDERWRITING AND WAITING PERIODS

For individuals, small groups and large groups, underwriting will apply. Underwriting is apply based on the scheme rules and protocols. Special underwriting can be applied however it is subject to approval by the Oracle Health Eswatini.

All New applicants joining will be subject to underwriting.

In the light of the underwriting results the following waiting periods might apply:

- 6 months general waiting period.
- 12-24 months' condition specific waiting period.
- For all maternity benefits, a 12 month waiting period will apply.
- 12 – 24 months exclusion on admissions for undisclosed pre-existing conditions.
- Applicants that are 45 years and older are subject to submitting a medical report and premium loading will apply.
- Newborns are required to be registered within 30 days.
- Newborns registered after 30 days will be subject to underwriting.



5 MEDICAL SAVINGS ACCOUNT – HEALTH WALLET

What is a Health Wallet Medical Savings Account?

It is an account which money is allocated to monthly for your outpatient needs. The funds are loaded on to your Health Wallet. The amount that is loaded is dependent on the savings option which you have selected at application stage.

Your Health Wallet is an excellent way of ensuring that you have enough money available to pay for your day-to-day medical needs. There are different savings levels a member may choose from: E500; E1 000; E1 500; E2 000; E2 500; E3 000 and E5 000. Starter has a savings cap of E1 500 and E5 000 savings is limited to Lifestyle, Comprehensive and Comprehensive Plus.

How do I view my balance?

You can view your balance by visiting and logging into the eSwatini Bank Customer portal or simply downloading the Swazi Bank App <https://portal.swazibank.co.sz/consumerSwaziBank/faces/consumer.xhtml>.



For easy access to the Swazi Bank portal, scan the QR code using your cell phone.

Are remaining Health Wallet medical savings refunded to Members?

At your request, medical savings may be paid out every year. A minimum balance that equals 3 months of your monthly savings premium must be held and the amount above this can be paid out. The remaining savings amount will be rolled over to the following year.

What happens to my Health Wallet savings account when I leave the scheme?

Should the member leave the scheme, available medical savings are reimbursed at 100%. Subject to all premiums being up to date.

How do I obtain a new PIN number?

Call ☎ (+268) 2411 7500 for assistance or visit your nearest Swazi Bank branch.

What happens when my Health Wallet card gets lost?

The maximum number of Health Wallet cards is four, the first card is free and the other two cards come with an insurance fee/charge. If a card gets lost, call

☎ (+268) 2411 7500 for assistance and you will get a new card at an extra charge.

6 FUNERAL BENEFITS

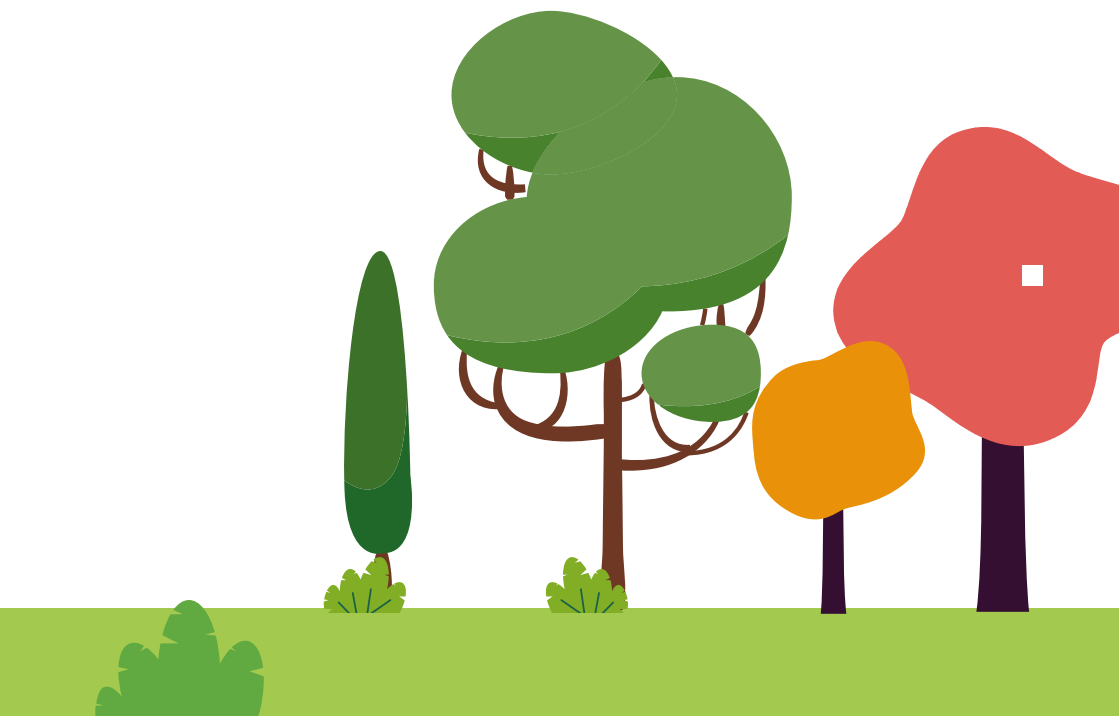
How do I claim for the Funeral Benefit?

Pay-out will only be for members who are on cover.

- In the event of your death while still a member of your scheme, your surviving spouse or next of kin can claim for the funeral benefit
- Surviving dependants need to inform Oracle Health eSwatini within 30 days of your death.
- Upon death of a dependant the funeral table limits will apply.
- All forms and documents must be completed and submitted to our offices for processing.
- Premiums must be up to date.

Funeral claim submissions:

- Clients have 30 days to notify the health plan of the death of the principal member or dependants.
- All documentation must be submitted within 6 months for processing.



7 PRE-AUTHORISATION

What is pre-authorisation?

This is the process whereby you or the provider notify Oracle Health eSwatini that you are about to be hospitalised or that you want to access benefits for which pre-authorisation is required. Oracle Health eSwatini will confirm what benefits and number of benefits are available.


What do I need pre-authorisation for?

- Any hospital admission (including psychiatric hospitalisation)
- Procedures in doctor's rooms eg circumcision
- Maternity benefits
- MRI/CT scan and radio isotope studies (Inpatient cases)

Please see the full list in the Member Guide

How is pre-authorisation obtained?

Pre-authorisation is obtained by calling:

- 
- 📞 Local Tel: (+268) 3278 8000
 - SA Tel: (+27) 27 880 0208
 - @ email: oracleauths@mso.co.za

Please have your membership card at hand. A pre-authorisation number will be issued for the specific event as listed above or indicated in the benefit structure. Pre-authorisation in an emergency event must be obtained on the first working day following the hospital admission and/or emergency provider visit.

MEDICAL EXPENSES COVERED BY ORACLE HEALTH ESWATINI

Hospital and related expenses

These are costs associated with medically necessary hospitalisation. Generally, these costs are not incurred often, however it may add up to a phenomenal amount normally not affordable by the average individual without the help of a health insurer.

Emergency medical conditions

This is a sudden, unexpected life-threatening condition. It may include emergency transfer to the nearest facility in-country and even outside the borders of eSwatini.

Preventative Care Assessment

These are all benefits paid by the scheme up to a maximum amount per benefit. They are available at all our designated service provider outlets in eSwatini.

7 PRE-AUTHORISATION (continued)

Oracle eSwatini rates:

These are fixed tariffs for the payment of relevant health services or benefits in accordance with the rules of the scheme. Health care providers are paid up to 100% of the Oracle Health eSwatini rates. These rates are reviewed annually. NB: If a health care provider bills above the OHER, the member shall be liable for the shortfall.

Payment of claims

All claims submitted to Oracle Health Eswatini are processed in accordance with scheme and clinical protocols and Oracle eSwatini rates.

8 MATERNITY BENEFITS

What do I do when I fall pregnant?

- Once your pregnancy is confirmed by your service provider you are required to register with the scheme to qualify for all maternity benefits.
- You must provide, how many weeks you are and when is the expected due date.
- Deliveries by a caesarean section require a clinical motivation.

Who is eligible to claim and how do I claim for the maternity benefits?

- A female main member or a female dependant are the only members entitled to the maternity benefits.
- As the Starter, Growth and Lifestyle Home Births are cash benefits and you will be required to complete the necessary forms and submit them to our offices to be processed. Newborns are required to be registered within 30 days. Newborns registered after 30 days will be subject to underwriting.

Maternity cash benefit: Starter, Growth and Lifestyle home births

- Clients have 30 days to notify the health plan of the delivery.
- All documentation must be submitted within 30 days from the date of delivery.



9 EMERGENCY/CASUALTY ROOM BENEFIT

What is an Emergency?

A medical emergency is an acute injury or illness that poses an immediate risk to a person's life or long-term health and requires immediate medical attention. The occurrence of a medical emergency can happen at any time of the day.

Examples of a medical emergency would be:

- bleeding that will not stop,
- breathing problems,
- choking,
- vomiting blood,
- fainting,
- loss of consciousness,
- suspected fractures,
- cuts, and lacerations what will require suturing

If you experience a medical emergency proceed to the nearest medical facility that has the capacity to treat medical emergencies. For true medical emergencies the Provider can treat you immediately without having to obtain a pre-authorization from the Scheme first. After the event the Provider must notify the Scheme of the occurrence so that an authorization number can be issued for the Provider to claim against. Pre-authorization must be done within 48 hours after the incident.



10 PREVENTATIVE CARE BENEFIT

What is a Preventative Care benefit?

The purpose of the Preventative Care benefit is the early diagnoses of an underlying health conditions that you might not even be aware of. Doing a wellness check annually will tell you if there are any of the common risk factors that you need to concern yourself with or not.

As we get older our own awareness around these chronic conditions need to increase. The Scheme has therefore put together a preventative care benefit for you taking into consideration your age and gender.

How does the benefit work?

To access the benefit, you will be required to contact our Pre-Authorisation department to obtain an authorisation number. The benefit is subject to the scheme rules and protocols.

The table below sets out the Preventative Care benefit in detail:

BENEFIT	MALE UNDER 40	MALE OVER 40	FEMALE UNDER 40	FEMALE OVER 40	HOW OFTEN?
Primary Health Care Nurse Consultation	✓	✓	✓	✓	Once a year
Health assessment: Blood Pressure Test, cholesterol, and blood sugar tests (finger prick tests), BMI	✓	✓	✓	✓	Once a year
Flu Vaccine	✓	✓	✓	✓	Once a year
Pap Smear	x	x	✓	✓	Every 2 years
Mammogram	x	x	✓	✓	Every 2 years
Prostate Specific Antigen (Lancet test)	x	✓	x	x	Every 2 years
General Physician (GP) Consultation on referral from PHC Nurse	✓	✓	✓	✓	Once a year

Please note the preventative care benefit is subject to Pre-Authorization. Scheme rules and protocols apply.

List of Hospitals

South African hospitals our members can access:



<https://www.netcare.co.za/>



<https://www.mediclinic.co.za>



<https://www.lifehealthcare.co.za/>



<https://nhn.co.za/>



<https://www.jmh.co.za/>



<https://www.clinix.co.za/>

and many more...



BENEFITS EXCLUDED

General exclusions mentioned in this paragraph are not affected by any specific exclusion. Unless otherwise decided by the Scheme, expenses incurred in connection with any of the following will not be paid by Oracle Health:


1. All costs incurred during waiting periods and for conditions which existed at the date of application for membership of the Scheme but were not disclosed;
2. All costs that exceed the annual maximum allowed for the particular category for the benefit to which the beneficiary is entitled in terms of the Benefit Structure.
3. Injuries or conditions sustained during wilful participation in a riot, civil commotion, war, invasion, terrorist activity or rebellion;
4. Professional speed contests or professional speed trials (professional defined as where the beneficiary's main form of income is derived from partaking in these contests);
5. Illegal behaviour, negligence, or a breach of law;
6. Costs incurred as a result of failure to carry out the instructions of a medical doctor or dentist;
7. Health care provider not registered with the recognised professional body constituted in terms of an Act of parliament;
8. Holidays for recuperative purposes, whether deemed medically necessary or not, including headache and stress relief clinics;
9. All costs for treatment if the efficacy and safety of such treatment cannot be proved;
10. All costs for operations, medicine, treatments and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident or disease;
11. Obesity;
12. Costs for attempted suicide ;
13. Breast reduction and breast augmentation, gynaecomastia, otoplasty and blepharoplasty except where this is related to carcinoma, tumours or abscess.
14. Medication not registered by the Medicine Control Council;
15. Costs for services rendered by any institution, nursing home or similar institution not registered in terms of any law (except a State facility/hospital);
16. Gum guards and gold used in dentures;
17. Frail care;
18. Travelling expenses, excluding benefits covered by emergency rescue and international cover;
19. All costs, which in the opinion of the medical assessor are not medically necessary or appropriate to meet the health care needs of the patient;
20. Reversal of vasectomies or tubal ligation (sterilisation);
21. Injuries resulting from narcotism or alcohol abuse;
22. Examinations, tests and treatment for infertility and/or impotence.
23. The cost of injury and any other related costs as a result of scuba diving to depths below 40 metres and cave diving;
24. Voluntary termination of pregnancy;
25. Services rendered by social workers;
26. Injuries on duty.



(10% NO
CLAIMS
BONUS)

No claim cash back bonus

Our no claims bonus is a bonus we pay to our members who have not claimed on their inpatient benefits. If you have not claimed inpatient benefits in a calendar year, we will pay you a 10% no claims bonus.



The process
for the 10% no
claims bonus is
as follows:

- 01** The 10% no claims bonus will be paid from the 21st of April to the 16th of May every year. The 10% no claims bonus will only be paid or transferred to your debit card.
- 02** EFT requests must be submitted by the 28th of February 2025.

Medical savings refund

Cash back is the option we give our members once a year to withdraw surplus funds from their savings.

To claim your surplus funds from your savings account/debit card for that calendar year simply notify us by sending your request between the 5th of January and the 28th of January to the following email addresses:

@ healthinfo@oraclesz.com @ eswatiniinfo@oraclesz.com

Please make sure you send your request to both email addresses to avoid any inconveniences. It is vital that your request is seen by all email users.

Once all requests have been received, payments will be actioned from the 15th of February until the 5th of March. All balances must be verified after the last month of the health contribution year (December).

Note that You will have to have a minimum balance that equals 3 months of your monthly savings and the amount above the 3 months minimum balance can then be paid to you as surplus funds from savings/debit card.

No/Low Claim Bonus

What is a No/Low Claim Bonus?

A No/Low Claim bonus is a rebate that members are entitled to after the completion of Cover after a 12-month circle from January to December.

How does it work?

Members on the Comprehensive are entitled to a 30% No/Low Claim Bonus. Members must submit their request by the 31st of March 2025. Pay-out is from the 15th of July to the 31st of July 2025 after providers have submitted their claims for processing.

How is it calculated?

The Comprehensive option 30% rebate is calculated as follows:

- Total contributions for the Year (January to December)
x 30% less Total claims paid for the Year.
- The bonus is the Surplus after the deduction of claims.

T&C's

- Premiums must be up to date
- Members who have been on cover for one calendar year will qualify for Cash Benefits
- Cash benefit requests must be in writing or forms must be completed and submitted by the timelines stated
- Members who fail to bring their premiums up to date will forfeit the cash benefits





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SA Tel – (+27) 27 880 0208

Claims email: oracleclaims@mso.co.za

Website: www.oraclesz.com



Protect what matters