

PRICING SCHEDULE INTEGRATED HEALTH WELLNESS SERVICES

| EHWP SERVICE SUMMARY | Unit Price Year 1 | Unit Price Year 2 | Unit Price Year 3 |
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| 1. Clinical & Professional Support Line Serviced 24/7 <ul style="list-style-type: none"> ▪ Unlimited Access ▪ Including pro-active outreach services to risk employees | | | |
| 2. Referral Services <ul style="list-style-type: none"> ▪ Assisted Referral ▪ Formal Referral ▪ Absence Referral ▪ Healthcare Referral | | | |
| 3. Psycho-Social Support Services <ul style="list-style-type: none"> ▪ Telephone Counselling - unlimited ▪ Up to 8 face to face counselling sessions per employee per incident per year – each session to last 1 hour max | | | |
| 4. Medical Advice & Support Services <ul style="list-style-type: none"> ▪ Health Coaching & Health Risk Management ▪ HIV/AIDS Counselling and Support ▪ Referral to exiting company services such as Medical Aid / OH ▪ Chronic Disease Management ▪ Incapacity & Disability Management ▪ Medical Case Management | | | |
| 5. Musculo-skeletal health Management <ul style="list-style-type: none"> ▪ Telephone triage & guided self-management | | | |

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| <ul style="list-style-type: none"> ▪ Course of face to face treatment by Physiotherapist or Biokineticist (Fee per Service) | | | |
| 6. Life Management Services <ul style="list-style-type: none"> ▪ Financial advice, Legal Advice, Family Care Support Services | | | |
| 7. Managerial Consultancy to assist RTMC Managers | | | |
| 8. E-Care: Comprehensive on-line health and wellness programme | | | |
| 9. Group Trauma & Crisis Interventions (5 sessions included per year) | | | |
| 10. Comprehensive Absence Management Programme <ul style="list-style-type: none"> ▪ Data analysis, absence referrals, sick note verification, monthly reports | | | |
| 12. Marketing & Communications <ul style="list-style-type: none"> ▪ 1 Brochure and ▪ 1 Wallet Card per employee ▪ 1 information poster | | | |
| 13. Orientation sessions: Managerial & Employee sessions | | | |
| 14. Dedicated Account Manager with Monthly, Quarterly and Annual Reporting | | | |
| 15. Any other additional item | | | |

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| PRIMARY HEALTHCARE SERVICE (Onsite Clinic) | Monthly Fee (Including VAT) Year 1 | Monthly Fee (Including VAT) Year 2 | Monthly Fee (Including VAT) Year 3 |
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| Full Primary Health Care Services: (On Site) <ul style="list-style-type: none"> ▪ Setting up of a primary healthcare clinic ▪ Nursing services 7 days a week from 8.00am to 17.00pm (x 1 nurse) GP services for 3 consecutives hours once a week. | | | |

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| Additional Face to Face Counseling Sessions <ul style="list-style-type: none"> ▪ If the set amount of 8 Face to Face sessions have been completed | |
| Face to Face Physiotherapy on MSK conditions | |
| Exit Interviews (Electronic) | |
| Stay interviews – Electronic (Recommended sample 30%) | |
| Ambulance services: <ul style="list-style-type: none"> ▪ The provision of Ambulance or Emergency services to employees and transportation of injured or ill employees to the nearby Health Care Centers | |
| Occupational Health and Safety Medicals (includes physical examination, urine test, spirometry, audiometry, visual screening and fitness certificate – provided onsite through mobile units) | |
| Wellness Champion Training (Peer Educator) <ul style="list-style-type: none"> • 5 Day Programme • Max 25 to 30 delegates per workshop | |

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| <ul style="list-style-type: none"> • Peer Educator resources (online, on a CD and in a manual) | |
| Wellness Champion Refresher <ul style="list-style-type: none"> • 1-day workshop • Max 25 to 30 delegates per workshop | |
| Management Training <ul style="list-style-type: none"> • ± 2 hour workshops for managers/supervisors • Maximum of 25 delegates per workshop • Training Manual for each delegate. | |
| Incapacity Leave Management: <ul style="list-style-type: none"> ▪ Assist with the provision of second opinion of medical practitioners to employees on extended sick leaves | <p>Level 1 intervention: per case: Review of medical and work-related information; telephonic consultation with manager and employee; CMR by treating medical practitioners; feedback report</p> <p>Level 2 intervention (including referral to specialist) As per level 1 and including referral to specialist, feedback report and additional consultations with employee and employer.</p> <p>Level 2 intervention (including referral to Occupational therapist)</p> |

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| | As per level 1 and including referral to occupational therapist, feedback report and additional consultations with employee and employer. |
| 15. Any other additional item | |

Signature: _____

Name and surname: _____

Name of Company: _____

Date: _____