



NON-TCOE



WOOLTRU HEALTHCARE FUND

2023 BENEFITS AND CONTRIBUTIONS

Network Option

Day-to-day benefits

Network services only

Chronic care benefits

Major medical expenses

- In-hospital benefits
- In doctors' rooms
- Hospital medical facilities
- Day clinics

Additional benefits

- Private nursing
- Internal prostheses
- External prostheses
- Medical and surgical appliances

Maternity benefits

Preventative testing

HIV/AIDS benefits

Saver Option

Day-to-day benefits

Medical savings account (MSA)

Chronic care benefits

Major medical expenses

- In-hospital benefits
- In doctors' rooms
- Hospital medical facilities
- Day clinics

Additional benefits

- Private nursing
- Internal prostheses
- External prostheses
- Medical and surgical appliances

Maternity benefits

Preventative testing

HIV/AIDS benefits

Comprehensive Option

Additional professional services benefit

Day-to-day benefits

Medical savings account (MSA)

Chronic care benefits

Major medical expenses

- In-hospital benefits
- In doctors' rooms
- Hospital medical facilities
- Day clinics

Additional benefits

- Private nursing
- Internal prostheses
- External prostheses
- Medical and surgical appliances

Maternity benefits

Preventative testing

HIV/AIDS benefits



DAY-TO-DAY BENEFITS

What are day-to-day medical expenses?

Day-to-day medical expenses are your everyday medical expenses such as GP consultations, dentist visits, optical visits, etc. Depending on your benefit option, this can work in one of three ways:

Network Option – Network service providers

Members on the **Network Option** must obtain all healthcare services from **network providers**. To access your day-to-day medical benefits, you must choose a Network GP, dentist and optometrist from the network lists that can be found at www.wooltruhealthcarefund.co.za.

If you do not use a network provider, you will have to pay the difference in cost between the network provider and the out-of-network provider from your pocket. Call **0800 765 432** to find a suitable network provider.

The Network Option does not offer a medical savings account (MSA). Please refer to the benefit tables in this brochure to confirm your benefits.

Saver Option – Medical savings account (MSA)

Day-to-day medical expenses on the **Saver Option** are subject to your **MSA**, which covers non-PMB, **out-of-hospital** claims such as GPs, dentists, specialists, medication, optometrists, etc. Claims are reimbursed at the agreed Wooltru Healthcare Fund Tariff (WHFT).

A portion of your monthly contribution is allocated to your **MSA**. The annual savings amount is calculated over a period of 12 months, or if you join the Fund during the year, the amount will be calculated on a pro rata basis. At the end of the year, any unused savings will roll over to the next year.

Your annual savings amount

Member:	R5 724
Adult dependant:	R5 652
Child dependant:	R1 752
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Member + adult:	R11 376
Member + child:	R 7 476
Member + adult + child:	R13 128

Notes:

- Your annual savings amount is allocated upfront. If you terminate your membership of the Fund before the end of the year and you have used more than the contributions that you have paid, you will be required to **pay the difference to the Fund**.
- Once you have exhausted your **MSA**, you will need to pay for any additional day-to-day claims yourself.
- In order for your PMB specialist claims to be paid at cost, you will need to call **0800 765 432** for referral to a network specialist and authorisation for the visit.

DAY-TO-DAY BENEFITS (CONTINUED)

Comprehensive Option – Medical savings account (MSA)

Day-to-day benefits on the **Comprehensive Option** are subject to your **MSA**, which covers non-PMB, **out-of-hospital** claims such as GPs, dentists, specialists, medication, optometrists, etc. Claims are reimbursed at up to 3x the agreed WHFT.

Once you have exhausted your **MSA**, you will need to pay for any additional day-to-day claims yourself.

A portion of your monthly contribution is allocated to your **MSA**. The annual savings amount is calculated over a period of 12 months, or if you join the Fund during the year, the amount will be allocated on a pro rata basis. At the end of the year, any unused savings will roll over to the next year.

Professional services benefit – added benefit on the Comprehensive Option






- 50% of **non-PMB**, out-of-hospital claims for gynaecologists, paediatricians, psychiatrists, psychologists and physiotherapists are subject to the specified sub-limits referred to in the benefits table. The balance of the claims will be paid from your **MSA**. Claims are paid at up to 3x the WHFT.
- In order for your PMB specialist claims to be paid at cost, call **0800 765 432** for referral to a network specialist and to obtain pre-authorisation for the visit.

Your annual savings amount










Member:	R14 436
Adult dependant:	R14 136
Child dependant:	R 4 812
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Member + adult:	R28 572
Member + child:	R19 248
Member + adult + child:	R33 384

Notes:



- Your annual savings amount is allocated upfront. If you terminate your membership of the Fund before the end of the year and you have used more than the contributions that you have paid, you will be required to **pay the difference to the Fund**.
- Once you have exhausted your **MSA**, you will have to pay healthcare providers for day-to-day services out of your pocket.

	Network	Saver	Comprehensive
 Medical savings account (MSA)	Not applicable	Member: R5 724 Adult dependant: R5 652 Child dependant: R1 752	Member: R14 436 Adult dependant: R14 136 Child dependant: R 4 812
 Professional services benefit	No benefit	No benefit	50% of non-PMB, out-of-hospital claims for gynaecologists, paediatricians, psychiatrists, psychologists and physiotherapists Paid at 3x the WHFT from MSA and professional services benefit The benefit covers 50% of the claim up to an annual limit determined by the family make-up as follows: Member: R10 600 Adult dependant: R10 300 Child dependant: R 3 500
 Network providers	You may ONLY use network providers	Not applicable	Not applicable
 General practitioners (GPs)	100% of the agreed tariff at your chosen network GP	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA
 Specialists	Only network specialists, limited to R2 800 per beneficiary per year These amounts include the cost of consultations, medication, procedures, radiology and pathology Call 0800 765 432 for specialist referral and authorisation	Paid at the WHFT from your MSA PMBs paid at the WHFT at network specialists Call 0800 765 432 for specialist referral and authorisation	Paid at 3x the WHFT from your MSA PMBs paid at the WHFT at network specialists Call 0800 765 432 for specialist referral and authorisation

DAY-TO-DAY BENEFITS (CONTINUED)

	Network	Saver	Comprehensive
 Pathology and radiology	<p>100% of the agreed tariff if referred by a network provider</p> <p>Restricted to the network provider list of investigations</p> <p>For a detailed list of services covered, please visit the Fund's website at www.wooltruhealthcarefund.co.za</p>	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA
 Basic dentistry Consultations, fillings, extractions, scaling and polishing	<p>100% of the agreed tariff at network dentists</p> <p>Subject to the approved dental tariff list</p> <p>For a detailed list of services covered, please visit the Fund's website at www.wooltruhealthcarefund.co.za</p>	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA
 Specialised dentistry Dentures, crowns, bridges and orthodontic treatment	No benefit	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA
 Optical benefits Eye test, lenses, frames and contact lenses	<p>One eye test per beneficiary every 24 months at a network optometrist</p> <p>One pair of clear, mono-, bi- or multifocal lenses, plus a standard frame every 24 months at a network optometrist</p> <p>A benefit of R220 per beneficiary per year will be paid towards a frame if selected outside the standard range every 24 months at a network optometrist</p> <p>No benefit if a non-network provider is used OR one set of approved contact lenses limited to the value of R570 per beneficiary every 24 months at a network optometrist</p>	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA
 OptiClear Network	Members can receive services and materials at reduced rates from accredited OptiClear providers. Visit www.wooltruhealthcarefund.co.za for details of providers on the OptiClear Network.		
 Prescribed acute medication	100% of formulary medication as prescribed by a network provider	Paid at 100% of the Fund's reference price formulary and subject to your MSA	Paid at 100% of the Fund's reference price formulary and subject to your MSA
 Over-the-counter medication	No benefit	Paid at 100% subject to the Fund's reference price formulary and subject to your MSA	Paid at 100% subject to the Fund's reference price formulary and subject to your MSA
 Associated health services Chiropractors, homeopaths, naturopaths and dieticians	No benefit	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA
 Auxiliary services out of hospital <ul style="list-style-type: none"> • Clinical psychology • Speech therapy • Audiology • Occupational therapy • Podiatry • Orthoptics • Biokinetics • Physiotherapy 	No benefit	Paid at the WHFT from your MSA No benefit for social workers, vocational guidance, child guidance, marriage guidance, school therapy or attendance at remedial education schools or clinics	Paid at 3x the WHFT from your MSA No benefit for social workers, vocational guidance, child guidance, marriage guidance, school therapy or attendance at remedial education schools or clinics

DAY-TO-DAY BENEFITS (CONTINUED)

	Network	Saver	Comprehensive
 Registered private nurse practitioners	No benefit	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA
 Emergency visits/outpatients	Limited to three visits per family per year up to a limit of R2 290 Paid at the agreed tariff rate per visit	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA



CHRONIC CARE BENEFITS (for chronic medication)

What is chronic care?

Chronic care refers to the medical care for **a pre-existing or long-term illness** where medication is required to be taken for a period exceeding three months at a time. The Fund provides a **Chronic Medication Risk Management Programme** to the benefit of members who have been diagnosed with certain chronic conditions.

You must obtain pre-authorization for all chronic medication

All chronic medication benefits are subject to pre-authorization. Chronic medication application forms can be downloaded at www.wooltruhealthcarefund.co.za.

Network Option members

- Members on the **Network Option** with chronic conditions must register on the Chronic Medication Risk Management Programme and obtain pre-authorization for their medication and approval from their network GP or network specialist on their condition, in order to obtain benefits.
- On approval of your PMB-related chronic condition, a treatment plan, which lists additional services recommended to treat your chronic condition, will be sent to you.
- Medication for the 26 PMB conditions will be restricted to the chronic medication formulary at the network providers (GPs and specialists).

You may submit your chronic application forms by email to networkchronic@wooltruhealthcarefund.co.za, or by fax to **021 673 1815**. Should you have any queries, please call **0800 765 432** for assistance.

CHRONIC CARE BENEFITS (CONTINUED)

Saver Option members

PMB chronic conditions

- Members on the **Saver Option** will be required to register on the Chronic Medication Risk Management Programme to ensure that their PMB chronic medication is approved.
- Members who require chronic medication for one of the 26 PMB conditions will receive a treatment plan.
- A treatment plan lists additional services recommended to treat your chronic condition.
- These services are recommended in order to maintain optimal health. Benefits are covered by the Fund and are not paid from your MSA.
- The medication will be paid subject to the Fund's approved formulary.

Non-PMB chronic conditions

- Members are required to register on the Chronic Medication Risk Management Programme to ensure that their non-PMB chronic medication is approved.
- The medication will be paid subject to the Fund's approved formulary.

You may submit your chronic application forms by email to **chronic@wooltruhealthcarefund.co.za**, or ask your healthcare provider to call **0861 888 346** for chronic authorisation. Should you have any queries, please call **0802 228 922** for assistance.

Comprehensive Option members

PMB chronic conditions

- Members on the **Comprehensive Option** will be required to register on the Chronic Medication Risk Management Programme to ensure that their PMB chronic medication is approved.
- Members who require chronic medication for one of the 26 PMB conditions will receive a treatment plan.
- A treatment plan lists additional services recommended to treat your chronic condition.
- These services are recommended in order to maintain optimal health. Benefits are covered by the Fund and are not paid from your MSA.
- The medication will be paid subject to the Fund's approved formulary.

Non-PMB chronic conditions

- Members are required to register on the Chronic Medication Risk Management Programme to ensure that their non-PMB chronic medication is approved.
- The medication will be paid subject to the Fund's approved formulary.

You may submit your chronic application forms by email to **chronic@wooltruhealthcarefund.co.za**, or ask your healthcare provider to call **0861 888 346** for chronic authorisation. Should you have any queries, please call **0802 228 922** for assistance.

What are prescribed minimum benefits (PMBs)?




Prescribed minimum benefits (PMBs) are a set of limited conditions which medical schemes are legally required to cover. Fund members have access to these benefits, regardless of the benefit option they have selected.

The 26 chronic health conditions on the **chronic disease list (CDL)** are:

Addison's disease	Cardiomyopathy (disease of the heart muscle)
Asthma	Chronic obstructive pulmonary disorder (COPD)
Bipolar mood disorder	Chronic renal (kidney) disease
Bronchiectasis	Chronic artery (heart) disease
Cardiac failure	Crohn's disease

CHRONIC CARE BENEFITS (CONTINUED)

Diabetes insipidus	Hypertension (high blood pressure)
Diabetes mellitus types 1 and 2	Hypothyroidism
Dysrhythmia (irregular heartbeats)	Multiple sclerosis
Epilepsy	Parkinson's disease
Glaucoma	Rheumatoid arthritis
Haemophilia	Schizophrenia
HIV/AIDS	Systemic lupus erythematosus
Hyperlipidaemia (high cholesterol)	Ulcerative colitis

	Network	Saver	Comprehensive
 Chronic medication 26 PMB conditions	100% of approved medication Subject to registration on the Chronic Medication Risk Management Programme Call 0800 765 432 to register	100% of approved medication Subject to registration on the Chronic Medication Risk Management Programme You will receive a treatment plan listing the additional services recommended to treat your approved chronic condition These services are paid by the Fund and not from your MSA Call 0802 228 922 to register	100% of approved medication Subject to registration on the Chronic Medication Risk Management Programme You will receive a treatment plan listing the additional services recommended to treat your approved chronic condition These services are paid by the Fund and not from your MSA Call 0802 228 922 to register
 Chronic medication Non-PMB conditions	Limited to R13 520 per beneficiary per year for approved medication Subject to registration on the Chronic Medication Risk Management Programme Call 0800 765 432 to register <i>Acne, allergic rhinitis, depression, gout, menopause, migraine prophylaxis, osteoarthritis and osteoporosis</i>	Limited to R16 060 per beneficiary per year for approved medication Subject to registration on the Chronic Medication Risk Management Programme Call 0802 228 922 to register	Limited to R32 100 per beneficiary per year for approved medication Subject to registration on the Chronic Medication Risk Management Programme Call 0802 228 922 to register
Please refer to www.wooltruhealthcarefund.co.za for more information			
 Speciality chronic medication benefits (biological)	No benefit	Limited to R173 000 per beneficiary per year Subject to registration on the Chronic Medication Risk Management Programme Applicable to the following PMB conditions only: <ul style="list-style-type: none"> • Asthma • Crohn's disease • Haemophilia • Multiple sclerosis • Rheumatoid arthritis • Systemic lupus erythematosus • Ulcerative colitis Call 0802 228 922 to register	Limited to R173 000 per beneficiary per year Subject to registration on the Chronic Medication Risk Management Programme Call 0802 228 922 to register





MAJOR MEDICAL EXPENSES BENEFITS

Your major medical expenses benefit consists of **three categories**:

- procedures performed **in hospital**
- certain procedures performed in **doctors' rooms, hospital medical facilities** or **day clinics**, but paid from your major medical expenses benefit
- **additional procedures** that are not performed in or out of hospital, but paid from your major medical expenses benefit.

Designated service providers (DSPs) – network specialist

A DSP is a healthcare provider with whom the Fund has negotiated preferential rates. Should you need to be treated for any of the other 270 PMB conditions, we recommend that you use a DSP.

How to obtain **hospital pre-authorization**

You must obtain pre-authorization before your consultation or treatment to ensure correct payment of your claim.

Network Option members

0800 765 432

Saver Option members

0800 118 666

Comprehensive Option members

0800 118 666

Specified time limits for pre-authorization

Non-emergency:

You must obtain pre-authorization **at least two working days before** any non-emergency hospital admission or related treatment.

Emergency:

Pre-authorization must be obtained **within 24 hours of admission** to hospital or by the next working day. You will receive no benefit if pre-authorization is not obtained within the specified time limits.












MAJOR MEDICAL EXPENSES BENEFITS (CONTINUED)








IN-HOSPITAL BENEFITS

Paid from major medical expenses benefit

	Network	Saver	Comprehensive
 Ambulance services Netcare 911	100% of the agreed tariff. Subject to authorisation by Netcare 911 within 72 hours of the transport occurring. Unauthorised use of an ambulance for non-emergency treatment will not be covered by the Fund. For authorisation, please call 082 911		
 Hospitalisation Private, provincial or State hospitals	100% of the agreed tariff for authorised admissions, if referred by a network provider Call 0800 765 432 to obtain pre-authorisation	Paid at the WHFT for authorised admissions Call 0800 118 666 to obtain pre-authorisation	Paid at 3x the WHFT for authorised admissions Call 0800 118 666 to obtain pre-authorisation
 Ward accommodation	Paid at general ward tariffs, subject to pre-authorisation		
 Take-home medication (after discharge from hospital)	Limited to seven days		
 General practitioners (GPs) Surgery, procedures and consultations	100% of the agreed tariff for authorised admissions, if referred by a network GP Call 0800 765 432 for GP referral and authorisation	Paid at the WHFT PMB admissions paid in full at network GPs, if pre-authorisation obtained Call 0800 118 666 for GP referral and authorisation	Paid at 3x the WHFT PMB admissions paid in full at network GPs, if pre-authorisation obtained Call 0800 118 666 for GP referral and authorisation
 Specialists Surgery, procedures and consultations	100% of the agreed tariff for authorised admissions, if referred by a network specialist Call 0800 765 432 for GP referral and authorisation	Non-PMB claims will be paid at the WHFT PMB admissions paid in full at network specialists Call 0800 765 432 for specialist referral and authorisation	Non-PMB claims will be paid at 3x the WHFT PMB admissions paid in full at network specialists Call 0800 765 432 for specialist referral and authorisation
 Radiology MRIs, CT scans and radio-isotope studies	100% of the agreed tariff if requested by a network specialist on referral by a network GP Subject to clinical motivation and pre-authorisation Call 0800 765 432 to obtain pre-authorisation	Paid at the WHFT MRIs and CT scans require an upfront co-payment of 25% of cost up to a maximum of R2 540 Subject to doctor's motivation and pre-authorisation Call 0800 118 666 to obtain pre-authorisation	Paid at 3x the WHFT Subject to doctor's motivation and pre-authorisation Call 0800 118 666 to obtain pre-authorisation
 Pathology	100% of the agreed tariff if requested by a network specialist on referral by a network GP	Paid at the WHFT	Paid at 3x the WHFT
 Organ transplants	Subject to pre-authorisation and PMBs Where the recipient is a beneficiary of the Fund, services rendered to the donor and the transportation of the organ are included in this benefit Where the donor is a beneficiary of the Fund, but the recipient is not, the donor costs will not be covered by the Fund, since these costs should be covered by the recipient's medical scheme	Subject to pre-authorisation, managed care protocols, PMBs and networks Where the recipient is a beneficiary of the Fund, services rendered to the donor and the transportation of the organ are included in this benefit Where the donor is a beneficiary of the Fund, but the recipient is not, the donor costs will not be covered by the Fund, since these costs should be covered by the recipient's medical scheme	Subject to pre-authorisation, managed care protocols, PMBs and networks Where the recipient is a beneficiary of the Fund, services rendered to the donor and the transportation of the organ are included in this benefit Where the donor is a beneficiary of the Fund, but the recipient is not, the donor costs will not be covered by the Fund, since these costs should be covered by the recipient's medical scheme

IN-HOSPITAL BENEFITS (CONTINUED)

	Network	Saver	Comprehensive
 Organ transplants (continued)			
<p>+ Hospitalisation, organ and patient preparation</p> <p>Immuno-suppressant drugs dispensed in hospital or dispensed by the hospital to take out for use after discharge</p> <p>Subsequent supplies of immuno-suppressant drugs</p>	<p>100% of the agreed tariff</p> <p>100% of cost</p> <p>100% of cost, subject to pre-authorisation</p> <p>Call 0800 765 432 to obtain pre-authorisation</p>	<p>Paid at the WHFT</p> <p>100% of cost</p> <p>100% of cost, subject to pre-authorisation</p> <p>Call 0800 118 666 to obtain pre-authorisation</p>	<p>Paid at 3x the WHFT</p> <p>100% of cost</p> <p>100% of cost, subject to pre-authorisation</p> <p>Call 0800 118 666 to obtain pre-authorisation</p>
 Robotic-assisted laparoscopic prostatectomy	No benefit	<p>Paid at the WHFT</p> <p>Subject to clinical motivation, pre-authorisation and managed care protocols</p> <p>Must be performed at an accredited hospital</p> <p>Limited to R149 000 per qualifying beneficiary per year for hospital and equipment</p> <p>Call 0800 118 666 to obtain pre-authorisation</p>	<p>Paid at 3x the WHFT</p> <p>Subject to clinical motivation, pre-authorisation and managed care protocols</p> <p>Must be performed at an accredited hospital</p> <p>Limited to R149 000 per qualifying beneficiary per year for hospital and equipment</p> <p>Call 0800 118 666 to obtain pre-authorisation</p>
 Blood transfusions, transportation of blood and blood products	100% of the agreed tariff at approved network providers	Paid at the WHFT	Paid at 3x the WHFT
<p>+ Auxiliary services in hospital</p> <ul style="list-style-type: none"> Clinical psychology Speech therapy Occupational therapy Physiotherapy <p>Saver Option and Comprehensive Option only:</p> <ul style="list-style-type: none"> Social worker for psychotherapy Biokineticist Dietician 	<p>100% of the agreed tariff for authorised admissions at network providers</p> <p>The service/procedure must be directly related to the authorised admission</p>	<p>Paid at the WHFT for authorised admissions</p> <p>The service/procedure must be directly related to the authorised admission</p> <p>Post-operative auxiliary services may be approved and benefits granted on condition that these services are received within six weeks after the hospital admission</p> <p>Subject to clinical motivation, pre-authorisation and managed care protocols</p>	<p>Paid at 3x the WHFT for authorised admissions</p> <p>The service/procedure must be directly related to the authorised admission</p> <p>Post-operative auxiliary services may be approved and benefits granted on condition that these services are received within six weeks after the hospital admission</p> <p>Subject to clinical motivation, pre-authorisation and managed care protocols</p>
 Psychiatric treatment In hospital or at a registered facility	<p>Prescribed minimum benefits (IPMBs) only</p> <p>Subject to pre-authorisation and limited to 21 days per beneficiary per year</p> <p>Call 0800 765 432 to obtain pre-authorisation</p>	<p>Subject to pre-authorisation and limited to 21 days per beneficiary per year</p> <p>Call 0800 118 666 to obtain pre-authorisation</p>	<p>Subject to pre-authorisation and limited to 21 days per beneficiary per year</p> <p>Call 0800 118 666 to obtain pre-authorisation</p>
 Maxillofacial treatment	<p>100% of the agreed tariff, subject to pre-authorisation</p> <p>Only covers facial trauma and removal of impacted wisdom teeth</p>	Paid at the WHFT, subject to pre-authorisation	Paid at 3x the WHFT, subject to pre-authorisation

MAJOR MEDICAL EXPENSES BENEFITS (CONTINUED)







IN DOCTORS' ROOMS, HOSPITAL MEDICAL FACILITIES OR DAY CLINICS

Paid from major medical expenses benefit

	Network	Saver	Comprehensive
<p>Certain procedures performed in doctors' rooms only</p> <p>Hospitalisation is subject to approval of clinical motivation and managed care protocols</p>	<p>100% of the agreed tariff if performed at network GPs and limited to the DSP list of procedure codes</p> <p>For a detailed list of procedure codes, please visit the Fund's website at www.wooltruhealthcarefund.co.za</p> <p>Call 0800 765 432 to obtain pre-authorisation</p>	<p>Paid at the WHFT</p> <p>Excludes general anaesthetic</p> <p>Cone biopsy, cauterisation of warts, colposcopy, nasal polypectomy, nasal cautery, meibomian cyst excision, circumcision, drainage of superficial abscess, superficial foreign body removal and breast biopsy</p> <p>Call 0800 118 666 to obtain pre-authorisation</p>	<p>Paid at 3x the WHFT</p> <p>Excludes general anaesthetic</p> <p>Cone biopsy, cauterisation of warts, colposcopy, nasal polypectomy, nasal cautery, meibomian cyst excision, circumcision, drainage of superficial abscess, superficial foreign body removal and breast biopsy</p> <p>Call 0800 118 666 to obtain pre-authorisation</p>
<p>Oncology, radiotherapy and chemotherapy</p> <p>In and out of hospital – medication/chemicals, related radiology, including MRIs and CT scans and pathology</p>	<p>PMBs only</p> <p>Subject to pre-authorisation, registration on the Oncology Risk Management Programme and oncology management protocols</p> <p>Call 0800 765 432 to register</p>	<p>Paid at 100% of negotiated DSP tariffs, subject to PMBs and South African Oncology Consortium (SAOCI) protocols</p> <p>Subject to pre-authorisation, registration on the Oncology Risk Management Programme and oncology management protocols</p> <p>Call 0800 118 666 to register</p>	<p>Paid at 3x the negotiated DSP tariffs, subject to PMBs and South African Oncology Consortium (SAOCI) protocols</p> <p>Subject to pre-authorisation, registration on the Oncology Risk Management Programme and oncology management protocols</p> <p>Call 0800 118 666 to register</p>
<p>Endoscopic examinations</p> <ul style="list-style-type: none"> • gastroscopy • oesophagoscopy • colonoscopy • sigmoidoscopy <p>These procedures can be performed in doctors' rooms, and in outpatient/medical/surgical facilities</p> <p>If performed in hospital, it will attract a member co-payment</p>	<p>100% of the agreed tariff, subject to pre-authorisation and clinical motivation by a network provider</p> <p>Call 0800 765 432 to obtain pre-authorisation</p>	<p>Paid at the WHFT if performed in doctors' rooms/outpatient/medical or surgical facilities</p> <p>R2 540 co-payment applies if performed in hospital and patient is admitted to a ward</p> <p>Anaesthetic costs related to these scopes are limited to local or regional anaesthetic</p> <p>General anaesthetic costs are not covered</p> <p>Pathology costs related to these procedures will be covered from major medical expenses</p>	<p>Paid at 3x the WHFT if performed in doctors' rooms/outpatient/medical or surgical facilities</p> <p>R2 540 co-payment applies if performed in hospital and patient is admitted to a ward</p> <p>Anaesthetic costs related to these scopes are limited to local or regional anaesthetic</p> <p>General anaesthetic costs are not covered</p> <p>Pathology costs related to these procedures will be covered from major medical expenses</p>
<p>Ophthalmologist examinations</p> <ul style="list-style-type: none"> • treatment of retina and choroids by cryotherapy • panretinal photocoagulation • laser capsulotomy • laser trabeculoplasty • laser apparatus 	<p>No benefit</p>	<p>Paid at the WHFT if performed in doctors' rooms/outpatient/medical or surgical facilities</p> <p>R2 540 co-payment applies if performed in hospital and patient is admitted to a ward</p> <p>Anaesthetic costs related to these scopes are limited to local or regional anaesthetic</p> <p>General anaesthetic costs are not covered</p> <p>Pathology costs related to these procedures will be covered from major medical expenses</p>	<p>Paid at 3x the WHFT if performed in doctors' rooms/outpatient/medical or surgical facilities</p> <p>R2 540 co-payment applies if performed in hospital and patient is admitted to a ward</p> <p>Anaesthetic costs related to these scopes are limited to local or regional anaesthetic</p> <p>General anaesthetic costs are not covered</p> <p>Pathology costs related to these procedures will be covered from major medical expenses</p>

IN DOCTORS' ROOMS, HOSPITAL MEDICAL FACILITIES OR DAY CLINICS BENEFITS (CONTINUED)

	Network	Saver	Comprehensive
 Basic dentistry procedures in hospital Removal of teeth and multiple fillings for children aged seven and younger	No benefit	Paid at the WHFT, subject to pre-authorisation The dentist will be paid from your available MSA	Paid at 3x the WHFT, subject to pre-authorisation The dentist will be paid from your available MSA
 Specialised dentistry procedures in and out of hospital Dental implants and removal of impacted wisdom teeth	No benefit Removal of impacted wisdom teeth covered under maxillofacial benefit	Paid at the WHFT, subject to pre-authorisation and limited to R16 900 per beneficiary per year	Paid at 3x the WHFT, subject to pre-authorisation and limited to R22 900 per beneficiary per year
 Refractive surgery	No benefit	Paid at the WHFT, subject to pre-authorisation LASIK surgery benefit subject to guidelines for refractive surgery required for medical reasons A motivation, including the refractive error, is required Subject to approval by medical advisor and based on refraction levels	Paid at 3x the WHFT, subject to pre-authorisation LASIK surgery benefit subject to guidelines for refractive surgery required for medical reasons A motivation, including the refractive error, is required Subject to approval by medical advisor and based on refraction levels
 Peritoneal dialysis and haemodialysis	100% of the agreed tariff at network providers, subject to pre-authorisation	Paid at the WHFT, subject to pre-authorisation and managed care protocols	Paid at 3x the WHFT, subject to pre-authorisation and managed care protocols







MAJOR MEDICAL EXPENSES BENEFITS (CONTINUED)



ADDITIONAL BENEFITS

Paid from major medical expenses benefit






	Network	Saver	Comprehensive
 Private nursing in lieu of hospitalisation OR frail care	100% of the agreed tariff and limited to R5 600 per beneficiary per month Subject to clinical motivation by a network provider	Paid at the WHFT and limited to R5 600 per beneficiary per month Subject to clinical motivation by GP or specialist	Paid at 3x the WHFT and limited to R5 600 per beneficiary per month Subject to clinical motivation by GP or specialist
 Internal prostheses External fixators, colostomy kits and appliances placed in the body as an internal adjuvant during an operation	100% of the agreed tariff at network providers, subject to pre-authorization and limited to R74 100 per beneficiary per year Call 0800 765 432 to obtain pre-authorization	Paid at the WHFT, subject to pre-authorization and limited to R74 100 per beneficiary per year Call 0800 118 666 to obtain pre-authorization	Paid at 3x the WHFT, subject to pre-authorization and limited to R74 100 per beneficiary per year Call 0800 118 666 to obtain pre-authorization
 External prostheses Hearing aids, hearing aid repairs, wheelchairs and CPAP machines	100% of the agreed tariff, subject to written motivation, which must be received 72 hours before the request for pre-authorization Subject to the terms, conditions and protocols of the network DSP Limited to R55 400 per beneficiary every two years Call 0800 765 432 to obtain pre-authorization	Paid at the WHFT, subject to written motivation, which must be received 72 hours before the request for pre-authorization Subject to managed care protocols Limited to R66 500 per beneficiary every two years Call 0800 118 666 to obtain pre-authorization	Paid at 3x the WHFT, subject to written motivation, which must be received 72 hours before the request for pre-authorization Subject to managed care protocols Limited to R77 600 per beneficiary per year Call 0800 118 666 to obtain pre-authorization
 Medical and surgical appliances Nebulisers, crutches, blood pressure machines, glucometers, etc.	100% of the agreed tariff, subject to clinical motivation and approval Subject to the terms, conditions and protocols of the network DSP	Paid at the WHFT, subject to clinical motivation and approval Subject to available MSA where pre-authorization is not obtained	Paid at 3x the WHFT, subject to clinical motivation and approval Subject to available MSA where pre-authorization is not obtained



MATERNITY BENEFITS

You must register your pregnancy by calling the pre-authorisation department. This will ensure that your maternity claims are paid from the correct benefit.

For pre-authorisation, **Network Option** members must call **0800 765 432**. **Saver Option** and **Comprehensive Option** members must call **0800 118 666**.

	Network	Saver	Comprehensive
 Vaginal delivery	100% of the agreed tariff	100% of the WHFT	100% of the WHFT
 Caesarean delivery	100% of the agreed tariff if motivated by a network specialist	100% of the WHFT A co-payment of R3 400 will apply where no clinical motivation for the caesarean has been received from the gynaecologist	100% of the WHFT
 Two ultrasound scans At 12 and 24 weeks	100% of the agreed tariff	100% of the WHFT	100% of the WHFT
 Ward rates	General ward rates, subject to the following: <ul style="list-style-type: none">• Vaginal delivery (3 days)• Caesarean delivery (4 days)	General ward rates, subject to the following: <ul style="list-style-type: none">• Vaginal delivery (3 days)• Caesarean delivery (4 days)	General ward rates, subject to the following: <ul style="list-style-type: none">• Vaginal delivery (3 days)• Caesarean delivery (4 days)
 Pathology	100% of the agreed tariff, as per the maternity treatment plan	100% of the WHFT, as per the maternity treatment plan	100% of the WHFT, as per the maternity treatment plan

Maternity pathology tests paid by the Fund

Test	Per year	Tariff code
Full blood count	1	3755
Blood test: Blood group	1	3764
Blood test: Rhesus antigen	1	3765
Urine culture	1	3893
HIV Elisa or other screening test	1	3932
Rubella antibody	1	3948
VDRL (Venereal Disease Research Laboratory)	1	3949
Glucose strip test	1	4050
Urine analysis dipstick	13	4188
HIV antibody rapid test	1	4614





PREVENTATIVE TESTING

Test – paid from major medical expenses benefit

Consultation – paid from day-to-day benefit

<p>Health risk assessment Body mass index, blood pressure, cholesterol (finger-prick test) and blood sugar (finger-prick test)</p>	<p>Limited to one screening per adult per year To be performed at a suitable pharmacy Should your health risk assessment be performed in the doctor's rooms, the consultation fee will be paid from your day-to-day benefit</p>
<p>Mammogram (Tariff codes 34100 & 3605)</p>	<p>Limited to one per female (over 40 years) every two years or as clinically indicated (family history)</p>
<p>Pap smear and liquid-based cytology (Tariff codes 4566 & 4559)</p>	<p>Limited to one per adult female every year</p>
<p>HIV finger-prick test (Tariff code 3932)</p>	<p>Limited to one per beneficiary every year</p>
<p>Glaucoma screening (Tariff code 3014)</p>	<p>Limited to one screening per adult (over 40 years) every two years</p>
<p>HPV vaccine (NAPPI® code 710020 – Cervarix®) (NAPPI® code 710249 – Gardasil®)</p>	<p>All female beneficiaries between the ages of 9 and 13 Saver and Comprehensive Options only</p>
<p>Flu vaccine</p>	<p>Limited to one per beneficiary per year</p>
<p>Pneumococcal vaccine</p>	<p>One per lifetime for beneficiaries over the age of 65 or for high-risk individuals who are registered on one of our chronic or disease management programmes for applicable conditions Saver and Comprehensive Options only</p>
<p>Bone density scan (DEXA)</p>	<p>One per female beneficiary (over 65 years) every two years Comprehensive Option only</p>



HIV/AIDS BENEFITS

The Fund has contracted with Momentum Health Solutions to provide the **HIV YourLife Programme** for the benefit of members who are at risk of being HIV positive, or have been diagnosed as a person living with HIV/AIDS.



The HIV **YourLife** Programme ensures **absolute confidentiality** and motivates participating members to manage their condition appropriately.

We focus on education and support to empower you with the skills and knowledge you require to effectively manage your condition.

If you think you are at risk of being HIV positive or have been diagnosed as a person living with HIV/AIDS, this **free service** will be invaluable to you.

Telephone: **0860 109 793**

Email: **hiv@momentum.co.za**

	Network	Saver	Comprehensive
 HIV counselling and testing (HCT) Testing fee for GPs	100% of cost at network providers	100% of cost, subject to PMBs Limited to R320 for testing Pathology-related treatment will not be deducted from your MSA	100% of cost, subject to PMBs Limited to R320 for testing Pathology-related treatment will not be deducted from your MSA
 Circumcision For uninfected adult and newborn males	100% of the agreed tariff at network providers	Paid at the WHFT from your MSA	100% of cost, paid from your MSA

HIV
YourLife
 PROGRAMME



YOUR CONTRIBUTIONS FOR 2023

Network Option

Income category	Principal member	Spouse	Child	Additional adult
R0 – R10 200	R468	R468	R161	R1 357
R10 201 – R12 500	R615	R615	R178	R1 756
R12 501+	R787	R760	R192	R2 169

Saver Option

	Principal member	Spouse	Child	Additional adult
Risk	R582	R550	R86	R2 261
Savings	R477	R471	R146	R471
Total contribution	R1 059	R1 021	R232	R2 732

Comprehensive Option

	Principal member	Spouse	Child	Additional adult
Risk	R1 782	R1 693	R541	R4 410
Savings	R1 203	R1 178	R401	R1 178
Total contribution	R2 985	R2 871	R942	R5 588





MANAGING YOUR **MEMBERSHIP**

Membership

Membership of the Wooltru Healthcare Fund ('the Fund') **is a compulsory condition of employment**, unless you are a dependant on your spouse's medical scheme.

New employees have 30 days from their date of employment to apply for membership of the Fund for themselves and their dependants.

If you fail to do so, the prescribed waiting periods for certain benefits will apply. Supporting documents must accompany all applications.

Contributions

Your contribution is automatically deducted from your salary/pension and covers you for the full month, even if you resign during the course of a month.

Claims statements

Claims are processed and paid twice a month, after which a claims statement will be sent to you by email or by post.

A claims statement is only sent to you if a claim has been processed. You can view your available benefits at www.wooltruhealthcarefund.co.za.

What must I do when my personal circumstances change?

You must **notify the Fund within 30 days** of any change in your membership status.

For example:

- if you get married
- if you get divorced
- if one of your dependants pass away
- if your address, contact details or bank account details change
- if your children no longer qualify for dependant membership in terms of the Rules of the Fund
- if you retire.

Important:

You need to notify the Fund within 30 days of the birth of your child or the adoption of a child. Identity (ID) numbers and contact details of dependants are required for membership.



THE CORRECT CLAIMS PROCEDURE

Important

- Check that your **name**, **membership number** and the **invoice** are correct.
- A claim is **only valid for four months** from the date of treatment. Claims submitted to the Fund after four months will not be paid.
- You and your dependants' **ID numbers** must be recorded with the Fund, otherwise claims will not be paid.
- Ensure that all your claims include the following information:
 - the principal member's membership number and name of the patient treated (principal member or dependant), as registered and indicated on the membership card
 - if you have queried this claim with the Fund/Administrator, please quote the reference number
 - the correct dates of service
 - the correct ICD-10 procedure and tariff codes
 - the doctor's practice number
 - proof of payment signed by the member and indicated as **PAID** (where applicable).

Network Option members

Send all claims to:

Internal mail: Wooltru Healthcare Fund, Cape Town
Post: Wooltru Healthcare Fund, PO Box 2212, Bellville 7535
Email: networkclaims@wooltruhealthcarefund.co.za



Saver Option members

Comprehensive Option members

Send all claims to:

Internal mail: Wooltru Healthcare Fund, Cape Town
Post: Wooltru Healthcare Fund, PO Box 15403, Vlaeberg 8018
Email: accounts@wooltruhealthcarefund.co.za



WOOLTRU HEALTHCARE FUND WEBSITE

Just about everything that you need to know relating to the Wooltru Healthcare Fund is available on the Fund's website – your **benefit information**, **newsletters**, **application forms** and information regarding the Fund's **managed healthcare programmes**. If you haven't already done so, **register on the online portal** by creating a unique username and password, and explore what is behind the login. Once you have registered, you will be able to access your own personal details, such as claims received and paid, chronic medications approved, etc.

Visit the website to:

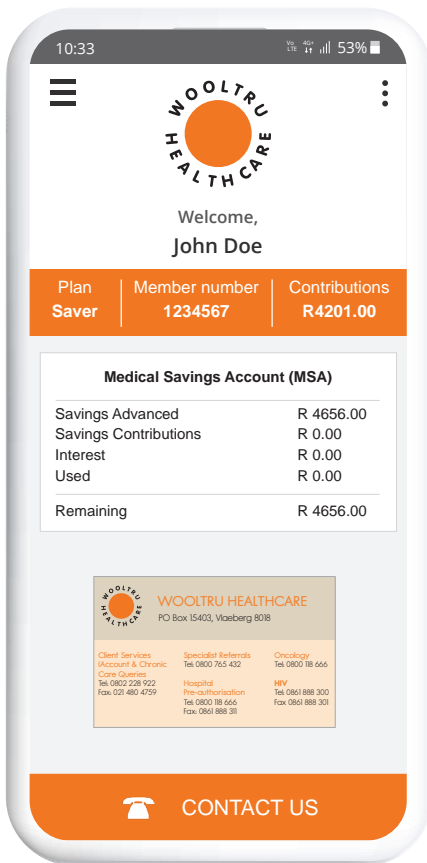
- access your benefits
- keep track of your claims
- find a network provider or a DSP
- update your personal details
- find any forms you require
- get more information on chronic medication
- get your tax certificates.

www.wooltruhealthcarefund.co.za





WOOLTRU HEALTHCARE FUND **MOBILE APP**



Your benefits made easy

Find information on your benefits applicable to your option. You can also check your benefits usage (used and available) against relevant limits, where applicable.

Accessible information

Do you need your information quickly? At a glance you can view your option details, membership number, total monthly contribution, MSA information (if applicable) and Fund contact details.

Use the **My Membership** menu to check your contributions and claims history, including rejection reasons, where applicable. If you are struggling to find a particular claim, refine your search by using the filter function.

Using the pre-authorisation look-up function, you can also view your hospital, chronic and other authorisations.

Your app also serves as a virtual membership card if you've forgotten to bring it to your doctor or pharmacy.

Medication lookup

If you are seeing a new doctor or specialist and do not know your medication history, you can consult your app for a list of medication that you have used and when they were dispensed.

Find a healthcare provider

Take advantage of the useful healthcare provider search to find doctors, hospitals, pharmacies and other healthcare facilities near you.

Remember that you can save money and limit your out-of-pocket expenses by using our contracted network providers – GPs, specialists and dentists.

Do you need documents?

Without having to call, you can conveniently request copies of important documents such as tax certificates, membership certificates and claims statements to download or by email.

Membership card

You can also request a new membership card to be posted to you.

We also provide a virtual card on the app, which can be used while you wait for your physical card to arrive.

Family access

This app is not only for principal members. You can grant access to your beneficiaries aged 12 and above, to download and access their own personal Fund information.

Download the mobile app from the Google Play Store or the Apple App Store today!





HELLO DOCTOR

TALK TO A DOCTOR ON YOUR PHONE, ANYTIME, ANYWHERE – FOR FREE.

As a Wooltru Healthcare Fund member, you get **free access** to Hello Doctor, a mobile phone-based service that gives you access to a doctor 24 hours a day, seven days a week.

You can get expert health advice from qualified South African medical doctors through your phone, tablet or computer, at absolutely no cost to you! **Just download the app, request a call and the doctor will phone you back within an hour. It's that easy.**

The following Hello Doctor platforms are available to access this service:



The app:



Download the Hello Doctor app from the Google Play Store, the Apple App Store or the HUAWEI AppGallery. You can sign in using your access details and request a call back or send a text message to a doctor.



USSD (unstructured supplementary service data): **Dial *120*1019#**

You can **dial *120*1019# from your mobile phone** and follow the menu prompts to request a call back from a doctor or send a text message to the number that they provide.

Explore our health blog. Looking to quit smoking, lose weight or learn more about managing diabetes? Our health and wellness articles are available to you, as researched and written by the Hello Doctor team.

Please note:

Hello Doctor's services are discretionary; in-person medical consultations or examinations are advised for any adverse symptoms or medical emergencies.





ABBREVIATIONS AND DEFINITIONS

Agreed tariff	The negotiated rate between the Fund and the relevant healthcare provider
DSP	Designated service provider – specialist network for PMB conditions
Healthcare providers	Doctors, specialists, hospitals, pharmacists, etc.
MSA	Medical savings account
PMBs	Prescribed minimum benefits (PMBs) are a set of limited conditions which medical schemes are legally required to cover
WHFT/Fund's tariff rate	Wooltru Healthcare Fund Tariff – the maximum rate at which the Fund will pay claims



IMPORTANT CONTACT DETAILS

Network Option members

Postal address

Wooltru Healthcare Fund, PO Box 2212, Bellville 7535

Client services

0800 765 432

WhatsApp

0860 005 037

Email address

enquiries@wooltruhealthcarefund.co.za

Network GP/dentist/optometrist network

0800 765 432

Chronic care

0800 765 432

Hospital authorisation

0800 765 432 Fax: 021 413 0512

Maternity and Oncology Programmes

0800 765 432 Fax: 021 413 0512

HIV YourLife Programme

0860 109 793

Netcare 911

082 911

Fraud hotline

0800 000 436

Website

www.wooltruhealthcarefund.co.za

Saver Option members

Comprehensive Option members

Postal address

Wooltru Healthcare Fund, PO Box 15403, Vlaeberg 8018

Client services

0802 228 922

WhatsApp

0860 005 037

Email address

enquiries@wooltruhealthcarefund.co.za

Specialist referral

0800 765 432

Chronic care

0802 228 922

Hospital authorisation

0800 118 666

Oncology Programme

0800 118 666

HIV YourLife Programme

0860 109 793

Netcare 911

082 911

Fraud hotline

0800 000 436

Website

www.wooltruhealthcarefund.co.za



The Wooltru Healthcare Fund is a registered, closed medical scheme in terms of the Medical Schemes Act 131 of 1998.

The Fund provides cover to you and your dependants through our three benefit options – **Network Option**, **Saver Option** and the **Comprehensive Option**.

As a member, you can enjoy access to a wide range of medical services, prescribed medication and medical events, such as hospitalisation and surgery.

The current participating employers are:



The Fund is administered by Momentum Health Solutions.



PROTECTION OF PERSONAL INFORMATION

Wooltru Healthcare Fund and Momentum Health Solutions (Pty) Ltd, the Administrator, will maintain the confidentiality of your personal information and comply with the Protection of Personal Information Act 4 of 2013 (POPIA) and all existing data protection legislation, when collecting, processing and storing your personal information for the purposes of managing your membership of the Fund and in accordance with the Medical Schemes Act 131 of 1998.

DISCLAIMER

The content of this publication is the intellectual property of Wooltru Healthcare Fund and Momentum Health Solutions (Pty) Ltd, the Administrator, and any reproduction of this publication is prohibited unless written consent is obtained.

This brochure is intended as a general outline and contains a brief summary of benefits available to employees through the Company's participation in the Wooltru Healthcare Fund. Although every precaution was taken to ensure the accuracy of information contained in this brochure, in the event of a dispute, the official Rules of the Wooltru Healthcare Fund will apply. Further conditions may apply as stated in the official Rules of the Wooltru Healthcare Fund.



www.wooltruhealthcarefund.co.za