



WOOLTRU HEALTHCARE FUND

# 2024 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 appliances
- Medical and surgical appliances

**Maternity benefits**

**Preventative testing**

**HIV 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 appliances
- Medical and surgical appliances

**Maternity benefits**

**Preventative testing**

**HIV 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 appliances
- Medical and surgical appliances

**Maternity benefits**

**Preventative testing**

**HIV 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 healthcare 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.

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.

To view the latest network lists, please refer to the Fund's website at [www.wooltruhealthcarefund.co.za](http://www.wooltruhealthcarefund.co.za) under the Benefits or Healthcare Providers tab, or 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:	<b>R 5 844</b>
Adult dependant:	<b>R 5 772</b>
Child dependant:	<b>R 1 788</b>
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Member + adult:	<b>R 11 616</b>
Member + child:	<b>R 7 632</b>
Member + adult + child:	<b>R13 404</b>

#### 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, call **0800 765 432** for referral to a network specialist and to obtain pre-authorisation for the visit.

## DAY-TO-DAY BENEFITS (CONTINUED)

### Comprehensive Option – Medical savings account (MSA)

**Day-to-day** medical expenses 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 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 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.

#### Your annual savings amount

Member:	<b>R14 736</b>
Adult dependant:	<b>R14 436</b>
Child dependant:	<b>R 4 908</b>
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Member + adult:	<b>R29 172</b>
Member + child:	<b>R19 644</b>
Member + adult + child:	<b>R34 080</b>









#### 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, call **0800 765 432** for referral to a network specialist and to obtain pre-authorisation for the visit.




	Network	Saver	Comprehensive
 <b>Medical savings account (MSA)</b>	Not applicable	Member: <b>R5 844</b> Adult dependant: <b>R5 772</b> Child dependant: <b>R1 788</b>	Member: <b>R14 736</b> Adult dependant: <b>R14 436</b> Child dependant: <b>R 4 908</b>
 <b>Professional services benefit</b>	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: <b>R10 800</b> Adult dependant: <b>R10 500</b> Child dependant: <b>R 3 600</b>
 <b>Network providers</b>	You may <b>ONLY</b> use network providers	Not applicable	Not applicable
 <b>General practitioners (GPs)</b>	100% of the agreed tariff at your chosen network GP  GP visits are limited to six per beneficiary per year  Additional medical assistance will be available to all beneficiaries via virtual consultation through Hello Doctor (refer to page 21 for contact details and more information)	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA



## DAY-TO-DAY BENEFITS (CONTINUED)

	Network	Saver	Comprehensive
 <b>Specialists</b>	<p>Only network specialists, limited to <b>R2 950</b> per beneficiary per year</p> <p>These amounts include the cost of consultations, medication, procedures, radiology and pathology</p> <p>Call <b>0800 765 432</b> for specialist referral and authorisation</p>	<p>Paid at the WHFT from your MSA</p> <p>PMBs paid at the WHFT at network specialists</p> <p>Call <b>0800 765 432</b> for specialist referral and authorisation</p>	<p>Paid at 3x the WHFT from your MSA</p> <p>PMBs paid at the WHFT at network specialists</p> <p>Call <b>0800 765 432</b> for specialist referral and authorisation</p>
 <b>Pathology, radiology and ultrasounds</b>	<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 <b>www.wooltruhealthcarefund.co.za</b></p>	<p>Paid at the WHFT from your MSA, unless performed as part of a hospital admission</p>	<p>Paid at 3x the WHFT from your MSA, unless performed as part of a hospital admission</p>
 <b>Basic dentistry</b> 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 <b>www.wooltruhealthcarefund.co.za</b></p>	<p>Paid at the WHFT from your MSA</p>	<p>Paid at 3x the WHFT from your MSA</p>
 <b>Specialised dentistry</b> Dentures, crowns, bridges and orthodontic treatment	<p>No benefit</p>	<p>Paid at the WHFT from your MSA</p>	<p>Paid at 3x the WHFT from your MSA</p>
 <b>Optical benefits</b> 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 <b>R230</b> per beneficiary per year will be paid towards a frame if selected outside the standard range every 24 months at a network optometrist <b>OR</b> one set of approved contact lenses limited to the value of <b>R600</b> per beneficiary every 24 months at a network optometrist</p> <p>No benefit if a non-network provider is used</p>	<p>Paid at the WHFT from your MSA</p>	<p>Paid at 3x the WHFT from your MSA</p>
 <b>OptiClear Network</b>	<p>Members can <b>receive services and materials</b> at reduced rates from accredited OptiClear providers. Visit <b>www.wooltruhealthcarefund.co.za</b> for details of providers on the OptiClear Network.</p>		
 <b>Prescribed acute medication</b>	<p>100% of formulary medication as prescribed by a network provider</p>	<p>Paid at 100% of the Fund's reference price formulary and subject to your MSA</p>	<p>Paid at 100% of the Fund's reference price formulary and subject to your MSA</p>
 <b>Over-the-counter medication</b>	<p>No benefit</p>	<p>Paid at 100% subject to the Fund's reference price formulary and subject to your MSA</p>	<p>Paid at 100% subject to the Fund's reference price formulary and subject to your MSA</p>

## DAY-TO-DAY BENEFITS (CONTINUED)

	Network	Saver	Comprehensive
 <b>Associated health and auxiliary services</b> <ul style="list-style-type: none"> <li>• Chiropractor</li> <li>• Homeopath</li> <li>• Naturopath</li> <li>• Clinical psychologist</li> <li>• Speech therapist</li> <li>• Audiologist</li> <li>• Occupational therapist</li> <li>• Podiatrist</li> <li>• Orthotist</li> <li>• Dietician</li> <li>• Biokineticist</li> <li>• Physiotherapist</li> </ul>	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
 <b>Registered private nurse practitioners</b>	No benefit	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA
 <b>Emergency visits/outpatients</b>	Limited to three visits per family per year up to a limit of <b>R2 420</b>  Paid at the agreed tariff rate per visit	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA

### Healthcare benefits provided outside South Africa

As from 2024, this benefit will be limited for usage by members who are travelling abroad for less than 90 days, and during this period for emergency services only. As in the past, members need to pay for services received upfront and then claim it back from the Fund. Proof of travel arrangements will need to be submitted with any claim. Eligible services will be refunded according to the benefits and Rules of the Fund. We strongly advise any member travelling abroad to buy an appropriate level of international travel insurance prior to leaving the Country. Any member that has taken up permanent residence abroad, and who wishes to remain a member of the Fund, will still be allowed to claim Fund benefits if treatment is provided in South Africa.



## 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](http://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](mailto:networkchronic@wooltruhealthcarefund.co.za). 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](mailto: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](mailto: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. Should you need to be treated for any PMB conditions, we recommend that you use a designated service provider (DSP). For more information on PMBs, visit the Fund's website at [www.wooltruhealthcarefund.co.za](http://www.wooltruhealthcarefund.co.za) under the **Healthcare Programmes > Prescribed Minimum Benefits tab**.

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

## CHRONIC CARE BENEFITS (CONTINUED)

Cardiac (heart) failure	Crohn's disease
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
 <b>Chronic medication</b> 26 PMB conditions	100% of approved medication  Subject to registration on the Chronic Medication Risk Management Programme  Call <b>0800 765 432</b> 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 <b>0802 228 922</b> 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 <b>0802 228 922</b> to register
 <b>Chronic medication</b> Non-PMB conditions	No benefit	Limited to <b>R16 940</b> per beneficiary per year for approved medication  Subject to registration on the Chronic Medication Risk Management Programme  Call <b>0802 228 922</b> to register	Limited to <b>R33 870</b> per beneficiary per year for approved medication  Subject to registration on the Chronic Medication Risk Management Programme  Call <b>0802 228 922</b> to register
Please refer to <a href="http://www.wooltruhealthcarefund.co.za">www.wooltruhealthcarefund.co.za</a> for more information			
 <b>Speciality chronic medication benefits (biological)</b>	No benefit	Limited to <b>R182 500</b> 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"> <li>• Asthma</li> <li>• Crohn's disease</li> <li>• Haemophilia</li> <li>• Multiple sclerosis</li> <li>• Rheumatoid arthritis</li> <li>• Systemic lupus erythematosus</li> <li>• Ulcerative colitis</li> </ul> Call <b>0802 228 922</b> to register	Limited to <b>R182 500</b> per beneficiary per year  Subject to registration on the Chronic Medication Risk Management Programme  Call <b>0802 228 922</b> 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 PMB conditions, we recommend that you use a DSP.

#### Network Option members, please note the following:

We are introducing a **hospital network** for the **Network Option** with effect from 1 January 2024. This means that you will be restricted to use a network hospital for any hospital admission, except in the case of an emergency or life-threatening situation where you may go to the nearest hospital and obtain authorisation within 24 hours. To view the latest network lists, please refer to the Fund's website at [www.wooltruhealthcarefund.co.za](http://www.wooltruhealthcarefund.co.za) under the **Benefits or Healthcare Providers tab**, or call **0800 765 432** to find a suitable network provider.

### 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
 <b>Ambulance services</b> 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 <b>082 911</b>		
 <b>Hospitalisation</b> Private, provincial or State hospitals	100% of the agreed tariff in a network hospital for authorised admissions, if referred by a network provider  In an emergency or life-threatening situation, members may go to the nearest hospital  Call <b>0800 765 432</b> to obtain pre-authorisation	Paid at the WHFT for authorised admissions    Call <b>0800 118 666</b> to obtain pre-authorisation	Paid at 3x the WHFT for authorised admissions    Call <b>0800 118 666</b> to obtain pre-authorisation
 <b>Ward accommodation</b>	Paid at general ward tariffs, subject to pre-authorisation		
 <b>Take-home medication</b> (after discharge from hospital)	Limited to seven days		
 <b>General practitioners (GPs)</b> Surgery, procedures and consultations	100% of the agreed tariff for authorised admissions, if referred by a network GP  Call <b>0800 765 432</b> for GP referral and authorisation	Paid at the WHFT  PMB admissions paid in full at network GPs, if pre-authorisation obtained  Call <b>0800 118 666</b> for GP referral and authorisation	Paid at 3x the WHFT  PMB admissions paid in full at network GPs, if pre-authorisation obtained  Call <b>0800 118 666</b> for GP referral and authorisation
 <b>Specialists</b> Surgery, procedures and consultations	100% of the agreed tariff for authorised admissions, if referred by a network specialist  Call <b>0800 765 432</b> for specialist referral and authorisation	Non-PMB claims will be paid at the WHFT  PMB admissions paid in full at network specialists  Call <b>0800 765 432</b> for specialist referral and authorisation	Non-PMB claims will be paid at 3x the WHFT  PMB admissions paid in full at network specialists  Call <b>0800 765 432</b> for specialist referral and authorisation
 <b>Radiology</b> Including MRIs, CT scans, radio-isotope studies, ultrasounds and bone density scans (DEXA)	100% of the agreed tariff if requested by a network specialist on referral by a network GP  MRIs and CT scans require an upfront co-payment of 25% of cost up to a maximum of <b>R2 680</b>  Subject to clinical motivation, managed care protocols and pre-authorisation  Call <b>0800 765 432</b> 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 <b>R2 680</b>  Subject to clinical motivation, managed care protocols and pre-authorisation  Call <b>0800 118 666</b> to obtain pre-authorisation	Paid at 3x the WHFT    Subject to clinical motivation, managed care protocols and pre-authorisation  Call <b>0800 118 666</b> to obtain pre-authorisation
 <b>Pathology</b>	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
 <b>Blood transfusions, transportation and products</b>	100% of the agreed tariff at approved network providers	Paid at the WHFT	Paid at 3x the WHFT
 <b>Maxillofacial treatment</b>	100% of the agreed tariff, subject to pre-authorisation  Only covers facial trauma and extraction of impacted wisdom teeth	Paid at the WHFT, subject to pre-authorisation, managed care protocols and Fund approval	Paid at 3x the WHFT, subject to pre-authorisation, managed care protocols and Fund approval

# IN-HOSPITAL BENEFITS (CONTINUED)

	Network	Saver	Comprehensive
 <b>Organ transplants</b>	<p>Subject to pre-authorisation and PMBs</p> <p>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</p> <p>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</p>	<p>Subject to pre-authorisation, managed care protocols, PMBs and networks</p> <p>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</p> <p>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</p>	<p>Subject to pre-authorisation, managed care protocols, PMBs and networks</p> <p>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</p> <p>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</p>
<p><b>+</b> 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 <b>0800 765 432</b> 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 <b>0800 118 666</b> 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 <b>0800 118 666</b> to obtain pre-authorisation</p>
 <b>Robotic-assisted laparoscopic prostatectomy</b>	<p>No benefit</p>	<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 <b>R152 700</b> per qualifying beneficiary per year for hospital and equipment</p> <p>Call <b>0800 118 666</b> 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 <b>R157 200</b> per qualifying beneficiary per year for hospital and equipment</p> <p>Call <b>0800 118 666</b> to obtain pre-authorisation</p>
<p><b>+</b> <b>Auxiliary services in hospital</b></p> <ul style="list-style-type: none"> <li>Clinical psychology</li> <li>Speech therapy</li> <li>Occupational therapy</li> <li>Physiotherapy</li> </ul> <p><b>Saver Option and Comprehensive Option only:</b></p> <ul style="list-style-type: none"> <li>Social worker for psychotherapy</li> <li>Biokineticist</li> <li>Dietician</li> </ul>	<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>
 <b>Psychiatric treatment</b> In hospital or at a registered facility	<p>Prescribed minimum benefits (PMBs) only</p> <p>Subject to pre-authorisation and limited to <b>21 days</b> per beneficiary per year</p> <p>Call <b>0800 765 432</b> to obtain pre-authorisation</p>	<p>Paid at the WHFT</p> <p>Subject to pre-authorisation and limited to <b>21 days</b> per beneficiary per year</p> <p>One psychiatric or psychology consultation post admission</p> <p>Call <b>0800 118 666</b> to obtain pre-authorisation</p>	<p>Paid at 3x the WHFT</p> <p>Subject to pre-authorisation and limited to <b>21 days</b> per beneficiary per year</p> <p>One psychiatric or psychology consultation within six weeks post admission</p> <p>Call <b>0800 118 666</b> to obtain pre-authorisation</p>

# MAJOR MEDICAL EXPENSES BENEFITS (CONTINUED)



## IN DOCTORS' ROOMS, HOSPITAL MEDICAL FACILITIES OR DAY CLINICS

### Paid from major medical expenses benefit

	Network	Saver	Comprehensive
<p><b>Certain procedures performed in doctors' rooms only</b></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 <a href="http://www.wooltruhealthcarefund.co.za">www.wooltruhealthcarefund.co.za</a></p> <p>Call <b>0800 765 432</b> 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 <b>0800 118 666</b> 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 <b>0800 118 666</b> to obtain pre-authorisation</p>
<p><b>Oncology, radiotherapy and chemotherapy</b></p> <p>In and out of hospital – medication/chemicals, related radiology, including MRIs and CT scans and pathology</p>	<p>Limited to PMBs</p> <p>Full clinical motivation and treatment plan is required from the treating specialist and in line with South African Oncology Consortium (SAOC) guidelines</p> <p>Subject to pre-authorisation, registration on the Oncology Risk Management Programme and oncology management protocols</p> <p>Call <b>0800 118 666</b> to register</p>	<p>Limited to PMBs</p> <p>Full clinical motivation and treatment plan is required from the treating specialist and in line with South African Oncology Consortium (SAOC) guidelines</p> <p>Limited to <b>R375 000</b> per family per year</p> <p>Subject to pre-authorisation, registration on the Oncology Risk Management Programme and oncology management protocols</p> <p>Call <b>0800 118 666</b> to register</p>	<p>Limited to PMBs</p> <p>Full clinical motivation and treatment plan is required from the treating specialist and in line with South African Oncology Consortium (SAOC) guidelines</p> <p>Limited to <b>R500 000</b> per family per year</p> <p>Subject to pre-authorisation, registration on the Oncology Risk Management Programme and oncology management protocols</p> <p>Call <b>0800 118 666</b> to register</p>
<p><b>Endoscopic examinations</b></p> <ul style="list-style-type: none"> <li>gastroscopy</li> <li>oesophagoscopy</li> <li>colonoscopy</li> <li>sigmoidoscopy</li> </ul> <p>These procedures can be performed in doctors' rooms, and in outpatient/medical/surgical facilities</p>	<p>100% of the agreed tariff, subject to pre-authorisation and clinical motivation by a network provider</p> <p><b>R2 680</b> co-payment applies if performed in hospital without an approved clinical indication and Fund approval</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>Call <b>0800 765 432</b> to obtain pre-authorisation</p>	<p>Paid at the WHFT if performed in doctors' rooms/outpatient/medical or surgical facilities</p> <p><b>R2 680</b> co-payment applies if performed in hospital without an approved clinical indication and Fund approval</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>Call <b>0800 118 666</b> to obtain pre-authorisation</p>	<p>Paid at 3x the WHFT if performed in doctors' rooms/outpatient/medical or surgical facilities</p> <p><b>R2 680</b> co-payment applies if performed in hospital without an approved clinical indication and Fund approval</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>Call <b>0800 118 666</b> to obtain pre-authorisation</p>
<p><b>Peritoneal dialysis and haemodialysis</b></p>	<p>100% of the agreed tariff at network providers, subject to pre-authorisation</p>	<p>Paid at the WHFT, subject to pre-authorisation and managed care protocols</p>	<p>Paid at 3x the WHFT, subject to pre-authorisation and managed care protocols</p>

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

	Network	Saver	Comprehensive
<p><b>Ophthalmologist examinations</b></p> <ul style="list-style-type: none"> <li>• treatment of retina and choroids by cryotherapy</li> <li>• panretinal photocoagulation</li> <li>• laser capsulotomy</li> <li>• laser trabeculoplasty</li> <li>• laser apparatus</li> </ul>	No benefit	<p>Paid at the WHFT if performed in doctors' rooms/outpatient/medical or surgical facilities</p> <p><b>R2 680</b> co-payment applies if performed in hospital without an approved clinical indication and Fund approval</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>Call <b>0800 118 666</b> to obtain pre-authorisation</p>	<p>Paid at 3x the WHFT if performed in doctors' rooms/outpatient/medical or surgical facilities</p> <p><b>R2 680</b> co-payment applies if performed in hospital without an approved clinical indication and Fund approval</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>Call <b>0800 118 666</b> to obtain pre-authorisation</p>
<p><b>Refractive surgery</b></p>	No benefit	<p>Paid at the WHFT, subject to pre-authorisation</p> <p>LASIK surgery benefit subject to guidelines for refractive surgery required for medical reasons</p> <p>A motivation, including the refractive error, is required</p> <p>Subject to approval by medical advisor and based on refraction levels</p>	<p>Paid at 3x the WHFT, subject to pre-authorisation</p> <p>LASIK surgery benefit subject to guidelines for refractive surgery required for medical reasons</p> <p>A motivation, including the refractive error, is required</p> <p>Subject to approval by medical advisor and based on refraction levels</p>
<p><b>Basic dentistry procedures in hospital</b></p> <p>Extraction of teeth and multiple fillings for children aged seven and younger</p>	No benefit	<p>Paid at the WHFT, subject to pre-authorisation</p> <p>The dentist will be paid from your available MSA</p>	<p>Paid at 3x the WHFT, subject to pre-authorisation</p> <p>The dentist will be paid from your available MSA</p>
<p><b>Specialised dentistry procedures in and out of hospital</b></p> <p>Dental implants and extraction of impacted wisdom teeth</p>	<p>No benefit</p> <p>Extraction of impacted wisdom teeth covered under maxillofacial benefit</p>	<p>Paid at the WHFT, subject to pre-authorisation and limited to <b>R17 830</b> per beneficiary per year</p>	<p>Paid at 3x the WHFT, subject to pre-authorisation and limited to <b>R24 160</b> per beneficiary per year</p>









# MAJOR MEDICAL EXPENSES BENEFITS (CONTINUED)



## ADDITIONAL BENEFITS

### Paid from major medical expenses benefit

	Network	Saver	Comprehensive
 <b>Private nursing</b> 100% of the agreed tariff and limited to <b>R5 460</b> per beneficiary per month  Subject to clinical motivation by a network provider	100% of the agreed tariff and limited to <b>R5 460</b> per beneficiary per month  Subject to clinical motivation by a network provider	Paid at the WHFT and limited to <b>R5 740</b> per beneficiary per month  Subject to clinical motivation by GP or specialist	Paid at 3x the WHFT and limited to <b>R5 910</b> per beneficiary per month  Subject to clinical motivation by GP or specialist
 <b>Internal prostheses</b> Appliances placed in the body as an internal adjuvant during an operation  Call <b>0800 765 432</b> to obtain pre-authorisation	100% of the agreed tariff at network providers, subject to pre-authorisation and limited to <b>R72 290</b> per beneficiary per year  Call <b>0800 765 432</b> to obtain pre-authorisation	Paid at the WHFT, subject to pre-authorisation and limited to <b>R76 000</b> per beneficiary per year  Call <b>0800 118 666</b> to obtain pre-authorisation	Paid at 3x the WHFT, subject to pre-authorisation and limited to <b>R78 180</b> per beneficiary per year  Call <b>0800 118 666</b> to obtain pre-authorisation
 <b>External appliances</b> Hearing aids, hearing aid repairs, wheelchairs, CPAP machines, external fixators and colostomy kits  Subject to the terms, conditions and protocols of the network DSP  Limited to <b>R54 050</b> per beneficiary every two years  Sub-limits apply: - Wheelchair limited to <b>R15 000</b> every three years (quote and motivation required) - Hearing aids limited to <b>R15 000</b> every two years (quote, full audiology report and motivation required) - No benefit for CPAP machine  Call <b>0800 765 432</b> to obtain pre-authorisation	100% of the agreed tariff, subject to written motivation, which must be received 72 hours before the request for pre-authorisation  Subject to the terms, conditions and protocols of the network DSP  Limited to <b>R54 050</b> per beneficiary every two years  Sub-limits apply: - Wheelchair limited to <b>R15 000</b> every three years (quote and motivation required) - Hearing aids limited to <b>R15 000</b> every two years (quote, full audiology report and motivation required) - No benefit for CPAP machine  Call <b>0800 765 432</b> to obtain pre-authorisation	Paid at the WHFT, subject to written motivation, which must be received 72 hours before the request for pre-authorisation  Subject to managed care protocols  Limited to <b>R68 200</b> per beneficiary every two years  Sub-limits apply: - Wheelchair limited to <b>R20 000</b> every three years (quote and motivation required) - Hearing aids limited to <b>R30 000</b> every two years (quote, full audiology report and motivation required) - CPAP machine limited to <b>R25 000</b> every two years (full sleep study results, quote and motivation required)  Call <b>0800 118 666</b> to obtain pre-authorisation	Paid at 3x the WHFT, subject to written motivation, which must be received 72 hours before the request for pre-authorisation  Subject to managed care protocols  Limited to <b>R81 870</b> per beneficiary every two years  Sub-limits apply: - Wheelchair limited to <b>R25 000</b> every three years (quote and motivation required) - Hearing aids limited to <b>R40 000</b> every two years (quote, full audiology report and motivation required) - CPAP machine limited to <b>R30 000</b> every two years (full sleep study results, quote and motivation required)  Call <b>0800 118 666</b> to obtain pre-authorisation
 <b>Medical and surgical appliances</b> Nebulisers, crutches, blood pressure machines, glucometers, etc.  Subject to the terms, conditions and protocols of the network DSP	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-authorisation is not obtained	Paid at 3x the WHFT, subject to clinical motivation and approval  Subject to available MSA where pre-authorisation 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
<b>Vaginal delivery</b>	100% of the agreed tariff	100% of the WHFT	100% of the WHFT
<b>Caesarean delivery</b>	100% of the agreed tariff if motivated by a network specialist	100% of the WHFT  A co-payment of <b>R3 590</b> will apply where no clinical motivation for the caesarean has been received from the gynaecologist	100% of the WHFT
<b>Two ultrasound scans</b> At 12 and 24 weeks	100% of the agreed tariff	100% of the WHFT	100% of the WHFT
<b>Ward rates</b>	General ward rates, subject to the following: • Vaginal delivery (3 days) • Caesarean delivery (4 days)	General ward rates, subject to the following: • Vaginal delivery (3 days) • Caesarean delivery (4 days)	General ward rates, subject to the following: • Vaginal delivery (3 days) • Caesarean delivery (4 days)
<b>Pathology</b>	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	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



## + GAP COVER

We strongly encourage all members to buy medical gap cover.

Please discuss the options available to you with your human resources (HR) consultant.



## PREVENTATIVE TESTING

**Test – paid from major medical expenses benefit**

**Consultation – paid from day-to-day benefit**

<b>Health risk assessment</b> Body mass index, blood pressure, cholesterol (finger-prick test) and blood sugar (finger-prick test)	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
<b>Mammogram</b> (Tariff codes 34100 & 3605)	Limited to one per female (over 40 years) every two years or as clinically indicated (family history)
<b>Pap smear and liquid-based cytology</b> (Tariff codes 4566 & 4559)	Limited to one per adult female every year
<b>HIV finger-prick test</b> (Tariff code 3932)	Limited to one per beneficiary every year
<b>Glaucoma screening</b> (Tariff code 3014)	Limited to one screening per adult (over 40 years) every two years
<b>HPV vaccine</b> (NAPPI® code 710020 – Cervarix®) (NAPPI® code 710249 – Gardasil®)	All female beneficiaries between the ages of 9 and 13 <b>Saver and Comprehensive Options only</b>
<b>Flu vaccine</b>	Limited to one per beneficiary per year
<b>Pneumococcal vaccine</b>	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 <b>Saver and Comprehensive Options only</b>
<b>Bone density scan (DEXA)</b>	One per female beneficiary (over 65 years) every two years <b>Comprehensive Option only</b>





## HIV BENEFITS

The Fund has contracted with Momentum Health Solutions to provide the **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.



The **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, this **free service** will be invaluable to you.

Telephone: **0860 109 793**

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

	Network	Saver	Comprehensive
 <b>HIV counselling and testing (HCT)</b> Testing fee for GPs	100% of cost at network providers	100% of cost, subject to PMBs  Limited to <b>R340</b> for testing  Pathology-related treatment will not be deducted from your MSA	100% of cost, subject to PMBs  Limited to <b>R340</b> for testing  Pathology-related treatment will not be deducted from your MSA
 <b>Circumcision</b> 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

**YourLife**  
PROGRAMME





# YOUR CONTRIBUTIONS FOR 2024

## Network Option

Income category	Principal member	Spouse and additional adult	Child
R0 – R10 800	R1 452	R1 452	R582
R10 801 – R13 200	R1 879	R1 879	R670
R13 201+	R2 350	R2 350	R720

## Saver Option

	Principal member	Spouse and additional adult	Child
Risk	R2 502	R2 467	R762
Savings	R487	R481	R149
<b>Total contribution</b>	<b>R2 989</b>	<b>R2 948</b>	<b>R911</b>

## Comprehensive Option

	Principal member	Spouse and additional adult	Child
Risk	R5 038	R4 939	R1 676
Savings	R1 228	R1 203	R409
<b>Total contribution</b>	<b>R6 266</b>	<b>R6 142</b>	<b>R2 085</b>





## 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](http://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:

**Email:** [networkclaims@wooltruhealthcarefund.co.za](mailto:networkclaims@wooltruhealthcarefund.co.za)  
**Internal mail:** Wooltru Healthcare Fund, Cape Town  
**Post:** Wooltru Healthcare Fund, PO Box 2212, Bellville 7535

## Saver Option members

## Comprehensive Option members

Send all claims to:

**Email:** [accounts@wooltruhealthcarefund.co.za](mailto:accounts@wooltruhealthcarefund.co.za)  
**Internal mail:** Wooltru Healthcare Fund, Cape Town  
**Post:** Wooltru Healthcare Fund, PO Box 15403, Vlaeberg 8018



# 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](http://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

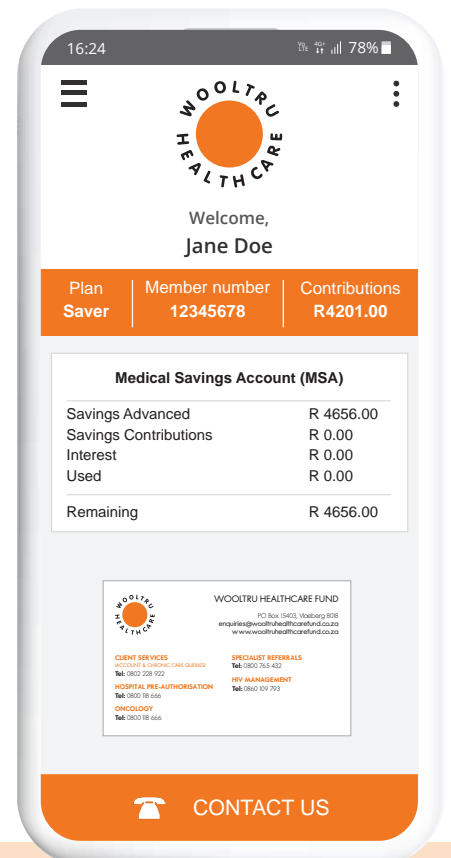
You can also request a new membership card to be posted to you.

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 or the Apple App Store. 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

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

0800 765 432

**Chronic care**

0800 765 432

chronic@wooltruhealthcarefund.co.za

**Hospital authorisation**

0800 765 432

hrm@wooltruhealthcarefund.co.za

**Maternity benefits**

0800 118 666

enquiries@wooltruhealthcarefund.co.za

**Oncology Programme**

0800 118 666

oncology@wooltruhealthcarefund.co.za

**HIV YourLife Programme**

0860 109 793

hiv@momentum.co.za

**Netcare 911**

082 911

**Fraud hotline**

0800 000 436

**Website**

[www.wooltruhealthcarefund.co.za](http://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

chronic@wooltruhealthcarefund.co.za

**Hospital authorisation**

0800 118 666

hrm@wooltruhealthcarefund.co.za

**Maternity benefits**

0800 118 666

enquiries@wooltruhealthcarefund.co.za

**Oncology Programme**

0800 118 666

oncology@wooltruhealthcarefund.co.za

**HIV YourLife Programme**

0860 109 793

hiv@momentum.co.za

**Netcare 911**

082 911

**Fraud hotline**

0800 000 436

**Website**

[www.wooltruhealthcarefund.co.za](http://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](http://www.wooltruhealthcarefund.co.za)