



## WOOLTRU HEALTHCARE FUND

# YOUR CONTRIBUTIONS AND BENEFITS FOR 2020

### network

Network services only

Chronic medication

Major medical expenses

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

Other benefits

- Private nursing
- Internal prostheses
- External prostheses
- Medical and surgical appliances
- Claims paid outside South Africa

Maternity benefits

Free preventative tests

HIV/AIDS benefits

### saver

Medical savings account (MSA)

Chronic medication

Major medical expenses

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

Other benefits

- Private nursing
- Internal prostheses
- External prostheses
- Medical and surgical appliances
- Claims paid outside South Africa

Maternity benefits

Free preventative tests

HIV/AIDS benefits

### comprehensive

Additional professional services benefit

Medical savings account (MSA)

Chronic medication

Major medical expenses

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

Other benefits

- Private nursing
- Internal prostheses
- External prostheses
- Medical and surgical appliances
- Claims paid outside South Africa

Maternity benefits

Free preventative tests

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 option, this benefit 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 CareCross network lists that can be found on our website at [www.wooltruhealthcarefund.co.za](http://www.wooltruhealthcarefund.co.za).

If you do not use a network provider you will have to pay for the difference out of your own 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 schedules in this brochure to confirm your benefits.

#### SAVER OPTION – MEDICAL SAVINGS ACCOUNT (MSA)

**Day-to-day** medical expenses on the Saver Option is 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 WHFT rate.

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 5 400</b> |
| Adult dependant:        | <b>R 5 292</b> |
| Child dependant:        | <b>R 1 644</b> |
| <hr/>                   |                |
| Member + adult:         | <b>R10 692</b> |
| Member + child:         | <b>R 7 044</b> |
| Member + adult + child: | <b>R12 336</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, you will need to call **0800 765 432** for referral to a network specialist and authorisation for the visit.

## COMPREHENSIVE OPTION – MEDICAL SAVINGS ACCOUNT (MSA)

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

### 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 own pocket.




### Professional services benefit – New 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 below. The balance of the claims will be paid from your MSA. Claims are paid at three times 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 receive pre-authorisation for the visit.



### YOUR ANNUAL SAVINGS AMOUNT

|                         |                |
|-------------------------|----------------|
| Member:                 | <b>R13 596</b> |
| Adult dependant:        | <b>R13 188</b> |
| Child dependant:        | <b>R4 524</b>  |
| Member + adult:         | <b>R26 784</b> |
| Member + child:         | <b>R18 120</b> |
| Member + adult + child: | <b>R31 308</b> |

|   | NETWORK  | SAVER   | COMPREHENSIVE   |
|---|--|---|---|
| <br><b>Professional services benefit</b> | No benefit   | No benefit  | 50% of non-PMB, out-of-hospital claims for gynaecologists, paediatricians, psychiatrists, psychologists and physiotherapists are subject to the following limits:<br><br>Member: <b>R10 000</b><br>Adult dependant: <b>R 9 700</b><br>Child dependant: <b>R 3 300</b><br><br>Balance of claims will be paid from your MSA |
|   | <b>Network providers</b><br>You may ONLY use network providers   | <b>Medical savings account (MSA)</b><br><br>Member: <b>R5 400</b><br>Adult dependant: <b>R5 292</b><br>Child dependant: <b>R1 644</b>   | <b>Medical saving account (MSA)</b><br><br>Member: <b>R13 596</b><br>Adult dependant: <b>R13 188</b><br>Child dependant: <b>R 4 524</b>   |
| <br><b>General practitioners (GPs)</b>   | 100% of the agreed tariff at your chosen network GP  | Paid at the Fund's tariff rate from your MSA  | Paid at three times the Fund's tariff rate from your MSA  |
| <br><b>Specialists</b>                   | Only network specialists, limited to: <b>R2 500</b> per beneficiary per year<br><br>These amounts include the cost of consultations, medication, procedures, radiology and pathology<br><br>Call <b>0800 765 432</b> for specialist referral and authorisation | Paid at the Fund's tariff rate from your MSA<br><br>PMBs paid at the agreed tariff at network specialists<br><br>Call <b>0800 765 432</b> for specialist referral and authorisation | Paid at three times the Fund's tariff rate from your MSA<br><br>PMBs paid at the agreed tariff at network specialists<br><br>Call <b>0800 765 432</b> for specialist referral and authorisation   |



|   | NETWORK   | SAVER  | COMPREHENSIVE  |
|---|---|--|--|
|  <b>Pathology and radiology</b>  | 100% of the agreed tariff if referred by a network provider<br>Restricted to the network provider list of investigations<br>For a detailed list of services covered, please visit <a href="http://www.wooltruhealthcarefund.co.za">www.wooltruhealthcarefund.co.za</a>  | Paid at the Fund's tariff rate from your MSA   | Paid at three times the Fund's tariff rate from your MSA   |
|  <b>Basic dentistry –</b><br>Consultations, fillings, extractions, scaling and polishing   | 100% of the agreed tariff at network dentists<br>Subject to the approved dental tariff list<br>For a detailed list of services covered, please visit <a href="http://www.wooltruhealthcarefund.co.za">www.wooltruhealthcarefund.co.za</a>   | Paid at the Fund's tariff rate from your MSA   | Paid at three times the Fund's tariff rate from your MSA   |
|  <b>Specialised dentistry –</b><br>dentures, crowns, bridges and orthodontic treatment   | No benefit  | Paid at the Fund's tariff rate from your MSA   | Paid at three times the Fund's tariff rate from your MSA   |
|  <b>Optical benefits</b><br>Eye test<br><br>Lenses and frames<br><br>Contact lenses  | One eye test per beneficiary every 24 months at a network optometrist<br><br>One pair of clear, mono, bi or multifocal lenses, plus standard frame<br><br>A benefit of <b>R190</b> will be paid towards a frame selected outside the standard range<br><br>No benefit if a non-network provider is used<br><br><b>OR</b><br><br>One set of approved contact lenses limited to the value of <b>R500</b> per beneficiary every 24 months at network optometrist | Paid at the Fund's tariff rate from your MSA   | Paid at three times the Fund's tariff rate from your MSA   |
| <b>OptiClear Network</b>  | Members can receive <b>services and materials at reduced rates</b> from our 2 700 accredited OptiClear providers<br>Visit our website at <a href="http://www.wooltruhealthcarefund.co.za">www.wooltruhealthcarefund.co.za</a> for details of opticians on the OptiClear Network   |  |  |
| <b>Prescribed acute medication</b>  | 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   |
| <b>Over-the-counter medication</b>  | 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   |
| <b>Associated health services –</b><br>chiropractors, homeopaths, naturopaths and dieticians  | No benefit  | Paid at the Fund's tariff rate from your MSA   | Paid at three times the Fund's tariff rate from your MSA   |
| <b>Auxiliary services out of hospital:</b> <ul style="list-style-type: none"> <li>Clinical psychology</li> <li>Speech therapy</li> <li>Audiology</li> <li>Occupational therapy</li> <li>Podiatry</li> <li>Orthoptics</li> <li>Biokinetics</li> <li>Physiotherapy</li> </ul> | No benefit  | Paid at the Fund's tariff rate from your MSA<br><br>No benefit for social workers, vocational guidance, child guidance, marriage guidance, school therapy or attendance at remedial education schools or clinics | Paid at three times the Fund's tariff rate from your MSA<br><br>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 Fund's tariff rate from your MSA   | Paid at three times the Fund's tariff rate from your MSA   |

|  | NETWORK   | SAVER  | COMPREHENSIVE   |
|--|---|--|---|
| <br><b>Emergency visits/ outpatients</b>  | <p>Limited to three visits per family per year up to a limit of <b>R2 000</b></p> <p>Paid at the Fund's tariff rate per visit</p> | <p>Paid at the Fund's tariff rate from your MSA</p>  | <p>Paid at three times the Fund's tariff rate from your MSA</p>   |
| <br><b>Claims paid outside South Africa</b><br><br><p>Members must pay the provider and then claim back from the Fund</p> | <p>No benefit</p>   | <p>Paid at the Fund's tariff rate from applicable benefit categories, as indicated above (including hospitalisation).</p> <p>Refunds to members in equivalent SA rand only</p> <p>You are advised to buy travel insurance when travelling outside South Africa</p> | <p>Paid at three times the Fund's tariff rate from applicable benefit categories, as indicated above (including hospitalisation)</p> <p>Refunds to members in equivalent SA rand only</p> <p>You are advised to buy travel insurance when travelling outside South Africa</p> |



|  |  |  |  |
|--|--|--|--|
| <br><b>The correct claims procedure</b> | <p>Ensure that all claims include the following information:</p> <ul style="list-style-type: none"> <li>the principal member's membership number and name of the patient treated (principal member or dependant), as registered and indicated on the membership card</li> <li>the correct medical fund reference number</li> <li>the correct date/s of service</li> <li>the correct ICD-10 procedure and tariff code/s</li> <li>the doctor's practice number</li> <li>proof of payment signed by the member and indicated as PAID (where applicable).</li> </ul> <p>Send all claims to:<br/>Post – Carecross Health, PO Box 2212, Bellville 7535</p> <p><b>networkclaims@wooltruhealthcarefund.co.za</b></p> | <p>Ensure that all claims include the following information:</p> <ul style="list-style-type: none"> <li>the principal member's membership number and name of the patient treated (principal member or dependant), as registered and indicated on the membership card</li> <li>the correct medical fund reference number</li> <li>the correct date/s of service</li> <li>the correct ICD-10 procedure and tariff code/s</li> <li>the doctor's practice number</li> <li>proof of payment signed by the member and indicated as PAID (where applicable).</li> </ul> <p>Send all claims to:<br/>Internal mail – Wooltru Healthcare Fund, Cape Town<br/>Post – PO Box 15403, Vlaeberg 8018</p> <p><b>accounts@wooltruhealthcarefund.co.za</b></p> | <p>Ensure that all claims include the following information:</p> <ul style="list-style-type: none"> <li>the principal member's membership number and name of the patient treated (principal member or dependant), as registered and indicated on the membership card</li> <li>the correct medical fund reference number</li> <li>the correct date/s of service</li> <li>the correct ICD-10 procedure and tariff code/s</li> <li>the doctor's practice number</li> <li>proof of payment signed by the member and indicated as PAID (where applicable).</li> </ul> <p>Send all claims to:<br/>Internal mail – Wooltru Healthcare Fund, Cape Town<br/>Post – PO Box 15403, Vlaeberg 8018</p> <p><b>accounts@wooltruhealthcarefund.co.za</b></p> |
|--|--|--|--|



## **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 Medicine Risk Management Programme to the benefit of members who have been diagnosed with certain chronic conditions.

## **YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL CHRONIC MEDICATION**

**All chronic medication benefits are subject to pre-authorisation.**

Chronic medication application forms can be downloaded from **[www.wooltruhealthcarefund.co.za](http://www.wooltruhealthcarefund.co.za)**.

**NETWORK OPTION:** Members must fax their chronic application forms to **021 673 1815** or email it to **[networkchronic@wooltruhealthcarefund.co.za](mailto:networkchronic@wooltruhealthcarefund.co.za)**. Call **0800 765 432** for any queries.




**SAVER and COMPREHENSIVE OPTIONS:** Members must email their chronic application forms to **[chronic@wooltruhealthcarefund.co.za](mailto:chronic@wooltruhealthcarefund.co.za)** or ask their healthcare providers to call **0802 228 922**.

### WHAT ARE **PRESCRIBED MINIMUM BENEFITS (PMBs)**?

PMBs are a set of defined benefits to ensure that all Fund members have access to certain minimum health services, regardless of the option they have selected.

The **26 common chronic health conditions** on the chronic disease list (CDL) **are listed** below.

|  |                                    |                              |
|--|------------------------------------|------------------------------|
| Addison's disease                                    | Diabetes insipidus                 | Multiple sclerosis           |
| Asthma   | Diabetes mellitus types 1 & 2      | Parkinson's disease          |
| Bipolar mood disorder                                | Dysrhythmia (irregular heartbeats) | Rheumatoid arthritis         |
| Bronchiectasis                                       | Epilepsy                           | Schizophrenia                |
| Cardiac failure                                      | Glaucoma                           | Systemic lupus erythematosus |
| Cardiomyopathy disease (disease of the heart muscle) | Haemophilia                        | Ulcerative colitis           |
| Chronic renal disease                                | HIV/AIDS                           |                              |
| Coronary artery disease                              | Hyperlipidaemia (high cholesterol) |                              |
| Chronic obstructive pulmonary disorder               | Hypertension (high blood pressure) |                              |
| Crohn's disease                                      | Hypothyroidism                     |                              |

|   | NETWORK  | SAVER  | COMPREHENSIVE  |
|---|--|--|--|
|  <p><b>Chronic medication –</b><br/>26 PMB conditions</p>            | <p>100% of approved medication<br/>Subject to registration on the Chronic Medication Programme</p> <p>Call <b>0800 765 432</b></p>   | <p>100% of approved medication<br/>Subject to registration on the Chronic Medication Programme</p> <p>You will receive a treatment plan listing the additional services recommended to treat your approved chronic condition.</p> <p>These services are paid by the Fund and not from your MSA</p> <p>Call <b>0802 228 922</b></p>   | <p>100% of approved medication<br/>Subject to registration on the Chronic Medication Programme</p> <p>You will receive a treatment plan listing the additional services recommended to treat your approved chronic condition.</p> <p>These services are paid by the Fund and not from your MSA</p> <p>Call <b>0802 228 922</b></p> |
|  <p><b>Chronic medication –</b><br/>non-PMBs</p>                   | <p><b>Limited to R11 800</b> per beneficiary per year for approved medication</p> <p>Subject to registration on the Chronic Medication Programme</p> <p>Call <b>0800 765 432</b></p> | <p><b>Limited to R14 000</b> per beneficiary per year for approved medication</p> <p>Subject to registration on the Chronic Medication Programme</p> <p>Call <b>0802 228 922</b></p>   | <p><b>Limited to R28 000</b> per beneficiary per year for approved medication</p> <p>Subject to registration on the Chronic Medication Programme</p> <p>Call <b>0802 228 922</b></p>   |
|  <p><b>Speciality chronic medication</b> benefits (biological)</p> | <p>No benefit</p>  | <p>Limited to <b>R156 000</b> per beneficiary per year</p> <p>Subject to registration on the Chronic Medication Programme</p> <p><b>Subject to the following PMB conditions only:</b></p> <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Ulcerative colitis</li> <li>• Crohn's disease</li> <li>• Systemic lupus erythematosus</li> <li>• Rheumatoid arthritis</li> <li>• Multiple sclerosis</li> <li>• Haemophilia</li> </ul> <p>Call <b>0802 228 922</b></p> | <p>Limited to <b>R156 000</b> per beneficiary per year</p> <p>Subject to registration on the Chronic Medication Programme</p> <p>Call <b>0802 228 922</b></p>  |

## NETWORK

- Members on the Network Option with chronic conditions must register on the Chronic Medication Programme and obtain pre-authorisation 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 formulary at the network providers (GPs and specialists).

**Call 0800 765 432 to register.**

## SAVER

### **PMB CHRONIC CONDITIONS**

- Members will be required to register on the Chronic Medication Programme to ensure that their PMB chronic medication is approved.
- Members on the Saver Option that requires chronic medication for one of the 26 PMBs 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 and 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 Programme to ensure that their non-PMB chronic medication is approved.
- The medication will be paid subject to the Fund's approved formulary.

**Call 0802 228 922 to register.**

## COMPREHENSIVE

### **PMB CHRONIC CONDITIONS**

- Members will be required to register on the Chronic Medication Programme to ensure that their PMB chronic medication is approved.
- Members on the Comprehensive Option that requires chronic medication for one of the 26 PMBs 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 and 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 Programme to ensure that their non-PMB chronic medication is approved.
- The medication will be paid subject to the Fund's approved formulary.

**Call 0802 228 922 to register.**





## MAJOR MEDICAL EXPENSES BENEFITS

### YOUR MAJOR MEDICAL EXPENSES BENEFIT

Your major medical expenses benefit consists out 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
- **other** 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 270 PMB conditions, we recommend that you use a DSP.

### HOW TO OBTAIN HOSPITAL PRE-AUTHORISATION

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

**Network** members must call **0800 765 432**.

**Saver** and **Comprehensive** members must call **0800 118 666**.



### SPECIFIED TIME LIMITS FOR PRE-AUTHORISATION

#### NON-EMERGENCY:

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









#### EMERGENCY:






Pre-authorisation must be obtained **within 24 hours of admission** to hospital or by the next working day.

You will receive no benefit if pre-authorisation is not obtained within the specified time limits.



# IN-HOSPITAL BENEFITS



|   | NETWORK   | SAVER   | COMPREHENSIVE   |
|---|---|---|---|
|  <b>Ambulance services –</b><br>Netcare – 082 911                        | 100% of the agreed tariff. Unlimited if Netcare 911 is used. 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 for authorised admissions, if referred by a network provider<br><br>Authorisation: <b>0800 765 432</b>  | Paid at the Fund's tariff rate for authorised admissions<br><br>Authorisation: <b>0800 118 666</b>  | Paid at three times the Fund's tariff rate for authorised admissions<br><br>Authorisation: <b>0800 118 666</b>  |
|  <b>Ward accommodation</b>   | Paid at general ward tariffs, subject to pre-authorisation  |   |   |
|  <b>Take-home medication</b><br>(after discharge from hospital)          | Limited to 7 days   |   |   |
|  <b>GPs –</b> including surgery, procedures and consultations          | 100% of the agreed tariff for authorised admissions, if referred by a network GP<br><br>Authorisation: <b>0800 765 432</b>  | Paid at the Fund's tariff rate<br><br>PMB admissions paid in full at network GPs, if pre-authorisation obtained<br><br>Call <b>0800 765 432</b> for GP referral and authorisation   | Paid at three times the Fund's tariff rate<br><br>PMB admissions paid in full at network GPs, if pre-authorisation obtained<br><br>Call <b>0800 765 432</b> for GP referral and authorisation         |
|  <b>Specialists –</b> including surgery, procedures and consultations  | 100% of the agreed tariff for authorised admissions, if referred by a network specialist<br><br>Call <b>0800 765 432</b> for specialist referral and authorisation  | Non-PMB claims will be paid at the Fund's tariff rate<br><br>PMB admissions paid in full at network specialists<br><br>Call <b>0800 765 432</b> for specialist referral and authorisation   | Non-PMB claims will be paid at three times the Fund's tariff rate<br><br>PMB admissions paid in full at network specialists<br><br>Call <b>0800 765 432</b> for specialist referral and authorisation |
|  <b>Radiology –</b> including MRIs, CT scans and radio-isotope studies | 100% of the agreed tariff if requested by a network specialist on referral by a network GP<br><br>Subject to clinical motivation and pre-authorisation<br><br>Authorisation: <b>0800 765 432</b>  | Paid at the Fund's tariff rate<br><br>MRIs and CT scans require an upfront co-payment of 25% of cost up to a maximum of <b>R2 200</b><br><br>Subject to doctor's motivation and pre-authorisation<br><br>Authorisation: <b>0800 118 666</b> | Paid at three times the Fund's tariff rate<br><br>Subject to doctor's motivation and pre-authorisation<br><br>Authorisation: <b>0800 118 666</b>  |
|  <b>Pathology</b>  | 100% of the agreed tariff if requested by a network specialist on referral by a network GP  | Paid at the Fund's tariff rate  | Paid at three times the Fund's tariff rate  |

|  | NETWORK  | SAVER   | COMPREHENSIVE   |
|--|--|---|---|
| <br><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>100% of the agreed tariff</p> <p>100% of cost</p> <p>100% of cost, subject to pre-authorisation</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>Paid at the Fund's tariff rate</p> <p>100% of cost</p> <p>100% of cost, subject to pre-authorisation</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>Paid at three times the Fund's tariff rate</p> <p>100% of cost</p> <p>100% of cost, subject to pre-authorisation</p> |
| <br><b>Hospitalisation, organ and patient preparation</b>   |  |   |   |
| <b>Immuno-suppressant drugs</b> dispensed in hospital or dispensed by the hospital to take out for use after discharge   |  |   |   |
| <b>Subsequent supplies of immuno-suppressant drugs</b>   |  |   |   |
| <br><b>Robotic-assisted laparoscopic prostatectomy</b>   | <p>No benefit</p>  | <p>Paid at the Fund's tariff rate</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>R135 000</b> for hospital and equipment</p>  | <p>Paid at three times the Fund's tariff rate</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>R135 000</b> for hospital and equipment</p>   |
| <b>Blood transfusions, transportation of blood and blood products</b>  | <p>100% of the agreed tariff at approved network providers</p>   | <p>Paid at the Fund's tariff rate</p>   | <p>Paid at three times the Fund's tariff rate</p>   |
| <b>Auxiliary services in hospital:</b> <ul style="list-style-type: none"> <li>Clinical psychology</li> <li>Speech therapy</li> <li>Occupational therapy</li> <li>Physiotherapy</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 Fund's tariff rate 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 three times the Fund's tariff rate 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>   |
| <br><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>Authorisation: <b>0800 765 432</b></p>  | <p>Subject to pre-authorisation and limited to <b>21 days</b> per beneficiary per year</p> <p>Authorisation: <b>0800 118 666</b></p>  | <p>Subject to pre-authorisation and limited to <b>21 days</b> per beneficiary per year</p> <p>Authorisation: <b>0800 118 666</b></p>  |
| <br><b>Maxillofacial treatment</b>  | <p>100% of the agreed tariff, subject to pre-authorisation</p> <p>Only covers facial trauma and removal of impacted wisdom teeth</p>   | <p>Paid at the Fund's tariff rate, subject to pre-authorisation</p>   | <p>Paid at three times the Fund's tariff rate, subject to pre-authorisation</p>   |





# 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><b>Hospitalisation is subject to approval of clinical motivation and managed care protocols</b></p>  | <p>100% of the agreed tariff if performed at network GPs and limited to the DSP list of procedure codes</p> <p>Authorisation: <b>0800 765 432</b></p>                    | <p>Paid at the Fund's tariff rate</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>Authorisation: <b>0800 118 666</b></p>                                 | <p>Paid at three times the Fund's tariff rate</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>Authorisation: <b>0800 118 666</b></p>                                 |
|  <p><b>Oncology, radiotherapy and chemotherapy</b> 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 Programme and oncology management protocols.</p> <p>Registration: <b>0800 765 432</b></p> | <p>Paid at 100% of negotiated DSP tariffs, subject to PMBs and South African Oncology Consortium (SAOC) protocols</p> <p>Subject to pre-authorisation, registration on the Oncology Programme and oncology management protocols.</p> <p>Registration: <b>0800 118 666</b></p>  | <p>Paid at three times the negotiated DSP tariffs, subject to PMBs and South African Oncology Consortium (SAOC) protocols</p> <p>Subject to pre-authorisation, registration on the Oncology Programme and oncology management protocols.</p> <p>Registration: <b>0800 118 666</b></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>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>Authorisation: <b>0800 765 432</b></p>                   | <p>Paid at the Fund's tariff rate if performed in <b>doctors' rooms</b>/outpatient/medical or surgical facilities</p> <p><b>R2 200 co-payment applies if performed in hospital and patient is admitted to a ward.</b></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>Paid at three times the Fund's tariff rate if performed in <b>doctors' rooms</b>/outpatient/medical or surgical facilities</p> <p><b>R2 200 co-payment applies if performed in hospital and patient is admitted to a ward.</b></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><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>   | <p>No benefit</p>  | <p>Paid at the Fund's tariff rate if performed in <b>doctors' rooms</b>/outpatient/medical or surgical facilities</p> <p>Anaesthetic costs related to these procedures are limited to local or regional anaesthetic</p> <p>General anaesthetic costs are not covered</p>   | <p>Paid at three times the Fund's tariff rate if performed in the <b>doctors' rooms</b>/outpatient/medical or surgical facilities</p> <p>Anaesthetic costs related to these procedures are limited to local or regional anaesthetic</p> <p>General anaesthetic costs are not covered</p>   |
| <p><b>Basic dentistry</b> procedures in hospital – removal of teeth and multiple fillings for children 7 years and younger</p>  | <p>No benefit</p>  | <p>Paid at the Fund's tariff rate, subject to pre-authorisation</p> <p>The dentist will be paid from your available MSA</p>  | <p>Paid at three times the Fund's tariff rate, subject to pre-authorisation</p> <p>The dentist will be paid from your available MSA</p>  |



|  | NETWORK  | SAVER  | COMPREHENSIVE  |
|--|--|--|--|
| <b>Specialised dentistry</b><br>procedures in and out of hospital – dental implants and removal of impacted wisdom teeth   | No benefit<br><br>Removal of impacted wisdom teeth covered under maxillofacial benefit   | Paid at the Fund's tariff rate, subject to pre-authorisation and limited to <b>R14 700</b> per beneficiary per year  | Paid at three times the Fund's tariff rate, subject to pre-authorisation and limited to <b>R20 000</b> per beneficiary per year  |
| <br><b>Refractive surgery</b>             | No benefit   | Paid at the Fund's tariff rate, subject to pre-authorisation<br><br>LASIK surgery benefit subject to guidelines for refractive surgery required for medical reasons<br><br>A motivation, including the refractive error, is required<br><br>Subject to approval by medical advisor and based on refraction levels  | Paid at three times the Fund's tariff rate, subject to pre-authorisation<br><br>LASIK surgery benefit subject to guidelines for refractive surgery required for medical reasons.<br><br>A motivation, including the refractive error, is required<br><br>Subject to approval by medical advisor and based on refraction levels   |
| <b>Peritoneal dialysis and haemodialysis</b>   | 100% of the agreed tariff at network providers, subject to pre-authorisation   | Paid at the Fund's tariff rate, subject to pre-authorisation and managed care protocols  | Paid at three times the Fund's tariff rate, subject to pre-authorisation and managed care protocols  |
| <br><b>The correct claims procedure</b> | <p>Ensure that all claims include the following information as listed below:</p> <ul style="list-style-type: none"> <li>the principal member's membership number and name of the patient treated (principal member or dependant), as registered and indicated on the membership card</li> <li>the correct medical fund reference number</li> <li>the correct date/s of service</li> <li>the correct ICD-10 procedure and tariff code/s</li> <li>the doctor's practice number</li> <li>proof of payment signed by the member and indicated as PAID (where applicable).</li> </ul> <p>Send all claims to:<br/>Post – Carecross Health, PO Box 2212, Bellville 7535</p> <p><b>networkclaims@wooltruhealthcarefund.co.za</b></p> | <p>Ensure that all claims include the following information as listed below:</p> <ul style="list-style-type: none"> <li>the principal member's membership number and name of the patient treated (principal member or dependant), as registered and indicated on the membership card</li> <li>the correct medical fund reference number</li> <li>the correct date/s of service</li> <li>the correct ICD-10 procedure and tariff code/s</li> <li>the doctor's practice number</li> <li>proof of payment signed by the member and indicated as PAID (where applicable).</li> </ul> <p>Send all claims to:<br/>Internal mail – Wooltru Healthcare Fund, Cape Town<br/>Post – PO Box 15403, Vlaeberg 8018</p> <p><b>accounts@wooltruhealthcarefund.co.za</b></p> | <p>Ensure that all claims include the following information as listed below:</p> <ul style="list-style-type: none"> <li>the principal member's membership number and name of the patient treated (principal member or dependant), as registered and indicated on the membership card</li> <li>the correct medical fund reference number</li> <li>the correct date/s of service</li> <li>the correct ICD-10 procedure and tariff code/s</li> <li>the doctor's practice number</li> <li>proof of payment signed by the member and indicated as PAID (where applicable).</li> </ul> <p>Send all claims to:<br/>Internal mail – Wooltru Healthcare Fund, Cape Town<br/>Post – PO Box 15403, Vlaeberg 8018</p> <p><b>accounts@wooltruhealthcarefund.co.za</b></p> |



## OTHER BENEFITS

### PAID FROM MAJOR MEDICAL EXPENSES BENEFIT

|  | NETWORK   | SAVER   | COMPREHENSIVE   |
|--|---|---|---|
| <b>Private nursing</b> in lieu of hospitalisation OR frail care  | 100% of the agreed tariff and limited to <b>R5 050</b> per beneficiary per month<br><br>Subject to clinical motivation by a network provider                                  | Paid at the Fund's tariff rate and limited to <b>R5 050</b> per beneficiary per month<br><br>Subject to clinical motivation by GP or specialist   | Paid at three times the Fund's tariff rate and limited to <b>R5 050</b> per beneficiary per month<br><br>Subject to clinical motivation by GP or specialist   |
| <b>Internal prostheses</b><br>- including 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-authorisation and limited to <b>R66 900</b> per beneficiary per year<br><br>Authorisation: <b>0800 765 432</b> | Paid at the Fund's tariff rate, subject to pre-authorisation and limited to <b>R66 900</b> per beneficiary per year<br><br>No benefit, if pre-authorisation is not obtained<br><br>Authorisation: <b>0800 118 666</b> | Paid at three times the Fund's tariff rate, subject to pre-authorisation and limited to <b>R66 900</b> per beneficiary per year<br><br>No benefit, if pre-authorisation is not obtained<br><br>Authorisation: <b>0800 118 666</b> |

|   | NETWORK   | SAVER   | COMPREHENSIVE   |
|---|---|---|---|
| <b>External prostheses</b><br>- including hearing aids, hearing aid repairs, wheelchairs and C-pap machines         | 100% of the agreed tariff, subject to written motivation, which must be received 72 hours before the request for pre-authorisation<br><br>Subject to the terms, conditions and protocols of the network DSP<br><br>Limited to <b>R66 900</b> per beneficiary per year<br><br>Authorisation: <b>0800 765 432</b> | Paid at the Fund's tariff rate, subject to written motivation, which must be received 72 hours before the request for pre-authorisation.<br><br>Subject to managed care protocols<br><br>Limited to <b>R66 900</b> per beneficiary per year<br><br>Authorisation: <b>0802 228 922</b> | Paid at three times the Fund's tariff rate, subject to written motivation, which must be received 72 hours before the request for pre-authorisation.<br><br>Subject to managed care protocols<br><br>Limited to <b>R66 900</b> per beneficiary per year<br><br>Authorisation: <b>0802 228 922</b> |
| <b>Medical and surgical appliances</b> – including nebulisers, crutches, blood pressure machines, glucometers, etc. | 100% of the agreed tariff, subject to clinical motivation and approval<br><br>Subject to the terms, conditions and protocols of the network DSP   | Paid at the Fund's tariff rate, subject to clinical motivation and approval<br><br>Subject to available MSA where pre- authorisation is not obtained  | Paid at three times the Fund's tariff rate, subject to clinical motivation and approval<br><br>Subject to available MSA where pre-authorisation is not obtained   |
| <b>Claims paid outside South Africa</b><br>Members must pay the provider and then claim back from the Fund          | No benefit  | Paid at the Fund's tariff rate paid from applicable benefit categories, as indicated above (including hospitalisation)<br><br>Refunds to members in equivalent SA rand only<br><br>You are advised to buy travel insurance when travelling outside South Africa                       | Paid at 100% of the Fund's tariff rate paid from applicable benefit categories, as indicated above (including hospitalisation)<br><br>Refunds to members in equivalent SA rand only<br><br>You are advised to buy travel insurance when travelling outside South Africa                           |



## MATERNITY BENEFITS

**You must register your pregnancy by calling the pre-authorisation department.** This will ensure that your maternity claims are paid correctly. For pre-authorisation **Network** members must call **0800 765 432**. **Saver** and **Comprehensive** members must call **0800 118 666**.

|   | NETWORK   | SAVER   | COMPREHENSIVE   |
|---|---|---|---|
| <b>Vaginal delivery</b>                             | 100% of the agreed tariff   | 100% of the agreed tariff   | 100% of the agreed tariff   |
| <b>Caesarean section</b>                            | 100% of the agreed tariff if motivated by a network specialist  | 100% of the agreed tariff<br><br>A co-payment of <b>R2 980</b> will apply where no clinical motivation for the caesarean has been received from the gynaecologist | 100% of the agreed tariff<br><br>A co-payment of <b>R2 980</b> will apply where no clinical motivation for the caesarean has been received from the gynaecologist |
| <b>Two ultrasound scans</b><br>- at 12 and 24 weeks | 100% of the agreed tariff   | 100% of the agreed tariff   | 100% of the agreed tariff   |
| <b>Ward rates</b>                                   | General ward rates, subject to the following:<br><br>Normal delivery (3 days)<br>Caesarean section (4 days) | General ward rates, subject to the following:<br><br>Normal delivery (3 days)<br>Caesarean section (4 days)   | General ward rates, subject to the following:<br><br>Normal delivery (3 days)<br>Caesarean section (4 days)   |
| <b>Pathology</b>                                    | 100% of the agreed tariff   | 100% of the agreed tariff, as per the maternity treatment plan  | 100% of the agreed tariff   |

## MATERNITY PATHOLOGY 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        |

**Network members must send all claims to:**

- Post – CareCross Health, PO Box 2212, Bellville 7535
- Email – [networkclaims@wooltruhealthcarefund.co.za](mailto:networkclaims@wooltruhealthcarefund.co.za)

**Saver and Comprehensive members must send all claims to:**

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



## PREVENTATIVE BENEFITS

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<br><br>To be performed at a designated pharmacy e.g. Dischem or Clicks<br><br>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><br>(Tariff code 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><br>(Tariff code 4566 & 4559)  | Limited to one per adult female every year  |
| <b>HIV test – finger prick</b><br>(Tariff code 3932)   | Limited to one per beneficiary every year   |
| <b>Glaucoma screening</b><br>(Tariff code 3014)  | Limited to one screening per adult (over 40 years) every two years  |
| <b>HPV vaccine</b><br>(Nappi code 710020 – Cervarix)<br>(Nappi code 710429 – Gardasil)   | All female beneficiaries (non-HIV) between the ages of 9 and 13<br><br><b>Only Saver and Comprehensive Options</b>  |
| <b>Flu vaccine</b>   | Limited to one per beneficiary per year   |



## HIV/AIDS BENEFITS

|  | 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<br><b>Limited to R280</b> for testing<br><br>Pathology-related treatment will not be deducted from your MSA | 100% of cost, subject to PMBs<br><b>Limited to R280</b> for testing<br><br>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 Fund's tariff rate from your MSA  | 100% of cost, paid from your MSA  |



## YOUR CONTRIBUTIONS FOR 2020

### NETWORK OPTION CONTRIBUTIONS

| INCOME CATEGORY  | MEMBER | SPOUSE | CHILD | ADDITIONAL ADULT |
|------------------|--------|--------|-------|------------------|
| R0 – R8 900      | R1 150 | R1 150 | R461  | R1 150           |
| R8 901 – R10 900 | R1 489 | R1 489 | R530  | R1 489           |
| R10 901 +        | R1 861 | R1 827 | R570  | R1 827           |

### SAVER OPTION CONTRIBUTIONS

| BREAKDOWN          | MEMBER | SPOUSE | CHILD | ADDITIONAL ADULT |
|--------------------|--------|--------|-------|------------------|
| Risk               | R1 856 | R1 818 | R565  | R1 818           |
| Savings            | R450   | R441   | R137  | R441             |
| Total contribution | R2 306 | R2 259 | R702  | R2 259           |

### COMPREHENSIVE OPTION CONTRIBUTIONS

| BREAKDOWN          | MEMBER | SPOUSE | CHILD  | ADDITIONAL ADULT |
|--------------------|--------|--------|--------|------------------|
| Risk               | R3 399 | R3 297 | R1 131 | R3 297           |
| Savings            | R1 133 | R1 099 | R377   | R1 099           |
| Total contribution | R4 532 | R4 396 | R1 508 | R4 396           |





## YOUR DAY-TO-DAY BENEFIT LIMIT

| NETWORK   | SAVER  | COMPREHENSIVE   |
|---|--|---|
| Benefits from network service providers (DSPs) only | <b>Medical savings account</b> (per year)<br>Member <b>R 5 400</b><br>Adult dependant <b>R 5 292</b><br>Child dependant <b>R 1 644</b><br><hr/> Member + adult: <b>R10 692</b><br>Member + child: <b>R 7 044</b><br>Member + adult + child: <b>R12 336</b> | <b>Medical savings account</b> (per year)<br>Member: <b>R13 596</b><br>Adult dependant: <b>R13 188</b><br>Child dependant: <b>R 4 524</b><br><hr/> Member + adult: <b>R26 784</b><br>Member + child: <b>R18 120</b><br>Member + adult + child: <b>R31 308</b> |



## MANAGING YOUR HEALTHCARE

### MEMBERSHIP

Membership of the Wooltru Healthcare Fund ('the Fund') **is a compulsory condition of employment**, unless you are dependent 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 at your work address or email address (if provided).

A claims statement is only sent to you if a claim has been processed. You can view your available benefits on our website **[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 dies
- 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 of dependants** are required for membership.





## THE CORRECT CLAIMS PROCEDURE

### IMPORTANT

- Check that your **name, membership number** and **the invoice** are correct (if you have paid the claim in cash upfront).
- A claim is **only valid for four months** from the date of treatment. If you send it to us after four months, it will not be paid.
- You and your dependants' **ID numbers** must be recorded with the Fund, otherwise claims will not be paid.
- Ensure that your claim/s 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
  - the correct medical fund reference number
  - the correct date/s of service
  - the correct ICD-10 procedure and tariff code/s
  - 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:

- **POST** – CareCross Health, PO Box 2212, Bellville 7535
- **EMAIL** – [networkclaims@wooltruhealthcarefund.co.za](mailto:networkclaims@wooltruhealthcarefund.co.za)



### SAVER AND COMPREHENSIVE OPTION MEMBERS

Send all claims to:

- **INTERNAL MAIL** – Wooltru Healthcare Fund, Cape Town
- **POST** – PO Box 15403, Vlaeberg 8018
- **EMAIL** – [accounts@wooltruhealthcarefund.co.za](mailto:accounts@wooltruhealthcarefund.co.za)

# THE WOOLTRU HEALTHCARE FUND WEBSITE

MANAGE YOUR HEALTHCARE EASILY AND CONVENIENTLY

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

The Fund's website is your one-stop resource to manage your medical funds and keep track of your claims. By using the login functionality, you will have access to your personal claims and benefit information, and so much more.

**You must register a username and password if you have not yet done so.**

## YOU CAN:

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

# THE WOOLTRU HEALTHCARE APP

ACCESS YOUR HEALTHCARE ANYWHERE, ANY TIME

## 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), Multiply status 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.

## Medicine lookup

If you are seeing a new doctor or specialist and do not know your medicine history, you can consult your app for a list of medicines 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.

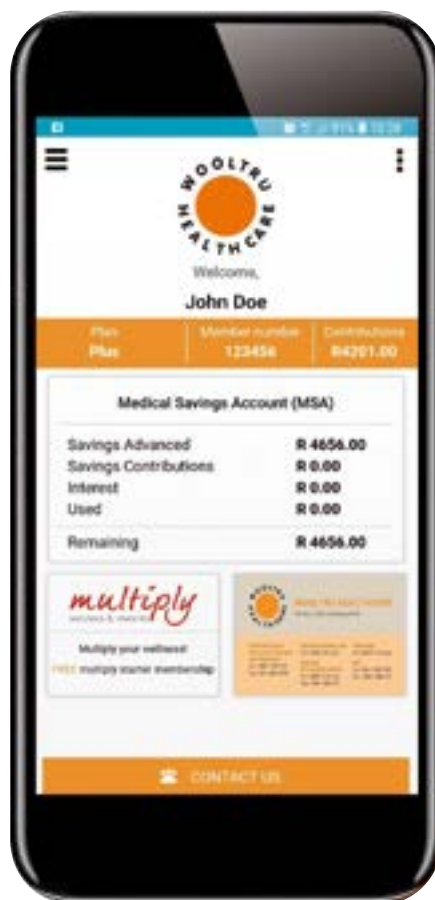
## Membership card

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.





# 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, 7 days a week. You can get expert health advice from qualified South African medical doctors through your phone, table 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 website: [www.hellodocor.co.za](http://www.hellodocor.co.za)

You can log in to your personal profile on the Hello Doctor website using your access details and request a call back or simply send a text message to a doctor.



### The app:



Download the Hello Doctor app by visiting the Apple App or Google Play stores. 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.

Just enter your ID/Passport number and you'll receive a one-time password (OTP) via SMS.

**OTP not arriving? Call us on 087 230 0002 to confirm your details or whatsapp us on 073 778 4632.**

**Check out our symptom checker.** Feeling sick and don't know why? Tell us what symptoms you're experiencing before speaking to a doctor and we will be able to give you better advice, faster!

**Explore our health tips.** Looking to quit smoking, lose weight or learn more about managing diabetes? Our health tips are a personalised journey into health and wellness categories of your choice. Be sure to enable your push notifications and look forward to receiving two tips a day.

At Hello Doctor, we're committed to helping you be better. Go ahead and let us know how we can help.



# ABBREVIATIONS AND DEFINITIONS

|                          |   |
|--------------------------|---|
| <b>ADDITIONAL ADULT</b>  | Additional adult is defined as a child over the age of 21 or the mother or father of the principal member who does not receive an income greater than the social pension and who is financially dependent on the member |
| <b>AGREED TARIFF</b>     | The negotiated rate between the Fund and the relevant healthcare provider   |
| <b>NP</b>                | Network provider – network GPs and specialists  |
| <b>COST</b>              | The full cost of the fees charged by the healthcare provider  |
| <b>DSP</b>               | Designated service provider - specialist network for PMB conditions   |
| <b>MSA</b>               | Medical savings account   |
| <b>PMBs</b>              | Prescribed minimum benefits (a specific minimum legislated package of benefits)   |
| <b>SERVICE PROVIDERS</b> | Doctors, specialists, hospitals, pharmacists, etc   |
| <b>WHFT</b>              | Wooltru Healthcare Fund Tariff – the rate at which the Fund will pay claims   |



# IMPORTANT CONTACT NUMBERS

|                                 | NETWORK   | SAVER  | COMPREHENSIVE  |
|---------------------------------|---|--|--|
| <b>Accounts</b>                 | networkclaims@wooltruhealthcarefund.co.za                       | accounts@wooltruhealthcarefund.co.za                                 | accounts@wooltruhealthcarefund.co.za                                 |
| <b>Chronic medication</b>       | Fax: 021 673 1815<br>networkchronic@wooltruhealthcarefund.co.za | 0802 228 922<br>chronic@wooltruhealthcarefund.co.za                  | 0802 228 922<br>chronic@wooltruhealthcarefund.co.za                  |
| <b>Client services</b>          | 0800 765 432  | 0802 228 922<br>enquiries@wooltruhealthcarefund.co.za                | 0802 228 922<br>enquiries@wooltruhealthcarefund.co.za                |
| <b>HIV programme</b>            | 0860 101 110<br>Fax: 021 413 1606                               | 0861 888 300<br>Fax: 012 675 3848<br>hiv@momentum.co.za              | 0861 888 300<br>Fax: 012 675 3848<br>hiv@momentum.co.za              |
| <b>Hospital authorisation</b>   | 0800 765 432<br>Fax: 021 413 0512                               | 0800 118 666<br>Fax: 021 480 2755<br>hrm@wooltruhealthcarefund.co.za | 0800 118 666<br>Fax: 021 480 2755<br>hrm@wooltruhealthcarefund.co.za |
| <b>Oncology programme</b>       | 0800 765 432<br>Fax: 021 413 0512                               | 0800 118 666<br>oncology@wooltruhealthcarefund.co.za                 | 0800 118 666<br>oncology@wooltruhealthcarefund.co.za                 |
| <b>Specialist authorisation</b> | 0800 765 432  | 0800 765 432   | 0800 765 432   |

# NOTES



Wooltru Healthcare Fund

PO Box 15403, Vlaeberg 8018

Telephone: 021 480 4849

Email: [enquiries@wooltruhealthcarefund.co.za](mailto:enquiries@wooltruhealthcarefund.co.za)