



Wooltru Healthcare Fund

Your Benefit Schedule for 2010

Some important points to help you manage your Healthcare

Contributions

- Your contribution is automatically deducted from your salary/pension and covers you for the full month, even if you resign part of the way through the month.

Making a claim

- Send your claim via internal mail to The Wooltru Healthcare Fund, Cape Town.
- Or you can mail your claim to us at PO Box 15403, Vlaeberg 8018.
- Check that your name, membership number and invoice (if you have paid) are correct.
- No faxes will be accepted for payment. We only pay claims based on the original invoice.
- 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.
- All Core option claims must go to CareCross, PO Box 44991, Claremont 7735.

Healthcare Statements

- Claims are processed and paid every two weeks and a statement is sent to you at your work address or e-mail address (if provided).

Chronic Care

- Core members must call **0800 765 432** for their Chronic Care application forms and queries.
- Plus and Extended members must call **0861 888 346** for their Chronic Care application forms and queries.

General

Membership of the Wooltru Healthcare Fund (Healthcare) is a compulsory condition of employment unless you belong to your spouse's medical aid.

New employees have 30 days from the date they become eligible within which to apply for membership of Healthcare for themselves and their dependants. If they fail to do so, the waiting periods will apply.

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:

- you get married
- you get divorced
- one of your dependants dies
- your address or contact details change
- your children no longer qualify for dependant membership in terms of the rules of the Fund
- you go on pension.

Important: You need to notify the Fund within 30 days of the birth of your child or the adoption of a child.





Contribution Tables and Day-2-Day Credit Limits for 2010

Core Contributions

Income Category	Member	Spouse	Child	Additional Adult
R0 – R4 500	R183	R183	R63	R598
R4 501 – R5 200	R231	R231	R68	R646
R5 201 – R5 800	R280	R280	R73	R949
R5 801 – R6 400	R328	R328	R78	R991
R6 401 – plus	R375	R375	R81	R1 034

Core Day-2-Day Credit Limits

Network Only

Example for a member earning R4 500:

Member + adult + 2 children

$R183 + R183 + R63 + R63 = R492$

Plus Contributions

Member	Spouse	Child	Additional Adult
R389	R368	R84	R1 072

Example: Member + spouse + 2 children
 $R389 + R368 + R84 + R84 = R925$

Plus Day-2-Day Credit Limits

Member	R3 000
Member & one Dependant	R5 800
Member & Family	R7 700

Extended Contributions

Member	Spouse	Child	Additional Adult
R1 110	R1 056	R355	R1 766

Example: Member + spouse + 2 children
 $R1 110 + R1 056 + R355 + R355 = R2 876$

Extended Day-2-Day Credit Limits

Member	R6 300
Member & one Dependant	R12 600
Member & Family	R18 700

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.

Abbreviations

PMB	Prescribed Minimum Benefits (a specific minimum legislated package of benefits)
NHRPL	National Health Reference Price List – the legislated price for a service
AGREED TARIFF	The negotiated fee between the Fund and the relevant Service Provider
COST	The full cost of the fees charged by the Service Provider
DSP	Designated Service Provider – CareCross GP and Specialist Network for PMB conditions

Hospitalisation Benefits


Benefits will be allocated pro rata for beneficiaries or members joining during the year

You must obtain authorisation for any non-emergency hospital admission and related treatment by calling 0800 765 432 (Core members) or 0800 118 666 (Plus and Extended members) at least two working days before any non-emergency hospital admission or scan.

If you do not obtain authorisation at least two days before any non-emergency hospital admission or related treatment, penalties may be applied and benefits may be withheld.

	Core	Plus	Extended
Hospitalisation Private, provincial or state hospitals	<p>Authorised admissions are paid at the agreed tariff if you are referred to hospital by a Core Network Provider. Emergency admissions will be paid in full.</p> <p>PMB admissions will be paid at the agreed tariff.</p> <p>No benefit if you are not referred by a Core Network Provider.</p> <p>Authorisation: 0800 765 432</p>	<p>All non-PMB hospital admissions require a R500 co-payment. You will be asked to pay this at the time of admission. These admissions are paid at 100% of the NHRPL rate.</p> <p>No co-payment will be required for emergency admissions.</p> <p>Authorisation: 0800 118 666</p>	<p>Authorised and emergency admissions are paid up to 300% of the NHRPL rate.</p> <p>Authorisation: 0800 118 666</p>
Ward accommodation	Ward accommodation will be paid at general ward tariffs, subject to pre-authorisation.		
Intensive care, high care, theatre and recovery room	Subject to case management confirmation every 72 hours (3 days). 100% of agreed tariff.		
Emergency room visits resulting in hospitalisation	Authorisation must be obtained within 24 hours of admission into hospital or by the next working day.		
	Authorisation: 0800 765 432	Authorisation: 0800 118 666	Authorisation: 0800 118 666
Medication/Materials in ward and theatre	100% of cost for all medication and materials dispensed in hospital if referred by a Core Network Provider.	100% of cost for all medication and materials dispensed in hospital.	100% of cost for all medication and materials dispensed in hospital.
Take-home medicine (discharge from hospital)	Limited to 5 days.		
GP and Specialists in-hospital including surgery, procedures and consultations	100% of the NHRPL rate for authorised admissions, if you are referred by a Core Network Provider.	100% of the NHRPL rate. PMB admissions will be paid in full if you use a DSP provider – call 0800 118 666 for Specialist referral and authorisation.	300% of the NHRPL rate. PMB admissions will be paid in full if you use a DSP provider – call 0800 118 666 for Specialist referral and authorisation.
Radiology and pathology in and out of hospital (including MRI, CT scans and radio-isotope studies)	100% of agreed tariff if required by a Core Specialist on referral by a Core GP. Subject to authorisation. Authorisation: 0800 765 432	R1 500 co-payment on all MRI and CT Scans. Pre-authorisation is required for these scans. Authorisation: 0800 118 666	Paid in full. Pre-authorisation is required for MRI and CT scans. Authorisation: 0800 118 666
Organ transplants, hospitalisation, organ and patient preparation	100% if hospitalised by a Core Network Specialist.	100% of the NHRPL rate.	300% of the NHRPL rate.
Immuno-suppressant drugs dispensed in hospital, including take-home medication	100% of the NHRPL rate but must be related to hospitalisation.	100% of the NHRPL rate but must be related to hospitalisation.	300% of the NHRPL rate but must be related to hospitalisation.
Donor costs	Donor costs up to 100% of the NHRPL rate if the procedure is performed by a Core Network Specialist.	100% of the NHRPL rate.	300% of the NHRPL rate.
Peritoneal dialysis and haemodialysis	100% of agreed tariff.	100% of the NHRPL rate and subject to pre-authorisation.	300% of the NHRPL rate and subject to pre-authorisation.
Oncology, radiotherapy and chemotherapy in and out of hospital (Medication/chemicals, related radiology, including MRI and CT scans, and Pathology)	100% of Agreed Tariff, subject to pre-authorisation and registration on the Oncology Programme. Registration: 0800 765 432	100% of the NHRPL rate, subject to pre-authorisation and registration on the Oncology Programme. Registration: 0800 118 666	300% of the NHRPL rate, subject to pre-authorisation and registration on the Oncology Programme. Registration: 0800 118 666

	Core	Plus	Extended
Auxilliary services in hospital: • clinical psychology • speech therapy • occupational therapy • orthoptics • physiotherapy	100% of the NHRPL rate for authorised admissions by a Core Network Provider. The service/ procedure must be directly related to the authorised admission.	100% of the NHRPL rate for authorised admissions. The service/ procedure must be directly related to the authorised admission.	300% of the NHRPL rate for authorised admissions. The service/ procedure must be related to the authorised admission.
Private nursing in lieu of hospitalisation/frail care	Limited to R2 500 per beneficiary per month. Subject to clinical motivation by Core Network Provider.	Limited to R2 500 per beneficiary per month. Subject to clinical motivation by GP or Specialist	Limited to R2 500 per beneficiary per month. Subject to clinical motivation by GP or Specialist.
Psychiatric treatment in hospital or a registered facility	Statutory Prescribed Minimum Benefits only. Authorisation: 0800 765 432	Subject to pre-authorisation and limited to R24 200 per beneficiary and R48 400 per family per year. Authorisation: 0800 118 666	Subject to pre-authorisation and limited to R24 200 per beneficiary and R48 400 per family per year. Authorisation: 0800 118 666
Endoscopic examinations performed in hospital	100% of Agreed Tariff, subject to pre-authorisation.	100% of the NHRPL rate with a R1 500 member co-payment if performed in hospital.	300% of the NHRPL rate, subject to pre-authorisation.
Examinations performed in doctor's rooms: • Gastroscopy • Oesophagoscopy • Colonoscopy • Sigmoidoscopy	100% of Agreed Tariff, subject to clinical motivation by the Core Network Provider, and pre-authorisation	100% of the NHRPL rate with a R1 500 member co-payment if performed in the doctor's rooms. Anaesthetic costs related to such procedures shall be limited to local or regional anaesthetic. NOTE: General anaesthetic costs are not covered by the Fund for procedures performed in a doctor's rooms.	300% of the NHRPL rate if performed in the doctor's rooms. Anaesthetic costs related to such procedures shall be limited to local or regional anaesthetic. NOTE: General anaesthetic costs are not covered by the Fund for procedures performed in a doctor's rooms
Endoscopic examinations performed by an ophthalmologist in medical practioner's rooms • Treatment of retina and choroids by cryotherapy • Pan retinal photocoagulation • Laser capsulotomy • Laser trabeculoplasty • Laser apparatus	No benefit.	100% of the NHRPL rate with a R1 500 member co-payment if performed in the doctor's rooms. Anaesthetic costs related to such procedures shall be limited to local or regional anaesthetic. NOTE: General anaesthetic costs are not covered by the Fund for procedures performed in a doctor's rooms.	300% of the NHRPL rate. Anaesthetic costs related to such procedures shall be limited to local or regional anaesthetic. NOTE: General anaesthetic costs are not covered by the Fund for procedures performed in a doctor's rooms.
Specialised dentistry procedures in hospital – dental implants, removal of impacted wisdom teeth	No benefit.	100% of the NHRPL rate, with a R500 co-payment, subject to pre-authorisation and limited to: R7 590 per member per year R16 800 per family per year.	300% of the NHRPL rate, subject to pre-authorisation and limited to: R8 090 per member per year R17 300 per family per year
Basic dentistry procedures in hospital – removal of teeth and multiple fillings for children 7 years and younger	No benefit.	100% of the NHRPL rate with a R500 co-payment subject to pre-authorisation	300% of the NHRPL rate and subject to pre-authorisation.
Internal prosthesis pacemakers	100% of Agreed Tariff, if inserted by a Core Network Specialist. Subject to pre-authorisation and limited to R33 000 per beneficiary per year. Authorisation: 0800 765 432	100% of the NHRPL rate. Subject to pre-authorisation and limited to R33 000 per beneficiary per year. Authorisation: 0800 118 666	300% of the NHRPL rate. Subject to pre-authorisation and limited to R33 000 per beneficiary per year. Authorisation: 0800 118 666
Cochlear implants	100% of Agreed Tariff, subject to pre-authorisation and motivation by Core Network Specialist.	100% of the NHRPL rate, subject to pre-authorisation and motivation by Specialist.	300% of the NHRPL rate subject to pre-authorisation and motivation by Specialist.
Blood transfusions	100% of the NHRPL rate.	100% of the NHRPL rate.	300% of the NHRPL rate.
Transportation of blood and blood products	100% of the NHRPL rate.	100% of the NHRPL rate.	300% of the NHRPL rate.

	Core	Plus	Extended
Ambulance services (Netcare – 082 911)	100% of Agreed Tariff. Unlimited if Netcare 911 is used. No benefits will be paid for unauthorised use of these services.	100% of Agreed Tariff. Unlimited if Netcare 911 is used. No benefits will be paid for unauthorised use of these services.	100% of Agreed Tariff. Unlimited if Netcare 911 is used. No benefits will be paid for unauthorised use of these services.
Maternity benefits: <ul style="list-style-type: none"> • Delivery by GP or Specialist • 2 ultrasound scans • Theatre and recovery room • Ward rate • Pathology and radiology in hospital 	Subject to pre-authorization and registration on the Maternity Programme within the first 16 weeks of pregnancy. Registration: 0800 765 432 General ward rates, subject to the following: Normal delivery – 3 days Caesarean section – 4 days 100% of Agreed Tariff.	Subject to pre-authorization and registration on the Maternity Programme within the first 16 weeks of pregnancy. Registration: 0800 118 666 General ward rates, subject to the following: Normal delivery – 3 days Caesarean section – 4 days 100% of NHRPL rate.	Subject to pre-authorization and registration on the Maternity Programme within the first 16 weeks of pregnancy. Registration: 0800 118 666 General ward rates, subject to the following: Normal delivery – 3 days Caesarean section – 4 days 300% of NHRPL rate.
			
Maxillo-facial and oral surgery	100% of Agreed Tariff, subject to pre-authorization. Only covers facial trauma and removal of impacted wisdom teeth.	100% of the NHRPL rate, subject to pre-authorization. Only covers facial trauma.	300% of the NHRPL rate, subject to pre-authorization. Only covers facial trauma.
Medical and surgical appliances	100% of Agreed Tariff, subject to clinical motivation.	100% of the NHRPL rate, subject to clinical motivation.	300% of the NHRPL rate, subject to clinical motivation.

Preventative Testing


Cost of the test will be paid by the Fund and the consultation will be paid from the D2D



Cholesterol screening (Tariff code 4027)	Limited to one per adult every two years
Glucose strip test (Tariff code 4050)	Limited to one per adult every two years
Mammogram (Tariff code 3100)	Limited to one per female (over 40 years) every two years or clinically indicated (family history)
Pap Smear (Tariff code 4566)	Limited to one per adult female every year
HIV test (Tariff code 3932)	Limited to one per beneficiary every year
Glaucoma screening (Tariff code 3014)	Limited to one screening per adult (over 40 years) every two years
Prostate screening (Tariff code 4519)	Limited to one screening per male (over 50 years) every year

Day-to-Day Benefits (D2D)

Benefits will be allocated pro rata for Members and their beneficiaries joining during the year.

When your D2D is exhausted, you will be required to pay the providers/services in full.

	Core	Plus	Extended
	You may ONLY use Network Providers.	You may use any provider and claims will be met at the maximum rates reflected below. PMB conditions will be paid at the DSP agreed tariff if a DSP provider is used.	
General Practitioner (GP)	100% at chosen Core Network GP.	100% of the NHRPL rate paid from your D2D limit.	100% of cost, paid from your D2D limit.
Specialists	Only authorised Core Network Specialists are paid, limited to: R940 per year for a single member, R1 290 per year for a family. The above includes the cost of consultation, medication, procedures, radiology and pathology.	100% of the NHRPL rate paid from your D2D limit. PMB's will be paid at the agreed tariff if you use a DSP Specialist – call 0800 118 666 for Specialist referral and authorisation.	100% of cost, paid from your D2D limit. PMB's will be paid at the agreed tariff if you use a DSP Specialist – call 0800 118 666 for Specialist referral and authorisation.
26 Prescribed Minimum Benefits (PMB) chronic medication	100% of approved medication. Subject to registration on our Chronic Care programme. Call 0800 765 432	100% of approved medication. Subject to registration on our Chronic Care programme. Call 0861 888 346	100% of approved medication. Subject to registration on our Chronic Care programme. Call 0861 888 346
Chronic medicine non-PMB	R7 000 per beneficiary per year for approved medication. R7 900 per beneficiary per year for approved medication for Depression R8 600 per beneficiary per year for approved medication for Osteoporosis. Subject to registration on our Chronic Care Programme.		
			
Pathology and Radiology	100% of Agreed Tariff upon referral by the Core Network GP.	100% of the NHRPL rate, paid from your D2D limit.	100% of cost, paid from your D2D limit.
Procedures performed in doctor's rooms: surgical procedures and diagnostic treatment	100% if performed by the Core Network GP.	100% of the NHRPL rate, paid from your D2D limit. Excluding general anaesthetic.	100% of cost, paid from your D2D limit. Excluding general anaesthetic.
Basic dentistry – consultations, fillings, extractions, scaling and polishing	100% at Core Network Dentist.	100% of the NHRPL rate, paid from your D2D limit.	100% of cost, paid from your D2D limit.
Specialised dentistry – dentures, crowns and bridges	No benefit.	100% of the NHRPL rate, paid from your D2D limit.	100% of cost, paid from your D2D limit.

	Core	Plus	Extended
Optical benefits – Eye test, frames, lenses, contact lenses	One pair of clear mono or bifocal lenses and one standard frame OR one pair of contact lenses per beneficiary every 24 months at Core Network Optometrist.	100% of the NHRPL rate, paid from your D2D limit.	100% of cost, paid from your D2D limit.
			
Prescribed acute medicine	100% of formulary medication.	100% of cost, subject to your D2D.	100% of cost, subject to your D2D.
Over-the-counter medicine	No benefit.	100% of the NHRPL rate paid from your D2D limit.	100% of cost, paid from your D2D limit.
Associated health services (chiropractor, homoeopath, naturopath, dietician)	No benefit.	100% of the NHRPL rate paid from your D2D limit.	100% of cost, paid from your D2D limit.
Auxiliary services out of hospital: <ul style="list-style-type: none"> • clinical psychology • speech therapy • audiology • occupational therapy • podiatry • orthoptics • dietetics • biokinetics • physiotherapy 	No benefit.	100% of the NHRPL rate paid from your D2D limit.	100% of cost, paid from your D2D limit.
			
ECG Tests (Heart monitor)	Benefits for clinically appropriate indications by Core Network GP.	100% of NRPL, paid from your D2D limit. When your D2D is exhausted, you will be required to pay for the test in full.	100% of cost, paid from your D2D limit. When your D2D is exhausted, you will be required to pay for the test in full.
Out-of-area Benefit and Emergency visits / Out-patients	Limited to 3 visits per family per year up to a limit of R1 100.	100% of the NHRPL rate paid from your D2D limit.	100% of cost, paid from your D2D limit.
Healthcare provided out of Southern Africa. Members must pay provider, and then claim from the Fund. Southern Africa means South Africa, Namibia, Lesotho, Botswana and Swaziland.	No benefit.	100% of the NHRPL rate paid from your D2D limit. NOTE: No benefit for hospitalisation.	100% of the NHRPL rate, paid from your D2D limit. NOTE: No benefit for hospitalisation.

The Chronic Disease List: The 26 Prescribed Minimum Benefit (PMB) Conditions

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

IMPORTANT CONTACT NUMBERS

CORE MEMBERS

Core GP/dentist/optician networks	0800 765 432	
Chronic Care	0800 765 432	
Hospital Plan authorisations	0800 765 432	Fax: 021 413 0512
Maternity and Oncology Programmes	0800 765 432	Fax: 021 413 0512
HIV Programme	0860 101 110	Fax: 021 413 1064

PLUS AND EXTENDED MEMBERS

Account queries	0802 228 922	
Chronic Care	0861 888 346	
Wooltru Hospital Plan	0800 118 666	Fax: 0861 888 311
Maternity and Oncology Programme	0800 118 666	
HIV Programme	0861 888 300	Fax: 0861 888 301

Disclaimer

This brochure outlines the benefits available to staff through the Company's participation in the Wooltru Healthcare Fund. It is intended as a general outline of benefits and, in the event of a dispute, the rules of the Wooltru Healthcare Fund will apply.

Although every precaution was taken to ensure the accuracy of information contained in this schedule, the official Rules of Wooltru Healthcare Fund will prevail, should a dispute arise.



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