



# 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	<b>R192</b>	<b>R192</b>	<b>R67</b>	<b>R598</b>
R4 501 – R5 200	<b>R240</b>	<b>R240</b>	<b>R72</b>	<b>R646</b>
R5 201 – R5 800	<b>R295</b>	<b>R285</b>	<b>R79</b>	<b>R949</b>
R5 801 – R6 400	<b>R343</b>	<b>R327</b>	<b>R84</b>	<b>R991</b>
R6 401 – plus	<b>R390</b>	<b>R370</b>	<b>R87</b>	<b>R1 034</b>

### Core Day-2-Day Credit Limits

#### Network Only

**Example for a member earning R4 500:**

Member + adult + 2 children

$R192 + R192 + R67 + R67 = R518$

## Plus Contributions

Member	Spouse	Child	Additional Adult
<b>R417</b>	<b>R396</b>	<b>R94</b>	<b>R1 072</b>

**Example:** Member + spouse + 2 children  
 $R417 + R396 + R94 + R94 = R1 001$

### Plus Day-2-Day Credit Limits

Member	<b>R3 000</b>
Member & one Dependant	<b>R5 800</b>
Member & Family	<b>R7 700</b>

## Extended Contributions

Member	Spouse	Child	Additional Adult
<b>R1 144</b>	<b>R1 090</b>	<b>R367</b>	<b>R1 766</b>

**Example:** Member + spouse + 2 children  
 $R1 144 + R1 090 + R367 + R367 = R2 968$

### Extended Day-2-Day Credit Limits

Member	<b>R6 300</b>
Member & one Dependant	<b>R12 600</b>
Member & Family	<b>R18 700</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.

## Abbreviations

<b>PMB</b>	Prescribed Minimum Benefits (a specific minimum legislated package of benefits)
<b>NHRPL</b>	National Health Reference Price List – the legislated price for a service
<b>AGREED TARIFF</b>	The negotiated fee between the Fund and the relevant Service Provider
<b>COST</b>	The full cost of the fees charged by the Service Provider
<b>DSP</b>	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
<b>Hospitalisation Private, provincial or state hospitals</b>	<p>Authorised admissions are paid at the agreed tariff if you are referred to hospital by a Core Network Provider.</p> <p>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: <b>0800 765 432</b></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: <b>0800 118 666</b></p>	<p>Authorised and emergency admissions are paid up to 300% of the NHRPL rate.</p> <p>Authorisation: <b>0800 118 666</b></p>
<b>Ward accommodation</b>	Ward accommodation will be paid at general ward tariffs, subject to pre-authorisation.		
<b>Intensive care, high care, theatre and recovery room</b>	Subject to case management confirmation every 72 hours (3 days). 100% of agreed tariff.		
<b>Emergency room visits resulting in hospitalisation</b>	Authorisation must be obtained within 24 hours of admission into hospital or by the next working day.		
	Authorisation: <b>0800 765 432</b>	Authorisation: <b>0800 118 666</b>	Authorisation: <b>0800 118 666</b>
<b>Medication/Materials in ward and theatre</b>	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.
<b>Take-home medicine (discharge from hospital)</b>	Limited to 5 days.		
<b>GP and Specialists in-hospital including surgery, procedures and consultations</b>	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 <b>0800 118 666</b> for Specialist referral and authorisation.	300% of the NHRPL rate. PMB admissions will be paid in full if you use a DSP provider – call <b>0800 118 666</b> for Specialist referral and authorisation.
<b>Radiology and pathology in and out of hospital (including MRI, CT scans and radio-isotope studies)</b>	100% of agreed tariff if required by a Core Specialist on referral by a Core GP. Subject to authorisation. Authorisation: <b>0800 765 432</b>	R1 500 co-payment on all MRI and CT Scans. Pre-authorisation is required for these scans. Authorisation: <b>0800 118 666</b>	Paid in full. Pre-authorisation is required for MRI and CT scans. Authorisation: <b>0800 118 666</b>
<b>Organ transplants, hospitalisation, organ and patient preparation</b>	100% if hospitalised by a Core Network Specialist.	100% of the NHRPL rate.	300% of the NHRPL rate.
<b>Immuno-suppressant drugs dispensed in hospital, including take-home medication</b>	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.
<b>Donor costs</b>	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.
<b>Peritoneal dialysis and haemodialysis</b>	100% of agreed tariff.	100% of the NHRPL rate and subject to pre-authorisation.	300% of the NHRPL rate and subject to pre-authorisation.
<b>Oncology, radiotherapy and chemotherapy in and out of hospital (Medication/chemicals, related radiology, including MRI and CT scans, and Pathology)</b>	100% of Agreed Tariff, subject to pre-authorisation and registration on the Oncology Programme. Registration: <b>0800 765 432</b>	100% of the NHRPL rate, subject to pre-authorisation and registration on the Oncology Programme. Registration: <b>0800 118 666</b>	300% of the NHRPL rate, subject to pre-authorisation and registration on the Oncology Programme. Registration: <b>0800 118 666</b>

	Core	Plus	Extended
<b>Auxilliary services in hospital:</b> • 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.
<b>Private nursing in lieu of hospitalisation/frail care</b>	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.
<b>Psychiatric treatment in hospital or a registered facility</b>	Statutory Prescribed Minimum Benefits only.  Authorisation: <b>0800 765 432</b>	Subject to pre-authorisation and limited to R24 200 per beneficiary and R48 400 per family per year. Authorisation: <b>0800 118 666</b>	Subject to pre-authorisation and limited to R24 200 per beneficiary and R48 400 per family per year. Authorisation: <b>0800 118 666</b>
<b>Endoscopic examinations performed in hospital</b>	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.
<b>Examinations performed in doctor's rooms:</b> • 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
<b>Endoscopic examinations performed by an ophthalmologist in medical practioner's rooms</b> • 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.
<b>Specialised dentistry procedures in hospital – dental implants, removal of impacted wisdom teeth</b>	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
<b>Basic dentistry procedures in hospital – removal of teeth and multiple fillings for children 7 years and younger</b>	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.
<b>Internal prosthesis pacemakers</b>	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: <b>0800 765 432</b>	100% of the NHRPL rate. Subject to pre-authorisation and limited to R33 000 per beneficiary per year.  Authorisation: <b>0800 118 666</b>	300% of the NHRPL rate. Subject to pre-authorisation and limited to R33 000 per beneficiary per year.  Authorisation: <b>0800 118 666</b>
<b>Cochlear implants</b>	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.
<b>Blood transfusions</b>	100% of the NHRPL rate.	100% of the NHRPL rate.	300% of the NHRPL rate.
<b>Transportation of blood and blood products</b>	100% of the NHRPL rate.	100% of the NHRPL rate.	300% of the NHRPL rate.

	Core	Plus	Extended
<b>Ambulance services (Netcare – 082 911)</b>	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.
<b>Maternity benefits:</b> <ul style="list-style-type: none"> <li>• <b>Delivery by GP or Specialist</b></li> <li>• <b>2 ultrasound scans</b></li> <li>• <b>Theatre and recovery room</b></li> <li>• <b>Ward rate</b></li> <li>• <b>Pathology and radiology in hospital</b></li> </ul>	Subject to pre-authorisation and registration on the Maternity Programme within the first 16 weeks of pregnancy. Registration: <b>0800 765 432</b>  General ward rates, subject to the following: Normal delivery – 3 days Caesarean section – 4 days  100% of Agreed Tariff.	Subject to pre-authorisation and registration on the Maternity Programme within the first 16 weeks of pregnancy. Registration: <b>0800 118 666</b>  General ward rates, subject to the following: Normal delivery – 3 days Caesarean section – 4 days  100% of NHRPL rate.	Subject to pre-authorisation and registration on the Maternity Programme within the first 16 weeks of pregnancy. Registration: <b>0800 118 666</b>  General ward rates, subject to the following: Normal delivery – 3 days Caesarean section – 4 days  300% of NHRPL rate.
			
<b>Maxillo-facial and oral surgery</b>	100% of Agreed Tariff, subject to pre-authorisation. Only covers facial trauma and removal of impacted wisdom teeth.	100% of the NHRPL rate, subject to pre-authorisation. Only covers facial trauma.	300% of the NHRPL rate, subject to pre-authorisation. Only covers facial trauma.
<b>Medical and surgical appliances</b>	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



<b>Cholesterol screening (Tariff code 4027)</b>	Limited to one per adult every two years
<b>Glucose strip test (Tariff code 4050)</b>	Limited to one per adult every two years
<b>Mammogram (Tariff code 3100)</b>	Limited to one per female (over 40 years) every two years or clinically indicated (family history)
<b>Pap Smear (Tariff code 4566)</b>	Limited to one per adult female every year
<b>HIV test (Tariff code 3932)</b>	Limited to one per beneficiary every year
<b>Glaucoma screening (Tariff code 3014)</b>	Limited to one screening per adult (over 40 years) every two years
<b>Prostate screening (Tariff code 4519)</b>	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.	
<b>General Practitioner (GP)</b>	100% at chosen Core Network GP.	100% of the NHRPL rate paid from your D2D limit.	100% of cost, paid from your D2D limit.
<b>Specialists</b>	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 <b>0800 118 666</b> 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 <b>0800 118 666</b> for Specialist referral and authorisation.
<b>26 Prescribed Minimum Benefits (PMB) chronic medication</b>	100% of approved medication. Subject to registration on our Chronic Care programme. <b>Call 0800 765 432</b>	100% of approved medication. Subject to registration on our Chronic Care programme. <b>Call 0861 888 346</b>	100% of approved medication. Subject to registration on our Chronic Care programme. <b>Call 0861 888 346</b>
<b>Chronic medicine non-PMB</b>	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.		
			
<b>Pathology and Radiology</b>	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.
<b>Procedures performed in doctor's rooms: surgical procedures and diagnostic treatment</b>	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.
<b>Basic dentistry – consultations, fillings, extractions, scaling and polishing</b>	100% at Core Network Dentist.	100% of the NHRPL rate, paid from your D2D limit.	100% of cost, paid from your D2D limit.
<b>Specialised dentistry – dentures, crowns and bridges</b>	No benefit.	100% of the NHRPL rate, paid from your D2D limit.	100% of cost, paid from your D2D limit.

	Core	Plus	Extended
<b>Optical benefits – Eye test, frames, lenses, contact lenses</b>	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.
			
<b>Prescribed acute medicine</b>	100% of formulary medication.	100% of cost, subject to your D2D.	100% of cost, subject to your D2D.
<b>Over-the-counter medicine</b>	No benefit.	100% of the NHRPL rate paid from your D2D limit.	100% of cost, paid from your D2D limit.
<b>Associated health services (chiropractor, homoeopath, naturopath, dietician)</b>	No benefit.	100% of the NHRPL rate paid from your D2D limit.	100% of cost, paid from your D2D limit.
<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>• dietetics</li> <li>• biokinetics</li> <li>• physiotherapy</li> </ul>	No benefit.	100% of the NHRPL rate paid from your D2D limit.	100% of cost, paid from your D2D limit.
			
<b>ECG Tests (Heart monitor)</b>	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.
<b>Out-of-area Benefit and Emergency visits / Out-patients</b>	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.
<b>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.</b>	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	<b>0800 765 432</b>	
Chronic Care	<b>0800 765 432</b>	
Hospital Plan authorisations	<b>0800 765 432</b>	Fax: <b>021 413 0512</b>
Maternity and Oncology Programmes	<b>0800 765 432</b>	Fax: <b>021 413 0512</b>
HIV Programme	<b>0860 101 110</b>	Fax: <b>021 413 1064</b>

#### PLUS AND EXTENDED MEMBERS

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

#### 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.



Wooltru Healthcare Fund  
PO Box 15403, Vlaeberg 8018  
Telephone: 021 480 4849 E-mail: wooltru@mhg.co.za