

## **ANNEXURE B1**

### **WOOLTRU HEALTHCARE FUND**

#### **CORE OPTION**

#### **SCHEDULE OF BENEFITS**

**With effect from 1 January 2010**

**With due regard to PMB's which will be paid at 100% of the cost – unlimited**

#### **1. OPTIONS**

When a Member joins the Scheme he must select the Option he wishes to join. If the Member has selected the Core Option, then the Scheme will provide to the Member and his Dependants the benefits as detailed in this schedule.

#### **2. PRIMARY HEALTHCARE BENEFITS**

The Scheme will provide primary healthcare benefits as detailed in this schedule at 100% of the Agreed Tariff at the Designated Service Provider.

The details with regard to the Designated Service Provider shall be communicated in writing to Members by the Scheme. Members must select a primary healthcare provider from the Designated Service Provider network list provided by the Scheme at the beginning of each year, or at the time of joining the Scheme, for the provision of primary healthcare services as listed in this schedule of benefits.

### **3. BENEFITS FOR HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES**

Notwithstanding any other provisions in these rules, the Scheme will provide Members and their Dependants with cover at 100% of the National Scheme Tariff (NST) as per the agreement with the Designated Service Provider, in respect of hospitalisation and other major medical services as contained in this Annexure.

#### **3.1 Annual Hospital Benefit**

Notwithstanding any provisions to the contrary, as contained in the schedule below, all benefits in respect of hospitalisation and other major medical services will be unlimited at 100% of the Agreed Tariff at the Designated Service Provider.

#### **3.2 Pre-authorisation**

Pre-authorisation must be obtained at least 2 working days before admission to hospital. In emergency cases the Designated Service Provider must be notified of the event within 48 hours of admission to the hospital.

No benefits will be granted for hospitalisation, treatments and associated clinical procedures if the Designated Service Provider has denied authorisation.

In respect of any hospitalisation for which pre-authorisation has not been obtained, or pre-authorisation has been obtained later than as stipulated above members will be subject to the difference between NST and actual costs charged for all other associated costs.

#### 4. ANNUAL BENEFIT SCHEDULES

| <b>PRIMARY HEALTHCARE BENEFITS</b>  |   |
|---|---|
| Sub-Limits apply to certain benefits as specified below<br>Pro-rata allocation of benefits will apply in respect of Beneficiaries joining during the year, except for PMB's |   |
| <b>Prescribed Acute Medicine (medicine used for treatment of diseases or conditions that require a short course of medicine treatment)</b>                                  | 100% of Agreed Tariff or Single Exit Price plus legislated professional fee (where applicable)<br><br>Medicine must be dispensed or prescribed by the Designated Service Provider Doctor/Dentist in accordance with the Designated Service Provider Acute/Dental Medicine Formulary   |
| <b>Chronic Medicine (medicines which have been classified to be used for treatment of chronic illnesses as determined by the Scheme)</b>                                    | Pre-authorisation via the Designated Service Provider<br>As per Annexure F  |
| <b>Basic Pathology &amp; Radiology out of hospital</b>  | 100% at Agreed Tariff on referral by Designated Service Provider Doctor and restricted to Designated Service Provider's list of investigations  |
| <b>General Practitioners Out of hospital (consultations, basic primary care, Pre-and Post-natal care including two sonar scans, and minor trauma treatment)</b>             | 100% of Agreed Tariff via the Designated Service Provider Network Doctor and subject to Designated Service Provider's list of codes   |
| <b>Specialists Out of hospital (subject to pre-authorisation)</b>   | Benefits are subject to pre-authorisation by the Designated Service Provider.<br>Limited to:<br>Single Member: R 940 per year<br>Family: R1 290 per year<br><br>The above limits include the cost of consultation, medication, procedures and any special investigations, such as radiology and pathology, related to the authorised out of hospital specialist visit |
| <b>Basic Dentistry out of hospital (consultations, primary extractions, fillings, and scaling and polishing)</b>  | <b>100% of Agreed Tariff via the Designated Service Provider Dentist and limited to the Designated Service Provider's list of codes</b><br>No benefit for basic dentistry in hospital.<br>No benefit for advanced/specialised dentistry.  |
| <b>Optical Benefits</b>   |   |
| Frames, Lenses, Contact Lenses  | One pair of clear standard mono-, bi- or multi-focal lenses plus standard frame OR<br>One set of approved contact lenses per Beneficiary per 24 months at the Designated Service Provider contracted optometrist  |
| Eye Tests   | One examination per Beneficiary per 24 months at the Designated Service Provider optometrist  |

**PRIMARY HEALTHCARE BENEFITS**

Sub-Limits apply to certain benefits as specified below

Pro-rata allocation of benefits will apply in respect of Beneficiaries joining during the year, except for PMB's

| <b>Preventative Tests</b>                          | <b>TEST</b>  | <b>TARIFF CODE</b> | <b>LIMITED TO</b>  |
|--|--|--------------------|--|
|  | Cholesterol screening  | 4027               | One per adult every two years  |
|  | HCG (Glucose) test   | 4050               | One per adult every two years  |
|  | Mammogram  | 34100              | One per female (over 40 years) every two years or annually where clinically indicated (family history) |
|  | Pap smear  | 4566               | One per adult female every year  |
|  | HIV test   | 3932               | One per beneficiary per annum  |
|  | Glaucoma screening   | 3014               | One screening per adult (over 40 years) every two years  |
|  | Prostate screening   | 4519               | One screening per male (over 50 years) every year  |
|  | Preventative screening tests as above via the Designated Service Provider Doctor Network.  |                    |  |
| <b>Out of Area Benefit and Emergency visits</b>    | Limited to 3 Visits per family per annum<br><br>Limited to R1100 per annum, (including, related investigation, procedures and/or medication) |                    |  |
| <b>Over the Counter Medicine</b>                   | No benefit   |                    |  |
| <b>Auxiliary Services out of hospital</b>          | No benefit   |                    |  |
| <b>Chiropractor, Homeopath, Naturopath</b>         | No benefit   |                    |  |
| <b>ECG Tests</b>                                   | Benefits via the Designated Service Provider Doctor Network.   |                    |  |
| <b>Pre-and- Post natal Care, including sonar's</b> | Benefits through the Designated Service Provider Doctor Network according to the defined list of codes                                       |                    |  |

## HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES

Sub-Limits apply to certain benefits as specified below

Pro-rata allocation of benefits will apply in respect of Beneficiaries joining during the year, except for PMB's

|   |   |
|---|---|
| <b>Hospitalisation</b>  | <b>Subject to pre-authorisation by Managed Care Organisation</b>  |
| Provincial/State Hospitals  | 100% of Uniform Patient Fee Schedule or NST, whichever is applicable, at the rate for a general ward<br><br>100% of Agreed Tariff for theatre, intensive care units, high care wards, ward and theatre drugs, dressings and materials.                              |
| Private Hospitals   | 100% of Agreed Tariff via the Designated Service Provider for accommodation in a general ward<br><br>100% of Agreed Tariff for theatre, intensive care units, high care wards, ward and theatre drugs, dressings and materials.                                     |
| Unattached Theatre Units (must be registered with the Department of Health)   | 100% of NST or Agreed Tariff for theatre, drugs, dressings, materials and recovery bed  |
| Procedures performed at Out-of-Hospital Departments or Emergency Rooms of Provincial, State or Private Hospitals (subject to pre-authorisation) | 100% of the Uniform Patient Fee Schedule, NST or Agreed Tariff in respect of the facility charge, theatres, drugs, dressings, materials and the recovery bed where the facilities are used to perform a procedure.  |
| <b>To take out Medicine</b> (medicine on discharge from hospital)   | Limited to 5 days, except for immuno –suppressant drugs dispensed by the hospital for use after discharge (see Organ Transplants)   |
| <b>Confinements</b>   | As detailed above for hospitalisation.<br><br>The services of a midwife during and after confinement provided that hospital services have not been used and subject to pre-authorisation by the Managed Care Organisation are available in lieu of hospitalisation. |
| <b>General Practitioner services in hospital (consultations, operations and procedures)</b>   | 100% of Agreed Tariff via Designated Service Provider Doctor  |
| <b>Specialist services in hospital (consultations, operations and procedures)</b>   | 100% of Agreed Tariff on referral via Designated Service Provider Doctor  |
| <b>Pathology in hospital</b>  | 100% of Agreed Tariff on referral via Designated Service Provider   |
| <b>Radiology (including MRI, CT scans, Computer Tomography &amp; Radio-Isotope Studies)</b> (subject to pre-authorisation)                      | 100% of the Agreed Tariff via the Designated Service Provider   |
| <b>Maxillo-facial and Oral Surgery</b> (subject to pre-authorisation)   | Benefit for extraction of wisdom teeth or facial trauma only.   |
| <b>Blood Transfusions (cost of transfusion and transport ie materials, apparatus and operator's fees)</b>                                       | 100% of Agreed Tariff via Designated Service Provider   |

| <b>HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES</b><br>Sub-Limits apply to certain benefits as specified below<br>Pro-rata allocation of benefits will apply in respect of Beneficiaries joining during the year  |   |
|---|---|
| <b>Ambulance Services (transport to nearest hospital or emergency inter-hospital transfers)</b><br>(subject to pre-authorisation)   | 100% of cost via Designated Service Provider subject to pre-authorisation by the Designated Service Provider<br>No benefits will be paid for unauthorised use of non-designated service providers.  |
| <b>Internal Prosthesis (including external fixators, colostomy kits and appliances placed in the body as an internal adjuvant during and operation)</b><br>(subject to pre-authorisation)   | 100% of Agreed Tariff via Designated Service Provider.<br>Limited to R33 000 per beneficiary per annum  |
| <b>Organ Transplants</b><br>(subject to pre-authorisation)<br><br>Hospitalisation<br>Organ and Patient Preparation<br><br>Immuno-suppressant drugs dispensed in hospital or dispensed by the hospital to take out for use after discharge<br><br>Subsequent supplies of immuno-suppressant drugs (subject to pre-authorisation) | Subject to Designated Service Provider case management and Doctor's Donor costs in respect of an organ transplant will not be covered by the Scheme unless the recipient is a Beneficiary of the Scheme. If the donor is not a beneficiary of the Scheme, the benefit limits applicable to the recipient (who must be a Beneficiary of the Scheme) will apply jointly to the recipient and the donor.<br><br>100% of Agreed Tariff<br><br>100% of cost  |
| <b>Renal Dialysis</b><br>(subject to pre-authorisation)   | 100% of Agreed Tariff via Designated Service Provider   |
| <b>Medical and Surgical Appliances</b><br>(subject to pre-authorisation)  | Subject to clinical motivation and approval by the Designated Service Provider. Benefits are subject to the terms, conditions and protocols of the Designated Service Provider.   |
| <b>External Prosthesis (including hearing aids and hearing aid repairs)</b><br>(subject to pre-authorisation)   | Subject to written motivation which must be received 72 hours before the request for pre-authorisation. Benefits are subject to the terms, conditions and protocols of the Designated Service Provider.   |
| <b>Private Nursing in lieu of hospitalisation</b><br><br><b>Frail Care</b><br>(subject to pre-authorisation)  | 100% of Agreed Tariff, subject to clinical motivation, pre-authorisation by the Designated Service Provider and case management by the Designated Service Provider.<br><br>100% of Agreed Tariff in respect of a chronically ill Beneficiary in a registered nursing home or hospital or frail care facility, subject to approval and case management by the Designated Service Provider.<br><br>Members may claim either for nursing services OR frail care, but not both where such services are used simultaneously.<br><br>A combined limit of R2, 500 per beneficiary per month applies. |

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| <b>Auxiliary Services in hospital (clinical psychology, speech therapy, occupational therapy, physiotherapy)</b><br>(subject to pre-authorisation) | 100% of Agreed Tariff via the Designated Service Provider<br><br>Benefits only payable if the services are directly related to an authorised admission<br><br>No benefit for audiology, podiatry, orthoptics, dietetics, biokinetics, social workers, vocational guidance, child guidance, marriage guidance, school therapy or attendance at remedial education schools or clinics. |
| <b>Specialised Radiology and diagnostic endoscopic procedures in lieu of hospitalisation</b>   | 100% of Agreed Tariff via the Designated Service Provider subject to clinical motivation, pre-authorisation by the Designated Service Provider and case management by the Designated service provider.   |
| <b>Dental Procedures in hospital</b>   | No benefit   |
| <b>International Cover</b>   | No benefit   |
| <b>Refractive Surgery</b>  | No benefit   |
| <b>Specialised Dentistry in and out of hospital</b>  | No benefit   |
| <b>Psychiatric Treatment in hospital</b>   | No benefit, except for Statutory Prescribed Minimum Benefits   |
| <b>Oncology, Radiotherapy &amp; Chemotherapy in and out of hospital</b>  | Limited to Statutory Prescribed Minimum Benefits   |

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| <b>HIV/AIDS</b>  |  |
| Sub-limits apply to certain benefits as specified below        |  |
| <b>HIV/AIDS</b>  | <p>Subject to enrolment and conditions of the Scheme's HIV/AIDS Programme via the Designated Service Provider.</p> <p>Benefits for unregistered beneficiaries will be subject to Annexure G.</p> |
| <b>STATUTORY PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE G</b> |  |