

WOOLTRU HEALTHCARE FUND

PLUS 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 Plus Option, then the Scheme will provide to the Member and his Dependents the benefits as detailed in this schedule.

2. PRIMARY HEALTHCARE BENEFITS

The Scheme will provide primary healthcare benefits as contained in this Annexure

2.1 Primary healthcare benefits provided outside Southern Africa

Any claims for healthcare services rendered outside the borders of South Africa will be subject to the same benefits, sub-limits and exclusions that apply to the relevant healthcare services in South Africa in terms of the schedule below, with the exception of hospitalisation which is not covered, provided that:

- a) the benefit entitlement will not exceed the rate and applicable tariff for the equivalent healthcare service in South Africa;
- b) where the cost of the claim is lower than the applicable tariff, benefits will be paid at cost;
- c) medicine claims will be paid at cost, limited to the amount payable in terms of relevant South African medicine pricing legislation;
- d) members must pay the healthcare provider directly and then submit a claim to the Scheme;
- e) claims will be refunded in South African Rands;
- f) the currency conversion as at the date of service will apply;
- g) qualifying services that cannot be linked to a fixed tariff amount, will be limited to 50% of the cost of the account;
- h) no benefit will be provided in respect of ambulance or other emergency transportation outside the borders of the RSA.

3. BENEFITS FOR HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES

The Scheme will provide Members and their Dependants with cover for 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, subject to pre-authorisation via the Managed Healthcare Organisation.

The following principles will apply to all admissions:

- a) An upfront payment or deductible of R500 shall be imposed for all admissions, except for PMB's.

3.2 Pre-authorisation

Pre-authorisation must be obtained at least 2 working days before admission to hospital. In emergency cases the Managed Healthcare Organisation 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 Managed Healthcare Organisation 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

PRIMARY HEALTHCARE BENEFITS Sub-Limits apply to certain benefits as specified below Pro-rata allocation of limited benefits will apply in respect of Beneficiaries joining the Scheme during the year Annual Medical Limit (AML): Member = R3 000 Member plus one = R5 800 Member plus family = R7 700	
Prescribed Acute Medicine (medicine used for treatment of diseases or conditions that require a short course of medicine treatment)	100% of Single Exit Price plus legislated professional fee Subject to Annual Medical Limit
Chronic Medicine (medicines which have been classified to be used for treatment of chronic illnesses as determined by the Scheme)	Pre-authorisation via the Managed Care Organisation Benefits as per Annexure F
Pathology & Radiology out of hospital MRI and CT Scans out of hospital (subject to pre-authorisation)	100% of NST Subject to Annual Medical Limit 100% of NST An upfront deductible of R1500 per scan applies
General Practitioners Out of hospital Procedures performed in doctor's rooms as per Annexure E	100% of NST Benefit subject to Annual Medical Limit. Benefit not deducted from Annual Medical Limit A deductible of R1500 per procedure applies
Specialists Out of hospital Procedures performed in doctor's rooms as per Annexure E	100% of NST Benefit subject to Annual Medical Limit. Benefit not deducted from Annual Medical Limit A deductible of R1500 per procedure applies
Pre-and Post-Natal Care	100% of NST. Benefit is subject to the Annual Medical Limit. The costs of two routine scans (at 12 and 22 weeks) will not be deducted from the Annual Medical Limit if the expectant mother registers on the Wooltru maternity programme before their 16 th week of pregnancy.

PRIMARY HEALTHCARE BENEFITS			
Sub-Limits apply to certain benefits as specified below Pro-rata allocation of limited benefits will apply in respect of Beneficiaries joining the Scheme during the year Annual Medical Limit (AML): Member = R3 000 Member plus one = R5 800 Member plus family = R7 700			
Basic Dentistry out of hospital (scale and polish, consultations, filings, extractions, plastic dentures and other procedures by dental practitioners)	100% of NST Subject to Annual Medical Limit No benefit for basic dentistry in hospital		
Specialised Dentistry out of hospital (Crowns, bridges and dentures)	100% of NST Subject to Annual Medical Limit		
Optical Benefits Eye Tests, Frames, Lenses, Contact Lenses	100% of NST Subject to Annual Medical Limit No benefit for sunglasses and refractive surgery		
Preventative Tests	TEST	TARIFF CODE	LIMITED TO
	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 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
The cost of the test will not be deducted from the Annual Medical Limit.			
Over the Counter Medicine	100% of Single Exit Price plus legislated professional fee Subject to Annual Medical Limit		
Associated Health Services (Chiropractor, Homeopath, Naturopath)	100% of NST Subject to Annual Medical Limit		
Auxiliary Services out of hospital (clinical psychology, speech therapy, audiology, occupational therapy, podiatry, orthoptics, dietetics, biokinetics and physiotherapy)	100% of NST Subject to Annual Medical Limit No benefit for social workers, vocational guidance, child guidance, marriage guidance, school therapy or attendance at remedial education schools or clinics		

PRIMARYHEALTHCARE BENEFITS

Sub-Limits apply to certain benefits as specified below

Pro-rata allocation of limited benefits will apply in respect of Beneficiaries joining the Scheme during the year

Annual Medical Limit (AML):

Member = R3 000

Member plus one = R5 800

Member plus family = R7 700

Primary Healthcare provided outside Southern Africa	Refer to paragraph 2.1 of this Annexure
ECG Tests	100% of NST Subject to Annual Medical Limit

HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES

Sub-Limits apply to certain benefits as specified below

Pro-rata allocation of limited benefits will apply in respect of Beneficiaries joining the Scheme during the year

Hospitalisation	Subject to pre-authorisation by Managed Healthcare Organisation All non-PBM admissions will require an upfront payment of R500
Provincial/State Hospitals	100% of Uniform Patient Fee Schedule, NST or Agreed Tariff, whichever is applicable at the rate for a general ward. 100% of Uniform Patient Fee Schedule, NST or Agreed Tariff for theatre, intensive care units, high care wards, ward and theatre drugs, dressings and materials.
Private Hospitals	100% of Agreed Tariff for accommodation in a general ward. An upfront payment or deductible of R500 is payable by the member on all non-PMB private hospital admissions. 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.
To take out Medicine (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)
Confinements	As detailed above for hospitalisation 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.
General Practitioner services in hospital (consultations, operations and procedures)	100% of NST
Specialist services in hospital (consultations, operations and procedures)	100% of NST
Pathology in hospital	100% of NST
Radiology (including MRI, CT scans, Computer Tomography & Radio-Isotope Studies) (subject to pre-authorisation)	100% of the NST An upfront deductible of R1 500 is payable by the member on all MRI and CT scans.
Maxillo-facial and Oral Surgery (subject to pre-authorisation)	100% of NST Benefit for facial trauma only
Blood Transfusions (cost of transfusion and transport i.e. materials, apparatus and operator's fees)	100% of NST

HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES Sub-Limits apply to certain benefits as specified below Pro-rata allocation of limited benefits will apply in respect of Beneficiaries joining the Scheme during the year	
Private Nursing in lieu of hospitalisation Frail Care (subject to pre-authorisation)	100% of NST subject to clinical motivation, pre-authorisation by the Managed Care Organisation and case management by the Managed Care Organisation 100% of NST 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 Managed Care Organisation. Members may claim either for nursing services OR frail care, but not both where such services are used simultaneously. A combined limit of R2, 500 per beneficiary per month applies.
Auxiliary Services in hospital (clinical psychology, speech therapy, occupational therapy, physiotherapy) (subject to pre-authorisation)	100% of NST Benefits only payable if the services are directly related to an authorised admission 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.
Specialised Radiology (MRI and CT Scans) and diagnostic endoscopic procedures (as per Annexure E) in lieu of hospitalisation (subject to pre-authorisation)	100% of NST subject to clinical motivation, pre-authorisation and case management by the Managed Care Organisation A R1500 deductible applies
Specialised Dentistry in hospital (Dental Implants and impacted wisdom teeth only) (Subject to pre-authorisation)	100% of NST Limited to: R 7 590 per single Member per annum and; R 16 800 per family per annum
Psychiatric Treatment in hospital (subject to pre-authorisation)	100% of NST R24 200 per beneficiary per annum but limited to a maximum of R48 400 per family per annum
Oncology, Radiotherapy & Chemotherapy in hospital (subject to pre-authorisation)	100% of NST

HIV/AIDS Sub-limits apply to certain benefits as specified below Pro-rata allocation of limited benefits will apply in respect of Beneficiaries joining the Scheme during the year	
HIV/AIDS	Subject to enrolment and conditions of the Scheme's HIV/AIDS Programme via the Managed Care Organisation Benefits for unregistered Beneficiaries will be subject to Annexure G
STATUTORY PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE G	