

WOOLTRU HEALTHCARE FUND

EXTENDED 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 that he wishes to join. If the Member has selected the Extended 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 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

Notwithstanding any other provisions in these Rules, the Scheme will provide Members and their Dependants with cover at 100% of Cost 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 NST.

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 during the year Annual Medical Limit (AML): Member = R6 300 Member plus one = R12 600 Member plus family = R18 700	
Prescribed Acute Medicine (medicine used for treatment of diseases or conditions that require a short course of medicine treatment)	100% of Cost 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 and Radiology out of hospital	100% of Cost Subject to Annual Medical Limit
General Practitioner and Specialist out of hospital Procedures performed in doctor's rooms as per Annexure E	100% of Cost Subject to Annual Medical Limit Benefit not deducted from Annual Medical Limit
Pre-and Post-natal care	100% of Cost. 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.
Basic Dentistry out of hospital (scale and polish, consultations, filings, extractions, plastic dentures and other procedures by dental practitioners)	100% of Cost Subject to Annual Medical Limit No benefit for basic dentistry in hospital

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 during the year

Annual Medical Limit (AML):
Member = R6 300
Member plus one = R12 600
Member plus family = R18 700

Specialised Dentistry out of hospital (Crowns, bridges and dentures)	100% of Cost Subject to Annual Medical Limit																								
Optical Benefits Eye Tests, Frames, Lenses, Contact Lenses	100% of Cost Subject to Annual Medical Limit No benefit for sunglasses																								
Preventative Tests	<table border="1"> <thead> <tr> <th data-bbox="639 712 927 745">TEST</th> <th data-bbox="927 712 1158 745">TARIFF CODE</th> <th data-bbox="1158 712 1423 745">LIMITED TO</th> </tr> </thead> <tbody> <tr> <td data-bbox="639 745 927 808">Cholesterol screening</td> <td data-bbox="927 745 1158 808">4027</td> <td data-bbox="1158 745 1423 808">One per adult every two years</td> </tr> <tr> <td data-bbox="639 808 927 871">HCG (Glucose) test</td> <td data-bbox="927 808 1158 871">4050</td> <td data-bbox="1158 808 1423 871">One per adult every two years</td> </tr> <tr> <td data-bbox="639 871 927 1028">Mammogram</td> <td data-bbox="927 871 1158 1028">34100</td> <td data-bbox="1158 871 1423 1028">One per female (over 40 years) every two years or clinically indicated (family history)</td> </tr> <tr> <td data-bbox="639 1028 927 1090">Pap smear</td> <td data-bbox="927 1028 1158 1090">4566</td> <td data-bbox="1158 1028 1423 1090">One per adult female every year</td> </tr> <tr> <td data-bbox="639 1090 927 1153">HIV test</td> <td data-bbox="927 1090 1158 1153">3932</td> <td data-bbox="1158 1090 1423 1153">One per beneficiary per annum</td> </tr> <tr> <td data-bbox="639 1153 927 1247">Glaucoma screening</td> <td data-bbox="927 1153 1158 1247">3014</td> <td data-bbox="1158 1153 1423 1247">One screening per adult (over 40 years) every two years</td> </tr> <tr> <td data-bbox="639 1247 927 1341">Prostate screening</td> <td data-bbox="927 1247 1158 1341">4519</td> <td data-bbox="1158 1247 1423 1341">One screening per male (over 50 years) every year</td> </tr> </tbody> </table> <p data-bbox="639 1341 1423 1406">The cost of the test will not be deducted from the Annual Medical Limit</p>	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
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Over the Counter Medicine	100% of Agreed Tariff or Single Exit Price plus legislated professional fee Subject to Annual Medical Limit																								
Associated Health Services (Chiropractor, Homeopath, Naturopath)	100% of Cost 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 Cost 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

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

Annual Medical Limit (AML):

Member = R6 300

Member plus one = R12 600

Member plus family = R18 700

Primary Healthcare provided outside Southern Africa	Refer to paragraph 2.1 of this Annexure
ECG Tests	100% of Cost 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 during the year

Hospitalisation	Subject to pre-authorisation by Managed Healthcare Organisation
Provincial/State Hospitals	100% of Uniform Patient Fee Schedule or Cost 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 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)	300% 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)	300% 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)	300% of NST
Specialist services in hospital (consultations, operations and procedures)	300% of NST
Pathology in hospital	300% of NST
Radiology (including MRI, CT scans, Computer Tomography & Radio-Isotope Studies) (subject to pre-authorisation)	300% of NST
Maxillo-facial and Oral Surgery (subject to pre-authorisation)	300% of NST. Benefits for facial trauma only
Blood Transfusions (cost of transfusion and transport ie materials, apparatus and operator's fees)	300% of NST
Ambulance Services (transport to nearest hospital or emergency inter-hospital transfers)	100% of cost via the Designated Service Provider subject to pre-authorisation by the Designated Service Provider No benefits will be paid for unauthorised use of non-designated service providers.

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 during the year

<p>Internal Prosthesis (including external fixators, colostomy kits and appliances placed in the body as an internal adjuvant during and operation) (subject to pre-authorisation)</p>	<p>Limited to R33 000 per beneficiary per annum</p>
<p>Organ Transplants (subject to pre-authorisation)</p> <p>Hospitalisation Organ and Patient Preparation</p> <p>Immuno-suppressant drugs dispensed in hospital, dispensed by the hospital to take out for use after discharge</p> <p>Subsequent supplies of immuno-suppressant drugs (subject to pre-authorisation)</p>	<p>Subject to the Managed Care Organisation case management and networks.</p> <p>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</p> <p>300% of NST</p> <p>100% of Cost</p>
<p>Renal Dialysis (subject to pre-authorisation)</p>	<p>300% of NST subject to pre-authorisation by the Managed Care Organisation</p>
<p>Medical and Surgical Appliances (subject to pre-authorisation)</p>	<p>300% of NST Subject to clinical motivation and approval by the Managed Care Organisation.</p>
<p>External Prosthesis (including hearing aids and hearing aid repairs) (subject to pre-authorisation)</p>	<p>300% of NST. Subject to written motivation which must be received 72 hours before the request for pre-authorisation. Benefits are subject to terms, conditions and protocols of the Managed Care Organisation.</p>
<p>Private Nursing in lieu of hospitalisation</p> <p>Frail Care (subject to pre-authorisation)</p>	<p>300% of NST subject to clinical motivation, pre-authorisation by the Managed Care Organisation and case management by the Managed Care Organisation</p> <p>300% 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.</p> <p>Members may claim either for nursing services OR frail care, but not both where such services are used simultaneously.</p> <p>A combined limit of R2,500 per beneficiary per month applies.</p>

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 during the year	
Auxiliary Services in hospital (clinical psychology, speech therapy, occupational therapy, physiotherapy) (subject to pre-authorisation)	300% 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 and diagnostic endoscopic procedures in lieu of hospitalisation (subject to pre-authorisation)	300% of NST subject to clinical motivation, pre-authorisation and case management by the Managed Care Organisation
Refractive Surgery (subject to pre-authorisation)	300% of NST
Specialised Dentistry in hospital (Dental Implants and impacted wisdom teeth only) (subject to pre-authorisation)	300% of NST Limited to: R 8 090 per single Member per annum and; R 17 300 per family per annum
Psychiatric Treatment in hospital (subject to pre-authorisation)	300% of NST R24 200 per beneficiary per annum but limited to a maximum of R48400 per family per annum
Oncology, Radiotherapy & Chemotherapy in hospital (subject to pre-authorisation)	300% of NST
HIV/AIDS Sub-limits apply to certain benefits as specified below Pro-rata allocation of benefits will apply in respect of Beneficiaries joining 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	