



Wooltru Healthcare Fund

Benefit Schedule for 2009

Some important points to help you manage your Healthcare

Contributions

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

Making a claim

- Send your claim through internal post to Wooltru Healthcare Fund, Cape Town.
- Check that your name, membership number and invoice (if you have paid) are correct.
- No faxes are accepted for payment. We only pay claims 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.**

Healthcare Statements

- Claims are processed and paid every two weeks and a statement is sent to you at your work address.

Chronic Care

- All members must call **0800 765 432** for Chronic Care applications forms and queries.
- **All claims for Chronic Care must go to CareCross.**

Core Members call 0800 765 432

- Core members must call CareCross for ALL queries, including hospital authorisations and Chronic Care.
- Core members must call CareCross (not Qualsa) for hospital authorisations.
- Core members must call CareCross for the HIV Programme, Maternity Programme and the Oncology Programme.

Plus and Extended Members call 080 222 8922

- For answers to all your queries (except Chronic Care).
- For Healthcare Application forms.

Plus and Extended Members call 0800 118 666

- For a Hospital Plan authorisation number.
- To join the Maternity Programme (before the 16th week of pregnancy).
- To join the Oncology Programme if you are diagnosed with cancer.

Plus and Extended Members must call 0861 888 300 to join the HIV Programme.



Before you are hospitalised, you must obtain authorisation.

Hospital Plan benefits are unlimited, as long as you follow the correct procedure.

You must obtain authorisation for any non-emergency hospital admission and related treatment by calling 080 011 8666 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 forfeited.

Hospitalisation Benefits

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

	Core	Plus	Extended
Hospitalisation Private, Provincial or State hospitals	Members need to follow the correct referral process as outlined in your Healthcare 2009 Brochure in order to receive these benefits. Authorised admissions are paid in full if you are hospitalised by a Core Network GP or Core Network Specialist.	Members need to follow the correct referral process as outlined in your Healthcare 2009 Brochure in order to receive these benefits. Authorised admissions are paid in full if you are hospitalised by a Plus Network GP or Plus Approved Specialist.	Authorised admissions are paid in full.
Ward accommodation	Ward accommodation will be paid at general ward tariffs, subject to pre-authorisation.		
Intensive care and high care	Subject to case management confirmation every 72 hours (3 days).		
Theatre and recovery room	100%		
Emergency room visits resulting in hospitalisation	Authorisation must be obtained within 24 hours of admission into hospital or by the next working day.		
Medication/Materials in ward and theatre	100% for all medication and materials dispensed in hospital if hospitalised by a Core Network GP or Core Network Specialist.	100% for all medication and materials dispensed in hospital if hospitalised by a Plus Network GP or Plus Approved Specialist.	100% 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	Authorised admissions are paid in full if you are hospitalised by a Core Network GP or Core Network Specialist.	Authorised admissions are paid in full if you are hospitalised by a Plus Network GP or Plus Approved Specialist. 100% of NRPL for a non Plus GP or Specialist.	100%
Radiology and pathology in and out of hospital (including MRI, CT scans and radio-isotope studies)	100% Pre-authorisation is required for MRI and CT scans performed in hospital.		
Organ transplants, hospitalisation, organ and patient preparation	100% if hospitalised by a Core Network Specialist.	100%, if performed by a Plus Approved Specialist or NRPL if performed by a non Approved Specialist.	100%, but must be related to hospitalisation.
Immuno-suppressant drugs dispensed in hospital, including take-home medication	100% but must be related to hospitalisation.	100% but must be related to hospitalisation.	100%
Donor costs	Donor costs will be covered if the procedure is performed by a Core Network Specialist.	Donor costs will be covered if the procedure is performed by a Plus Approved Specialist.	100%
Peritoneal dialysis and haemodialysis	100%, 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.	100% if managed by a Plus Approved Specialist or NRPL if managed by a non Approved Specialist. Subject to pre-authorisation and registration on the Oncology Programme.	100%, subject to pre-authorisation and registration on the Oncology Programme.
Auxilliary services in hospital: • clinical psychology • speech therapy • audiology • occupational therapy • podiatry	100% for authorised admissions by a Core Network GP or Core Network Specialist. The service/procedure must be directly related to the authorised admission.	100% for authorised admissions by a Plus Network GP or Plus Approved Specialist. The service/procedure must be directly related to the authorised admission.	100% for authorised admissions.

	Core	Plus	Extended
<ul style="list-style-type: none"> • orthoptics • dietetics • biokinetics • physiotherapy 	100% for authorised admissions by a Core Network GP or Core Network Specialist. The service/procedure must be directly related to the authorised admission.	100% for authorised admissions by a Plus Network GP or Plus Approved Specialist. The service/procedure must be directly related to the authorised admission.	100% for authorised admissions.
Private nursing in lieu of hospitalisation/frail care	Limited to R2 500 per beneficiary per month. Subject to motivation by Core Network GP or Core Network Specialist.	Limited to R2 500 per beneficiary per month. Subject to motivation by Plus Network GP or Plus Approved Specialist.	Limited to R2 500 per beneficiary per month. Subject to motivation by GP or Specialist.
Psychiatric treatment in hospital or a registered facility	Statutory Prescribed Minimum Benefits only.	Subject to pre-authorisation and limited to R24 200 per beneficiary and R48 400 per family.	Subject to pre-authorisation and limited to R24 200 per beneficiary and R48 400 per family.
Endoscopic examinations performed in hospital	100% of Agreed Tariff, subject to pre-authorisation.	100%, subject to pre-authorisation and being performed by a Plus Network Specialist.	100%, subject to pre-authorisation.
Endoscopic examinations performed in medical practioner's rooms: <ul style="list-style-type: none"> • Gastroscopy • Oesophagoscopy • Colonoscopy • Sigmoidoscopy 	No Benefit.	100% if performed by a Plus Approved Specialist or NRPL if performed by a non Approved Plus Network Specialist. Benefits for anaesthetic costs related to such procedures shall be limited to local or regional anaesthetic. General anaesthetic costs are not covered by the Fund for procedures performed in a doctor's rooms.	100% Benefits for anaesthetic costs related to such procedures shall be limited to local or regional anaesthetic. 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 <ul style="list-style-type: none"> • Treatment of retina and choroids by cryotherapy • Pan retinal photocoagulation • Laser capsulotomy • Laser trabeculoplasty • Laser apparatus 	No Benefit.	100% if performed by a Plus Approved Specialist or NRPL if performed by a non Approved Specialist. Benefits for anaesthetic costs related to such procedures shall be limited to local or regional anaesthetic. General anaesthetic costs are not covered by the Fund for procedures performed in a doctor's rooms.	100% Benefits for anaesthetic costs related to such procedures shall be limited to local or regional anaesthetic. 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 wisdom teeth)	No Benefit.	100% approved of NRPL. Subject to pre-authorisation and limited to: R8 090 per member per annum R17 300 per family per annum.	100% Subject to pre-authorisation and limited to: R8 090 per member per annum R17 300 per family per annum.
Basic Dentistry procedures in hospital (removal of teeth, fillings)	No Benefit.	No Benefit.	No Benefit.
Internal prosthesis pacemakers	100% of Agreed Tariff, if inserted by a Core Network Specialist. No benefit if inserted by a non Core Specialist. Subject to pre-authorisation and limited to R33 000 per beneficiary per annum.	100% if inserted by a Plus Approved Specialist or NRPL if inserted by a non Approved Specialist. Subject to pre-authorisation and limited to R33 000 per beneficiary per annum.	100%, subject to pre-authorisation and limited to R33 000 per beneficiary per annum.
Cochlear implants	100% of Agreed Tariff, subject to pre-authorisation and motivation by Core Network Specialist.	100% if performed by a Plus Approved Specialist or NRPL if inserted by a non Approved Specialist. Subject to pre-authorisation and motivation by Specialist.	100%, subject to pre-authorisation and motivation by Specialist.
Blood transfusions	100% of Agreed Tariff.	100% of NRPL.	100%
Transportation of blood and blood products	100% of Agreed Tariff.	100% of NRPL.	100%

	Core	Plus	Extended
Ambulance services (Netcare – 082 911)	100% of Agreed Tariff. Unlimited if Netcare Provider is used. No benefits will be paid for unauthorised use of these services.	100% of Agreed Tariff. Unlimited if Netcare Provider is used. No benefits will be paid for unauthorised use of these services.	100% Unlimited if Netcare Provider is used. No benefits will be paid for unauthorised use of these services.
Maternity benefits:	Subject to pre-authorisation and registration on the Maternity Programme before the 16th week of pregnancy.	Subject to pre-authorisation and registration on the Maternity Programme before the 16th week of pregnancy.	Subject to pre-authorisation and registration on the Maternity Programme before the 16th week of pregnancy.
<ul style="list-style-type: none"> • Delivery by GP or Specialist • Consultation by GP or Specialist in hospital • 2 ultra sound scans • Ante-natal/pre-natal inpatient hospitalisation • Out-patient visits to hospital/clinic for investigations, e.g. Tocardiography • Midwife delivery by registered midwife • Theatre and recovery room 			
• Ward rate	General ward rates, subject to the following: Normal delivery – 3 days Caesarean section – 4 days	General ward rates, subject to the following: Normal delivery – 3 days Caesarean section – 4 days	General ward rates, subject to the following: Normal delivery – 3 days Caesarean section – 4 days
• Pathology and radiology in hospital	100% of Agreed Tariff.	100% if requested by a Plus Network Specialist or NRPL if requested by a non Plus Network Specialist.	100% of cost.
Maxillo-facial and oral surgery	100% of Agreed Tariff. Subject to pre-authorisation and only includes extraction of wisdom teeth or facial trauma.	100% of NRPL. Subject to pre-authorisation and only includes extraction of wisdom teeth or facial trauma.	100% Subject to pre-authorisation and only includes extraction of wisdom teeth or facial trauma.
Medical and surgical appliances	100% of Agreed Tariff, subject to clinical motivation.	100% of NRPL, subject to clinical motivation.	100%, subject to clinical motivation

Preventative Testing

Cholesterol screening (Tariff code 4027)	Limited to one per adult every two years
HCG (Glucose) 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
Cost of the test will be paid by the Fund and the consultation will be paid from the Annual Medical Limit	

Day-to-Day Benefits (D2D)

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

	Core	Plus	Extended
General Practitioner (GP)	100% at chosen Core Network GP.	Plus Network GPs: 100%, and the Fund pays R100 towards each visit even when your D2D is exhausted. All other GPs: NRPL is deducted from your D2D, and you pay in full when your D2D is exhausted.	100%, subject to your D2D.
Specialists	100% at Core Network Specialist. 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.	Plus Approved Specialists: 100% if referred by Plus Network GP. The Fund pays R150 towards each visit even when your D2D is exhausted. Other Specialists: NRPL is deducted from your D2D, and you pay in full when your D2D is exhausted.	100%, subject to your D2D.
Basic dentistry – Out of hospital (consultations, fillings, extractions, scaling and polishing)	100% at Core Network Dentist.	100% of NRPL, subject to your D2D and the Fund pays R100 towards first visit in 2009.	100% of cost, subject to your D2D.
Specialised dentistry – Out of hospital (dentures, crowns and bridges)	No Benefit.	100% of NRPL, subject to your D2D.	100%, subject to your D2D.
Optical benefits – Eye test, frames, lenses, contact lenses	One pair of clear mono or bifocal lenses. One standard frame per Beneficiary every 24 months at Core Network Optometrist.	100% of NRPL, subject to your D2D and the Fund pays R100 towards first eye-test in 2009.	100%, subject to your D2D.
Prescribed acute medicine	100% of Formulary medication.	100% of Formulary medication.	100%, subject to your D2D.
26 Prescribed Minimum Benefits (PMB) chronic medication	100% of Formulary medication.	100% of Formulary medication.	100% of Formulary medication.
Chronic medicine non-PMB	R7 000 per beneficiary per year for Formulary medication approved by OneCare.		
Pathology and Radiology	100% of Agreed Tariff via Network.	100% of NRPL and subject to D2D.	100%, subject to D2D.
Over-the-counter medicine	No benefit.	100% of cost and subject to your D2D.	100%, subject to your D2D.
Associated health services (chiropractor, homoeopath, naturopath, dietician)	No Benefit.	100% of NRPL, subject to your D2D.	100%, subject to your D2D.
Auxiliary services out of hospital: • clinical psychology • speech therapy • audiology • occupational therapy • podiatry • orthoptics • dietetics • biokinetics • physiotherapy	No Benefit.	100% of NRPL subject to your D2D.	100%, subject to your D2D.
Healthcare provided out of southern Africa. Members must pay provider, and then claim from the Fund	No Benefit.	100% of NRPL, subject to your D2D. No benefit for hospitalisation.	100%, of NRPL, subject to your D2D. No benefit for hospitalisation.
Procedures performed in doctors' rooms: surgical procedures and diagnostic treatment	Surgical procedures and diagnostic treatment performed by your chosen Core Network GP.	100% if performed by your Plus Network GP or Plus Approved Specialist. Excluding general anaesthetic.	100%, subject to your D2D. Excluding general anaesthetic.
ECG Tests (Heart monitor)	Benefits for clinically appropriate indications by Core Network GP or Core Network Specialist.	100% of NRPL, subject to your D2D.	100%, subject to your D2D.
Out-of-area Benefit and Emergency visits	Limited to 3 visits per family per year.	100% of NRPL from D2D until exhausted.	100%, subject to D2D.

Abbreviations

PMB	Prescribed Minimum Benefits (a specific minimum package of benefits as prescribed by legislation)
NRPL	National Reference Price List (the standard tariff paid by medical funds for a specific 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
SEP	Single Exit Price (the price that medicine manufacturers may charge for medicine)

IMPORTANT CONTACT NUMBERS

CORE MEMBERS

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

PLUS MEMBERS

Specialist authorisation for GP Network	0800 765 432
Account queries (except chronic medication)	080 222 8922

EXTENDED MEMBERS

All queries (except chronic medication)	080 222 8922
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PLUS AND EXTENDED MEMBERS

Chronic Care	0800 765 432	Fax: 021 673 1815
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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