



# Your Healthcare Options for 2009

## core

### Day-2-Day

1. All day-2-day costs, including GP visits, basic dentistry and basic optometry, are provided through the Core Network only.  
Call **0800 765 432** for details of the Core Network providers in your area.

### Chronic Care

Covers the 26 PMB conditions using the CareCross Formulary.  
Plus R7 000 per beneficiary per year for non-PMB chronic conditions.

### Oncology Programme

A managed treatment plan, helpline and unlimited cover for the treatment plan.

### Private Hospital (unlimited)

Hospitalisation is paid in full when referred by a Core Network Provider.  
If referred by a **non-Network Provider**, you will pay the difference between what the specialist charges and NHRPL rates.

### State Hospital

Unlimited cover is provided for the Prescribed Minimum Benefits in State facilities.

### HIV Benefit

Anti-retroviral medicines and medical management via the CareCross HIV Management Programme.

### Free Preventative Tests

Cholesterol screening, pap smear, glucose test, HIV test, mammogram, glaucoma and prostate screening.

## plus

### Day-2-Day

All consultations, dentistry, optical benefits, homoeopathy, physiotherapy, psychology and prescribed medicines will be paid from your day-2-day limit. You may choose to join either the subsidised Plus GP Network or manage your own day-2-day limit.

### Chronic Care

Covers the 26 PMB conditions using the OneCare Formulary.  
Plus R7 000 per beneficiary per year for non-PMB chronic conditions.

### Oncology Programme

A managed treatment plan, helpline and unlimited cover for the treatment plan.

### Private Hospital (unlimited)

Network members: Hospitalisation is paid in full if you are referred by a Plus Network GP or a Network Specialist.  
Non-Network Members: The Fund will only pay up to the NHRPL rate and you will have to pay the shortfall.

### State Hospital

Unlimited cover is provided for the Prescribed Minimum Benefits in State facilities.

### HIV Benefit

Anti-retroviral medicines and medical management via the Qualsa HIV Management Programme.

### Free Preventative Tests

Cholesterol screening, pap smear, glucose test, HIV test, mammogram, glaucoma and prostate screening.

## extended

### Day-2-Day

An extended day-2-day limit for all consultations, dentistry, optical benefits, homoeopathy, physiotherapy, psychology and prescribed medicine.  
All benefits from your day-2-day limit are paid in full.

### Chronic Care

Covers the 26 PMB conditions using the OneCare Formulary.  
Plus R7 000 per beneficiary per year for non-PMB chronic conditions.

### Oncology Programme

A managed treatment plan, helpline and unlimited cover for the treatment plan.

### Private Hospital (unlimited)

Hospitalisation is paid in full.

### State Hospital

Unlimited cover is provided for the Prescribed Minimum Benefits in State facilities.

### HIV Benefit

Anti-retroviral medicines and medical management via the Qualsa HIV Management Programme.

### Free Preventative Tests

Cholesterol screening, pap smear, glucose test, HIV test, mammogram, glaucoma and prostate screening.

# CORE

The **CORE Network** option offers affordable day-2-day and hospital benefits. Your day-2-day benefits may ONLY be obtained through the **Core GP, Dentist** and **Optician Networks**. You will need to choose a Core Network GP, Dentist and Optician in your area. A list of the Core Network GPs, Dentists and Opticians is enclosed. For details of the other Core Network providers, contact **0800 765 432**.

## Day-2-Day (D2D)

### Consultations with your Core Network GP include:

- Acute medicine according to a set medicine list
- Approved minor surgical procedures, for example stitching and limb casts
- ECGs and nebulisations
- Pre- and post-natal care
- Pathology (blood tests) according to an approved list
- Radiology (X-rays) according to an approved list

**Chronic medicines** need to be authorised by CareCross. Your Core Network GP will apply to the Fund on your behalf.

### Consultations with your chosen Core Network Dentist include:

- scaling and polishing
- fillings
- extractions

### Consultations with your Core Network Optician include:

- an eye test
- single or bifocal clear standard lenses
- standard frame per beneficiary per 24 months

### Three out-of-town emergency visits:

Three out-of-town emergency GP or dentist visits to an overall maximum of R1 100. You must pay for the visit and claim back from the Fund.

**Non-Network Providers:** If you choose to go to a GP, dentist or optician of your own choice, you will have to pay these claims yourself. The Fund will not refund you for these visits.

## Specialists

- If you need to see a specialist, your Core Network GP must phone the **Referral Call Centre** to obtain an authorised referral to a specialist.
- **The Specialist benefit is limited** to a maximum of R940 per single member, R1 290 per family per year. This benefit includes the cost of consultations, medication, investigations and related out-of-hospital procedures.

## Private Hospital Benefits

Private Hospital benefits will be paid in full, provided that:

- You are hospitalised by a Core Network Provider.
- You obtain a Hospital Authorisation Number before being admitted. Call **0800 765 432**.

In an emergency – car accident, heart attack, etc. – your hospital event will be paid in full, provided the Fund is notified within 48 hours of admission.

If you do not follow the above process, the Fund will only pay the NHRPL rate and you will have to pay the shortfall.

## Monthly Contributions

	Member	Adult	Child	Additional Adult
<b>0 – 4 200</b>	162	162	55	529
<b>4 201 – 4 800</b>	205	205	60	572
<b>4 801 – 5 350</b>	248	239	65	840
<b>5 351 – 5 950</b>	290	276	69	877
<b>5 951+</b>	332	314	72	915

## Maternity Programme

- Expectant mothers need to join the Maternity Programme **BEFORE** their 16th week of pregnancy.
- Call **0800 765 432** to join.
- The Maternity Programme provides for:
  - two free ultrasound scans (12 & 22 weeks)
  - a helpline to assist you during your pregnancy
  - costs related to the actual birth of your baby.

If you do not join the Maternity Programme by your 16th week, you will not receive the benefits listed above, and you will have to pay any shortfalls that arise from the birth of your baby.

## Oncology Programme

- If you are diagnosed with cancer, it is important that you immediately join the Oncology Programme. A treatment plan from your Oncologist will be required.
- Call **0800 765 432** to join.
- The benefits include:
  - A managed treatment plan
  - A helpline to provide you with answers to all your questions
  - Unlimited cover for your treatment plan.

## Chronic Care

- 26 PMB conditions (listed on the back page).
- R7 000 per beneficiary per year for other chronic diseases.
- Call **0800 765 432** to join Chronic Care.

# PLUS

The **PLUS** option offers you unlimited in-hospital benefits via the subsidised Plus GP and Specialist Networks. You are encouraged to join the **Plus Network**, as the Fund makes a contribution towards GP and specialist visits even if your day-2-day limit has been exhausted. If you don't want to join the **Plus Network**, you can visit GPs and specialists of your own choice, in which case the NHRPL portion will be deducted from your day-2-day limit and you will need to settle any excess with the GP/specialist directly.

## Monthly Contributions

Member	Adult	Child	Additional Adult
338	320	73	932

## Subsidised Visits

All members receive the following subsidies:

- **R100** towards your/your beneficiaries' first dental visit.
- **R150** towards your/your beneficiaries' first visit to a gynaecologist.
- **R100** towards your/your beneficiaries' first visit to an optometrist.

## Maternity Programme

- Expectant mothers need to join the Maternity Programme **BEFORE** their 16th week of pregnancy.
- Call **0800 118 666** to join.
- The Maternity Programme provides for:
  - two free ultrasound scans (12 & 22 weeks)
  - a helpline to assist you during your pregnancy
  - costs related to the actual birth of your baby
  - R150 subsidy for 2 gynae visits within 60 days of giving birth
  - R150 subsidy for 2 paediatrician visits within 60 days of giving birth.

If you do not join the Maternity Programme by your 16th week, you will not receive the benefits listed above, and you will have to pay any shortfalls that arise from the birth of your baby.

## Oncology Programme

- If you are diagnosed with cancer, it is important that you immediately join the Oncology Programme.
- Call **0800 118 666** to join.
- The benefits include:
  - A managed treatment plan
  - A helpline to provide you with answers to all your questions
  - Unlimited cover for your treatment plan.

## Day-2-Day (D2D)

The day-2-day limit for 2009 is:

- Member R3 000
- Member + 1 dependant R5 800
- Member + family R7 700

Your day-2-day benefit can be used for all your medical requirements, for example:

- Consultations
- Dentist
- Gynaecologist
- Optometrist
- Glasses/contact lenses
- Medicine
- Homoeopathy, chiropractors, naturopaths
- Physiotherapy
- Paediatrician
- Specialists

Claims will be paid at the NHRPL rate until your day-2-day limit is exhausted. To confirm whether a treatment is covered by the Fund, please call **0800 222 8922**.

## Network Members

## Non-Network Members

### GP Consultations

- You may choose 2 Network GPs from the Plus GP Network list
- Each consultation with your Plus Network GP will be subsidised by R100.
- The full balance of the cost of your visit, including any medication prescribed by the Plus Network GP, will be paid from your D2D limit.
- The Fund will continue to pay the subsidy even when your D2D limit is exhausted.

- Members who have chosen not to join the Plus GP Network will not receive the R100 subsidy.
- The Fund will pay up to the NHRPL rate from your D2D limit, and you must pay the balance to the GP.

### Specialist Consultations

- Your Plus Network GP must contact the Fund to get details of an approved specialist – this information will only be given to your Plus Network GP. The number for your GP to call is **0800 765 432**.
  - Your Plus Network GP will give you the details of the approved specialist, so that you can make an appointment.
- If you do this, the Fund will subsidise the specialist visit by R150, and the full balance will be paid from your D2D limit.

- Members who have chosen not to join the Plus GP Network will not receive the R150 subsidy when they are referred to a specialist by their GP.
- The Fund will pay up to the NHRPL rate from your D2D limit and you must pay the balance to the specialist.

## Chronic Care Benefit - 26 PMB Conditions Only

If your GP or specialist is part of the approved network, you will receive the following benefits:

- Each doctor consultation for your PMB condition will be paid by the Fund subject to your relevant Care Plan.
- Your approved chronic medication will be paid by the Fund.
- When your D2D is exhausted, any further tests that you need for your PMB condition will be paid by the Fund subject to your relevant Care Plan.

If your GP or specialist is not part of the approved network, your consultations for your PMB condition will be paid from your D2D benefit. When your D2D is exhausted, you can apply for the Care Plan for your PMB condition and certain consultations and tests will be paid by the Fund.

**For other chronic conditions there is a benefit of R 7000 per beneficiary per year for the approved medication. To apply, call 0800 765 432**

## Private Hospitals

Hospital costs will be paid in full, provided that:

- Your hospitalisation is arranged through either your Plus Network GP or your approved specialist.
- You have obtained a Hospital Authorisation Number by calling **0800 118 660**.

Hospitalisation for members who have chosen not to join the Plus GP Network will only be paid up to the NHRPL rate and you will be required to pay the shortfall. You must obtain a Hospital Authorisation Number by calling **0800 118 660**.

**In the event of an emergency – car accident, heart attack, etc. – the Fund must be informed of your hospitalisation within 48 hours to ensure that the event is paid in full.**

# EXTENDED

The **EXTENDED** option offers the highest level of day-2-day benefits and provides comprehensive cover for treatment in private hospitals. All benefits are paid in full.

## Day-2-Day (D2D)

The day-2-day limit for 2009 is:

- |                        |         |
|------------------------|---------|
| • Member               | R6 300  |
| • Member + 1 dependant | R12 600 |
| • Member + family      | R18 700 |

Your day-2-day benefit can be used for all your medical requirements, for example:

- Consultations
- Dentist
- Gynaecologist
- Optometrist
- Glasses/contact lenses
- Medicine
- Homoeopathy, chiropractors, naturopaths
- Physiotherapy
- Paediatrician

Claims will be paid in full until your day-2-day limit is exhausted.

To confirm whether a treatment is covered by the Fund, please call **080 222 8922**.

## Specialists

You may choose to see any specialist and the full cost of the visit will be paid from your day-2-day limit.

## Private Hospital Benefits

This benefit is unlimited and will be paid in full, provided you obtain a Hospital Authorisation Number before you are admitted.

If you do not get an authorisation number, the Fund will only pay the NHRPL rate and you will have to pay the shortfall.

## Monthly Contributions

Member	Adult	Child	Additional Adult
957	910	306	1 522

## Maternity Programme

- Expectant mothers need to join the Maternity Programme **BEFORE** their 16th week of pregnancy.
- Call **0800 118 666** to join.
- The Maternity Programme provides for:
  - two free ultrasound scans (12 & 22 weeks)
  - a helpline to assist you during your pregnancy
  - costs related to the actual birth of your baby.

If you do not join the Maternity Programme by your 16th week, you will not receive the benefits listed above, and you will have to pay any shortfalls that arise from the birth of your baby.

## Oncology Programme

- If you are diagnosed with cancer, it is important that you immediately join the Oncology Programme.
- Call **0800 118 666** to join.
- The benefits include:
  - A managed treatment plan
  - A helpline to provide you with answers to all your questions
  - Unlimited cover for your treatment plan.

## Chronic Care

- 26 PMB conditions (listed on the back page).
- R7 000 per beneficiary per year for other chronic diseases.
- Call **0800 765 432** to join Chronic Care.

# 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

**Member:** It is a compulsory condition for the employee to belong to the Wooltru Healthcare Fund or to their spouse's medical aid.

**Adult:** The spouse of the member, the common-law partner or the same-sex partner of the member (affidavits required).

**Child:** Your child, step-child, legally adopted or legally fostered child under the age of 21.

Benefits are calculated pro rata when members/dependants join the Fund during the year.

**Additional Adult** - is defined as:

- a child over the age of 21
- 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 (affidavits required).

## IMPORTANT CONTACT NUMBERS

### CORE MEMBERS

Core GP/dentist/optician	<b>0800 765 432</b>	
Wooltru Hospital Plan	<b>0800 765 432</b>	Fax: <b>021 413 0512</b>
Maternity & Oncology Programme	<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 MEMBERS

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

### EXTENDED MEMBERS

All queries (except chronic medication)	<b>080 222 8922</b>
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### PLUS AND EXTENDED MEMBERS

Chronic Care	<b>0800 765 432</b>	Fax: <b>021 673 1815</b>
Wooltru Hospital Plan	<b>0800 118 666</b>	Fax: <b>0861 888 311</b>
Maternity & Oncology Programme	<b>0800 118 666</b>	
HIV Programme	<b>0861 888 300</b>	Fax: <b>0861 888 301</b>

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.



**Wooltru Healthcare Fund, PO Box 15403, Vlaeberg 8018**