



Options for 2008

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 080 222 8922 for details of the Core Network providers in your area.

Chronic Care

Covers the 26 PMB conditions using the Qualsa Formulary. Plus R530 per beneficiary per month for non-PMB chronic conditions.

Oncology Programme

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

Maternity Programme

Information and advice plus two free scans (12 and 22 weeks)

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 Qualsa 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 at the NHRPL rates. You may choose to join either the subsidised Plus GP Network or manage your own day-2-day limit. R100 subsidy for FIRST dental visit.

Chronic Care

Covers the 26 PMB conditions using the Qualsa Formulary. Plus R530 per beneficiary per month for non-PMB chronic conditions.

Oncology Programme

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

Maternity Programme

Information and advice plus two free scans (12 and 22 weeks). Plus Network members also receive subsidised specialist visits.

Private Hospital (unlimited)

Plus 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 Qualsa Formulary. Plus R530 per beneficiary per month for non-PMB chronic conditions.

Oncology Programme

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

Maternity Programme

Information and advice plus two free scans (12 and 22 weeks)

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 Network**. You will also need to choose a Core Network GP and a Core Network Dentist from the list of providers and call **080 222 8922** for a Network Optician in your area. If you need more information on the Core Network, please refer to the enclosed Core doctor lists or contact **080 222 8922**.

Day-2-Day

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 Qualsa. 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 000. 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 R850 per single member, R1 170 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.

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
0 – 3 975	481	481	193	481
3 976 – 4 560	520	520	197	520
4 561 – 5 090	772	764	253	764
4 091 – 5 670	810	797	256	797
5 671+	848	832	259	832

Maternity Programme

- Expectant mothers need to join the Maternity Programme **BEFORE** their 16th week of pregnancy
- Call **080 011 8666** 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 **080 011 8666** 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)
- R530 per month for other chronic diseases
- Call **080 222 8922** to join Chronic Care

PLUS

Monthly Contributions

Member	Adult	Child	Additional Adult
848	832	259	832

Dentistry

- You may consult with any dentist. There is no Network.
- The Fund will subsidise your and your beneficiaries' **first** dental visit in 2008 by **R100**.

Maternity Programme

- Expectant mothers need to join the Maternity Programme **BEFORE** their 16th week of pregnancy
- Call **080 011 8666** 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 **080 011 8666** 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)
- R530 per month for other chronic diseases
- Call **080 222 8922** to join Chronic Care

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.

Day-2-Day (D2D)

The day-2-day limit for 2008 is:

- Member R2 700
- Member + 1 dependant R5 300
- Member + family R7 000

Your day-2-day (previously known as your Annual Medical Limit or AML) 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 **080 222 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.
- Your Plus Network GP will give you the details of the approved specialist.
- You must then get an authorization number for each visit by calling **080 076 5432**.

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.

Gynaecologist Consultations

Network Members and their beneficiaries who choose the Plus GP Network will receive a R150 subsidy from the Fund for the first gynaecologist visit of the year.

- Members who have chosen not to join the Plus GP Network will not receive the R150 gynaecologist subsidy.

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 **080 011 8666**.

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.

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 **080 011 8666**

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 2008 is:

- | | |
|------------------------|---------|
| • Member | R5 700 |
| • Member + 1 dependant | R11 450 |
| • Member + family | R17 000 |

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
401	359	467	359

Maternity Programme

- Expectant mothers need to join the Maternity Programme **BEFORE** their 16th week of pregnancy
- Call 080 **011 8666** 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 **080 011 8666** 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)
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- Call **080 222 8922** 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 pro-rated in respect of members/dependants joining 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 080 222 8922

PLUS MEMBERS

Specialist authorisation 080 076 5432

For GP Network and account queries 080 222 8922

EXTENDED MEMBERS

All queries 080 222 8922

Chronic Care

080 222 8922

Fax: 0861 888 313

Wooltru Hospital Plan

080 011 8666

Fax: 0861 888 311

Maternity & Oncology Programme

080 011 8666

HIV Programme

0861 888 300

Fax: 0861 888 301

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.

