

# WOOLTRU HEALTHCARE FUND

## CHRONIC MEDICATION PROGRAMME

### Preamble

### Prescribed Minimum Benefits (PMB)

Legislated treatment of the following chronic illnesses will include “diagnosis, medical management and medication, to the extent that this is provided for by way of a therapeutic algorithm for the specified condition, published by the Minister by notice in the Gazette.”

The 26 legislated PMB conditions are as follows:-

DIAGNOSIS	
Addison’s disease	Asthma
Bipolar mood disorder	Bronchiectasis
Cardiac failure	Cardiomyopathy disease
Chronic renal disease	Coronary artery disease
Chronic obstructive pulmonary disorder	Crohn’s disease
Diabetes insipidus	Diabetes mellitus type 1&2
Dysrhythmias	Epilepsy
Glaucoma	Haemophilia
Hyperlipidaemia	Hypertension
Hypothyroidism	HIV/AIDS
Multiple sclerosis	Parkinson’s disease
Rheumatoid arthritis	Schizophrenia
Systemic lupus erythematosus	Ulcerative colitis

The Chronic Medication Programme shall be managed by the Scheme’s contracted Managed Healthcare Organisation.

### **Core Option**

1. Members registered on the Core Option will receive chronic medication per the Designated Service Provider's formulary for the 26 PMB conditions.
2. Medication for approved non-PMB condition/s will be provided in terms of the Managed Healthcare Organisation formulary, and will be limited to R7 000 per Beneficiary per annum. Once the above limit is exhausted, the Member will be liable for the full cost of such medication.

### **Plus and Extended Options**

3. Members registered on the Plus and Extended Options will receive chronic medication per the Managed Healthcare Organisation formulary for the 26 PMB conditions.
4. Medication for PMB conditions provided in terms of the Managed Healthcare Organisation formulary will be paid at 100% of negotiated tariff, if obtained from the Designated Service Provider.
5. Medication for PMB conditions obtained from a source other than the Designated Service Provider will be paid subject to a maximum of 100% of the negotiated tariff as per the Managed Healthcare Organisation formulary.
6. Medication for approved non-PMB condition/s will be limited to R7000 per Beneficiary per annum. Once the above limit is exhausted, the Member will be liable for the full cost of such medication.

### **Care Plans**

7. All members registered on the chronic medication programme for a PMB condition, will receive a Care Plan for the treatment of their PMB chronic condition/s. The Care Plans provided are condition-specific.

8. For registered members on the Core Option, all treatment of the registered PMB condition/s obtained at the Designated Service Provider will be paid from the relevant Care Plan.
9. For registered members on the Plus option, all treatment of the registered PMB condition/s will be paid from the Member's Annual Medical Limit until that limit is exhausted, where after claims will be paid from the relevant Care Plan.  
If the Designated Service Provider who is registered on the Care Plan is visited for the treatment of the registered PMB chronic condition/s, the cost of the consultation will not be deducted from the Member's Annual Medical Limit, and will be paid directly from the relevant Care Plan.
10. For registered members on the Extended option, all other treatment for PMB condition/s will be paid from the Member's Annual Medical Limit until such time as that limit is exhausted, where after claims will be paid from the relevant Care Plan associated with that particular PMB condition.