NON-TCOE

WOOLTRU HEALTHCARE FUND

YOUR CONTRIBUTIONS AND BENEFITS FOR 2019

PAGE

YOUR CONTRIBUTIONS FOR 2019

CORE OPTION CONTRIBUTIONS

INCOME CATEGORY	MEMBER	SPOUSE	CHILD	ADDITIONAL ADULT
R0 – R8 300	**R375**	**R375**	**R130**	**R1 076**
R8 301 – R10 200	**R495**	**R495**	**R143**	**R1 393**
R10 201 +	**R632**	**R600**	**R155**	**R1 709**

PLUS OPTION CONTRIBUTIONS

BREAKDOWN	MEMBER	SPOUSE	CHILD	ADDITIONAL ADULT
Risk	R419	R384	R58	R1 687
Savings	R414	R406	R126	R409
Total contribution	**R833**	**R790**	**R184**	**R2 096**

EXTENDED OPTION CONTRIBUTIONS

	MEMBER	SPOUSE	CHILD	ADDITIONAL ADULT
Contribution	**R2 255**	**R2 131**	**R717**	**R3 996**

YOUR DAY-TO-DAY (D2D) BENEFIT LIMITS

CORE	PLUS	EXTENDED
Benefits from Designated Service Provider (DSP) only.	**Medical Savings Account** (per year) Member: **R5 004** Adult Dependant: **R4 908** Child Dependant: **R1 524** Member + Adult: **R9 912** Member + Child: **R6 528** Member + Adult + Child: **R11 436**	**Annual Medical Limit** Member: **R10 800** Member + 1: **R21 300** Member + 2 or more: **R31 900**

MANAGING YOUR HEALTHCARE

MEMBERSHIP

Membership of the Wooltru Healthcare Fund ('the Fund') **is a compulsory condition of employment** unless you are dependent on your spouse's medical aid.

New employees have 30 days from their date of employment to apply for membership of the Wooltru Healthcare Fund for themselves and their dependants.

If you fail to do so, the prescribed waiting periods for certain benefits will apply. Supporting documents must accompany all applications.

CONTRIBUTIONS

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

STATEMENTS

Claims are processed and paid twice a month and a statement is sent to you at your work address or email address (if provided).

A statement is only sent to you if a claim has been processed. You can see your available benefits on our website **www.wooltruhealthcarefund.co.za**

WHAT MUST I DO WHEN MY PERSONAL CIRCUMSTANCES CHANGE?

You must **notify the Fund within 30 days** of any change in your membership status. For example:

- if you get married
- if you get divorced
- if one of your dependants dies
- if your address or contact details change
- if your children no longer qualify for dependant membership in terms of the rules of the Fund
- if you retire.

Important:

You need to notify the Fund within 30 days of **the birth of your child or the adoption of a child**.

ID numbers of dependants are a requirement for membership.

HOW TO MAKE A CLAIM

IMPORTANT

- Check that your **name**, **membership number** and **the invoice** are correct (if you have paid).
- 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.
- You and your dependants' **identity numbers** must be recorded with the Fund, otherwise claims will not be paid.

CORE MEMBERS:

Send all claims to:

- **POST** – CareCross Health, PO Box 2212, Bellville 7535
- **EMAIL** – wooltru@mmiholdings.co.za

PLUS AND EXTENDED MEMBERS:

Send all claims to:

- **INTERNAL MAIL** – Wooltru Healthcare Fund, Cape Town
- **POST** – PO Box 15403, Vlaeberg 8018
- **EMAIL** – wooltruaccounts@mhg.co.za

MAJOR MEDICAL EXPENSES BENEFITS

YOUR MAJOR MEDICAL EXPENSES BENEFIT

Your major medical expenses consist of **three categories**:

- procedures performed **in hospital**
- certain procedures performed in **doctor's rooms**, a **hospital medical facility** or **day clinics**, but paid from your Major Medical Expenses benefit
- **other** treatments that are not performed in or out of hospital, but are still paid from your Major Medical Expenses benefit.

DESIGNATED SERVICE PROVIDERS

A Designated Service Provider (DSP) is a provider with whom the Fund has managed to negotiate preferential rates. Should you need to be treated for any of the 270 PMB conditions, we recommend that you use a DSP.

YOU MUST CALL FOR AUTHORISATION

You must call for authorisation before your consultation or treatment to ensure full payment of your claim.

CORE members must call **0800 765 432**
PLUS and **EXTENDED** members must call **0800 118 666**

TIME LIMITS FOR AUTHORISATION

NON-EMERGENCY:

You must obtain authorisation **at least two days before** any non-emergency hospital admission or related treatment.

EMERGENCY:

You must obtain authorisation **within 24 hours of admission** into hospital or by the next working day.

You will receive no benefit if authorisation is not obtained within the specified time limits.

IN HOSPITAL

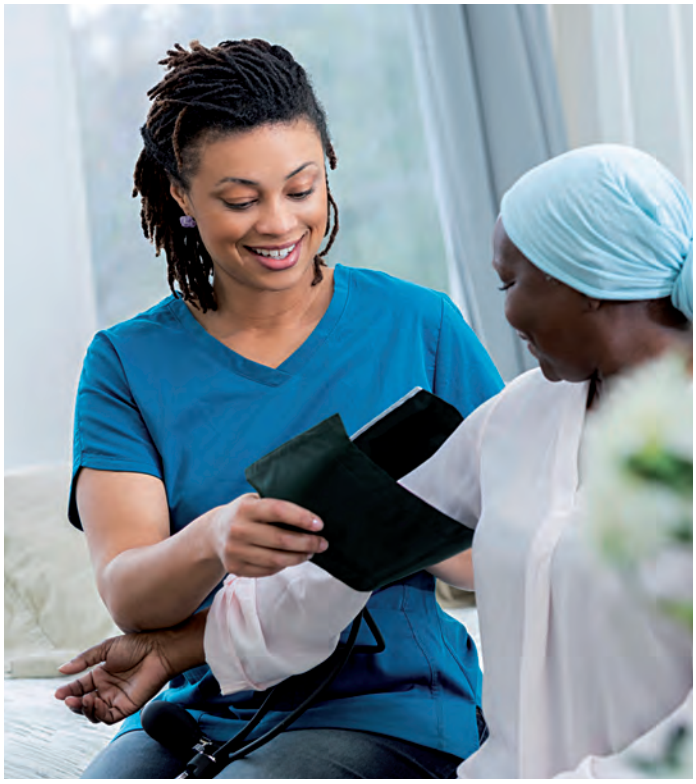
	CORE	PLUS	EXTENDED
Ambulance services (Netcare – 082 911)	100% of the Agreed Tariff. Unlimited if a Designated Service Provider (DSP) is used. Subject to post-authorisation by the DSP within 72 hours of the transport occurring. Unauthorised use of an ambulance for non-emergency will not be covered by the Fund. For authorisation please call **082 911**		
Hospitalisation Private, provincial or state hospitals	100% of the Agreed Tariff for authorised admissions if referred to hospital by a Core Network Provider. Authorisation: **0800 765 432**	100% of the Wooltru Healthcare Fund Tariff (WHFT) rate for authorised admissions. Authorisation: **0800 118 666**	300% of the WHFT rate for authorised admissions. 100% of the Agreed Tariff for general ward accommodation. Authorisation: **0800 118 666**
Ward accommodation	Ward accommodation will be paid at general ward tariffs, subject to pre-authorisation. Core Authorisation: **0800 765 432** Plus and Extended Authorisation: **0800 118 666**		
Take-home medicine (discharge from hospital)	Limited to 7 days.		
GP, including surgery, procedures and consultations	100% of the Agreed Tariff for authorised admissions, if you are referred by a Core Network Provider. Authorisation: **0800 765 432**	100% of the WHFT rate. PMB admissions will be paid in full if you use a Network Specialist and obtain pre-authorisation. Call **0800 765 432** for Specialist referral and authorisation.	300% of the WHFT rate. PMB admissions will be paid in full if you use a Network Specialist. Call **0800 765 432** for Specialist referral and authorisation.
Specialists, including surgery, procedures and consultations	100% of the Agreed Tariff for authorised admissions, if you are referred by a Core Network Provider. Call **0800 765 432** for Specialist referral and authorisation.	100% of the WHFT rate. PMB admissions will be paid in full if you use a Network Specialist. Call **0800 765 432** for Specialist referral and authorisation.	300% of the WHFT rate. PMB admissions will be paid in full if you use a Network Specialist. Call **0800 765 432** for Specialist referral and authorisation.

	CORE	PLUS	EXTENDED
Radiology (including MRIs, CT scans and radio-isotope studies)	100% of the Agreed Tariff if requested by a Network Specialist on referral by a Core GP. Subject to clinical motivation and pre-authorisation. Authorisation: **0800 765 432**	100% of the WHFT rate. MRIs and CT scans require an up-front co-payment of 25% of cost to a max of **R2 100**. Pre-authorisation and motivation by a doctor are required. Authorisation: **0800 118 666**	300% of the WHFT rate. Pre-authorisation and motivation by a doctor is required for MRIs and CT scans. Authorisation: **0800 118 666**
Pathology	100% of the Agreed Tariff if requested by a Network Specialist on referral by a Core GP.	100% of the WHFT rate.	300% of the WHFT rate.
Organ transplants	Subject to pre-authorisation and PMBs. Where the recipient is a beneficiary of the Fund, services rendered to the donor and the transportation of the organ are included in this benefit. Where the donor is a beneficiary of the Fund, but the recipient is not a beneficiary of the Fund, the donor costs will not be covered by the Fund since these costs should be covered by the recipient's medical scheme.	Subject to pre-authorisation, the Managed Care Organisation case management protocols, PMBs and networks. Where the recipient is a beneficiary of the Fund, services rendered to the donor and the transportation of the organ are included in this benefit. Where the donor is a beneficiary of the Fund, but the recipient is not a beneficiary of the Fund, the donor costs will not be covered by the Fund since these costs should be covered by the recipient's medical scheme.	Subject to pre-authorisation, the Managed Care Organisation case management protocols, PMBs and networks. Where the recipient is a beneficiary of the Fund, services rendered to the donor and the transportation of the organ are included in this benefit. Where the donor is a beneficiary of the Fund, but the recipient is not a beneficiary of the Fund, the donor costs will not be covered by the Fund since these costs should be covered by the recipient's medical scheme.
Hospitalisation, organ and patient preparation	100% of the Agreed Tariff.	100% of the WHFT rate.	300% of the WHFT rate.
Immuno-suppressant drugs dispensed in hospital or dispensed by the hospital to take out for use after discharge	100% of the Agreed Tariff.	100% of cost.	100% of cost.
Subsequent supplies of immuno-suppressant drugs	Subject to pre-authorisation.	100% of cost. Subject to pre-authorisation.	100% of cost. Subject to pre-authorisation.
Robotic assisted laparoscopic prostatectomy	No benefit.	100% of the WHFT rate. Subject to clinical motivation and pre-authorisation and approval by the Managed Care Organisation. Must be performed at an accredited hospital. Benefit limit **R129 000** for hospital and equipment.	300% of the WHFT rate. Subject to clinical motivation and pre-authorisation and approval by the Managed Care Organisation. Must be performed at an accredited hospital. Benefit limit **R129 000** for hospital and equipment.
Blood transfusions, transportation of blood and **blood products**	100% of the Agreed Tariff.	100% of the WHFT rate.	300% of the WHFT rate.
Auxiliary services in hospital: • Clinical psychology • Speech therapy • Occupational therapy • Physiotherapy • Dietician **Plus and Extended ONLY:** • Social worker for psychotherapy • Biokineticist • Dietician	100% of the Agreed Tariff for authorised admissions by a Core Network Provider. The service/procedure must be directly related to the authorised admission.	100% of the WHFT rate for authorised admissions. The service/procedure must be directly related to the authorised admission. Post-operative auxiliary services may be approved and benefits granted on condition that these services are received within 6 weeks after the hospital admission. Subject to clinical motivation and pre-authorisation and approval by the Managed Care Organisation.	300% of the WHFT rate for authorised admissions. The service/procedure must be directly related to the authorised admission. Post-operative auxiliary services may be approved and benefits granted on condition that these services are received within 6 weeks after the hospital admission. Subject to clinical motivation and pre-authorisation and approval by the Managed Care Organisation.
Psychiatric treatment in hospital or at a registered facility	Statutory Prescribed Minimum Benefits (PMBs) only – **21 days** per beneficiary per year. Authorisation: **0800 765 432**	Subject to pre-authorisation and limited to **21 days** per beneficiary per year. Authorisation: **0800 118 666**	Subject to pre-authorisation and limited to **21 days** per beneficiary per year. Authorisation: **0800 118 666**
Maxillo-facial treatment	100% of the Agreed Tariff. Subject to pre-authorisation. Only covers facial trauma and removal of impacted wisdom teeth.	100% of the WHFT rate, subject to pre-authorisation.	300% of the WHFT rate, subject to pre-authorisation.

IN DOCTOR'S ROOMS, HOSPITAL MEDICAL FACILITY OR DAY CLINICS

PAID FROM MAJOR MEDICAL EXPENSES BENEFIT

	CORE	PLUS	EXTENDED
Certain procedures performed in doctor's rooms	100% of the Agreed Tariff if performed by a Core Network GP and limited to the Designated Service Provider list of codes. Authorisation: **0800 765 432**	100% of the WHFT rate. Excluding general anaesthetic. **R2 100 co-payment if the following procedures are performed in hospital:** Cone biopsy, Cauterisation of warts, Colposcopy, Nasal polypectomy, Nasal cautery, Meibomian cyst excision, Circumcision, Drainage of superficial abscess, Superficial foreign body removal, Breast biopsy. Authorisation: **0800 118 666**	100% of cost. Excluding general anaesthetic. **R2 100 co-payment if the following procedures are performed in hospital:** Cone biopsy, Cauterisation of warts, Colposcopy, Nasal polypectomy, Nasal cautery, Meibomian cyst excision, Circumcision, Drainage of superficial abscess, Superficial foreign body removal, Breast biopsy. Authorisation: **0800 118 666**
Oncology, radiotherapy and chemotherapy in and out of hospital (medication/ chemicals, related radiology, including MRIs and CT scans, and pathology)	Limited to statutory Prescribed Minimum Benefits, subject to pre-authorisation and registration on the Oncology Programme. Registration: **0800 765 432**	100% of negotiated DSP tariffs subject to PMB and South African Oncology Consortium (SAOC) protocols. Subject to pre-authorisation and the Oncology Management Protocols. Registration: **0800 118 666**	300% of negotiated DSP tariffs subject to PMB and South African Oncology Consortium (SAOC) protocols. Subject to pre-authorisation and the Oncology Management Protocols. Registration: **0800 118 666**
Endoscopic examinations: • Gastroscopy • Oesophagoscopy • Colonoscopy • Sigmoidoscopy These procedures can be performed in the doctor's rooms or ambulatory in an outpatient/medical/surgical facility. If performed in hospital they will attract a member co-payment.	100% of the Agreed Tariff, subject to pre-authorisation and clinical motivation by a Core Network Provider. Authorisation: **0800 765 432**	100% of the WHFT rate if these scopes are performed in the **doctor's rooms**. 100% of the WHFT rate if performed **ambulatory** in an outpatient/ medical/surgical facility. **R2 100 co-payment if performed in hospital and patient is admitted.** Anaesthetic costs related to these scopes will be limited to local or regional anaesthetic. General anaesthetic costs are not covered.	300% of the WHFT rate if these scopes are performed in the **doctor's rooms**. 300% of the WHFT rate if performed **ambulatory** in an outpatient/ medical/surgical facility. **R2 100 co-payment if performed in hospital and patient is admitted.** Anaesthetic costs related to these scopes will be limited to local or regional anaesthetic. General anaesthetic costs are not covered.
Examinations performed by an ophthalmologist: • Treatment of retina and choroids by cryotherapy • Panretinal photocoagulation • Laser capsulotomy • Laser trabeculoplasty • Laser apparatus	No benefit.	100% of the WHFT rate if these scopes are performed in the **doctor's rooms**. 100% of the WHFT rate if performed **ambulatory** in an outpatient/ medical/surgical facility. **R2 100 co-payment if performed in hospital and patient is admitted.** Anaesthetic costs related to these procedures will be limited to local or regional anaesthetic. General anaesthetic costs are not covered.	300% of the WHFT rate if these scopes are performed in the **doctor's rooms**. 300% of the WHFT rate if performed **ambulatory** in an outpatient/ medical/surgical facility. **R2 100 co-payment if performed in hospital and patient is admitted.** Anaesthetic costs related to these procedures will be limited to local or regional anaesthetic. General anaesthetic costs are not covered.
Basic dentistry procedures in hospital – removal of teeth and multiple fillings for children 7 years and younger	No benefit.	100% of the WHFT rate. Dentist will be paid from Medical Savings Account (MSA). Subject to pre-authorisation.	300% of the WHFT rate and subject to pre-authorisation. Dentist will be paid from your available AML.
Specialised dentistry procedures in and out of hospital – dental implants, removal of impacted wisdom teeth	No benefit. Removal of impacted wisdom teeth covered by maxillo-facial benefit.	100% of the WHFT rate, subject to pre-authorisation and limited to: **R14 700** per member per year **R31 800** per family per year.	300% of the WHFT rate, subject to pre-authorisation and limited to: **R15 600** per member per year **R33 500** per family per year.
Refractive surgery	No benefit.	100% of WHFT. LASIK surgery will receive benefit subject to guidelines for refractive surgery for medical reasons. A motivation is required, which must include the refractive error. Subject to approval by medical adviser based on refraction levels.	300% of WHFT. LASIK surgery will receive benefit subject to guidelines for refractive surgery for medical reasons. A motivation is required, which must include the refractive error. Subject to approval by medical adviser based on refraction levels.
Peritoneal dialysis and haemodialysis	100% of the Agreed Tariff via Core Network Provider and subject to pre-authorisation.	100% of the WHFT rate and subject to pre-authorisation.	300% of the WHFT rate and subject to pre-authorisation.



OTHER BENEFITS

PAID FROM MAJOR MEDICAL EXPENSES BENEFIT

	CORE	PLUS	EXTENDED
Private nursing in lieu of hospitalisation OR frail care	100% of the Agreed Tariff and limited to **R4 800** per beneficiary per month. Subject to clinical motivation by a Core Network Provider.	100% of the WHFT rate and limited to **R4 800** per beneficiary per month. Subject to clinical motivation by GP or Specialist.	300% of the WHFT rate and limited to **R4 800** per beneficiary per month. Subject to clinical motivation by GP or Specialist.
Internal prosthesis (including external fixators, colostomy kits, and appliances placed in the body as an internal adjuvant during an operation)	100% of the Agreed Tariff, if inserted by a Core Network Specialist. Subject to pre-authorisation and limited to **R63 700** per beneficiary per year. Authorisation: **0800 765 432**	100% of the WHFT rate. Subject to pre-authorisation and limited to **R63 700** per beneficiary per year. Where pre-authorisation is not obtained, no benefit will be available. Authorisation: **0800 118 666**	300% of the WHFT rate. Subject to pre-authorisation and limited to **R63 700** per beneficiary per year. Where pre-authorisation is not obtained, no benefit will be available. Authorisation: **0800 118 666**
External prosthesis (including hearing aids, hearing aid repairs, wheelchairs and C-pap machines)	100% of the Agreed Tariff. Subject to written motivation, which must be received 72 hours before the request for pre-authorisation. Benefits are subject to the terms, conditions and protocols of the Designated Service Provider. Limited to **R63 700** per beneficiary per year. Authorisation: **0800 765 432**	100% of the WHFT rate. Subject to written motivation, which must be received 72 hours before the request for pre-authorisation. Benefits are subject to the terms, conditions and protocols of the Managed Care Organisation. Limited to **R63 700** per beneficiary per year. Authorisation: **0802 228 922**	300% of the WHFT rate. Subject to written motivation, which must be received 72 hours before the request for pre-authorisation. Benefits are subject to the terms, conditions and protocols of the Managed Care Organisation. Limited to **R63 700** per beneficiary per year. Authorisation: **0802 228 922**
Medical and surgical appliances including nebulisers, crutches, BP machines, glucometers, etc.	100% of the Agreed Tariff, subject to clinical motivation and approval. Benefits are subject to the terms, conditions and protocols of the DSP.	100% of the WHFT rate, subject to clinical motivation. Subject to available Medical Savings Account (MSA) where pre-authorisation is not obtained.	300% of the WHFT rate, subject to clinical motivation. Subject to available Day-to-Day benefits where pre-authorisation is not obtained.
Claims paid outside of South Africa Members must pay the provider, and then claim from the Fund	No benefit.	100% of the WHFT rate paid from applicable benefit categories as indicated above (including hospitalisation). Refunds to members in equivalent SA rand only. You are advised to buy travel insurance when travelling outside southern Africa.	100% of the WHFT rate paid from applicable benefit categories as indicated above (including hospitalisation). Refunds to members in equivalent SA rand only. You are advised to buy travel insurance when travelling outside southern Africa.

YOUR MATERNITY BENEFITS

You must register your pregnancy by calling the pre-authorisation number. This will ensure that your listed maternity claims are paid correctly by the administrators. For pre-authorisation **CORE** members must call **0800 765 432.**
PLUS and **EXTENDED** members must call **0800 118 666**

	CORE	PLUS	EXTENDED
Vaginal delivery	100% of the Agreed Tariff.	100% of the Agreed Tariff.	100% of the Agreed Tariff.
Caesarean section	100% of the Agreed Tariff if motivated by a Core Network Specialist.	100% of the Agreed Tariff. **Member co-payment of R2 840** where no clinical motivation for the Caesarean has been received from the gynaecologist.	100% of the Agreed Tariff. **Member co-payment of R2 840** where no clinical motivation for the Caesarean has been received from the gynaecologist.
Two ultrasound scans, at 12 and 24 weeks	100% of the Agreed Tariff.	100% of the Agreed Tariff.	100% of the Agreed Tariff.
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	100% of the Agreed Tariff.	100% of the Agreed Tariff. As per the Maternity Care Plan.	100% of the Agreed Tariff.

ADDITIONAL MATERNITY PATHOLOGY PAID BY THE FUND

TEST	PER YEAR	TARIFF CODE
Full blood count	1	3755
Blood test: Blood group	1	3764
Blood test: Rhesus antigen	1	3765
Urine culture	1	3893
HIV Elisa or other screening test	1	3932
Rubella antibody	1	3948
VDRL (Venereal Disease Research Laboratory)	1	3949
Glucose strip test	1	4050
Urine analysis dipstick	13	4188
HIV antibody rapid test	1	4614

CORE members must send all claims to:
- Post – CareCross Health, PO Box 2212, Bellville 7535
- Email – wooltru@mmiholdings.co.za

PLUS and EXTENDED members must send all claims to:
- Internal mail – Wooltru Healthcare Fund, Cape Town
- Post – PO Box 15403, Vlaeberg 8018
- Email – wooltruaccounts@mhg.co.za

PREVENTATIVE TESTING

THE TEST – PAID FROM MAJOR MEDICAL THE CONSULTATION – PAID FROM D2D

Health Risk Assessment – body mass index, blood pressure, cholesterol (finger prick test) and blood sugar (finger prick test)	Limited to one screening per adult per annum. To be performed at a designated pharmacy e.g. Dischem or Clicks. Should your Health Risk Assessment be performed in the doctor's rooms, the consultation fee will be paid from your Day-to-Day benefit.
Mammogram (Tariff code 34100 + 3605)	Limited to one per female (over 40 years) every two years or as clinically indicated (family history).
Pap smear and liquid based cytology (Tariff code 4566)	Limited to one per adult female every year.
HIV test – finger prick (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.
HPV vaccine (Nappi code 710020 – Cervarix) (Nappi code 710429 – Gardasil)	All female beneficiaries (non-HIV) between the ages of 9 and 13. **Only PLUS and EXTENDED.**
Flu vaccine	Limited to one per beneficiary per annum.

CHRONIC CARE BENEFITS

WHAT IS CHRONIC CARE?

Chronic Care refers to the medical care for **a pre-existing or long-term illness**.

The Wooltru Healthcare Fund provides a medicine risk management programme for the benefit of members who have been diagnosed with certain chronic conditions.

YOU MUST GET AUTHORISATION

All Chronic Care Benefits are subject to pre-authorisation.

Chronic Care Application Forms can be downloaded from **www.wooltruhealthcarefund.co.za**

CORE members must fax chronic application forms to **021 673 1815** or email to **chronic.carecross@mmiholdings.co.za**
Call **0800 765 432** for any queries.

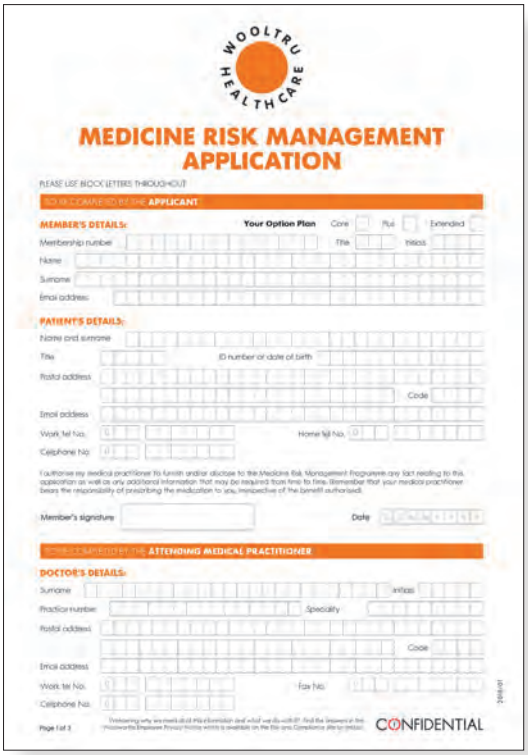
PLUS and **EXTENDED** members must ask their providers to call **0802 228 922**

PLUS and **EXTENDED** members must email application forms to **wooltrumrm@mhg.co.za**

WHAT ARE PMB'S?

Prescribed Minimum Benefits (PMBs) are a set of defined benefits to ensure that all Fund members have access to certain minimum health services, regardless of the option they have selected.

In the table below are the **26 listed common chronic health conditions** on the Chronic Disease List (CDL).


WOOLTRU HEALTHCARE

MEDICINE RISK MANAGEMENT APPLICATION

PLEASE USE BLOCK LETTERS THROUGHOUT

TO BE COMPLETED BY THE APPLICANT

MEMBER'S DETAILS: Your Option Plan Core Plus Extended

Membership number Title Initials

Name

Surname

Email address

PATIENT'S DETAILS:

Name and surname

Title ID number or date of birth

Postal address

Code

Email address

Work tel No. Home tel No.

Cellphone No.

I authorise my medical practitioner to furnish and/or disclose to the Medicine Risk Management Programme any fact relating to this application as well as any additional information that may be required from time to time. Remember that your medical practitioner bears the responsibility of prescribing the medication to you, irrespective of the benefit authorised.

Member's signature Date

TO BE COMPLETED BY THE ATTENDING MEDICAL PRACTITIONER

DOCTOR'S DETAILS:

Surname Initials

Practice number Specialty

Postal address

Code

Email address

Work tel No. Fax No.

Cellphone No.

Page 1 of 3

CONFIDENTIAL

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 the 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

	CORE	PLUS	EXTENDED
26 Prescribed Minimum Benefits (PMB) chronic medication	100% of approved medication. Subject to registration on the Chronic Care programme. Email **chronic.carecross@mmiholdings.co.za.** or fax **021 673 1815**	100% of approved medication. Subject to registration on the Chronic Care programme. Call **0802 228 922** Once registered on the Chronic Care programme, you will be allocated a **Care Plan** starting in January. This Care Plan lists the services recommended to keep you healthy with regard to your chronic condition. These services will be paid from your Major Medical Expenses Benefit and not your Medical Savings Account.	100% of approved medication. Subject to registration on the Chronic Care programme. Call **0802 228 922** Once registered on the Chronic Care programme, a **Care Plan** will be allocated to you once your AML is exhausted. This Care Plan lists the services recommended to keep you healthy with regard to your chronic condition.
Chronic medicine non-PMB	**R11 800** per beneficiary per year for approved medication. Subject to registration on the Chronic Care programme. Email **chronic.carecross@mmiholdings.co.za.** or fax **021 673 1815**	**R11 800** per beneficiary per year for approved medication. **R13 450** per beneficiary per year for approved medication for depression. **R14 700** per beneficiary per year for approved medication for osteoporosis. Subject to registration on the Chronic Care programme. Call **0802 228 922**	
Speciality chronic medicine benefits	No benefit.	Limited to **R156 000** per beneficiary per year. Subject to registration on the Chronic Care programme. Call **0802 228 922**	Limited to **R156 000** per beneficiary per year. Subject to registration on the Chronic Care programme. Call **0802 228 922**

CORE

- CORE members who have chronic conditions **must obtain pre-authorisation for their medication and condition** with the DSP in order to obtain benefits.
- On approval of your PMB related chronic condition **a Care Plan will be allocated to you**.
- A Care Plan will be issued if you are registered on the Chronic Care programme relating to your PMB conditions and if your Chronic Medication has been approved.
- This Care Plan lists the services recommended to keep you healthy with regard to your chronic condition.
- Medication for the 26 PMB conditions **will be restricted to the DSP's formulary** and will be available via the DSP doctor.

Subject to registration on the Chronic Care programme. Call 0800 765 432 to register.

PLUS

- If you are a PLUS option member requiring Chronic Care for one of the 26 PMBs, **a Care Plan will be allocated to you** from the beginning of January.
- A Care Plan will be issued if you are registered on the Chronic Care programme relating to your PMB conditions and if your Chronic Medication has been approved.
- This Care Plan lists the services recommended to keep you healthy with regard to your chronic condition.
- These services **will be paid from your Major Medical Expenses benefit** and not from your Medical Savings Account (MSA).

Subject to registration on the Chronic Care programme. Call 0802 228 922 to register.

EXTENDED

- On the EXTENDED option you can **ONLY register for the Chronic Care Plan once your Annual Medical Limit has been exhausted**.
- A Care Plan will be issued if you are registered on the Chronic Care programme relating to your PMB conditions and if your Chronic Medication has been approved.
- This Care Plan lists the services recommended to keep you healthy with regard to your chronic condition.

Subject to registration on the Chronic Care programme. Call 0802 228 922 to register.

DAY-TO-DAY BENEFITS

WHAT ARE DAY-TO-DAY MEDICAL EXPENSES?

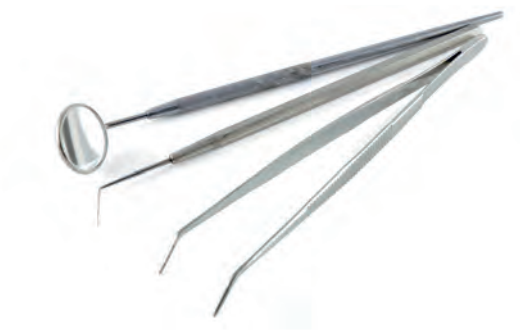
Day-to-Day (D2D) medical expenses are your everyday medical expenses such as your GP consultations, dentist visits, optical visits, etc. Depending on your option, this benefit can work in one of three ways:

CORE OPTION – NETWORK

The CORE option is **entirely network-driven**. To qualify for out-of-hospital Day-to-Day medical benefits you must choose a Core network GP, dentist and optometrist from the CareCross Network lists that can be found on our website: **www.wooltruhealthcarefund.co.za**

If you do not use a Designated Service Provider (DSP), you will have to pay out of your own pocket. Call **0800 765 432** to find a suitable network provider.

There is **NO Annual Medical Limit** (AML) and **NO Medical Savings Account** (MSA).



PLUS OPTION – MEDICAL SAVINGS ACCOUNT

On the PLUS option we pay your **Day-to-Day** medical expenses from your **Medical Savings Account** (MSA) to help you manage your spending.

Every month a portion of your monthly contribution is added to your **Medical Savings Account**. This adds up to your annual total savings. At the end of the year any unused savings will roll over into the next year.

NOTES:

- Although the annual savings limit is provided up front, if you leave and have claimed more than you have paid, we will require that **you pay the difference back to the Fund**.
- Once you have exhausted your MSA, you will have to pay your D2D providers out of your own pocket.

YOUR ANNUAL TOTAL SAVINGS

Member:	**R5 004**
Adult Dependant:	**R4 908**
Child Dependant:	**R1 524**
Member + Adult:	**R9 912**
Member + Child:	**R6 528**
Member + Adult + Child:	**R11 436**

EXTENDED OPTION – ANNUAL MEDICAL LIMIT

The EXTENDED option **Day-to-Day** benefit has an **Annual Medical Limit** (AML) that is used for **out-of-hospital** claims such as doctors, dentists, specialists, medication, optometry, etc.

When your **Annual Medical Limit** is exhausted, you need to pay any additional claims yourself.

YOUR ANNUAL MEDICAL LIMIT

Member:	**R10 800**
Member + 1:	**R21 300**
Member + 2 or more:	**R31 900**

	CORE	PLUS	EXTENDED
	Core Network You may ONLY use a Core Network Provider.	**Medical Savings Account (MSA)** Member: **R5 004** Adult Dependant: **R4 908** Child Dependant: **R1 524**	**Annual Medical Limit (AML)** Member: **R10 800** Member + 1: **R21 300** Member + family: **R31 900**
General Practitioner (GP)	100% of the Agreed Tariff at a chosen Core Network GP.	100% of the WHFT rate, paid from your MSA.	300% of the WHFT rate, paid from your AML.
Specialists	Only authorised Specialists are paid, limited to: **R2 100** per year per beneficiary. These amounts include the cost of consultation, medication, procedures, radiology and pathology. Call **0800 765 432** for Specialist referral and authorisation.	100% of the WHFT rate, paid from your MSA. PMBs will be paid at the Agreed Tariff if you use a Network Specialist. Call **0800 765 432** for Specialist referral and authorisation.	300% of the WHFT rate, paid from your AML. PMBs will be paid at the Agreed Tariff if you use a Network Specialist. Call **0800 765 432** for Specialist referral and authorisation.
Pathology and radiology	100% of the Agreed Tariff upon referral by a Core Network Provider. Restricted to the Core Network Provider list of investigations.	100% of the WHFT rate, paid from your MSA.	300% of the WHFT rate, paid from your AML.
Basic dentistry – consultations, fillings, extractions, scaling and polishing	100% of the Agreed Tariff at a Core Network Dentist. Subject to the approved tariff list.	100% of the WHFT rate, paid from your MSA.	300% of the WHFT rate, paid from your AML.
Specialised dentistry – dentures, crowns, bridges and orthodontic treatment	No benefit.	100% of the WHFT rate, paid from your MSA.	300% of the WHFT rate, paid from your AML.
Optical benefits Eye test Lenses and frames Contact lenses	One eye test examination per beneficiary per 24 months at the DSP Optometrist. One pair of clear mono-, bi- or multifocal lenses plus standard frame. A benefit of **R180** will be paid towards a frame selected outside the standard range. No Benefit if a non-network provider is used. **OR** one set of approved contact lenses limited to the value of **R480** per beneficiary per 24 months at a DSP Optometrist.	100% of the WHFT rate, paid from your MSA.	300% of the WHFT rate, paid from your AML.
OptiClear Network	Members can receive **reduced-cost services and materials** from our 2 700 accredited OptiClear providers. Visit our website for details of providers on the OptiClear Network.		
Prescribed acute medicine	100% of formulary medication as prescribed by your Core Network Provider.	100% of Single Exit Price, subject to your MSA.	100% of Single Exit Price, subject to your AML.
Over-the-counter medicine	No benefit.	100% of Single Exit Price, paid from your MSA.	100% of Single Exit Price, paid from your AML.

	CORE	PLUS	EXTENDED
Associated health services (chiropractor, homoeopath, naturopath, dietician)	No benefit.	100% of the WHFT rate, paid from your MSA.	300% of the WHFT rate, paid from your AML.
Auxiliary services out of hospital: • Clinical psychology • Speech therapy • Audiology • Occupational therapy • Podiatry • Orthoptics • Biokinetics • Physiotherapy	No benefit.	100% of the WHFT rate, paid from your MSA. No benefit for social workers, vocational guidance, child guidance, marriage guidance, school therapy or attendance at remedial education schools or clinics.	300% of the WHFT rate, paid from your AML. No benefit for social workers, vocational guidance, child guidance, marriage guidance, school therapy or attendance at remedial education schools or clinics.
Registered Private Nurse Practitioners	No benefit.	100% of WHFT rate, paid from your MSA.	300% of WHFT rate, paid from your AML.
Emergency visits/ outpatients	Limited to 3 visits per family per year up to a limit of **R1 900**.	100% of the WHFT rate, paid from your MSA.	300% of WHFT rate, paid from your AML.
Claims paid outside of South Africa Members must pay the provider, and then claim from the Fund	No benefit.	100% of the WHFT rate, paid from applicable benefit categories as indicated above (including hospitalisation). Refunds to members in equivalent SA rand only. You are advised to buy travel insurance when travelling outside southern Africa.	300% of the WHFT rate, paid from applicable benefit categories as indicated above (including hospitalisation). Refunds to members in equivalent SA rand only. You are advised to buy travel insurance when travelling outside southern Africa.

HIV/AIDS BENEFITS

	CORE	PLUS	EXTENDED
HIV counselling and testing (HCT) – testing fee for GPs	100% of cost at Core Network Provider.	100% of cost, subject to PMB. **R270** limit for testing. Pathology-related treatment will not be deducted from your MSA.	100% of cost, subject to PMB. **R270** limit for testing. Pathology-related treatment will not be deducted from your AML.
Circumcision for uninfected adult and newborn males	100% of the Agreed Tariff at a chosen Core Network Provider.	100% of the WHFT rate paid from your MSA.	100% of cost, paid from your AML.

THE WOOLTRU HEALTHCARE WEBSITE

MANAGE YOUR HEALTHCARE EASILY AND CONVENIENTLY

www.wooltruhealthcarefund.co.za

The Wooltru Healthcare Fund website is your one-stop resource to manage your fund and keep track of your claims.

Members must register if they have not yet done so.

YOU CAN

- access your benefits
- keep track of your claims
- find a CareCross Network Provider or a Designated Service Provider
- update your personal details
- find any forms you require
- get more information on chronic medication
- print your tax certificates.

THE WOOLTRU HEALTHCARE APP

ACCESS YOUR HEALTHCARE ANYWHERE, ANY TIME

Your benefits made easy

Find information on your benefits applicable to your option. You can also check your benefits usage (used and available) against relevant limits, where applicable.

Accessible information

Do you need your information quickly? At a glance you can view your option details, membership number, total monthly contribution, Medical Savings Account or Annual Medical Limit information (if applicable), Multiply status and Fund contact details.

Use the "My Membership" menu to check your contribution payments and claims history, including rejection reasons, where applicable. If you are struggling to find a particular claim, refine your search by using the filter function. Using the pre-authorisations lookup function, you can also view your hospital, chronic and other authorisations.

Your app also serves as a virtual membership card if you've forgotten to bring it to your doctor or pharmacy.

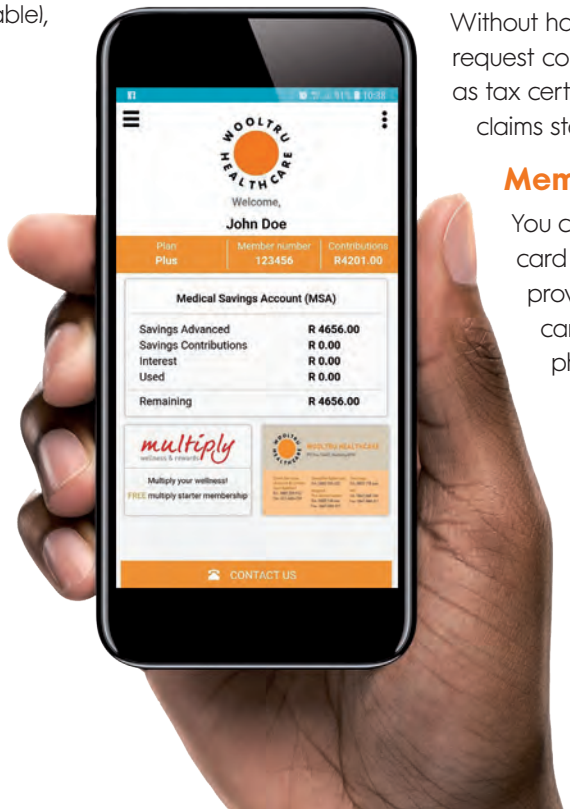
Medicine lookup

If you are seeing a new doctor or specialist and do not know your medicine history, you can consult your app for a list of medicines that you have used and when they were dispensed.

Find a Healthcare provider

Take advantage of the useful Healthcare provider search to find doctors, hospitals, pharmacies and other healthcare facilities near you.

Remember that you can save money and limit your out-of-pocket expenses by using our contracted network providers – GPs, specialists and dentists.



Do you need documents?

Without having to call, you can conveniently request copies of important documents such as tax certificates, membership certificates and claims statements for download or by email.

Membership card

You can also request a new membership card to be posted to you. We also provide a virtual card on the app, which can be used while you wait for your physical card to arrive.

Family access

This app is not only for principal members. You can grant access to your beneficiaries aged 12 and above, to download and access their own personal Fund information.

GET IT ON Google Play

Download on the App Store

ABBREVIATIONS AND DEFINITIONS

ADDITIONAL ADULT	Additional Adult is defined as a child over the age of 21, or 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.
AGREED TARIFF	The negotiated rate between the Fund and the relevant Service Provider.
AML	Annual Medical Limit. This applies from 1 January 2019 to 31 December 2019 and is calculated pro rata for members who join during 2019.
CNP	Core Network Provider – Core GPs and Specialists.
COST	The full cost of the fees charged by the Service Provider.
DSP	Designated Service Provider – Specialist Network for PMB conditions.
MSA	Medical Savings Account.
PMB	Prescribed Minimum Benefits (a specific minimum legislated package of benefits).
SERVICE PROVIDERS	Doctors, specialists, hospitals, pharmacists, etc.
WHFT	Wooltru Healthcare Fund Tariff – the rate at which the Fund will pay a claim.

NOTES

IMPORTANT CONTACT NUMBERS

	CORE	PLUS	EXTENDED
Hospital Authorisation	**0800 765 432** Fax: 021 413 0512	**0800 118 666** Fax: 021 480 2755	**0800 118 666** Fax: 021 480 2755
Specialist Authorisation	**0800 765 432**	**0800 765 432**	**0800 765 432**
Chronic Care	**Fax: 021 673 1815**	**0802 228 922**	**0802 228 922**
Oncology Programme	**0800 765 432** Fax: 021 413 0512	**0800 118 666**	**0800 118 666**
HIV Programme	**0860 101 110** Fax: 021 413 1606	**0861 888 300** Fax: 012 675 3848	**0861 888 300** Fax: 012 675 3848

DISCLAIMER

This brochure is intended as a general outline and contains a brief summary of benefits available to employees through the Company's participation in the Wooltru Healthcare Fund. Although every precaution was taken to ensure the accuracy of information contained in this brochure, in the event of a dispute, the official rules of the Wooltru Healthcare Fund will apply. Further conditions may apply as stated in the official rules of the Wooltru Healthcare Fund.
You may contact the call centre on 0800 765 432.

Wooltru Healthcare Fund
PO Box 15403, Vlaeberg 8018
Telephone: 021 480 4849 Email: wooltru@mhg.co.za
www.wooltruhealthcarefund.co.za

Printed on environmentally friendly paper