ANNEXURE F

WOOLTRU HEALTHCARE FUND

CHRONIC MEDICATION PROGRAMME

Preamble

The Chronic Medication Programme shall be managed by the Fund's contracted Managed Health Care Organisation.

All chronic benefits are subject to pre-authorisation by the Managed Health Care Organisation.

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 CDL 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

Network Option

1. Members who have chronic conditions must pre-authorise their medication and condition with the DSP in order to obtain benefits.
2. Medication for the 26 PMB conditions will be restricted to the DSP's formulary and available via the DSP Doctor.
3. Medication for approved non-PMB condition/s will be provided in terms of the DSP's formulary and available via the DSP Doctor, and will be limited to:

- R11 800 per Beneficiary per annum for other approved non-PMB conditions.

Once the above limit is exhausted, the Member will be liable for the full cost of such medication.

Saver Option

4. Chronic benefits can only be obtained by a Member if their diagnosis and medicine is pre-authorised by the Managed Health Care Organisation and will be subject to a basket formulary of preferred medicines.

5. Medicine for the chronic conditions covered by the respective Option will be restricted to the Managed Health Care Organisation's basket of preferred medicines.

6. Medicine authorised for the chronic conditions will be paid at 100% of the Managed Health Care Organisation's negotiated tariff subject to the applicable therapeutic reference pricing and generic reference pricing if obtained from the DSP.

7. Medicine authorized on chronic benefits obtained from a source other than the DSP, will be paid subject to a maximum of 100% of the negotiated tariff and the applicable therapeutic and generic reference pricing.

8. Medicine for approved non-PMB conditions will be provided in terms of the Managed Health Care Organisation's therapeutic and generic reference price basket formulary of preferred medicines and will be limited to:

   - R14 000 per Beneficiary per annum for other approved non-PMB conditions.

9. Speciality chronic medicine will be provided in terms of the Managed Health Care Organisation's formulary and protocols and will be limited to PMB conditions only;

- R156 000 per Beneficiary per annum for Saver.

Comprehensive Option

10. Chronic benefits can only be obtained by a Member if their diagnosis and medicine is pre-authorised by the Managed Health Care Organisation and will be subject to a basket formulary of preferred medicines.

11. Medicine for the chronic conditions covered by the respective Option will be restricted to the Managed Health Care Organisation's basket of preferred medicines.

12. Medicine authorised for the chronic conditions will be paid at 100% of the Managed Health Care Organisation's negotiated tariff subject to the applicable therapeutic reference pricing and generic reference pricing if obtained from the DSP.

13. Medicine authorized on chronic benefits obtained from a source other than the DSP, will be paid subject to a maximum of 100% of the negotiated tariff and the applicable therapeutic and generic reference pricing.

14. Medicine for approved non-PMB conditions will be provided in terms of the Managed Health Care Organisation's therapeutic and generic reference price basket formulary of preferred medicines and will be limited to:

- R28 000 per Beneficiary per annum for other approved non-PMB conditions.

15. Speciality chronic medicine will be provided in terms of the Managed Health Care Organisation's formulary and protocols;

- R156 000 per Beneficiary per annum.