ANNEXURE B1

WOOLTRU HEALTHCARE FUND

NETWORK OPTION

SCHEDULE OF BENEFITS

With effect from 1 January 2024

With due regard to PMBs

1. OPTIONS

When a Member joins the Fund he must select the Option he wishes to join. If the Member has selected the Network Option, then the Fund will provide to the Member and his Dependants the benefits as detailed in this schedule.

2. PRIMARY HEALTHCARE BENEFITS

The Fund will provide primary healthcare benefits as detailed in this schedule at 100% of the Agreed Tariff at the Designated Service Provider (DSP).

The details with regard to the Designated Service Provider shall be communicated in writing to Members by the Fund. Members must select a primary healthcare provider from the Designated Service Provider network list provided by the Fund at the beginning of each year, or at the time of joining the Fund, for the provision of primary healthcare services as listed in this schedule of benefits.

3. BENEFITS FOR HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES

Notwithstanding any other provisions in these Rules, the Fund will provide Members and their Dependants with cover at 100% of the Wooltru Healthcare Fund Tariff (WHFT) as per the agreement with the Designated Service Provider, in respect of hospitalisation and other major medical services as contained in this Annexure.

Benefits for admission to a private hospital are subject to the utilisation of Designated Service Provider Network hospitals appointed by the Fund. In the case of an emergency, Members may go to the closest hospital and authorisation is to be obtained on the next working day.

3.1. Annual Hospital Benefit

Notwithstanding any provisions to the contrary, as contained in the schedule below, all benefits in respect of hospitalisation and other major medical services will be unlimited at 100% of the Agreed Tariff at the Designated Service Provider.

3.2. Pre-authorisation

Pre-authorisation must be obtained at least 2 working days before admission to hospital. In emergency cases, the Designated Service Provider must be notified of the event within 24 hours of admission to the hospital or on the first working day following such emergency admission.

No benefits will be granted for hospitalisation, treatments and associated clinical procedures if the Designated Service Provider has denied authorisation.

In respect of any hospitalisation for which pre-authorisation has not been obtained, or pre-authorisation has been obtained later than as stipulated above Members will be subject to the difference between WHFT and actual costs charged for all other associated costs.

4. ANNUAL BENEFIT SCHEDULES

DAY TO DAY BENEFITS	
Sub-limits apply to certain benefits as specified below. Pro-rata allocation of benefits will apply in respect of Beneficiaries joining during the year, except for PMB's.	
General Practitioners **Out of hospital** (Consultations, basic primary care, pre-and post-natal care including two sonar scans, minor trauma treatment and male circumcision)	100% of Agreed Tariff via the DSP. Subject to the DSP list of approved tariff codes and formularies. GP visits are restricted to 6 visits per Beneficiary per annum. Additional medical assistance will be available to Beneficiaries via virtual consultation through Hello Doctor.
Specialists **Out of hospital**	Benefits are subject to pre-authorisation by the Designated Service Provider. Limited to R2 950 per Beneficiary per annum. The above limits include the cost of consultation, medication, procedures, and any special investigations, such as radiology and pathology, related to the authorised out of hospital specialist visit.

DAY TO DAY BENEFITS	
Associated Health and Auxiliary Services (Chiropractor, Homeopath, Naturopath, Clinical Psychologist, Speech Therapist, Audiologist, Occupational Therapist, Podiatrist, Orthotist, Dietician, Biokineticist and Physiotherapist)	No benefit.
Prescribed Acute Medicine (Medicine used for treatment of diseases or conditions that require a short course of medicine treatment)	100% of Agreed Tariff or Single Exit Price plus legislated professional fee (where applicable). Medicine must be dispensed or prescribed by the DSP Doctor/Dentist in accordance with the DSP Acute/Dental Medicine Formulary.

DAY TO DAY BENEFITS	
Chronic Medicine (Medicines which have been classified to be used for treatment of chronic illnesses as determined by the Fund) 26 Prescribed Minimum Benefits (PMB) medication Chronic Medication- Non-PMB	Pre-authorisation via the Managed Health Care Organisation. Subject to a Chronic Medicine Formulary as per Annexure F. 100% of approved medication. Subject to pre-authorisation. Subject to formulary. Subject to registration on the Chronic programme. No Benefit.
Over the Counter Medicine	No Benefit.

DAY TO DAY BENEFITS	
Basic Dentistry out of hospital (Consultations, primary extractions, fillings, and scaling and polishing)	100% of Agreed Tariff via the Designated Service Provider Dentist. Limited to the DSP’s list of approved tariff codes and formularies. No benefit for basic dentistry in hospital. No benefit for advanced/specialised dentistry.
Optical Benefits (Frames, Lenses, Contact Lenses) *Optical benefits are issued on a 24 month (2 year) cycle basis.* *The 24-month cycle runs from date of service e.g. should the beneficiary receive spectacles or contact lenses in June 2022, he/she will be eligible for spectacles or contact lenses in July 2024* Eye Tests	One pair of clear standard mono-, bi- or multi-focal lenses plus standard frame **OR** One set of approved contact lenses limited to the value of R600 per Beneficiary per 24 months at the DSP Optometrist. A benefit of R230 per Beneficiary per 24 months will be paid towards a frame selected outside of the standard range. Qualifying norms for near and distance visions apply. No benefit if a non-network provider is used. One examination per Beneficiary per 24 months at the Designated Service Provider optometrist.
Maternity Benefits Pre-and- Post natal Care, including sonar’s	Benefits through the DSP according to the defined list of codes.

DAY TO DAY BENEFITS	
Basic Pathology & Radiology out of hospital	100% at Agreed Tariff on referral by DSP. Restricted to DSP's list of investigations.
Healthcare services provided outside South Africa	No benefits will be provided for healthcare services provided outside South Africa**.**
Out of Area Benefit and Emergency/outpatient visits	Limited to 3 visits per Family per annum. Limited to R2 420 per annum, (including, related investigation, procedures and/or medication).

MAJOR MEDICAL EXPENSES	
Sub-limits apply to certain benefits as specified below. Pro-rata allocation of benefits will apply in respect of Beneficiaries joining during the year, except for PMB's.	
Hospitalisation Provincial/State and Private Hospitals	Subject to pre-authorisation with the Fund's Managed Health Care Organisation. 100% of Uniform Patient Fee Schedule, or WHFT, or Agreed Tariff, whichever is applicable, if referred by the DSP network. 100% of Uniform Patient Fee Schedule, or WHFT, or Agreed Tariff whichever is applicable, for theatre, intensive care units, high care wards, ward and theatre drugs, dressings and materials.
Unattached Theatre Units (Registered with the Department of Health)	100% of WHFT or Agreed Tariff for theatre, drugs, dressings, materials and recovery bed.

<table>
<tr><th colspan="3">MAJOR MEDICAL EXPENSES</th></tr>
<tr><td colspan="2">Procedures performed at Out-of-Hospital

Departments or Emergency Rooms of Provincial, State or Private Hospitals</td><td>100% of the Uniform Patient Fee Schedule, WHFT or Agreed Tariff in respect of the facility charge, theatres, drugs, dressings, materials and the recovery bed where the facilities are used to perform a procedure.

Subject to pre-authorisation.</td></tr>
<tr><td colspan="2">Robotic Assisted Laparoscopic Prostatectomy</td><td>No benefit.</td></tr>
<tr><td colspan="2">To Take Out Medicine

(Medicine on discharge from hospital)</td><td>Limited to 7 days, except for immuno–suppressant drugs dispensed by the hospital for use after discharge (see Organ Transplants).</td></tr>
<tr><td rowspan="7">Maternity Benefits
Confinements</td><td>Benefit</td><td>Limited To</td></tr>
<tr><td>Vaginal delivery</td><td>100% of Agreed Tariff.</td></tr>
<tr><td>Caesarean Section</td><td>100% of Agreed Tariff if motivated by a Designated Service Provider Specialist.</td></tr>
<tr><td>Two Ultrasounds (12 and 24 weeks)</td><td>100% of Agreed Tariff.</td></tr>
<tr><td>Ward Rate</td><td>General ward rates, subject to the following:

• Normal delivery - 3 days;

• Caesarean section - 4 days.</td></tr>
<tr><td>Pathology</td><td>100% of Agreed Tariff.</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">General Practitioner services

(Consultations, operations and procedures)</td><td>100% of Agreed Tariff via DSP.

PMB admissions will be paid in full if the beneficiary uses the DSP GP.

Subject to pre-authorisation.</td></tr>
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MAJOR MEDICAL EXPENSES	
Specialist services (Consultations, operations and procedures)	100% of Agreed Tariff on referral via DSP. PMB admissions will be paid in full if the beneficiary uses the DSP Specialist. Subject to pre-authorisation.
Pathology & Radiology	100% of Agreed Tariff on referral via DSP.
Specialised Radiology (Including MRI, CT scans, Computer Tomography & Radio-Isotope Studies), Ultrasounds and Bone Density Scans (DEXA)	100% of the Agreed Tariff if requested by a DSP specialist on referral by a DSP GP. An upfront co-payment of 25% of cost to a maximum of R2 680 per Beneficiary per annum is payable by the Member on all MRI and CT scans. Subject to pre-authorisation, clinical motivation and Managed Care Protocols.
Maxillo-facial and Oral Surgery	100% of Agreed Tariff via DSP. Benefit for extraction of wisdom teeth or facial trauma only. Subject to pre-authorisation.
Blood Transfusions (Cost of transfusion and transport i.e. materials, apparatus and operator's fees)	100% of Agreed Tariff via DSP.
Ambulance Services (Transport to nearest hospital or emergency inter-hospital transfers)	100% of Agreed Tariff. Unlimited if the DSP is used and subject to post-authorisation by the DSP within 72 hours of the transport occurring. Unauthorised use of an ambulance, for a non-emergency will not be covered by the Fund. Subject to pre-authorisation.

MAJOR MEDICAL EXPENSES	
Internal Prosthesis (Including appliances placed in the body as an internal adjuvant during an operation, e.g. hip replacement & knee replacement)	100% of Agreed Tariff if inserted by a DSP Specialist. Subject to pre-authorisation. Limited to R72 290 per Beneficiary per annum. Where pre-authorisation is not obtained, no benefit will be available.
Organ Transplants **Hospitalisation** Organ and Patient Preparation Immuno-suppressant drugs dispensed in hospital or dispensed by the hospital to take out for use after discharge Subsequent supplies of immuno-suppressant drugs	Where the recipient is a Beneficiary of the Fund, services rendered to the donor, and the transportation of organ is included in this benefit. Subject to pre-authorisation and PMB's. 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 such costs should be covered by the recipient`s medical scheme. 100% of Agreed Tariff. 100% of Cost. Subject to pre-authorisation.
Peritoneal Dialysis and Haemodialysis	100% of Agreed Tariff via Designated Service Provider. Subject to pre-authorisation.

MAJOR MEDICAL EXPENSES	
Medical and Surgical Appliances	Subject to clinical motivation, pre-authorisation and approval by the Managed Health Care Organisation. Benefits are subject to the terms, conditions and protocols of the Managed Health Care Organisation.
External Appliances ***The External Appliance benefit is issued on a specific benefit cycle, that runs from date of service***	Subject to written motivation which must be received 72 hours before the request for pre-approval. Benefits are subject to the terms, conditions and protocols of the Managed Health Care Organisation. Limited to R54 050 per Beneficiary every two years, subject to specific benefit cycles Sublimits apply: • CPAP machine: no Benefit • Wheelchair: R15 000 (quote and motivation required) *every 3 years* • Hearing Aids: R15 000 (full audiology report, motivation and quote required) *every 2 years* • Colostomy kits: As prescribed by treating Doctor, *annually*
Private Nursing in lieu of hospitalisation	100% of Agreed Tariff. Subject to clinical motivation, pre-authorisation & case management by the Managed Health Care Organisation. These services must be provided by a registered and approved service provider. A limit of R5 460 per Beneficiary per month applies.

MAJOR MEDICAL EXPENSES	
Auxiliary Services in hospital (Clinical psychologist, Speech Therapist, Occupational Therapist, Physiotherapist)	100% of Agreed Tariff via the Designated Service Provider. Benefits only payable if the services are directly related to an authorised admission. No benefit for Audiology, Podiatry, Orthoptics, Dietetics, Bio kinetics, Social Workers, Vocational guidance, Child guidance, Marriage Guidance, School Therapy or attendance at remedial education schools or clinics.
Diagnostic endoscopic procedures in lieu of hospitalisation Endoscopic Procedures: • Gastroscopy • Oesophagoscopy • Sigmoidoscopy • Colonoscopy	100% of Agreed Tariff if requested by a DSP specialist. Subject to clinical motivation and approval by the Managed Health Care Organisation. No co-payment applies if performed in doctor's rooms. A co-payment of R2 680 will apply should any of the Endoscopic procedures be performed in hospital, without an approved clinical indication and Fund approval. Anaesthetic costs related to these procedures will be limited to local or regional anaesthetic. General anaesthetic costs are not covered.
Refractive surgery and examinations performed by an ophthalmologist, including: • Treatment of retina and choroids by cryotherapy • Pan retinal photocoagulation • Laser capsulotomy • Laser trabeculoplasty Laser apparatus	No benefit.
Dental Procedures in hospital	No benefit.

MAJOR MEDICAL EXPENSES	
Specialised Dentistry in and out of hospital	No benefit.
Psychiatric Treatment in hospital	Limited to Statutory Prescribed Minimum Benefits – 21 days.
Oncology, Radiotherapy & Chemotherapy in and out of hospital (Medication/chemicals, related radiology, including MRI and CT scans and pathology)	Limited to Statutory Prescribed Minimum Benefits only. Full clinical motivation and treatment plan is required by the treating specialist and assessment against the SAOC appropriate tier guidelines as applied by the Fund, for clinical appropriateness. Registration on the Oncology Programme is recommended. Subject to pre-authorisation.
Hospitalisation services provided outside South Africa	No benefits will be provided for healthcare services provided outside South Africa.

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<tr><th colspan="4">MAJOR MEDICAL EXPENSES</th></tr>
<tr><td rowspan="8">Preventative Tests</td><th>TEST</th><th>TARIFF CODE</th><th>LIMITED TO</th></tr>
<tr><td>Mammogram</td><td>34100 and 3605</td><td>One per female (over 40 years) every two years or annually where clinically indicated (by family history).</td></tr>
<tr><td>Flu Vaccine</td><td></td><td>One per Beneficiary per annum.</td></tr>
<tr><td>Pap smear & liquid based cytology</td><td>4566 and 4559</td><td>One per adult female per annum.</td></tr>
<tr><td>HIV test (Pathology or finger prick)</td><td>3932 (Pathology)</td><td>One per Beneficiary per annum.</td></tr>
<tr><td>Glaucoma screening</td><td>3014</td><td>One screening per adult (over 40 years) every two years.</td></tr>
<tr><td>Health Risk Assessment (HRA), Body Mass Index, Blood Pressure, Cholesterol (finger prick test) and Blood Sugar test (finger prick test)</td><td></td><td>One screening per adult per annum.

To be performed at a suitable pharmacy.</td></tr>
<tr><td colspan="3">Preventative screening tests as above via the DSP Doctor Network, except HRA, this is to be performed at a DSP pharmacy.</td></tr>
<tr><th colspan="4">HIV/AIDS</th></tr>
<tr><td colspan="4">Sub-limits apply to certain benefits as specified below</td></tr>
<tr><td colspan="2">HIV Counselling and Testing (HCT –testing fee for GP’s)

Circumcision

For uninfected adult and male newborns</td><td colspan="2">HIV/AIDS 100% of Cost at the Designated Service Provider.

100% of Agreed Tariff at the Designated Service Provider.</td></tr>
<tr><th colspan="4">STATUTORY PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE G</th></tr>
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