**ANNEXURE B3**

# WOOLTRU HEALTHCARE FUND

## COMPREHENSIVE 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 that he wishes to join. If the Member has selected the Comprehensive 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 contained in this Annexure.

## 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 for hospitalisation and other major medical services as contained in this Annexure.

### 3.1 Annual Major Medical Expenses

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 300% of the Agreed Tariff, subject to pre-authorisation via the Managed Health Care Organisation protocols.

### 3.2 Pre-authorisation

Pre-authorisation must be obtained at least 2 working days before admission to hospital. In emergency cases the Managed Health Care Organisation 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 Managed Health Care Organisation 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. HEALTHCARE BENEFITS PROVIDED OUTSIDE SOUTHERN AFRICA

No benefits for healthcare services rendered outside of the borders of South Africa will apply to any Member that has taken up permanent residence outside of the borders of South Africa.

Members that have taken up permanent residence outside of the borders of South Africa still qualify for benefits under the Rules of the Fund if treated in South Africa.

Members that have not taken up permanent residence outside the borders of South Africa may still submit claims for healthcare services rendered outside the borders of South Africa and these will be subject to the same benefits, sub-limits and exclusions that apply to the relevant healthcare services in South Africa in terms of the Rules of the Fund, provided that:

a) Benefits are limited to emergency services only;
b) Limited to 90 days travel outside of South Africa per annum;
c) Return flight ticket to be supplied with submission of the claim/s;
d) the benefit entitlement will not exceed the rate and applicable tariff for the equivalent healthcare service in South Africa;
e) where the cost of the claim is lower than the applicable tariff, benefits will be paid at cost;
f) medicine claims will be paid at cost, limited to the amount payable in terms of relevant South African medicine pricing legislation;
g) members must pay the healthcare provider directly and then submit a claim to the Fund for reimbursement consideration;
h) claims will be refunded in South African Rands, to the Member's South African bank account at the rate of the WHFT only;
i) no benefit will be provided in respect of ambulance or other emergency transportation outside South Africa;
j) no benefit will be provided where costs for healthcare services incurred outside South Africa are claimable from a travel insurance or a similar insurance policy taken out by, or on behalf of, the Beneficiary;
k) Claims will only be considered by the Fund, if submitted in English and if drafted by a recognised provider of medical services in the country where services were provided.

## 5. ANNUAL BENEFIT SCHEDULES

| DAY TO DAY BENEFITS | |
|---|---|
| Sub-limits apply to certain benefits as specified below.<br><br>Pro-rata allocation of benefits will apply in respect of Beneficiaries joining the Fund during the year.<br><br>PMB conditions will be paid at the DSP tariff where a DSP is used. A valid PMB claim will not be paid from the MSA.<br><br>Medical Savings Account (MSA)<br><br>Member = R14 736<br><br>Adult Dependant = R14 436<br><br>Child Dependant = R4 908 | |
| **Professional Services Benefit**<br><br>50% of any non-PMB out-of-hospital claims for:<br>• Gynaecologists<br>• Paediatricians<br>• Psychiatrists<br>• Psychologists<br>• Physiotherapists<br><br>**The balance of the claim, will be deducted from member's MSA** | Subject to the following limits:<br><br>Member = R10 800<br>Adult Dependant = R10 500<br>Child Dependant = R3 600<br><br>Paid at 300% of WTHF tariff. |
| **General Practitioner**<br><br>**Out of hospital** | Non-PMB conditions paid at 300% of WHFT.<br><br>Benefit subject to MSA. |

| DAY TO DAY BENEFITS | |
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| **Specialist**<br><br>**Out of hospital** | 300% of WHFT.<br><br>Benefit subject to MSA.<br><br>The DSP is to be contacted for referral and authorisation before the consultation. |
| **Registered Private Nurse Practitioners**<br><br>The costs of consultations, and treatment in the absence of a nursing pre-authorisation, e.g. baby clinic and treatment for primary healthcare services (including the cost of vaccinations and injection material administered by the practitioner) | 300% of WHFT.<br><br>Benefit subject to MSA. |
| **Associated Health and Auxiliary Services**<br><br>(Chiropractor, Homeopath, Naturopath, Clinical psychologist, Speech therapist, Audiologist Occupational Therapist, Podiatrist, Orthotist, Dietician, Biokineticist, Social Workers used for psycho-therapy and Physiotherapist) | 300% of WHFT.<br><br>Benefit subject to MSA.<br><br>No benefit for vocational guidance, child guidance, marriage guidance, school therapy or attendance at remedial education schools or clinics. |

| DAY TO DAY BENEFITS | |
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| **Procedures performed in doctor's rooms as per Annexure E (and listed below)**<br><br>Endoscopic Procedures:<br>• Gastroscopy<br>• Oesophagoscopy<br>• Sigmoidoscopy<br>• Colonoscopy<br><br>Examinations performed by an ophthalmologist:<br>• Treatment of retina and choroids by cryotherapy<br>• Pan retinal photocoagulation<br>• Laser capsulotomy<br>• Laser trabeculoplasty<br>• Laser apparatus | Benefit not deducted from MSA.<br><br>No co-payment applies if performed in doctor's rooms.<br><br>A co-payment of R2 680 will apply should any of the Endoscopic procedures, as per Annexure E (as listed), be performed in hospital, without an approved clinical indication and Fund approval.<br><br>Anaesthetic costs related to these procedures will be limited to local or regional anaesthetic. General anaesthetic costs are not covered.<br><br>Pathology costs related to these procedures will be covered from Major Medical Expenses. |
| **Prescribed Acute Medicine**<br><br>(Medicine used for treatment of diseases or conditions that require a short course of medicine treatment) | 100% of Single Exit Price plus Agreed dispensing fee.<br><br>Benefit subject to MSA. |
| **Chronic Medicine (PMB 26 CDL conditions)**<br><br>(Medicines which have been classified to be used for treatment of chronic illnesses as determined by the Fund) | Pre-authorisation required via the Managed Health Care Organisation.<br><br>Benefits as per Annexure F. |

| DAY TO DAY BENEFITS | |
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| **Over the Counter Medicine** | 100% of Single Exit Price plus Agreed dispensing fee.<br><br>Benefit subject to MSA. |
| **Basic Dentistry**<br><br>(Scale and polish, consultations, fillings, extractions, plastic dentures and other procedures by dental practitioners) | 300% of WHFT.<br><br>Benefit subject to MSA. |
| **Specialised Dentistry**<br><br>(Crowns, bridges, orthodontic treatment and dentures) | 300% of WHFT.<br><br>Benefit subject to MSA. |
| **Optical Benefits**<br><br>(Eye Tests, Frames, Lenses, Contact Lenses) | 300% of WHFT.<br><br>Benefit subject to MSA.<br><br>No benefit for sunglasses. |
| **Maternity Benefits**<br><br>(Pre-and- Post natal Care, including sonar's, ante natal consultation and post-natal consultation) | 300% of WHFT.<br><br>Benefit subject to MSA. |
| **Pathology; Radiology & Ultrasounds** | 300% of WHFT.<br><br>Benefit subject to MSA.<br><br>Benefit subject to MSA, unless performed as part of a hospital admission. |
| **Emergency visits/ outpatients** | 300% of WHFT.<br><br>Benefit subject to MSA. |

| MAJOR MEDICAL EXPENSES | |
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| Sub-Limits apply to certain benefits as specified below.<br><br>Pro-rata allocation of benefits will apply in respect of Beneficiaries joining the Fund during the year. | |
| **Hospitalisation**<br><br>Provincial/State and Private Hospitals | Subject to pre-authorisation by Managed Health Care Organisation.<br><br>100% of Uniform Patient Fee Schedule or Cost or Agreed Tariff, whichever is applicable at the rate for a general ward & theatre, intensive care units, high care wards, ward and theatre drugs, dressings and materials. |
| **Unattached Theatre Units**<br><br>(Registered with the Department of Health) | 300% of WHFT or Agreed Tariff including theatre, drugs, dressings, materials and recovery bed. |
| **Robotic Assisted Laparoscopic Prostatectomy** | 300% of WHFT.<br><br>Subject to Clinical Motivation.<br><br>Subject to pre-authorisation by Managed Health Care Organisation.<br><br>Performed at an accredited Hospital.<br><br>Benefit limit R157 200 per qualifying Beneficiary per annum, for hospital and equipment. |
| **Procedures performed at Out-of-Hospital**<br><br>(Departments or Emergency Rooms of Provincial, State or Private Hospitals) | 300% 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.<br><br>Subject to pre-authorisation. |
| **To Take Out Medicine**<br><br>(Medicine on discharge from hospital) | Limited to 7 days, except for immune–suppressant drugs dispensed by the hospital for use after discharge (see Organ Transplants). |

| MAJOR MEDICAL EXPENSES | | |
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| **Maternity Benefits:** | **Benefit** | **Limited To** |
| | Vaginal delivery | 100% of Agreed Tariff. |
| | Caesarean Section | 100% of Agreed Tariff if motivated by a DSP Specialist. |
| | Two Ultrasounds (12 and 24 weeks) | 100% of Agreed Tariff. |
| | Ward Rate | General ward rates, subject to the following:<br>• Normal delivery - 3 days;<br>• Caesarean section - 4 days. |
| | **Pathology**<br><br>(Additional maternity pathology paid for by the Fund. Tariff code in brackets.) | 100% of Agreed Tariff<br>• Full Blood Count (3755),<br>• Blood Grouping (3764),<br>• Rhesus Antigen (3765),<br>• Urine Culture (3893),<br>• HIV Elisa or other screening Test (3932),<br>• Rubella Antibody (3948),<br>• VDRL (3949),<br>• Glucose Strip Test (4050),<br>• Urine Analysis Dipstick (4188),<br>• HIV Antibody Rapid Test (4614). |
| | All consultations relating to these benefits are paid from MSA.<br><br>The services of a midwife during and after confinement provided that hospital services have not been used and subject to pre-authorisation by the Managed Health Care Organisation are available in lieu of hospitalisation subject to the WHFT. | |

| MAJOR MEDICAL EXPENSES | |
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| **General Practitioner services**<br><br>(Consultations, operations and procedures) | 300% of WHFT.<br><br>PMB admissions will be paid in full.<br><br>Subject to pre-authorisation. |
| **Specialist services**<br><br>(Consultations, operations and procedures) | 300% of WHFT.<br><br>PMB admissions will be paid in full if the Beneficiary uses the DSP Specialist.<br><br>Subject to pre-authorisation. |
| **Pathology** | 300% of WHFT. |
| **Emergency room visits resulting in hospitalisation** | Authorisation must be obtained within 24 hours of admission into hospital or by the following working day. |
| **Radiology**<br><br>(Including MRI, CT scans, Computer Tomography & Radio-Isotope Studies, Ultrasounds and Bone Density Scans (DEXA)) | 300% of WHFT.<br><br>Subject to the MSA, unless performed as part of a hospital admission.<br><br>Subject to pre-authorisation and Managed Health Care protocols. |
| **Maxillo-facial** | 300% of WHFT.<br><br>Subject to pre-authorisation and Managed Health Care Protocols and Fund Approval. |
| **Blood Transfusions**<br><br>(Cost of transfusion and transport i.e. materials, apparatus and operator's fees) | 300% of WHFT. |
| **Ambulance Services**<br><br>(Transport to nearest hospital or emergency inter-hospital transfers) | 100% of Agreed Tariff.<br><br>Unlimited if the DSP is used and subject to pre-authorisation by the DSP within 72 hours of the transport occurring.<br><br>Unauthorised use of an ambulance, for a non-emergency will not be covered by the Fund. |

| MAJOR MEDICAL EXPENSES | |
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| **Internal Prosthesis**<br><br>(Including appliances placed in the body as an internal adjuvant during an operation e.g. hip replacement, knee replacement, etc.) | 300% of WHFT.<br><br>Limited R78 180 per Beneficiary per annum, subject to pre-authorisation by the Managed Health Care Organisation.<br><br>Where pre-authorisation is not obtained, no benefit will be available. |
| **Organ Transplants**<br><br>Hospitalisation<br><br>Organ and Patient Preparation<br><br>Immuno-suppressant drugs dispensed in hospital, dispensed by the hospital to take out for use after discharge<br><br>Subsequent supplies of immuno-suppressant drugs | Subject to pre-authorisation, the Managed Health Care Organisation case management protocols and networks.<br><br>Where the recipient is a Beneficiary of the Fund, services rendered to the donor and the transportation of organ is included in this benefit.<br><br>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.<br><br>Subject to pre-authorisation and PMB's.<br><br>300% of WHFT.<br><br>100% of Cost.<br><br>100% of Cost.<br><br>Subject to pre-authorisation. |
| **Peritoneal Dialysis and Haemodialysis** | 300% of WHFT.<br><br>Subject to pre-authorisation by the Managed Health Care Organisation and PMB's. |

| MAJOR MEDICAL EXPENSES | |
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| **Medical and Surgical Appliances**<br><br>(Crutches, moonboots, orthotics etc.) | 300% of WHFT.<br><br>Subject to clinical motivation and approval by the Managed Health Care Organisation.<br><br>Subject to available MSA where approval is not obtained.<br><br>If associated to a hospital admission, this will be subject to Major Medical Expenses. |
| **External Appliances**<br><br>(Including hearing aids, hearing aid repairs, wheelchairs and C-pap machines, colostomy kits)<br><br>*The External Appliance benefit is issued on a specific benefit cycle, that runs from date of service.* | 300% of WHFT.<br><br>Subject to written motivation which must be received 72 hours before the request for pre-authorisation and Fund approval.<br><br>Benefits are subject to terms, conditions and protocols of the Managed Health Care Organisation.<br><br>Subject to available MSA where approval is not obtained.<br><br>Limited to R81 870 per Beneficiary every two years with the following sub-limits:<br><br>• CPAP machine: R30 000 (full sleep study results, motivation and quote required*), every 2 years*<br><br>• Wheelchair: R25 000 (motivation and quote required), *every 3 years*<br><br>• Hearing Aids: R40 000 (full audiology report, motivation and quote required), *every 2 years*<br>• Colostomy kits: As prescribed by treating Doctor*, annually* |

| MAJOR MEDICAL EXPENSES | |
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| **Private Nursing** | 300% of WHFT.<br><br>Subject to clinical motivation, pre-authorisation & case management by the Managed Health Care Organisation.<br><br>These services must be provided by a registered and approved service provider.<br><br>A limit of R5 910 per beneficiary per month applies. |
| **Auxiliary Services in hospital**<br><br>(Clinical Psychologist, Speech Therapist, Dietician, Social Worker used for psychotherapy, Biokineticist, Occupational Therapist, Physiotherapist) | 300% of WHFT.<br><br>Benefits only payable if the services are directly related to an authorised admission.<br><br>Post-operative auxiliary services may be approved and benefit granted on condition such services commence within 6 weeks after the hospital admission.<br><br>Subject to clinical motivation and preauthorisation and approval by the Managed Health Care Organisation.<br><br>No benefit for Audiologist, Podiatrist, Orthotists, Vocational Guidance, Child Guidance, Marriage Guidance, School Therapy or attendance at remedial education schools or clinics. |

| MAJOR MEDICAL EXPENSES | |
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| **Refractive Surgery** | 300% of WHFT.<br><br>LASIK surgery is subject to guidelines for refractive surgery for medical reasons.<br><br>A motivation is required which must include the refractive error.<br><br>Subject to pre-authorisation. |
| **Specialised Dentistry limited to Dental Implants and impacted wisdom teeth only** | 300% of WHFT.<br><br>Limited to: R24 160 per Beneficiary per annum.<br><br>Subject to pre-authorisation. |
| **Basic Dentistry – procedures in hospital** | 300% of WHFT.<br><br>Limited to removal of teeth and multiple fillings for children seven (7) years and younger.<br><br>Conscious sedation may be considered but is subject to pre-approval.<br><br>Anaesthetist will be paid from the Major Medical Expenses if approved.<br><br>The Dentist will be paid from the MSA.<br><br>Subject to pre-authorisation. |
| **Psychiatric Treatment in hospital or a registered facility OR**<br><br>**Outpatient Treatment** | 300% of WHFT.<br><br>Subject to pre-authorisation.<br><br>Limited to 21 days per Beneficiary per annum.<br><br>1 Psychiatric or Psychology consultation post admission within 6 weeks post discharge. |

| MAJOR MEDICAL EXPENSES | |
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| **Oncology, Radiotherapy & Chemotherapy in and out of hospital**<br><br>(Medication/chemicals, related radiology, including MRI and CT scans and pathology) | Limited to Statutory Prescribed Minimum Benefits. 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.<br><br>Limited to R500 000 per Family per annum.<br><br>Registration on the Oncology Programme is recommended.<br><br>Subject to pre-authorisation. |
| **Chronic Medication non-PMB** | R33 870 per Beneficiary per annum per approved medication.<br><br>Pre-authorisation required via the Managed Health Care Organisation. |
| **Speciality Chronic Medicine** | Pre-authorisation required via the Managed Health Care Organisation.<br><br>Authorised medicine(s) limited to R182 500 per Beneficiary per annum. |

| MAJOR MEDICAL EXPENSES | | | |
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| | **TEST** | **TARIFF CODE** | **LIMITED TO** |
| **PREVENTATIVE TESTS** | Mammogram | 34100 and 3605 | One per female (over 40 years) every two years or clinically indicated by family history. |
| | Bone Density Scans (DEXA) | | One per female (over 65 years) every two years. |
| | Pap smear and liquid-based cytology | 4566 and 4559 | One per adult female per annum. |
| | Flu Vaccine | | One per Beneficiary per annum. |
| | Pneumococcal Vaccine | | One per lifetime for Beneficiaries over the age of 65 or for High-Risk individuals that are registered for Chronic Disease programme for applicable illnesses. |
| | HIV test<br><br>(Pathologist or (finger prick) | 3932 | One per Beneficiary per annum. |
| | Glaucoma screening | 3014 | One screening per adult (over 40 years) every two years. |
| | HPV Vaccine | NAPPI Code 710020 (Ceravix)<br><br>NAPPI code 710429 (Gardasil) | All female Beneficiaries between the ages of 9 and 13 years. |
| | Health Risk Assessment<br><br>(Body Mass Index, Blood Pressure, finger prick Cholesterol and Blood Sugar tests) | | One screening per adult per annum.<br><br>To be performed at a suitable pharmacy. |

| MAJOR MEDICAL EXPENSES |
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| • The cost of the test will not be deducted from the MSA.<br>• Should the Health Risk Assessment be performed in the Doctors rooms, the consultation fee will be paid from the MSA. |
| **HIV/AIDS** |
| Sub-limits apply to certain benefits as specified below<br>Pro-rata allocation of benefits will apply in respect of Beneficiaries joining the Fund during the year |
| HIV/AIDS 100% of Cost, subject to Prescribed Minimum Benefits as per Annexure G.<br>All pathology related treatment (as per the Fund protocols and care plans) will not be deducted from the members MSA.<br>HIV Counselling and testing (HCT): The Fund will allow a benefit of R340 as a testing fee for General Practitioners.<br>Circumcision for uninfected male adults and male newborns will be paid at 100% of the WHTF rate, subject to MSA. |
| **STATUTORY PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE G** |