



**WOOLTRU HEALTHCARE FUND**

**CERTIFICATE**

We, the undersigned, hereby certify that Wooltru Healthcare Fund`s Board of Trustees, at a meeting held on 30 August 2023, adopted the appended amendments to Annexures A; B1; B2 and B3, of the Rules and that the amendments have been adopted in accordance with the provisions of the Rules of the Fund.

Chairperson

Principal Officer

Trustee

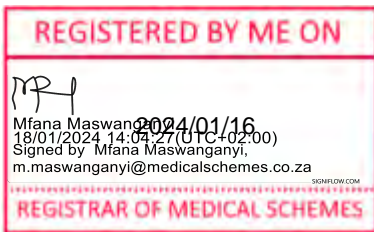
Date: 19/09/2023

**WOOLTRU HEALTHCARE FUND**

Parc du Cap, 7 Mispel Road, Bellville 7530 PO Box 15403, Vlaeberg 8018

Telephone 0802 228 922 Fax 0860 104 126

Registered in terms of the Medical Schemes Act, 1998



## WOOLTRU HEALTHCARE FUND

### CONTRIBUTIONS

#### ANNEXURE A

**With effect from 1 January 2024**

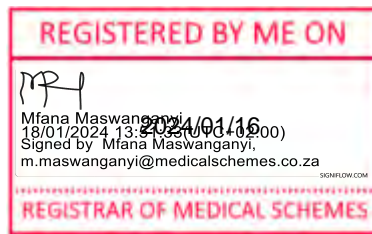
#### **PREAMBLE**

##### **1. Payment of Contributions**

Each applicant for membership must complete the Fund's approved form authorising the Fund to debit his banking account, salary or pension, as the case may be, with the amount of the monthly Contribution for himself and his Beneficiaries, if any, until the end of the month in which his resignation from employment takes effect.

##### **2. Excess contributions**

A Member who, as the result of changed circumstances, has paid excess Contributions shall not be entitled to a refund of any excess payments unless the Member has complied with the provisions concerning the timeous notification of the changes in circumstances as specified in the Rules.



### 3. Contributions

The total aggregate monthly Contributions payable by or in respect of a Member in accordance with the provisions of Rule 13 shall be as indicated in the schedules in;

- Annexure A1 hereof in respect of the Network Option;
- Annexure A2 hereof in respect of the Saver Option; and
- Annexure A3 hereof in respect of the Comprehensive Option.

Contributions shall continue to be paid by and/or in respect of a Member and his Beneficiaries regardless of when the Member reaches his benefit limits in terms of these Rules.



## WOOLTRU HEALTHCARE FUND

### ANNEXURE A1

#### NETWORK OPTION

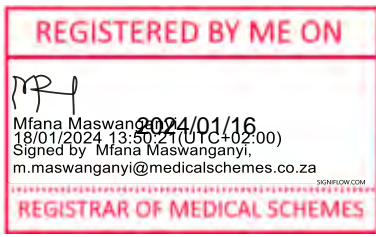
#### TOTAL CONTRIBUTIONS EFFECTIVE FOR THE PERIOD

1 JANUARY TO 31 DECEMBER 2024

Contributions are payable monthly in arrears by, or in respect of, each Member depending on his Income as defined, and on the number and type of his registered Dependants according to the following table:

Income Category	Member	Adult	Child
R0 – R10 800	R1 452	R1 452	R582
R10 801- R13 200	R1 879	R1 879	R670
R13 201+	R 2 350	R2 350	R720

Salary Band reflected as at 1 January, annually, will determine the monthly contribution for the year, except in the case where a Member goes on retirement and the monthly pension falls into a different bracket.



## WOOLTRU HEALTHCARE FUND

### ANNEXURE A2

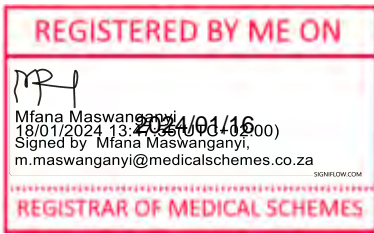
#### SAVER OPTION

#### TOTAL CONTRIBUTIONS EFFECTIVE FOR THE PERIOD

1 JANUARY TO 31 DECEMBER 2024

Contributions are payable monthly in arrears by, or in respect of, each Member depending on the number and type of his registered Dependants according to the following table:

	<b>Member</b>	<b>Adult</b>	<b>Child</b>
Risk	R2 502	R2 467	R762
Savings	R487	R481	R149
Overall	R2 989	R2 948	R911



# WOOLTRU HEALTHCARE FUND

## ANNEXURE A3

### COMPREHENSIVE OPTION

#### TOTAL CONTRIBUTIONS EFFECTIVE FOR THE PERIOD

1 JANUARY TO 31 DECEMBER 2024

Contributions are payable monthly in arrears by, or in respect of, each Member depending on the number and type of his registered Dependants according to the following table:

	<b>Member</b>	<b>Adult</b>	<b>Child</b>
Risk	R5 038	R4 939	R1 676
Savings	R1 228	R1 203	R409
Overall	R6 266	R6 142	R2 085



## ANNEXURE B1

### WOOLTRU HEALTHCARE FUND

#### NETWORK OPTION

#### SCHEDULE OF BENEFITS

With effect from 1 January 2024

With due regard to PMBs

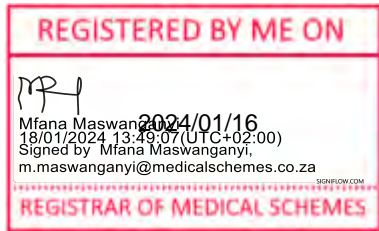
#### 1. OPTIONS

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).

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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**

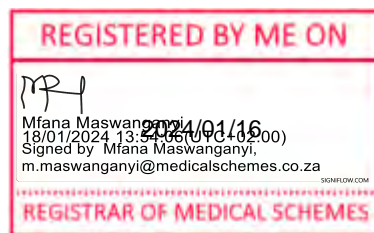
Wooltru Healthcare Fund Annexure  
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Pre-authorisation must be obtained at least 2 working days before admission to hospital. In emergency cases, the Designated Service Provider must be notified of the event within 24 hours of admission to the hospital 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.



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 Signed by Mfana Maswanganyi  
 m.maswanganyi@medicalschemes.co.za


REGISTRAR OF MEDICAL SCHEMES

**4. ANNUAL BENEFIT SCHEDULES**

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

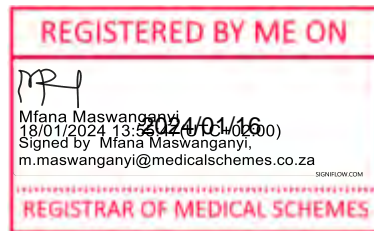


**DAY TO DAY BENEFITS**

<p><b>Associated Health and Auxiliary Services</b></p> <p>(Chiropractor, Homeopath, Naturopath, Clinical Psychologist, Speech Therapist, Audiologist, Occupational Therapist, Podiatrist, Orthotist, Dietician, Biokineticist and Physiotherapist)</p>	<p>No benefit.</p> <div data-bbox="810 385 1187 613" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p align="center"><b>REGISTERED BY ME ON</b></p>  <p>Mfana Maswanganyi 18/01/2024 13:54:44 (UTC+02:00) Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za</p> <p align="center"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>
<p><b>Prescribed Acute Medicine</b></p> <p>(Medicine used for treatment of diseases or conditions that require a short course of medicine treatment)</p>	<p>100% of Agreed Tariff or Single Exit Price plus legislated professional fee (where applicable).</p> <p>Medicine must be dispensed or prescribed by the DSP Doctor/Dentist in accordance with the DSP Acute/Dental Medicine Formulary.</p>




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



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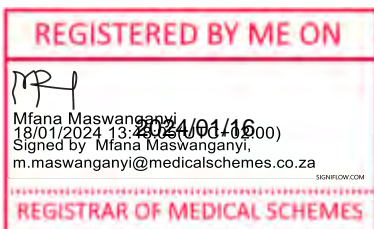
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<b>DAY TO DAY BENEFITS</b>	
<p><b>Basic Dentistry out of hospital</b></p> <p>(Consultations, primary extractions, fillings, and scaling and polishing)</p>	<p>100% of Agreed Tariff via the Designated Service Provider Dentist.</p> <p>Limited to the DSP's list of approved tariff codes and formularies.</p> <p>No benefit for basic dentistry in hospital.</p> <p>No benefit for advanced/specialised dentistry.</p> <div style="text-align: center; border: 2px solid red; padding: 5px; margin: 10px 0;"> <p><b>REGISTERED BY ME ON</b></p>  <p>2024/01/16  Mfana Maswanganyi  18/01/2024 13:56:31 (UTC+02:00)  Signed by Mfana Maswanganyi,  m.maswanganyi@medicalschemes.co.za  <small>SGNFCW.COM</small></p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>
<p><b>Optical Benefits</b></p> <p>(Frames, Lenses, Contact Lenses)</p> <p><i>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</i></p> <p>Eye Tests</p>	<p>One pair of clear standard mono-, bi- or multi-focal lenses plus standard frame <b>OR</b></p> <p>One set of approved contact lenses limited to the value of R600 per Beneficiary per 24 months at the DSP Optometrist.</p> <p>A benefit of R230 per Beneficiary per 24 months will be paid towards a frame selected outside of the standard range.</p> <p>Qualifying norms for near and distance visions apply.</p> <p>No benefit if a non-network provider is used.</p> <p>One examination per Beneficiary per 24 months at the Designated Service Provider optometrist.</p>
<p><b>Maternity Benefits</b></p> <p>Pre-and- Post natal Care, including sonar's</p>	<p>Benefits through the DSP according to the defined list of codes.</p>



DAY TO DAY BENEFITS	
<b>Basic Pathology &amp; Radiology out of hospital</b>	100% at Agreed Tariff on referral by DSP. Restricted to DSP's list of investigations.
<b>Healthcare services provided outside South Africa</b>	No benefits will be provided for healthcare services provided outside South Africa.
<b>Out of Area Benefit and Emergency/outpatient visits</b>	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.	
<b>Hospitalisation</b>	Subject to pre-authorisation with the Fund's Managed Health Care Organisation.
Provincial/State and Private Hospitals	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.
<b>Unattached Theatre Units</b> (Registered with the Department of Health)	100% of WHFT or Agreed Tariff for theatre, drugs, dressings, materials and recovery bed.



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MAJOR MEDICAL EXPENSES		
<p><b>Procedures performed at Out-of-Hospital</b></p> <p>Departments or Emergency Rooms of Provincial, State or Private Hospitals</p>	<p>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.</p> <p>Subject to pre-authorization.</p>	
<p><b>Robotic Assisted Laparoscopic Prostatectomy</b></p>	<p>No benefit.</p>	
<p><b>To Take Out Medicine</b></p> <p>(Medicine on discharge from hospital)</p>	<p>Limited to 7 days, except for immuno-suppressant drugs dispensed by the hospital for use after discharge (see Organ Transplants).</p>	
<p><b>Maternity Benefits</b> <b>Confinements</b></p>	<p><b>Benefit</b></p>	<p><b>Limited To</b></p>
	<p>Vaginal delivery</p>	<p>100% of Agreed Tariff.</p>
	<p>Caesarean Section</p>	<p>100% of Agreed Tariff if motivated by a Designated Service Provider Specialist.</p>
	<p>Two Ultrasounds (12 and 24 weeks)</p>	<p>100% of Agreed Tariff.</p>
	<p>Ward Rate</p>	<p>General ward rates, subject to the following:</p> <ul style="list-style-type: none"> <li>• Normal delivery - 3 days;</li> <li>• Caesarean section - 4 days.</li> </ul>
	<p>Pathology</p>	<p>100% of Agreed Tariff.</p>
<p><b>General Practitioner services</b></p> <p>(Consultations, operations and procedures)</p>	<p>100% of Agreed Tariff via DSP.</p> <p>PMB admissions will be paid in full if the beneficiary uses the DSP GP.</p> <p>Subject to pre-authorization.</p>	




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



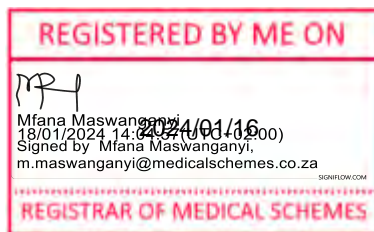
Wooltru Healthcare Fund Annexure  
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 January 2024



<b>MAJOR MEDICAL EXPENSES</b>	
<p><b>Internal Prosthesis</b></p> <p>(Including appliances placed in the body as an internal adjuvant during an operation, e.g. hip replacement &amp; knee replacement)</p>	<p>100% of Agreed Tariff if inserted by a DSP Specialist.</p> <p>Subject to pre-authorisation.</p> <p>Limited to R72 290 per Beneficiary per annum.</p> <p>Where pre-authorisation is not obtained, no benefit will be available.</p>
<p><b>Organ Transplants</b></p> <p><b>Hospitalisation</b></p> <p>Organ and Patient Preparation</p> <p>Immuno-suppressant drugs dispensed in hospital or dispensed by the hospital to take out for use after discharge</p> <p>Subsequent supplies of immuno-suppressant drugs</p>	<p>Where the recipient is a Beneficiary of the Fund, services rendered to the donor, and the transportation of organ is included in this benefit.</p> <p>Subject to pre-authorisation and PMB's.</p> <p>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.</p> <p>100% of Agreed Tariff.</p> <p>100% of Cost.</p> <p>Subject to pre-authorisation.</p>
<p><b>Peritoneal Dialysis and Haemodialysis</b></p>	<p>100% of Agreed Tariff via Designated Service Provider.</p> <p>Subject to pre-authorisation.</p> <div style="text-align: center; border: 2px solid red; padding: 5px; margin-top: 20px;"> <p><b>REGISTERED BY ME ON</b></p>  <p>Mfana Maswanganyi  18/01/2024, 13:50:16 (1600)  Signed by Mfana Maswanganyi,  m.maswanganyi@medicalschemes.co.za</p> <p><small>SCHELOW.COM</small></p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>


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MAJOR MEDICAL EXPENSES	
<b>Medical and Surgical Appliances</b>	<p>Subject to clinical motivation, pre-authorisation and approval by the Managed Health Care Organisation.</p> <p>Benefits are subject to the terms, conditions and protocols of the Managed Health Care Organisation.</p>
<b>External Appliances</b>  <i>The External Appliance benefit is issued on a 24 month cycle, that runs from date of service</i>	<p>Subject to written motivation which must be received 72 hours before the request for pre-approval.</p> <p>Benefits are subject to the terms, conditions and protocols of the Managed Health Care Organisation.</p> <p>Limited to R54 050 per Beneficiary every two years</p> <p>Sublimits apply:</p> <ul style="list-style-type: none"> <li>• CPAP machine: no Benefit</li> <li>• Wheelchair: R15 000 (quote and motivation required)</li> <li>• Hearing Aids: R15 000 (full audiology report, motivation and quote required)</li> <li>• Colostomy kits: As prescribed by treating Doctor</li> </ul>
<b>Private Nursing in lieu of hospitalisation</b>	<p>100% of Agreed Tariff.</p> <p>Subject to clinical motivation, pre-authorisation &amp; case management by the Managed Health Care Organisation.</p> <p>These services must be provided by a registered and approved service provider.</p> <p>A limit of R5 460 per Beneficiary per month applies.</p>




Wooltru Healthcare Fund Annexure  
 B1 Benefits Network Option  
 January 2024

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<b>MAJOR MEDICAL EXPENSES</b>	
<p><b>Auxiliary Services in hospital</b></p> <p>(Clinical psychologist, Speech Therapist, Occupational Therapist, Physiotherapist)</p>	<p>100% of Agreed Tariff via the Designated Service Provider.</p> <p>Benefits only payable if the services are directly related to an authorised admission.</p> <p>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.</p>
<p>Diagnostic endoscopic procedures in lieu of hospitalisation</p> <p>Endoscopic Procedures:</p> <ul style="list-style-type: none"> <li>• Gastroscopy</li> <li>• Oesophagoscopy</li> <li>• Sigmoidoscopy</li> <li>• Colonoscopy</li> </ul>	<p>100% of Agreed Tariff if requested by a DSP specialist. Subject to clinical motivation and approval by the Managed Health Care Organisation.</p> <p>No co-payment applies if performed in doctor's rooms.</p> <p>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.</p> <p>Anaesthetic costs related to these procedures will be limited to local or regional anaesthetic. General anaesthetic costs are not covered.</p>
<p>Refractive surgery and examinations performed by an ophthalmologist, including:</p> <ul style="list-style-type: none"> <li>• Treatment of retina and choroids by cryotherapy</li> <li>• Pan retinal photocoagulation</li> <li>• Laser capsulotomy</li> <li>• Laser trabeculoplasty</li> </ul> <p>Laser apparatus</p>	<p>No benefit.</p> <div style="border: 2px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p>  <p style="font-size: small;">Mfana Maswanganyi 18/01/2024 13:54:34 (UTC+0200) Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za <small>SIGNFLOW.COM</small></p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
<p><b>Dental Procedures in hospital</b></p>	<p>No benefit.</p>



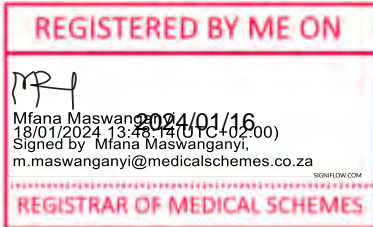
MAJOR MEDICAL EXPENSES	
<b>Specialised Dentistry in and out of hospital</b>	No benefit.
<b>Psychiatric Treatment in hospital</b>	Limited to Statutory Prescribed Minimum Benefits – 21 days.
<b>Oncology, Radiotherapy &amp; Chemotherapy in and out of hospital</b>  (Medication/chemicals, related radiology, 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.
<b>Hospitalisation services provided outside South Africa</b>	No benefits will be provided for healthcare services provided outside South Africa.  <div style="border: 2px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p>  <p style="font-size: small; margin: 0;">Mfana Maswanganyi 18/01/2024 13:50:00 (1200) Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za</p> <p style="font-size: x-small; margin: 0;">SOURLOW.COM</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>



MAJOR MEDICAL EXPENSES			
	TEST	TARIFF CODE	LIMITED TO
<b>Preventative Tests</b>	Mammogram	34100 and 3605	One per female (over 40 years) every two years or annually where clinically indicated (by family history).
	Flu Vaccine		One per Beneficiary per annum.
	Pap smear & liquid based cytology	4566 and 4559	One per adult female per annum.
	HIV test (Pathology or finger prick)	3932 (Pathology)	One per Beneficiary per annum.
	Glaucoma screening	3014	One screening per adult (over 40 years) every two years.
	Health Risk Assessment (HRA), Body Mass Index, Blood Pressure, Cholesterol (finger prick test) and Blood Sugar test (finger prick test)		One screening per adult per annum.  To be performed at a suitable pharmacy.
	Preventative screening tests as above via the DSP Doctor Network, except HRA, this is to be performed at a DSP pharmacy.		
	<b>HIV/AIDS</b>		
Sub-limits apply to certain benefits as specified below			
HIV Counselling and Testing (HCT –testing fee for GP’s)	HIV/AIDS 100% of Cost at the Designated Service Provider.		
Circumcision  For uninfected adult and male newborns	100% of Agreed Tariff at the Designated Service Provider.		
<b>STATUTORY PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE G</b>			



Wooltru Healthcare Fund Annexure  
B1 Benefits Network Option  
January 2024



## ANNEXURE B2

### WOOLTRU HEALTHCARE FUND

#### SAVER 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 Saver Option, then the Fund will provide to the Member and his Dependants the benefits as detailed in this schedule.

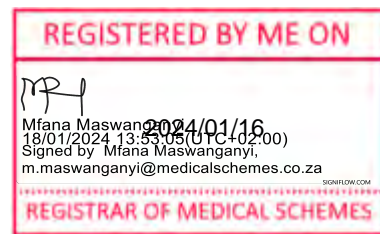
#### 2. PRIMARY HEALTHCARE BENEFITS

The Fund will provide primary healthcare benefits as contained in this Annexure.

#### 3. BENEFITS FOR HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES

The Fund will provide Members and their Dependants with cover for hospitalisation and other major medical services as contained in this Annexure.

Wooltru Healthcare Fund  
Annexure B2 Benefits Saver Option  
January 2024



### 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 100% 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.

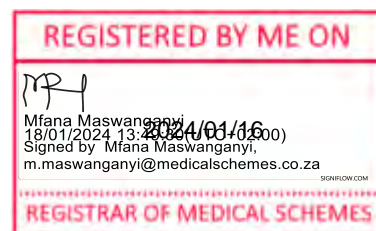
## 4. HEALTHCARE BENEFITS PROVIDED OUTSIDE SOUTH AFRICA

No benefits for healthcare services rendered outside 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.



Wooltru Healthcare Fund  
Annexure B2 Benefits Saver Option  
January 2024






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**5. ANNUAL BENEFIT SCHEDULES**

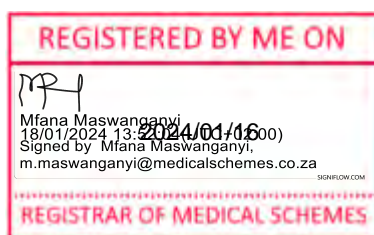
<b>DAY TO DAY BENEFITS</b>	
<p>Sub-limits apply to certain benefits as specified below.</p> <p>Pro-rata allocation of benefits will apply in respect of Beneficiaries joining the Fund during the year.</p> <p>PMB conditions will be paid at the DSP tariff where a DSP is used. A valid PMB claim will not be paid from the MSA.</p> <p>Medical Savings Account (MSA)</p> <p>Member = R5 844</p> <p>Adult Dependant = R5 772</p> <p>Child Dependant = R1 788</p>	
<p><b>General Practitioners</b></p> <p><b>Out of hospital</b></p>	<p>Non-PMB conditions paid at 100% of WHFT.</p> <p>Benefit subject to MSA.</p>
<p><b>Specialists</b></p> <p><b>Out of hospital</b></p>	<p>100% of WHFT.</p> <p>Benefit subject to MSA.</p> <p>The DSP is to be contacted for referral and authorisation before the consultation.</p>




<b>DAY TO DAY BENEFITS</b>	
<p><b>Registered Private Nurse Practitioners</b></p> <p>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).</p>	<p>100% of WHFT.</p> <p>Benefit subject to MSA.</p> <div style="text-align: center; border: 2px solid red; padding: 5px; margin: 10px 0;"> <p><b>REGISTERED BY ME ON</b></p>  <p>Mfana Maswanganyi 2024/01/16  18/01/2024 14:05:09(UTC+02:00)  Signed by Mfana Maswanganyi,  m.maswanganyi@medicalschemes.co.za</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>
<p><b>Associated Health and Auxiliary Services</b></p> <p>(Chiropractor, Homeopath, Naturopath, Clinical psychologist, Speech therapist, Audiologist Occupational Therapist, Podiatrist, Orthotist, Dietician, Biokineticist, Social Workers used for psycho-therapy and Physiotherapist)</p>	<p>100% of WHFT.</p> <p>Benefit subject to MSA.</p> <p>No benefit for vocational guidance, child guidance, marriage guidance, school therapy or attendance at remedial education schools or clinics.</p>




<b>DAY TO DAY BENEFITS</b>	
<p><b>Procedures performed in doctor's rooms as per Annexure E (and listed below)</b></p> <p>Endoscopic Procedures:</p> <ul style="list-style-type: none"> <li>• Gastroscopy</li> <li>• Oesophagoscopy</li> <li>• Sigmoidoscopy</li> <li>• Colonoscopy</li> </ul>	<p>Benefit not deducted from MSA.</p> <p>No co-payment applies if performed in doctor's rooms.</p> <p>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.</p> <p>Anaesthetic costs related to these procedures will be limited to local or regional anaesthetic. General anaesthetic costs are not covered.</p>
<p>Examinations performed by an ophthalmologist:</p> <ul style="list-style-type: none"> <li>• Treatment of retina and choroids by cryotherapy</li> <li>• Pan retinal photocoagulation</li> <li>• Laser capsulotomy</li> <li>• Laser trabeculoplasty</li> <li>• Laser apparatus</li> </ul>	<p>Benefit not deducted from MSA.</p> <p>No co-payment applies if performed in doctor's rooms.</p> <p>A co-payment of R2 680 will apply should any of the procedures, as per Annexure E (as listed), be performed in hospital, without an approved clinical indication and Fund approval.</p> <p>Anaesthetic costs related to these procedures will be limited to local or regional anaesthetic. General anaesthetic costs are not covered.</p>



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<b>DAY TO DAY BENEFITS</b>	
<p><b>Prescribed Acute Medicine</b></p> <p>(Medicine used for treatment of diseases or conditions that require a short course of medicine treatment)</p>	<p>100% of Single Exit Price plus Agreed dispensing fee.</p> <p>Benefit subject to MSA.</p> <div data-bbox="1018 371 1394 600" style="border: 2px solid red; padding: 5px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p>  <p style="font-size: small;">Mfana Maswanganyi 18/01/2024 13:56:10 (UTC+02:00) Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za</p> <p style="text-align: right; font-size: x-small;">SIGNFLOW.COM</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
<p><b>Chronic Medicine (PMB - 26 CDL conditions)</b></p> <p>(Medicines which have been classified to be used for treatment of chronic illnesses as determined by the Fund)</p>	<p>Pre-authorisation required via the Managed Health Care Organisation.</p> <p>Benefits as per Annexure F.</p>
<p><b>Over the Counter Medicine</b></p>	<p>100% of Single Exit Price plus Agreed dispensing fee.</p> <p>Benefit subject to MSA.</p>
<p><b>Basic Dentistry</b></p> <p>(Scale and polish, consultations, fillings, extractions, plastic dentures and other procedures by dental practitioners)</p>	<p>100% of WHFT.</p> <p>Benefit subject to MSA.</p>



DAY TO DAY BENEFITS	
<p><b>Specialised Dentistry</b></p> <p>(Crowns, bridges, orthodontic treatment and dentures)</p>	<p>100% of WHFT.</p> <p>Benefit subject to MSA.</p> <div style="border: 2px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p>  <p style="font-size: small;">Mfana Maswanganyi 18/01/2024 13:20:24 (UTC+0200) Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za <small>SGNFLOW.COM</small></p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
<p><b>Optical Benefits</b></p> <p>(Eye Tests, Frames, Lenses, Contact Lenses)</p>	<p>100% of WHFT.</p> <p>Benefit subject to MSA.</p> <p>No benefits for sunglasses.</p>
<p><b>Maternity Benefits</b></p> <p>(Pre-and- Post natal Care, including sonar's, ante natal consultation and post-natal consultation)</p>	<p>100% of cost.</p> <p>Benefit subject to MSA.</p>
<p><b>Pathology; Radiology &amp; Ultrasounds</b></p>	<p>100% of WHFT.</p> <p>Benefit subject to MSA.</p> <p>Subject to the MSA, unless performed as part of a hospital admission.</p>
<p><b>Emergency visits/outpatients</b></p>	<p>100% of WHFT.</p> <p>Benefit subject to MSA.</p>



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## MAJOR MEDICAL EXPENSES

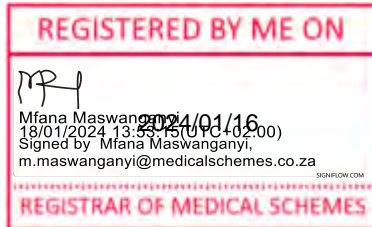
Sub-Limits apply to certain benefits as specified below.

Pro-rata allocation of benefits will apply in respect of Beneficiaries joining the Fund during the year.


<b>Hospitalisation</b>	Subject to pre-authorisation by Managed Health Care Organisation.
Provincial/State and Private Hospitals	100% of Uniform Patient Fee Schedule, WHFT 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.
<b>Unattached Theatre Units</b>  (Must be registered with the Department of Health)	100% of WHFT or Agreed Tariff including theatre, drugs, dressings, materials and recovery bed.
<b>Robotic Assisted Laparoscopic Prostatectomy</b>	100% of WHFT.  Subject to Clinical Motivation.  Subject to pre-authorisation by Managed Health Care Organisation.  Performed at an accredited Hospital.  Benefit limit R152 700 per qualifying Beneficiary per annum, for hospital and equipment.
<b>Procedures performed at Out-of-Hospital</b>  (Departments or Emergency Rooms of Provincial, State or Private Hospitals)	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.



MAJOR MEDICAL EXPENSES	
<p><b>To Take Out Medicine</b> (Medicine on discharge from hospital)</p>	<p>Limited to 7 days, except for Immuno-suppressant drugs dispensed by the hospital for use after discharge (see Organ Transplants).</p>



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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: <ul style="list-style-type: none"> <li>• Normal delivery - 3 days;</li> <li>• Caesarean section - 4 days.</li> </ul>	
	Pathology		100% of Agreed Tariff.	
	Confinements Additional maternity pathology paid for by the Fund (Tariff code in brackets) <div style="border: 2px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="font-size: small;">               Mfana Maswanganyi              18/01/2024 13:43:50 (PC40200)              Signed by Mfana Maswanganyi,              m.maswanganyi@medicalschemes.co.za  <small>SIGNFLOW.COM</small> </p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> <li>• Full Blood Count (3755),</li> <li>• Blood Grouping (3764),</li> <li>• Rhesus Antigen (3765),</li> <li>• Urine Culture (3893),</li> <li>• HIV Elisa or other screening Test (3932),</li> <li>• Rubella Antibody (3948),</li> <li>• VDRL (3949),</li> <li>• Glucose Strip Test (4050),</li> <li>• Urine Analysis Dipstick (4188),</li> <li>• HIV Antibody Rapid Test (4614).</li> </ul>	






	<p>All consultations relating to these benefits will be paid from MSA.</p> <p>An upfront deductible of R3 590 applies to all Caesarean Sections where a clinical motivation is not supplied by the Gynaecologist.</p> <p>The services of a midwife during and after confinement provided that hospital services have not been used and subject to pre-authorization by the Managed Health Care Organisation are available in lieu of hospitalisation subject to the WHFT.</p>
<p><b>General Practitioner services</b></p> <p>(Consultations, operations and procedures)</p>	<p>100% of WHFT.</p> <p>PMB admissions will be in full.</p> <p>Subject to pre-authorization.</p>
<p><b>Specialist services</b></p> <p>(Consultations, operations and procedures)</p>	<p>100% of WHFT.</p> <p>PMB admissions will be paid at the agreed tariff if the Beneficiary uses the DSP Specialist.</p> <p>Subject to pre-authorization.</p>
<p><b>Pathology</b></p>	<p>100% of WHFT.</p>
<p><b>Emergency room visits resulting in hospitalisation</b></p>	<p>Authorisation must be obtained within 24 hours of admission into hospital or by the following working day.</p>
<p><b>Radiology</b></p> <p>(Including MRI, CT scans, Computer Tomography &amp; Radio-Isotope Studies, Ultrasounds and Bone Density Scans -DEXA)</p>	<p>100% of the WHFT.</p> <p>An upfront co-payment of 25% of cost to a max of R2 680 is payable by the Member on all MRI and CT scans.</p> <p>Subject to the MSA, unless performed as part of a hospital admission.</p> <p>Subject to pre-authorization and Managed Health Care protocols.</p>

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<p><b>Maxillo-facial</b></p>	<p>100% of WHFT.</p> <p>Subject to pre-authorisation, Managed Health Care Protocols and Fund Approval.</p>
<p><b>Blood Transfusions</b></p> <p>(Cost of transfusion and transport i.e. materials, apparatus and operator's fees)</p>	<p>100% of WHFT.</p> <div data-bbox="992 360 1369 584" style="border: 2px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p>  <p style="font-size: small; margin: 0;">Mfana Maswanganyi 18/01/2024 14:04:22 (UTC+0200) Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
<p><b>Ambulance Services</b></p> <p>(Transport to nearest hospital or emergency inter-hospital transfers)</p>	<p>100% of Agreed Tariff.</p> <p>Unlimited if the DSP is used and subject to post-authorisation by the DSP within 72 hours of the transport occurring.</p> <p>Unauthorised use of an ambulance, for a non-emergency will not be covered by the Fund.</p>
<p><b>Internal Prosthesis</b></p> <p>(Including appliances placed in the body as an internal adjuvant during an operation, e.g. hip replacement, knee replacement, etc)</p>	<p>100% of WHFT.</p> <p>Limited to R76 000 per Beneficiary per annum, subject to pre-authorisation by the Managed Health Care Organisation.</p> <p>Where pre-authorisation is not obtained, no benefit will be available.</p>



<p><b>Organ Transplants</b></p> <div data-bbox="148 304 525 533" style="border: 2px solid red; padding: 5px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p>  <p style="font-size: small;">2024/01/16 18/01/2024 13:52:14 (UTC+02:00) Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>Hospitalisation</p> <p>Organ and Patient Preparation</p> <p>Immuno-suppressant drugs dispensed in hospital, dispensed by the hospital to take out for use after discharge</p> <p>Subsequent supplies of immuno-suppressant drugs</p>	<p>Subject to pre-authorisation, the Managed Health Care Organisation case management protocols, PMB and networks.</p> <p>Where the recipient is a Beneficiary of the Fund, services rendered to the donor and the transportation of organ is included in this benefit.</p> <p>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.</p> <p>Subject to pre-authorisation and PMB's.</p> <p>100% of WHFT.</p> <p>100% of cost.</p> <p>100% of cost.</p> <p>Subject to pre-authorisation.</p>
<p><b>Peritoneal Dialysis and Haemodialysis</b></p>	<p>100% of WHFT.</p> <p>Subject to pre-authorisation by the Managed Health Care Organisation and PMB's</p>

<p><b>Medical and Surgical Appliances</b></p> <p>(Including crutches, moonboots, orthotics etc)</p>	<p>100% of WHFT.</p> <p>Subject to clinical motivation, pre-authorisation and approval by the Managed Health Care Organisation.</p> <p>Subject to available MSA where approval is not obtained.</p> <p>If associated to a hospital admission, this will be subject to Major Medical Expenses.</p>
<p><b>External Appliances</b></p> <p>(Including hearing aids, hearing aid repairs, wheelchairs and C-pap machines, external fixators and colostomy kits)</p> <p><i>The External Appliance benefit is issued on a 24 month cycle, that runs from date of service.</i></p>	<p>100% of WHFT.</p> <p>Subject to written motivation which must be received 72 hours before the request for pre-authorisation and Fund approval.</p> <p>Benefits are subject to terms, conditions and protocols of the Managed Health Care Organisation.</p> <p>Subject to available MSA where approval is not obtained.</p> <p>Limited to R68 200 per Beneficiary every two years with the following sub-limits:</p> <ul style="list-style-type: none"> <li>• CPAP machine: R25 000 (full sleep study results required, quote and motivation required)</li> <li>• Wheelchair: R20 000 (motivation and quote required)</li> <li>• Hearing Aids: R30 000 (full audiology report, motivation and quote required)</li> <li>• Colostomy kits: As prescribed by treating Doctor</li> </ul>
<p><b>Private Nursing</b></p>	<p>100% of WHFT.</p> <p>Subject to clinical motivation, pre-authorisation &amp; case management by the Managed Health Care Organisation.</p> <p>These services must be provided by a registered and approved service provider.</p> <p>A limit of R5 740 per Beneficiary per month applies.</p>


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
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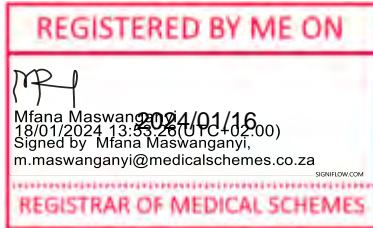
<p><b>Auxiliary Services in hospital</b></p> <p>(Clinical Psychologist, Speech Therapist, Dietician, Social Worker used for psychotherapy, Biokineticist, Occupational Therapist, Physiotherapist)</p> <div style="border: 2px solid red; padding: 5px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p>  <p>Mfana Maswanganyi (2024/01/16 18:01/2024 13:51:01/TC4-02:00) Signed by: Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of WHFT.</p> <p>Benefits only payable if the services are directly related to an authorised admission.</p> <p>Post-operative auxiliary services may be approved and benefit granted on condition such services are received within 6 weeks after the hospital admission.</p> <p>Subject to clinical motivation and pre-authorisation and approval by the Managed Health Care Organisation.</p> <p>No benefit for Audiologist, Podiatrist, Orthotist, Vocational Guidance, Child Guidance, Marriage Guidance, School Therapy or attendance at remedial education schools or clinics.</p>
<p><b>Refractive Surgery</b></p>	<p>100% of WHFT.</p> <p>LASIK surgery is subject to guidelines for refractive surgery for medical reasons.</p> <p>A motivation is required which must include the refractive error.</p> <p>Subject to pre-authorisation.</p>
<p><b>Specialised Dentistry limited to Dental Implants and impacted wisdom teeth only</b></p>	<p>100% of WHFT.</p> <p>Limited to R17 830 per Beneficiary per annum.</p> <p>Subject to pre-authorisation.</p>



<p><b>Basic Dentistry procedures in hospital</b></p> <div data-bbox="159 369 534 593" style="border: 2px solid red; padding: 5px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p>  <p>Mfana Maswanganyi 18/01/2024 13:49:34 (UTC+02:00) Signed by: Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of WHFT.</p> <p>Limited to removal of teeth and multiple fillings for children seven (7) years and younger.</p> <p>Conscious sedation may be considered but is subject to pre-approval.</p> <p>Anaesthetist will be paid from the Major Medical Expenses if approved.</p> <p>The Dentist will be paid from the MSA.</p> <p>Subject to pre-authorisation.</p>
<p><b>Psychiatric Treatment in hospital or a registered facility OR</b></p> <p><b>Outpatient treatment in lieu of hospitalisation.</b></p>	<p>100% of WHFT.</p> <p>Limited to 21 days per Beneficiary per annum.</p> <p>1 Psychiatric or Psychology consultation post admission.</p> <p>Subject to pre-authorisation.</p>
<p><b>Oncology, Radiotherapy &amp; Chemotherapy in and out of hospital</b></p> <p>(Medication/chemicals, related radiology, including MRI and CT scans and pathology)</p>	<p>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.</p> <p>Limited to R375 000 per Family per annum.</p> <p>Registration on the Oncology Programme is recommended.</p> <p>Subject to pre-authorisation.</p>
<p><b>Chronic Medication non-PMB</b></p>	<p>R16 940 per Beneficiary per annum for approved medication.</p> <p>Pre-authorisation required via the Managed Health Care Organisation.</p>



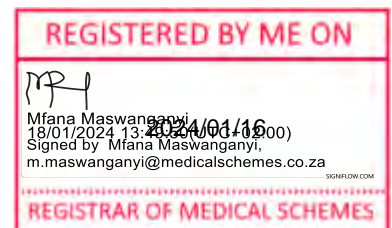
<p><b>Speciality Chronic Medicine</b></p>	<p>Authorised medicine(s) limited to R182 500 per Beneficiary per annum.</p> <p>Limited to PMB conditions only.</p> <p>Pre-authorisation required via the Managed Health Care Organisation.</p>
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PREVENTATIVE TESTS	TEST	TARIFF CODE	LIMITED TO
	Mammogram	34100 and 3605	One per female (over 40 years) every two years or clinically indicated by family history-.
	Pap smear and liquid-based cytology	4566 and 4559	One per 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 (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 (Cervarix)  NAPPI Code:71042 (Gardasil)	All female Beneficiaries between the ages of 9 and 13 years.
	Health Risk Assessment (HRA) (Body Mass Index, Blood Pressure), Cholesterol- ( <i>finger prick test</i> ), and Blood Sugar test ( <i>finger prick test</i> )		One screening per adult per annum.  To be performed at a suitable pharmacy.
<ul style="list-style-type: none"> <li>The cost of the tests will not be deducted from the MSA.</li> <li>Should the Health Risk Assessment be performed in the Doctors rooms, the consultation fee will be paid from the MSA.</li> </ul>			

Wooltru Healthcare Fund  
Annexure B2 Benefits Saver Option  
January 2024  
- 19 -





**HIV/AIDS**

Sub-limits apply to certain benefits as specified below

Pro-rata allocation of benefits will apply in respect of Beneficiaries joining the Fund during the year

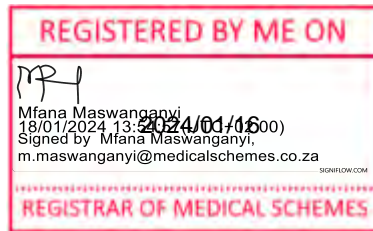
HIV/AIDS 100% of Cost, subject to Prescribed Minimum Benefits as per Annexure G.

All pathology related treatment (as per the Fund protocols and care plans) will not be deducted from the members MSA.

HIV Counselling and testing (HCT): The Fund will allow a benefit of R340 as a testing fee for General Practitioners.

Circumcision for uninfected male adult and male newborns, will be paid at 100% of the WHTF rate subject to MSA.

**STATUTORY PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE G**



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**ANNEXURE B3**

**WOOLTRU HEALTHCARE FUND**

**COMPREHENSIVE OPTION**

**SCHEDULE OF BENEFITS**

**With effect from 1 January 2024**

**With due regard to PMBs**

**1. OPTIONS**

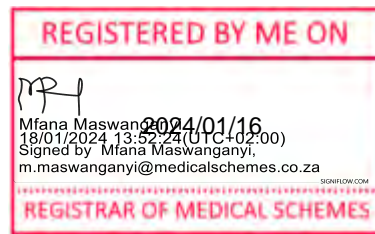
When a Member joins the Fund he must select the Option that he wishes to join. If the Member has selected the Comprehensive Option, then the Fund will provide to the Member and his Dependants the benefits as detailed in this schedule.

**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

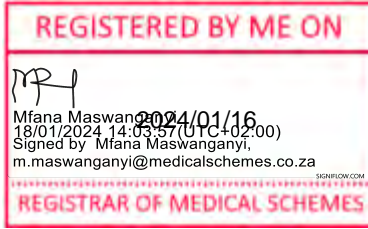
Pre-authorisation must be obtained at least 2 working days before admission to hospital. In emergency cases the Managed Health Care Organisation must be notified of the event within 24 hours of admission to the hospital or on the first working day following such emergency admission.

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

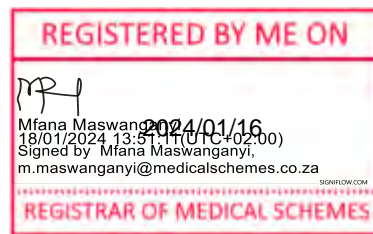
No benefits for healthcare services rendered outside of the borders of South Africa will apply to any Member that has taken up permanent residence outside of the borders of South Africa.



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**

<b>DAY TO DAY BENEFITS</b>	
<p>Sub-limits apply to certain benefits as specified below.</p> <p>Pro-rata allocation of benefits will apply in respect of Beneficiaries joining the Fund during the year.</p> <p>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.</p> <p>Medical Savings Account (MSA)</p> <p>Member = R14 736</p> <p>Adult Dependant = R14 436</p> <p>Child Dependant = R4 908</p>	
<p><b>Professional Services Benefit</b></p> <p>50% of any non-PMB out-of-hospital claims for:</p> <ul style="list-style-type: none"> <li>• Gynaecologists</li> <li>• Paediatricians</li> <li>• Psychiatrists</li> <li>• Psychologists</li> <li>• Physiotherapists</li> </ul> <p><b>The balance of the claim, will be deducted from member's MSA</b></p>	<p>Subject to the following limits:</p> <p>Member = R10 800            Adult Dependant = R10 500            Child Dependant = R3 600</p> <p>Paid at 300% of WTHF tariff.</p>
<p><b>General Practitioner Out of hospital</b></p>	<p>Non-PMB conditions paid at 300% of WHFT.</p> <p>Benefit subject to MSA.</p>



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DAY TO DAY BENEFITS	
<p><b>Specialist</b></p> <p><b>Out of hospital</b></p>	<p>300% of WHFT.</p> <p>Benefit subject to MSA.</p> <p>The DSP is to be contacted for referral and authorisation before the consultation.</p>
<p><b>Registered Private Nurse Practitioners</b></p> <p>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)</p>	<p>300% of WHFT.</p> <p>Benefit subject to MSA.</p>
<p><b>Associated Health and Auxiliary Services</b></p> <p>(Chiropractor, Homeopath, Naturopath, Clinical psychologist, Speech therapist, Audiologist Occupational Therapist, Podiatrist, Orthotist, Dietician, Biokineticist, Social Workers used for psycho-therapy and Physiotherapist)</p>	<p>300% of WHFT.</p> <p>Benefit subject to MSA.</p> <p>No benefit for vocational guidance, child guidance, marriage guidance, school therapy or attendance at remedial education schools or clinics.</p>





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REGISTRAR OF MEDICAL SCHEMES

**DAY TO DAY BENEFITS**

<p><b>Procedures performed in doctor's rooms as per Annexure E (and listed below)</b></p> <p>Endoscopic Procedures:</p> <ul style="list-style-type: none"> <li>• Gastroscopy</li> <li>• Oesophagoscopy</li> <li>• Sigmoidoscopy</li> <li>• Colonoscopy</li> </ul> <p>Examinations performed by an ophthalmologist:</p> <ul style="list-style-type: none"> <li>• Treatment of retina and choroids by cryotherapy</li> <li>• Pan retinal photocoagulation</li> <li>• Laser capsulotomy</li> <li>• Laser trabeculoplasty</li> <li>• Laser apparatus</li> </ul>	<p>Benefit not deducted from MSA.</p> <p>No co-payment applies if performed in doctor's rooms.</p> <p>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.</p> <p>Anaesthetic costs related to these procedures will be limited to local or regional anaesthetic. General anaesthetic costs are not covered.</p> <p>Pathology costs related to these procedures will be covered from Major Medical Expenses.</p>
<p><b>Prescribed Acute Medicine</b></p> <p>(Medicine used for treatment of diseases or conditions that require a short course of medicine treatment)</p>	<p>100% of Single Exit Price plus Agreed dispensing fee.</p> <p>Benefit subject to MSA.</p>
<p><b>Chronic Medicine (PMB 26 CDL conditions)</b></p> <p>(Medicines which have been classified to be used for treatment of chronic illnesses as determined by the Fund)</p>	<p>Pre-authorisation required via the Managed Health Care Organisation.</p> <p>Benefits as per Annexure F.</p>






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REGISTRAR OF MEDICAL SCHEMES

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





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REGISTRAR OF MEDICAL SCHEMES

## MAJOR MEDICAL EXPENSES

Sub-Limits apply to certain benefits as specified below.

Pro-rata allocation of benefits will apply in respect of Beneficiaries joining the Fund during the year.

<b>Hospitalisation</b>  Provincial/State and Private Hospitals	Subject to pre-authorisation by Managed Health Care Organisation.  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.
<b>Unattached Theatre Units</b>  (Registered with the Department of Health)	300% of WHFT or Agreed Tariff including theatre, drugs, dressings, materials and recovery bed.
<b>Robotic Assisted Laparoscopic Prostatectomy</b>	300% of WHFT.  Subject to Clinical Motivation.  Subject to pre-authorisation by Managed Health Care Organisation.  Performed at an accredited Hospital.  Benefit limit R157 200 per qualifying Beneficiary per annum, for hospital and equipment.
<b>Procedures performed at Out-of-Hospital</b>  (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.  Subject to pre-authorisation.
<b>To Take Out Medicine</b>  (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).





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**MAJOR MEDICAL EXPENSES**

	<b>Benefit</b>	<b>Limited To</b>
<b>Maternity Benefits:</b>	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: <ul style="list-style-type: none"> <li>• Normal delivery - 3 days;</li> <li>• Caesarean section - 4 days.</li> </ul>
	<b>Pathology</b> (Additional maternity pathology paid for by the Fund. Tariff code in brackets.)	100% of Agreed Tariff <ul style="list-style-type: none"> <li>• Full Blood Count (3755),</li> <li>• Blood Grouping (3764),</li> <li>• Rhesus Antigen (3765),</li> <li>• Urine Culture (3893),</li> <li>• HIV Elisa or other screening Test (3932),</li> <li>• Rubella Antibody (3948),</li> <li>• VDRL (3949),</li> <li>• Glucose Strip Test (4050),</li> <li>• Urine Analysis Dipstick (4188),</li> <li>• HIV Antibody Rapid Test (4614).</li> </ul>
	All consultations relating to these benefits are paid from MSA.  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.	





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## MAJOR MEDICAL EXPENSES

<p><b>General Practitioner services</b>  (Consultations, operations and procedures)</p>	<p>300% of WHFT.  PMB admissions will be paid in full.  Subject to pre-authorisation.</p>
<p><b>Specialist services</b>  (Consultations, operations and procedures)</p>	<p>300% of WHFT.  PMB admissions will be paid in full if the Beneficiary uses the DSP Specialist.  Subject to pre-authorisation.</p>
<p><b>Pathology</b></p>	<p>300% of WHFT.</p>
<p><b>Emergency room visits resulting in hospitalisation</b></p>	<p>Authorisation must be obtained within 24 hours of admission into hospital or by the following working day.</p>
<p><b>Radiology</b>  (Including MRI, CT scans, Computer Tomography &amp; Radio-Isotope Studies, Ultrasounds and Bone Density Scans (DEXA))</p>	<p>300% of WHFT.  Subject to the MSA, unless performed as part of a hospital admission.  Subject to pre-authorisation and Managed Health Care protocols.</p>
<p><b>Maxillo-facial</b></p>	<p>300% of WHFT.  Subject to pre-authorisation and Managed Health Care Protocols and Fund Approval.</p>
<p><b>Blood Transfusions</b>  (Cost of transfusion and transport i.e. materials, apparatus and operator's fees)</p>	<p>300% of WHFT.</p>
<p><b>Ambulance Services</b>  (Transport to nearest hospital or emergency inter-hospital transfers)</p>	<p>100% of Agreed Tariff.  Unlimited if the DSP is used and subject to pre-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.</p>



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REGISTRAR OF MEDICAL SCHEMES

## MAJOR MEDICAL EXPENSES

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



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REGISTRAR OF MEDICAL SCHEMES

**MAJOR MEDICAL EXPENSES**

<p><b>Medical and Surgical Appliances</b></p> <p>(Crutches, moonboots, orthotics etc.)</p>	<p>300% of WHFT.</p> <p>Subject to clinical motivation and approval by the Managed Health Care Organisation.</p> <p>Subject to available MSA where approval is not obtained.</p> <p>If associated to a hospital admission, this will be subject to Major Medical Expenses.</p>
<p><b>External Appliances</b></p> <p>(Including hearing aids, hearing aid repairs, wheelchairs and C-pap machines, colostomy kits)</p> <p><i>The External Appliance benefit is issued on a 24 month cycle, that runs from date of service.</i></p>	<p>300% of WHFT.</p> <p>Subject to written motivation which must be received 72 hours before the request for pre-authorisation and Fund approval.</p> <p>Benefits are subject to terms, conditions and protocols of the Managed Health Care Organisation.</p> <p>Subject to available MSA where approval is not obtained.</p> <p>Limited to R81 870 per Beneficiary every two years with the following sub-limits:</p> <ul style="list-style-type: none"> <li>• CPAP machine: R30 000 (full sleep study results, motivation and quote required)</li> <li>• Wheelchair: R25 000 (motivation and quote required)</li> <li>• Hearing Aids: R40 000 (full audiology report, motivation and quote required)</li> <li>• Colostomy kits: As prescribed by treating Doctor</li> </ul>





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REGISTRAR OF MEDICAL SCHEMES

**MAJOR MEDICAL EXPENSES**

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



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REGISTRAR OF MEDICAL SCHEMES

## MAJOR MEDICAL EXPENSES

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





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REGISTRAR OF MEDICAL SCHEMES

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





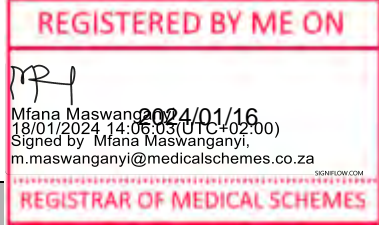



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**MAJOR MEDICAL EXPENSES**

PREVENTATIVE TESTS	TEST	TARIFF CODE	LIMITED TO
	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 (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) NAPPI code 710429 (Gardasil)	All female Beneficiaries between the ages of 9 and 13 years.
Health Risk Assessment (Body Mass Index, Blood Pressure, finger prick Cholesterol and Blood Sugar tests)		One screening per adult per annum.  To be performed at a suitable pharmacy.	





**MAJOR MEDICAL EXPENSES**

- The cost of the test will not be deducted from the MSA.
- 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

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.

All pathology related treatment (as per the Fund protocols and care plans) will not be deducted from the members MSA.

HIV Counselling and testing (HCT): The Fund will allow a benefit of R340 as a testing fee for General Practitioners.

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**

