



WOOLTRU HEALTHCARE FUND

2026 BENEFITS AND CONTRIBUTIONS

The Wooltru Healthcare Fund is a registered, closed medical scheme in terms of the Medical Schemes Act 131 of 1998.

The Fund provides cover to you and your dependants through our **four benefit options**:

Network Option

Saver Option

Saver Choice Option

Comprehensive Option

The current participating employers are **Woolworths** and **Truworths**.

The Fund is administered by **Momentum Health**.

The Fund's Board of Trustees is responsible for managing the Fund and its assets and consists of ten Trustees. Five Trustees are appointed by the participating employers and five elected by the members of the Fund. The Fund also has a Principal Officer who is responsible for the day-to-day functioning of the Fund.

Why medical aid?

You never know when you or one of your family members may need medical care, which could cost a substantial amount. The Fund provides medical cover to you and your dependants for a wide range of medical services, prescribed medication and medical events, such as hospitalisation and surgery.



MANAGING YOUR MEMBERSHIP

Membership

Membership of the Wooltru Healthcare Fund (‘the Fund’) is a **compulsory condition of employment**, unless you are a dependant on your spouse’s medical scheme.

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

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

Important:

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

Identity (ID) numbers and contact details of dependants are required for membership.

What are waiting periods and when do they apply?

The Rules of the Fund stipulate that general and condition-specific waiting periods may be applied to members and their registered dependants. Contributions must be paid during these waiting periods, but no insured benefits will be paid by the Fund during the waiting periods, except prescribed minimum benefits (PMBs) under certain conditions.

What must I do when my personal circumstances change?

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

For example:

- if you get married
- if you get divorced
- if one of your dependants pass away
- if your address, contact details or bank account details change
- if your children no longer qualify for dependant membership in terms of the Rules of the Fund
- if you retire

Contributions

Your contribution is automatically deducted from your salary/pension and covers you for the full month, even if you resign during the course of the month. Some pensioners have alternative arrangements for the deduction of their monthly contribution.

If you qualify for a subsidy towards your medical aid contribution, please contact your Human Resources (HR) consultant should you have a query regarding your subsidy.

Please refer to page 20 for the contribution rates for 2026.



BENEFITS

Important points to understand about your benefits

- The Fund's benefit year runs from 1 January to 31 December.
- Any balance on your Medical Savings Account (MSA) is transferable from one benefit year to the next.
- If you join the Fund during the year, some of your benefits will be adjusted in proportion to your period of membership for the year.

Network Option

Day-to-day benefits Network services only
Chronic care benefits
Major medical expenses • In-hospital benefits • In doctors' rooms • Hospital medical facilities • Day clinics
Maternity benefits
Preventative testing
HIV benefits

Saver Option Saver Choice Option

Day-to-day benefits Medical Savings Account (MSA)
Chronic care benefits
Major medical expenses • In-hospital benefits • In doctors' rooms • Hospital medical facilities • Day clinics
Maternity benefits
Preventative testing
HIV benefits

Comprehensive Option

Additional professional services benefit
Day-to-day benefits Medical Savings Account (MSA)
Chronic care benefits
Major medical expenses • In-hospital benefits • In doctors' rooms • Hospital medical facilities • Day clinics
Maternity benefits
Preventative testing
HIV benefits

What is the difference in benefits between the Saver Option and the Saver Choice Option?

The benefits offered on both these options are largely the same, except for the following differences:

Saver Option:

- Members on the **Saver Option** will need to make use of a **Mediclinic or Netcare** hospital. **All Mediclinic and Netcare hospitals** in South Africa belong to the **Saver Option** hospital network. In the case of an emergency, a member may be admitted to any hospital. Once the patient's condition has stabilised, they may then be moved to a **Saver Option** network hospital, if applicable.
- Members on the **Saver Option** will have a slightly lower amount available in their Medical Savings Account (MSA), due to the lower contribution payable on this option.

Saver Choice Option:

- Members on the **Saver Choice Option** may make use of any hospital.
- Members on the **Saver Choice Option** will have a slightly higher amount available in their Medical Savings Account (MSA), due to the higher contribution payable on this option.

ALL MEMBERS WILL REMAIN ON THEIR CURRENT BENEFIT OPTIONS IN 2026, UNLESS THEY COMPLETE THE BENEFIT OPTION SELECTION FORM AND CHOOSE ANY OF THE OTHER BENEFIT OPTIONS OFFERED BY THE FUND IN 2026. ALL MEMBERS NEED TO CAREFULLY CONSIDER THEIR FAMILIES' NEEDS AND BENEFIT OPTION CHOICE FOR 2026 AND SUBMIT THEIR BENEFIT OPTION SELECTION TO REACH THE FUND BY 12 DECEMBER 2025. MEMBERS WILL NOT BE ALLOWED TO CHANGE THEIR BENEFIT OPTION DURING THE COURSE OF THE YEAR.



GAP COVER

Gap cover is a type of insurance product that provides additional financial protection for medical expenses that are not fully covered by your primary medical scheme.

We strongly encourage all members to buy medical gap cover.

Please discuss the options available to you with your Human Resources (HR) consultant.



FRAUD

It is fraudulent for anyone other than yourself and your registered dependants to use your membership card.

The Board of Trustees may exclude benefits from or terminate the membership of any member or registered dependant found guilty of:

- abusing the benefits and privileges of the Fund by presenting false claims;
- making a material misrepresentation; or
- the non-disclosure of factual information.

The Board of Trustees will consider any corrective action necessary, including legal action, against any member or healthcare service provider who commits fraud.



PRESCRIBED MINIMUM BENEFITS (PMBs)

The Fund will pay all prescribed minimum benefits (PMBs) according to prevailing legislation.



ABBREVIATIONS AND DEFINITIONS

Agreed tariff	The negotiated rate between the Fund and the relevant healthcare provider
DSP	Designated service provider – specialist network for PMB conditions
Healthcare providers	Doctors, specialists, hospitals, pharmacists, etc.
MSA	Medical Savings Account
PMBs	Prescribed minimum benefits (PMBs) are a set of limited conditions which medical schemes are legally required to cover
WHFT/Fund's tariff rate	Wooltru Healthcare Fund Tariff – the maximum rate at which the Fund will pay claims





DAY-TO-DAY BENEFITS

What are day-to-day medical expenses?

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

Network Option – Network healthcare providers

Members on the **Network Option** must obtain all healthcare services from **network healthcare providers**. To access your day-to-day medical benefits, you must choose a network GP, dentist and optometrist from the network lists. To view the latest network lists, please refer to the Fund's website at www.wooltruhealthcarefund.co.za under the **Benefits** or **Healthcare Providers** tab, or call **0802 228 922** to find a suitable network healthcare provider. **The Network Option does not offer a Medical Savings Account (MSA). Please refer to the benefit tables in this brochure to confirm your benefits.**

Saver Option and Saver Choice Option – Medical Savings Account (MSA)

Day-to-day medical expenses on both the **Saver Option** and the **Saver Choice Option** are subject to your **MSA**, which covers non-PMB, **out-of-hospital** claims such as GPs, dentists, specialists, medication, optometrists, etc. Claims are reimbursed at the agreed Wooltru Healthcare Fund Tariff (WHFT). A portion of your monthly contribution is allocated to your **MSA**. The annual savings amount is calculated over a period of 12 months, or if you join the Fund during the year, the amount will be calculated on a pro rata basis. **At the end of the year, any unused savings will roll over to the next year.**

Saver Option:

Your annual savings amount

Member:	R 4 656
Adult dependant:	R 4 656
Child dependant:	R 1 428
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Member + adult:	R 9 312
Member + child:	R 6 084
Member + adult + child:	R 10 740

Saver Choice Option:

Your annual savings amount

Member:	R 5 112
Adult dependant:	R 5 112
Child dependant:	R 1 560
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Member + adult:	R 10 224
Member + child:	R 6 672
Member + adult + child:	R11 784

Notes:

- Your annual savings amount is allocated upfront. If you terminate your membership of the Fund before the end of the year and you have used more than the contributions that you have paid, you will be required to **pay the difference to the Fund**.
- Once you have exhausted your **MSA**, you will need to pay for any additional day-to-day claims yourself.
- In order for your PMB specialist claims to be paid at cost, call **0802 228 922** for referral to a network specialist.

DAY-TO-DAY BENEFITS (CONTINUED)

Comprehensive Option – Medical Savings Account (MSA)

Day-to-day medical expenses on the **Comprehensive Option** are subject to your **MSA**, which covers non-PMB, **out-of-hospital** claims such as GPs, dentists, specialists, medication, optometrists, etc. Claims are reimbursed at up to 3x the agreed Wooltru Healthcare Fund Tariff (WHFT). A portion of your monthly contribution is allocated to your **MSA**. The annual savings amount is calculated over a period of 12 months, or if you join the Fund during the year, the amount will be allocated on a pro rata basis. **At the end of the year, any unused savings will roll over to the next year.**





Professional services benefit – added benefit on the Comprehensive Option

50% of **non-PMB**, out-of-hospital claims for gynaecologists, paediatricians, psychiatrists, psychologists and physiotherapists are subject to the specified sub-limits referred to in the benefits table. The balance of the claims will be paid from your **MSA**. Claims are paid at 100% of the WHFT.









Your annual savings amount	
Member:	R 10 896
Adult dependant:	R 10 896
Child dependant:	R 3 624
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Member + adult:	R 21 792
Member + child:	R 14 520
Member + adult + child:	R 25 416

Notes:

- Your annual savings amount is allocated upfront. If you terminate your membership of the Fund before the end of the year and you have used more than the contributions that you have paid, you will be required to **pay the difference to the Fund**.
- Once you have exhausted your **MSA**, you will need to pay for any additional day-to-day claims yourself.
- In order for your PMB specialist claims to be paid at cost, call **0802 228 922** for referral to a network specialist.




	Network	Saver and Saver Choice	Comprehensive
Medical Savings Account (MSA) 	Not applicable	Saver Option: Member: R4 656 Adult dependant: R4 656 Child dependant: R1 428 Saver Choice Option: Member: R5 112 Adult dependant: R5 112 Child dependant: R1 560	Member: R10 896 Adult dependant: R10 896 Child dependant: R 3 624
Professional services benefit 	No benefit	No benefit	50% of non-PMB, out-of-hospital claims for gynaecologists, paediatricians, psychiatrists, psychologists and physiotherapists Paid at 100% of the WHFT from your MSA and professional services benefit The benefit covers 50% of the claim up to an annual limit determined by the family make-up as follows: Member: R11 200 Adult dependant: R10 900 Child dependant: R 3 800
Network healthcare providers 	You may ONLY use network healthcare providers	Not applicable	Not applicable
General practitioners (GPs) 	100% of the agreed tariff at your network GP GP visits are limited to six per beneficiary per year Additional GP consultations will be available to all beneficiaries via virtual consultation through Hello Doctor	Paid at the WHFT from your MSA Two additional GP consultations per family per year are available via virtual consultation through Hello Doctor once your MSA is depleted This will be paid by the Fund from your major medical expenses benefits	Paid at 3x the WHFT from your MSA

DAY-TO-DAY BENEFITS (CONTINUED)

	Network	Saver and Saver Choice	Comprehensive
Specialists 	<p>Only network specialists, limited to R3 220 per beneficiary per year</p> <p>These amounts include the cost of consultations, medication, procedures, radiology and pathology</p> <p>Call 0802 228 922 for specialist referral and authorisation</p>	<p>Paid at the WHFT from your MSA at non-network specialists</p> <p>Paid at the agreed tariff from your MSA at network specialists</p> <p>Call 0802 228 922 for specialist referral</p>	<p>Paid at 3x the WHFT from your MSA at non-network specialists</p> <p>Paid at the agreed tariff from your MSA at network specialists</p> <p>Call 0802 228 922 for specialist referral</p>
Pathology, radiology and ultrasounds 	<p>100% of the agreed tariff if referred by a network healthcare provider</p>	<p>Paid at the WHFT from your MSA, unless performed as part of a hospital admission</p>	<p>Paid at 3x the WHFT from your MSA, unless performed as part of a hospital admission</p>
Basic dentistry Consultations, fillings, extractions, scaling and polishing 	<p>100% of the agreed tariff at network dentists</p>	<p>Paid at the WHFT from your MSA</p>	<p>Paid at 3x the WHFT from your MSA</p>
Specialised dentistry Dentures, crowns, bridges and orthodontic treatment 	<p>No benefit</p>	<p>Paid at the WHFT from your MSA</p>	<p>Paid at 3x the WHFT from your MSA</p>
Optical benefits Eye test, lenses, frames and contact lenses 	<p>One eye test per beneficiary every 24 months at a network optometrist</p> <p>One pair of clear, mono-, bi- or multifocal lenses, plus a standard frame every 24 months at a network optometrist</p> <p>A benefit of R260 per beneficiary per year will be paid towards a frame if selected outside the standard range every 24 months at a network optometrist OR one set of approved contact lenses limited to the value of R675 per beneficiary every 24 months at a network optometrist</p> <p>No benefit if a non-network healthcare provider is used</p>	<p>Paid at the WHFT from your MSA</p>	<p>Paid at 3x the WHFT from your MSA</p>
Opticlear network 	<p>Members receive services and materials at reduced rates from accredited Opticlear providers. Visit www.wooltruhealthcarefund.co.za for details of providers on the Opticlear Network.</p>		
Prescribed acute medication 	<p>100% of formulary medication as prescribed by a network healthcare provider</p>	<p>Paid at 100% of the Fund's reference price formulary and subject to your MSA</p>	<p>Paid at 100% of the Fund's reference price formulary and subject to your MSA</p>
Over-the-counter (OTC) medication 	<p>No benefit</p>	<p>Paid at 100% subject to the Fund's reference price formulary and subject to your MSA</p>	<p>Paid at 100% subject to the Fund's reference price formulary and subject to your MSA</p>



DAY-TO-DAY BENEFITS (CONTINUED)

	Network	Saver and Saver Choice	Comprehensive
Associated health and auxiliary services <ul style="list-style-type: none"> • Chiropractor • Homeopath • Naturopath • Clinical psychologist • Speech therapist • Audiologist • Occupational therapist • Podiatrist • Orthotist • Dietician • Biokineticist • Physiotherapist • Social worker (used for psychotherapy) 	No benefit	Paid at the WHFT from your MSA No benefit for vocational guidance, child guidance, marriage guidance, school therapy or attendance at remedial education schools or clinics	Paid at 3x the WHFT from your MSA No benefit for vocational guidance, child guidance, marriage guidance, school therapy or attendance at remedial education schools or clinics
Registered private nurse practitioners 	No benefit	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA
Emergency visits/outpatients 	Limited to three visits per family per year up to a limit of R2 640 Paid at the agreed tariff rate per visit	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA



CHRONIC CARE BENEFITS (for chronic medication)

What is chronic care?

Chronic care refers to the medical care for **a pre-existing or long-term illness** where medication is required to be taken for a period exceeding three months at a time. The Fund provides a **Chronic Medication Risk Management Programme** to the benefit of members who have been diagnosed with certain chronic conditions.

You must obtain pre-authorization for all chronic medication

All chronic medication benefits are subject to pre-authorization.

Chronic medication application forms may be downloaded at www.wooltruhealthcarefund.co.za.

Network Option members

- Members on the **Network Option** with chronic conditions must register on the Chronic Medication Risk Management Programme and obtain pre-authorization for their medication and approval from their network GP or network specialist on their condition, in order to obtain benefits.
- On approval of your PMB-related chronic condition, a treatment plan, which lists additional services recommended to treat your chronic condition, will be sent to you.
- Medication for the 26 PMB conditions will be restricted to the chronic medication formulary at the network healthcare providers (GPs and specialists).

You may submit your chronic application forms by email to chronic@wooltruhealthcarefund.co.za.

Should you have any queries, please call **0802 228 922** for assistance.

CHRONIC CARE BENEFITS (CONTINUED)

Saver Option members Saver Choice Option members Comprehensive Option members

PMB chronic conditions

- Members on the **Saver Option**, **Saver Choice Option** and **Comprehensive Option** will be required to register on the Chronic Medication Risk Management Programme to ensure that their PMB chronic medication is approved.
- Members who require chronic medication for one of the 26 PMB conditions will receive a treatment plan.
- A treatment plan lists additional services recommended to treat your chronic condition.
- These services are recommended in order to maintain optimal health. Benefits are covered by the Fund and are not paid from your MSA.
- The medication will be paid subject to the Fund's approved formulary.

Non-PMB chronic conditions

- Members are required to register on the Chronic Medication Risk Management Programme to ensure that their non-PMB chronic medication is approved. Visit **www.wooltruhealthcarefund.co.za** to view the list of conditions that are covered.
- The medication will be paid subject to the Fund's approved formulary.

You may submit your chronic application forms by email to **chronic@wooltruhealthcarefund.co.za**, or ask your healthcare provider to call **0861 888 346** for chronic authorisation.

Should you have any queries, please call **0802 228 922** for assistance.




What are **prescribed minimum benefits (PMBs)**?

Prescribed minimum benefits (PMBs) are a set of limited conditions which medical schemes are legally required to cover. Fund members have access to these benefits, regardless of the benefit option they have selected. Should you need to be treated for any PMB conditions, we recommend that you use a designated service provider (DSP). For more information on PMBs, visit the Fund's website at **www.wooltruhealthcarefund.co.za** under the **Healthcare Programmes > Prescribed Minimum Benefits tab**.

The 26 chronic health conditions on the **chronic disease list (CDL)** are:

- Addison's disease
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac (heart) failure
- Diabetes insipidus
- Diabetes mellitus types 1 and 2
- Dysrhythmia (irregular heartbeats)
- Epilepsy
- Glaucoma
- Haemophilia
- HIV
- Hyperlipidaemia (high cholesterol)
- Cardiomyopathy (disease of the heart muscle)
- Chronic obstructive pulmonary disorder (COPD)
- Chronic renal (kidney) disease
- Chronic artery (heart) disease
- Crohn's disease
- Hypertension (high blood pressure)
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis

CHRONIC CARE BENEFITS (CONTINUED)

	Network	Saver and Saver Choice	Comprehensive
Chronic medication 26 PMB conditions 	100% of approved medication Subject to registration on the Chronic Medication Risk Management Programme Call 0802 228 922 to register	100% of approved medication Subject to registration on the Chronic Medication Risk Management Programme You will receive a treatment plan listing the additional services recommended to treat your approved chronic condition These services are paid by the Fund and not from your MSA Call 0802 228 922 to register	100% of approved medication Subject to registration on the Chronic Medication Risk Management Programme You will receive a treatment plan listing the additional services recommended to treat your approved chronic condition These services are paid by the Fund and not from your MSA Call 0802 228 922 to register
Chronic medication Non-PMB conditions 	No benefit	Limited to R18 500 per beneficiary per year for approved medication Subject to registration on the Chronic Medication Risk Management Programme and pre-authorisation Call 0802 228 922 to register	Limited to R36 980 per beneficiary per year for approved medication Subject to registration on the Chronic Medication Risk Management Programme and pre-authorisation Call 0802 228 922 to register
Please refer to www.wooltruhealthcarefund.co.za for more information			
Speciality chronic medication benefits (biological medication) Excluding oncology medication 	No benefit	No benefit	Limited to R199 300 per beneficiary per year Subject to registration on the Chronic Medication Risk Management Programme Call 0802 228 922 to register





MAJOR MEDICAL EXPENSES BENEFITS

Your major medical expenses benefit consists of **three categories**:

- procedures performed **in hospital**
- certain procedures performed in **doctors' rooms, hospital medical facilities** or **day clinics**, but paid from your major medical expenses benefit
- **additional procedures** that are not performed in or out of hospital, but paid from your major medical expenses benefit

Designated service providers (DSPs) – network specialist

A **DSP** is a healthcare provider with whom the Fund has negotiated preferential rates.

Network Option members must make use of the **Network Option** hospital network. To view the list of hospitals belonging to the **Network Option** hospital network, please refer to the Fund's website at www.wooltruhealthcarefund.co.za under the **Benefits** or **Healthcare Providers** tab, or call **0802 228 922**.

Saver Option members, please note that with effect from 1 January 2025, **Saver Option** members must make use of either a **Mediclinic** or **Netcare** hospital. Members who opt to belong to the **Saver Choice Option** will not be restricted to a hospital network.

If you selected a benefit option with a hospital network, you will be restricted to using a network hospital for any hospital admission, except in the case of an emergency or life-threatening situation where you may go to the nearest hospital and obtain authorisation within 24 hours.

How to obtain hospital pre-authorisation

You must obtain pre-authorisation before your consultation or treatment to ensure correct payment of your claim.

For pre-authorisation, please call **0802 228 922**.

Specified time limits for pre-authorisation

Non-emergency:











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

Emergency:





Pre-authorisation must be obtained **within 24 hours of admission** to hospital or by the next working day. You will receive no benefit if pre-authorisation is not obtained within the specified time limits.

IN-HOSPITAL BENEFITS

Paid from major medical expenses benefit

	Network	Saver and Saver Choice	Comprehensive
Ambulance services Netcare 911 	100% of the agreed tariff. Subject to authorisation by Netcare 911 within 72 hours of the transport occurring. Unauthorised use of an ambulance for non-emergency treatment will not be covered by the Fund. For authorisation, please call 082 911 .		
Hospitalisation Private, provincial or State hospitals In an emergency or life-threatening situation, all members may go to the nearest hospital 	100% of the agreed tariff in a Network Option network hospital for authorised admissions, if referred by a network healthcare provider Call 0802 228 922 to obtain pre-authorisation	Saver Option: 100% of the agreed tariff in a Mediclinic or Netcare hospital for authorised admissions (a 25% co-payment will apply if you do not make use of a Mediclinic and Netcare hospital) Saver Choice Option: Paid at the WHFT for authorised admissions - no hospital network applicable Call 0802 228 922 to obtain pre-authorisation	Paid at 3x the WHFT for authorised admissions - no hospital network applicable Call 0802 228 922 to obtain pre-authorisation
Ward accommodation 	Paid at general ward tariffs, subject to pre-authorisation		
Take-home medication (after discharge from hospital) 	Limited to seven days		
General practitioners (GPs) Surgery, procedures and consultations 	100% of the agreed tariff for authorised admissions, if referred by a network GP	Paid at the WHFT	Paid at 3x the WHFT
Specialists Surgery, procedures and consultations 	100% of the agreed tariff for authorised admissions, if referred by a network GP	Paid at the WHFT at non-network specialists Paid at the agreed tariff at network specialists	Paid at 3x the WHFT at non-network specialists Paid at the agreed tariff at network specialists
Radiology Including MRIs, CT scans, radio-isotope studies, ultrasounds and bone density scans (DEXA) 	100% of the agreed tariff if requested by a network specialist on referral by a network GP MRIs and CT scans require an upfront co-payment of 25% of cost up to a maximum of R2 920 Subject to clinical motivation, managed care protocols and pre-authorisation Call 0802 228 922 to obtain pre-authorisation	Paid at the WHFT MRIs and CT scans require an upfront co-payment of 25% of cost up to a maximum of R2 920 Subject to clinical motivation, managed care protocols and pre-authorisation Call 0802 228 922 to obtain pre-authorisation	Paid at 3x the WHFT Subject to clinical motivation, managed care protocols and pre-authorisation Call 0802 228 922 to obtain pre-authorisation
Pathology 	100% of the agreed tariff if requested by a network specialist on referral by a network GP	Paid at the WHFT	Paid at 3x the WHFT
Blood transfusions, transportation and products 	100% of the agreed tariff at approved network healthcare providers	Paid at the WHFT	Paid at 3x the WHFT
Maxillofacial treatment 	100% of the agreed tariff, subject to pre-authorisation and limited to PMBs	Paid at the WHFT, subject to pre-authorisation and managed care protocols	Paid at 3x the WHFT, subject to pre-authorisation and managed care protocols

IN-HOSPITAL BENEFITS (CONTINUED)

	Network	Saver and Saver Choice	Comprehensive
<p>Organ transplants</p> 	<p>Subject to pre-authorisation, managed care protocols, PMBs and networks</p> <p>Where the recipient is a beneficiary of the Fund, services rendered to the donor and the transportation of the organ are included in this benefit</p> <p>Where the donor is a beneficiary of the Fund, but the recipient is not, the donor costs will not be covered by the Fund, since these costs should be covered by the recipient's medical scheme</p>	<p>Subject to pre-authorisation, managed care protocols, PMBs and networks</p> <p>Where the recipient is a beneficiary of the Fund, services rendered to the donor and the transportation of the organ are included in this benefit</p> <p>Where the donor is a beneficiary of the Fund, but the recipient is not, the donor costs will not be covered by the Fund, since these costs should be covered by the recipient's medical scheme</p>	<p>Subject to pre-authorisation, managed care protocols, PMBs and networks</p> <p>Where the recipient is a beneficiary of the Fund, services rendered to the donor and the transportation of the organ are included in this benefit</p> <p>Where the donor is a beneficiary of the Fund, but the recipient is not, the donor costs will not be covered by the Fund, since these costs should be covered by the recipient's medical scheme</p>
Hospitalisation, organ and patient preparation	100% of the agreed tariff	Paid at the WHFT	Paid at 3x the WHFT
Immuno-suppressant drugs dispensed in hospital or dispensed by the hospital to take out for use after discharge	100% of cost	100% of cost	100% of cost
Subsequent supplies of immuno-suppressant drugs	100% of cost, subject to pre-authorisation	100% of cost, subject to pre-authorisation	100% of cost, subject to pre-authorisation
	Call 0802 228 922 to obtain pre-authorisation	Call 0802 228 922 to obtain pre-authorisation	Call 0802 228 922 to obtain pre-authorisation
<p>Robotic-assisted laparoscopic prostatectomy</p> 	No benefit	<p>Paid at the WHFT</p> <p>Subject to clinical motivation, pre-authorisation and managed care protocols</p> <p>Must be performed at an accredited hospital</p> <p>Limited to R166 700 per qualifying beneficiary per year for hospital and equipment</p> <p>Call 0802 228 922 to obtain pre-authorisation</p>	<p>Paid at the WHFT</p> <p>Subject to clinical motivation, pre-authorisation and managed care protocols</p> <p>Must be performed at an accredited hospital</p> <p>Limited to R171 700 per qualifying beneficiary per year for hospital and equipment</p> <p>Call 0802 228 922 to obtain pre-authorisation</p>
<p>Auxiliary services in hospital</p> <ul style="list-style-type: none"> Clinical psychology Speech therapy Occupational therapy Physiotherapy  <p>Saver Option, Saver Choice Option and Comprehensive Option only:</p> <ul style="list-style-type: none"> Social worker for psychotherapy Biokineticist Dietician 	<p>100% of the agreed tariff for authorised admissions at network healthcare providers</p> <p>The service/procedure must be directly related to the authorised admission</p>	<p>Paid at the WHFT for authorised admissions</p> <p>The service/procedure must be directly related to the authorised admission</p> <p>Post-operative auxiliary services may be approved and benefits granted on condition that these services are received within three weeks after the hospital admission</p> <p>Subject to clinical motivation and pre-authorisation</p>	<p>Paid at the WHFT for authorised admissions</p> <p>The service/procedure must be directly related to the authorised admission</p> <p>Post-operative auxiliary services may be approved and benefits granted on condition that these services are received within six weeks after the hospital admission</p> <p>Subject to clinical motivation and pre-authorisation</p>
<p>Psychiatric treatment</p>  <p>In hospital or at a registered facility</p> <p>OR</p> <p>Outpatient treatment in lieu of hospitalisation</p>	<p>Prescribed minimum benefits (PMBs) only</p> <p>Subject to pre-authorisation and limited to 21 days per beneficiary per year</p>	<p>Paid at the WHFT</p> <p>Subject to pre-authorisation and limited to 21 days per beneficiary per year</p> <p>One psychiatric or psychology consultation within six weeks post discharge</p> <p>Call 0802 228 922 to obtain pre-authorisation</p>	<p>Paid at 3x the WHFT</p> <p>Subject to pre-authorisation and limited to 21 days per beneficiary per year</p> <p>One psychiatric or psychology consultation within six weeks post discharge</p> <p>Call 0802 228 922 to obtain pre-authorisation</p>








IN DOCTORS' ROOMS, HOSPITAL MEDICAL FACILITIES OR DAY CLINICS

Paid from major medical expenses benefit

	Network	Saver and Saver Choice	Comprehensive
<p>Certain procedures performed in doctors' rooms only</p> <p>Hospitalisation is subject to approval of clinical motivation and managed care protocols</p>	<p>100% of the agreed tariff if performed at network GPs and limited to a list of procedure codes</p> <p>Excludes general anaesthetic</p> <p>Anaesthetic costs related to these procedures are limited to local or regional anaesthetic</p> <p>Call 0802 228 922 to obtain pre-authorization</p>	<p>Paid at the WHFT</p> <p>Excludes general anaesthetic</p> <p>Anaesthetic costs related to these procedures are limited to local or regional anaesthetic</p> <p>Cone biopsy, cauterisation of warts, colposcopy, nasal polypectomy, nasal cautery, meibomian cyst excision, circumcision, drainage of superficial abscess, superficial foreign body removal and breast biopsy</p> <p>Call 0802 228 922 to obtain pre-authorization</p>	<p>Paid at 3x the WHFT</p> <p>Excludes general anaesthetic</p> <p>Anaesthetic costs related to these procedures are limited to local or regional anaesthetic</p> <p>Cone biopsy, cauterisation of warts, colposcopy, nasal polypectomy, nasal cautery, meibomian cyst excision, circumcision, drainage of superficial abscess, superficial foreign body removal and breast biopsy</p> <p>Call 0802 228 922 to obtain pre-authorization</p>
<p>Oncology, radiotherapy and chemotherapy</p> <p>In and out of hospital – medication/chemicals, related radiology, including MRIs and CT scans and pathology</p>	<p>Limited to PMBs</p> <p>Subject to pre-authorization and registration on the Oncology Risk Management Programme</p> <p>A detailed clinical motivation and treatment plan is required from the treating specialist</p> <p>South African Oncology Consortium (SAOC) clinical guidelines apply as reference</p> <p>Limited only to PMB level of care treatment</p> <p>Call 0802 228 922 to register</p>	<p>Limited to PMBs</p> <p>Subject to pre-authorization and registration on the Oncology Risk Management Programme</p> <p>A detailed clinical motivation and treatment plan is required from the treating specialist</p> <p>South African Oncology Consortium (SAOC) clinical guidelines apply as reference.</p> <p>Limited to Standard level of care treatment up to R409 600 per family per year; continued benefits for PMB level of care treatment thereafter</p> <p>Call 0802 228 922 to register</p>	<p>Limited to PMBs</p> <p>Subject to pre-authorization and registration on the Oncology Risk Management Programme</p> <p>A detailed clinical motivation and treatment plan is required from the treating specialist</p> <p>South African Oncology Consortium (SAOC) clinical guidelines apply as reference.</p> <p>Standard and/or State of the Art level of care treatment up to R546 000 per family per year; continued benefits for PMB level of care treatment thereafter</p> <p>Specialised oncology medication: 30% of cost payable per cycle subject to the oncology benefit limit and qualifying clinical criteria</p> <p>Call 0802 228 922 to register</p>
<p>Endoscopic examinations</p> <ul style="list-style-type: none"> gastroscopy oesophagoscopy colonoscopy sigmoidoscopy <p>These procedures may be performed in doctors' rooms, and in outpatient/medical/surgical facilities</p>	<p>100% of the agreed tariff, subject to pre-authorization and clinical motivation by a network healthcare provider if performed in doctors' rooms/outpatient/medical or surgical facilities</p> <p>R2 920 co-payment applies if performed in hospital without an approved clinical indication and Fund approval</p> <p>Anaesthetic costs related to these scopes are limited to local or regional anaesthetic</p> <p>General anaesthetic costs are not covered</p>	<p>Paid at the WHFT if performed in doctors' rooms/outpatient/medical or surgical facilities</p> <p>R2 920 co-payment applies if performed in hospital without an approved clinical indication and Fund approval</p> <p>Anaesthetic costs related to these scopes are limited to local or regional anaesthetic</p> <p>General anaesthetic costs are not covered</p>	<p>Paid at 3x the WHFT if performed in doctors' rooms/outpatient/medical or surgical facilities</p> <p>R2 920 co-payment applies if performed in hospital without an approved clinical indication and Fund approval</p> <p>Anaesthetic costs related to these scopes are limited to local or regional anaesthetic</p> <p>General anaesthetic costs are not covered</p>





IN DOCTORS' ROOMS, HOSPITAL MEDICAL FACILITIES OR DAY CLINICS BENEFITS (CONTINUED)

	Network	Saver and Saver Choice	Comprehensive
Endoscopic examinations (continued)	Pathology costs related to these procedures will be covered from major medical expenses Call 0802 228 922 to obtain pre-authorisation	Pathology costs related to these procedures will be covered from major medical expenses Call 0802 228 922 to obtain pre-authorisation	Pathology costs related to these procedures will be covered from major medical expenses Call 0802 228 922 to obtain pre-authorisation
Peritoneal dialysis and haemodialysis 	100% of the agreed tariff at network healthcare providers, subject to pre-authorisation and PMBs	Paid at the WHFT, subject to pre-authorisation and PMBs	Paid at 3x the WHFT, subject to pre-authorisation and PMBs
Ophthalmologist examinations <ul style="list-style-type: none"> treatment of retina and choroids by cryotherapy panretinal photocoagulation laser capsulotomy laser trabeculoplasty laser apparatus 	No benefit	Paid at the WHFT if performed in doctors' rooms/outpatient/medical or surgical facilities R2 920 co-payment applies if performed in hospital without an approved clinical indication and Fund approval Anaesthetic costs related to these scopes are limited to local or regional anaesthetic General anaesthetic costs are not covered Pathology costs related to these procedures will be covered from major medical expenses Call 0802 228 922 to obtain pre-authorisation	Paid at 3x the WHFT if performed in doctors' rooms/outpatient/medical or surgical facilities R2 920 co-payment applies if performed in hospital without an approved clinical indication and Fund approval Anaesthetic costs related to these scopes are limited to local or regional anaesthetic General anaesthetic costs are not covered Pathology costs related to these procedures will be covered from major medical expenses Call 0802 228 922 to obtain pre-authorisation
Refractive surgery 	No benefit	Paid at the WHFT, subject to pre-authorisation R3 120 co-payment applies LASIK surgery benefit subject to guidelines for refractive surgery required for medical reasons A motivation, including the refractive error, is required Subject to approval by medical advisor and based on refraction levels	Paid at the WHFT, subject to pre-authorisation LASIK surgery benefit subject to guidelines for refractive surgery required for medical reasons A motivation, including the refractive error, is required Subject to approval by medical advisor and based on refraction levels
Basic dentistry procedures in hospital Extraction of teeth and multiple fillings for children aged seven and younger 	No benefit	Paid at the WHFT, subject to pre-authorisation Conscious sedation subject to pre-authorisation; anaesthetist's costs to be paid from major medical expenses The dentist will be paid from your available MSA	Paid at 3x the WHFT, subject to pre-authorisation Conscious sedation subject to pre-authorisation; anaesthetist's costs to be paid from major medical expenses The dentist will be paid from your available MSA
Specialised dentistry procedures in and out of hospital 	100% of the agreed tariff, subject to pre-authorisation and limited to R3 850 per beneficiary per year Limited to the extraction of impacted wisdom teeth Services obtainable from a maxillo-facial surgeon and subject to referral from a network dentist	Paid at the WHFT, subject to pre-authorisation and limited to R19 470 per beneficiary per year Limited to the extraction of impacted wisdom teeth	Paid at the WHFT, subject to pre-authorisation and limited to R26 380 per beneficiary per year Dental implants and the extraction of impacted wisdom teeth

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ADDITIONAL BENEFITS

Paid from major medical expenses benefit

	Network	Saver and Saver Choice	Comprehensive
<p>Private nursing</p> 	<p>100% of the agreed tariff and limited to R5 960 per beneficiary for one month per year only</p> <p>Subject to clinical motivation, pre-authorisation and case management</p>	<p>Paid at the WHFT and limited to R6 270 per beneficiary per month for three months per year only</p> <p>Subject to clinical motivation, pre-authorisation and case management</p>	<p>Paid at the WHFT and limited to R6 460 per beneficiary per month for six months per year only</p> <p>Subject to clinical motivation, pre-authorisation and case management</p>
<p>Internal prostheses Appliances placed in the body as an internal adjuvant during an operation</p> 	<p>100% of the agreed tariff at network healthcare providers, subject to pre-authorisation and limited to R78 940 per beneficiary per year</p> <p>Call 0802 228 922 to obtain pre-authorisation</p>	<p>Paid at the WHFT, subject to pre-authorisation and limited to R83 000 per beneficiary per year</p> <p>Call 0802 228 922 to obtain pre-authorisation</p>	<p>Paid at 3x the WHFT, subject to pre-authorisation and limited to R85 370 per beneficiary per year</p> <p>Call 0802 228 922 to obtain pre-authorisation</p>
<p>External prostheses and appliances</p> 	<p>100% of the agreed tariff, subject to written motivation, which must be received 72 hours before the request for pre-authorisation</p> <p>Subject to the terms, conditions and managed care protocols</p> <p>Limited to R59 020 per beneficiary every two years</p> <p>Sub-limits apply:</p> <ul style="list-style-type: none"> - Wheelchair limited to R16 380 per beneficiary every three years (quote and motivation required) - Hearing aids limited to R16 380 per beneficiary every two years (quote, full audiology report and motivation required) - No benefit for CPAP machine - Colostomy kits as prescribed by treating doctor annually <p>Call 0802 228 922 to obtain pre-authorisation</p>	<p>Paid at the WHFT, subject to written motivation, which must be received 72 hours before the request for pre-authorisation</p> <p>Subject to the terms, conditions and managed care protocols</p> <p>Limited to R74 500 per beneficiary every two years</p> <p>Sub-limits apply:</p> <ul style="list-style-type: none"> - Wheelchair limited to R21 840 per beneficiary every three years (quote and motivation required) - Hearing aids limited to R32 760 per beneficiary every two years (quote, full audiology report and motivation required) - CPAP machine limited to R27 300 per beneficiary every two years (full sleep study results, quote and motivation required) - Colostomy kits as prescribed by treating doctor annually <p>Call 0802 228 922 to obtain pre-authorisation</p>	<p>Paid at 3x the WHFT, subject to written motivation, which must be received 72 hours before the request for pre-authorisation</p> <p>Subject to the terms, conditions and managed care protocols</p> <p>Limited to R89 400 per beneficiary every two years</p> <p>Sub-limits apply:</p> <ul style="list-style-type: none"> - Wheelchair limited to R27 300 per beneficiary every three years (quote and motivation required) - Hearing aids limited to R43 680 per beneficiary every two years (quote, full audiology report and motivation required) - CPAP machine limited to R32 760 per beneficiary every two years (full sleep study results, quote and motivation required) - Colostomy kits as prescribed by treating doctor annually <p>Call 0802 228 922 to obtain pre-authorisation</p>
<p>Medical and surgical appliances Nebulisers, crutches, blood pressure machines, glucometers, etc.</p> 	<p>100% of the agreed tariff, subject to clinical motivation and approval</p> <p>Subject to the terms, conditions and protocols of the network healthcare provider</p>	<p>Paid at the WHFT, subject to clinical motivation and approval</p> <p>Subject to your available MSA, including appliances associated to a hospital admission</p>	<p>Paid at 3x the WHFT, subject to clinical motivation and approval</p> <p>Subject to your available MSA where pre-authorisation is not obtained</p>










MATERNITY BENEFITS

You must register your pregnancy by calling the pre-authorisation department. This will ensure that your maternity claims are paid from the correct benefit.

For pre-authorisation, please call **0802 228 922**.

	Network	Saver and Saver Choice	Comprehensive
Vaginal delivery 	100% of the agreed tariff	100% of the agreed tariff at network specialist 100% of the WHFT at non-network specialist	100% of the agreed tariff at network specialist 100% of the WHFT at non-network specialist
Caesarean delivery 	100% of the agreed tariff if motivated by a network specialist	100% of the agreed tariff at network specialist 100% of the WHFT at non-network specialist A co-payment of R3 920 will apply where no clinical motivation for the caesarean has been received from the gynaecologist	100% of the agreed tariff at network specialist 100% of the WHFT at non-network specialist
Two ultrasound scans At 12 and 24 weeks 	100% of the agreed tariff	100% of the WHFT	100% of the WHFT
Ward rates 	General ward rates, subject to the following: <ul style="list-style-type: none"> • Vaginal delivery (3 days) • Caesarean delivery (4 days) 	General ward rates, subject to the following: <ul style="list-style-type: none"> • Vaginal delivery (3 days) • Caesarean delivery (4 days) 	General ward rates, subject to the following: <ul style="list-style-type: none"> • Vaginal delivery (3 days) • Caesarean delivery (4 days)
Pathology 	100% of the agreed tariff, as per the maternity treatment plan	100% of the WHFT, as per the maternity treatment plan	100% of the WHFT, as per the maternity treatment plan

Maternity pathology tests paid by the Fund	Per pregnancy	Tariff code
Full blood count	1	3755
Blood test: Blood group	1	3764
Blood test: Rhesus antigen	1	3765
Urine culture	1	3893
HIV Elisa or other screening test	1	3932
Rubella antibody	1	3948
VDRL (Venereal Disease Research Laboratory)	1	3949
Glucose strip test	1	4050
Urine analysis dipstick	13	4188
HIV antibody rapid test	1	4614



PREVENTATIVE TESTING

Test – paid from major medical expenses benefit

Consultation – paid from day-to-day benefit

Health risk assessment Body mass index (BMI) Blood pressure Cholesterol (finger-prick test) Blood sugar (finger-prick test)	Limited to one screening per adult per year To be performed at a suitable pharmacy Should your health risk assessment be performed in the doctor's rooms, the consultation fee will be paid from your day-to-day benefit
Mammogram (Tariff codes 34100 and 3605)	Limited to one per female (over 40 years) every two years or as clinically indicated (family history)
Standard Pap smear or liquid-based cytology (Tariff codes 4566 or 4559)	Limited to one per adult female every year
HIV test Pathologist and/or finger prick (Tariff codes 3932 and/or 4614)	Each test limited to one per beneficiary every year
Glaucoma screening (Tariff code 3014)	Limited to one screening per adult (over 40 years) every two years
Prostate-specific antigen (PSA) testing (Tariff codes 4519 or 4524)	Limited to men aged: • 40 to 49 – once every five years • 50 to 59 – once every three years • 60 to 69 – once every two years • 70 and older – once per year
Colorectal cancer screening Faecal occult blood test/Faecal immune-chemical test (Tariff codes 4351 or 4352)	Limited to one per beneficiary per year Subject to the following criteria: • Beneficiaries 50 years and older or with a family history
HPV vaccine (NAPPI® code 710020 – Cervarix®) (NAPPI® code 710249 – Gardasil®)	All female beneficiaries between the ages of 9 and 13 Saver Option, Saver Choice Option and Comprehensive Option only
Flu vaccine	Limited to one per beneficiary per year
Pneumococcal vaccine	One per lifetime for beneficiaries over the age of 65 or for high-risk individuals who are registered on one of our chronic or disease management programmes for applicable conditions Saver Option, Saver Choice Option and Comprehensive Option only
Bone density scan (DEXA)	One per female beneficiary (over 65 years) every two years Comprehensive Option only



HEALTHCARE BENEFITS PROVIDED OUTSIDE SOUTH AFRICA

This benefit is limited for usage by members who are travelling abroad for less than 90 days, and during this period for emergency services only. Members need to pay for services received upfront and then claim it back from the Fund.

Proof of travel arrangements will need to be submitted with any claim. Eligible services will be refunded according to the benefits and Rules of the Fund. We strongly advise any member travelling abroad to buy an appropriate level of international travel insurance prior to leaving the Country.

Claims will only be considered by the Fund if submitted in English and if drafted by a recognised healthcare provider in the Country where services were provided.

Any member that has taken up permanent residence abroad and who wishes to remain a member of the Fund, will still be allowed to claim Fund benefits if treatment is provided in South Africa.

HIV BENEFITS



The Fund has contracted with Momentum Health to provide the **YourLife Programme** for the benefit of members who are at risk of being HIV positive, or have been diagnosed as a person living with HIV.

The **YourLife** Programme ensures **absolute confidentiality** and motivates participating members to manage their condition appropriately. We focus on education and support to empower you with the skills and knowledge you require to effectively manage your condition.

If you think you are at risk of being HIV positive or have been diagnosed as a person living with HIV, this **free service** will be invaluable to you.

Telephone: **0860 109 793**
Email: **hiv@momentum.co.za**

YourLife
PROGRAMME

	Network	Saver and Saver Choice	Comprehensive
HIV counselling and testing (HCT) Testing fee for GPs 	100% of cost at network healthcare providers	100% of cost, subject to PMBs Limited to R370 for testing per beneficiary per year Pathology-related treatment will not be deducted from your MSA	100% of cost, subject to PMBs Limited to R370 for testing per beneficiary per year Pathology-related treatment will not be deducted from your MSA
Circumcision For uninfected adult and newborn males 	100% of the agreed tariff at network healthcare providers	Paid at the WHFT from your MSA	Paid at the WHFT from your MSA

HELLO DOCTOR

TALK TO A DOCTOR ON YOUR PHONE, ANYTIME, ANYWHERE – FOR FREE.

As a Wooltru Healthcare Fund member, you get **free access** to Hello Doctor, a mobile phone-based service that gives you access to a doctor 24 hours a day, seven days a week. You may get expert health advice from qualified South African medical doctors through your phone, tablet or computer, at absolutely no cost to you! **Just download the app, request a call and the doctor will phone you back within an hour. It's that easy.**

The following Hello Doctor platforms are available to access this service:



The app:



Download the Wooltru Healthcare Fund app from the Google Play Store or the Apple App Store. You may sign in using your access details and request a call back or send a text message to a doctor.



USSD (unstructured supplementary service data):

Dial *120*1019#

Dial *120*1019# from your mobile phone and follow the menu prompts to request a call back from a doctor or send a text message to the number that they provide.

Explore our health blog.

Looking to quit smoking, lose weight or learn more about managing diabetes? Our health and wellness articles are available to you, as researched and written by the Hello Doctor team.

Please note:

Hello Doctor's services are discretionary; in-person medical consultations or examinations are advised for any adverse symptoms or medical emergencies.

 **hello doctor**
Powered by **momentum**



YOUR CONTRIBUTIONS FOR 2026

Network Option

Income category	Principal member	Spouse	Child	Additional adult
R0 – R11 800	R584	R584	R201	R1 670
R11 801 – R14 500	R766	R766	R223	R2 161
R14 501+	R1 005	R1 005	R247	R2 729

Saver Option

	Principal member	Spouse	Child	Additional adult
Risk	R940	R940	R173	R3 082
Savings	R388	R388	R119	R388
Total contribution	R1 328	R1 328	R292	R3 470

Saver Choice Option

	Principal member	Spouse	Child	Additional adult
Risk	R1 247	R1 247	R262	R3 444
Savings	R426	R426	R130	R426
Total contribution	R1 673	R1 673	R392	R3 870

Comprehensive Option

	Principal member	Spouse	Child	Additional adult
Risk	R2 898	R2 898	R889	R6 761
Savings	R908	R908	R302	R908
Total contribution	R3 806	R3 806	R1 191	R7 669



THE CORRECT CLAIMS PROCEDURE

Important

- Check that your **name**, **membership number** and the **invoice** are correct.
- A claim is **only valid for four months** from the date of treatment. Claims submitted to the Fund after four months will not be paid.
- You and your dependants' **ID numbers** must be recorded with the Fund, otherwise claims will not be paid.
- Ensure that all your claims include the following information:
 - your membership number and name of the patient treated (principal member or dependant), as registered and indicated on the membership card
 - if you have queried this claim with the Fund/Administrator, please quote the reference number
 - the correct dates of service
 - the correct ICD-10 procedure and tariff codes
 - the doctor's practice number
 - if you have prepaid your account and the account has to be processed for a refund to yourself, please include proof of payment signed by the member and an indication on the account that it has been **PAID**

Submission of claims

Please send all claims to:

Email:

Network Option

networkclaims@wooltruhealthcarefund.co.za

Saver Option

Saver Choice Option

Comprehensive Option

accounts@wooltruhealthcarefund.co.za

Internal mail:

Wooltru Healthcare Fund
Cape Town

Post:

Wooltru Healthcare Fund
PO Box 2212
Bellville
7535



CLAIMS

Claims are processed and paid twice a month, after which a claims statement will be sent to you by email or by post.

A claims statement is only sent to you if a claim has been processed. You may view your available benefits and claims statement at www.wooltruhealthcarefund.co.za.



WOOLTRU HEALTHCARE FUND MOBILE APP

Your benefits made easy

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

Accessible information

Do you need your information quickly? At a glance you may view your option details, membership number, total monthly contribution, MSA information (if applicable) and Fund contact details.

Use the **My Membership** menu to check your contributions and claims history, including rejection reasons, where applicable. If you are struggling to find a particular claim, refine your search by using the filter function.

Using the pre-authorisation look-up function, you may also view your hospital, chronic and other authorisations.

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

Medication lookup

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

Find a healthcare provider

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

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

Do you need documents?

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

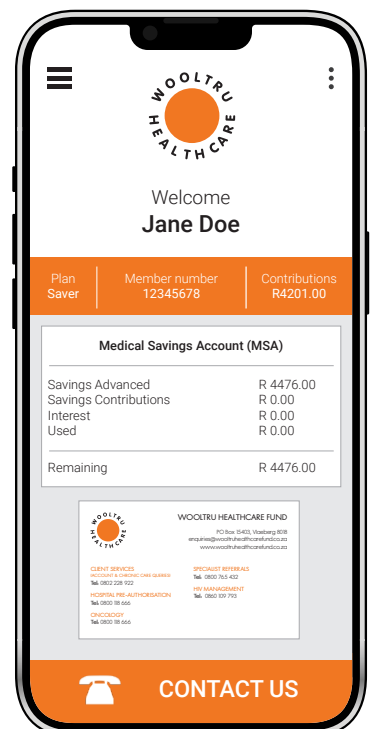
Membership card

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

Family access

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

Download the mobile app from the Google Play Store or the Apple App Store today!





WOOLTRU HEALTHCARE FUND WEBSITE

Just about everything that you need to know relating to the Wooltru Healthcare Fund is available on the Fund's website – your **benefit information, newsletters, application forms** and information regarding the Fund's **managed healthcare programmes**.

If you haven't already done so, **register on the online portal** by creating a unique username and password, and explore what is behind the login. Once you have registered, you will be able to access your own personal details, such as claims received and paid, chronic medications approved, etc.

Visit the website to:

- access your benefits
- keep track of your claims
- find a network healthcare provider or a DSP
- update your personal details
- find any forms you require
- get more information on chronic medication
- get your tax certificates

www.wooltruhealthcarefund.co.za



IMPORTANT CONTACT DETAILS

Postal address

Wooltru Healthcare Fund
PO Box 2212, Bellville 7535

Client services

0802 228 922

WhatsApp

0860 005 037

Email address

enquiries@wooltruhealthcarefund.co.za

Specialist referral

0802 228 922

Network Option: GP/dentist/pharmacy/ specialist/optometrist/hospital network

0802 228 922

Chronic care

0802 228 922

chronic@wooltruhealthcarefund.co.za

Hospital authorisation

0802 228 922

hrm@wooltruhealthcarefund.co.za

Maternity benefits

0802 228 922

enquiries@wooltruhealthcarefund.co.za

Oncology Programme

0802 228 922

oncology@wooltruhealthcarefund.co.za

HIV YourLife Programme

0860 109 793

hiv@momentum.co.za

Netcare 911

082 911

Fraud hotline

0800 000 436

Network Option

Saver Option

Saver Choice Option

Comprehensive Option

www.wooltruhealthcarefund.co.za

