NON-TCOE



WOOLTRU HEALTHCARE FUND

2027 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 passes 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 and provides cover for the full month, even if you resign during that month. Pensioner members pay their contributions by debit order, so it is important to notify the Fund if your banking details have changed.

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 2027.

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	Saver Option Saver Choice Option	Comprehensive Option
		Additional professional services benefit
Day-to-day benefits Network services only	**Day-to-day benefits** Medical Savings Account (MSA)	**Day-to-day benefits** Medical Savings Account (MSA)
Chronic care benefits	**Chronic care benefits**	**Chronic care benefits**
Major medical expenses • In-hospital benefits • In doctors' rooms • Hospital medical facilities • Day clinics	**Major medical expenses** • In-hospital benefits • In doctors' rooms • Hospital medical facilities • Day clinics	**Major medical expenses** • In-hospital benefits • In doctors' rooms • Hospital medical facilities • Day clinics
Maternity benefits	**Maternity benefits**	**Maternity benefits**
Preventative testing	**Preventative testing**	**Preventative testing**
HIV benefits	**HIV benefits**	**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 2027, UNLESS THEY COMPLETE THE BENEFIT OPTION SELECTION FORM AND CHOOSE ANY OF THE OTHER BENEFIT OPTIONS OFFERED BY THE FUND IN 2027. ALL MEMBERS NEED TO CAREFULLY CONSIDER THEIR FAMILIES' NEEDS AND BENEFIT OPTION CHOICE FOR 2027 AND SUBMIT THEIR BENEFIT OPTION SELECTION TO REACH THE FUND BY 11 DECEMBER 2026. 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 4 860**
Adult dependant:	**R 4 860**
Child dependant:	**R 1 488**
Member + adult:	**R 9 720**
Member + child:	**R 6 348**
Member + adult + child:	**R11 208**

Saver Choice Option: Your annual savings amount	
Member:	**R5 508**
Adult dependant:	**R5 508**
Child dependant:	**R1 680**
Member + adult:	**R 11 016**
Member + child:	**R 7 188**
Member + adult + child:	**R12 696**

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.

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:	**R11 772**
Adult dependant:	**R11 772**
Child dependant:	**R 3 912**
Member + adult:	**R23 544**
Member + child:	**R15 684**
Member + adult + child:	**R27 456**

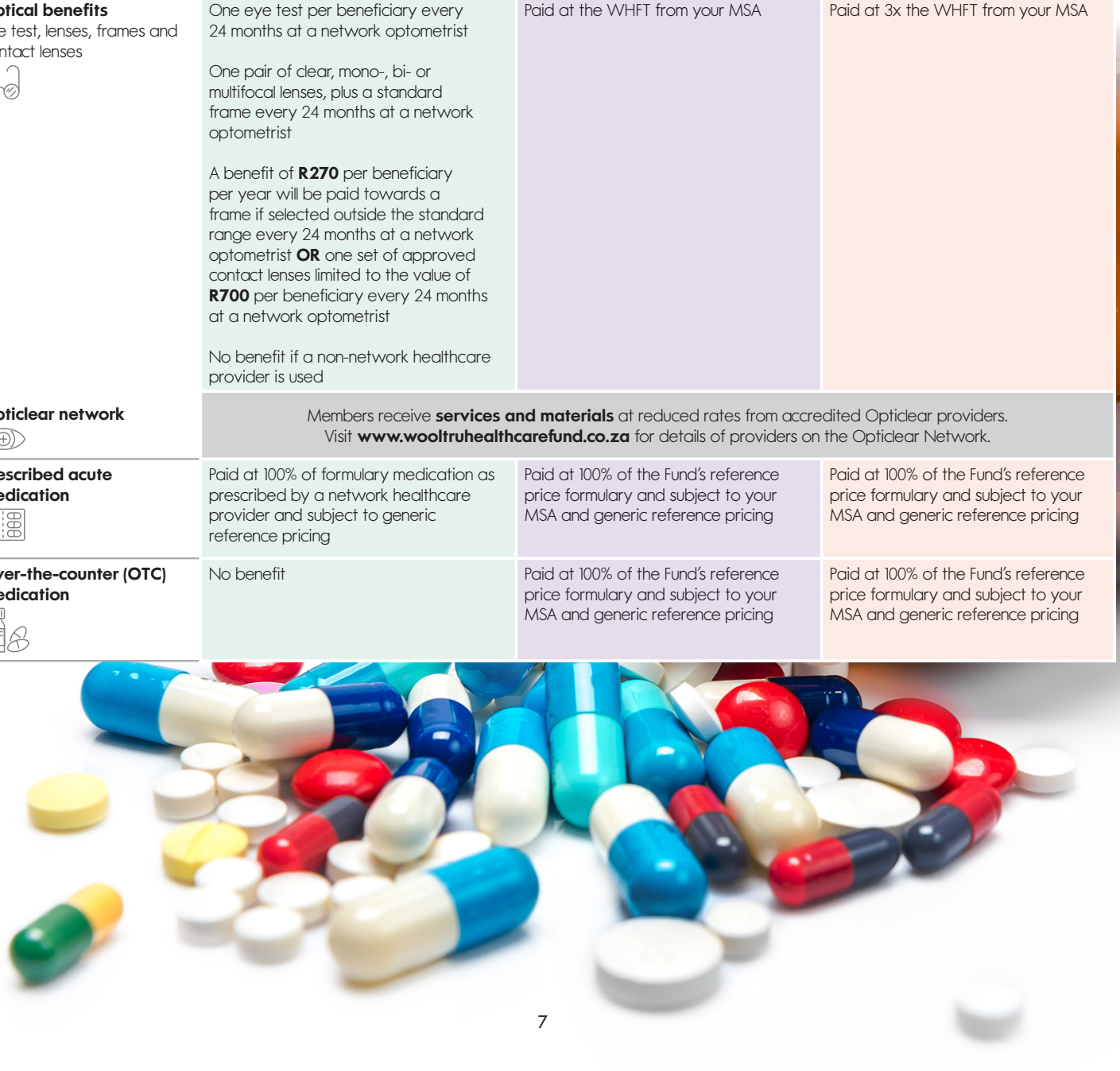
Notes:

- 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 860** Adult dependant: **R4 860** Child dependant: **R 1 488** **Saver Choice Option:** Member: **R5 508** Adult dependant: **R5 508** Child dependant: **R1 680**	Member: **R11 772** Adult dependant: **R11 772** Child dependant: **R 3 912**
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 700** Adult dependant: **R11 400** Child dependant: **R 3 970**
Network healthcare providers	You may **ONLY** use network healthcare providers	Not applicable	Not applicable
General practitioners (GPs)	Paid at 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	Only network specialists, limited to **R3 340** per beneficiary per year These amounts include the cost of consultations, medication, procedures, radiology and pathology Call **0802 228 922** for specialist referral and authorisation	Paid at the WHFT from your MSA at non-network specialists Paid at the agreed tariff from your MSA at network specialists Call **0802 228 922** for specialist referral	Paid at 3x the WHFT from your MSA at non-network specialists Paid at the agreed tariff from your MSA at network specialists Call **0802 228 922** for specialist referral
Pathology, radiology and ultrasounds	Paid at 100% of the agreed tariff if referred by a network healthcare provider	Paid at the WHFT from your MSA, unless performed as part of a hospital admission	Paid at 3x the WHFT from your MSA, unless performed as part of a hospital admission
Basic dentistry Consultations, fillings, extractions, scaling and polishing	Paid at 100% of the agreed tariff at network dentists	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA
Specialised dentistry Dentures, crowns, bridges and orthodontic treatment	No benefit	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA
Optical benefits Eye test, lenses, frames and contact lenses	One eye test per beneficiary every 24 months at a network optometrist One pair of clear, mono-, bi- or multifocal lenses, plus a standard frame every 24 months at a network optometrist A benefit of **R270** 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 **R700** per beneficiary every 24 months at a network optometrist No benefit if a non-network healthcare provider is used	Paid at the WHFT from your MSA	Paid at 3x the WHFT from your MSA
Opticlear network	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.		
Prescribed acute medication	Paid at 100% of formulary medication as prescribed by a network healthcare provider and subject to generic reference pricing	Paid at 100% of the Fund's reference price formulary and subject to your MSA and generic reference pricing	Paid at 100% of the Fund's reference price formulary and subject to your MSA and generic reference pricing
Over-the-counter (OTC) medication	No benefit	Paid at 100% of the Fund's reference price formulary and subject to your MSA and generic reference pricing	Paid at 100% of the Fund's reference price formulary and subject to your MSA and generic reference pricing



	Network	Saver and Saver Choice	Comprehensive
Associated health and auxiliary services • 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 740** 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-authorisation for all chronic medication

All chronic medication benefits are subject to pre-authorisation. 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-authorisation 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.

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 formulary and generic reference pricing Subject to managed care protocols and registration on the Chronic Medication Risk Management Programme Call **0802 228 922** to register	100% of approved medication, subject to formulary and generic reference pricing Subject to managed care protocols and 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 formulary and generic reference pricing Subject to managed care protocols and 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 **R19 300** per beneficiary per year for approved medication and subject to formulary reference pricing and generic reference pricing Subject to managed care protocols and registration on the Chronic Medication Risk Management Programme Call **0802 228 922** to register	Limited to **R38 600** per beneficiary per year for approved medication and subject to formulary reference pricing and generic reference pricing Subject to managed care protocols and registration on the Chronic Medication Risk Management Programme Call **0802 228 922** to register
	Please refer to **www.wooltruhealthcarefund.co.za** for more information		
Speciality chronic medication benefits for PMBs only (biological medication) Excluding oncology medication	No benefit	No benefit	Limited to **R208 300** per beneficiary per year for approved medication and subject to reference pricing Subject to clinical motivation, managed care protocols and 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, 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.

CANCER TREATMENT

The Fund uses the Independent Clinical Oncology Network (ICON) treatment protocols to provide cancer care to its members. ICON is a private oncology care organisation in South Africa. ICON uses three funding levels for treatment, depending on the benefit option that the member belongs to.

ICON's 3 Levels of Funding

Essential
Treatment is aimed at meeting the requirements for Prescribed Minimum Benefits (PMBs), which are the minimum benefits that medical schemes are legally required to provide.

Core
Evidence-based, cost-effective treatment for benefit options that provide cover beyond the minimum required level.

Enhanced
Treatment available on benefit options with more comprehensive oncology benefits. This may include certain high-cost medicines and advanced radiotherapy techniques, where clinically appropriate.

Important: These are funding levels, not cancer stages. Receiving care at the Essential funding level does not mean that you receive inferior treatment. The treatment covered is based on your diagnosis, clinical needs and benefits available on your chosen option.

Please refer to the benefit table on page 14 for the details of the oncology benefits available under your chosen option.

IN-HOSPITAL BENEFITS

Paid from major medical expenses benefit

	Network	Saver and Saver Choice	Comprehensive
Ambulance services Netcare 911	Paid at 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	Paid at 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:** Paid at 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	Subject to your MSA and generic reference pricing		
Take-home medication (after discharge from hospital)	Limited to seven days Subject to your MSA and generic reference pricing		
General practitioners (GPs) Surgery, procedures and consultations	Paid at 100% of the agreed tariff for authorised admissions	Paid at the WHFT	Paid at 3x the WHFT
Specialists Surgery, procedures and consultations	Paid at 100% of the agreed tariff for authorised admissions	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)	Paid at 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 **R3 030** 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 **R3 050** 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	Paid at 100% of the agreed tariff	Paid at the WHFT	Paid at 3x the WHFT
Blood transfusions, transportation and products	Paid at 100% of the agreed tariff at approved network healthcare providers	Paid at the WHFT	Paid at 3x the WHFT
Maxillofacial treatment (excluding specialised dentistry)	Paid at 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
Robotic-assisted laparoscopic surgery Limited to prostatectomy, cancer-related hysterectomy and cancer-related nephrectomy	No benefit	Paid at the WHFT Subject to clinical motivation, pre-authorisation and managed care protocols Must be performed at an accredited hospital Limited to **R174 200** per qualifying beneficiary per year for hospital and equipment Call **0802 228 922** to obtain pre-authorisation	Paid at the WHFT Subject to clinical motivation, pre-authorisation and managed care protocols Must be performed at an accredited hospital Limited to **R179 400** per qualifying beneficiary per year for hospital and equipment Call **0802 228 922** to obtain pre-authorisation

IN-HOSPITAL BENEFITS (CONTINUED)

	Network	Saver and Saver Choice	Comprehensive
Organ transplants	Subject to pre-authorisation, managed care protocols, PMBs and networks	Subject to pre-authorisation, managed care protocols, PMBs and networks	Subject to pre-authorisation, managed care protocols, PMBs and networks
	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	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	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
	No benefit for organs sourced internationally	Where a beneficiary requires an organ that is unavailable in South Africa and must be sourced internationally, the Fund will reimburse the member the South African Rand equivalent of the cost incurred	Where a beneficiary requires an organ that is unavailable in South Africa and must be sourced internationally, the Fund will reimburse the member the South African Rand equivalent of the cost incurred
		Organs sourced internationally are subject to benefit availability, a quotation for comparable services in South Africa, and proof of payment; organ transport costs are not covered	Organs sourced internationally are subject to benefit availability, a quotation for comparable services in South Africa, and proof of payment; organ transport costs are not covered
	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	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	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
Hospitalisation, organ and patient preparation	Paid at 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	Paid at 100% of cost	Paid at 100% of cost	Paid at 100% of cost
Subsequent supplies of immuno-suppressant drugs	Paid at 100% of cost, subject to pre-authorisation	Paid at 100% of cost, subject to pre-authorisation	Paid at 100% of cost, subject to pre-authorisation
	Medication is subject to generic reference pricing	Medication is subject to generic reference pricing	Medication is subject to generic reference pricing
	Call **0802 228 922** to obtain pre-authorisation	Call **0802 228 922** to obtain pre-authorisation	Call **0802 228 922** to obtain pre-authorisation
Cochlear implants benefit	No benefit	No benefit	Paid at the WHFT
			Subject to clinical motivation and pre-authorisation
			Limited to **R340 000** per qualifying beneficiary per year
			Includes the implant and subsequent device maintenance
Auxiliary services in hospital • Clinical psychology • Speech therapy • Occupational therapy • Physiotherapy	Paid at 100% of the agreed tariff for authorised admissions at network healthcare providers	Paid at the WHFT for authorised admissions	Paid at the WHFT for authorised admissions
	The service/procedure must be directly related to the authorised admission	The service/procedure must be directly related to the authorised admission	The service/procedure must be directly related to the authorised admission
Saver Option, Saver Choice Option and Comprehensive Option only: • Social worker for psychotherapy • Biokineticist • Dietician		Post-operative auxiliary services may be approved and benefits granted on condition that these services are received within three weeks after the hospital admission	Post-operative auxiliary services may be approved and benefits granted on condition that these services are received within six weeks after the hospital admission
		Subject to clinical motivation and pre-authorisation	Subject to clinical motivation and pre-authorisation
Psychiatric treatment	Prescribed minimum benefits (PMBs) only	Paid at the WHFT	Paid at 3x the WHFT
In hospital or at a registered facility **OR** Outpatient treatment in lieu of hospitalisation	Subject to pre-authorisation and limited to **21 days** per beneficiary per year	Subject to pre-authorisation and limited to **21 days** per beneficiary per year	Subject to pre-authorisation and limited to **21 days** per beneficiary per year
		One psychiatric or psychology consultation within six weeks post discharge	One psychiatric or psychology consultation within six weeks post discharge
	Call **0802 228 922** to obtain pre-authorisation	Call **0802 228 922** to obtain pre-authorisation	Call **0802 228 922** to obtain pre-authorisation

IN DOCTORS' ROOMS, HOSPITAL MEDICAL FACILITIES OR DAY CLINICS

Paid from major medical expenses benefit

	Network	Saver and Saver Choice	Comprehensive
Certain procedures performed in doctors' rooms only Hospitalisation is subject to approval of clinical motivation and managed care protocols	Paid at 100% of the agreed tariff if performed at network GPs and limited to a list of procedure codes	Paid at the WHFT	Paid at 3x the WHFT
	Excludes general anaesthetic	Excludes general anaesthetic	Excludes general anaesthetic
	Anaesthetic costs related to these procedures are limited to local or regional anaesthetic	Anaesthetic costs related to these procedures are limited to local or regional anaesthetic	Anaesthetic costs related to these procedures are limited to local or regional anaesthetic
		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	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
	Call **0802 228 922** to obtain pre-authorisation	Call **0802 228 922** to obtain pre-authorisation	Call **0802 228 922** to obtain pre-authorisation
Oncology, radiotherapy and chemotherapy In and out of hospital – medication/chemicals, related radiology, including MRIs and CT scans and pathology	Limited to PMBs	Limited to PMBs	Limited to PMBs
	Subject to pre-authorisation and registration on the Oncology Programme	Subject to pre-authorisation and registration on the Oncology Programme	Subject to pre-authorisation and registration on the Oncology Programme
	ICON guidelines apply as reference	ICON guidelines apply as reference	ICON guidelines apply as reference
	Essential level of care	Essential to Core level of care Treatment subject to qualifying clinical criteria and the oncology benefit limit	Essential to Core level of care Treatment subject to qualifying clinical criteria and the oncology benefit limit
	Limited to PMB level of care treatment	Limited up to **R428 000** per family per year, with continued benefit for PMB level of care treatment	Limited up to **R570 600** per family per year, with continued benefit for PMB level of care treatment
	A detailed clinical motivation and treatment plan is required from the treating specialist	A detailed clinical motivation and treatment plan is required from the treating specialist	A detailed clinical motivation and treatment plan is required from the treating specialist
			Oncology cases which meet clinical criteria for exception management have access to certain specialised oncology medicines and treatment on Enhanced level of care
			Enhanced level of care oncology medication 30% of cost payable per cycle subject to qualifying clinical criteria and the oncology benefit limit
	Medication is subject to reference pricing	Medication is subject to reference pricing	Medication is subject to reference pricing
	Call **0802 228 922** to obtain pre-authorisation and to register	Call **0802 228 922** to obtain pre-authorisation and to register	Call **0802 228 922** to obtain pre-authorisation and to register
Endoscopic procedures performed in doctors' rooms • gastroscopy • oesophagoscopy • colonoscopy • sigmoidoscopy	Paid at 100% of the agreed tariff, subject to pre-authorisation and clinical motivation by a network healthcare provider if performed in doctors' rooms/outpatient/medical or surgical facilities	Paid at the WHFT if performed in doctors' rooms/outpatient/medical or surgical facilities	Paid at 3x the WHFT if performed in doctors' rooms/outpatient/medical or surgical facilities
	R3 030 co-payment applies if performed in hospital without an approved clinical indication and Fund approval	**R3 050** co-payment applies if performed in hospital without an approved clinical indication and Fund approval	**R3 050** 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	Anaesthetic costs related to these scopes are limited to local or regional anaesthetic	Anaesthetic costs related to these scopes are limited to local or regional anaesthetic
	General anaesthetic costs are not covered	General anaesthetic costs are not covered	General anaesthetic costs are not covered
	Pathology costs related to these procedures will be covered from major medical expenses	Pathology costs related to these procedures will be covered from major medical expenses	Pathology costs related to these procedures will be covered from major medical expenses
	Call **0802 228 922** to obtain pre-authorisation	Call **0802 228 922** to obtain pre-authorisation	Call **0802 228 922** to obtain pre-authorisation

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

	Network	Saver and Saver Choice	Comprehensive
Peritoneal dialysis and haemodialysis	Paid at 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 procedures performed in doctors' rooms • 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 **R3 050** 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 **R3 050** 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 260** co-payment applies LASIK surgery benefit subject to clinical policy guidelines A motivation, including the refractive error, is required Subject to review and approval by medical advisor	Paid at the WHFT, subject to pre-authorisation LASIK surgery benefit subject to clinical policy guidelines A motivation, including the refractive error, is required Subject to review and approval by medical advisor
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 Dentist paid at the WHFT from your MSA	Paid at 3x the WHFT, subject to pre-authorisation Dentist paid at 3x the WHFT from your MSA
Specialised dentistry procedures in and out of hospital	Paid at 100% of the agreed tariff, subject to pre-authorisation and limited to **R4 000** per beneficiary per year Limited to: - Extraction of impacted wisdom teeth Services obtainable from a maxillo-facial surgeon and subject to referral from a network dentist Includes conscious sedation in rooms	Paid at the WHFT, subject to pre-authorisation and limited to **R6 000** per beneficiary per year Limited to: - Extraction of impacted wisdom teeth Includes conscious sedation in rooms	Paid at the WHFT, subject to pre-authorisation and limited to **R27 600** per beneficiary per year Limited to: - Dental implants - Extraction of impacted wisdom teeth Includes conscious sedation in rooms

ADDITIONAL BENEFITS

Paid from major medical expenses benefit

	Network	Saver and Saver Choice	Comprehensive
Private nursing in lieu of hospitalisation	Paid at 100% of the agreed tariff and limited to **R6 190** per beneficiary for one month per year only Subject to clinical motivation, pre-authorisation and case management	Paid at the WHFT and limited to **R6 550** per beneficiary per month for three months per year only Subject to clinical motivation, pre-authorisation and case management	Paid at the WHFT and limited to **R6 750** per beneficiary per month for six months per year only Subject to clinical motivation, pre-authorisation and case management
Internal prostheses Appliances placed in the body as an internal adjuvant during an operation	Paid at 100% of the agreed tariff at network healthcare providers, subject to pre-authorisation and limited to **R82 000** per beneficiary per year Call **0802 228 922** to obtain pre-authorisation	Paid at the WHFT, subject to pre-authorisation and limited to **R86 700** per beneficiary per year Call **0802 228 922** to obtain pre-authorisation	Paid at 3x the WHFT, subject to pre-authorisation and limited to **R89 200** per beneficiary per year Call **0802 228 922** to obtain pre-authorisation
External prostheses and appliances	Paid at 100% of the agreed tariff, subject to written motivation, which must be received 72 hours before the request for pre-authorisation Subject to the terms, conditions and managed care protocols Limited to **R61 260** per beneficiary every two years Sub-limits apply: - Wheelchair limited to **R17 000** per beneficiary every five years (quote and motivation required) - Hearing aids limited to **R17 000** per beneficiary every three years (quote, full audiology report and motivation required) - No benefit for CPAP machine - Colostomy kits as prescribed by treating doctor Call **0802 228 922** to obtain pre-authorisation	Paid at the WHFT, subject to written motivation, which must be received 72 hours before the request for pre-authorisation Subject to the terms, conditions and managed care protocols Limited to **R77 900** per beneficiary every two years Sub-limits apply: - Wheelchair limited to **R22 800** per beneficiary every five years (quote and motivation required) - Hearing aids limited to **R34 200** per beneficiary every three years (quote, full audiology report and motivation required) - CPAP machine limited to **R28 500** per beneficiary every three years (full sleep study results, quote and motivation required) - Colostomy kits as prescribed by treating doctor Call **0802 228 922** to obtain pre-authorisation	Paid at 3x the WHFT, subject to written motivation, which must be received 72 hours before the request for pre-authorisation Subject to the terms, conditions and managed care protocols Limited to **R93 400** per beneficiary every two years Sub-limits apply: - Wheelchair limited to **R28 500** per beneficiary every five years (quote and motivation required) - Hearing aids limited to **R45 600** per beneficiary every three years (quote, full audiology report and motivation required) - CPAP machine limited to **R34 200** per beneficiary every three years (full sleep study results, quote and motivation required) - Colostomy kits as prescribed by treating doctor Call **0802 228 922** to obtain pre-authorisation
Medical and surgical appliances Nebulisers, crutches, blood pressure machines, glucometers, etc.	Paid at 100% of the agreed tariff, subject to clinical motivation, managed care protocols and pre-authorisation Subject to the terms, conditions and protocols of the network healthcare provider	Paid at the WHFT, subject to clinical motivation, managed care protocols and pre-authorisation Subject to your MSA, including appliances associated to a hospital admission	Paid at 3x the WHFT, subject to clinical motivation, managed care protocols and pre-authorisation Subject to your MSA where pre-authorisation is not obtained



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	Paid at 100% of the agreed tariff	Paid at 100% of the agreed tariff at network specialist Paid at 100% of the WHFT at non-network specialist	Paid at 100% of the agreed tariff at network specialist Paid at 100% of the WHFT at non-network specialist
Caesarean delivery	Paid at 100% of the agreed tariff if motivated by a network specialist	Paid at 100% of the agreed tariff at network specialist Paid at 100% of the WHFT at non-network specialist A co-payment of **R4 100** will apply where no clinical motivation for the caesarean has been received from the gynaecologist	Paid at 100% of the agreed tariff at network specialist Paid at 100% of the WHFT at non-network specialist
Antenatal consultations	No benefit	Paid at 100% of the WHFT 5 consultations per pregnancy	Paid at 100% of the WHFT 10 consultations per pregnancy
Ultrasound scans	Paid at 100% of the agreed tariff Two ultrasound scans - at 12 and 24 weeks	Paid at 100% of the WHFT Three ultrasound scans - at 12 weeks, 24 weeks and one additional scan after 24 weeks	Paid at 100% of the WHFT Three ultrasound scans - at 12 weeks, 24 weeks and one additional scan after 24 weeks
Ward rates	General ward rates, subject to the following: - Vaginal delivery (3 days) - Caesarean delivery (4 days)	General ward rates, subject to the following: - Vaginal delivery (3 days) - Caesarean delivery (4 days)	General ward rates, subject to the following: - Vaginal delivery (3 days) - Caesarean delivery (4 days)
Pathology	Paid at 100% of the agreed tariff, as per the maternity treatment plan	Paid at 100% of the WHFT, as per the maternity treatment plan	Paid at 100% of the WHFT, as per the maternity treatment plan

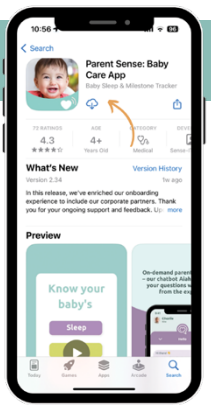
Maternity pathology tests paid by the Fund	Per pregnancy	Tariff code
Full blood count	1	3755
Blood test: Blood group	1	3764
Blood test: Rhesus antigen	1	3765
Urine culture	1	3893
HIV ELISA or other screening test	1	3932

Maternity pathology tests paid by the Fund (continued)	Per pregnancy	Tariff code
Rubella antibody	1	3948
Venereal Disease Research Laboratory	1	3949
Glucose strip test	1	4050
Urine analysis dipstick	13	4188
HIV antibody rapid test	1	4614

PARENT SENSE

TAKING THE GUESSWORK OUT OF PARENTING – FOR FREE

- **Free** premium access to the Parent Sense baby and parenting app for reliable tracking of nutrition, sleep patterns and baby's milestones, and expert advice and support when you need it.
- **Free** lactation (breastfeeding), pregnancy and parenting courses via Parent Sense.
- You will have access to a 24/7 support chatbot, trained to assist you with all your pregnancy and parenting questions.



Getting started is easy. If you are registered on the Fund's Maternity Programme, simply download the Parent Sense app from the Google Play Store, Apple App Store or scan the QR code and register using your membership number. Alternatively, access Parent Sense via the Wooltru Healthcare Fund app and click through to log in or register.

GET IT ON Google Play

Download on the App Store

parent sense™

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 beneficiary 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 beneficiary (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 beneficiary 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 beneficiary (over 40 years) every two years
Prostate-specific antigen (PSA) testing (Tariff codes 4519 or 4524)	Limited to male beneficiaries 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 non-elective 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	Paid at 100% of cost at network healthcare providers	Paid at 100% of cost, subject to PMBs Limited to **R385** for testing per beneficiary per year Pathology-related treatment will not be deducted from your MSA	Paid at 100% of cost, subject to PMBs Limited to **R385** for testing per beneficiary per year Pathology-related treatment will not be deducted from your MSA
Circumcision For uninfected adult and newborn males	Paid at 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: GET IT ON Google Play | Download on the App Store

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 2027

Network Option

Income category	Principal member	Spouse	Child	Additional adult
R0 – R12 300	R619	R619	R213	R1 770
R12 301 – R15 100	R812	R812	R236	R2 291
R15 101+	R1 066	R1 066	R262	R2 893

Saver Option

	Principal member	Spouse	Child	Additional adult
Risk	R1 023	R1 023	R191	R3 307
Savings	R405	R405	R124	R405
Total contribution	**R1 428**	**R1 428**	**R315**	**R3 712**

Saver Choice Option

	Principal member	Spouse	Child	Additional adult
Risk	R1 347	R1 347	R281	R3 751
Savings	R459	R459	R140	R459
Total contribution	**R1 806**	**R1 806**	**R421**	**R4 210**

Comprehensive Option

	Principal member	Spouse	Child	Additional adult
Risk	R3 150	R3 150	R965	R7 430
Savings	R981	R981	R326	R981
Total contribution	**R4 131**	**R4 131**	**R1 291**	**R8 411**

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
Woolworths Head Office
Mailbox at Reception
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

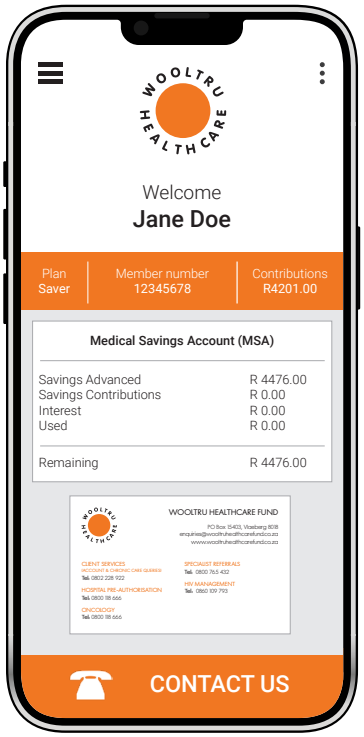
This app is not only for principal members. You may grant access to your beneficiaries aged 12 and above, to download and access their own personal Fund information.

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

GET IT ON Google Play

Download on the App Store





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

NOTES

Protection of Personal Information

Wooltru Healthcare Fund and Momentum Health (Pty) Ltd, the Administrator, will maintain the confidentiality of your personal information and comply with the Protection of Personal Information Act 4 of 2013 (POPIA) and all existing data protection legislation, when collecting, processing and storing your personal information for the purposes of managing your membership of the Fund and in accordance with the Medical Schemes Act 131 of 1998.

Disclaimer

The content of this publication is the intellectual property of Wooltru Healthcare Fund and Momentum Health (Pty) Ltd, the Administrator, and any reproduction of this publication is prohibited unless written consent is obtained. This brochure is intended as a general outline and contains a brief summary of benefits available to employees of the participating employers in the Wooltru Healthcare Fund. Although every precaution was taken to ensure the accuracy of information contained in this brochure, in the event of a dispute, the official Rules of the Wooltru Healthcare Fund will apply. Further conditions may apply as stated in the official Rules of the Wooltru Healthcare Fund.