NBCRFLI Wellness Fund Health Plan Benefit Guide
Taking care of your healthcare needs

The NBCRFLI Wellness Fund Health Plan is provided via the National Bargaining Council for the Road Freight and Logistics Industry Sick Fund, registered in terms of the Labour Relations Act.
Dear Member

Welcome to the NBCRFLI Wellness Fund Health Plan (“Health Plan”).

Because your health is so important to us, we ask that you please read this benefit guide carefully. Please make sure that you understand how the benefits work and what you need to do if you need medical assistance.

As the Principal Member of the Health Plan, you and one Eligible Spouse will receive the following benefits:

Principal Member and Eligible Spouse:

- **Primary Healthcare Benefits** such as visits to general practitioners, dentists and optometrists within the Universal Provider Network. Your benefits also include x-rays and blood tests, as well as acute and chronic medication at a dispensing general practitioner or pharmacy within the Universal Provider Network
- **24-hour emergency assistance through ER24** in the event of accidents and medical emergencies, and a 24-hour medical advice line
- **Accidental Injury Treatment** in a hospital casualty facility

A Hospital Cash Back Plan is further available for the family, including Principal Member, Eligible Spouse and Children.

Please note that you can register only one Eligible Spouse on the Health Plan for Primary Healthcare Benefits. Kindly ensure that you complete the Registration of Eligible Spouse Form. Once completed please fax the form, along with a copy of the ID of your Eligible Spouse and a marriage certificate or affidavit to 086 586 2163. You may also email it to nbcrfli@universal.co.za or post it to P.O. Box 1411, Rivonia, 2128. You can also submit the form at your nearest NCBRFLI regional office.

It is important to keep your Health Plan Membership Card with you at all times. You and your Eligible Spouse will ALWAYS need to present the Membership Card when visiting a Universal Network Provider (general practitioner, dentist, optometrist and pharmacy), a hospital casualty facility or when you require an ambulance.

For more details or assistance please phone any of the numbers under the “Contact Details” section at the back of this benefit guide, or visit www.nbcrfli-health.co.za.

Please be assured that you can count on us to take care of your healthcare needs.

Yours sincerely

African Unity Insurance
BENEFIT SUMMARY

Primary Healthcare Benefits

- Chronic medication is provided for specified chronic conditions in line with a list of approved medicines. It is essential to register if you are a chronic medicine user. Three General Practitioner (GP) visits per Principal Member and three General Practitioner (GP) visits per Eligible Spouse per year within the Universal Provider Network.
- Acute medication is provided from a list of approved medicines only, as prescribed by your GP, limited to R500 per year per person.
- Basic dentistry is limited to R500 per incident and R1,000 per beneficiary every 24 months at a Universal Network dentist. A limit of R1,000 per incident and R2,000 per beneficiary is available for accidental injury requiring emergency dental treatment every 24 months.
- Basic optometry is available at a Universal Network optometrist for an annual examination. Basic frames, clear plastic single vision or bi-focal lenses are provided every 24 months if required.
- Basic radiology (a list of black and white x-rays) is available on referral by a Universal Network general practitioner.
- Basic pathology (list of tests) is covered on referral from a Universal Network general practitioner.

Medical Emergency Services

- 24-hour activation of an emergency by calling 084 124.
- Emergency medical advice such as CPR, choking, stopping bleeding whilst crew are en-route.
- 24-hour response to an accident or emergency by road or air.
- Treatment and stabilisation at the scene of the incident.
- Transportation to the closest most appropriate medical facility.
- Repatriation of mortal remains (within the borders of SA).
- 24-hour medical information line.
- 24-hours crisis counselling line.

Accident Casualty Benefit

Basic emergency treatment in a hospital emergency room is available, limited to R7,500 per insured person per annum. Please note that this benefit only applies to accidental injury. It excludes emergencies which were not as a result of an accident, and it excludes any treatment as an in-patient at a hospital. For more information please call 0861 22 72 82.

Hospital Cash Back Plan

- R250 per day is payable whilst in hospital, provided that you are hospitalised for more than one day.
- The benefit is increased to R500 per day if confined to an intensive care unit.
IMPORTANT:

1. You can only visit doctors, dentists and optometrists that are part of the Universal Provider Network. If an Universal Network Provider is not available, you can see any other registered medical practitioner and pay for the visit yourself. You will be able to claim back the doctor’s fee to a maximum of the rate at which Universal normally reimburse a Universal Network Provider. Note however, that if you visit doctors outside of the Universal Provider Network in an area where, or at a time when an Universal Network Provider is available, you will be responsible to pay for the service out of your own pocket, and will not be able to claim back.

2. If you have a general practitioner, dentist or optometrist who is not yet on the Universal Provider Network, and you would like Universal to contact him, please let us know by writing an email to nbcrfli@universal.co.za or contacting us at 0861 872333. We will endeavour to contract the provider, however, please note that we cannot guarantee that your preferred provider will agree to join the Universal Provider Network. Providers join the Universal Provider Network entirely on an “able and willing” basis and cannot be forced to do so.

3. You can only get your medicine from a pharmacy or a dispensing doctor who is part of the Universal Provider Network.

4. Only certain medicines are covered by the Health Plan. Please always ask your Universal Network doctor and pharmacist to provide you with the least expensive generic medicine, so that you do not have to make co-payments to the pharmacy.

5. Please note that the benefit year starts on the 1st of July each year and ends 12 months later at the end of June. Please note that we do NOT work in a calendar year, which is from January to December. If you join after the 1st of July, the number of visits to the doctor will be prorated (fewer visits) during the first 12 months.

6. You must always take your ID or passport, together with your Health Plan Membership Card with you when visiting a doctor, dentist, pharmacy, optometrist or hospital casualty facility. You also need to keep it close at hand when you need an ambulance.

7. When you have used up your benefits, you will have to pay the Universal Network Provider in cash out of your own pocket. Therefore please make sure that you use your benefits wisely at all times.

8. Specialist consultations are not covered by the Health Plan. If you go to a specialist, you will be required to pay for the service out of your own pocket.

9. Only specified chronic conditions are covered by the Health Plan.

10. Benefits are only available within the borders of SA.

11. The Accident Casualty Benefit is limited to treatment for an accidental injury. An accidental injury is an injury resulting from an accident. An example of an accident are a motor vehicle accident or a snake bite. The Accident Casualty Benefit does not provide a benefit for a medical emergency that is not due to an accident but requires immediate medical attention. For more information please call 0861 22 72 82.

12. For full details of the benefits, please refer to www.nbcrfli-health.co.za.
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<thead>
<tr>
<th>Benefits</th>
<th>Limits</th>
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<tr>
<td><strong>General Practitioners (GP’s)</strong>*</td>
<td>Three visits per Principal Member and three visits per Eligible Spouse per annum at a Universal Network Provider, including small procedures (e.g. treatment of minor cuts and burns) performed in the doctor’s rooms. The benefit year runs from the 1st of July to the 30th of June every year. If you join later in the year your doctor visits will be worked out on a pro-rata basis (which means you get fewer visits).</td>
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<td><strong>Acute medication</strong></td>
<td>Limited to R500 per annum, when prescribed by a Universal Network Provider. Medicine is subject to a medicine formulary and reference pricing. Medicine may be obtained from a dispensing Universal Network Provider or a Universal Network pharmacy.</td>
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<td><strong>Chronic medication</strong></td>
<td>Covered chronic conditions only, namely asthma, chronic obstructive pulmonary disease (emphysema), diabetes mellitus type 1 (sugar diabetes requiring insulin) and diabetes mellitus type 2 (sugar diabetes where treatment requires only tablets), epilepsy (convulsions), hyperlipidaemia (high cholesterol and fat in the blood stream) and hypertension (high blood pressure). Medicine is only available from a dispensing Universal Network general practitioner Provider or a Universal Network Pharmacy. A medicine formulary and formulary reference pricing applies.</td>
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<tr>
<td><strong>Basic radiology (X-rays)</strong></td>
<td>Black and white X-rays requested by a Universal Network Provider. Subject to a list of X-ray procedures approved by Universal. Available through a specialist radiologist identified by Universal.</td>
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<tr>
<td><strong>Basic pathology</strong></td>
<td>Pathology tests as requested by a Universal Network Provider. Subject to a list of tests approved by Universal. Available through a pathologist identified by Universal.</td>
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<td><strong>Dentistry</strong></td>
<td>Consultation at a Universal Network dentist or dental therapist. Emergency dental treatment for pain and sepsis including extractions. Limited to R500 per incident and R1 000 per beneficiary per 24 months. Subject to a list of dental procedures approved by Universal. In the event of accidental injury requiring emergency dental treatment, a limit of R1 000 per incident and R2 000 per beneficiary per 24 months.</td>
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<td>Health Benefits</td>
<td>Details</td>
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| **Primary Healthcare Benefits** | General Practitioners (GP’s)  
Three visits per Principal Member and three visits per Eligible Spouse per annum at a Universal Network Provider, including small procedures (e.g. treatment of minor cuts and burns) performed in the doctor’s rooms.  
The benefit year runs from the 1st of July to the 30th of June every year. If you join later in the year your doctor visits will be worked out on a pro-rata basis (which means you get fewer visits). |
| **Acute Medication**       | Limited to R500 per annum, when prescribed by a Universal Network Provider. Medicine is subject to a medicine formulary and reference pricing. Medicine may be obtained from a dispensing Universal Network Provider or a Universal Network pharmacy. |
| **Chronic Medication**     | Covered chronic conditions only, namely asthma, chronic obstructive pulmonary disease (emphysema), diabetes mellitus type 2, and hypertension.  
Access to medications as prescribed by a specialist practitioner Provider or a Universal Network Pharmacy. A medicine formulary and formulary reference pricing applies. |
| **Basic Radiology (X-rays)**| Black and white X-rays requested by a Universal Network Provider. Subject to a list of X-ray procedures approved by Universal. Available through a specialist radiologist identified by Universal. |
| **Basic Pathology**        | Pathology tests as requested by a Universal Network Provider. Subject to a list of tests approved by Universal. Available through a pathologist identified by Universal. |
| **Dentistry**              | Consultation at a Universal Network dentist or dental therapist. Emergency dental treatment for pain and sepsis including extractions. Limited to R500 per incident and R1 000 per beneficiary per annum.  
Emergency dental treatment for non-life threatening injuries requiring emergency dental treatment, a limit of R1 000 per incident and R2 000 per beneficiary per 24 months. |
| **Optometry**              | Annual optometric examination. When required a basic pair of frames and clear plastic single vision or bifocal lenses approved by Universal every 24 months per beneficiary, subject to qualifying norms. Universal Network Providers only. |
| **EMERGENCY MEDICAL SERVICES** | 24 hour activation of an emergency by calling 084 124.  
Emergency medical advice such as CPR, choking, stopping bleeding whilst paramedics respond to the scene.  
24 hour response to the scene by road or air.  
Treatment and stabilisation at the scene of the incident.  
Transportation to the closest most appropriate medical facility.  
Repatriation of mortal remains (within the borders of SA)  
24 hour medical information line where nurses can answer your medical questions.  
24 hour access to the following Advice and Assistance Hotlines:  
General Medical Information  
Generic Medication Advice  
Poison Advice  
Trauma Advice and Counselling  
Rape Counselling  
Domestic and Child Abuse  
Suicide Hotline  
Substance Abuse  
Medical Practitioner and facilities referrals |
| **ACCIDENT CASUALTY BENEFIT** | Emergency treatment in a hospital emergency room for injuries resulting from an accident is available, limited to R7 500 per insured person per annum. |
| **HOSPITAL CASH BACK PLAN** | R250 per day is payable whilst in hospital, provided that the member is hospitalised for more than one day. The benefit is increased to R500 per day if the member is confined to an intensive care unit. |

*Please note that benefits may be pro-rated for members/dependants who join through the course of the year.*
FREQUENTLY ASKED QUESTIONS

Is the NBCRFLI Wellness Fund Health Plan a medical aid?
No, the NBCRFLI Wellness Fund Health Plan is not a medical aid. It is the Sick Fund of the National Bargaining Council for the Road Freight and Logistics Industry registered in terms of the Labour Relations Act.

Does the Health Plan cover Prescribed Minimum Benefits (PMBs)?
No, the Health Plan does not cover PMBs, because it is not a medical scheme. Limited benefits are covered under this Health Plan as determined by the NBCRFLI, and as contained in this benefit guide.

Does the NBCRFLI Health Plan provide cover for hospitalisation?
The NBCRFLI Health Plan does not provide indemnity cover for hospitalisation. However, a Hospital Cash Back Plan is included. This means once you have had a hospital admission, you can claim back a certain amount for each day you were in hospital. Please refer to the “Hospital Cash Back Plan” section in this benefit guide.

How does the NBCRFLI Health Plan work?
You must take your Health Plan membership card and your ID or Passport with you when you are sick and need to see a Universal Network doctor, dentist, optometrist or pharmacist. You will also need it when using an ambulance or when going to a hospital casualty department. You can only visit a doctor, dentist, optometrist or pharmacist within the Universal Provider Network. To find out where the closest Universal Network Provider is, please phone 0861 872 333 during office hours or visit www.nbcrfli-health.co.za.

PRIMARY HEALTHCARE BENEFITS

What do I do when I get sick?
You need to make an appointment with a general practitioner within the Universal Provider Network that is closest to you.

Is there a number that I can phone for medical assistance or information?
Yes, you can contact ER24 on 084 124 for medical information and general medical assistance, 24 hours a day.
Where do I find a Universal Network Provider?
You can contact the Universal call centre on 0861 872 333, or you can visit the website on www.nbcrlfli-health.co.za to find a provider near you.

Can I visit a doctor that is not on the Universal Network?
No, you may only visit a Universal Network general practitioner. If the Universal Network Provider is not available, you can see any other registered medical practitioner and pay for the visit yourself. You will be able to claim back the doctor’s fee to a maximum of the rate at which we normally reimburse a Universal Network Provider. Note however, that if you visit doctors outside of the Universal Provider Network in an area where, or at a time when an Universal Network Provider is available, you will be responsible to pay for the service out of your own pocket, and will not be able to claim back.

How many times may I go to the doctor?
The Principal Member and Eligible Spouse may each visit a Universal Network doctor three times in a 12 month period (between the 1st of July of one year and the 30th of June the next year). The number of visits is reduced (pro-rated) if you join the Health Plan later in the year.

Can I go to a dentist?
Yes, you may go for a dental check-up to a dentist or dental therapist within the Universal Provider Network. The benefit is limited to R500 every time that you receive dental treatment. The overall limit during a 24-month period is R1 000 per member. The same dental benefit is available for an Eligible Spouse. Approved dental procedures, limited to a dental examination, fillings and extractions are covered.

In the event of an accidental injury requiring emergency dental treatment, there is an overall limit of R2 000 per Principal Member with a R1 000 limit per incident. The same benefit is available to the Eligible Spouse.

Where can I get my medicine?
If required the Universal Network general practitioner will give you a script for medicine when you are sick during one of your three medical consultations. Medicines are chosen from a list of medicines approved by Universal and are limited to R500 per year. The Universal Network general practitioner may be a dispensing doctor, in which case you can get your medicine from him. You can also get your medicine from a Universal Network pharmacy. To ensure that you do not have to pay in any additional money out of your own pocket you should always ask the doctor and the pharmacist for the cheapest generic medicine covered by the Health Plan. If you are not sure which pharmacy or doctor to go to, please phone the Universal call centre on 0861 872 333.
I have a chronic illness and take medication for it every day – will I be able to get my medication?
The following chronic conditions are covered: asthma, chronic obstructive pulmonary disease (emphysema), diabetes mellitus type 1 (sugar diabetes requiring insulin) and diabetes mellitus type 2 (sugar diabetes where treatment requires only tablets), epilepsy (convulsions), hyperlipidaemia (high cholesterol and fat in the blood stream) and hypertension (high blood pressure).

You or your doctor need to phone Universal to register your chronic condition before you go to the pharmacy. Once this has been done you will be able to get medicine for your chronic conditions from a list of approved medicines (from a Universal Network general practitioner who dispenses medicine or a Universal Network pharmacy). To ensure that you do not have to pay in any additional money out of your own pocket you should always ask the doctor and the pharmacist for a generic medicine covered by the Health Plan.

What happens if the doctor sends me to see a specialist?
The Health Plan does not provide cover for medical specialists. If you need to see a specialist you will need to pay the consultation fee for the specialist out of your own pocket. You can also see a specialist at a public hospital.

If I wear glasses, can I go for an eye test and glasses?
You may go for an eye test once a year at a Universal Network optometrist. If necessary, the optometrist may prescribe a set of single vision, clear plastic lenses with a basic frame, or a set of clear plastic bi-focal lenses. You will be able to get a pair of glasses once every two years. Sunglasses, contact lenses and other types of spectacle lenses are not covered.

How do I claim?
Your Universal Network provider will submit the claim directly to us for processing and payment. The Health Plan will pay the claim directly to the Universal Network Provider according to the benefits of the Health Plan available to you. If it happens that a Universal Network Provider charges you cash (for example when you forget to take your Membership Card and ID or Passport with you), then you can claim back from the Health Plan by completing and sending the claim form which is available on the website www.nbcrfli-health.co.za to Universal. You may also phone the call centre on 0861 872 333. We will then reimburse you by electronic payment into your bank account, at the tariff used to pay for Universal Network Providers. Please note that this is always subject to available benefits and limits of the Health Plan.

How can I access HIV/AIDS benefits?
There is a separate benefit for HIV/AIDS for the Principal Member and Eligible Spouse which is available through the existing arrangement with Careworks. For more information please call 080 021 2768.
**EMERGENCY MEDICAL SERVICES**

### What benefits are available for accidental injury?
You have a basic accidental emergency treatment benefit in a hospital emergency room, limited to R7 500 per Principal Member and per Eligible Spouse per year. This benefit is for accidental injuries only.

### If I am in an accident, can I call for an ambulance?
The Health Plan offers ambulance / helicopter transport through ER24, 24 hours a day. Each Principal Member and Eligible Spouse has access to ER24’s Emergency Contact Centre in the event of any medical emergency.

### What to do in the event of a medical emergency?
Always call 084 124. If someone else is phoning on your behalf, tell them to call 084 124. When the ER24 agent answers the phone advise them that you are a NBCRFLI Wellness Fund Health Plan member. They will then prompt you with some questions in order to get an ambulance to you. Please place the stickers provided with this guide on your phone and vehicles, and also save ‘084 124’ under ‘Emergency’ on your mobile phone.

**HOSPITAL CASH BACK PLAN**

### What happens if I am in hospital?
The Health Plan provides you with access to a Hospital Cash Back Plan of R250 per day during hospitalisation. This is provided that you are hospitalised for more than one day. If you are in ICU, the amount increases to R500 per day. The Hospital Cash Back Plan covers the Principal Member, Eligible Spouse and all your child dependants when you have been admitted to a private or public hospital. Please note that you will be required to pay the hospital account first, and claim back from the Hospital Cash Back Plan afterwards.
CONTACT US:

Universal Call centre: 0861 872 333
24 Hour Emergency Contact: 084 124
Hospital Cash Back Plan: 0861 227 282
E-mail: nbcrfli@universal.co.za
Fax: 086 586 2161

www.nbcrfli-health.co.za

GLOSSARY OF TERMS:

NBCRFLI means National Bargaining Council Road Freight Logistics Industry
AUI means African Unity Insurance Ltd
Universal means Universal Healthcare Services (Pty) Ltd
Formulary means a list of medicines covered by the Health Plan
Reference Pricing means the maximum price for each type of medicine covered by the Health Plan
Ambledown means Ambledown Risk and Underwriting Managers (Pty) Ltd
ER 24 means ER24 EMS (Pty) Ltd