



THE NBCRFLI WELLNESS FUND HEALTH PLAN

In the interest of the well-being of the road freight and logistics workforce, the National Bargaining Council for the Road Freight and Logistics Industry (NBCRFLI) launched the NBCRFLI Wellness Fund Health Plan on the 1st July 2011.

The Health Plan is available to all Eligible Contributors to the NBCRFLI Wellness Fund, as well as one Eligible Spouse.

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



Benefits

The NBCRFLI Wellness Fund Health Plan entitles Eligible Principal Members, together with one Eligible Spouse (or common law wife), to the following benefits:

- **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, roadside assistance, as well as a 24-hour medical advice line.
- **Accidental Injury Treatment** in a hospital casualty facility.
- **A Hospital Cash Back Plan** that also includes cover for child dependants.

To view a more comprehensive list of benefits, refer to the NBCRFLI Wellness Fund Health Plan Benefit Guide.



WELLNESS FUND HEALTH PLAN BENEFITS

Primary Healthcare Benefits



Available to the Eligible Principal Member and Eligible Spouse

- Chronic and acute medication from a list of covered medicines
- 3 general practitioner visits per Eligible Principal Member and Eligible Spouse
- Basic radiology – black and white X-rays
- Basic pathology – list of covered blood tests
- Basic optometry – includes an annual eye test, clear plastic single vision or bi-focal lenses and one basic frame every 24 months
- Basic dentistry – limited to R1 000 per Eligible Principal Member and Eligible Spouse with a sub-limit of R500 per incident, and R2 000 with a sub-limit of R1 000 for emergencies, every 24 months

Please visit www.nbcfrli-health.co.za to find a Universal Network Provider (general practitioner, dentist, optometrist or pharmacy) in your area.

Alternatively contact our call centre on **0861 872 333**

THE BENEFITS ARE AVAILABLE EXCLUSIVELY THROUGH THE UNIVERSAL PROVIDER NETWORK

Medical Emergency Services Benefit



Available to the Eligible Principal Member and Eligible Spouse

24-hour emergency assistance through ER24 in the event of accidents and emergencies.

For more information call **084 124**

Accident Casualty Benefit



Available to the Eligible Principal Member and Eligible Spouse

Basic emergency treatment, limited to R7 500, in a hospital emergency room for accidental injury.

For more information call **0861 22 72 82**

Hospital Cash Back Plan Benefits



Available to the Eligible Principal Member, Eligible Spouse and Child Dependents

- A benefit of R250 is payable per day whilst in hospital for more than one day.
- A R500 benefit is payable per day whilst in intensive care.

For more information call **0861 22 72 82**





Eligibility Criteria

All active members who have been contributing to the Wellness Fund are eligible for qualification based on the following existing categories:

- Permanent employees or minimum salary employees are eligible for full cover as per the Health Plan as well as the ARV programme.
- Temporary Employment Service employees who are placed at a client on a continuous and full-time basis within the defined bargaining unit and are fully contributing to the Wellness Fund are eligible for full cover as per the Health Plan as well as the ARV programme.
- Extended Bargaining Unit and Voluntary employees who are voluntary contributors to the Wellness Fund are eligible for full cover as per the Health Plan as well as the ARV programme only if they contribute continuously without interruption on the basis of the defined minimum wages contribution per month as per the Main Collective Agreement for the duration of the agreement (1% of basic wage by employer and 0.5% by employee).
- All casual/relief employees, as per the definition in the Main Collective Agreement, are only eligible for the ARV programme managed by CareWorks for the duration of their casual/relief contract period.

How it works

Visiting a doctor, dentist or optometrist

When you get sick, you need to make an appointment with a general practitioner within the **Universal Provider Network** that is closest to you. You can *only* visit doctors, dentists and optometrists that are part of the Universal Provider Network. If a 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 reimburses a Universal Network Provider.

Note, however, that if you visit doctors outside of the Universal Provider Network in an area where a 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.

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 them, please let us know by writing an email to nbcfrli@universal.co.za or contacting us at **0861 872 333**. We will endeavour to contact the provider, however, please note that we cannot guarantee that your preferred provider will agree to join the Universal Provider Network.

Buying medication

You can only get your medicine from a pharmacy or a dispensing doctor who is part of the Universal Provider Network. Please note that only certain medicines are covered by the Health Plan. 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.

Medication for the following chronic conditions is covered:

- Asthma
- Chronic obstructive pulmonary disease (emphysema)
- Diabetes mellitus type 1 (sugar diabetes requiring insulin)
- Diabetes mellitus type 2 (sugar diabetes where treatment requires only tablets)
- Epilepsy (convulsions)
- Hyperlipidaemia (high cholesterol and fat in the blood stream)
- Hypertension (high blood pressure)

You or your doctor need to phone Universal to register your chronic condition before you go to the pharmacy.



Medical specialists

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.

HIV/AIDS benefits

There is a separate benefit for HIV/AIDS for the Eligible Principal Member and Eligible Spouse which is available through the existing arrangement with Careworks. For more information, please call **080 021 2768**.

For further information about benefit limits, refer to the NBCRFLI Wellness Fund Health Plan Benefit Guide.

How do I claim?

Your Universal Network provider will submit the claim directly to the NBCRFLI 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 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.nbcrlfi-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.

Welcome Pack

Each member who joins the Wellness Fund Health Plan will receive a Welcome Pack. If you have not yet received your Welcome Pack, please ask for it from your employer's human resources/ payroll office.

Your Welcome Pack includes the following:

- **A Temporary Membership Card:** As the Eligible Principal Member of the Health Plan, you may use this Temporary Membership Card when visiting any of the Universal Network Providers or making use of any other benefits offered by the Health Plan.
- **The NBCRFLI Wellness Fund Health Plan Benefit Guide:** This handy guide will provide you with important information about the benefits and how to use them.
- **ER24 Stickers:** Please place these stickers with emergency contact information on your mobile phone and vehicle for ease of reference.
- **Registration of Eligible Spouse Form:** As an eligible NBCRFLI member, you may register one Eligible Spouse as a dependant on the Health Plan. The Eligible Spouse may be a spouse or a common law wife.



Registering your spouse/common law wife as an Eligible Spouse

To register an Eligible Spouse, you need to complete the Registration of Eligible Spouse Form and forward the following documentation to us:

- A completed Registration of Eligible Spouse Form
- A copy of the ID or Passport of the Eligible Spouse you wish to register
- A marriage certificate or an affidavit confirming that the person you want to register is a spouse/common law wife

When submitting the required documentation and information, please include a mobile phone number in case we need to contact you.

Once you have completed the form, send it to us together with the documentation listed above using one of the following methods:

- Fax it to **086 586 2163**
- Email it to **nbcrfli@universal.co.za**
- Post it to **P.O. Box 1411, Rivonia, 2128**
- Submit it at your nearest NCBFLI regional office

Please note the following:

- If your Registration of Eligible Spouse Form is incomplete, we will *not* register your spouse or common law wife as an Eligible Spouse.
- You will need to register your Eligible Spouse within ninety days from 01 July 2011.
- You can register only *one* Eligible Spouse on the Health Plan for Primary Healthcare Benefits.

Membership Card

A permanent Membership Card will be distributed once we have received the registration of Eligible Spouse forms from all the Eligible Principal Members. If you do not register an Eligible Spouse, a permanent Membership Card will be sent to you after 90 days. ***Eligible Spouses will only be able to access the benefits upon receipt of the permanent Membership Card.***

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** together with your **ID/Passport** when visiting a Universal Network Provider (general practitioner, dentist, optometrist or pharmacy), a hospital casualty facility or when you require an ambulance.

NEVER lend your Membership Card to anybody as it is a crime to do so and will result in immediate termination of your membership.

Please note that the benefit year starts on the 1st of July each year and ends 12 months later at the end of June.



Terms and Conditions

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.

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.

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.

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 is 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.

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.

Only specified chronic conditions are covered by the Health Plan.

Benefits are only available within the borders of South Africa.



Contact details

For further information or assistance, go to www.nbcrfli-health.co.za or contact:

Universal Call Centre 0861 872 333

Hospital Cash Back Plan 0861 227 282

Email nbcrfli@universal.co.za

Fax 086 586 2161