

CompCare
Medical Scheme

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CompCare Medical Scheme is administered by
Universal Healthcare Administrators (Pty) Ltd.

Administered by



Universal[®]





In-Hospital Benefits

Overall Annual Limit (OAL)

100% of the CompCare Rate, unlimited, subject to pre-authorisation and scheme protocols.
Specialists are paid at 100% of the CompCare Rate.



Services Covered In Hospital

100% of the CompCare Rate, subject to pre-authorisation.

All treatment in hospital is subject to pre-authorisation, clinical guidelines, case management, and managed care protocols.

- GPs and specialists.
- Ward fees: General, ICU and high care.
- Theatre fees.
- Medication while in hospital.
- Blood transfusions.
- Oncology.
- Surgical prostheses (unlimited for PMBs).
- Clinical technologists (limited to **R13 040**).
- Radiology: MR and CT scans.
- Pathology.
- Confinements.
- Psychiatric treatment: Subject to pre-authorisation and protocols (unlimited for PMBs).
- Organ and bone marrow transplants, plasmapheresis and renal dialysis (unlimited for PMBs).
- Cover for injuries sustained whilst participating in professional and adventure sports.
- Emergency medical treatment for injuries resulting from accidents or trauma.
- Physiotherapy: Limited to **R3 360 PMF**. Combined auxiliary services limit in and out of hospital.
- Alcoholism, drug dependence and narcotism.



Cover for Chronic Conditions

32 Chronic Conditions Covered

Chronic medication is subject to the Core Formulary list of medicines and a Formulary reference price (FRP). Members are required to register for all chronic conditions.

- **Chronic medication:** Unlimited, subject to medicine formulary and if prescribed by a Universal Network Provider and dispensed at any pharmacy or within a Universal Network pharmacy or by a dispensing Universal Network GP. Any voluntary use of chronic medicine prescribed by an out-of-network provider and any non-formulary medicines are for the member's own account, unless pre-authorised by the medical advisor (PMB rules apply). Subject to formulary reference pricing.



Unlimited Day-to-Day Services

Not subject to Annual Flexi Benefit (AFB)

Services subject to the use of the Universal Provider Network.

- GPs:
 - In-Network: Unlimited. Pre-authorisation may be required after the 4th visit.
 - Virtual consultations: Unlimited at participating providers.
 - Out-of-Network: 2 visits PB. Limited to **R2 170 per event** including medicines, pathology, radiology (all related costs). A 20% co-payment applies. Member to pay at point of service and claim back from the Scheme.
- **Acute medication:** 100% of RP. Unlimited. Subject to the Universal Care medication formulary and prescription by a Universal Care Network GP as part of the acute consultation, or by a DSP pharmacy where prescribed by a non-dispensing practitioner. Non-formulary medication limited to **R440 PB**. The prescription must be collected on the same day as the service.
- **Basic radiology:** Unlimited subject to Universal Care approved codes. Referral from a Network GP required.
- **Basic pathology:** Unlimited subject to Universal Care approved codes and managed care protocols. Referral from a Network GP required.



Day-to-Day Services

Paid from Annual Flexi Benefit (AFB)

Paid at 100% of the CompCare Rate.

AFB: **R4 240 PB** per year.
R6 310 PF per year.

- **Specialist consultations:** Subject to referral from a Universal Care Network GP. Limited to 2 visits PB and 3 visits PF per year. Subject to AFB. Once benefit is depleted, PMB rules apply.
- **Basic dentistry:** 100% of the CompCare Rate. One consultation PB limited to **R2 170 PB**, up to a maximum of **R3 740 PF per year**.
- **Optometry:** 100% of SAOA tariff.
 - Optometry visits: One eye test PB every two years. Benefits are available through Universal Network optometrists. Subject to AFB and managed care protocols.
 - Lenses and contact lenses: Clear plastic single-vision lenses. Limited to **R1 250 PB** for single-vision lenses or **R1 950 PB** for bifocal lenses, every two years. **R1 250 PB** for contact lenses, included in the single-vision lens limit. Voluntary out-of-network use: services will be paid up to the agreed rate for services obtained from a DSP.
 - Frames: Included in the lenses limit.
- **Out of hospital physiotherapy:** Limited to **R3 360 PMF** (paid from risk). This forms part of the in and out of hospital auxiliary benefit limit of **R3 360**.
- **Hospital emergency room/casualty emergency visits for non-emergency consultations.**

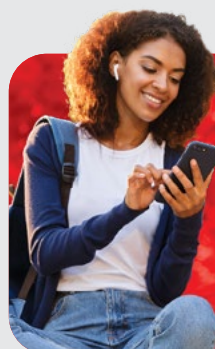


Wellness

Lifestyle and Preventative Care

Paid from risk.

- **Blood pressure, blood sugar, cholesterol, BMI and waist circumference:** One measurement PB over the age of 18 years. Limited to **R310 per event**.
- **Flu vaccinations:** one vaccination PB.
- **Unlimited telephonic counselling sessions through the Universal Wellness Care Centre,** with an option for referral to one-on-one sessions with qualified psychologists, social workers or registered counsellors to a maximum of 3 referral sessions PB per year.
- **Oral contraceptives:** Limited to 13 scripts with a maximum of **R210 per script** for female beneficiaries up to the age of 55 years.
- **Pap smear:** One per female beneficiary over the age of 18 per year.
- **Mammogram:** One per female beneficiary over the age of 35 every second year.
- **Prostate-specific antigen (PSA) blood test:** One test per male beneficiary over the age of 40 per year.



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This summary is for information purposes only and does not supersede the rules of the Scheme. In the event of a discrepancy between the summary and the rules, the rules will prevail. On joining the scheme, all members will receive a detailed member brochure, as approved. The final registered rules of the scheme will apply. This is subject to approval by the Council for Medical Schemes.

*Terms and conditions apply

