

CompCare

Medical Scheme

NETWORX

Medical aid for international students

From **R454**
Per Month*



Excellent
OUT-OF-HOSPITAL
benefits



EMERGENCY
ASSISTANCE,
including airlifts



UNLIMITED
doctor visits



REPATRIATION
COVER
via Universal 360°



PLAYING SPORT?
We've got you
covered

HEALTHCARE THAT BRINGS YOU MORE **LIFE**

SMS 'youth' to **32673** if you're
keen to find out more

 **0861 222 777**

 **student@universal.co.za**



Universal™

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

COMPCARE NETWORKX OPTION | 2022

In-hospital benefits

Prescribed Minimum Benefits:

Overall Annual Limit (OAL) for non-PMB and elective admissions

- Unlimited – subject to scheme protocols
- R1 500 000 per family

Services covered in hospital

100% of the agreed tariff (AT), subject to the Overall Annual Limit, pre-authorisation and Network DSP hospitals. All treatment in hospital is subject to case management and scheme protocols

- GPs and specialists
- Ward fees – general, ICU and high care
- Theatre fees
- Medication while in hospital
- Blood transfusions
- Oncology
- Surgical prostheses (PMB only)
- Clinical technologists limited to R11 500 per family
- Radiology – MRI, CT and PET scans
- Pathology
- Confinements
- Psychiatric treatment – subject to pre-authorisation and protocols (PMB only)
- Organ and bone marrow transplants, plasmapheresis and renal dialysis (PMB only)
- Cover for injuries sustained whilst participating in professional sports
- Emergency medical treatment for injuries resulting from accidents or trauma
- Physiotherapy – limited to R2 700 per family. Combined auxiliary services limit in and out of hospital
- Alcoholism, drug dependence and narcotism

Cover for chronic conditions

27 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 is unlimited, subject to medicine formulary and if prescribed by a Universal Network Provider and dispensed 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 the Annual Flexi Benefit (AFB)

Services subject to the use of the Universal Provider Network

- GP visits – unlimited at a Universal Network GP, subject to clinical necessity. Clinical motivation may be required to authorise more than three GP visits per beneficiary per year
- Two out-of-network visits per beneficiary per year. A 20% co-payment applies. Members are required to pay at point of service and claim back from the scheme. Benefits per event (including medicines, pathology and radiology) and excluding facility fees are limited to R1 250 per event
- Acute medication – unlimited if prescribed by a Universal Network GP, or by a specialist provided member referred by a Universal Network GP. Subject to formulary. A 25% co-payment will apply if medicine is not on the formulary. No cover for non-formulary medicines unless otherwise pre-authorised. No cover in case of voluntary use of non-Universal providers, or voluntary use of specialist without referral by a Universal Network GP
- Basic radiology – unlimited, subject to specific codes- referral by a Universal Network GP required
- Basic pathology – unlimited, subject to specific codes- referral by a Universal Network GP required

Day-to-day services paid from the Annual Flexi Benefit (AFB) at 100% of the agreed tariff

AFB – R3 450 per beneficiary per year
R5 150 per family per year

- Specialist consultations – limited to two per beneficiary, maximum of three per family, subject to referral by a Universal Network GP, pre-authorisation required. Referrals limited to specialists in DSP Network hospitals only
- Basic dentistry – limited to one consultation per beneficiary including preventative care, infection control, fillings, extractions and dental X-rays at a Universal Network dentist – R1 770 per beneficiary up to R2 950 per family, subject to AFB
- Optometry – limited to one test per beneficiary every 24 months, including lenses – clear plastic lenses for single vision and frames limited to R980 per beneficiary. Bi-focals and frames limited to R1 550 per beneficiary at a Universal Network optometrist, subject to AFB
- 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 per beneficiary over the age of 18 years. Limited to R230 per event
- Flu vaccinations – one vaccination per beneficiary
- 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 R150 per beneficiary per month. Subject to medication formulary



Want to know more?

Gauteng

Tel: 0861 222 777
Email: student@universal.co.za

KwaZulu-Natal

Tel: 084 589 2790
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Eastern Cape

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Mbombela

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Western Cape

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Walk-in office JHB

JCCI House
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Cnr Empire Road, Milpark
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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.

*Terms and conditions apply